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Global issues, local solutions:
rethinking wealth and health through the lens of social enterprise

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1. Introduction

The Yunus Centre for Social Business & Health was opened by Nobel Peace Laureate, Professor Muhammad Yunus[1], in June 2010. In short, the Centre aims to build a research portfolio in the broad area of 'social business as a public health intervention'[2], thus working on the cutting edges of (and interfaces between) public health research, social science and research applied to the 'Third Sector'. Staff and PhD students come from disciplines such as mainstream economics, health economics, sociology and social policy, anthropology, international finance, development and politics. A central part of the Centre's work involves researching the impact of Professor Yunus' ideas, particularly in the context of disadvantaged communities in advanced economies. In this respect, two main programmes of work are being pursued:

- 'microcredit, health and wellbeing'; and
- 'social enterprise[3], health and wellbeing'.

In this paper, we discuss the Centre's planned research programme in the latter area, although many issues (e.g. of study design and measurement) cut across the two. What is described here is a programme that has been put together by a group of people from the social enterprise sector and from various disciplines (statistics, history, geography, public health, art and design, in addition to those mentioned above) and subject areas (active ageing, homelessness, entrepreneurship, Third Sector) within Universities, across Scotland. The importance of placing this proposed research in a health economics working paper series is that (a) it has been funded by the UK's Medical research Council and Economic & Social Research Council to the tune of £1.96m, and (b) although many of the arguments are well-rehearsed in other fields, it would be portrayed as offering a new branch of health economics. Given that the research programme has just commenced, it seemed worthwhile to submit the basics of the research proposed to the scrutiny of our health economics colleagues.

The originality of this research programme is a product of the range of interests and fields of expertise represented in this collective, hopefully creating a new scientific and research interface, that of 'social enterprise as a public health and wellbeing intervention'. What this then offers each part of the collaboration is as follows:

- for social enterprise, we offer a new way of thinking about how this sector views itself and measures success;
- for public health science and practice, we propose a genuine 'upstream' route to health creation amongst the most deprived communities; and

[1] It is worth stating at the outset, that the Centre has no financial relationship with Yunus, although, in October 2012 he was installed as Chancellor of our University.

[2] Since writing our initial research proposal, our team has discussed the use of the word 'intervention' in this context. We acknowledge that its use is not entirely appropriate when thinking of initiatives that are more bottom-up; that is, arising from communities themselves as opposed to such communities have things (i.e. interventions) done to them. However, we proceed with this language here, reflecting how this paper was originally written.

[3] Although much debated in the literature, we tend to use the terms 'social enterprise' and 'social business' interchangeably, as, in our view, the strict (and some would say pure) definition of each is broadly similar.

- for economics and other social sciences, coalescing around a grand 'cost-benefit analysis' of the impact of social enterprise on poverty, isolation, ill-health and well-being will offer new and enduring frameworks for evaluating future activities, not only of this nature but also, hopefully, more broadly in the Third and Public Sectors.

2. Background

The research proposed in this paper aims to develop methods to evaluate new pathways to health creation and reduction of health inequalities arising from social enterprise. Although existing in various forms since at least the 18th century (European Commission, 2010), little attention has been paid to the role of social enterprise as a public health intervention. Social enterprises are generally characterised by having a social (as opposed to profit-led) mission and a trading function. Some have no share ownership and others take the form of employee-owned mutuals. Any surplus tends to be 'ploughed back' into the organisation, or community it serves, in line with the mission.[4] Despite a recent focus on the potential for social enterprise to improve the health of disadvantaged groups, this has been addressed largely through emphasising its role as an alternative delivery mode for health services (Hewitt, 2006; Alcock et al., 2012). Here, we are thinking of social enterprise in a much-wider role of acting on broader determinants of health (see accompanying paper) (Roy et al., 2013). In seeking to fulfil a social mission, usually aimed at remedying the conditions of those who are worst off in terms of their material circumstances or some other aspect of vulnerability, it could be claimed that almost *all* social enterprises act upon social factors which comprise broader determinants of health and may be able to do this in ways that traditional service delivery organisations are unable to do (Haugh and Kitson, 2007).

2.1 Social enterprise as a public health intervention: plausibility and research implications

Despite world class health services and advances in public health knowledge and practice, health inequalities in the UK continue to widen (Marmot, 2010). This is one aspect of wider social inequality, not least in terms of income. Social inequalities exist across rural-urban and age-related dimensions (Stewart, 2010), as recognised in the case studies proposed in this paper. Some regions suffer disproportionately from such challenges; for example, one quarter of Glasgow's citizens are defined as deprived, with life expectancy gaps of up to 28 years between richest and poorest (Marmot et al., 2011; Ministerial Task Force on Health Inequalities, 2008).

