

# **New pathways to health and well-being through social enterprise:**

## **Workshop Report**

**February 23-24, 2015  
Intercontinental Yorkville, Toronto, ON,  
Canada**



## **Acknowledgements**

The Canadian Institutes of Health Research – Institute of Population and Public Health (CIHR-IPPH), Glasgow Caledonian University, and the UK Science and Innovation Network would like to acknowledge the following individuals for their generous contributions of time and expertise to the “*New pathways to health and well-being through social enterprise*” workshop and associated follow-up.

### **Workshop Co-Leads**

- Erica Di Ruggiero (Deputy Scientific Director, CIHR-IPPH)
- Cam Donaldson (Yunus Chair in Social Business & Health at Glasgow Caledonian University)

Thanks to John Preece (Science and Innovation Officer, UK Science and Innovation Network) for his invaluable support.

Special thanks to all of the speakers, note-takers, and participants for their contributions to the workshop.

### **Additional Support (contributions to report writing)**

- Alannah Brown (Project Officer at CIHR-IPPH)
- Michael Roy (Lecturer in Social Business at the Yunus Centre for Social Business and Health, Glasgow School for Business and Society Glasgow Caledonian)

### **Administrative Support**

- Jessica Lepinski (Administrative Coordinator at CIHR-IPPH) for her contributions to workshop planning and logistics.

The workshop and this report were made possible by financial and/or in-kind contributions from the CIHR-IPPH, the Glasgow Caledonian University, and the UK Science and Innovation Network. The views expressed herein do not necessarily reflect those of these organizations.

## **Executive Summary**

### **Background**

The 'New pathways to health and well-being through social enterprise' workshop was co-hosted by the [Canadian Institutes of Health Research - Institute of Population and Public Health](#) (CIHR-IPPH) and [Glasgow Caledonian University](#) (GCU) with support from the [UK Science and Innovation Network](#). This workshop represented the first opportunity for the partners to connect with diverse stakeholders with interests in social enterprise (SE), population health, and/or health equity. The meeting was attended by practitioners from social enterprises, researchers specializing in the study of social enterprises and population health researchers with an interest in social enterprise and their health and/or health equity impacts, and members from the CIHR-IPPH, UK Science and Innovation Network, and GCU teams.

### **What is social enterprise?**

There is some contention around the definition of social enterprise. Common features across several definitions include:

- the primary purpose for the common good, specifically to address social vulnerability;
- trading is the main source of income (actual or aspirational);
- profits used for social or community benefit;
- assets are locked for common benefit; and/or
- the approach includes being a good employer, democratic, empowering communities, cooperation and social justice.

For more information on social enterprise, please click [here](#).

### **Workshop Objectives**

- To discuss microcredit and other social enterprise types of interventions and their relationship to public health and health equity.
- To outline a set of collaborative research projects based on action and evaluation to help shape future research agendas and grant applications.
- To identify next steps to inform a future workshop.

### **Workshop Highlights**

This workshop included presentations, panel discussions, and small group work which focused on topics including: how population health interventions and SE intersect, the synergies and tensions between public health and SE, profiling SE in Canada and abroad, examples of research on SE, and the role of context in relation to SE.

The following themes emerged from the panel discussions and presentations:

#### **The potential for social enterprises to impact health**

There was considerable discussion throughout this workshop about how social enterprises can affect individual and community health. Workshop participants noted that social enterprises have the potential to address social determinants of health, including alienation. Targeting alienation may bridge upstream and downstream risk factors.

Employment can also lead to improved interpersonal relationships in a community. Further, the positive impact of being employed may have a spillover effect where employees may reconsider self-care. Even a small increase in income can make a large difference, for example financial benefits have an impact on diet and dental care.

Any SE could be considered a public health initiative, as it is their mission to combat aspects of social vulnerability; however, it is important to note that most social enterprises are not created with the goal of improving health. Participants also reinforced the importance of considering the cost of neglect.

### **Social enterprise and research**

Participants spent considerable time discussing how to best research and evaluate social enterprises. Participants emphasized the importance of SE research and evaluation strategies being participatory in nature. Including community and social enterprise employees in the development of the SE measurement indicators is especially important, as it allows them to have ownership over the information, and offers them an opportunity to include elements they think are important to study. It was suggested that resources could be provided to SEs for the staff to evaluate their own practices.

There was considerable discussion around how to develop a common set of indicators to evaluate SE research. Participants suggested the sustainable livelihoods approach, used in International Development, but that can also be applied to community contexts. This method, developed initially by the UK's Department for International Development is 'strengths-based' and includes elements of social determinants of health. It measures resilience; for example, a person's ability to get through challenging times emotionally, physically, and mentally.

There is a need for robust methodologies to push SE research forward. Participants noted the need to capture a full spectrum of benefits, including health, economic and social, to present a more comprehensive picture to governments and other stakeholders. However, we need to be careful not to get caught up with the idea that we need to measure everything.

Others noted the importance of capturing the social return on investment from SEs. For example, it would be beneficial to produce an easy number to demonstrate how much has been invested and how much has been saved because of the investment. We might want to look to indicators developed outside of Canada.

Regarding how funding councils can capture indicators, one suggested approach is to include a list of contextual elements to examine but leave it open ended to allow researchers to add what is relevant. Then there is possible for comparability while allowing for unique circumstances. This also allows researchers to account of emerging contexts.

A strategy is needed to align and unite the different sectoral silos; this could be an area for future research.

### **Social enterprise and context**

The importance of understanding contextual influences of SE was discussed. The participants reflected upon what features of context matter, and when?

Participants voiced the need to understand why SE work in particular contexts and not others; this question requires mixed research methods and is an important area for future research.

Participants emphasized the importance of embedding context into one's theory of change. We try to build logic from intervention to outcomes, but focus on interventions. It may be difficult to prescribe which elements of context should always be included in research proposals because of the variability of context.

### ***Highlights from small group work***

- We need to be mindful of the normative assumption that all SEs are inherently “good” (and indeed that mainstream businesses are “bad”).
- We need to first demonstrate impact of SE on people’s health and well-being. Once we demonstrate that SE matters to health then it can move into addressing questions of sustainability.
- We need to better understand how financial wellbeing can be improved despite relatively small increases in income.
- There needs to be an appreciation that health outcomes are often only identified over a fairly long term basis; longitudinal research can be expensive.
- A number of Canadian provinces have fairly robust data on social enterprise activity that could perhaps be better utilized.
- Some (or many) social enterprises will not naturally identify themselves as public health ‘actors’. Do we need to think about our language and the way in which research is framed in order for social enterprises to identify with it and see their potential in public health terms?
- Understanding on a ‘granular’ level the importance of context is crucial to assessing impact of SEs. But these impacts are often highly context specific and not generalizable, which can be a problem for population-level interventions.
- We can also learn from past impacts. For example, we could ask people who have been through SE (employment) are they continued to be employed? How many fewer trips to the emergency room? How many people didn’t develop diabetes but were considered borderline in terms of risk?
- There is a lack of social enterprise capacity. Just because there may be research capacity in academia doesn’t mean that there is the capacity on the ground.
- In essence, there are many models of gathering evidence available. There is a need to strike a balance and find the most effective way of gathering evidence that recognizes that SEs often have limited capacity, but expertise in establishing what matters most to their beneficiaries.

