

The impacts of social enterprise-led activity on health and well-being: an integrative review

Systematic Review Protocol

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Background

The persistent and well-documented problem of health inequalities has challenged public health researchers since the relationship between income and health was first established. (Marmot et al., 2008) In the context of austerity measures leading to public-sector funding cuts, and faced with continuing, even growing, inequalities, more innovative, community-based solutions have gained prominence. With this in mind, social enterprises, businesses which, rather than distributing profits to shareholders, re-invest their profits in fulfilment of a social mission, could prove to be a potentially innovative response. However there is a significant gap in knowledge of how, and to what extent, social enterprise impacts upon health and well-being.

Although reducing the prevalence of health risk behaviours in low-income populations is an important public health goal, it has been shown that socioeconomic differences in mortality are due to a wide array of factors and would persist even with improved health behaviours among the disadvantaged. (Lantz et al., 1998) There are examples of social enterprises which attempt to impact upon health inequalities directly through the delivery of services on behalf of the state, such as those which seek to act upon individual risk factors such as smoking, alcohol, diet and exercise. However *all* social enterprises work to fulfil a social mission, acting upon social factors that we now know are determinants of health.

At the same time, there has been a deliberate move to focus attention, particularly in public health, away from a traditional 'deficits' or 'treatment' approach to the delivery of

public services. The shortcomings of focusing on deficits or treatments, coupled with impending cuts to public service provision, have given a renewed impetus to finding better ways of working. (McLean, 2011) One of these is the 'asset-based approach' to public health, promoted most notably by the Chief Medical Officer for Scotland (2010, 2011), who has been calling for initiatives that promote well-being to be developed in the context of building upon the potential strengths of individuals and communities, rather than focusing on deficiencies (Foot and Hopkins, 2010; Foot, 2012; Kretzman and McKnight, 1993), with communities and outside agencies working in partnership to 'co-produce' solutions. (Scottish Community Development Centre, 2011) Social enterprise is considered as having potential to be a viable and sustainable way of organising such activity. (Donaldson et al., 2011)

However, there is a significant gap in knowledge of how, and to what extent, social enterprise impacts upon health and well-being. Greater understanding of the mechanisms and causal pathways applied (or even assumed) in the work of social enterprises may well prove beneficial, not only for our understanding of the work of social enterprises on the social determinants of health, but also in other related fields relating to community/Third Sector-led activity.

As far as our research to date has determined, a Systematic Review in this area has never been undertaken before. We have therefore decided that a comprehensive review that would enable inclusion of evidence from many different fields would be appropriate and, given that integrative review methods are the most comprehensive of all review approaches (Souza et al, 2010) we plan to conduct an integrative review (see Table 1) which will enable us to incorporate findings from quantitative and qualitative studies, from published and unpublished data, and from peer reviewed and grey

literature. It will act to extract and synthesise findings regarding deliverers' and beneficiaries' perspectives relating to their perceptions of success or failure of what could be termed predominantly 'upstream' interventions, including in relation to health related quality of life; psychosocial and socio-economic outcomes; and any unintended (adverse or positive) effects. By so doing it will contribute to a new understanding of social enterprise-led activity on health and well-being and will have specific implications for practice, policy and future research in the field.

Method

A five-stage integrative review method as outlined in Table 1 will be used.

Table 1: Five stages of an integrative literature review

(adapted from Whitemore and Knafl, 2005)

Stages of Review	Aim/Purpose	Details
1. Aim and Objectives	<ul style="list-style-type: none"> To clearly state topic of interest and purpose of review 	<ul style="list-style-type: none"> Describe focus List variables of interest
2. Literature Search	<ul style="list-style-type: none"> To make explicit and justify search strategy and sampling criteria 	<ul style="list-style-type: none"> Specify databases and other methods for identification of included studies etc Detail key words State inclusion/exclusion criteria Acknowledge publication bias
3. Data evaluation	<ul style="list-style-type: none"> To assess type, scope, diversity and quality of accessed literature 	<ul style="list-style-type: none"> Specify different types of study found and classify into sub-groups Decide on quality criteria instruments for each type of study

<p>4. Data analysis</p>	<ul style="list-style-type: none"> • To specify systematic analytical method • To create an innovative synthesis • To formulate a unified and integrated conclusion 	<ul style="list-style-type: none"> • Data reduction: simplify sub-groups into manageable framework according to type (e.g. qualitative, comparative, experimental); create single page summary for each primary source • Data display: create charts or visual network displays to show connection within each sub-group type • Data comparison: identify patterns, themes, relationships, major variables within and between sub-groups • Conclusion drawing and verification: creative and critical analysis of data, acknowledging commonalities and differences, and including any justifiable generalizations • Production of integrative summation
<p>5. Presentation</p>	<ul style="list-style-type: none"> • To capture the depth and breadth of the topic, and produce a comprehensive understanding 	<ul style="list-style-type: none"> • Summary should contribute to a new understanding • Specify implications for practice, research and policy • Note limitations of the review as a whole

Stage 1: Aims and Objectives

The aim of this integrative review is to determine whether, and to what extent, social enterprise-led activity can be said to impact upon health and well-being, and, if so, how this is explained.

