

The Potential of Social Enterprise for Social Care: Literature Review

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Introduction

Increasingly social enterprises are being developed as a unique model, bridging the public-private sectors of the economy and the “not for profit” or Third Sector. The political expectation that social enterprise organisations can be an alternative provider of the health and social care sector has gained momentum over the last few years.

Current legislation in Wales, now requires local authorities to specifically commission social enterprises to deliver social care services and there is an increasing recognition of an untapped potential these organisations may have in delivering social care. Despite these expectations and interest, little is known about the *actual* capacity of social enterprises to deliver social care services and if so, what factors can support their growth and impact. To inform this debate and contribute to the development of practice, the Wales School for Social Care Research initiated a review of current literature about social enterprise within the social care sector.

A review of published material in academic journals, surveys and statutory policy and guidance was reviewed between January and July 2017. The purpose of the review was to discover:

The extent to which social enterprise organisations are already delivering social care services?

What specific challenges do social enterprises face in providing social care services and how can these be overcome?

Knowledge to support policy, practice and citizens develop social enterprises that have a positive impact.

This review of current literature explored several questions about how to best support the capacity of social enterprise services to deliver social care services. Some of the key findings are as follows:

- Evidence of social enterprises operating as social care providers is limited in the UK and in Wales, even though it is nearly 2 years after introduction of the *Social Services and Well-being (Wales) Act 2014* (Cowie and Jones, (2017).
- The Social Enterprise Coalition report (2011) has identified a map of social enterprise services across the UK. Only 9% of those organisations specifically registered as a social enterprise operated in the health and social care sector. Case examples demonstrate the positive impact and innovative potential these services can offer, as well as offering the potential for creating positive employment opportunities in local communities (Wolk, 2007).
- There is varied evidence of the impact of social enterprises. Hopkins (2007) references the positive impact of social enterprise services in employment services but find there is less convincing evidence in domiciliary care services or social housing. Buckingham et al., (2010) and Cowie and Jones (2017) point out that generalisations cannot be made about the overall impact and innovative capacity to be gained from social enterprise services. Their perceived distinctiveness from other types of services is not a guarantee that positive outcomes will be delivered.
- Services provided are generally service specific provision, such as supported living services for people with learning disabilities or specialist services (Rotheroe and Miller, 2008).
- Social enterprises as providers of general services have usually been in response to a specific set of circumstances, such as privatisation of existing services, particularly health services in England under such initiative as Right to Request (Hall et al, 2012).
- Other examples of social enterprises include individuals acting as social entrepreneurs successfully tendering with statutory agencies to deliver general services and establishing a reputable local personal care and support service (Seanor, et al, 2011).



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What challenges face Social Enterprises in providing social care services?

Three key challenges have been identified from the literature review: definitions of social enterprises, access to funding, and types of social enterprise organisations.

1. Definitions of social enterprises

Specifying precisely what social enterprises are, is the source of considerable academic and practitioner debate and analysis (Dato-on, 2016). Generally, commentators see social enterprises as operating at the interface between the private and public sectors of the economy and are closely associated with third sector organisations (Hogg et al., 2011) Described as “hybrid” organisations (Doherty et al, 2014) the term might best be seen as an “umbrella” term, that denotes a variety of different structures and a continuum of employee/user ownership and involvement (Addicott, 2011).

A consistent message from studies across several different disciplines is the need for clarity regarding the nature of social enterprises (Lyon and Sepulveda, 2009); Teesdale (2012). For social enterprise organisations operating within the social care sector, this is important for the following reasons:

- Differentiation from other provider organisations operating in the same sector will enable them to reference and market their unique model to potential users of their services (Dickenson et al, 2012).
- User/employee involvement or ownership can be a distinguishing feature of social enterprises, consistent with their social mission and values (Frith, 2014).
- Clarity of their mission and purpose is necessary to demonstrate their innovative potential as well as financial governance (Macmillan, 2010). This has been identified as important if social enterprises seek public funds.
- Reinforcing the “triple line” of social enterprise (social value, profits and environmental benefits) establishes them as an alternative service provider that does not necessarily have to conform to the private or public model of service provision (Hunter, 2009).
- What a social enterprise is and what it does, may be more easily understood within the context in which they are active and their relationship to other sectors of the economy. In other words, the context is critical.

