



CommonHealth Briefing Paper Series: Paper Number 1

CommonHealth: the largest research project on social enterprise in the world's best environment for social enterprise!

"The most supportive environment in the world for social enterprise"

Alex Salmond

First Minister for Scotland,
Social Enterprise
Exchange, 2012

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April 2017

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In January 2014, funding commenced on one of the world's largest ever research projects on social enterprise. The project (technically, a programme of eight projects) was entitled 'Developing methods for evidencing social enterprise as a public health intervention' and is jointly funded, to the tune of £1.96m, by the Medical Research Council (MRC) and the Economic & Social Research Council (ESRC). Due to its rather cumbersome name, our team quickly changed the working title of the research programme to CommonHealth.

The aim of this Series is to add to our suite of dissemination activities; in particular to begin to get results and insights out to the social enterprise and policy-making communities in written form without you having to wait for the more in-depth and subsequent journal articles which we will also be writing. Not only is it the case that traditional modes of research publication are slow, but also so is the research itself. The reason it is slow is because it is more fundamental, in-depth and, therefore, takes longer to complete. Hence, in the fourth year of CommonHealth, we feel we now have something to say; and will continue to do so in regular bulletins of this nature over the coming years.

The rationale for CommonHealth

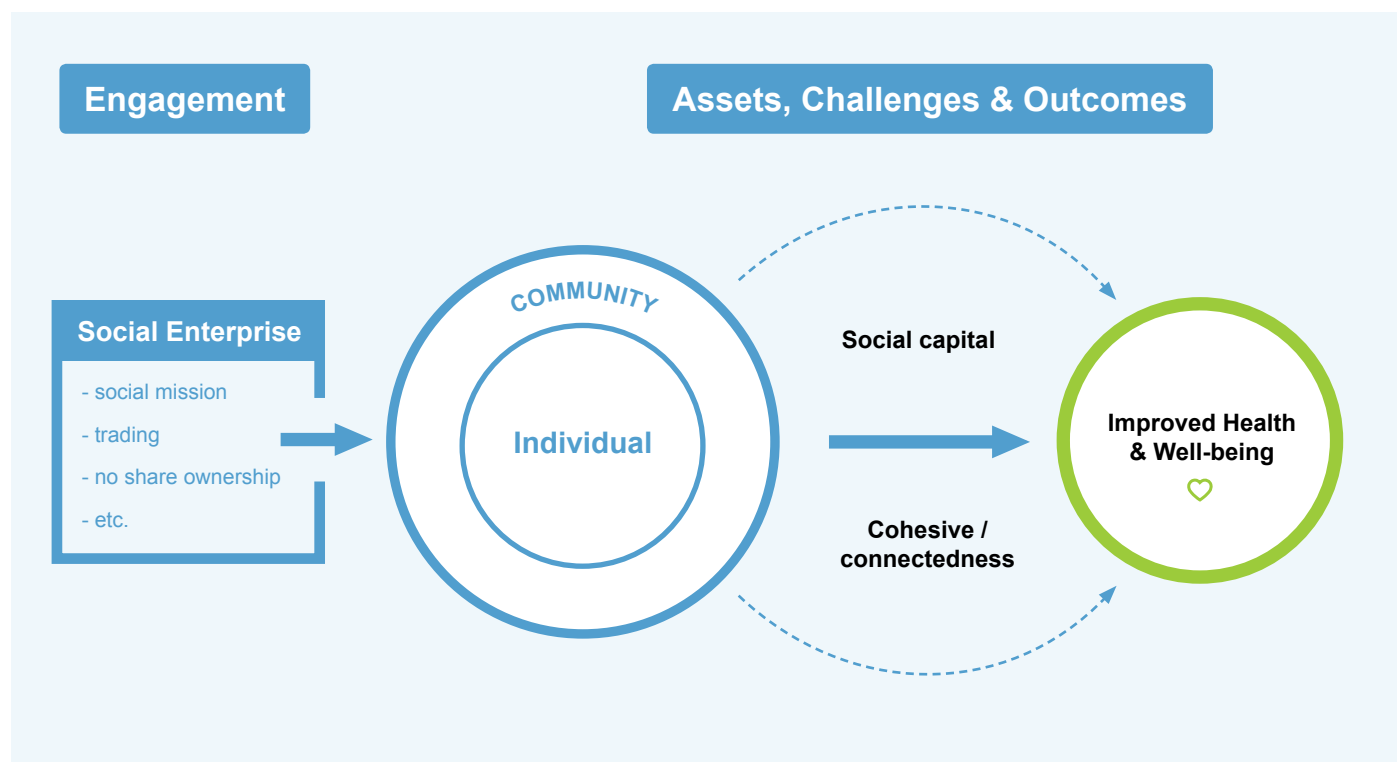
The panel that decided to fund CommonHealth is part of the MRC. Therefore, the angle we took in our application was that new ways are required to combat health inequalities;