The review objectives are to:

1. Identify and critically appraise quantitative and qualitative studies of social enterprise-led activities on health and well-being
2. Extract data from quantitative studies and analyse, where possible, the effectiveness of the activities
3. Extract and collate data regarding the range of mechanisms that are put forward to explain the effects of social enterprise-led activities on health and well-being.

Stage 2: Literature Search

Inclusion and exclusion criteria have been identified using the SPIO (Study, Participants, Interventions, Outcomes) framework adapted from Richardson et al., 1995 and are detailed in Table 2.

Table 2: SPIO inclusion/exclusion criteria

	Inclusion criteria	Exclusion criteria
Study Design	Experimental (randomised controlled trials, controlled trials, quasi-experiments) Non experimental (surveys, cohort studies) Qualitative and/or adopting a mixed methods approach (combining quantitative and qualitative methods)	Clinical guidelines Policy paper Discussion/opinion papers
Population	ALL beneficiaries of social enterprise-led activity including: Children (< 18 years) Adults (≥ 18 years) Families/households Communities	n/a
Intervention	Delivered by social enterprises (organisations described as social enterprises in the paper rather than any pre-determined criteria)	Not community based (the review is focusing on upstream interventions rather than that delivered at mainstream clinics)

	ALL types of activities led by/delivered by social enterprises aimed at (although not necessarily explicitly stated) social determinants of health	
Outcomes	<p>Health related quality of life (Examples: mental health, stress, general quality of life)</p> <p>Psycho-social (Examples: sense of coherence, social capital, ego development, capabilities, hope for the future, self-reported well-being or happiness)</p> <p>Socio-economic (Examples: income, occupation, education, literacy)</p> <p>Unintended (adverse and positive)consequences</p> <p>Outcomes reported by the beneficiaries themselves and/or significant others.</p> <p>Outcomes reported by the deliverers themselves, or their funders.</p>	Outcomes related to “illness factors”

Search Strategy for the identification of studies

The search strategy aims to find published, unpublished and grey literature. A three-step strategy will be used: 1) an initial search of ASSIA, followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe the article; 2) a second search using all identified key words and index terms will then be conducted in all included databases; 3) key authors will be identified and asked to provide any additional papers for consideration.

Keywords relating to illnesses (such as, for instance, “mental illness” or “stress”) will not be included in the search because the topic in question relates to “wellness” factors rather than “illness” or, indeed, the absence of such. Health is defined in accordance with the WHO definition: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (World Health Organisation, 1948)

Study design will not be used as a search criterion as there is always the risk that relevant studies may be omitted.

Databases to be searched

Searches will be conducted in the databases listed in Table 3.

Table 3: Databases used in the integrative review

Database	Description
ASSIA	Applied Social Sciences Index and Abstracts; includes literature from psychology, sociology, medicine, anthropology and law
CENTRAL	Cochrane Central Register of Controlled Trials; summary details of published and unpublished trials
DARE	Cochrane Database of Abstracts of Reviews and Effects; covers a broad range of health related interventions which have been critically peer assessed
HMIC	The Health Management Information Consortium brings together the bibliographic databases of two UK health and social care management systems: the Department of Health's library and information services and the King's Fund information and library services. Accessed via the Knowledge Network platform, the national (NHS Education for Scotland) knowledge management platform for health and social care which provides a wealth of 12 million information and learning resources from more than 100 quality-assured health and social care providers.
IBSS	The International Bibliography of the Social Sciences (IBSS) is an essential online resource for social science and interdisciplinary research. IBSS includes over two million bibliographic references to journal articles and to books, reviews and selected chapters dating back to 1951
MEDLINE	MEDLINE contains journal citations and abstracts for biomedical literature from around the world.
PsycINFO	Abstract database providing systematic coverage of psychological literature.
Sociological Abstracts	CSA Sociological Abstracts abstracts and indexes the international literature in sociology and related disciplines in the social and behavioral sciences. The database provides abstracts of journal articles

	and citations to book reviews drawn from over 1,800+ serials publications, and also provides abstracts of books, book chapters, dissertations, and conference papers.
SSRN	The Social Science Research Network eLibrary consists of two parts: an Abstract Database containing abstracts on over 437,900 scholarly working papers and forthcoming papers and an Electronic Paper Collection currently containing over 352,100 downloadable full text documents
Web of Knowledge	The Web of Knowledge Service for UK Education provides a single route of access to Thomson Reuters's products subscribed to by an individual institution. It includes Web of Science; Journal Citation Reports; Current Contents Connect; Derwent Innovations Index and many others.