### ***Progress since the workshop***

There has been considerable progress since this workshop. Specifically, collaborations have been formed, applications and expressions of interest to different funders have been submitted to study various elements of social enterprise, and the [Social Enterprise Sector Survey](#), a survey which collects information on social enterprises by province, has included a health question into their current 2015 survey of SE in Ontario. Also, the CIHR-IPPH plans to include mention of social enterprises as a type of population health intervention in its upcoming funding call on [Population Health Intervention Research](#).

We look forward to hearing from participants as research and practice collaborations continue to be forged in Canada, the UK, Australia and the US.

**Please contact [IPPH](#) if you would like to request a full copy of the ‘*New pathways to health and well-being through social enterprise: Workshop Report*’.**

## **New pathways to health and well-being through social enterprise: Workshop Report**

The ‘*New pathways to health and well-being through social enterprise*’ workshop was co-hosted by the Canadian Institutes of Health Research - Institute of Population and Public Health (CIHR-IPPH) and Glasgow Caledonian University (GCU) with support from the UK Science and Innovation Network. This workshop represented the first opportunity for the partners to connect with diverse stakeholders with interests in social enterprise, population health and/or health equity. The meeting was attended by practitioners from social enterprises, researchers specializing in social enterprise and population health researchers with an interest in social enterprise, and members from the CIHR-IPPH, UK Science and Innovation Network, and GCU teams.

### ***Workshop Objectives***

- To discuss microcredit and other social enterprise types of interventions and their relationship to public health and health equity.
- To outline a set of collaborative research projects based on action and evaluation to help shape future research agendas and grant applications.
- To identify next steps to inform a future workshop.

## **DAY 1**

### ***Opening Remarks***

Erica Di Ruggiero (Deputy Scientific Director CIHR-IPPH) introduced the Social Enterprise workshop by situating the topic of social enterprise (SE) in the context of the CIHR-IPPH’s research priorities. Erica reiterated that we need new solutions (population health interventions) to complex population and public health problems. Erica stressed the importance of targeting upstream structural determinants to tackle the root causes of inequities. She asked the workshop participants how SE might feed into this agenda and contribute to tackling the causes of the causes. SE may be a way to tackle equity through wealth re-distribution approaches. She also asked participants to think about what is driving social equity or inequity, how these patterns of inequity translate over the life-course, how are these risks concentrated in certain groups and the resulting implications for the study of SEs and their health and/or health equity impacts.

Nancy Edwards (Scientific Director CIHR-IPPH) gave an overview of the funding context in Canada and how it has shifted over the last several years. Nancy emphasized that resource distribution approaches (one of several types of population health interventions) are the least studied based on our Institute’s experience in funding population health intervention research (PHIR). Nancy asked the participants to reflect upon what else is needed to draw researchers to study social enterprises and their health and/or health equity impacts. Nancy concluded by mentioning that with CIHR’s new funding schemes there is an opportunity for researchers to seek funding for projects on a variety of health topics, including social enterprises.

Kevin McGurgan (HM Consul General and Director for UK Trade Investment) highlighted the deepening and broadening collaboration between Canada and the UK in both science and social enterprise. Further, he noted that the UK has a long standing history with SEs, and currently there are approximately 68,000 SEs in the UK, which substantially contribute to the country’s economy. He also echoed the importance of tackling the “causes of the causes”.

***Panel: Public Health Interventions and Social Enterprise: what are the intersections?***

This panel involved presentations by Alan Shiell (Chief Executive Officer, Centre of Excellence in Intervention and Prevention Science, Melbourne) and Cam Donaldson (Yunus Chair in Social Business & Health, Glasgow Caledonian University). One of the main themes that emerged from the panelists included the notion that SE could address alienation, which is a risk factor for ill health. Targeting alienation may bridge upstream and downstream risk factors. Further, any SE could be a public health initiative, as it is their mission to combat aspects of social vulnerability. Also, defining SE as an intervention was discussed, with one panelist emphasizing that SE should be thought of as a class of interventions while another panelist highlighted the connotation of *intervention* alluding to something being done to someone.

#### *Alan Shiell*

Adapting a quote from Eleven Theses on Feuerbach, Alan noted that “the epidemiologists have only *described* the world in various ways. The point (of population health intervention research) is to *change* it”. He presented a four-year intervention project called HealthyBus, which was designed to improve bus driver’s health and well-being in Copenhagen due to the high prevalence of morbidity in this population. This is an example of a complex intervention to improve health (click [HealthyBus](#) for more information). He further proposed that SE could address alienation, a risk factor for ill health. Targeting alienation may bridge upstream and downstream risk factors. He also highlighted the potential of SEs to reveal contributions of unfairness in a politically acceptable way. Further, SEs can contribute to dignity and provides income for their employees, which thus addresses material deprivation.

Alan emphasized that SE should be thought of as a class of interventions during the evaluation of these projects. This class can vary enormously between design and execution. The variety of SE allows for the possibility to be adaptive and to be able to learn from practice. Further, the changes SE will bring are profound and large-scale, as SE can markedly change the landscape. Alan concluded his presentation by emphasizing the importance of not only focusing on what cannot be done, but instead focusing on what CAN be done.

#### *Cam Donaldson*

Cam Donaldson commenced his presentation by profiling Muhammad Yunus, the only economist to win the Nobel Peace Prize, recipient of the Congressional Gold medal, and Presidential Medal of Freedom. Yunus is also the Chancellor of Glasgow Caledonian University. One of his famous quotes - “I took my bank to the village” - illustrates that Yunus wanted to alleviate poverty using a bottom up approach.

