

shaping health



Exchanging on social power in health

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



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Executive Summary

This case study examines empowerment approaches for people living in food poverty in the City of Aberdeen in the North East (NE) of Scotland. Food poverty in Scotland is a public health problem that disproportionately affects poor people. Its extent is not well measured, but in Scotland 18% of the population are estimated to live in relative income poverty. Three main groups are at risk: people who are 'working poor', people who are unemployed and dependent on state welfare, and people who are homeless. These groups overlap and people move between them. 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.

This case study is part of a wider international programme co-ordinated by Training and Research Support Centre entitled 'Learning from international experience on approaches to community power, participation and decision-making in health'. The study includes five sites in the USA and case studies from twelve sites in selected high-, middle- and low-income countries, with support from the Robert Wood Johnson Foundation Global Ideas Fund at CAF America. As one of the six *deep scan case studies* in the project, we describe promising practices in, and models of, community participation, power and decision-making in the local health system. With a focus on food poverty in deprived and marginalised communities, we reviewed approaches and practices for building social power and involving communities in efforts to address population health in relation to food poverty, within and between communities, government agencies, non-governmental and community initiatives in the site.

The scan case study involves four agencies, two statutory - Aberdeen City Council (ACC) and National Health Service (NHS) Grampian - and two non-governmental enterprises - Social Bite and Community Food Initiatives North East (CFINE). Three practices are examined: i. opening pathways to employment, financial capability and housing (Social Bite); ii. supporting poor households to move sustainably out of food poverty (CFINE); and iii. making community grants in low-income urban areas through Participatory Budgeting (ACC). 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. It is a dynamic national group with a strong social media presence. Its activities humanise hunger and homelessness, building self-worth, confidence and opportunities to overcome situations of hardship. It is a social enterprise mainly funding activities from its commercial business, a chain of sandwich shops.

CFINE is a local organisation that aims to empower people and communities by promoting the consumption of healthy food, building financial capabilities and building confidence through supported volunteering and employment. 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. While CFINE does provide food aid, it views food banks as creating dependency and eroding dignity rather than tackling the root causes of food poverty. CFINE leads the Food Poverty Action Partnership, bringing together more than 60 agencies for a political response.

As a practice with potential linkages in supporting actions on food poverty, ACC has introduced Participatory Budgeting (PB), engaging people living in deprived urban areas in resource allocation for community-based projects. PB has accelerated community participation in the site and nationally, because of the 2015 Community Empowerment Act. To date, two rounds of PB have been held in which community-based groups organise, develop and submit bids, which communities then vote on. The first PB rounds have been successful, with a high degree of engagement.

Future rounds plan to go beyond voting, to develop deliberative processes, trust and transparent decision-making and to foster relationships among officers, elected members, partner organisations and communities. In a setting where it has not existed before, PB has included shared learning and capacity building for community members and professionals involved.

None of the agencies have yet conducted outcome evaluations to assess the impact and effectiveness of the activities described in the case study. However, a wide range of information and evidence was identified on outputs (activities and services), processes (specific steps that lead to outcomes) and perceived impacts (narratives and anecdotal evidence). Legislation on Participation Requests published in 2017 requires that projects funded by community grants (PB) be subject to an evaluation of outcomes, and both CFINE and Social Bite recognise the importance of evaluating the impact of their activities.

The case study raises various insights for wider exchange:

- a. The dependency on non-governmental enterprises to provide services for those living in food poverty in the site is not matched by the mandate or resources to meet the needs of all those in need. In a context of austerity, public services are also limited in what can be done outside their statutory responsibilities. This results in small-scale, variable and unregulated practices and a lack of obligation to ensure equitable population-based access and impact.
- b. The non-governmental enterprises are able to respond to the needs of specific, often disadvantaged groups. They have a deep commitment to support the development of knowledge, skills and confidence in those involved, to overcome harsh situations through people-centred approaches that prioritise dignity and trust. However, their actions often target individuals rather than collective action and empowerment.
- c. A reliance on unpredictable external funding limits the time and resources available for developing such collective action in a context of rapidly expanding social needs.
- d. PB, in contrast, reflects a state commitment to the inclusion of communities in decision-making for public services and resources. It is backed by policy in Scotland and supported by a range of operational tools and resources, such as the National Standards for Community Engagement (*Appendix 7*). With the PB undertaken to date focusing on modest community grant-making, its expansion into mainstream funding will call for re-orienting the relationships between communities, political actors, civil society and the state. This will take time, commitment and leadership. It does, however, open important opportunities for non-governmental organisations to work with communities to support these processes and build shared learning on the nature and purpose of their participation.

While noting the specific contexts and differences across the organisations, there is potential for translation of approaches and learning in other settings:

- a. 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.
- b. Practices that are humanising and processes that build respect, dignity and trust are necessary to overcome situations of hardship.
- c. While it is possible to fund such activities from commercial food ventures in social enterprises, unpredictable funding can limit the collective scale of power and action. PB provides a wider social process when backed by law and policy covering public inclusion in democratic processes on the organisation and use of public funding. The PB process in Scotland has yielded a range of PB-related resources outlined in the appendices of this report that may be of use elsewhere.

All four agencies included in this case study are interested in learning from other sites about carrying out impact evaluation to provide more robust evidence on the effectiveness and efficiency of their programmes. Scotland is at an important juncture in regard to opening up spaces for broader deliberation with an explicit focus on tackling inequalities.

(Cooper et al., 2011), and more than 23,000 people in Scotland referred to food banks between April and September 2013 (Sosenko, 2013), figures that are likely to underestimate the real number of people affected by food poverty (IWGFP, 2016). A recent survey indicated that 11-12% of the UK population lives in food poverty (FAO, 2016), while the number of people accessing food banks is increasing in Scotland (Burgess, 2016). This increase has been attributed to: changes to social security arrangements reducing entitlements and access to welfare; increased cost of living for the poorest groups; and increases in precarious employment, including self-employment and 'zero hours' contracts. The latter, while offering flexibility, do not provide minimum working hours and are associated with uncertainty, social problems and negative economic consequences (ACAS, 2014).

The Scottish Government is committed to eliminating hunger as part of its commitment to the Sustainable Development Goals (SDGs). It has agreed to explore enshrining the Right to Food in law and is committed to the [Sustainable Food Cities](#) approach to intersectoral partnerships to transform food cultures and systems (SFC, 2017a). Nevertheless, it depends for service delivery on corporatised food charities that use a business model rather than those provided by the state as a right (IWGFP, 2016). In 2001, the government established [Social Investment Scotland](#), a not-for-profit finance agency with private-sector funding, which among other things provides loans to social enterprises (SIS, 2017). The government is also committed to community planning, passing in 2015 the [Community Empowerment \(Scotland\) Act](#), which aims to improve community planning, ensuring that service providers work closely with communities (Scottish Government, 2015).

The 'health system' that responds to food poverty comprises three state systems and the non-governmental 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.

Since 2015, local authorities and health authorities in Scotland have been required by law to provide [integrated health and social care](#) (Scottish Government, 2014). However, as part of recent welfare reforms, the voluntary and private sectors have become increasingly responsible for service delivery, and are frequently contracted by the state to deliver statutory services and fill gaps in welfare provision (Loopstra et al., 2015). NHS Scotland sees food poverty as an issue of concern within which it should play an [investigative and advisory role](#) (NHS, 2015). In the same way, local authorities are also not seen as having direct responsibility. The authorities work with a range of providers to tackle hunger and homelessness and alongside communities via Community Learning and Development (CLD) and integrated health and social care. The [role of CLD](#) is seen as *empowering people, individually and collectively, to make positive changes in their lives and in their communities, through learning* (CLD Standards Council Scotland, 2017). Despite a statutory duty to provide for homeless people as a group at high risk of food poverty, in practice the work of delivering services to those in food poverty and driving the Sustainable Food Cities approach falls on the non-governmental sector. Household food poverty, for instance, is mainly tackled by food banks organised by non-state organisations, with homeless people largely reliant on charities for support (SFC, 2017b).

3. The case study

The case study involves four agencies: two statutory, ACC and NHS Grampian, and two third-sector organisations, one a social enterprise, Social Bite, while the other, CFINE, raises some funding through social enterprise but operates more like a charity, relying on funding from charitable sources and government grants. The case study presents findings on approaches to building social participation and power in relation to food poverty in NE Scotland within and between communities, government agencies, social enterprises and community initiatives. It explores how conditions are put in place for people living in, or at risk of, food poverty to move sustainably out of food poverty and to contribute to decisions on measures that support this. It

provides examples of how marginalised groups can be involved in participatory approaches to influence a range of services and systems aimed at improving their health and wellbeing. Section I identifies three areas as examples: Social Bite, a social enterprise working with homeless people; CFINE, an enterprise delivering services to those living in food poverty/insecurity, including food banks; and the ACC initiative on participatory budgeting to engage residents in deprived neighbourhoods in making decisions about the allocation of grants for projects run by people living in the deprived communities.

Two deprived neighbourhoods in Aberdeen where PB is being implemented, Tillydrone and Seaton, were selected to draw on user groups' views and opinions on the practices delivered by CFINE and PB as delivered by ACC (*Appendix 2*). The research was undertaken in three stages in line with a conceptual framework and broad terms of reference developed by TARSC for the deep case studies in the Shaping Health project:

1. Document review. We used search engines and keywords to identify documents and examined the websites of agencies and the Scottish Government. Documents were downloaded and reviewed. Those relevant were indexed and notes made on the key information.
2. Based on the document review and the wider collective terms of reference, we developed research questions. We then included Participatory Budgeting as a participatory practice that supports people living in deprived communities among whom many live in or are at risk of food poverty. Key informants (KIs) in each of the agencies were identified, as well as the user focus groups (*Appendix 1*). Topic guides for KI interviews and focus group discussions (FGDs) were developed. Ethical approval was sought and secured from the College of Arts and Social Sciences, University of Aberdeen.
3. KI interviews and FGDs were facilitated by the research team with a research assistant. Participants were provided with information on the study before agreeing to be involved and were assured of anonymity. Interviews were audio-recorded, following which the facilitator and research assistant agreed on a set of notes with references to the tapes.

Once data collection was complete, the research team met and reviewed the main findings and structure for writing up according to the overall structure provided by TARSC. The team listened to the recordings and read the notes. The report combines findings from the document review and the interviews in describing and discussing empowerment approaches to food poverty in the site. The report was subject to an initial review by TARSC and an internal reviewer, after which KIs were revisited for further information and/or clarifications. This was also informed by exchanges with project community on the Shaping Health web platform. The final report was subject to review by TARSC and an external reviewer.

4. The participatory work

This section provides a description of the practices identified in the site drawn from the activities of the two non-government enterprises and the local authority. As pathways to employment and a better life, CFINE and Social Bite address health inequalities through inclusion and empowerment, developing people's employment capabilities and opportunities through education and skills development and training. ACC has initiated a participatory process that engages people living in deprived areas of the city in decision-making over resource allocation for short-term community projects.

4.1 The nature of the community/actors

The processes described involve the community, private food retailers who donate food to the social enterprises (such as [FareShare](#), which takes surplus, safe food from the food industry and redistributes it to frontline services), professionals and workers, volunteers, vulnerable communities and those experiencing food poverty.

People without employment and dependent on welfare, and people who are 'working poor' face similar problems and often move from one situation to the other. They are the main

beneficiaries of CFINE's activities (to a lesser extent Social Bite's where the focus is on homeless people) and are the intended participants in community budgeting. We focused on two neighbourhoods among the most deprived in Scotland (Community Planning Aberdeen, 2017). Twenty percent (20%) of people in the three deprived neighbourhoods, Woodside, Seaton and Tillydrone, were born in a country other than the UK and are now citizens or permanent residents or are in the process of securing this status, and a high proportion of households have dependent children. About a quarter of the children live in poverty and 20-30% of households live in fuel poverty (ACC, 2017a). People in these areas are more likely to be unemployed, with an unemployment rate of about 14% and rising. Those in employment are often in low-paid unskilled or low-skilled work, and around 16% are income deprived (ACC, 2017a). Housing is mainly low-cost rented. There is poor access to affordable retail facilities, low car ownership and poor access to public transport. Residents tend to be digitally excluded because of issues of access, affordability and knowledge of how to use the internet.