A premise of ours is that 'compartmentalising' public health initiatives into actions on individual risk factors, such as diet or exercise, could be effectively complemented by interventions which act further back along the chain of causality. If it is low income, societal exclusion and hopelessness that kill people and cause morbidity, then we need to work on such 'causes of the causes' through more holistic interventions that come from communities themselves. For example, many public health experts would claim that a key requirement in narrowing the health gap is to act on the

[4] As stated in footnote 2, we define social businesses as we do social enterprises, although we fully appreciate that US conceptualisations of social enterprise have developed along a parallel (and not necessarily convergent) trajectory.

material circumstances of the most vulnerable members of society (Marmot et al., 2011; Ministerial Task Force on Health Inequalities, 2008; WHO, 2008; Audit Scotland, 2012). The notion of 'material circumstances' is used here to highlight aspects beyond individual income, encompassing broader aspects of context which lead to vulnerability and, thus, poorer health and well-being (Trebeck, 2011). Theory and evidence upon which this proposed research is built indicate that initiatives encouraging self-help and community involvement, as well as acting on material circumstances, may enhance any such health benefits (Popay, 2006; Wallerstein, 2006; Milton et al., 2012).

Many innovations encouraging self-help and community involvement operate in the Third Sector of the economy, especially in the area of social enterprise. Yet, social enterprise has rarely been characterised as a public health intervention and neither has it been evaluated as such. Such broader thinking around health inequalities has permeated government in Scotland. In the latest report of the Chief Medical Officer, well-being, and interventions to promote it, are discussed in 'asset-based' and more-holistic terms (Chief Medical Officer for Scotland, 2010). Reflecting an assets-based approach, social enterprise focuses on people and their communities as assets to be built upon, with solutions coming from them rather than externally imposed (Glasgow Centre for Population Health, 2011). If public funds are to be directed towards assets-based public health initiatives rather than alternative social projects, evaluation of their social impact is necessary (Morgan et al., 2010). However, recent research, in community engagement more broadly (Milton et al., 2012) and social enterprise more specifically (Alcock et al., 2012), has shown that the longer-term and in-depth studies required have not been conducted. Ultimately, such studies would contribute to development of the "common architecture" for measurement of social value called for by influential UK and European bodies such as SIX (the Social Innovation Exchange) and the Young Foundation (SIX and Young Foundation, 2010).

2.2 Measuring outcomes

Little is known globally about the longer-term impacts of social enterprise on health and well-being which, it is claimed, may reflect a "lack of maturity" in the social enterprise sector (European Commission, 2010). Promotion of such 'new' forms of enterprise to benefit the most vulnerable in society has been accompanied by claims that we need to measure 'economic' success differently, reflecting broader aspects of well-being - see New Economics Foundation at http://www.neweconomics.org.

Measurement of health and well-being fits well with the stated need to measure success differently. Even the more-established area of evaluating income enhancement for the least well-off has been criticised for not assessing impacts on health outcomes (Conner et al., 1999). Non-material or relational dimensions of poverty, especially the role of social capital and social networks either as enablers or outcomes of income-enhancing interventions for well-being, despite being well documented in descriptive studies, have not been fully explored in more evaluative contexts

(Conner et al., 1999; Pronyk et al., 2008). Many localised case studies of attempts to enhance social capital exist and have been described in the literature (European Commission, 2010). But there is very little work on their impacts on health outcomes or on tracking beneficiaries over time. However, potential has been demonstrated in cross-sectional work showing that membership of social networks seems to be associated with whether clients of Community Development Finance Initiatives emerge from the poverty trap and that empowerment strategies, too, can lead to improved health outcomes (Wallerstein, 2006; Lenton and Mosley, 2011). Building on work carried out by members of our proposed steering group we will seek to measure social capital and analyse the relationship between social enterprise, social capital and well-being.

In addition to considering health, social capital, empowerment and economic dimensions, progress has been made in the health field in operationalising the notion of 'capabilities', instruments having been developed for use in evaluation studies in populations similar to some studied in this the projects outlined below (Coast et al., 2008). Beyond this, aspects such as dignity and autonomy, which underlie resilience, can be captured by measures of confidence (Eriksson and Lindstrom, 2005), and have, again, been referred to in the reporting of the CMO for Scotland. Antonovsky's notion of 'sense of coherence' (Eriksson and Lindstrom, 2005) is growing in its application in related fields, the idea being that, for individuals, there is an intimate relationship between experience and ability to deal with poverty, but that this is mediated by one's ability to make sense of the world. In each of the case studies outlined below, and guided by our panel of advisors, we will consider collecting data on the above measures (and other dimensions of importance that are identified through early projects) over time whilst exploring issues of comparability and attribution, and including more-parsimonious and standard measures (such as self-assessed health) routinely collected in regular household surveys.