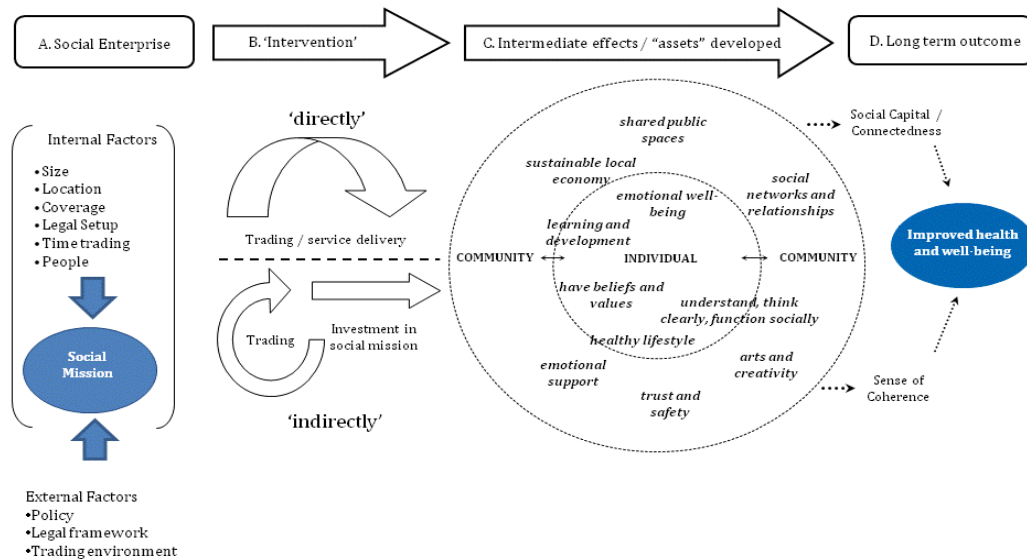
Cam highlighted the contention around defining social enterprise. He noted a series of commonalities between several definitions being:

- the primary purpose for the common good, specifically to address social vulnerability;
- trading is the main source of income (actual or aspirational);
- profits used for social or community benefit;
- assets are locked for common benefit; and,
- the approach includes being a good employer, democratic, empowering communities, cooperation and social justice.

Cam made reference to the life expectancy gap of 28 years between the worst off and best off in Glasgow, UK. These stark inequalities exist in other developed countries like Canada and Australia. This is a modern conundrum – many developed countries have world class health services but inequalities persist. Cam proposes that SE potentially *could be* a vehicle to address this conundrum, but more knowledge was required.

Cam highlighted the potential for SEs to be public health initiatives, as it is their mission to combat aspects of social vulnerability. Cam is working towards this conceptualization in his program at GCU. He also emphasized that the language of public health interventions has a connotation of doing something to someone which does not fully encompass what a social enterprise is about. He highlighted the different pathways through the hypothetical conceptual framework (Figure 1).

Figure 1: Social Enterprise- Conceptual Framework (Mk1)



Cam detailed the progress in the field of SE to date, including the completion of systematic reviews, the mapping of ‘microcredit for entrepreneurship’ in Scotland, and interviews with lenders. He concluded that SE and microcredit offer potential solutions to community health challenges and elements of subsidization may represent good value for money in terms of social outcomes. He posed to the participants “Can the perspectives of ‘social business and microcredit as public health initiatives’ be portrayed as new?”

### Discussion

There were questions about the definition of SE. For instance, how community interest companies fit in the definition? A participant responded that some community interest companies fit into the definition while others do not. For example, some form out of companies and are not automatically considered social enterprises, and some are companies limited by shares. While one of the proposed definitions identified that SEs cannot have shareholders, there are SEs that want shareholders (e.g.: SEs employing refugees).

Another participant wondered whether we can address the ‘causes of causes’ through SE. While the quality of the work of bus drivers is a determining factor for health, should we not also be examining the structure of employment? If you take the best-behaved private company that values their workers you may end up with better health outcomes than legally recognized social enterprises. Social enterprises symbolize a structure that will naturally lead to the outcomes. Therefore, we need to carefully consider SE and its implications before we promote SE as the ‘best’ way to go. It is important to examine the evidence base for SE and



more broadly what is meant by a productive economy. Further, what influences will private companies with good employee standards have on others?

There was also some discussion around the extent to which government relationships are changing in relation to SE, including in relation to healthcare provision. Cam acknowledged this as an area for future research, although this was not the primary focus of his work.

Attention should also be paid to how social enterprises are branded. Market-based strategies have a history of exploiting vulnerable populations. Therefore, we need to convince people that this will not be a form of active exploitation.

### **Discussant Panel: Researcher and Practitioner Response Panel: Synergies and Tensions between public health and social enterprise**

This panel involved Rosemary Lysaght (Associate Professor, Queens University), Sherida Ryan (Coordinator, Social Business CURA, Centre for Learning, Social Economy and Work, University of Toronto), and Andrew Holeton (Steward, Learning Enrichment Foundation). Terry Krupa (Professor, Queens University) moderated the session. Building on the previous presentations, the panelists offered perspectives on SE through their various experiences, including lessons learned from funding and supporting social enterprises, or researching SEs.

Several main themes emerged from the panelists. Firstly, the panelists highlighted the potential for large improvements in social and financial well-being for individuals employed by SEs. Even a small increase in income can make a large difference: for example, financial benefits have an impact upon diet and dental care. Employment can also lead to improved interpersonal relationships in a community. Although there is considerable evidence on the impact of SE on the social determinants of health, it is not a clean relationship as there are many interacting variables. This panel also reinforced the importance of considering the cost of neglect.

Sherida Ryan commenced her presentation by profiling CURA (Community University Research Alliance: Supported Social Enterprise). All SEs in CURA address social vulnerability, and for the most part, are funded through donations and grants. Further, the majority of the organizations employ people with developmental disabilities, mental health issues, abuse issues, and immigrants. Jack Quarter, Sherida Ryan, and Andrea Chan edited [Social Purpose Enterprises: Case Studies for Social Change](#) a book which presents twelve case-studies from organizations operating within the Canadian social economy.

Sherida presented survey results (Table 1) showing very modest economic impacts; however there were strong health and social impacts in terms of human and social capital. For example, they found that emergency room visits went down, and taking medication regularly went up. Sherida noted the difficulty in measuring social impacts – specially, how to attribute client outcomes to SE programs.

Table 1: Paired samples t-tests comparing participants' perceptions on 5 areas of wellbeing

*Paired samples t-tests comparing participants' perceptions on 5 areas of wellbeing*

<b>Asset categories</b>	<b>Prior M (SD)</b>	<b>Now M (SD)</b>	<b>t(df)</b>	<b>Cohen's d</b>
Financial Wellbeing	2.35 (1.25)	3.31 (1.29)	t(86) = -6.04*	.65 (moderate)
Self-Confidence	3.13 (1.28)	4.34 (.75)	t(109) = -10.38*	.99 (large)
Human Capital	3.31 (.94)	4.14 (.75)	t(107) = -8.62*	.83 (large)
Access to Services	3.69 (.86)	4.03 (.74)	t(82) = -4.75*	.52 (moderate)
Family & Community Relations	3.33 (.79)	3.78 (.78)	t(67) = -6.18*	.75 (moderate)

\*  $p < .001$

Sherida noted that if Canada had a living wage, the increased income could bump SE employees into another socio-economic bracket. She was asked to comment on why she thinks change in financial well-being is in a moderate range (Table 1). Sherida responded that the power of the statistical tests was moderate. Jack Quarter added that financial wellbeing also improved yet the data showed that participants were earning very little, which was perplexing.