especially as such inequalities have persisted, and even grown, alongside the existence of a world-class NHS and implementation of the latest public health practices. We suggest that, if things like... lack of hope, purpose or social connectedness contribute to differential rates of health (and ill-health) in our communities, then, through acting on such determinants, community based initiatives, like social enterprises, might be able to act on health itself. Our thesis was, and remains, that even if they do not mention health in their mission statements or even trade in health related activities, almost any social enterprise could be portrayed as acting on the social determinants of health. So, all social enterprises might be described as public health interventions of one sort or another.

This also reveals our thinking about the pervasive potential of social enterprise more widely – that is, that a social economy built on attributes of reciprocity and caring can have benefits in terms of wellbeing that go much wider and deeper than the actual products being exchanged. Of course, the main rationale for going to MRC and ESRC for funding is not only that social enterprise is relatively underresearched but also our particular thesis is so new that it requires evidencing.

Production of such evidence would, we hope, show social enterprise in a whole new light but also, potentially, add another tool to the armoury for combatting health inequalities.

Figure 1: A working hypothesis



Social enterprise as a public health intervention

In its simplest form, CommonHealth is addressing a series of questions that can be summed up by the diagram in Figure 1.

The idea, of course, is that through engagement or involvement with a social enterprise, the lives of individuals and communities are enhanced, and, through the greater social cohesion and connectedness created, health is also improved. This is a very simplistic and abstract version of a complex thesis, as there will be many journeys through such a conceptual framework for both individuals and communities. But just about every project in CommonHealth – each of which is outlined below – is in some senses concerned with confirming this portrayal, mapping its complexities and providing evidence of impact.

The CommonHealth collaboration

Given the nature of CommonHealth, it has required expertise across a range of disciplines that cover the qualitative and quantitative approaches to data synthesis, collection and analysis.

Likewise, it has required content expertise, not only in social enterprise practice and policy but also in areas of application, such as homelessness and care of older people for example.

Therefore, the academic collaboration involves five Universities around Scotland.

‘Mapping’ social enterprise as a public health initiative

CommonHealth is Scotland-wide and has involved substantial interactions with many individuals and social enterprises across the country. We have attempted to map this on the final page of this document. Our thinking here has been that, because of the different scales and contexts of social enterprises, we wanted to see what patterns of commonality and difference we could draw from the different projects.

We hope you have enjoyed this introduction to CommonHealth and that it can serve as a model for a new set of academic practitioner-policy partnerships going forward; partnerships that allows us to inform the future of the world’s best social enterprise environment with worldleading research and development that will also have a global impact.

Project 1 (2014-16): An historical perspective on social enterprise as a public health initiative



Combining archival and oral histories, this project examines the development of social enterprise in Scotland from the late 1970s until c. 2010. It explores the changing definition of social enterprise, the defining and measuring of success, and how social enterprise missions related to health and wellbeing.

