commonhealth

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CommonHealth: Contemporary findings from a series of Knowledge Exchange Fora held as part of the CommonHealth Research Programme

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CommonHealth is a five-year research programme which started in January 2014. It is funded by the Medical Research Council and the Economic and Social Research Council and consists of eight related projects.

It is a major programme of research carried out by the Yunus Centre for Social Business and Health at Glasgow Caledonian University (GCU) in partnership with the University of Stirling, Robert Gordon University, University of the Highlands and Islands, and the University of Glasgow. The aim of the programme is to develop methods to evaluate new pathways to health creation and health inequalities reduction arising from the activities of social enterprises.

Over the course of the research, two Knowledge Exchange Fora (KEF) have been, and will continue to be held each year. The KEFs have provided an opportunity of interchange between social enterprises and the CommonHealth researchers; create a forum for discussion around upstream determinants of health and wellbeing; and, finally, to 'translate' research messages emanating from the research as CommonHealth progresses.

Each KEF has been different. Some have been highly participatory, others have been more of a showcase for the on-going research with a view to encouraging reactions. They have been held in different parts of the country and some have been held in conjunction with CommonHealth partner organisations.

This paper is based on a review of all the notes from each KEF up until December 2016 and will consider some comments, issues, concerns, ideas and suggestions. The review has been taken from a wide variety of notes that have been summarised and interpreted by the author. It should be noted that, some of the suggestions, particularly from the earlier KEFs, have since been addressed by the researchers.

The table below summarises the attendees, format and key topics covered at each KEF:

When?	Where?	Attend?	What and how?
May 2014	Glasgow	35	Kick-off event providing information and opportunities for discussion. Nearly half the participants were from social enterprises and government.
Oct 2014	Inverness	21	Similar in structure to the first with information and then exchanges and discussion. Well attended by health professionals.
Dec 2014	Edinburgh	31	Presentations and group work around links between social enterprise and health as well as feedback on the research.
May 2015	Glasgow	32	Centred around two parallel workshops on Project 1 (history) and Projects 2/4 (contemporary issues and case study), followed by discussion groups.
Nov 2015	Dundee	47	Active involvement of social enterprises linked to health with animated group discussion on issues affecting the research programme.
May 2016	Inverness	27	In partnership with Highlands and Islands Enterprise and using discussion groups following initial presentations.
Nov 2016	Glasgow	39	Partnering with What Works Scotland the focus was on some emerging findings, scenarios and interchange of views.

General comments about the CommonHealth Research Programme…

- it is timely as there is a need for alternative ways of looking at health and well-being; it is challenging and requires a re-look at conventional attitudes but has exciting possibilities.
- many participants were interested in the historical project within CommonHealth and how the emergence of social enterprise with respect to social determinants of health has happened in the past and how that might relate into the future.
- there is a link between social enterprises and health and wellbeing which can impact at the level of individual, organisation and community. This link has to be better explained and evidenced in some way.
- it was hoped that a framework would emerge from this research that explained links between social enterprise and health/well-being which would take account of context, pick up intended and unintended consequences and be directly practical.

Comments on the research methodology…

- there was interest in the degree to which is it necessary in the research to compare social enterprises with other organisations and community groups in order to see if the approach by social enterprises is special in some way.
- context is key, and in the Highlands and Islands there was a plea for CommonHealth to include small, rural social (community) enterprises. It was suggested that 'anthropological' or ethnographic approach would be appropriate to understand health/wellbeing improvements at individual and community level.
- arguably a social enterprise project aimed at younger people would be more likely to have better and longer term social returns compared to one targeting older people. In the research planning was there a consideration about the age of the beneficiaries?
- the research programme ensure that they work with social enterprises and not treat them as objects to be researched and explored.

About shared understanding of definitions and concepts…

- there is a need to get a common and shared understanding about the terms 'social enterprise', 'upstream determinants of health', 'health and well-being', and 'community'.
- generally, a more 'social' approach to defining health in a holistic way was deemed sensible in the context of this research programme. There seems to be an accepted difference between 'health' (illness, injury) and 'well-being' (happiness, quality of life). In this research they have been put together – but is this sensible?
- questions and discussions of definitions of social enterprise, health and wellbeing were a consistent theme throughout many of the KEFs, these will be covered in a future briefing paper.

Challenges, concerns and critical questions for the CommonHealth Research Programme…

- the findings from the research should be regularly fed back in an accessible format to social enterprises and the 'social enterprise sector'.
- there is a danger that the findings from the research will be too specific to Scotland and may not be replicable within other contexts.
- most people see the beneficial effects of social enterprise that specialise directly on health well-being; fewer are conversant with the more upstream

determinants of health and well-being – they are not so obvious and it is not clear that the social enterprise itself recognises what these determinants are.

- there is a wider debate about leadership in setting up social enterprises – is there too much emphasis on individual social entrepreneurs; should collective engagement within a community be a more effective approach?