2.3 Fundamental challenge addressed and the need for methodological research

Bringing together expressed requirements for different approaches to both address needs and measure success, the fundamental challenge addressed by this proposed programme is to develop a new scientific interface, characterising and evidencing 'social enterprise as a public health and well-being intervention'. This requires methodological research to:

1. create an overarching conceptual framework for evaluating such social innovations; and
2. test the applicability and sustainability of such frameworks in empirical studies, particularly those of a mixed-method nature, employing quantitative and qualitative methods, permitting as rigorous attribution of outcomes (positive and negative) to innovations as possible.

These challenges have not been addressed before. Thinking about social enterprise in health and well-being terms is unconventional, requiring evaluation frameworks which are innovative not only to the social enterprise sector but also in terms of the inter-disciplinary work required. As well as recognising the research required on these disciplinary interfaces, working in a programmatic fashion, as outlined here, would also allow progress from conceptualisation through to intervention-

based studies, requiring a series of linked projects, taking place at different (but overlapping) time periods and in different locations. Further added value is provided through working with the recently-proposed and developing assets-based approach to public health interventions. This too requires conceptualisation, testing of outcome measures and piloting of quantitative comparative study designs, as proposed below.

3. Objectives

Based on the methodological requirements outlined above, the main objectives of the research proposed in this paper are to:

1. develop and test the **first comprehensive framework of outcomes and instruments** for evaluating social-enterprise-based innovation from a health and well-being perspective; and
2. in doing this, create a **new scientific interface** characterising 'social enterprise as a health and well-being intervention', including the **world's first centre of excellence** in the field, fostering multi-disciplinary collaborative research with the social enterprise sector.

Although not primary objectives, the work will also lead to:

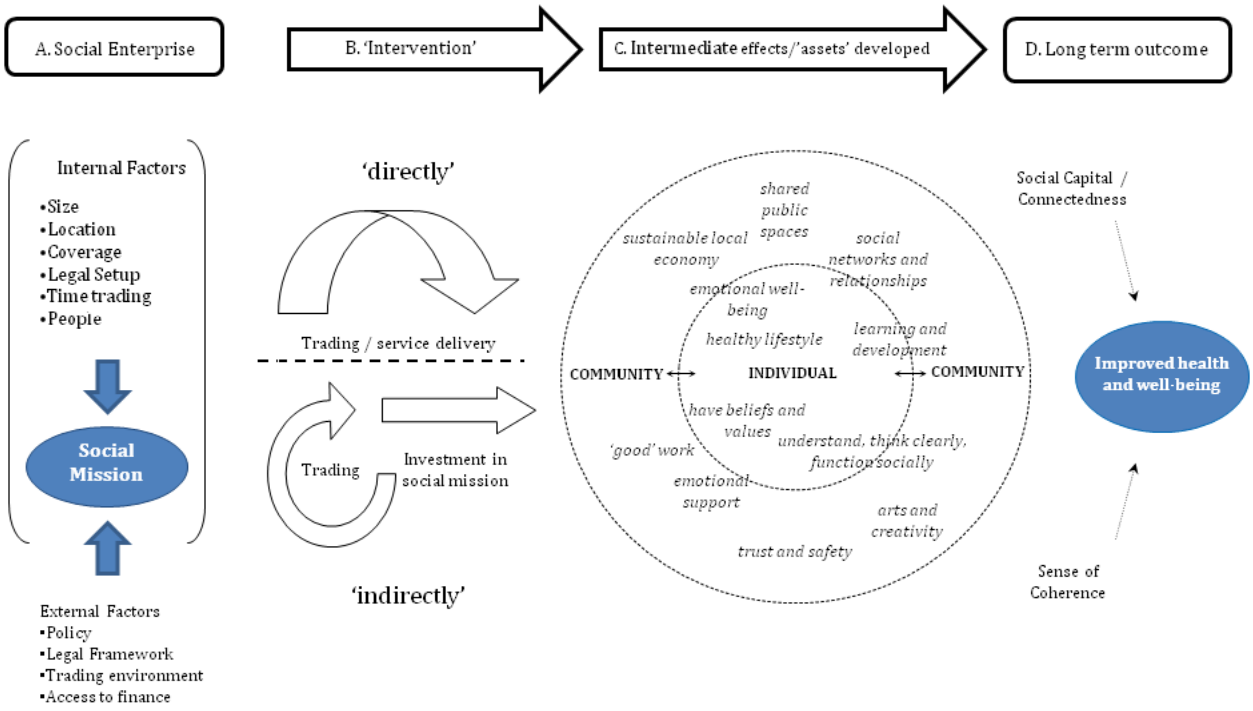
- a substantial contribution to (even the beginning of) an **evidence base** for social enterprise as a health and well-being intervention, through initial applications of the framework in qualitative studies and subsequent applications in comparative controlled evaluations;
- development of **multi-disciplinary social science research capacity in an important area of health creation**, created through research opportunities on conceptual projects, case-studies and initial evaluations; and
- the first **Knowledge Exchange Forum,** supporting development of the health and social enterprise interface, through dissemination and fostering of new research opportunities.