Homeless people are especially vulnerable to food poverty. Social Bite provides services for homeless people, including rough sleepers, those living in hostels, shelters and temporary support facilities, and 'sofa-surfers', dependent on staying with other people. They are mainly white and male and nearly half of rough sleepers are estimated to be of Central or Eastern European origin, most legally resident (Fitzpatrick et al., 2012). Homelessness is associated with deprived backgrounds, substance abuse, criminal offending and mental illness (Harding et al., 2011).

Those engaged in supported employment and volunteering: both CFINE and Social Bite provide 'supported employment' opportunities, defined as *individualised support to secure people with disabilities, long-term conditions and multiple barriers to work a sustainable, paid job in the open labour market* (SUSE, 2017). 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.

Professionals and institutions constitute important actors. As noted ACC and the NHS support the activities of the non-state actors. Managers employed in ACC and the NHS are responsible for partnerships, ACC community workers work with community groups, including in the participatory budgeting initiative (see *Section 4.2*). CFINE and Social Bite as social enterprises employ staff locally and nationally, with relevant competencies for the work described in this case study.

4.2 The nature of the participatory practices

Opening pathways to employment, financial capability and housing, Social Bite

Established in 2012, and opening in Aberdeen in 2015, [Social Bite](#) is a social enterprise that uses the profits from a commercial enterprise (sandwich shops) to support people to move sustainably out of hunger and homelessness (Social Bite, 2017a). It has grown quickly, and attributes this to being dynamic and adaptive to the needs of the client community, understood through a person-centred approach in which relationships are central to the support offered. KIs noted that the operation reflects the directors' backgrounds in event management and community development, with high profile [endorsements](#) and media exposure (Brooks, 2015), and a strong social media presence (shown for example in a [video](#) on Social Bite) (Social Bite, 2017b).

Social Bite provides food to homeless people and through this opens pathways to employment, financial capacities and housing. It aims to involve a quarter of employees from homeless backgrounds in the enterprise. Sandwich shops and cafés serve the public, with profits donated to the charity providing services for homeless people.



Customers are also able to buy food and drink for homeless people when they buy their own. Donated meals are available for homeless users to collect during allotted hours and all leftover food is given to homeless people after the shop closes. ‘Paying forward’ meals is an easy and commercially sustainable way in which people can support the activities. For homeless people, receiving food at locations other than emergency food outlets is less segregated and stigmatising. KIs noted advantages of not being bound by statutory requirements, which means Social Bite can address ...*those things that everyone thinks should happen but no-one has the time or money to do...we can pick up on some of those so that the jigsaw puzzle is more complete*- KI Social Bite 2017.

Following consultations with homeless people in the area, the Aberdeen café 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 counseling and other support for housing and healthcare in addition to food: *The food is a support and also kind of draw, then when they are through the door it is... what else we can do?* - KI Social Bite 2017.

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. The suppers are provided after the café is closed for other business and people are not required to demonstrate (‘prove’) homelessness to join. 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. The social 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. KIs noted that the space the social suppers provide for information sharing needs to be balanced with sensitivity to the fact that some homeless people may see this aspect as a barrier to participation.

The 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 focusses 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 cafés and kitchens and placements with organisations, including cafés, hospitality groups and retail outlets. Social Bite also works with [Business in the Community](#) to help people overcome disadvantages by increasing access to sustainable, good employment (BITC, 2017). The activities are referred to as a ‘pipeline of support’ (Figure 2), with an aim of supporting ten homeless people through the academy annually.

Figure 2: The Social Bite pipeline of support (Social Bite, 2017c)



Source: Social Bite 2017c

Access to social services and healthcare is promoted through referrals to services. KIs described how this has also affected decisions on services, with [Aberdeen Cyrenians](#), an agency dealing with homelessness in the City, working with homeless people to improve decisions for services to address their needs (Aberdeen Cyrenians, 2017). In Social Bite, KIs similarly engage with

beneficiaries in developing their activities and plan to organise more formal consultations in future with clients, volunteers and staff on the needs, priorities and performance of the activities.

Beyond Aberdeen, in September 2016, Social Bite opened a formal restaurant in Edinburgh, named [Home](#), employing homeless people and encouraging donations from diners in the form of meal promises (Home, 2017). Every week the doors are opened to feed homeless people in a table-dining format. A [Social Bite village](#) was launched through successfully negotiating for land from Edinburgh City Council for purpose-built homes to provide a safe and supportive living environment for up to 20 people each year (Littlejohn, 2017).

These processes, using a person-centred approach, disrupt stigma and promote inclusion, self-worth and confidence, *humanising homelessness*. KIs 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 - for example, by users bringing other people to the social suppers to access support and services. Social Bite, in telling people's [stories of homelessness](#), has helped to give voice to the homeless community, challenging stereotypes (Fennel Media, 2016). The [social media](#) presence, while raising the profile of homelessness, is not without risks, as KIs report that it records and broadcasts a past that many people may want to leave behind. KIs acknowledge the need for a careful balance, giving exposure to people's stories of hardship whilst avoiding a continual reliving of difficult times in people's lives. KIs also reported that certain groups of people, such as victims of domestic violence, may not be able to engage with the activities, given the likelihood of exposure via the activities and social media.

Supporting poor households to move sustainably out of food poverty, CFINE

[CFINE](#) was established in 1997 with funding from the local authority's *Fairer Aberdeen* initiative, in response to recommendations on diets of people in deprived communities (Scottish Government, 1996; CFINE, 2017a). It focuses on empowerment and sustainability, to improve health and wellbeing and contribute to regeneration in disadvantaged communities by promoting consumption of healthy food. Through enterprise trading the organisation seeks to develop a sustainable future beyond external grant funding, but is presently dependent on grants and charitable sources of funding. CFINE leads the [Food Poverty Action Aberdeen Partnership \(FPAA\)](#), bringing together over 60 agencies in response to the dramatic and uncoordinated increase in food banks (FPAA, 2017).

CFINE targets people facing poverty and disadvantage, including people who are homeless, on low incomes, unemployed and heads of single-parent households. People affected by mental health issues, learning difficulties and those with offending backgrounds are also regarded as in need of support. Eighty percent of its employees are from deprived communities, including unemployed people and people with mental health and substance abuse issues. CFINE supports volunteering to stimulate a range of personal, family and community benefits. It provides more than 250 people annually (referred to as 'partners') with volunteering and supported employment opportunities.



CFINE Bridge Project © CFINE 2016

Although CFINE's work addresses food poverty through the provision of food, KIs and FGD participants see food banks as creating dependency rather than tackling root causes and enabling people to move sustainably out of food poverty. KIs described food poverty as due to insufficient incomes from low pay and/or welfare reform. In this situation, CFINE operates on community development principles through a people-centred approach as follows:

CFINE and Food Poverty Action Aberdeen adopt a position that food banks are not a sustainable solution to the problems faced by those experiencing food poverty; creating dependency, eroding dignity, and doing little or nothing to change the status quo. They are,

however an essential service accessed by thousands of vulnerable people. With this in mind, CFINE aims to provide a 'person-centred' approach around the priority requirements of financial education and capability, employability, heating/energy and housing advice/support, and health and wellbeing (SFC, 2015).

KIs discussed two key tensions. First, the agency has little choice but to use time and resources to provide emergency food aid to the local community despite the ineffectiveness of the approach. A delicate balance was also reported between lobbying about the effects of welfare reform and food poverty locally while being reliant on government funding. Interagency working groups help to dilute this risk. With the FPAA, for example, CFINE is currently collating evidence on local experiences of food poverty to use as a joint presentation to elected officials to raise awareness of the need for a political solution.

With a contract from NHS Grampian to July 2017 with the [Aberdeen City Food Network](#) (ACFN, 2017), CFINE is providing training in cooking and healthy eating on a budget for people and communities to become more empowered around food poverty. Its empowerment approaches also include:

- a. 60 community food outlets selling affordable fruit and vegetables in deprived communities;
- b. A food bank giving food parcels to households and individuals in need (Monday to Friday business hours). It is anticipated that more than 12,000 parcels will be distributed in 2017;
- c. A community training kitchen offering cooking training and social contact for low-income individuals, families, communities and organisations;
- d. Support services for financial education and advice, employability training, advice on housing, energy efficiency and health and wellbeing; with financial capability officers, generating in their work an additional income for individuals and families over the past year;
- e. Participation in other relevant local networks, including:
 - the Aberdeen and Aberdeenshire *Syrian Refugee Action Groups*;
 - *Roots and Shoots*: supporting ex-offenders;
 - *Zero Waste Scotland, Reduce Reuse and Recycle*, environmental activities designed to reduce waste and encourage recycling.

CFINE KIs particularly noted two elements of the empowerment model - provision of debt, welfare and asset advice and support to people using the food bank. Support included financial capability support for welfare claims, credit unions, heating and energy advice and access to other services, enabling people to access welfare entitlements, to manage money and to get support to reduce reliance on food aid. KIs reported that CFINE's financial officers secured more than £125,000 since April 2016 in unclaimed welfare payments. CFINE staff described *walking beside people who struggle* to navigate a system that is hostile and unwelcoming. Claimants often have low confidence, low self-esteem, shame, and/or mental health issues.

Secondly, confidence and healthier lives are built through supported volunteering and employment. In CFINE Volunteering, a proportion of users become volunteers, often when an acute situation has passed, developing confidence and skills through training and orientation. The UK Government has contracted CFINE to provide work experience placements, allowing job seekers to retain unemployment benefits as they gain work experience and look for employment. CFINE has contracts with Aberdeenshire and Aberdeen City to provide supported training and work experience for adults with learning difficulties, to provide skills and support for employment (*Box 1*).

Box 1: CFINE Volunteer and work placement opportunities

- Driving and assisting with deliveries
- Stock control and warehouse duties
- Administration – including setting up databases and general admin work
- Collection of food from food donors and drives
- Food bank customer service and food bank database
- Marketing, including social media and promotion of CFINE
- Training kitchen assistants and CFO stall assistants (CFINE, 2017b)

KIs reported that volunteers are treated in the same way as paid staff and develop transferable skills, self-confidence, IT and technical skills. In this people-centred approach, everybody is treated with dignity and respect, and everyone has value and worth.

KIs acknowledged the value of including beneficiaries in the design and delivery of CFINE's activities, but find this a challenge. In 2004, to protect board members from personal liability, CFINE became a registered legal entity, resulting in a gradual dwindling of community membership. Today, the size of the enterprise means that providing training and support for board membership would compromise capacity in other areas. KIs also reported that people struggling with poverty do not have time or energy to train and serve on the board. One activity being considered is monthly lunches/suppers where people have a meal, socialise and discuss what CFINE could do to improve. KIs noted, however, that clients may be reluctant to criticise. KIs underscored the aspiration to hold engagement events that would be 'half fun, half business' to encourage participation in shaping CFINE's work. KIs described trade-offs between what was possible to achieve with limited resources, coupled with a sense of disquiet and frustration over the limitations imposed by a lack of resources.

Participatory Budgeting: community grant making in low-income urban areas

Participatory Budgeting (PB) is new statutory process initiated by ACC in the site, in which deprived communities determine how public funds are allocated and used. Although not directly related to food poverty or the health system, the practice was deemed relevant for inclusion because of the focus on inclusive decision-making over allocation of public funds. PB was introduced in 2015 as an extension of existing [Community Planning](#), to develop enhanced community participation in local service planning in response to the Community Empowerment Act (Scotland) 2015 (Community Planning Aberdeen, 2017). To date, there have been two rounds of PB in deprived neighbourhoods in the City.

The first round was small in scale and driven by local actors in a supported process. Public funding of £100,000 was allocated to youth work and activities for under 12-year olds in five deprived areas (Northfield, Torry, Tillydrone, Seaton and Woodside, *Appendix 2*). A process was developed through which bids were produced on which primary and secondary school pupils voted. Groups did not have to be formally constituted to bid, and the process was publicised through community networks, including Aberdeen Council for Voluntary Organisations ([ACVO](#)), part of [Voluntary Action Scotland](#), [Fairer Aberdeen](#), allocated by ACC to address poverty and deprivation as part of Community Planning, and through social media (see [video](#) on PB in deprived areas of the city) (ACVO, 2017; Fairer Aberdeen, 2017a, 2017b; VAS, 2017).