Andrew Holeton (Steward Learning Enrichment Foundation) mentioned that research influences policy and the distribution of resources. Therefore, we should not get caught up in looking for a definition, because there is constant development and change in the field.

It was also noted that the cost of doing nothing to support people with mental health is not often accounted for: the cost of neglect. Further, the positive impact of being employed may have a spillover effect where employees may reconsider self-care. Even a small increase in income can make a large difference, for example financial benefits have an impact diet and dental care.

An example of the Vancouver needle exchange program was mentioned. The needle-exchange program offered employment opportunities for individuals to pick up syringes, which in turn improved relationships between sex workers and the police. Also, this changed community perceptions. The importance of SE research being participatory was mentioned, collaborative involvement of academics and the community is crucial. A strategy is needed to align and unite the different sectoral silos; this could be an area for future research.

Rosemary Lysaght (Associate Professor, Queens University) provided a researcher perspective. As someone who straddles social science and health research fields, she is encouraged that CIHR is moving towards research focusing on social determinants of health (SDOH). She focused on exploring three main areas: the links between public health and SE, how to define SE, and the need for robust methodologies to take SE forward.

1) The link between public health and SE

There is good evidence regarding the impact of SE on the SDOH; however it is not a clean relationship as there are many messy variables. The challenge is to determine where we should intervene in the 'chain'. She reflected on the conceptual framework presented earlier (Figure 1) as a useful guide. The issue will be how to define which upstream determinants matter when it comes to SE, and how they are interlinked.

## 2) How do we define SE?

Supported employment has been positioned as the gold standard in employment for persons with disabilities. Research in that sector was advanced greatly by establishment of a fidelity model, such that researchers were dealing with a common entity with agreed core elements. It will be important to come to a common understanding in this sector as well if we are to build a strong body of research evidence relative to outcomes.

## 3) Need for robust methodologies that will take this forward

We have done a lot of evaluative work. A combination of methodologies that will garner the respect of peer-reviewers as well as the community, and a variety of sectors is a key.

**Future Research:** Currently, few firms are collecting data on outcomes of SE. It is important to identify measurable outcomes that are easy to collect. We should reflect upon what the most compelling indicators are in the case of social enterprises.

### *Discussion*

There were inquiries about the process of developing common indicators. Specifically how to marry the need for universal measures, with a need to be user-centered? Participants and panelists responded that there are indicators that could be developed, which relate to health outcomes.

One method is the sustainable livelihoods approach, used for International Development but it applies well to communities. This method, developed initially by the UK's Department for International Development is 'strengths-based' and includes elements of SDOH. It measures resilience; for example, a person's ability to get through challenging times emotionally, physically, and mentally. A common message was the importance of including people in developing the SE measurement indicators, as it allows them to have ownership and they can include elements they think are important to study. We need to be careful not to get caught up with the idea that we need to measure everything.

Moreover, a participant stated that everything is done in relation to relative efficiencies, and cost becomes the most important indicator – "the tyranny of the fiscal imperative". It is important to capture a full spectrum of benefits to present a more comprehensive picture to governments and others. It was suggested that resources could be provided to SEs for the staff to evaluate their own practices.

A participant noted that the related concept of social capital can be inclusive and exclusive. With respect to defining social enterprise as an intervention, the word intervention does not specify who the action is coming from.

There seems to be a large difference in the perception of the beneficiary between money given and money earned.

Others noted the importance of capturing the social return on investment. An easy number is needed to demonstrate how much has been invested and how much has been saved because of the investment. We might want to look to indicators that are not developed by Canada.

Others echoed the importance of doing research on the health impacts of SEs. Participants were reminded of the potential masking effect of indicators – for example that the amount of time spent working does not capture how many jobs were being worked. We need to also choose outcomes that are meaningful and do not obscure what we are really looking for.

A participant highlighted that one area that has been neglected in SE research has been how SEs actually function as businesses.

Further, it was noted that the Centre for Social Innovation would be a great case-study. The Centre has 950 SEs and hubs (three in Canada, one in Manhattan). It is important to take a step back and reflect on the assumptions around the needs of SEs.

### **An Emerging Profile of Social Enterprise in Canada**

Peter Elson (Senior Research Fellow, Institute for Community Prosperity/ Mount Royal University) presented preliminary results from studies he is involved in which evaluated SEs by province. For more information on the surveys, click [here](#). This research is funded by [Enterprising Non-Profits Canada](#), the [TRICO Foundation of Calgary](#), and [Employment and Social Development Canada](#).

The survey collected information on the age of each social enterprise, the location, the scale of activity, International Classification of Non-Profit Organizations (ICNPO) sector, financial profile, and source of grants among other variables. Findings show that 50% of SEs surveyed are registered charities. Social enterprises employ at least 20,000 people, and 15,000 is targeted employment. Also SEs trained 87,000 people, and engaged 50,000 volunteers.

### **Social enterprise as a public health generator: case study examples from research, research funding and practice perspectives**

This panel featured presentations by Slim Haddad (Professeur, Université Laval), Nancy Edwards, and Elizabeth Lougheed-Green (Manager, Community Investment -Impact Business Development, Vancity Credit Union). These panelists all offered various case-studies through their experience working with or researching social enterprises.

Slim Haddad shared reflections on three main interventions used in global health contexts: micro-credit, micro-insurance, and integrated programs (micro-finance and health promotion/prevention or services related to access or provisions). He highlighted that the goal of micro-credit is not to improve health; rather it is to reduce poverty. In many developing countries, a major cause of impoverishment is related to the ill-health of the head of the household.

Slim highlighted several articles which analyzed the same dataset, the renowned research scientists belonging to the same methodological school of thought and discipline and yet produced seemingly irreconcilable differences. This reinforced the importance of understanding contextual influences.

Nancy focused her presentation on the opportunities for research on Social Enterprise embedded within the [Environments and Health Signature Initiative](#) (EHSI). She looked to the participants to guide whether the participants see a place for social enterprises within EHSI, and if so, how might such a focus be integrated?

Elizabeth Lougheed-Green focused her presentation on Vancity, a Vancouver based credit union and social enterprise. Vancity aimed to build a local economy infrastructure that focuses on economic inclusion, energy and the environment, and local and organic foods. Since 1996, Vancity has taken on a role in supporting the development of social enterprises and social ventures, using our resources and expertise. Over the past 7 years Vancity has worked with people and companies they invest in to evaluate what has been working from

them. From this evaluation, they have identified 5 key elements that were needed to assess the potential of a new social enterprise: clear mission and financial goals, a strong business plan, a committed entrepreneur, realistic assessment of impact, and demonstrated financial capacity. Key factors that contribute to success of SEs include: distinct transition from charitable culture to mission-driven business, competitive in the market place, engages coaches and mentors, have good planning and monitoring systems, act decisively when change is needed, have strong networks, and hire the appropriate skills and expertise for the business and tasks at hand.