4. Research programme

4.1 Conceptual framework

If social enterprise can be conceptualised as a 'well-being intervention', there is a fundamental question of how engagement with (or enhanced) social enterprise activity might lead to improved health and well-being, for individuals and for communities served. On the face of it, the plausibility of this relationship comes from the known association of income, economic activity, social networks and social engagement with health, and, indeed the potential for such factors to act as health determinants. However, the reality is likely to be more complex, illustrated by a preliminary outline for such a model in Figure 1.

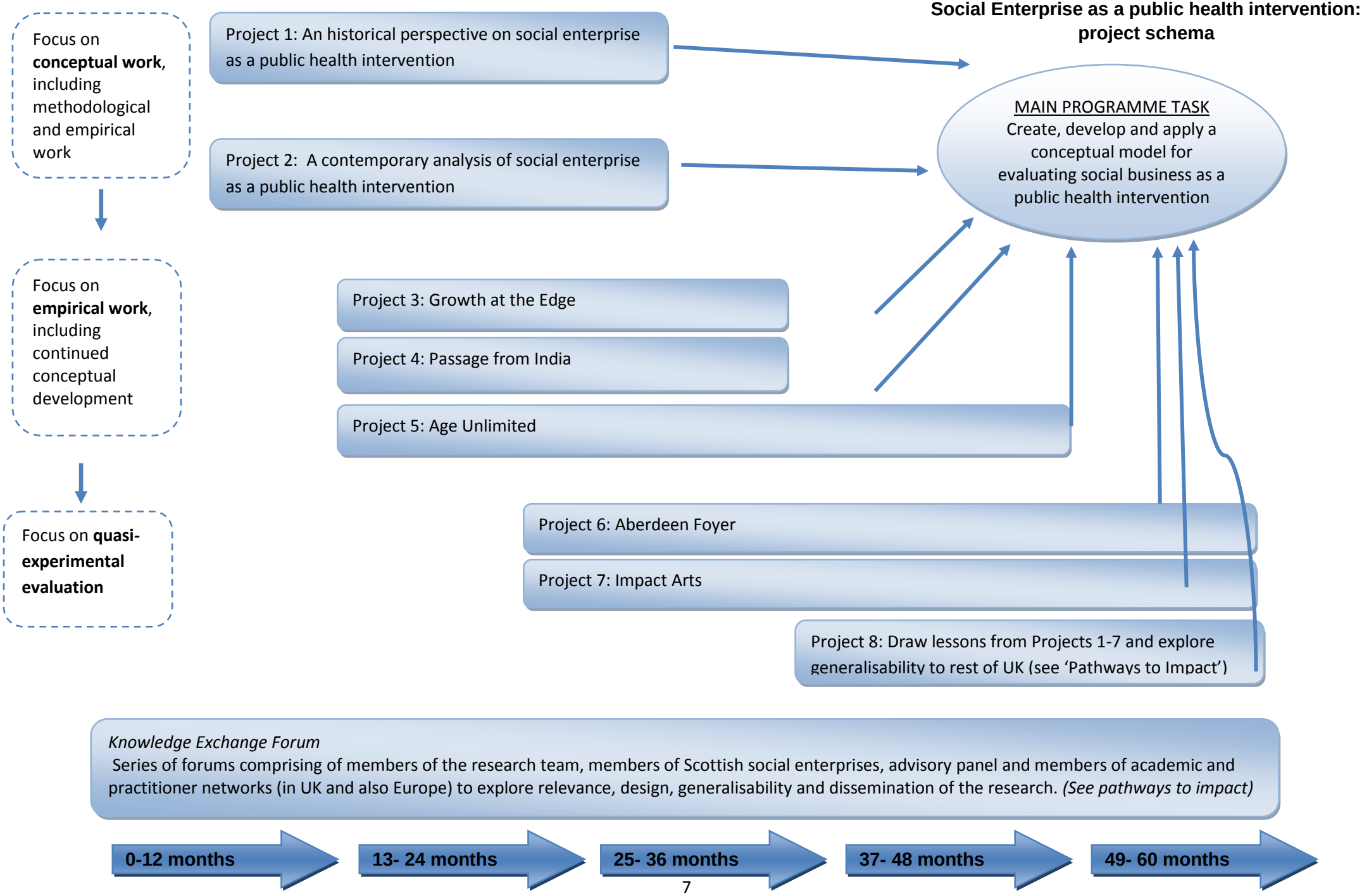
Figure 1: A conceptual framework for how social enterprise may lead to improved health and well-being



Social enterprises of varying characteristics, but using the Department of Trade and Industry definition (Department of Trade and Industry, 2002), are portrayed in the figure as either providing services directly or investing in their social missions, each impacting on community and individual assets (Cooke et al., 2010) and through to more final outcomes of improved health and well-being. Of course, the sequence is unlikely to be either sequential or linear. Similarly, with social enterprise existing in many shapes and forms, varying impacts on health and well-being would be expected, and, based on findings in components of the programme, a major aim of the proposed work is to develop and continually refine the conceptual model illustrated in Figure 1.