PB Bid: Mini market
© [The Allotment Market Stall](#) 2016

Guidance on producing video submissions was developed by the [Northfield Total Place team](#), and subsequently adopted in other regeneration areas supported by ACC Capacity Building Officers (Northfield Total Place, 2017). Fifty-nine bids were submitted, totalling more than four times the budget allocated (£440,000), reflecting a high degree of engagement. The bids focused on short projects on fitness and health, digital media and technology, citizenship, the environment and the arts. Following collation of the bids, fifteen PB events were held in three schools, in which more than 3,700 young people voted on the video submissions. Twenty-eight bids (47% of all applications received) were funded, of which 21% (claiming £37,000, the largest proportion of funding available) were for projects on fitness and health.

In this first round, KIs noted the benefits of connecting the process to schools, as familiar spaces for the community to come together, with media coverage contributing to outreach in deprived areas. The projects drew on local knowledge, benefited from visibility, and some bids went on to

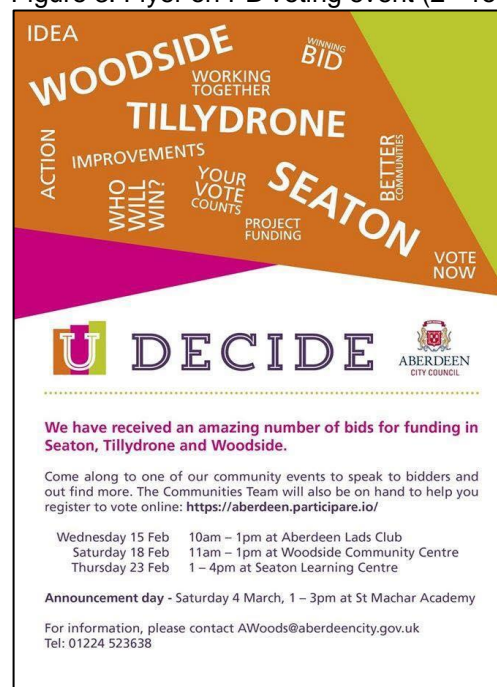
gain support though mainstream budgets. Participants faced several challenges, including a lack of information on the process in some places, a quick turnaround time imposing pressure and weakening ownership amongst bidders and participants, and inability to develop video bids. Community workers facilitating the process reported some conflicts of interest between their role as impartial facilitators and their need to secure resources to improve their own localities. KIs stated an intention to increase the involvement of communities and stakeholders in setting criteria and making decisions in future rounds.

The second PB round has recently concluded in an expanded format in three urban ‘localities’ (defined as groups of deprived neighbourhoods). The process was delivered online via a web platform, [UDECIDE](#), administered by a participatory democracy platform, [Participare](#) (UDECIDE, 2017; Participare, 2017). In the second round, and as part of the locality planning process, ACC allocated £82,500 to each locality (a total of £247,500). The bidding process was publicised and groups were invited to apply through an online [application form](#) (UDECIDE, 2017). Over 150 bids were received on digital skills, health, sports and exercise, food suppliers, cooking skills, hygiene and sanitation and community gardens and green spaces. The second round concluded in March 2017 in a voting process and deliberative forum (Figure 3).

KIs welcomed the application process in the second round and the inclusion of voters beyond school children. However, concerns were expressed about less organised groups not having access to online resources and/or support to prepare bids and about the consequences of rejection for already vulnerable groups who organise and apply but do so unsuccessfully. The voting in the second round also varied between localities, with increased direct community involvement, but less comparability between localities. KIs also noted challenges in engaging people with limited agency.

Although organising the process according to localities is an effective means to expand PB, concerns were raised that this might disrupt processes around other dimensions of community contexts and priorities. Designing and administering PB in this way, however, was felt to facilitate identification of broader concerns and to encourage participants to consider needs in terms of the priorities of other groups and neighbourhoods.

Figure 3: Flyer on PB voting event (2nd round)



Source: Seaton School Community Project, 2017

PB is observed in documents and among KIs as a ‘different way of thinking’ in engaging residents, community groups and representatives from all parts of the community to discuss priorities, and make proposals that will benefit the community or solve a particular issue. As stated by a KI from ACC: *The [PB] Projects that people see are tackling a social need.* It enables the community to access finance to improve their area and encourages people to gain skills and build collective analysis and voice to address needs and priorities. The open process does not dictate what bids can be about, allowing for creativity and ownership. Participation in a formal democratic process was seen to facilitate community voice and power and capacity building of community members, applicants and local authority staff.

Through the processes, foundations have been laid for future rounds. There are now plans for PB to go beyond simple voting processes, to develop trust and transparent decision-making and foster relationships among officers, elected members, partner organisations, residents and communities. Intentions to expand the process presents challenges for organisers, but has the

potential to provide opportunities for shared learning and scrutiny to complement the existing digital platforms, for meaningful reciprocal dialogue within and between communities and authorities. While the processes to date have focused on community grant-making, KIs indicated a willingness, backed by a supportive law and policy environment, to extend PB into mainstream budgeting. Its potential to mobilise citizens and community assets, promote collaborative working and enable devolved decision-making was also acknowledged by KIs. The government has endorsed 1% of national budgets being allocated to PB processes in the Community Empowerment Act, indicating the importance of a supportive legal and policy framework to sustain such authentic approaches.

4.3 The support and input provided from other levels and actors

The practices and the organisations that deliver them are embedded in a wider health and welfare system that provides a range of supports and inputs. Social Bite depends to a significant extent on the general public purchasing food in its sandwich shop and CFINE to a lesser extent on the commercial sector purchasing fruit and vegetables. Both are also dependent, to varying degrees, on charitable giving by the general public, corporations and philanthropic organisations.

Financial inputs: NHS Grampian and local councils are funded from taxation and while local authorities decide spending priorities, they must deliver statutory services and some ring-fenced priorities (Scottish Government, 2017a). In practice, tight financing means that ACC and NHS Grampian have few resources to fund services beyond their statutory responsibilities. As noted earlier, the non-government enterprises draw support from gifting of profits from their commercial enterprises, from corporate, individual and social investment funds and charitable giving (Scottish Social Enterprise Coalition, n.d.) and from local authorities and government contracts.

Partnerships and networks: The non-governmental organisations deliver services while the authorities have a co-ordinating and facilitating role and provide (limited) financial resources. Social Bite works in partnership with mental health, refugee, asylum and homelessness organisations. CFINE partners with NHS Grampian, representatives from community groups and charities. Although examples of partnerships working were identified, CFINE and Social Bite had not yet worked together. Both also refer beneficiaries to services provided by the statutory and voluntary sector. CFINE co-ordinates the Aberdeen City Food Network:

The [Sustainable Food Partnership Aberdeen](#) (SFPA) is a cross-sector partnership, with members including: ACC, Community Food Initiatives North East (CFINE), NHS Grampian, Aberdeen Health and Social Care Partnership, and other community and voluntary organisations, local businesses, and educational institutions (SFC, 2017a).

NHS Grampian has policies that are, in theory, supportive of participatory practices. KIs reported that, in practice, curative services are prioritised. Despite this, and in response to the Community Empowerment Act, NHS Grampian has recently initiated an expansion of activities around public and patient participation (*Appendix 4*). This is a vision for participation across public services in Aberdeen City, resulting in a Partnership Community Engagement Group. The NHS Local Delivery Plan 2015/16 also espouses a commitment to Strengthening Community Action for Health. In relation to food, the plan sets out an approach as follows:

A portfolio of programmes will continue...including community-led food networks – sale of fresh fruit and vegetables through social enterprise companies, community kitchens, local physical activity pathways and area-based approaches (NHS Grampian, 2015:45).

Community assets: Several community assets were identified: the [Tilly Flat](#) and the [Seaton Hut](#) (see photo) (ACC, 2017b; Seaton Community Project, 2017). These are physical spaces where people can access citizen's advice, cooking classes, addiction rehabilitation, young people's activities, spaces for worship and faith, and collection and distribution of



The Seaton Hut
© Barry Douglas, Seaton Church 2014

emergency food aid. CFINE regularly uses these as outlets and local distribution points for surplus and nearly out-of-date food through [FareShare](#) (FareShare, 2017). Although ACC previously owned the buildings, local resident committees now own and run them (see [video](#) [Shmu, 2016]). In Seaton, a community group, The [Seaton Backies Project](#), was established to improve communal back gardens (Seaton Backies Project, 2017) and in 2015, the Tilly Flat launched a [Community Garden](#) on waste ground at the property, inclusive of a seating area, raised planting beds and hedging (Tilly Vision, 2015).

Digital technology and social media: All agencies have online presences through multifaceted websites and social media. Social Bite, in particular, has developed a high-profile digital and social media strategy to engage the wider community, grow the business, and raise awareness about its current and future plans, as a means of raising revenue to fund those plans. ACC have partly operated the second PB round through a digital platform hosted by [Participare](#) and with inputs from [PB Partners](#) and others (Participare, 2017; PB Partners, 2017) (*Appendix 9*).

4.4 Enabling conditions/factors, challenges and responses to them

Various conditions enabled the practices described in the case study, including:

- **Scotland's Commitment to Human Rights and Sustainable Development Goals** in the [Scottish National Action Plan for Human Rights](#), and vision of a Scotland where everyone can live with dignity and where social justice, equality and empowerment are key enablers, monitored through a National Performance Framework (SHRC, 2016). Scotland has a **socially democratic welfare state** designed to provide social, economic and health support for all citizens based on their needs and not ability to pay, as a commitment to social inclusion and social justice. Scotland has ambitious [homelessness legislation](#), taking a statutory duty to provide housing for those unintentionally homeless (Scottish Government, 2017b) and a policy commitment to tackle food poverty through approaches that go beyond food banks (Oxfam, 2015).
- The [Community Empowerment \(Scotland\) Act 2015](#), noted earlier, places a legal duty to achieve outcomes through partnership, and makes community planning and participation in public decision-making a statutory duty at all stages of planning. It gives focus to tackling inequalities with 'locality plans' at local level for areas experiencing particular disadvantage. The Aberdeen City [Local Outcome Improvement Plan \(LOIP\) 2016-26](#) focuses on collaboration: *Fundamental to our approach is working with people and communities. Our communities are unique and their sense of place defines our work now and in the future. With a focus on improvement, we will continue to listen to communities, understand what is important, recognise and mobilise strengths and work with them to deliver what matters* (2016: 7). The LOIP focuses on the fundamental root causes of low income and health inequalities and the development of empowered communities: *Embracing the opportunities presented by community empowerment legislation will enable communities to have a greater influence on their built environment and green space, and on the services delivered in their neighbourhood* (2016: 35).
- Despite a relatively robust welfare state, non-government and charitable organisations provide support to people in need. This is especially the case when central government, local authorities, and health authorities do not have a statutory duty to make provision, as is the case with addressing food poverty and meeting the needs of vulnerable groups such as homeless people. [Social Investment Scotland](#) invests in community development and providing non-government organisations with loans (SIS, 2017). SIS is a non-profit Community Development Finance Institution, founded in 2001 by the Scottish Government and capitalised by the main commercial banks.

At the same time challenges included:

- **Lack of evidence on food poverty:** There is a lack of knowledge about the [extent of food poverty](#) (Douglas et al., 2015) and the extent to which the services in place are [meeting need](#). (IWGFP, 2016). This makes planning and moving from meeting emergency need to longer term needs difficult. There is also a lack of knowledge about the extent of homelessness and homeless people's needs (Fitzpatrick et al., 2012).