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Project 2 (2014-16): A contemporary analysis of social enterprise as a public health intervention



This project attempts to set out the conceptual basis of social enterprise by researching the views of numerous stakeholders (from service users to the heads of national organisations) through interviews and evaluative reports. The evidence has been analysed to develop our understanding of how social enterprise functions as a form of 'non-obvious' health initiative?

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Project 3 (2015-18): Growth at the Edge



Growth at the Edge investigates the impact of social enterprises supported by Highlands and Islands Enterprise (HIE) on health and well-being in rural and remote areas of Scotland. The project takes an action research approach, using 'design thinking' and ethnographic methods.

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Project 4 (2014-16): Passage From India



This project used ethnographic approaches to explore the work of WEvolution, an organisation supporting the creation of Self Reliant Groups (SRGs), which are groups of people, predominantly women, providing peer support, access to group savings and loans, and sharing and learning new skills with a view to starting small enterprises.

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Project 5 (2015-17): Focus 50+



Focus 50+ is working closely with three organisations – Lingo Flamingo (Govan); LifeCare (Edinburgh) and Orbiston Neighbourhood Centre (Bellshill) to investigate the impact of social enterprises on the health and wellbeing of older adults. Focus 50+ is also engaging participating organisations in exploring their future potential through the delivery of design thinking workshops.

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Project 6 (2016-18): Aberdeen Foyer: An Impact Journey



This project aims to explore the challenges of collecting, recording, analysing, reporting and using data on health and wellbeing outcomes in a social enterprise. Working with Aberdeen Foyer, the project will review the effectiveness of existing measures, and develop and test new measurement frameworks. A comparative investigation with other social enterprises is also being planned.

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Project 7 (2016-18): Housing through Social Enterprise



Housing through Social Enterprise examines the experiences of tenants being housed or supported by three social enterprises working in the private and social rented housing sectors. The project follows people through the first year of their tenancy, periodically interviewing each tenant to measure changes in health and wellbeing, and explore the impacts of different approaches to housing provision and support.

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Project 8 (2016-18): Bringing it all together



This project will collate and synthesise the data from across the CommonHealth programme in order to answer the following research questions:

- What range of health and wellbeing effects have been observed in social enterprises?
- What are the mechanisms through which social enterprises lead to improvements in health and wellbeing?
- Are there common threads, or else discordant findings, across the projects within the programme?