Grey Literature

In addition, the grey literature repository PLANEX (which covers all subject areas relating to UK local public policy and governance) will be searched. We will also conduct a search of EthOS (Electronic Theses On-line system) to identify relevant theses.

We will also contact key stakeholders by e-mail (Social Enterprise Scotland, SENSCOT, the EMES Research Network, Social Firms Scotland and the Social Enterprise Academy) to request information on any relevant work they are aware of. A snowballing technique will then be used to identify any further work.

Search Terms

Initial scoping will be undertaken to identify the most appropriate search terms and this will include consulting the search strategies of relevant published systematic reviews and exploring the indexing systems of the various databases to identify relevant thesaurus/subject headings.

An information scientist has been consulted to support the initial scoping work.

The search will be undertaken using keywords. Standard symbols used such as wildcards have been used to truncate words. As an example, the proposed ASSIA search as presented in Appendix 1 and whilst other searches will be broadly similar, some revisions will likely be required linked to minor differences in subject headings across databases and differences in the standard search symbols across platforms.

Search delimiters

Given resource constraints, the search will be restricted to records in the English language only.

Bibliographic management

Zotero will be used to manage the bibliographic records. The total number of 'hits' and the numbers of duplicates and papers screened out at each stage, including the reasons for exclusion, will be noted. All papers identified will be transferred to Zotero with potential duplicates identified using the appropriate Zotero facility. Each duplicate will be double-checked before removal.

Screening

All material identified by the searches will be screened by two individuals working independently for relevance using broad inclusion criteria relating to population and activity i.e. that it involves people and/or communities, it is being delivered 'upstream' by a social enterprise, and not simply an intervention delivered on behalf of health services aimed at health risk factors. Where there is insufficient evidence in the title and abstract to make a decision, full-text papers will be retrieved.

All papers remaining in the review following broad screening will be screened using the narrow inclusion criteria relating to study design, population, intervention and

outcomes (as in Table 2) by MJR and Cam Donaldson (CRD), or by MJR and Rachel Baker (RMB) or by MR and Susan Kerr (SMK). Uncertainties concerning the appropriateness of studies for inclusion in the review will be resolved through discussion/consultation. Following this narrow screening, all papers remaining in the review will be subject to methodological appraisal and data extraction in Stage 3 of the Review.

Stage 3: Data evaluation

Data extraction

Bearing in mind the heterogeneity of both the study designs and outcomes included within the scope of this review, data will be extracted using a review-specific data extraction tool. This will be developed and then piloted using six papers and refined further. It is envisaged that data will include details regarding study methods, participant characteristics, activity design and outcomes.

Quality assessment

Drawing on published guidance and quality appraisal tools used previously by members of the review team, a review-specific quality appraisal tool (QAT) will be developed, to cover such criteria as: the extent to which the theoretical framework underpinning the research was explicit; the reporting of the aims and objectives of the study; the appropriateness of the methodological approach; the rigour of the reporting of the results; and the appropriateness of the conclusions drawn. Each included study will be assessed by two reviewers independently. Any disparities in the ratings will be resolved through discussion, with a third reviewer involved where necessary. It is envisaged that methodological quality will be assessed using a tool based upon Popay's (2006) seven-point rating scale, as set out in Table 4.

Table 4: Criteria for assessment of methodological quality (adapted from Popay, 2006)

Criteria	Score 0=weak 1=moderate 2=strong
Aims and Objectives clearly stated	
Clear description of context	
Clear description of the sample and how it was recruited	
Description of the intervention (including theoretical underpinnings) and any comparator/control interventions	
Clear description of methods used to collect and analyse data	
Attempts made to establish the reliability or validity of analysis of quantitative data and credibility of qualitative data	
Inclusion of sufficient original data to mediate between evidence and interpretation	
Score	/14

Papers which score seven or more will be rated as good, a score of 4-6 rated as being of moderate quality, and studies scoring three or less rated poor. However, no papers will be excluded on the grounds of quality.

Assessment of risk of bias

For each included study, paired reviewers will independently complete a quality appraisal tool designed to assess risk of bias. The quality appraisal tool will be based on the criteria suggested by Higgins and Green (2011) which comprises a judgement and a support for the judgement for each entry in a 'risk of bias' table, where each entry addresses a specific feature of the study. The judgement for each entry will involve assessing the risk of bias as 'low risk', as 'high risk, or as 'unclear risk', with the last category indicating either lack of information or uncertainty over the potential for bias.