- **Cuts in welfare** have had negative impacts, including reduced affordable housing, loss of social housing and increased reliance on the private rental sector (Fitzpatrick et al., 2012). The move to universal credit, welfare caps, welfare conditionality and sanctions, work tests for people with disabilities and loss of welfare for young people have all increased vulnerability to food poverty and challenged social attitudes towards welfare. Language around dependency, rights and claims allows duty bearers to move away from responsibilities and, for some services, including those facing the increasing numbers of people in food poverty, shifting them to the voluntary sector. While the government has never taken responsibility for services to address food poverty, cuts in welfare spending have increased the numbers of people living in food poverty and cut state services and benefits that people living in poverty were previously entitled to. This questions how far the state is delivering on its commitments to promote human rights and deliver the SDGs, including the elimination of hunger.
- **Austerity:** Reduced public spending within neoliberal economic reforms has led to the almost unquestioned assumption that the private sector should deliver public services, that services are more effectively and efficiently delivered by the private sector and that the state should only provide services that cannot be provided by the private sector. The Labour party under the leadership of Jeremy Corbyn is challenging this, and the Scottish Executive has never been as neoliberal as the UK Government. However, Scotland has limitations in what its devolved administration can do, and an assumption to keep tax rates low, including corporation taxes, limits public funding and services.
- **Lack of partnerships and integration of key agencies:** Although both ACC and NHS describe partnership working and responsibilities, we found limited evidence of co-ordinated working and strategic oversight. Lack of co-ordination fragments services and weakens the exercise of real rights. ACC, NHS Grampian and CFINE are currently seeking to address the lack of co-ordination on food poverty through the Sustainable Food Cities framework, and NHS Grampian and ACC have provided funding for this initiative.
- **Individual vs. collective empowerment:** While CFINE and Social Bite practices aim to support empowerment of individuals to take more control over their lives, the evidence was more limited, as noted above, in more collective forms of participation. PB was found to be more collective by comparison, and while there is now scope for CFINE and others to submit proposals for PB, attention needs to be paid on who participates and how. The dialogue is ongoing between the directors of Social Bite and the Scottish Government with a view to enhancing the voice of homeless people. The First Minister of Scotland participated, for example, in a [Sleep Out](#) in 2016 with other high-profile individuals, sleeping outdoors to raise more than £500,000 for the Social Bite Village (Scotsman, 2016). The directors of CFINE are similarly engaged in political activities locally and nationally.
- **Finance:** Funding for non-government actors from statutory agencies is subject to the priorities of different governments and policy cycles, charitable giving is subject to donor conditions and commercial funding subject to the market, noted earlier to be affected by income decline with the fall of oil prices. All these sources may be unpredictable, putting routine activities at risk and inhibiting engagement in longer term activities focused on structural change. One KI noted, for example, that ACC had to 'rescue' CFINE several times in recent years. CFINE KIs described frustration at repeated (re)funding of pilots and initiatives rather than mainstreaming those that work. Social Bite dependence on revenue from its commercial business has a more predictable funding source that depends, however, on the commercial ability to generate sufficient profit as market demands change.

5. Outcomes

None of the agencies have yet, conducted any formal evaluations to assess the impact or effectiveness of the activities in producing change. A wide range of information and evidence was identified on outputs (activities and services), processes (specific steps that lead to outcomes) and perceived impacts (narratives and anecdotal evidence). It is encouraging that community-planning legislation emerging in response to the Community Empowerment Act

systematises locally-defined outcome improvement processes as an integral part of the procedure.

5.1 CFINE

We found no formal evidence of outcome evaluations from CFINE. There are reports of outputs, information on volunteers moving into employment, and financial gains achieved through identification of unclaimed social security entitlements (£125,000 since April 2016). CFINE has also produced materials describing effects of the activities on individuals' lives (See *Box 2, Appendix 5*),

CFINE's outputs include narratives about increased knowledge and skills amongst client groups in relation to cooking, food and nutrition and increased confidence with financial management and budgeting.

Box 2: CFINE - Volunteer Case Studies (Image credit CFINE, 2017. *Photographs do not represent those identified in the case studies*).



Miss R started volunteering at CFINE in 2015 when she was 17 years old. She was very quiet, unconfident, and rarely spoke to other staff members or volunteers. She was dealing with an ongoing mental health issue and her mum had suggested that she start helping out at CFINE as a way to build confidence and benefit from working in a team and building social relationships. Over a number of months, the team noticed a huge difference in Miss R. She really

began to open up and could be seen laughing and joking with other volunteers. Since she gained employment running a CFO, she really feels part of the team. When I asked her how her time has been at CFINE, she summed it up simply: "I feel happy now". Update: Miss R has now moved into employment as a care assistant and is going from strength to strength (CFINE, 2017).

Some indication of impact can be gauged from the activities and the numbers of people benefitting, with:

- 60 community food outlets and CFINE food bank (with 10,000 food parcels distributed directly from CFINE to beneficiaries).
- 250 volunteers in work placements.
- 30 supported trainees (adults with learning disabilities).
- Bridge Project involving 14 adults with learning disabilities, 6 recruited from partners.
- FareShare >57,000 emergency food parcels, >950,000 meals valued at £952,000.
- 23 of 33 employees from priority communities (CFINE, 2017b).

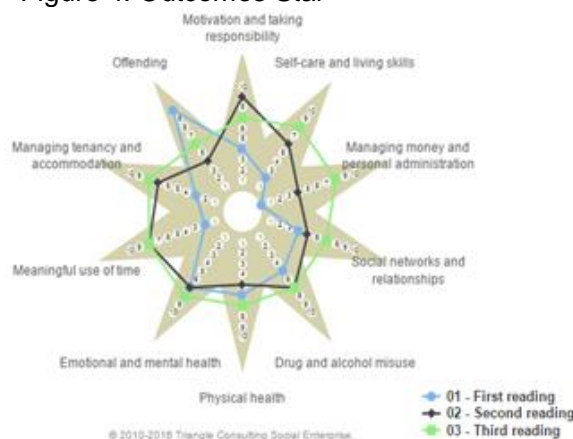
CFINE has done substantial reporting to different funders on its activities, and KIs have described the challenges of meeting funders' expectations for monitoring and evaluation. While recognising the need for accountability, a need for proportionality in funder expectations was clearly articulated.

5.2 Social Bite

Social Bite has recently convened a Social Impact Team with funding from the British National Lottery to develop methods of recording impacts, determining what to record to provide robust data that will enable continuous learning and will not be cumbersome and disruptive of activities. To date, monitoring has included recording the number of agencies with which clients interact and to which they are referred and compiling monthly timetables of shifts, volunteering and wellbeing activities, plus online CV building to develop permanent records of skills and experience.

The ‘[outcome star](#)’ (Figure 4) is being trialed as an approach to mapping support needs and progress for users towards self-reliance or other goals. The star sets out ten dimensions - motivation and taking responsibility, self-care and living skills, managing money and personal administration, social networks and relationships, drug and alcohol misuse, physical health, emotional and mental health, meaningful use of time, managing tenancy and accommodation, and offending (Triangle, 2017). KIs informed us that this is an effective means of understanding and attributing the effects of Social Bite’s activities. KIs noted that the star can be used in aggregate for organisations or funding bodies, as well as internally with clients as a visual representation of progress and for developing personal action plans.

Figure 4. Outcomes Star



Source: © Triangle Consulting 2010-2016

As with CFINE, no formal evaluations of Social Bite were sourced, which does not mean that they do not exist, and data were identified for the organisation as a whole. Nationally, the business employs 45 people, including 21 former homeless people; more than £78,000 has been donated and more than 80,000 food items suspended (paid forward) (see photo). Each shop supports an average of approximately 30 homeless people a day with free food, although this is likely to be lower in Aberdeen City, given its smaller size. To date, the chain has donated more than £20,000 to partner charities (Bruce, 2015). Social media impact is described as follows: *This is where Social Bite provides such a valuable example – it is totally unafraid of promoting itself and its achievements. In fact, it shouts from the rooftops unashamedly about how great it is and devotes the necessary resources to gaining the business it needs to be self-sustaining in the future* (Bruce, 2015).



Social Bite Scores So Far © L Nind 2017

Perceived impacts are demonstrated through social media content in people’s accounts of the transformatory effects of Social Bite activities and support services and powerful accounts at individual level about the humanising effects of Social Bite’s activities experienced by beneficiaries. This is an important form of empowerment, respecting dignity and fostering trust through relationships to overcome situations of hardship. Appendix 5 contains examples of individual case study stories (Box 3).

Box 3: Social Bite - a volunteer’s story

I feel that volunteering at Social Bite is helping me learn new skills, for example, using the coffee machine and customer skills, which may help me in the future even if it isn’t directly related to my new job. I’ve also received information about things that I wouldn’t previously have known about like the ‘Wheel being group’ which is a cycling project. I enjoy cycling and it has given me an excuse to go cycling again. Volunteering at Social Bite has helped with my mental health because it makes me feel valued and gives me structure within my day, this has in turn helped my confidence. Confidence helps you to come across well in an interview, which would help you get a job. Ewain and I went through likely questions that Tesco may ask at an interview. We went through how to answer these questions. I felt this made me more prepared for the Tesco interview and employment generally. Chris, supported volunteer in Glasgow, has recently gained employment with Tesco. (Social Bite, 2017c)

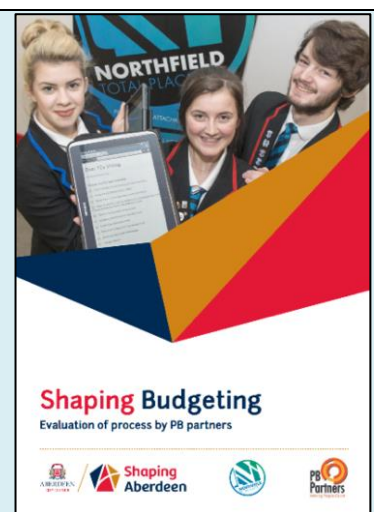
5.3 Participatory Budgeting

The first PB exercise has been [process evaluated](#) (ACC, 2016c). However, there are no evaluations of outcomes, or bids funded to date. A national review of first generation PB in Scotland suggests that this is not a weakness, but reflects an emerging trajectory of PB in the country (Harkins et al., 2016). Both the national review and ACC process evaluation point out that the learning, skills and capacity from the first round/first generation provide a foundation on which to develop the approach. The ACC evaluation also acknowledges the authenticity of the process, where a local constituency participated in decisions that would benefit their area and the commitment to the Community Empowerment Act by ACC. The evaluation underscores an intention to base future policy and process on the initial experience. It identifies the challenges imposed by short timescales and commends the efforts of the community workers involved. Longer lead-in times are recommended, to allow for wider decision-making for PB committees and community workers and to ensure wider ownership.

Despite time constraints, the first PB round is described as a success. With over 3,700 young people voting, it was one of the highest levels of engagement with PB in Scotland to date (ACC, 2016c). The altruistic nature of the voting is also highlighted, with young people voting for projects that would benefit others rather than themselves. Overall value is identified as a contribution to services drawing on local knowledge about deprived neighbourhoods. The evaluation notes the need for more training for staff and communities and sustainable funding. In terms of the latter, and with reference to policy and legislation for PB, the evaluation identifies the need to integrate PB into overall plans and leverage engagement in areas with low participation. The process evaluation acknowledges the lack of deliberation and interrogation of projects by voters and bidders as a result of video submissions in the first round. Developing the means to increase involvement of communities in setting criteria and decisions was identified as a key design feature to revisit in future to address more (and more entrenched) social problems. Suggested directions from the first PB round in Aberdeen city are contained in *Box 4*.

Box 4: Reflections and directions for PB in Aberdeen (following first round)

- Ensure practical planning decisions are based on input from all relevant stakeholders
- Foster genuine sense of ownership of process, rather than participants' involvement being restricted to voting at events
- Develop trust within the wider community in the integrity of the overall process: decisions are taken in a transparent way, based on the input of all the key players. (NB: planning group should be seen as fluid in membership, not a 'closed shop'. Anyone unhappy with process decisions can be invited in to improve things going forward)
- Foster improved relations both 'vertically' and 'horizontally', among officers, elected members and residents/community groups, and also across different partner organisations. (ACC, 2016c)



A review of PB in Scotland was published in 2016, which reflects our findings, identifying limited evidence on first generation PB, which limits accurate accounts of process and impact. The national review also identified little evidence of substantial opportunities for dialogue and deliberation and a need for robust evaluation and shared learning for future policy development on PB. Similarly, a 2014 review of PB in the UK observed “concrete results, but limited impact” as a result of early rounds, concluding that “PB processes had yielded a range of important social benefits for the citizens involved (confidence, aspiration, empowerment, and increased sense of control, knowledge and awareness) but that the impacts of PB projects had not yet translated into significant changes in outcomes for participants or communities or in terms of addressing inequalities” (Röcke, 2014). The findings of the Scottish and UK reviews are summarised in *Appendix 6*. Legislation related to Part 3 of the Community Empowerment Act on Participation Requests, which came into force on 1 April 2017, responds to the need for

evaluation and evidence. The legislation and guidance provide detailed procedures for communities to organise, formally constitute, and request to participate in, and receive funding for, decisions and processes addressing community needs. These are defined in terms of locally derived 'outcome improvement processes' (Scottish Government, 2017c).