As shown in a programme schema and timetable overleaf, the research proposed will commence with two projects focussing on conceptual framing: one tracing the historical development of social enterprise in Scotland; and the other, a more-contemporary analysis, working with existing social enterprises in Scotland. Work will then investigate the nature of the impact of social enterprise on health and well-being through empirical case studies and quasi-experimentation. These empirical studies will involve the creation of long-term, quasi-experimental datasets accumulating information about individuals who engage with social enterprise, as well as their communities, and the application of detailed qualitative methods over time. Through exploration of different examples and models of social enterprise, we aim to tease out common threads and develop a conceptual, and evolving, evaluative framework from which we can begin to derive patterns of attribution.

Social Enterprise as a public health intervention: project schema



4.2 Developing the conceptual model of social enterprise as a public health intervention

An historical perspective on social business as a public health intervention: Project 1

In 2011 a body of printed materials, 'The Social Enterprise (Scotland) Collection' was donated to GCU Library's Archives and Special Collections. The Collection (from 1970 through to 2012) brings together uniquely in one place all the material required for this aspect of the project.

In addition, there is a small, but important, group of records which have never been in the public domain, so adding to the unique nature of this Collection.

By addressing the following key questions, this project will provide a context and framework for other case studies:

- How has social enterprise been defined in both economic and social terms, and how this has changed over time? Within this:
  - What missions have been stated by social enterprises, and in particular, how do they relate to notions of health and well-being?
  - In which sectors have social enterprises operated to meet such missions?
  - To what extent have social enterprises originated and operated in socially deprived communities to meet such missions?
- How has success been defined and outcomes measured, and have such definitions and measurements changed overtime? Within this:
  - What have been the main sources of funding for social enterprises, to what degree are they sustainable, and what are the critical factors (e.g. business model approaches) in the latter?
  - (How) have health and well-being been measured and can such objectives be addressed sustainably within deprived communities?

Thus, the development of social enterprise in Scotland from the mid-20th century to the present will be described, focussing on causes and consequences of the ongoing, and historically-rooted, problems of health provision and health outcomes in Scotland. Historical analysis of the Collection will be conducted in parallel with oral history interviews (semi-structured) with social enterprise leaders in Scotland during this period. Interviews are intended to 'fill in the gaps' in written material, such written material providing an organisational and development narrative over time.

A contemporary analysis of social enterprise as a public health intervention: Project 2

The objective of this research is to critically consider the potential for social enterprise to act as a public health intervention through the lens of the 'assets-based' approach to public health.

The project will employ a mixed methods approach:

- Systematically reviewing the literature to identify the range of theory and empirical studies that underpin the asset-based approach, and, within this, the contribution of social enterprise;
- Surveying social enterprise managers/social entrepreneurs to establish how and to what extent they are measuring, justifying or conceptualising the health impacts of their work. We

will work with the social enterprise community (e.g. Scottish Social Enterprise Academy, Social Enterprise Scotland) to identify a sampling frame and maximise the response rate; and

- Using in-depth qualitative interviews with 'data-rich' respondents to understand better the potential linkages between social enterprise activity, through development of individual and community assets to health and wellbeing improvement.

Policy relevant findings are likely to emerge at various stages, as links between the interventions delivered by social enterprises and health and well-being, and means by which benefits are achieved, are better understood. The outcome of project 2 will be a conceptual framework, which will significantly contribute to understanding the pathways and mechanisms through which social enterprise activity impacts upon (the social determinants of) health and well-being.

4.3 Case studies in Social Enterprise

Three case studies focus on overarching bodies encompassing a range of social enterprise initiatives. Social enterprises have been identified in deprived parts of urban and rural Scotland, at different stages of development, working on a range of initiatives with various age groups. By studying the organisations that encourage and support social enterprise, as well as the large social enterprises discussed in 4.4 below, it is hoped that some challenges of generalisability will be overcome.