Elizabeth mentioned that it can be difficult to get SEs to conduct evaluations. For practitioners, like Vancity, to be able to collect better information, they need tools to be more user-friendly and less time consuming to use. She profiled a Vancity funded initiative, the Farmers' Market Impact Toolkit. The goal was to support the capacities of farmer markets to measure crucial information to facilitate tracking of economic and social impact. Elizabeth mentioned that it would be useful to have more of these types of initiatives being funded.

### **Day 1 Highlight, Wrap –Up and Overview of Day 2**

Cam and Erica provided brief closing remarks.

Cam appreciated the ethos and questioning nature that participants brought to this workshop and believes this will be helpful for pursuing further collaborations. It is important to retreat from a reductionist approach; *all that is economic is not financial*. Cam reflected upon what would happen to the people who are involved in SEs if these types of organizations did not exist. He concluded that research could build on what has already been done with better qualitative research.

Erica asked the participants to reflect upon how we theorize SE as well as what theories that will help unpack what a social enterprise is? Erica highlighted the potential to capitalize on data we already have, for example by analyzing existing qualitative data. She asked how social enterprise can be part of the context. It is important to unpack the context and think about what it means in relation to SE.

## DAY 2

### **Context and Social Enterprise: Exploring the intersections between context and social enterprise as a public health intervention**

Day 2 commenced with a presentation entitled “Context and Social Enterprise: Exploring the intersections between context and social enterprise as a public health intervention” by Jeannie Shoveller (Professor, University of British Columbia), moderated by Erica.

Jeannie asked the audience to reflect on the following questions:

1) Does context affect the potential scope and nature of SE?

Jeannie argued for the need to establish a culture of entrepreneurship; however, this requires supportive context. It is important to consider what features of context matter, and when? SE has been long advocated to elevate poverty in less developed economies. SE really has taken hold in places that face the highest number of public health challenges and the context is contributing to inequality.

Historically, welfare was seen as passive, a benefit that people did not deserve. Jeannie mentioned that certain SE will never be formed, because they are not welcome.

How can we work comparatively and across contexts in a way that does not seem so foreign in our own contexts?

Jeannie argued that context *does* affect the potential scope and nature of SE.

2) What features of any given context matter most to SE success and why?

In light of the strong pressure for NGOs to show how traditional aid/development work is paying off, SE in this context has emerged as being above reproach (not lumped in development sector – it is recognized more as a solution).

3) Is more empirical evidence needed?

We need to understand why SE work in particular contexts and not others, this question requires multiple methods. It is important to conduct comparative work and to assess the counterfactual- what would happen if we did nothing?

Does research on SE have to be community-based participatory research (CBPR)? Many research papers focus on CBPR and partnerships are extremely important considerations. This is very connected to notion that SEs are made inductively, that these models demand participatory evaluation.

Jeannie posed the following questions to the participants:

- What are the relevant objects of study?
- What material features do we need to focus on?
- Do we need to understand how low interest rates can stimulate SE?
- Must research on SE include (public) health as an outcome?
- Must research on SE be reproducible?

A result that cannot be reproduced is not necessarily erroneous; there may be numerous variables at play that were not accounted for. Perhaps the current standard of reproducibility is challenging for research in complex contextual fields, like SE. This is not to say we should not try reproducibility studies; however we should think more about transferability and how we can learn a lot from one case-study.

### *Discussion*

There were questions regarding how deterministic the context is and whether we need to wait for a critical juncture. Participants responded that the term synergistic, not deterministic, was more appropriate as it implies that context is always moving. We too are part of the context. The importance of getting the temporality right was identified. We should also not be afraid to seize innovation.

Participants reflected upon why we are looking at SE the way we are. Why are we not looking at a social finance (bonds) with impacts on population health to create SE? We are interested in new designs of using private sector funding which could make up cash saving for government?

We have credit unions that are almost as big as banks and almost as much as they can do and they are more oriented towards social goals.

A city like Vancouver is enabling and supportive of social enterprises, whereas others may have a harder time (e.g.: need to support needle exchange to get elected to office in Vancouver). It was also noted that if it happens in one place it could happen in others, but it maybe not happen by the same plan. Many participants applauded Vancity and other smaller credit unions for being willing to put money into the community. It has brought together private investment as well as three levels of government together.

A participant reflected that we use context in research to explain and understand SE, but what is the role of researchers to use context? For example, in Toronto in the 1980s many people with disabilities were running their own businesses. There is no reason that we could not replicate conditions that led to that. Participants noted that reproducibility is not unimportant, however maybe we should soften the edges. We cannot understand context and heterogeneity as a confounder and that the only issue for us is to model for heterogeneity rather than control for heterogeneity.

While there is policy discourse, what else needs to be examined? Many factors can influence the outcome and the function of a SE if you are trying to reproduce a SE in a new context. Context is also important in the diffusion of innovations such as SE.

The importance of funding was also mentioned, specifically where the money would come from if needed. There are issues around norms, stigma, and expectations respecting who is capable and who is not, who is seen as “deserving” and who is not - this is an important part of context as well.

Nancy Edwards asked the participants what advice they had for funders. Specifically, what elements of context should be considered in all research proposals? Or should researchers simply be encouraged to pay attention to context? What level of specification should we build into future funding opportunities?

Participants responded that it is important to embed context into theory of change. We try to build logic from intervention to outcomes, but focus on interventions. It may be difficult to prescribe which elements of context should always be included in research proposals because of the variability of context. If we change our way of doing things such as introducing the concept of context in our theory of change, then this may suffice. We should consider incorporating heterogeneity in our models rather than controlling for it. It was noted that there are other models we can draw upon from the technology transfer field. There are traditional distinctions drawn between transfer of hardware and software. We could look at that

approach when thinking about context- transfer context, hardware and meaning. Each one has slightly different meanings.

One approach for funders is to include a list of contextual elements to examine but leave it open ended to allow researchers to add what is relevant. Then there is possible for comparability while allowing for unique circumstances. This also allows researchers to account of emerging contexts. For example, understanding the historical context, being able to situate SE in policy and be able to compare and contrast contextual features. It comes back to the social meaning of the aspects of context that are important to examine. There was general consensus that the list does not have to be specifically articulated a priori, but rather broad categories suggested and considered systematically.

### **Report Back and Reflections from International panelists**

Louise Sylvan (Director, Social Enterprise Fund Australia) and Jim Mandiberg (Associate Professor and Chair, Organizational Management & Leadership, Hunter College) reported back on their reflections from the workshop.