6. Discussion

6.1 Insights, learning, relationships between practices and change Consequences of reliance on the non-government sector for empowerment

Despite the government commitment to eradicating hunger, we identified a dependency on non-government enterprises to empower vulnerable and disadvantaged groups to overcome food poverty in the site. Responses to food poverty when grounded in a needs-based approach assumes that the needs of hungry people can be met by feeding them, without any expectation of action by recipients, but also without legal protections or obligations to recipients. A rights-based approach, in contrast, asserts that access to safe, nutritious food is a basic human right, a fundamental requirement for human health and a means to promote wellbeing and human dignity. This perspective is underpinned by the assertion that governments (not charities) should provide environments that support people to nourish themselves (Dowler and O'Connor; 2012; Lambie-Mumford, 2015).

Reductions in state spending and responsibility as part of an ongoing programme of austerity in the UK have considerably limited the ability of state services to deliver a rights-based approach and/or to support or sustain innovation in service delivery. These have led to the almost unquestioned assumption that the private sector should deliver services. While the opposition Labour party in the UK and the Scottish Executive are challenging this, to an extent, the limitations imposed by the UK austerity programme make the social responses to increasing inequalities arising from neoliberalism a critical issue.

Non-government enterprises are seen as vital to economic development and meeting welfare needs in Scotland. To support these enterprises the state has established [Social Investment Scotland](#), [Social Enterprise Scotland](#), [Social Firms Scotland](#), the [Social Enterprise Academy](#) and the [Scottish Institute for Enterprise](#) (SIS, 2017; SES, 2017; SFS, 2017; SEA, 2017; SIE, 2017) to work with the state to 'pilot, prove, adopt'. They have certain advantages, with freedom to shape practices and claim spaces outside formal systems, although they may still meet challenges in the weaknesses in public service responses. Charitable enterprises, such as CFINE, whilst seeing themselves as accountable to the public, have difficulty ensuring continuity of funding, have to put significant time and effort into fundraising and are constrained by the demands of their funders. Social enterprises do not depend on charitable giving or state financing, but also do not have the mandate or resources to meet the requirements of all those in need. They are accountable to boards of directors, set their own aims and objectives and decide what services they deliver to whom. This results in small-scale, variable and unregulated practices and a lack of obligation to ensure equitable population-based access and impact.

CFINE's and Social Bite's practices reflect commitment and responsiveness to addressing food poverty in the site. They draw on experienced professionals who *walk beside people who struggle* to overcome situations of disadvantage and exclusion, treating people with dignity and value as enabling conditions to claim better lives. While empowering, the practices had deficits in enabling communities to claim collective voice and control over decision-making. Insecure funding, as described above, may also limit the longer term processes needed to build this collective power. This raised strategic choices to balance activities to serve immediate needs with those intended to strengthen collective voice and agency.

Participatory democracy? A transitioning context of policy, legislation and capacity

In contrast to the variable and unregulated practices described above, PB is a state commitment to the inclusion of communities in decision-making for public services and resources. As described above and by KIs, PB can be seen as a shift towards 'mandated co-production', but

may also be seen as a further shifting of state responsibility for the organisation, delivery, effectiveness and cost-effectiveness of public services onto the communities that require them. The findings reported in previous sections in the case study indicate the potential of the approach, bringing small groups together to articulate proposals to address their concerns and enact priorities.

The process is in its infancy and is evolving, building on initial successes and addressing the deficits identified in earlier sections, including who participates and how. Face-to-face assemblies combined with digital fora would strengthen the process. Homeless and migrant/mobile populations without fixed addresses may not benefit from the process in its current form and a focus on deprived communities may overlook poor people living outside deprived neighbourhoods.

The shift towards participatory democracy in Scotland is a move towards helping communities to organise and act and be involved in decisions over services and spending that affect them (Escobar, 2014). A range of experts and resources to support community planning and PB was identified, reflecting this shift (*Appendices 7-9*). The first rounds of PB have thus developed important capacities to embed the process further. As it evolves, careful attention to the authenticity of deliberation and consensus building and the independence of facilitation can build on achievements to date. Indeed, these may be further areas where the agencies could collaborate and build on shared commitments. As PB expands towards mainstream funding, development of the process of fundamentally re-orienting relationships among communities, political actors, civil society, and the state will take time, commitment and leadership. In this regard, there are important opportunities for non-governmental enterprises to work with communities to develop processes and outcomes and to share learning on the fundamental nature and purpose of participation.

Relationships between practices and intended changes

We were able to source little formal evidence of impact or information on budgets of the specific interventions and how resources are deployed. Activities of the non-government enterprises and PB processes will incur significant costs (e.g. the salaries of officials involved, and for maintaining a social media presence) and that information on these aspects is required before comparisons can be made or issues of sustainability and value for money can be considered. Without impact evaluations inclusive of cost-benefit analysis however, this information was not available. There was considerable information available on activities and outputs, as described earlier, and case studies of change as a result of their activities (*Appendix 5*). Similarly, narrations of impact are used in social media strategies recounting people's journeys and effects of the practices. These demonstrate that outcomes can be positive but not for how many and at what cost.

There are also no outcome (including cost) evaluations of PB to date. This is not surprising given the early stage of the process. This is also not necessarily a negative, given that an organic process and capacity are being built. We identified one process evaluation for the first PB round, which commends the commitment and engagement of community workers and members and considers a range of design issues related to training, lead-in times, increasing engagement and deliberation and the sustainability of the process (*Box 5*). The emerging environment for new integration and transformation of PB is a possible way to achieve change. This relates to including low-income neighbourhoods in community grant-making in the site, thus moving towards a sustained and mainstream budget decision-making process.

A final point is on co-ordinated action. Despite the Food Poverty Action network and other interagency groups, social enterprises and authorities do not always collaborate. The Community Empowerment Act may provide new opportunities to improve this - for example, by making use of the Participation Requests that came into operation in April 2017 as a further dimension of the Act. Participation Requests set out processes through which community groups can form and make requests for support. Interestingly, the Participation Requests Guidance puts, as a central requirement of any request, a statement of outcome improvement processes, how change will be

achieved and how it will be measured. This could facilitate evaluation, an evaluation that is developed by and for beneficiaries (Scottish Government, 2017c).

6.2 Practices, measures and tools that may be adapted

The social enterprise model is a main empowerment practice to address food poverty in the site through the Social Bite café, which provides services to homeless people. The other major practice is 'food banks plus' managed by CFINE, which provides services to people living in food poverty. Both provide supported working and volunteering via people-centred approaches. Several practices and tools may have the potential to be adapted as vehicles for social empowerment in health service systems elsewhere via a social enterprise or more charitable models. These include: paying-forward meals, volunteer-led social suppers, social media activities, distributing food parcels and selling affordable fruit and vegetables in deprived communities. Also, to be considered are supported volunteering and employment, one-to-one support around financial capability, employability, heating/energy, housing and training opportunities, community training kitchens, providing training in cooking and healthy eating on a budget, and referrals to health and social services. Social Bite is also developing the outcome star to map support needs and progress towards self-reliance.

Despite variations in specifics, both non-government enterprises use food to engage people. Although this is critical in its own right, it is important to reiterate CFINE's view of food banks as eroding dignity, creating dependency and doing little to change the situation. Two transferability points can therefore be considered: food as a gateway to health and social service referrals, training, orientation, supported volunteering and employment to enable people to claim capabilities for decent roles in society; and activities that are humanising and that centralise relationships, respect and dignity for people living in hardship. The latter create conditions to enable people to overcome exclusion and stigma. Issues that may affect uptake include reaching certain groups of people such as victims of domestic violence, given the likelihood of exposure via the activities and social media. Finally, in a context of unpredictable and constrained funding, any extension of the practices of the non-government enterprises towards collective action and engagement in activities focused on structural change may be limited.

PB, by contrast, is a clear commitment to inclusion in democratic processes regarding the organisation and use of public funds. In a setting that has not had PB previously, a process that is well planned with input from all stakeholders, that is small in scale, focused and driven by local actors was beneficial. Developing processes with already well-organised communities and familiar spaces - e.g. with schools and with young people - was also a useful stratagem for initiating the process and building capability. This facilitated expansion to all deprived neighbourhoods in the city in an open process that did not dictate what bids should be about and that committed community workers, fostered energy, creativity and genuine ownership by communities. Guidance and support for producing bids and submissions from community workers were critical, as was impartial facilitation of voting and deliberative events. Clear information on processes and outcomes, transparent and inclusive planning and sufficient turnaround times are also required for enabling ownership among bidders and participants.

Online resources and toolkits for enabling participatory action and PB, including web platforms, are available and designed for use elsewhere (*Appendices 8-9*). Finally, a key condition for the process is the Community Empowerment Act. Harkins and Escobar note that PB is currently a 'policy device' rather than a 'policy instrument', with the PB processes undertaken to date focusing on the award of modest community grants rather than *a vehicle to fundamentally re-orient the relationship between political actors, civil society, and the state* (Harkins and Escobar, 2015). The same report notes a juncture that Scotland is at and articulates a set of design considerations and principles for use of PB elsewhere; these are summarised in *Appendix 6*.

Factors that might affect uptake are the quality of information and support for community groups to develop and submit bids. For groups that do organise and submit bids but are unsuccessful, tackling poor online resources and supplying the skills to use these resources are important. Vulnerable and excluded groups, and homeless and migrant/mobile populations without fixed

addresses, may not benefit from the PB process described here. Furthermore, the focus on deprived communities may overlook the fact that poor people also live outside deprived neighbourhoods and may be unable to benefit, while non-deprived people living in deprived communities share the benefits.

6.3 What the site is interested to learn from other sites

Non-government enterprises are interested in impact evaluation. The need to generate evidence in a pragmatic and meaningful way, which is not overly complex and does not obstruct day-to-day activities, was a clear theme in the discussions. KIs also noted the need for a range of forms of knowledge. Other KIs pointed out the need to generate evidence as a means of retaining and attracting funding. For PB, KIs noted a potentially limiting implication whereby the purpose is political, but local authority facilitators are required to be apolitical. Exchange on how to orient beneficiaries to the political processes of policy making would be valuable (Raphael, 2006). KIs would also welcome learning from elsewhere about planning and evaluating PB processes that acknowledge the fundamental purpose of political participation and how to achieve shared learning at all levels on processes to inform decisions on scaling up. Finally, the agencies are interested in exchange on shared evaluations and evaluation of partnerships.

KIs in non-government enterprises articulated a desire to have exchanges on extending inclusivity regarding the voices of beneficiaries in decision-making and the organisation and delivery of the activities. Despite clear intentions to expand the spaces and opportunities through which beneficiaries and client groups could make inputs in this sense, there is scepticism as to the agency, ability and willingness of people to do this. Facilitating the development of a collective voice is a first step towards collective power - here, to address food poverty in the site. Although it is achieved to an extent through social media and case studies, activities related to enabling and employing a collective client voice were described relatively less frequently by social enterprise KIs, and so exchange on these issues would be valuable.

For statutory agencies, the context-specific, non-linear process of participation is acknowledged, and exchange on broad principles is welcomed. In terms of PB initiated in the site, there is a clear desire for learning from international experience about expanding participation in community planning, given the site is at a relatively early stage. More generally, we identified evidence of a transition towards a participatory democracy in Scotland. This statement is made recognising that Scotland is an advanced democracy, which may not necessarily be the case elsewhere; however, exchange on this transition from states at a more progressed stage would be welcomed. For PB and 'mandated co-production', there is also a clear need for evidence of process and effect, and the national reviews conducted to date echo this. Scotland appears to be at an important juncture with community participation, and actors welcome exchange on future strategic and operational directions towards opening up spaces for broader deliberation with an explicit focus on tackling inequalities.

