

Institution: Glasgow Caledonian University		
Unit of Assessment: 17 - Business and Management Studies		
Title of case study: Social enterprise as a health and well-being 'intervention': the impacts on policy and practice		
Period when the underpinning research was undertaken: 2011 – 2019		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Cam Donaldson	Yunus Chair, PVC Research	2010 – date
Michael Roy	Professor of Economic Sociology and Social Policy	2011 – date
Rachel Baker	Professor of Health Economics	2010 – date
Simon Teasdale	Professor of Organisations and Public Policy	2013 – date
Neil McHugh	Reader	2010 – date
Stephen Sinclair	Professor of Social Policy	2010 – date
Micaela Mazzei	Senior Lecturer	2014 – date
Artur Steiner	Professor of Social Entrepreneurship and Community Development	2015 – date
Danielle Hutcheon (nee Kelly)	Researcher	2015 – date
Period when the claimed impact occurred: 2014 – to date		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact <p>New thinking is regularly sought to tackle longstanding issues of poor health and address health inequity. Through the CommonHealth project, GCU research has directly influenced shifts in thinking about how the impact of community-led 'social enterprises' generates health and well-being impacts, which were not previously considered before. Such thinking has resulted in (1) a policy shift, with increased prominence given to the role of social enterprises in policy terms both nationally (the Scottish Government) and internationally (Victorian state Government); and (2) supporting practitioners operating within the social enterprise sector to make their role in public health more explicit, thus supporting increased investment into the sector.</p>		
2. Underpinning research <p>Early theoretical and policy analysis [R1; R2] argued that public health practitioners and policymakers had neglected the potential of community-level actors such as social enterprises to address the 'social determinants of health': the factors in the social environment that favour or harm health. Despite Scotland having a world class health service by any measure, health inequalities have been widening and deepening for decades, with Scotland frequently labelled the 'sick man' of Europe, thus new thinking was required to address this deep-seated problem. A systematic review was undertaken, the very first on this topic, on the extant literature at the social enterprise/health interface [R3]. A hypothetical conceptual model on the 'pathways to impact'</p>		

between engaging with a social enterprise, the impacts they have on individual and community 'assets' and their subsequent impact in health and well-being terms, was set out. This provided the underpinning rationale for a successful application to the MRC/ESRC for a programme grant entitled Developing Methods to Evidence Social Enterprise as a Public Health Intervention (or '[CommonHealth](#)') [G1] (2014-2018).

Building on the early model, new models were developed and enhanced with empirical data, focusing on the pathways to impact between engagement with a social enterprise and, ultimately, health and well-being impacts [R4; R5] including addressing social isolation and loneliness in rural communities [R6].

The findings from each piece of research were:

[R1] There are several potential roles for social business in relation to health and well-being, but that it is important to generate evidence of success, or otherwise, on outcomes achieved and resource impacts.

[R2] Social enterprise is an innovative and sustainable form of public health 'intervention'.

[R3] Positive evidence is presented upon a range of psycho-social outcomes and determinants. (No empirical research found examining social enterprise as a mode of healthcare delivery).

[R4] The development of an 'empirically-informed' conceptual model of the health and well-being impacts of social enterprise-led activity, and thus presents a significant advance on previous hypothetical, theoretically based conceptualizations.

[R5] The identification of a range of explanatory mechanisms and potential pathways of causation between engagement in social enterprise-led activity and various physical, mental, and social outcomes.

[R6] Social enterprises are successfully providing activities that counteract factors contributing to social isolation and feelings of loneliness, leading to wider health and well-being benefits for individuals.

Knowledge Exchange between researchers, and policymakers and practitioners was fully integrated from the start and we held regular (six monthly) Knowledge Exchange Forums (KEFs) around Scotland. In total, seven KEFs attracted over 230 participants, and culminated in the development of a series of practitioner and policymaker-focused briefing papers ([ten in total](#)). Our website had 6,301 visits; 4,525 unique visitors from 58 countries. We had 2,621 people access resources on the website, and these briefing papers have supported several social enterprises in subsequent cases for funding [C8; C9]. Profs Teasdale and Roy gave evidence at the Scottish Parliamentary Inquiry on Social Enterprise and Family Businesses, and to the All-Party Parliamentary Group on Social Enterprise at the Scottish Parliament.