In the case of clinical trials, biases will be broadly categorized as selection bias, performance bias, detection bias, attrition bias, reporting bias and other biases that do not fit into these categories. For parallel group trials, the features of interest will be sequence generation (selection bias), allocation sequence concealment (selection bias), blinding of participants and personnel (performance bias), blinding of outcome assessment (detection bias), incomplete outcome data (attrition bias), selective outcome reporting (reporting bias) and other potential sources of bias.

Stage 4: Data analysis

In the unlikely event that enough quantitative data is available, this will be pooled in statistical meta-analysis. If statistical pooling is not possible, the findings will be presented in narrative form.

Where possible, qualitative research findings will be pooled using a three-stage process. In stage 1, findings will be aggregated or synthesised to generate a set of statements that represent that aggregation level (Level 1 Findings). In stage 2, Level 1 Findings will be categorised on the basis of similarity in meaning (Level 2 Findings). In stage 3, Level 2 categories will be subject to a meta-aggregation which will produce a single comprehensive set of aggregated findings (Level 3 Findings) that can be used as a basis for evidence-based practice. Where thematic pooling is not possible, findings will be presented in narrative form. Such narrative synthesis will be undertaken in line with the Guidance on the Conduct of Narrative Synthesis in Systematic Reviews. (Popay et al., 2006)

Stage 5: Presentation

At this stage, charts or visual network displays will be created to show connections within and between sub-groups. These displays will enable identification of any patterns, themes, relationships and major variables evident in the data and will allow acknowledgement of commonalities and differences identified in the data and inform the development of any justifiable generalisations.

An integrative summation of the evidence will then be prepared which will specify the limitations of the review and the new understandings and implications for practice, research and policy for presentation and dissemination through local, national and international conferences and journal publication.

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APPENDIX 1: ASSIA SEARCH

#	Key word(s)
1	“social enterprise” OR “social business” OR “social entrepreneur” OR “social firm” OR “community enterprise” OR “community business”
2	health OR wellbeing OR well-being OR well being
3	“self esteem” OR self-esteem OR “self respect” OR self-respect OR “self value” OR self-value OR “self worth” OR self-worth OR “self regard” OR self-regard OR “feeling valued”
4	confidence OR assurance OR assuredness OR resoluteness OR “sense of coherence” OR “sense of control” OR “self determination” OR self-determination OR “self management” OR self-management OR “self direct” or self-direct OR empower* OR “locus of control”
5	“hope for the future” OR optimis*
6	independence OR freedom OR autonom* OR self sufficien* OR self-sufficien* OR self-help OR self-improve* OR self improve* OR self relian* OR self-relian*
7	“financial inclusion” OR “financial control” OR inclusive financ*OR financ* access
8	capabilit* OR capacit* OR competenc* OR potential OR happiness OR agency OR “life satisfaction” OR “human welfare” OR “self efficacy” OR self-efficacy OR flourish*
9	resilien* OR adaptab*
10	learning OR education OR culture OR training
11	“healthy lifestyle” OR “health behavior” OR “health behaviour” OR nutrition OR diet OR exercise OR adoption behavio* OR cessation behavio* OR rehabilitation OR "physical activity" OR recovery OR health eating
12	“quality of life” OR “standard of living”
13	“emotional support” OR sympath* OR empath*
14	“local economy” OR purchas* local
15	“sense of belonging” OR “sense of community” OR “social capital” OR “social connectedness” OR “socially connected” OR “social network” OR friend OR family OR relationship OR social cohesi* OR “capacity building” OR “community capacity” OR social coheren* OR “community engagement” OR “community involvement” OR “local decision making” OR “influence over neighborhood” OR “influence over neighbourhood” OR “neighborhood connection” or “neighbourhood connection” OR “partnership working” OR “local regeneration” OR volunteer* OR trust OR safety OR community participation OR “social agency” OR co-operative OR cooperative OR “co operative”
16	“quality housing” OR “housing quality” OR “tenant involvement” OR “tenant participation”
17	“physical environment” OR “green space”
18	“economic security” OR wealth OR “financial security” OR solvency OR “employment security” OR “job security”
19	leisure OR play
20	tackling inequalit* OR equalit* OR fairness OR egalitarian* OR “enhancing democracy” OR freedom OR justice
21	“challenging discrimination” OR “anti bigotry” OR anti-bigotry OR anti prejudice OR anti-prejudice OR promot* tolerance OR “political efficacy” OR “reduce stigmatisation” OR “reduce stigmatization”
22	Combined search: 1 AND (2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21)
23	Limit 22 to peer reviewed journal articles, English language