Growth at the Edge: Project 3

This Highlands and Islands Enterprise (HIE) initiative supports the establishment of social enterprises to enhance the sustainability of up to 40 small, remote communities across the Highlands and Islands of Scotland. These fragile communities face particular economic challenges and small interventions can often have significant impact on their future. The initiative provides funds to employ a local development officer, as well as mentoring and advice in the development of sustainable action plans to support social enterprises. Growth at the Edge seeks to build community confidence to deliver projects addressing local issues, leading to growth in income levels, population retention and growth, enhanced infrastructure and improved local services. The resulting projects are owned and driven by (and the benefits accrue to) the local community.

Taking an action research approach, and in discussion with HIE about their objectives and representativeness, 10 communities will be identified to embrace a design innovation approach to support their activities through establishing a social enterprise. The researcher will become a participant in 2-3 initiatives and, depending on the stage of development, will contribute to the process of identifying issue/s to be addressed, developing action plans, testing and refinement of the approach, and evaluation of the outcomes. By employing design thinking tools, an holistic and creative exploration will be ensured at each stage of the project; 'design thinking' simply being a process of starting from people's stated needs and wants and then designing entities (usually products, services or processes) which meet those needs in the most efficient manner, the outputs

of the activities thereby being co-created and co-owned by the community and the researcher.

In a self-contained project, we would:

- conduct a detailed review of the literature relating to the decline, sustainability and growth of rural and fragile communities with a particular focus on health and well-being implications;
- through survey research, explore the history behind Growth at the Edge, its objectives, genesis, development, and implementation;
- develop case studies describing the business models, objectives and activities of the social enterprises funded and identify drivers, enablers, and barriers to success;
- assess the impact of the selected social enterprises in relation to employment, income levels, social capital, population changes and enhanced services and infrastructure and their effects on the well-being of local residents.

Involving in-depth interviews with each initiative over time (about 30 interviews in total), the case studies will seek to highlight the distinct contribution of the design innovation approach and how this can better support the set-up, operation, and impact of all 10 initiatives. In addition, an online survey of 40-50 social enterprises supported under the Growth at the Edge initiative will be undertaken to provide a contextual backdrop and baseline to compare the established route for the provision of support with those supplemented by the design thinking approach. Combined with surveys of a small random sample of clients (up to 10 people) from each of the 10 initiatives (which we will repeat over time and negotiate the most efficient form of administration with each initiative), this will facilitate a clearer articulation of the distinctive characteristics that result from a design innovation approach to supporting the establishment, operational considerations, and sustainability and contributions to well-being of social enterprises in Scotland's remote, rural communities.

Passage from India: Project 4

In the ‘Passage from India’ project, run by the Church of Scotland, 13 women from the 6 most deprived parishes in Glasgow have been selected to study women’s self-help groups (SHGs) and associated social business practices in India with the aim of promulgating the principles and practices of such groups in their own communities under the operating banner of ‘WEvolution’.

Whilst there are examples of initiatives which have adopted principles of self-help and empowerment schemes developed in low-income countries and applied them in deprived settings in more advanced economies, thus far there are no projects that have been developed directly from the overseas experience of a group of people who will then be the users of a project. This sort of involvement may be a factor that helps overcome some of the challenges of knowledge transfer and of implementing projects as highlighted in the literature (Pearson, 1998), although this is yet to be tested in this context.

SHGs in India have been found to have positive impacts on women, their families and their communities. The social networks formed amongst women in similar socio-economic situations

has provided an arena in which they can discuss problems, be exposed to different ideas and find ways to overcome the barriers they face (Schuler and Hashemi, 1994). SHGs have also helped women to develop financial, management and political skills (Reddy and Manak, 2005). Not only are there individual benefits of SHGs but there is also evidence that there are positive impacts on families and the wider community, with claimed impacts on empowerment, conflict resolution, literacy levels, access to education, health and government benefits (Tesoriero, 2005; Mohindra et al., 2008; Panda, 2009). But, it is also not yet clear from the current literature what a successful UK based SHG would look like. There may or may not be significant differences in how they form, the impact they might have, and the challenges they face.

Again, in a self-contained project we would:

- conduct a detailed review of published and grey literature in order to provide a context of the nature of poverty and deprivation in the priority areas targeted by WEvolution;
- describe the establishment and development of groups and identify which aspects of Indian SHGs the original 13 Passage from India women transfer to SHG development in Glasgow;
- describe the establishment and evolution of SHGs in Glasgow and identify the facilitators and barriers they face to sustainability, other goals set for themselves and ultimate outcomes;
- investigate the impact of SHG involvement on the employment, well-being and confidence of participating women.