Louise Sylvan offered reflections from her experience with a SE Fund in Australia. She highlighted two crucial things that happened in Australia:

1. The development of [Impact Investing a Breakthrough Strategy](#) which is designed to catalyze impact investing in Australia. This strategy aims to catalyze capital growth, enable enterprises to mobilize capacity building and enable the measurement of impact outcomes.
2. Financial Interactions, for example, 3 not for profit companies came together to buy out a private sector childcare provider; the new group, "Good Start", IS a childcare consortium LOOKING to transform childcare services into well-functioning early childhood education facilities. The government had virtually no role in this deal.

Jim Mandiberg offered reflections about SE from his experience in North America, Japan, and Europe with highly stigmatized and excluded social service populations, such as those with serious mental health conditions. He discussed collective approaches to social enterprise based upon the concept of non-geographic "identity communities." All communities have economies, including identity communities of those with stigmatized health and economic conditions. He reviewed several demonstration projects that leverage the economies of these identity communities for their own collective benefit, including ones for housing; a community-serving social enterprise business development model based upon a collectively owned mental health pharmacy; a credit union for those with serious mental health conditions; a business incubation model and a microfranchising model for micro and small business development; and a North American adaptation of Italian model social cooperatives.

He also presented two contrasting approaches to public health social entrepreneurship using mosquito nets to fight malaria as an example. Mosquito nets are mostly distributed freely to local populations by international NGOs in a top-down approach. In contrast, the social entrepreneur Paul Polak and others propose design-influenced models that build local economies by producing the nets locally, designed in such a way that they are affordable. He showed examples of freely distributed mosquito nets re-purposed into fishing nets, ropes, and soccer balls, something that would not occur if local infrastructure produced affordable nets and people purchased them.

### ***Closing Remarks and Next Steps***

Erica and Cam offered closing remarks and next steps. Firstly they emphasized the great potential to build on science and practice and drive it forward.



Next steps identified were firstly to develop a report based on the presentations and discussion captured at the workshop. Cam asked the group to think about what should come after that. He asked if it was possible for a group to come together across Canada that could push for a SE agenda and apply for funding to CIHR or to other research councils.

Erica identified that there was considerable potential to study natural or “unnatural” experiments out of SE. She recommended creating hubs where people can continue to converse about SE. Erica reflected that the public/private partnership element was mentioned during the workshop but it also merits further discussion. CIHR will follow-up with other funders (e.g.: [SSHRC](#)) to consider how SE fits into the Canadian research funding portfolio.

### ***Progress since the meeting***

There has been considerable progress since the workshop. Specifically,

- 1) GCU have had tentative discussions with the [Wellcome Trust](#) in the UK with a view to examining how best to take the workshop discussions to the next (practical) step. This may involve applying for one of their new Small Grant Awards or Seed Grants, with a view to developing a much larger Investigator Award down the line.
- 2) GCU have also applied for funding from the European Commission for one of their researchers to work in Canada for a time, with a view to building and cementing nascent partnerships, and scoping potential avenues for collaborative research opportunities.
- 3) The [Social Enterprise Sector Survey](#), a survey which collects information on social enterprises by province, has included a health question into their current 2015 survey of SE in Ontario, namely:
  - a. Has your social enterprise taken any steps to measure the impact of your social enterprise's goods or services on the health and well-being of the following groups? (a) Target population(s) in your social enterprise; b) Target population(s) outside your social enterprise
- 4) Workshop participants, Jo Barraket and Alan Shiell, along with Jane Farmer (La Trobe University) and Chris Mason (Centre for Social Impact Swinburne), have submitted an EOI (expression of interest) for funding partnership with the Victorian Health Promotion Foundation to apply for an Australian Research Council grant on social enterprise and health. If the team is successful in the EOI stage, they will propose an international advisory committee that includes colleagues from the workshop to ensure alignment of methodology and potential for comparative research as appropriate.
- 5) The CIHR-IPPH plans to include mention of social enterprises as a type of population health intervention in its upcoming funding call on [Population Health Intervention Research](#).

## **Appendix A: Small group discussion (Session 1)**

### **1. What are your initial reactions to what you have heard?**

- One observation was that the discussion was fairly narrow in scope, in only focusing upon social enterprise. While this is interesting and important, it may be that a slightly wider discussion could be had which encompasses the concept of social innovation, which could even broaden the appeal to funders?
- We need to be mindful of the normative assumption that all SEs are inherently “good” (and indeed that mainstream businesses are “bad”).
- There are times where there are clear opportunities to collaborate, and times when this is less clear.
- There is a wide breadth of information and so much going on at the level of both research and practice. There is a need to make what is going on at each level relevant to the other.
- There are issues in common at both levels, however: although here is a certain amount of discussion happening between the two levels, action does not seem to progress beyond a certain point.
- So do practitioners and researchers need to learn each other’s ‘languages’ in order to move forward?

### **2. How would you describe the link(s) between social enterprise and health – individually and at population level? How would you describe the capacity of social enterprise to improve health equity?**

- There needs to be an appreciation that health outcomes are often only identified over a fairly long term basis; longitudinal research can be expensive.
- A number of Canadian Provinces have fairly robust data on social enterprise activity that could perhaps be better utilized.
- Some (or many) social enterprises will not naturally identify themselves as public health ‘actors’. Do we need to think about language and the way in which any research is framed in order for social enterprises to identify with the research and see their potential in public health terms?
- There is a Quality of Life/Canadian Index of Wellbeing that is also relevant. Might there be scope to connect the various macro level datasets, and see how they relate to each other e.g. density of social enterprises vs. population health statistics?
- However, we also need to bear in mind the wider contextual factors, the cultural, political environment and so on, which may support or confound such activity.

### **3. How do you think the health effects of social enterprise could be evidenced?**

- First of all, there is a need to take a step back and ask the question of whether social enterprise is necessarily addressing inequalities, rather than adopting a normative standpoint that SE is fundamentally good: de-romanticize the notion of SE.
- SEs do NOT necessarily reduce income inequalities (for example) but, small incremental increases resources in income can have a disproportionately higher impact upon the lives of very vulnerable people. We need to better understand how financial wellbeing can be improved despite relatively small increases in income, often.
- Understanding, on a ‘granular’ level the importance of context is crucial to understand impact. But these impacts are often highly context specific and not (in the main) generalizable. This is a problem for population-level interventions.
- This really depends upon who the SEs are working with. There may be a case for measuring individual or community resilience (for example) if this is appropriate. We

probably need to adopt a differentiated strategy – between those that are aiming to impact upon health (and thus may have specific means of measuring their impact already), or whether this is actually a product of their primary intent.

Health, in many cases, can be an ‘externality’ for a SE, unless the focus of the SE is upon health (for example, those working in healthcare provision).