3. References to the research

- [R1] Cam Donaldson, Rachel Baker, Francine Cheater, Morag Gillespie, Neil McHugh, and Stephen Sinclair. 2011. 'Social Business, Health and Well-Being'. *Social Business* 1 (1): 17–35. <https://doi.org/10.1362/204440811X570545>.
- [R2] Michael J. Roy, Cam Donaldson, Rachel Baker, and Alan Kay. 2013. 'Social Enterprise: New Pathways to Health and Well-Being?' *Journal of Public Health Policy* 34 (1): 55–68. <https://doi.org/10.1057/jphp.2012.61>.
- [R3] Michael J. Roy, Cam Donaldson, Rachel Baker, and Susan Kerr. 2014. 'The Potential of Social Enterprise to Enhance Health and Well-Being: A Model and Systematic Review'. *Social Science & Medicine* 123: 182–93. <https://doi.org/10.1016/j.socscimed.2014.07.031>.

(4* in ABS list – submitted as REF output)

- [R4] Bobby Macaulay, Michael J. Roy, Cam Donaldson, Simon Teasdale, and Alan Kay. 2018. 'Conceptualizing the Health and Well-Being Impacts of Social Enterprise: A UK-Based Study'. *Health Promotion International* 33 (5): 748–59.
<https://doi.org/10.1093/heapro/dax009>.
- [R5] Michael J. Roy, Rachel Baker, and Susan Kerr. 2017. 'Conceptualising the Public Health Role of Actors Operating Outside of Formal Health Systems: The Case of Social Enterprise'. *Social Science & Medicine* 172: 144–52.
<https://doi.org/10.1016/j.socscimed.2016.11.009>. (4* in ABS list – submitted as output)
- [R6] Danielle Kelly, Artur Steiner, Micaela Mazzei, and Rachel Baker. 2019. 'Filling a Void? The Role of Social Enterprise in Addressing Social Isolation and Loneliness in Rural Communities'. *Journal of Rural Studies* 70: 225–36.
<https://doi.org/10.1016/j.jrurstud.2019.01.024>. (3* in ABS list – submitted as output)

4. Details of the impact

Impact 1 – Impact on public policy, nationally and internationally

In their Social Enterprise Strategy 2016-2026 the Scottish Government specifically links the work of social enterprises to the generation of health and well-being impacts: “[Social enterprises] will become widely known for delivering high quality and sustainable services that reduce inequality, lift people out of poverty, foster more empowered and resilient communities, and improve health, well-being and quality of life” [C1]. The former Deputy Director (Third Sector and Equalities) at the Scottish Government [C2] confirmed that not only was this policy rhetoric a shift in position to better recognise the role of social enterprises in generating health and well-being impacts (which no-one had thought about prior to this point) but this shift was directly attributable to the research undertaken [R1-R6].

It was also corroborated [C2] that the “world-leading reputation for research in this field” referenced in the Social Enterprise Action Plan (2017-2020) was the research undertaken in this programme [R1-R3], directly leading to their policy position on establishing an academic forum: “We will establish a social enterprise academic forum, independently chaired and led by the university sector. This will build upon Scotland’s world-leading reputation for research in this field and enhance postgraduate scholarship opportunities” [C3].

The Chief Social Policy Advisor at the Scottish Government referred to the research as “ground-breaking and influential”, filling a perceived “ingenuity gap” in addressing key public health challenges that we are facing now and in the future. At a public event in November 2018, she referenced that social enterprises play an important role in addressing social isolation and loneliness [R6] and corroborated that there has been a definite shift in tone towards the third sector, and a wider appreciation of the work of social enterprises in generating health and well-being impacts within Government, due to the research [C4].

This shift in tone and the widening of social enterprise appreciation was echoed by the Associate Director of the Glasgow Centre for Population Health (GCPH) [C9]. During work with Glasgow City Council, GCPH were concerned that the council was “initially quite conservative in terms of what economic growth was looking like” but that “having the back-up of CommonHealth is really useful for just giving people confidence that there can be a different economic model”. The work of CommonHealth provided “a certain degree of confidence when talking about promoting social enterprise community-based organisations” to Glasgow City Council.