2. Access to Funding

- Social enterprise organisations operating within social care sector are affected by the same issues facing all social enterprises. Sunley and Pinch, (2012).
- Public sector contracts are important to social enterprises as a major source of funding, without which social enterprises may not be able to operate. (Needham and Carr, (2015); Roy et al (2014).
- Continued reduction in public sector funding has affected the commissioning relationship between statutory bodies, private and Third sector providers. Hall et.al (2012); Munoz, (2009; Villeneuve-Smith and Blake, (2016).
- Public sector commissioning arrangements can be bureaucratic and competitive, requiring significant investment of time to complete the tender process with no guarantee of a successful outcome. Defourney, (2007; Baines et al, (2010).
- Social enterprise organisations because of size and resources may be disadvantaged by the commissioning process in comparison to the larger, private sector companies that often have national infrastructure to support them. Cowie and Jones, (2017).

3. Types of Social Enterprise Organisation

Social enterprises as well as having business and social values exhibit a variety of organisational structures and forms. The study identified that:

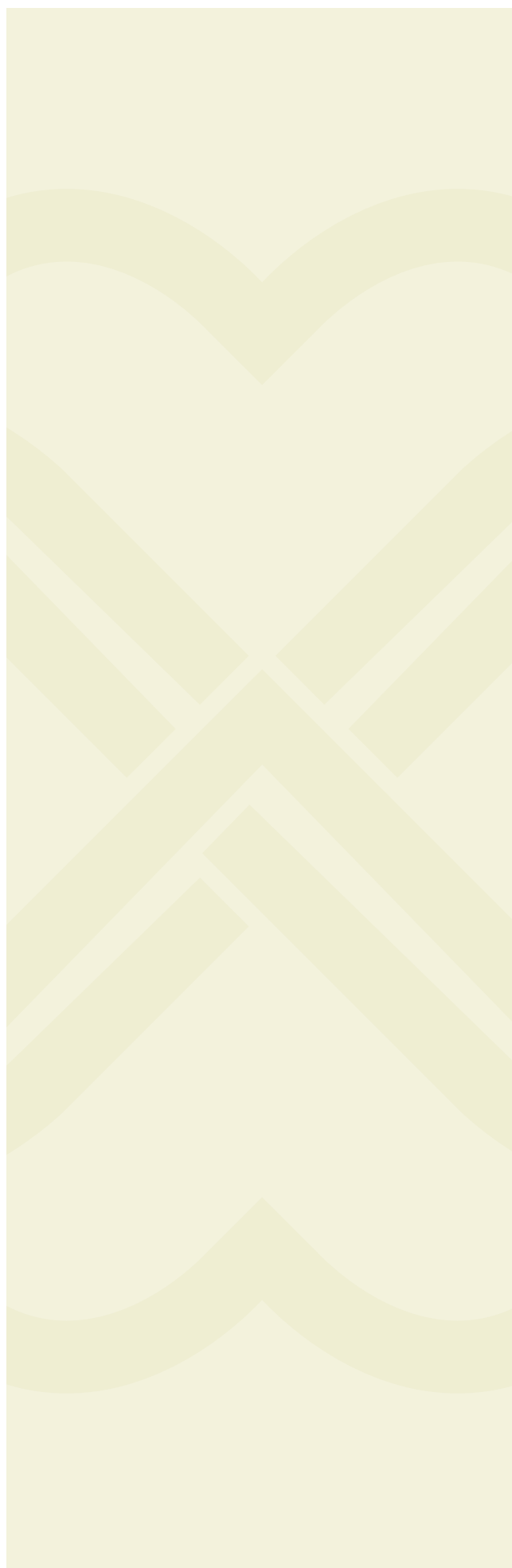
- Considerable variation existed in the extent to which social enterprises were owned and controlled by staff or users of the service, with some being indistinguishable from traditional, hierarchical organisational structures that have a CEO, Board of Directors or Trustees, supervisors and frontline staff. Addicott, (2011); Seanor et al, (2008)

Evidence in the study identified very few social enterprise organisations that were wholly user owned and led. In Wales, Cartrefi Cymru supported living provider has the legal status of a multi stakeholder co-operative and is actively developing co-operative and co-productive structures.