- Therefore, should SE be judged by health, which is an externality? Most SE do not intend (at least directly) to improve health.
- Specific evaluative criteria may have to be developed. Existing datasets (for example social capital datasets?) may help feed in to this thinking?
- How are health effects usually measured? Why should SEs be any different? For example, the expansive literature on complex health interventions should largely inform this thinking.
- We need to understand the points at which (for example) people start to think differently about their health, and the different ways in which people relate to their health.
- Identifying causal pathways is key. Measurement doesn’t make sense if there are not strong causal pathways to help link specific interventions to specific outcomes (i.e. the issue of attribution of outcomes to the intervention).
- Many large institutions affect health with their policies, therefore, how can we attribute or isolate effects?
- Need to determine what we are trying to measure in social enterprise. For example, a workplace organization model seems to be highly focused on employment.
- There also needs to be an appreciation that many of the community effects are difficult to measure, and that different types of social enterprise may well have different effects.
- How do we approach these questions, and also keep in mind that it is very likely that an SE is going to have limited capacity to engage in research generally?
- Consider natural experiments as a way to evaluate SE. For example you could study locations with high concentrations of SE and compare them to areas with low concentration of SE?
- One study is not enough because context means so much. Therefore, we need duplication across populations and across time.
- It is important to consider the counterfactual. For example, we have a SE structure and we want to measure the health effect. We need to determine what are the proper counterfactual (people with jobs in private sectors, it is people without jobs)?
  - Some respondents in Group 2 believe we should go with the strongest internal validity, for example the poverty line, because the counterfactual is easy.
- The importance of inclusive, co-produced / ‘lay’ knowledge may well be a way to approach this: the example of the mental health survivors in New York who were trained to be researchers, was offered.
- One initial task might be to instigate a meta-analysis of existing qualitative studies on social enterprise-led activity on health, and re-examine these through the lens of emergent empirically informed conceptual models, to refine, enhance and strengthen theory.
- In essence, there are many models of gathering evidence available. There is a need to strike a balance and find the most effective way of gathering evidence that recognizes that SEs often have limited capacity, but expertise in establishing what matters most to their beneficiaries.

**4. Do you know of any examples of links between social enterprise and health equity, health/well-being in Canada (or elsewhere)?**

- There are many examples in Canada and elsewhere: Reach Community Health Clinic, Mid Maine Health Clinic to name but two. We are not lacking in examples, or indeed, in case studies.
- We do, however, need to recognize the importance of history and traditions, how different conceptualizations of SE vary in accordance with differing political and cultural influences. For example, Francophone traditions rooted in notions of solidarity economy, particularly in Quebec vs Anglo-Saxon business school models and even tech based 'silicon valley' type innovations
- We need to understand the history and diversity, and re-investigate existing research through a 'social determinants of health' approach.

**5. What themes might be addressed in any future research and practice collaboration? (within Canada, UK, US, between countries)**

- International Benchmarking seems like a good first step. There are international comparative studies already underway (e.g. Janelle Kerlin's work, and also the massive ICSEM - International Comparative Social Enterprise Models - project underway in Belgium). Can we use this data, or build upon it, to understand the theoretical similarities and differences in models, and the extent to which these matter? There is no point in re-creating the wheel!
- Such comparisons could also be undertaken within countries, between and within provinces, regions and cities.
- Look at what is going on with different countries, their concentration of SE, isolate factors like size of health care, market, governance, education, public health.
- There are biases in dataset. We don't have enough data on SE in developing countries. We can compare lessons but not data. Institutions should share data which will lead to larger datasets.
- Added values (possible) of SE for health may be addressed in future research. We can learn from SE regarding processes. For example can we research successful examples such as Vancity? How did they implement their ideas? Can such knowledge help inform the design health interventions?
- We can also learn from past impacts and outcomes. For example, we could ask people who have been through SE (employment) are they continued to be employed? How many fewer trips to the emergency room? How many people didn't develop diabetes but borderline in terms of risk?
- What is the difference between community initiatives versus social enterprise? Nothing saying that the impact would be different. Lots of SE are just programs in churches - it doesn't have to be a separate thing.
- Indeed, are there common rubrics that can be established in order to assess SE impact upon health, despite their differences, which is mindful and respectful of culture and context?
- It may be important to have comparisons between where health is intended versus unintended.
- Within SE there are relatively distinct phases of development. Around purpose, market, sustainability etc. Some have internal capacity to bring in researchers or to embed tracking data at the beginning. Or we could be a research initiative with a SE would be a reason for failure
- One participant proposed two themes:
  - 1) Sustainability and scaling up or out (spread)
  - 2) Equity – is there progressivity? Is there wealth redistribution? If poorest benefited more from that social arrangement then you contribute to some sort of wealth redistribution.

- Are social enterprises needed most where they are least found (and vice versa)? For example, in areas where there are strong social networks?
- To what extent can we directly (or indirectly) attribute health impacts to social enterprise?
- How is SE different in different countries and do different models impact differently upon health?
- Qualitative data to identify and extract pathways to impact.

**6. Do we have the capacity to conduct the research? What kind of capacity do we need to conduct this research?**

- Yes we do have the capacity: there is not an issue of having enough researchers as it is multi-disciplinary (sociology, policy, health etc); it is the case of finding the right blend.
- This question depends on the research theme, where you position research (inside or outside SE, or academically vs. community based). Who should do the research?
- There are competing priorities, within the social enterprises themselves, who are often too busy doing the work with limited resources, and also competing priorities between stakeholders/funders.
- However, there is most definitely a lack of social enterprise capacity. Even if this was invested in, there are competing priorities and research is not necessarily top priority. Just because there is research capacity in academia doesn't mean that there is the capacity on the ground.
  - For example, a SE daycare, the employees don't have time to be involved in research when the safety of children is at stake.
- Social enterprises need to be involved in the research question formulation. The question needs to reflect their needs, and what they want to know.
- Capacity was seen as the biggest issue in terms of gathering data from social enterprises. Working with the community to gather data, researchers and practitioners need to learn to 'speak the same language'. There is a perceived need to develop "translators" or knowledge brokers.
- We have the capacity within universities, but we require multi- or cross-disciplinary partnerships, particularly across countries.

Group member Peter Elson provided several ICSEM reports which can be found [here](#).

## Appendix B: Small group discussion (Session 2)

### 1. What or who would we study?

- It depends upon the exact research question!

Who should we study?