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8. Appendices

Appendix 1: Key Informants (KIs) and Focus Group Participants

Social Bite www.social-bite.co.uk/

1. Cafe Manager (KI)
2. Training and Support Worker (KI)

CFINE (Community Food Initiatives North East) www.cfine.org

3. Chief Executive Officer (KI)
4. Community worker (KI)

Aberdeen City Council www.aberdeencity.gov.uk

5. Community Learning and Development Officer (KI)
6. City Strategist (KI)
7. Locality Manager (KI)

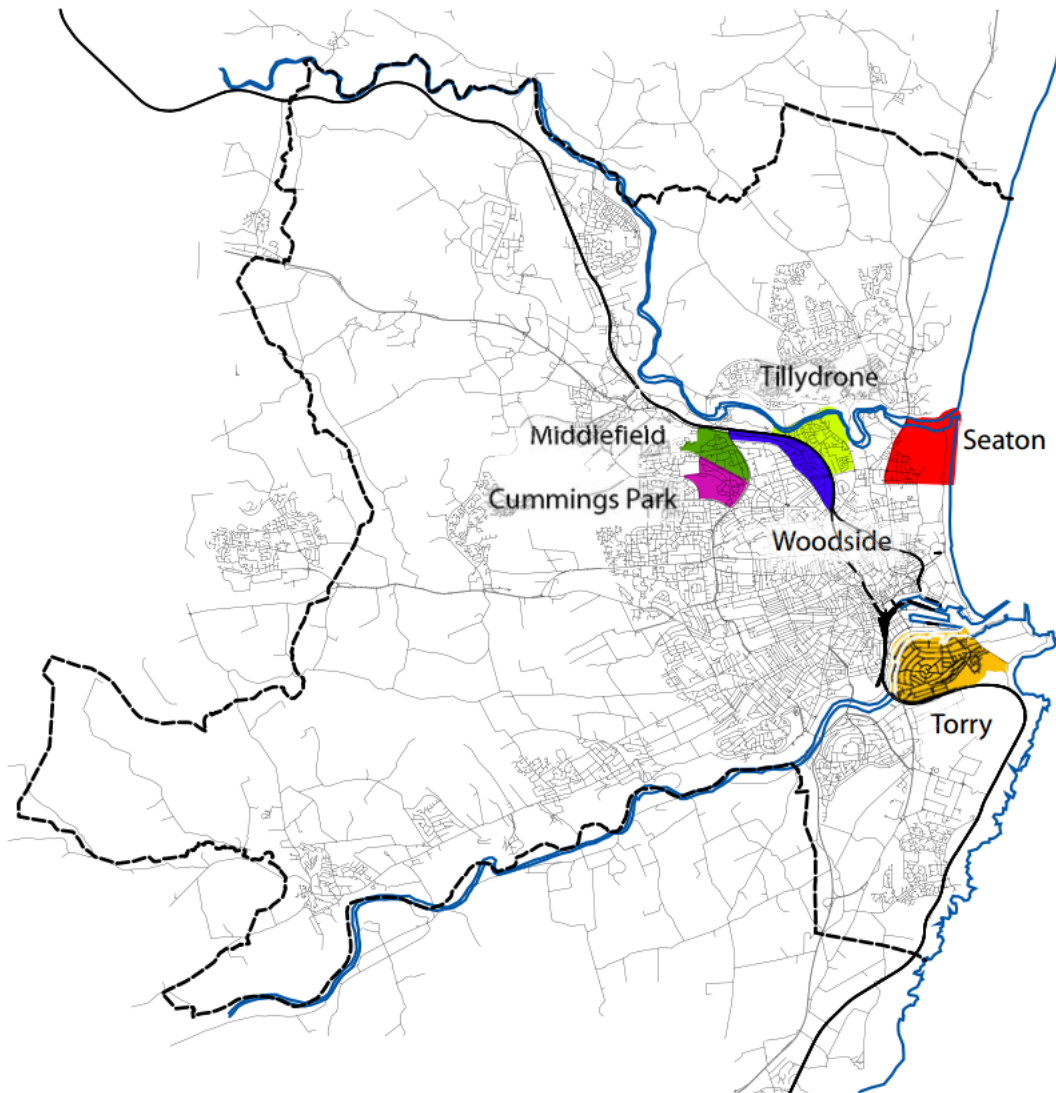
Focus Groups in two deprived neighbourhoods (Seaton and Tillydrone)

8. Ladies Group (focus group)
9. Recovery Group (focus group)

National Health Service (NHS) Grampian www.nhsgrampian.co.uk

10. Consultant in Public Health (KI)
11. Public Health Lead / Health and Social Care integration (KI)
12. Health Improvement Officer (KI)

Appendix 2: Map of deprived ('regeneration') neighbourhoods in Aberdeen City



Eight neighbourhoods have long been recognised as 'regeneration' priorities – Torry, Tillydrone, Seaton, Woodside, Middlefield, Mastrick (not marked above), Cummings Park and Northfield (not marked above) (Source: ACC, 2008). Under the Community Empowerment Act (Scotland) 2015, Locality planning is mandated, through which regeneration areas have been grouped together as follows:

Locality 1: Torry

Locality 2: Middlefield, Mastrick, Cummings Park, Northfield, Heathersford

Locality 3: Seaton, Tillydrone, Woodside

Sources: ACC, 2008; LOIP, Community Planning Aberdeen, 2016

Appendix 3: CFINE information sheet (abridged)

Community Food Initiatives North East

Improving Health and Well-Being: **Business for Community Benefit**

YOU buy fruit, veg, healthy snacks? For the office, workplace kitchen, events, for domestic purposes? Why not consider CFINE – good produce, price and service and you would be investing in our considerable work for community benefit! **ALL profit supports our social and community services and support which focusses on disadvantaged, vulnerable, low income individuals, families and communities in Aberdeen, Aberdeenshire and Moray (FareShare only).**

What do we do?

- **60 Community Food Outlets** making affordable produce accessible to disadvantaged and vulnerable communities;
- **250 volunteers, work placements and (30) supported trainees (adults with learning difficulties)** recruited, trained and supported over past year;
- CFINE a partner in the innovative development, training and support programme in Aberdeenshire, **the 'Bridge Project'** presently involving 14 adults with learning difficulties, 6 recruited from 'our people';
- **Education, information and training** on eg reducing food waste, healthy cooking on a budget, 'benefits and budgeting' etc;
- **FareShare Grampian** where food through the FareShare network is distributed to people in food poverty; the produce is distributed to >170 'Community Food Members';
- Through **FareShare** >400 tonnes of produce, saving >200 tonnes of carbon emissions, distributed over the past year. 400 tonnes equates to: >57,000 emergency food parcels; >950,000 meals; and has a (modest) value of >£952,000 ;
- CFINE is the lead partner in the 65 organisations-strong **Food Poverty Action Aberdeen (FPPA, formerly Food Banks Partnership Aberdeen)**
- **FPPA** distributed >30,000 emergency food parcels, and other products eg toiletries, nappies, sanitary products, through 2016; **CFINE's own food bank** >10,000 parcels;
- **23 of 33 employees** recruited from our priority communities eg unemployed, mental health issues, learning disabilities;
- **Money advice, debt, budgeting** information and support;
- **Action on environmental issues** through Zero Waste Scotland project, FareShare and pilot reuse electronic equipment project;
- **Roots and Shoots project** supports ex- offenders through work experience;
- **'Cash In Your Pocket'** referral service;
- **Action Health Education/Employment Against Disadvantage Plus (AHEAD+)**, a partnership between Grampian Housing Association (financial capability and education), North East Scotland Credit Union, Pathways (employability) and CFINE which was initiated and is led by CFINE; AHEAD+ (the '+' comes from AHEAD's inclusion in and links with the FPPA) provides a more coordinated, holistic support and services to our priority communities.
- **With support from partners**, CFINE offers employability, 'benefits and budgeting' (from 1/4/16 CFINE will have staff directly delivering this), health and well-being support responding to the needs of beneficiaries;
- A **Community Training Kitchen and Workshop (Cook at the 'Nook)** in 2-4 Poyner Road will provide free training to disadvantaged and vulnerable people in the north east and offer basic and more advanced courses, for a fee, to those who can afford it, the profit from which will go towards the sustainability of the 'Nook as a free facility for lower income groups.
- Member of the **Syrian Refugees Action Groups** in Aberdeen and Aberdeenshire.

- BIG recently supported CFINE's 'Tuk In' (Mobile Community Café) project, an innovative project aiming to use a tuk tuk to promote fruit and veg consumption and reduce food waste.
- CFINE secured the tender for 1 year to support and develop the '**Aberdeen City Food Network**' (promoting food skills training, 18 partners presently).
- CFINE member of **Aberdeen Sustainable Food City's** Steering Group (may join up with Aberdeenshire).
- CFINE will be a partner in developing **Aberdeen City Council's Anti-Poverty Strategy**.
- **CFINE's enterprise** company sells commercially and competitively wholesale and retail fruit, veg, pulses, healthy snacks. **ALL** profit invested in our work for community benefit. **THINK FRUIT and VEG, THINK CFINE!**
- Over the past months, CFINE, working with 2 companies Enscape and ReTek, is involved in a WEEE (Waste Electrical Electronic Equipment) pilot where we collect and store such equipment for later collection by ReTek to refurbish for reuse or for recycling.
- Re produce, **CFINE purchases locally** whenever possible to contribute to the local economy and the environment through reducing food miles.

Want more information including how to buy **YOUR** fruit, veg, pulses, eggs and healthy snacks from CFINE, then contact CFINE - 01224 596156/ info@cfine.org/ www.cfine.org

Thank you,
Dave Simmers, CEO



Volunteer driver CFINE, Aberdeen © CFINE 2017



Cooking event with Fruit Mart Adults w/ learning difficulties from the Blue Toon!
Aberdeen © CFINE 2017



Corporate volunteering w/ Bristow Uplift, Aberdeen © CFINE 2017



CFINE staff, Aberdeen © CFINE 2017



Her Majesty's Prison (HMP) Grampian cooking session, Aberdeen © CFINE 2017



Lord Provost (right) volunteering day, Aberdeen © CFINE 2017



Social work student placement – Manor Park School, Aberdeen © CFINE 2017



Manor Park – group lunch, Aberdeen © CFINE 2017



Students on placement, getting on well with Grant (centre) who volunteers once a week, Aberdeen © CFINE 2017



Volunteer's collecting at the bi-annual Neighbourhood Food Collection, Aberdeen © CFINE 2017



Food bank volunteer, Aberdeen © CFINE 2017



Delivering to Syrian Refugees, Aberdeen © CFINE 2017



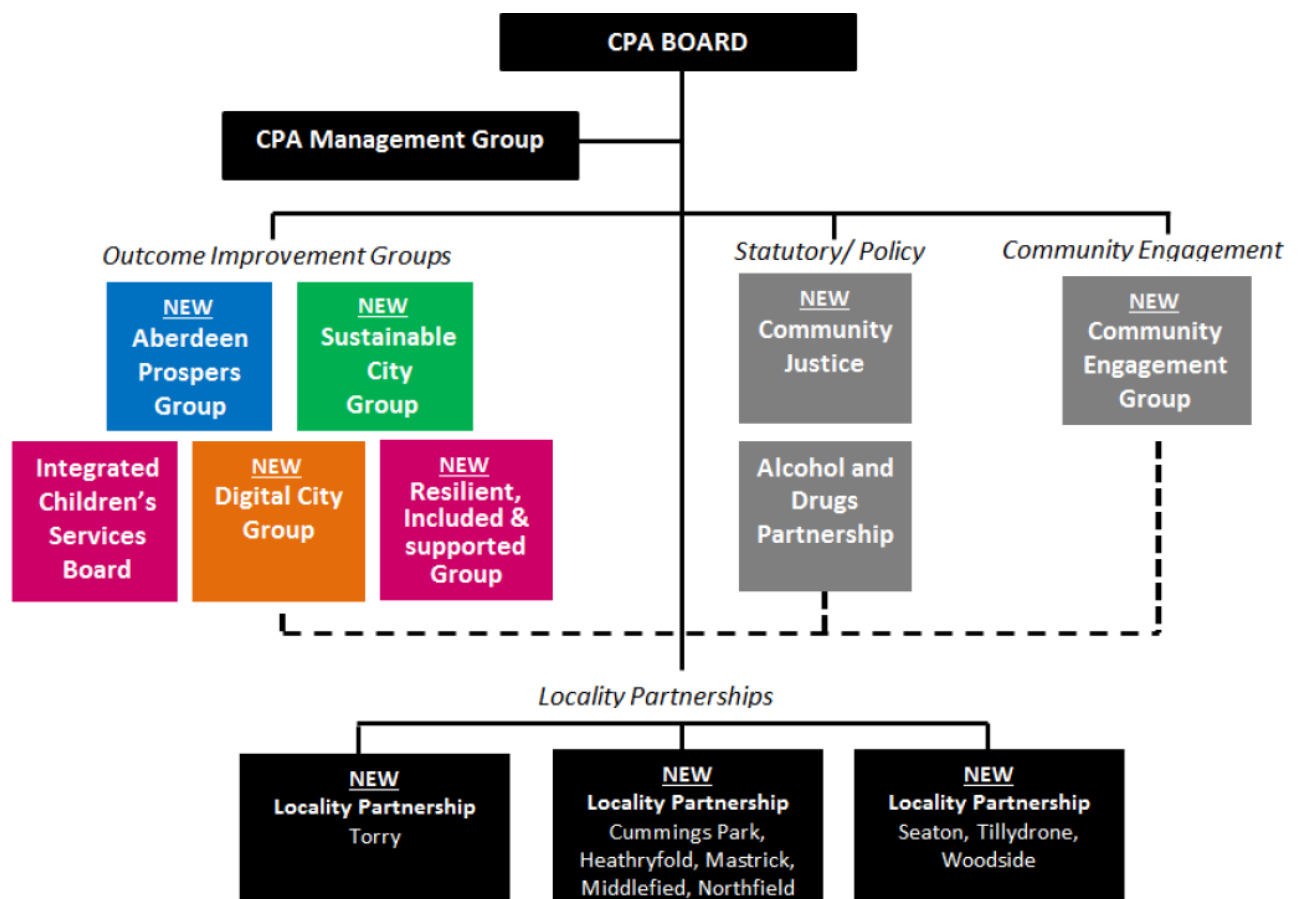
Cooking with "waste food" session with volunteers, Aberdeen © CFINE 2017

Appendix 4: NHS Grampian public and patient involvement activities

This appendix presents a brief overview of recent activities related to community participation undertaken by the local health authority, NHS Grampian. Whilst none of the activities are directly related to addressing food poverty or food insecurity, they have been deemed relevant for inclusion by virtue of the reflection of significant expansion of community engagement activities in the site as a result of the Community Empowerment Act (Scotland) 2015.