A mixed methods study would be undertaken to elicit accounts of the formation and development of SHGs, to measure longer-term outcomes and better understand the mechanisms linking intermediate and longer term outcomes at both individual and community levels. A researcher will follow the development of the groups themselves, including more active involvement, as a participant observer, in two. A core group of 20 women would be interviewed in depth on an annual basis with a larger group (up to 100, depending on recruitment) being surveyed using more quantitative approaches, also annually. Again, measures used would likely cover the areas of health, sense of coherence, social capital and capabilities referred to above. This design would allow us to collect in-depth data over time on a small group of women, but also to enhance numbers as new participants join, and to compare 'initial pioneers' with those subsequent recruits. Although commencing in year 2 of the programme grant, baseline data on WEvolution women have been collected through an internship scheme operating at GCU's Yunus Centre. A fuller project, however, would trace the trajectory of the scheme as a whole, what leads to failures and successes in groups and would also continue to assess impacts on individual participants.

Age Unlimited: Project 5

The National Endowment for Science Technology and the Arts (NESTA) developed a programme to support people in their 50s and 60s to explore and develop social enterprises that provide services and products that meet the needs of older generations in their communities. The programme was inspired by the combination of an increasing ageing population, and recognition

that people whose working lives have ended due to retirement or redundancy have a wealth of skills, knowledge and experience that they can, and are often willing to, draw on and get involved in meaningful community endeavours either through employment or volunteering.

In Scotland, Age Unlimited has supported scoping of 27 initiatives, and 11 of these receiving funding of between £500 and £10,000 to realise their visions. This action research project would seek to explore the social benefits of the 11 funded social enterprises, in particular their impact on well-being of the partners/members who initiated and are involved in the social enterprise initiative.

In a self-contained project, we would:

- produce a literature review relating to the needs and desires of ageing populations from the perspective of social inclusion, independence and behavioural and functional considerations that allow older generations to access services and activities of value to them;
- develop case studies, again using in-depth interviews repeated over time for each of the 11 funded social enterprises (33 interviews in total), examining the drivers, development and delivery formats, and business models employed to meet the objectives and ensure sustainability of the initiatives;
- using a design thinking approach, seek to enhance the social enterprises by reviewing their objectives and activities with a view to developing and enhancing the operational mechanisms to meet the objectives of the 11 funded social enterprises;
- identify the key attributes that maintain or enhance the well-being of individuals through their involvement in set-up or delivery of the social enterprise.

Using a design thinking approach, models of effective delivery will be identified and used to inform the refinement and enhancement of existing and future initiatives. Similar to ‘Growth at the Edge’, additional to the 11 in-depth case studies, surveys of the 16 unfunded initiatives and of clients of the 11 funded social enterprises will be undertaken to assess differential trajectories in and drivers of organisational success and to evaluate perceptions of effectiveness.

4.4 Pilot evaluations

Structured comparative pilot evaluations would take place during years 3-5 to test the feasibility of such studies and feed into the developing evaluation framework. These would be with:

Aberdeen Foyer: Project 6

Aberdeen Foyer is an organisation aimed at assisting young people experiencing homelessness and unemployment. The business model of this organisation includes a wholly owned subsidiary company comprised of four businesses which provide income to support the services they provide to help 16-25 year olds move towards social and economic independence. Through a KTP with Robert Gordon University an integrated data repository and management information system was designed, developed and implemented to capture Aberdeen Foyer’s client data. The system enables Foyer to evidence impact and outcomes of the services and support delivered to clients.

Based on this initial innovation, the team at The Robert Gordon University in Aberdeen would lead on a PhD project aimed at assessing the capacity of the system for building in further measures of performance and for use in a quasi-experimental study to compare the impact of the work of Aberdeen Foyer with that of other local providers of similar services. Mixed methods would be used to (a) study the implementation of the information system and its potential for expansion (i.e. how easy or difficult is it for social enterprises to collect data on health and well-being in line with their missions and also of interest to policy-makers and researchers?) and (b) recruit 100 new clients registering with Aberdeen Foyer between April 2012 and March 2013 and a similar number of clients registering with conventional local authority providers during this same period. For this initiative, and that in project 7, the outcome data collected would, again, likely cover health and the other areas referred to above. These data would be collected at regular intervals with up to two years of follow up. An important aspect of added value from this project involves the potential for such an information system to be adapted for use in other social enterprises.

Impact Arts: Project 7

'Impact Arts' is a national, arts-based social enterprise based in Scotland which, amongst other things, runs flagship programmes aimed at preventing homelessness in 16-25 year olds in their first tenancy or at risk of homelessness ('FabPad') and social isolation in people aged over 50 years ('Craft Café'), each located in deprived parts of Glasgow. FabPad supports vulnerable young people at a vital stage of taking on a tenancy. A workshop programme is co-designed by participants, an interior designer and Impact Arts tutors. It provides design input, creative thinking and skills training to help participants develop ideas for turning their house into a home. Participants are also given a small budget to spend on materials. 'Craft Café' supports older people to make positive lifestyle changes, improving quality of life through reducing isolation and loneliness. Delivered by Impact Arts tutors in a safe, social, creative environment, the programme encourages skills development and renewal of social and community networks. Participants are encouraged to run and promote the project. The Café is regularly visited by other members of the community and engages with important local community entities (e.g. befriending services). Initial estimates for Craft Café and FabPad show costs less than £1500 per client, exceeded by cost savings (Social Value Lab, 2011; Forth Sector Development, 2007). These 'Social Return on Investment' estimates suffer, however, from challenges of attribution, client coverage and comprehensiveness of outcomes measured.