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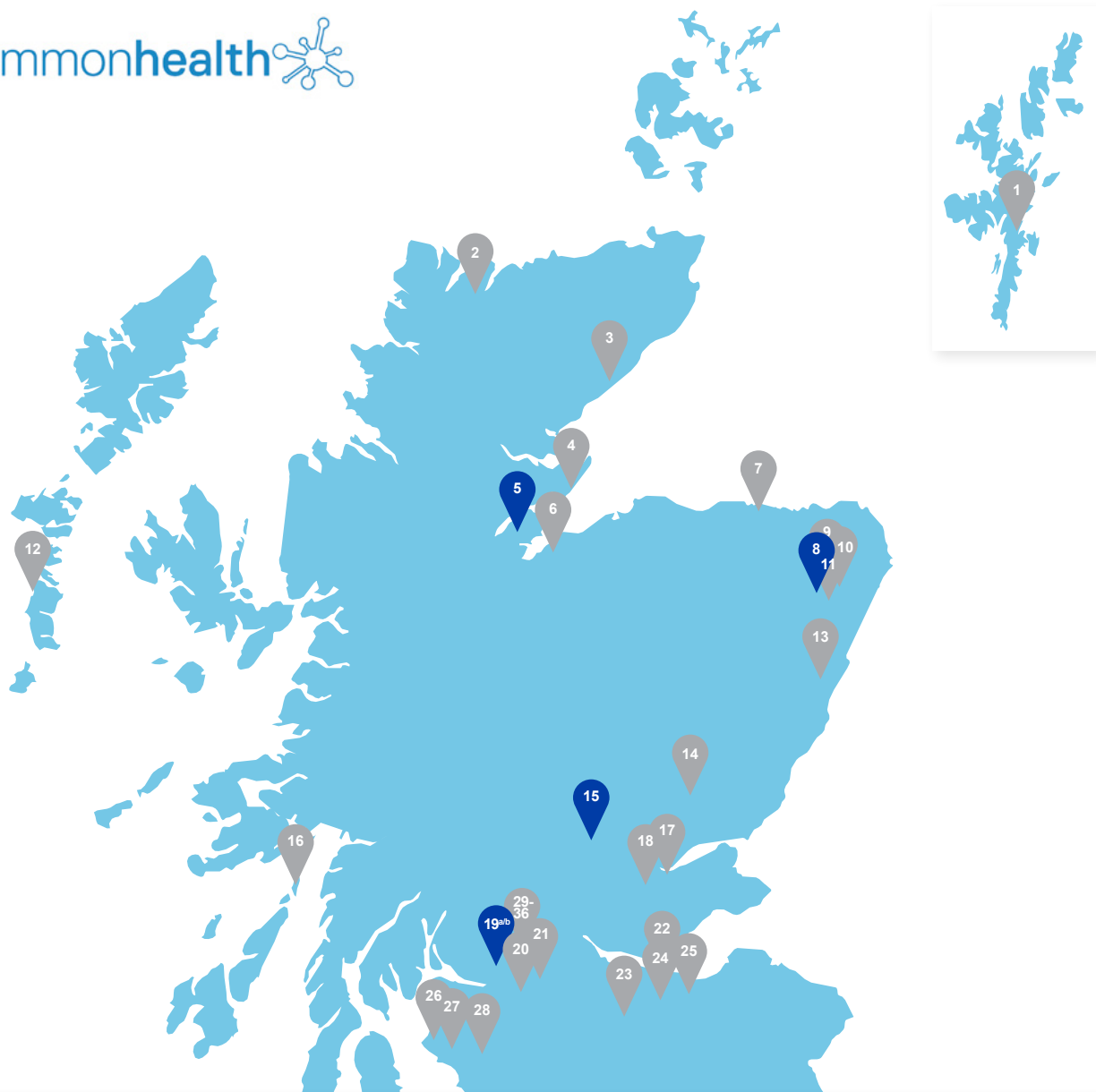
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Project Plus (2016-19): Arts and health through social enterprise



This PhD project focuses on the contribution of the arts and creativity through social enterprise (Impact Arts) to health and well-being of people aged 60 and over in Glasgow (Govan). By employing a mix-method approach to data collection and analysis, the project aims to explore how a community-based arts initiative (Craft Café) affects its participants.

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1. Cope Ltd
2. Transport for Tongue
3. Helmsdale and District Development Trust
4. Seaboard Centre
- 5. University of the Highlands and Islands**
6. Cantray Park
7. Banff and Macduff Community Trust
- 8. Robert Gordon University**
9. Aberdeen Foyer
10. The Bread Maker
11. North East Sensory Services
12. Cothrom
13. Milltown Day Workshop
14. West Bridge Mill

- 15. University of Stirling**
16. Isle of Luing Community Trust
17. Link Living
18. Brag Enterprise
- 19a. University of Glasgow**
- 19b. Glasgow Caledonian University**
20. West Whitlawburn Housing Co-operative
21. Orbiston Neighbourhood Centre
22. Life Care
23. Horizon Housing
24. Gorgie City Farm
25. The Action Group
26. Cunninghame
27. Lingo Flamingo

28. Auchinleck Community Development Initiative
- 29-36. (All in Glasgow)**
 - WEvolution
 - Homes for Good
 - Scotwest Credit Union
 - Y People
 - Easthall Park
 - Scotia Club House
 - NG Homes
 - CranHill Credit Union
- All of Scotland**
 - Wise Group