NHS Grampian has recently been engaged in a re-examination and expansion of participatory practices. Through a collaborative process, the Community Planning Aberdeen (CPA) Board, which comprises representatives from statutory, voluntary, civic and community stakeholder groups (Aberdeen City Council, NHS Grampian, Aberdeen Council of Voluntary Organisations, Aberdeen Civic Forum, Aberdeen and Shire Economic Future, Police Scotland, Scottish Fire and Rescue, and a non-voting Scottish Government Local Director Representative) has developed an [Engagement, Participation and Empowerment Strategy \(EPES\)](#) (ACC/CPA, 2016). The strategy has led to creation of a new Aberdeen-wide Community Engagement Group as part of a refreshed Community Planning Aberdeen partnership [committee structure](#) (see below) (CPA, 2017). This group met for the first time in April 2017, and has a remit to implement the EPES. NHSG is hosting and chairing the group on behalf of the CPA Board.

Reviewed governance structure of Community Planning Aberdeen (CPA)



Source: CPA, 2017

Recently, NHS Grampian Public Health has also developed NHS Grampian's [participation request policy](#) (NHS Grampian, 2017) and has located this in its public participation agenda.

Guidance on Participation Requests was published in April 2017 as part of the Community Empowerment Act 2015. Participation Requests provide formalised process through which community groups formally organise, identify community needs, submit plans (requests) to address these needs, and (if successful with an award to implement the plan) become involved in activities to improve defined outcomes over a specified period of time. NHS Grampian is currently seeking to make links to all partner organisations to ensure that responses to Participation Requests are handled effectively and efficiently. NHS KIs describe genuine interest in this issue in the site, across a wide range of statutory and third sector organisations as a result of the Community Empowerment Act. The legislation and process of creation of the EPES is thought to have legitimised and strengthened public participation and considered to be a means of enabling individual concerns to become shared concerns, and will support people to work collectively towards addressing a health or social issue in an expanded manner relative to community planning processes used in the past.

Aberdeen City Health and Social Care Partnership are working towards their own [Transformation Programme](#) (ACHSCP, 2016), which includes a commitment to “Building Community Capacity” to help support people with long term conditions. This work involves the development of primary health care centre-based link workers, to empower people to access local community resources and networks. The Partnership has endorsed the CPA EPES as the way in which they intend to work in future.

NHS Grampian Public Health is also leading the supported self-management programme across all three region’s Health and Social Care Partnerships, using the ‘House of Care’ model. This has been developed and promoted by a national organisation called the [Health and Social Care Alliance](#) (Health and Social Care Alliance of Scotland, 2017). The House of Care model is based on a foundation of utilising community assets and resources, and looks beyond medical care for health gain. It is believed that primary health care will be developed through community planning activities in the future, as well as the direct community development activities of Health and Social Care Partnership and local councils in NE Scotland.

This work, that has sought to strength public participation in health in Grampian region, has taken place in a context of earlier related work of the [Scottish Health Council](#) (SHC, 2017) who have played a lead role in developing and promoting [standards](#) and [toolkits](#), including in [Grampian region](#) (HIS, 2013) to support NHS staff to involve patients, carers and members of the public in their own care and in the design and delivery of local services, and to measure how well NHS Boards do this (SHC 2010; 2014).

Appendix 5: Case studies provided by two social enterprises

Social Bite - a volunteer's story

"I feel that volunteering at Social Bite is helping me learn new skills for example using the coffee machine and customer skills, which may help me in the future even if it isn't directly related to my new job. I've also received information about things that I wouldn't previously have known about like the "Wheel being group" which is a cycling project. I enjoy cycling and it has given me an excuse to go cycling again. Volunteering at Social Bite has helped with my mental health because it makes me feel valued and gives me structure within my day, this has in turn helped my confidence. Confidence helps you to come across well in an interview, which would help you get a job. Ewain and I went through likely questions that Tesco may ask at an interview. We went through how to answer these questions. I felt this made me more prepared for the Tesco interview and employment generally." Chris, supported volunteer in Glasgow who has recently gained employment with Tesco. Source: Social Bite (2017c).

CFINE - Volunteer Case Studies

All images are credited to CFINE, 2017. Photographs do not represent those identified in the case studies.

Case Study 1

Mr. M is a volunteer at CFINE and had been in receipt of PIP [Personal Independence Payment is a new welfare mechanism that replaces Disability Living Allowance under recent reforms in the UK] for less than a year before he had his claim reassessed in January and was unsuccessful. Mr. M had his PIP payments stopped without warning. He has Parkinson's disease and there has



been a substantial decline in his ability to speak. He was very distressed at the decision – he had been judged not to be entitled based on the number of "points" he had scored on his assessment did not meet the threshold. He told me [CFINE staff] that he felt like he was having to prove his illness, and this was both degrading and humiliating. Mr. M then approached the CFINE Financial Capability Officer for help and we submitted a mandatory reconsideration which was unsuccessful in getting his claim reinstated. We referred him to the Financial Inclusion Team for appeal. He was told by the DWP in April that he would not have to go through with the appeal and he was awarded PIP of £55.10 until 2025. Mr M was still not in receipt of payment two months after this decision and he has faced delays throughout the whole process often waiting months at a time for correspondence from the DWP. He tells me [CFINE practitioner] that the whole experience was very distressing. As with many other clients, he would receive a response letter a couple of weeks before the final due date for an

appeal – thus leaving very little time to prepare medical evidence (as it often takes more than this amount of time to get an appointment).

Case Study 2

Miss R started volunteering at CFINE in 2015 when she was seventeen. She was very quiet, unconfident, and rarely spoke to other staff members or volunteers. She was dealing with an on-going mental health issue and her mum had suggested that she start helping out at CFINE as a way to build confidence and benefit from working in a team and building social relationships. Over a number of months, the team noticed a huge difference in Miss R. She really began to open up and could be seen



laughing and joking with other volunteers. Since she gained employment running a CFO, she has gone from strength to strength and really feels part of the team. When I asked her how her time has been at CFINE, she summed it up simply: "I feel happy now". Update: Miss R has now moved into employment as a care assistant and is going from strength to strength.

Case study 3

B was drug dependent, had had a good job, wife and family and lost it all through drug use. He came to CFINE dirty and dishevelled, had come off drugs but was struggling in every sense, no money, struggling to 'stay clean' etc. He came to get emergency food and the staff member suggested that he should return because he was in a bad way. B returned for more produce and in discussion with the staff member, she suggested he come in as a volunteer to give him a purpose, a reason to get up, stay 'clean' etc. He is now office based within CFINE and gives up 18hrs a week of his time; B helps in the food bank but also inputs data re food bank usage, a valuable contribution to CFINE's operation. B's confidence has grown since his involvement with



CFINE, he is always in when he says he will be and now very confident of the task he is undertaking. B is now clean and tidy, looks and feels healthier, has a sense of purpose and is looking forward to a brighter future including securing employment – something a few months ago was simply not tenable. He has also completed an 'Environmental Awareness and Healthy Eating' course. In addition, B delivered a speech to delegates at the 'Feeding Aberdeen Seminar'. His presentation was inspirational and uplifting. General consensus in the room was that he stole the show! This demonstrated how far B has come in terms of his confidence. In his speech he mentioned that he is facing problems with his council tax arrears; a problem that was quickly rectified by Aberdeen City Council delegates present – for which he was appreciative.

Subsequently, B has been offered training from Aberdeen City Council in money advice/budgeting and an overview of welfare changes, so that he can help those who find themselves in the same situation that he did.

Case study 4

Mr D started volunteering for CFINE in April 2015. Mr D is autistic and had low self-esteem when he started. He worked in the warehouse making up orders, sorting stock, and more importantly interacting with fellow volunteers and workers. In time his confidence grew and he became more willing to take on different roles within CFINE.

With the appropriate support, Mr D moved on to a driving role, which included deliveries and pick-ups. This opportunity boosted his confidence further and he became good friends with a number of team-mates. His cracking sense of humour, kindness to others, and hard work contributed to him becoming a much valued and respected member of the team.

Mr D has since achieved employment here at CFINE and works as a driver/store person, contributing to the large quantities of food distributed to organisations throughout the city.

"I really enjoyed volunteering at CFINE delivering food to all the CFMs. I think it really helped me make friends and become one of the team. When I got told that I could do it as a paid job I was very happy!"

Source: CFINE (2017b).

Appendix 6: Reviews of Participatory Budgeting in Scotland and the UK

Overview of 1st generation Participatory Budgeting (PB) in Scotland

- 1.75GBP million invested in 1st generation PB in Scotland
- 58 PB processes funded 2009-16
- 28,400GBP average funding allocated per PB process
- 750-200,000GBP – PB process funding varied greatly
- 9,300GBP average expenditure per PB project
- Projects targeted thematically, demographically and geographically
- 179 PB projects funded – diverse and vibrant range of funded projects
- 77% PB processes funded by Scottish Government
- 57% PB processes located in South West of Scotland
- 7% PB processes located in rural areas
- 90% PB processes located in disadvantaged areas
- 20% PB processes articulated aim of addressing inequalities

Source: Harkins et al., 2016

PB in the UK: “concrete results, limited impact”

- Positive feedback from participants
- Improved self-confidence of individuals and organisations
- Improved intergenerational understanding
- Encourage greater local involvement: Increased volunteering + formation of new groups
- Better awareness of councillors in their wards
- Increased the confidence of citizens in local service providers
- Increased the control that residents had over the allocation of some resources

Source: Röcke, 2014

Participatory budgeting in Scotland: design choices and principles

Strategic design choices

1. Policy instrument or policy device?
2. Organised thematically or geographically?
3. Neighbourhood or multilevel?
4. Community grants or mainstream funding?
5. Who facilitates the process?
6. Who makes proposals?
7. Who participates?
8. What type of participation?
9. Who makes the final decisions?
10. Where does PB fit in the democratic system?

Principles for effective delivery

1. PB is a long-term endeavour
2. PB requires strong leadership, time and resource
3. PB should be independently facilitated
4. PB enables an authentic representation of community interest
5. PB should be a new and distinct approach
6. PB must utilise existing community groups
7. PB must be clear what form of democracy it will take
8. PB recognises the challenges in engaging socially excluded citizens
9. PB has realistic expectations of community representation
10. PB allocates reasonable funding to a limited number of projects

Reproduced from: Harkins and Escobar, 2015

Appendix 7: National Standards for Community Engagement in Scotland

“The National Standards for Community Engagement are good-practice principles designed to support and inform the process of community engagement, and improve what happens as a result. They were originally launched in 2005 and since then they have been used to support community engagement, and user involvement, in Scotland in areas such as community planning and health and social care. They have been widely accepted by a range of practitioners as key principles for effective practice. During 2015/2016, the National Standards for Community Engagement were reviewed and updated. The aim of this review was to reflect the developing policy and legislation relating to community empowerment in Scotland, and to build on the growing range of practice. The review process was very inclusive and drew on contributions from a wide range of community organisations, third sector (voluntary) organisations and public sector bodies.” (SCDC, 2017).