- Individual (employee, recipient of service)
- Organization itself, and different types of business, in different business sectors (e.g. local food provision)
- Intermediary (catalyst organizations, facilitator networks)
- City, provincial level, national, international
- Selected for variation, or similarity?
- Driven by an underlying theory of change?
- Macro: Political discourse (how people view certain activities, e.g.: needle exchange), policy environment, access to funding and other forms of support

We need to:

- Find new models of SE sustainability using social finance, the model would be different than just looking at outputs of SE. Where will the initial investment come from? How can it be sustained beyond initial investment? How you mobilize capital when SE are not always placed in this arena? Who can attract the capital (delivering market share) and transform themselves?
- Examine alternative economic instruments that invest in local communities, but which marry demand with supply (i.e. understanding what, exactly, is needed and wanted at the local level)
- Mobilize community capital (in its various forms)
- Transform some SE work beyond capacity building/funding to continue to address symptoms of problems, rather than upstream causes of problems

What is the focus of the SE questions?

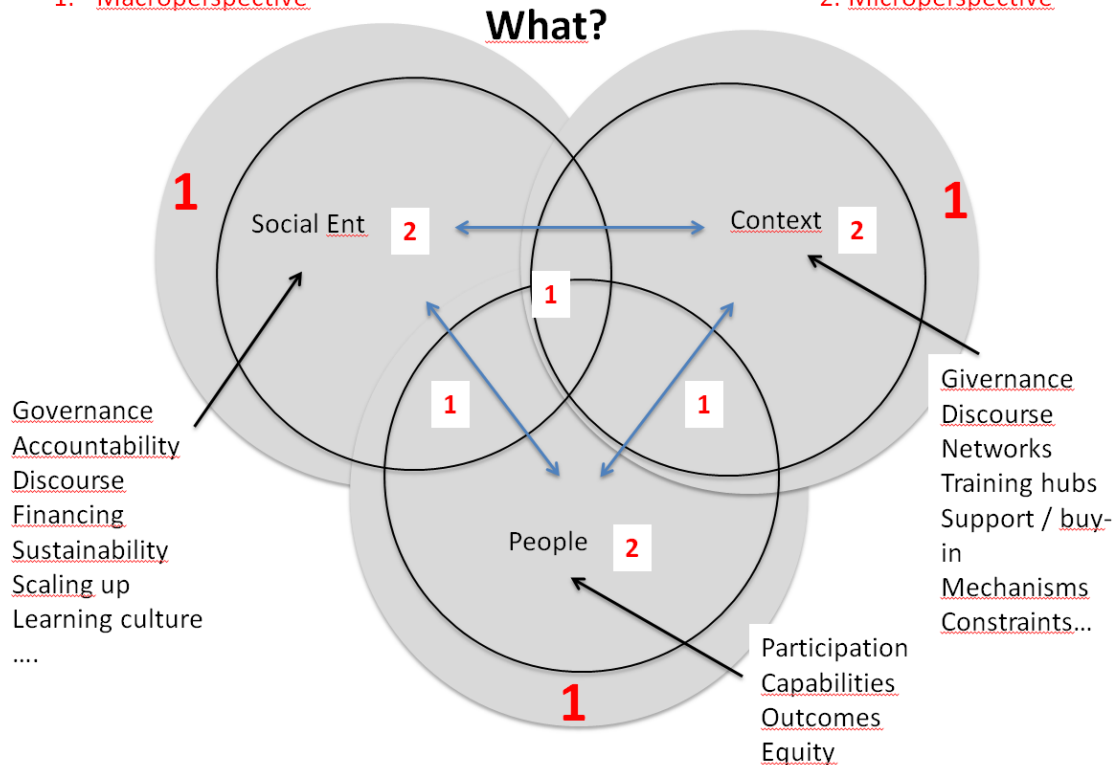
- The SE itself (financing, accountability), or
- The context, or
- The people.

Discussion:

- Many of the questions depend on whether the researchers are taking a micro or macro focus; there is no limit to the number of questions that could be investigated.
- One element of context is the inability of governments to address the types of issues addressed by social enterprises. What is the added value?
- The public health focused questions may end up focusing on the people, specifically the potential for prevention to be a deliverable.
- The PH may end up focusing on people. But PH people should have an interest in the ability of prevention deliverable.
- There is not a whole lot of research on the outcomes and outcomes of SE (whereas there this has been primarily to study SE as an institution).
- One participant thinks that the first priority should be to demonstrate impact of SE on people's health and well-being. Once we demonstrate that SE matters then it can move into sustainability.

## 1. Macroperspective

## 2. Microerspective



## 2. What study designs and methods would we employ?

- Longitudinal
- Cross-disciplinary studies/teams
- Deep and meaningful engagement employing participatory research approaches, where the research design is informed by the participants (although of course this depends upon what the questions are!)
- Methodological robustness, irrespective of methods, but would depend upon the research questions
- Multi-methods (qualitative and quantitative).
- Perhaps employing institutional/organizational theory, field theory or 'sense making'
- Potentially allow for differential scale across the funding opportunity.
- While case studies proliferate, what about quasi-experimental or randomized designs?
- In essence, innovative, robust designs and methods, ethically underpinned.

### What new theories, tools/methods do we need?

- Context from a historical perspective (historical institutionalism has been used by several table members) a useful theory for studying context. Looks at how institutions have transformed/influenced other institutions.
- We are 10 years away from having enough information/data to discern patterns.
- Lots of theories that could be applied, e.g.: Theories of organizational behaviour, the system approach, health theories. Remember you can use more than one theory.
- There may be potential for utilizing data from social media, although there are limits on the 'depth' of data this provides.
- Analogue designs: create a situation which doesn't really exist in the real world?

### **3. How do we conceptualize context?**

#### **How do we account for context?**

- We can develop logic models/theories of change and then apply the model to different contexts, learning in an iterative fashion.
- It's been all about institutions (looking at macro level- Society, state, market, and international aid), and culture- has looked at specific elements that are important to discussion.
- In reality it's hard at a practical level– a lot of work is needed get the grant/prepare an application. Therefore, this group suggested making seed-grant money available.
- Broad social elements (social, contextual) these vary but it allows for a process comparison vs. linear comparison.

Other considerations:

- Context is not culture – important to look at both
- What works in US might not work in Scotland.
- Culture and norms of societies are different in different places.

### **4. What is (are) the best mode(s) for pursuing research and practice innovation in this area – PhDs, project grants, programmatic grants?**

- It depends! Building upon best practice, and in knowledge and experience of building cross collaborative, international partnerships.
- All of the above: it depends upon the nature of the precise research question. Comparative work would seem to require program grants.
- There is a need to build in cross-sector collaboration and understand each other's language. This often involves building trust, and appreciating that often we are saying the same thing in different ways, or saying different things employing common language!
- There is a requirement for time and money to help develop partnerships and allow these to develop.

### **5. Where might we go for funding?**

- There are many places to go for funding e.g. the CIHR?
- Agencies may partner up: agencies partnering from different countries?
- A joint call between organizations or other groups, particularly Public Health funders, as opposed to those who traditionally fund SE research
- Don't ignore the private sector/large foundations and charities