There are also policy impacts outside the UK. VicHealth (the Public Health department for the state of Victoria, Australia) significantly drew on the research [citing both R2 and R3] in constructing a new policy for promoting health equity [C5].

Impact 2 – Impact on practitioners and professional services

The research has resulted in a collection of evidence that can be used by practitioners in support of their research and funding bids, particularly during the COVID-19 pandemic, which has created an opportunity for organisations to make the case for community-based organisational responses to recovery [C2, C9, C10].

The social enterprise sector has drawn upon the research to lobby government for policy changes, including wider recognition of the role of social enterprise in addressing health inequalities in Scotland [C6, C7]. The Chief Executive of Social Enterprise Networks Scotland (SENScot) remarked upon how “we didn’t have a robust evidence base of the real impact of social enterprise activity and its cumulative impact as a force for good ... we needed a better evidence base, which the CommonHealth programme gave us...it was then about bringing evidence from there to support my message [at Government Committee Meetings]”. With the support of the research, the sector was able to argue for better recognition of the health and well-being impacts of social enterprises within Government, thus bolstering arguments for the ten-year strategy [C1, C10] and subsequent Action Plan [C3].

A board member of Scottish Communities for Health and Well-being, an alliance of 75 community-led organisations dedicated to promoting and delivering health improvements and reducing health inequalities in many of Scotland’s poorest communities, have been running a national campaign and lobbying for greater government recognition for the third sector in generating health and well-being impacts. The research findings from the CommonHealth project supported their arguments in securing investment from the National Lottery, and as a direct result of using these arguments to bolster their own, they were able to secure investment worth £1.5m to widen the scope of their work and expand their reach to 5,400 people and anticipate securing a further £1m to reach an additional 3,500 people [C8].

5. Sources to corroborate the impact

- [C1] Scotland’s Social Enterprise Strategy 2016-2026
<http://www.gov.scot/Resource/0051/00511500.pdf>
- [C2] Former Deputy Director (Equalities and Third Sector Division), Scottish Government, now retired, confirms the Scottish Government’s policy shift to considering the health and well-being impacts of social enterprises as a result of the research, and that the arguments for investment into the sector were bolstered due to the research undertaken at the Yunus Centre.
- [C3] Building a Sustainable Social Enterprise Sector in Scotland: Action Plan 2017-2020
<http://www.gov.scot/Resource/0051/00516611.pdf>
- [C4] The Chief Social Policy Advisor to the Scottish Government confirms the impact of the research, change in tone and wider appreciation of the work of the third sector within government– mentioned as part of the CommonHealth Impact Report
<https://static1.squarespace.com/static/543e889fe4b0c26d0d7235e4/t/5fd9d191c92df02b66bfae29/1608110482091/Impact+Report.pdf>
- [C5] Promoting Health Equity Through Social Innovation: An Evidence Summary. Fair Foundations Health Equity Series. Carlton, Victoria: Victorian Health Promotion Foundation.
https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Fair-Foundations/Summary/Health-Equity_Summary-Report_SocialInnovation.pdf?la=en&hash=721D8C56ABBF3D02195FE0D5284BE58B389EE9D8

- [C6] Chief Executive, Social Enterprise Networks Scotland (SENScot), confirms the Scottish social enterprise sector's shift in position as a result of the research and increased ability of the sector to lobby and contribute to debates on health inequalities in Scotland as a result of the research undertaken at the Yunus Centre.
- [C7] Submission by SENScot to Scottish Government Health Inequalities Policy Review citing the work of the Yunus Centre <https://vhscotland.org.uk/wp-content/uploads/2014/05/Senscot-Health-Inequalities-Policy-Review.pdf>
- [C8] The General Manager, Annexe Communities and Board Member of Scottish Communities for Health and Well-being confirms that as a direct result of the research, additional resources were able to be brought to the sector in Scotland to widen the scope of their work.
- [C9] Interim Associate Director of the Glasgow Centre for Population Health – use of CommonHealth evidence during promotion of economic models to Glasgow City Council.
- [C10] Senior Policy Officer at the Scottish Government confirms impact on policy thinking for social enterprise, as well as the impact on future working.