National Standards for Community Engagement in Scotland



Sources: Scottish Government, SCDC, What Works Scotland 2016; VOICE, 2017

Appendix 8: Digital resources for community development, learning and exchange

There is a range of [resources](#) available and there is a clear drive to mandate coproduction and expand and mainstream the process in Scotland and the UK.

[Scottish Community Development Centre](#)

The Scottish Community Development Centre (SCDC) supports best practice in community development and is recognised by the Scottish Government as the national lead body for community development (SCDC, 2017).

[Communities Matter](#)

Communities Matter is a brand new suite of training and development support to community organisations and people working with communities across Scotland (Communities Matter, 2017).

[Visioning Outcomes in Community Enjoyment \(VOICE\)](#)

The National Standards for Community Engagement are good-practice principles designed to support and inform the process of community engagement, and improve what happens as a result (VOICE, 2017).

[Learning, Evaluation and Planning \(LEAP\)](#)

The LEAP framework is based on the principles and values that underpin community development. It is a particular way of thinking about and approaching change and development (LEAP, 2017).

[Scottish Co-production Network](#)

As interest in co-production begins to take root in Scotland, the network provides a locus for the sharing of learning and the exchange of co-production practice (SCPN, 2017).

[Communities Channel Scotland](#)

A new resource that aims to provide support to local groups and organisations so that they can contribute to a socially and economically sustainable Scotland (Communities Channel Scotland, 2017).

[Community Health Exchange \(CHEX\)](#)

CHEX promotes and support community-led health -where local communities identify the issues that are important to them and organise to take collective action to address these issues and improve their health (CHEX, 2017).

[PB Scotland](#)

PB Scotland acts as a hub for sharing and learning about the great work being done by PB initiatives around Scotland. It provides updates on events, policy and resources relevant to PB in Scotland, and profile good examples of PB in action (PB Scotland, 2017).

Appendix 9: Internationally available online resources for Participatory Budgeting

a) [UDECODE](#). “U Decide is a new development linked to Locality Planning, to generate ideas and allocate funding in Aberdeen” (UDECODE, 2017).

The screenshot shows the UDECIDE website interface. At the top, there is a navigation bar with links: "What is UDECIDE?", "How to vote", "How to register", "Projects in your area", and "Contacts". Below the navigation bar is a large banner image featuring several coins. The main heading "UDECODE" is prominently displayed in a stylized font, with the Aberdeen City Council logo to its right. Below the heading, there is a "News | More news" section. The first news item, dated March 2017, is titled "The winners are announced!! Click here to see the winners in your area!" and lists several projects with their funding amounts: Westpark School Community Playground (£10,000), Get Fit for Free (£10,000), Byron Parent and Toddlers expansion (£6,000), Byron Sports Club (£3,000), Mastrick Community Minibus (£5,000), and Aberdeen Boxing... The second news item, also dated March 2017, is titled "Tillydrone Event - additional opportunity" and mentions a Tillydrone Voting Presentation Event. Below the news section is an "Active Ideas | see all" section. It displays four idea cards, each with a photo, a title, a comment count, and a location. The ideas are: "Shell Twilight Basketball (TBB)" in Torry, "TASKX (Trades Appliances Skills Knowledge Exchange)" in Seaton Tillydrone Woodside, "Connected Communities - Connected Torry" in Torry, and "Riverside shelter and seating in Tillydrone" in Seaton Tillydrone Woodside. At the bottom, there is a "Community | More topics" section featuring a post from 3 months ago by KornelPlays, titled "It's not a waste of money , good place to hang out with BMX'es." and tagged with "Torry Skatepark Revamp" and "Torry".

b) [Change Tomorrow](#). “The Participatory Democracy Platform. Our aim is to provide easy to use, do-it-yourself like, Participatory Democracy platform capable of adapting to the best practises as well as local specificities. Participare is our firstborn!” (Change Tomorrow, 2017).

change TOMORROW

> Français > Castellano > Português

HOME COMPANY PRODUCT BLOG

DO YOU WANT TO **CHANGE TOMORROW'S?**

Check out our PB platform.

PARTICIPATORY BUDGETING MADE SIMPLE :)

The fastest way to set up your online *Participatory Budgeting*.
Check out our options and features included.

Sign up for FREE and Become a Beta Tester or learn more.

Participare is a **versatile** Participatory Budgeting platform.

Our aim is to provide a easy to use, do-it-yourself like, Participatory Budgeting platform capable of adapting to the best practices as well as local specificities.

Plan Promote Deploy

Our Work

Our Features and more...

- Anti Fraud Mechanisms**
Advanced fraud risk assessment algorithms.
- Audit Participation**
Full audit of participant registration and voting.
- Multilingual Support**
Boost minorities participation.
- Social Networks**
Let people promote their projects easily.
- Cloud Pricing Model**
Pay for what you use. No hosting needed.
- Fast Deploy**
Set up and launch in just minutes.

c) [Participare](#). “Your participatory budgeting solution. Participare is a participatory budgeting platform. It provides an easy to use, do-it-yourself like, Participatory Budgeting platform capable of adapting to the best practices as well as local specificities”. (Participare, 2017).

Secure | <https://participare.io>

About Us Contact Us Français Castellano Português

PRODUCT TOUR PRICING SUPPORT BLOG CONTACT US **GET STARTED!**

Eliminate doubts and
BUILD TRUST
using our safety first approach to PB.

The fastest way to set up your online *Participatory Budgeting*.
Check out our options and features included. **Get Started Now!** or learn more.

Participare is a **versatile** Participatory Budgeting platform
It provides an easy to use, do-it-yourself like, Participatory Budgeting platform capable of adapting to the best practices as well as local specificities.

Our Features

- Anti Fraud Mechanisms**
Advanced fraud risk assessment algorithms..
- Audit Participation**
Full audit of participant registration and voting.
- Process Control**
Set up every phase with dates.
- Simplified Vote**
Time saver and engaging voting process.
- Multilingual Support**
Boost minorities participation.
- Social Networks**
Let people promote their projects easily.
- Customer Support**
Your success is our online support team goal..
- Experts Network**
Local advisors that can help you make it work (better)..

and more...

- Cloud Pricing Model**
Pay for what you use. No hosting needed.
- Fast Deploy**
- Mobile Support**
- Statistics**

people vote and promote

d) [PB Partners](#): Making People Count. “Expert support for participatory budgeting” (PB Partners, 2017).



The screenshot shows the PB Partners website. At the top left is the logo: a stylized orange and red circular graphic above the text "PB Partners" and "Making People Count". To the right of the logo is a navigation menu with links: "Expert Support", "Services", "Who We Are", "What is PB?", "Shared Future CIC & PB Network", and "Contact". Below the navigation menu are three black and white photographs. The first photo shows a group of people, with a woman in the foreground holding a sign that says "Bank Budgeting 21st May 2016" and "£19,000". The second photo shows a man holding a young child, with a woman and another man standing next to them. The third photo shows a man in a leather jacket holding a book titled "acorns".

Expert Support for Participatory Budgeting

Building on over 15 years' experience of running successful Participatory Budgeting (PB) projects, and involving the leading experts on PB in the UK, we can assist you in delivering community engagement processes that really empower citizens and drive innovation in public services. As a social enterprise, you can be confident that the work we do leads to sustained change and represents excellent value for money.

Our Services

We can provide a range of flexible and affordable support services, including:

- Strategic support on policy and implementation
- Facilitating planning meetings
- Guidance on PB grant making
- Bespoke training to staff, elected members and local residents
- Writing reports, undertaking research and evaluations
- Presenting at conferences, workshops and community events

We offer standard support packages, from an introductory day or half-day briefing to a four-day support package to get your PB programme underway and ensure its success, through to more detailed ten-day packages to help you embed community participation into your core budget setting. Or we can design a programme specific to your needs.

e) [PB Network](#): “The PB Network is the independent body advocating for learning and innovation in Participatory Budgeting. The PB Network puts on learning events, publishes policy related papers and stimulates debate on where Participatory Budgeting (PB) might go next.” (PB Network, 2017)

Secure | <https://pbnetwork.org.uk>

MAKING PEOPLE COUNT
Participatory Budgeting is about redistributing public services and investment to where it's most needed

FEATURED

Participatory Budgeting: What are Parisians dreaming about?
The City of Paris has been running the largest scale Participatory Budgeting process in Europe. As part of an international study visit to Paris in December 2016 by representatives of Glasgow and Fife Community Planning Partnerships, enabled by What Works Scotland, a report by "Atelier..."

LATEST NEWS

Tackling Islamophobia in Edinburgh: Building bridges not walls?
"Shared Vision – Your Decision" is an Edinburgh based initiative which enables local people to decide how public money is spent in eradicating Islamophobia and associated prejudice behaviour. Police Scotland, the City...

Edinburgh Health Matters: The votes are in!
Over December 2016 people in South West Edinburgh were given the opportunity to vote on what community health projects they would like funded. Projects were to be for no more...

PB IN THE UK

PB Partners
Consultancy making participatory budgeting happen in the UK. For practitioners and community engagement staff in local authorities.
Go to the PB Partners site →

PB ON VIDEO

KATHLEEN GLAZIK
POLICY MGR - SCOTTISH GOVERNMENT
Go to the PB YouTube channel →

PB E-BULLETIN
Sign up to be kept informed about the PB Network via our email updates
First name
Last name
Email address
SIGN UP

PB ON TWITTER

Interesting to map #coopcouncils and lead #participatorybudgeting cities. Edinburgh and Glasgow and Lambeth and Old...
twitter.com/i/web/status/84023...
10 March, 2017 4:29 pm

Mental health affects everyone. #Participatorybudgeting can reach the parts other democratic process can't? #PBscot
www.ardrossanherald.com/news/1...
9 March, 2017 3:00 pm

It's not our funds but we do promote #participatorybudgeting in #pbscot... Great to be associated with nice project...
twitter.com/i/web/status/83984...
9 March, 2017 2:30 pm

Really interesting to hear how 25% of young people in North Ayrshire engaged through #participatorybudgeting to spe...
twitter.com/i/web/status/83913...
7 March, 2017 3:18 pm

DISCUSSION

f) [Shared Future A Community Interest Company](https://sharedfuturecic.org.uk) “We're committed to community empowerment, social enterprise and democratic participation. We're all about providing expertise, building connections and delivering worthwhile projects. We work with not-for-profit organisations, the public sector and ethical private companies” (Shared Future, 2017).

Shared Future
A Community Interest Company

Home About Us Social Enterprise Engagement Participation News Contact

We are Shared Future. We're committed to community empowerment, social enterprise and democratic participation. We're all about providing expertise, building connections and delivering worthwhile projects. We work with not-for-profit organisations, the public sector and ethical private companies.

[ABOUT SHARED FUTURE](#)

Latest from Shared Future

West Midlands Mental Health Commission Citizens Jury

On the 31st January 2017 the West Midlands Mental Health Action plan was launched by Norman Lamb MP. Central to the production of the action plan was the West Midlands Mental Health Citizen Inquiry, organised by Shared Future CIC.

[READ THE FULL STORY](#)

Shared Future develops Participatory Budgeting programmes across Scotland

Over the last year, PB Partners has worked with the Scottish Government and its partners to develop significant new community engagement programmes.

[READ THE FULL STORY](#)

Social Enterprise

Shared Future is a social enterprise with a mission - to support other social enterprises. We can help individual enterprises grow, and we deliver innovative social enterprise support programmes that can improve a whole community.

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Engagement

From citizen juries and inquiries to community-led design, we are committed to community engagement. We connect people and then support them to take action.

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Participation

We're serious about participation at Shared Future - encouraging citizens to become more active and influential within their community, their city or society. We're UK leaders in the field of Participatory Budgeting.

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Changing socio-political and economic conditions and social inequalities in wellbeing within and across countries affect health in ways that call for strategic collective leadership and action.

Health services need to craft approaches that successfully prevent and care for complex co-morbidities and promote health in populations that are diverse, literate and socially connected. Participation in health and in decisions on services is increasingly viewed not simply as a means to better health, but claimed as a democratic right.

How are local health systems organising social participation and power to meet these opportunities and challenges?

There are many innovative, practical experiences and insights from those involved that we can learn from.

Shaping Health, an international project, is gathering and sharing evidence and learning on how community members are participating in decisions on and actions in local health systems across a range of high, middle and low income countries. It aims to build peer to peer dialogue and exchange on approaches and practices that can be adapted in the USA and in other countries.

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Exchanging on social power in health

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