For each, we would recruit 40 new clients and 80 matched controls. For FabPad, these would comprise 40 people recommended for the programme but not participating and 40 from the network of supported accommodation elsewhere in Glasgow. Matching data would be supplied by the Glasgow Homelessness Network which takes on 3000 clients per annum falling into the relevant age group and for whom data are collected on age, gender, reason for homelessness and health behaviours. We would identify 40 same-community and 40 other community non-

participants, the latter from a similar housing association with no such programme. Study and comparator groups would be followed for up to two years with respect to outcomes.

Project 7 will also include a qualitative process evaluation (Oakley et al., 2006), in-depth interviews and Q methodology (Baker et al., 2006), all involving small groups of staff, social enterprise clients and controls, to address:

- What impacts on their lives do participants perceive the programmes to have had?
- Through which mechanisms are such impacts achieved?
- Are there additional individual or community-level outcomes beyond those measured?
- How do contextual factors in clients' lives and programme delivery influence outcomes?

These questions will be explored over time; and purposive sampling will be based on 6-month outcome indicators and clients' backgrounds. Q methods are well-established techniques used to study 'subjectivity' (views, beliefs or attitudes) and have been applied to a wide range of health and public policy issues to study the views of stakeholders (Baker et al., 2006). Q methodology involves participants sorting a set of statements from which, through factor analytic methods, shared perspectives around a topic are revealed.

5. Pathways to impact

In the UK, many funders have recently required (rightly in our view) statements about 'pathways to impact', so we thought we would conclude by sharing our views on that with respect to the above programme of work.

5.1 Knowledge Exchange Forum

Ideally, we would like to make a Knowledge Exchange Forum an integral part of this programme of research. This Forum would comprise members of the research team, members of a steering group and a range of social enterprise representatives and experts from within Scotland and the rest of the UK (recruited through organisations such as SENSCOT - the Social Enterprise Networks in Scotland – as well as Social Firms Scotland and Social Enterprise Scotland). Social enterprises will also be asked to nominate clients. In broad terms, in a series of one-day meetings every six months, the Forum would: debate the overall design of the research programme; inform the design of the projects by providing their own reflections and information on potential survey responders; discuss the feasibility and relevance of project designs and measurement methods for the proposed case studies; help interpret results from case studies and the history project; discuss generalisability of findings to other settings, mainly other social enterprises and other countries.

To aid the work of the Forum - particularly around issues of interpretation and generalisability of results - in an additional 2 years of work (Project 8), lessons learned from the seven projects would be drawn together with the aid of the Forum, and transferability of frameworks and results obtained to the rest of the UK assessed via further survey work in the rest of UK, based on the same method as that undertaken in Scotland in years 1-3 (see sub-section 4.2 above). The results of

Project 8 would be used as a basis for confirming a conceptual model of social enterprise as a driver of health and well-being and associated guidance on how such 'success' would be defined and measured, each to be agreed at a subsequent final Forum meeting and, as mentioned above, ultimately contributing to development of the "common architecture" for measurement of social value called for by SIX (the Social Innovation Exchange) and the Young Foundation (SIX and Young Foundation, 2010).

5.2 Other pathways to impact

Other pathways to impact will arise through the collaborations built into the project, such as key partners in the research and advisory structures being the Glasgow Centre for Population Health and the Scottish Social Enterprise Academy. Government will also be well-placed to consider the results of the research, given the existence of the Social Enterprise and Health Roundtable, of which one of the authors (CD) is a member. This membership invitation was extended precisely because of the research agenda of the Yunus Centre to which this proposed research programme is core. Contacts with the Third Sector Research Centre will aid similar dissemination on a UK-wide basis. We would also wish to disseminate results through the Chief Medical Officers (Former CMO in Scotland, Professor Sir Harry Burns, for example, being a frequent visitor to the Yunus Centre at GCU).

Internationally, impacts could be realised through involvement of practice-based networks, such as Euclid, the European network of civil society professionals, SIX (the Social Innovation Exchange) and the Foyer Federation, of which Aberdeen Foyer is a part. SIX is a global community promoting of social innovation as a way of finding better solutions to societal challenges. Glasgow Caledonian University is one of six inaugural members of SIX's newly-established Global Council.

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