- many of the participants from healthcare professions wanted to ensure that social enterprises are not considered as an alternative to NHS services as this could lead to conflicts in funding and respective goals. Rather that they are seen as working in concert with the NHS to encourage empowered, independent and resilient communities.

- similarly, the role of social enterprise in contributing to health and wellbeing individually and in communities should not get confused with the perception for the privatisation of the NHS – or indeed a cost-cutting exercise by policymakers.

- individuals and communities have a responsibility for their own care and with work of social enterprises and the NHS should be mindful not to 'professionalise-out' that responsibility. This is specifically around informal work (paid and unpaid).

- are there significant differences between 'social enterprise' and 'community enterprise' with respect to this research programme? With community enterprises there is more sense of local 'ownership' and a feeling that local needs are being addressed.

- there is a question over the examples of social enterprises chosen as part of CommonHealth. Are they chosen because they target the most disadvantaged individuals and communities? What is the precise criteria and will that affect the results?

- is there an issue about power relations within communities – or indeed within social enterprises – that can affect the results. Who owns what and who controls the social enterprises?

- inequality is growing in terms of social isolation and the economic wherewithal for individuals. How does social enterprise address this? Should there be more focus on the most disadvantaged?

- this research should be seen as part of a wider issue. How can better health for individuals and communities be delivered in an environment of dwindling public resources?

- how effective are social enterprises in being 'people centred' especially when there is a drive to grow as a business and in doing so become more de-personalised? Is there a question of optimum size of social and community enterprises?

- there is an issue around 'social capital' and in particular connectedness and community cohesion. How much do elements of social capital and related concepts play in this research?

Some key points to consider around tracking change and assessing impact on health and well-being…

- a common theme of concern was around identifying, measuring and evaluating health/well-being improvements; evidencing links can be highly challenging. Therefore, how can the research assess the impact independent social enterprises have on any health benefits or dis-benefits?

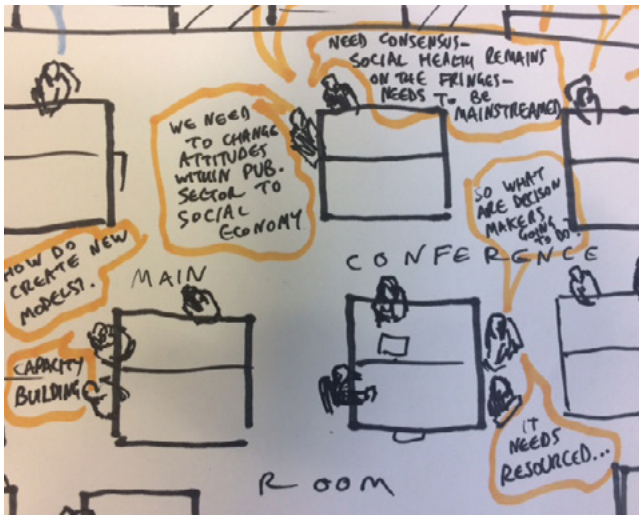
- 'social value' is commonly used but there is no shared understanding of what it is. How does a social enterprise practically assess or measure the value of its actions on people and the wider society?

- there are difficulties in measuring impact on health and well-being especially when the effects are over the longer term. In assessing impact some approaches only account for the short-term impacts.

- in this research the methods of assessing social impact have to take account of attribution when other organisations may have contributed to improvement in health and well-being; and what might have happened anyway.

Some considerations about how this research relates to the public sector and policy changes…

- arguably there is a need to for the public sector to have a more positive attitude towards the social economy. This could be in the form of formalised, co-production partnership arrangements in the delivery of services to benefit communities.



- at present more holistic understanding of health and well-being is really on the periphery of public sector policy. It would benefit from being 'mainstreamed' but in order for this to happen there has to be a clearer understanding of social benefits which would be deserving of more public resources. Hence the need for this research and other related research.

- there is a belief that social enterprises in some ways will be a less expensive deliverer of social and health services. This attitude can lead to social enterprises being under-resourced causing a spiral of decline in quality.

- the CommonHealth research programme has to be clear how its findings feed into changes to policy. A number of suggestions were made: being able and be active in dissemination and be able to communicate clearly; focus on what is replicable; build on the experience from history.

And finally…

The CommonHealth Research Programme is currently grappling with most of the issues raised in the KEFs and outlined here. In fact, this Briefing Paper can be considered as a 'download' of the key issues that emerged during discussions with the Knowledge Exchange Fora. Initial findings are emerging and will continue to manifest themselves up until the end of 2018 and beyond. They will be reported on in subsequent Briefing Papers. Towards the end of the research programme the conceptual model linking the activities of social enterprises with determinants of health (direct and indirect) will be revised.

Further information:

Further details about CommonHealth can be found on the CommonHealth website.

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