Conclusions

In summary key issues have been identified from this literature review of social enterprise and social care in the UK. Despite a more permissive legislative framework which names social enterprises there is little evidence to support increased activity of social enterprise organisations delivering social care service. (Cowie and Jones, 2017). Despite their unique model and promise, several writers have identified and cautioned about the risk of continued “marketisation” of social enterprises, as a possible consequence of contractual relationships with public sector bodies (Hall, et al, 2012; Seanor, et al, 2008). Yet, innovative potential, entrepreneurship and opportunities for greater partnership between public sector commissioners and social enterprise organisations is clearly possible (Jenner, 2016).

Whilst there is no firm evidence that social enterprises are any more likely to be user/employee owned or controlled than other social care organisations, they do have the potential to deliver new (co-productive) models of social care services (Lewis, 2006; Pearce, 2003).



Social Enterprise and Social Care

In recent years there has been an increased interest in the economic and social contribution that social enterprise organisations can provide within the United Kingdom. A survey commissioned by Social Enterprise UK identified that the 70,000 organisations registered as social enterprises in the UK contributed over £26 billion to the UK economy and employed approximately 800,000 people (Villeneuve-Smith and Temple, 2017).

A significant fact identified in the survey was the locality focus of social enterprises, of whom over a fifth were particularly active in economically and socially deprived communities, employing over half their workforce from the local area. Social Enterprise UK also identified public sector funding as the main form of income for 20% of social enterprise organisations over 5 years old and establishes a direct relationship between the public and not for profit sectors of the economy. However, only 9% of current social enterprise organisations registered in the UK, operate within the health and social care sector (Social Enterprise Coalition UK, 2011). Villeneuve-Smith and Temple (2017) note the economic contribution they make, as well as the potential they offer for increased employment opportunities, community regeneration and delivery of services.

Social enterprise organisations sit within that broad church of services generally referred to as the third sector (TSO) 'not for profit' or voluntary services. In the UK these services have been a continuing presence of social and health care services, both prior to and since the introduction of the welfare state. However, these have largely been in *addition* to statutory provided services, often providing either specialist or preventative services, working alongside statutory services. In recent years there has been an increasing interest in TSO, especially social enterprise organisations as providers of services, *instead* of those directly provided by statutory agencies, or private for-profit organisations. Recently, social enterprise organisations have been actively encouraged in England, either as a way of increasing capacity within direct social care services such as domiciliary care, and or as a way of reducing costs of service provision (Miller et al., 2013). Initiatives such as the Social Enterprise Investment Fund, introduced in England in 2007, was a specific scheme to increase the number of social enterprise community organisations. Scotland has also developed initiatives to support the development of social enterprises.

Social Enterprise in Wales

In Wales there is a similar focus to that noted above, for example, Section 16 of the Social Services and Well-being (Wales) Act 2014, places a specific duty on local authorities to actively work with TSO to support and develop social enterprise organisations as alternative providers to the existing private (for profit) and public (means tested) services. In Wales, the government is developing a statutory framework around adult social care, promoting the foundational economy as a model and expanding the role that the "not for profit" sector can play. Social enterprises are seen as making a major contribution to the development of Alternative Business Models (ABM) potentially as a counterbalance to current public/ private dichotomy of social care services (Cowie and Jones, 2017).

Aim of this Review

This review of published literature, may be of interest to both current and future social enterprise organisations, to commissioners of social care services, and the wider public including current and future recipients of social care services. It is not intended as an exhaustive survey of all academic studies of social enterprise organisations. What it is intended to explore, is the relationship between social enterprise, the emerging debate of co-production in developing citizen led social care services and the statutory context at both central and local level at which these debates are taking place.

Social enterprise organisations occupy a specific space in society between public sector funded services and those provided by organisations primarily concerned with generating profits. As such social enterprise organisations can share characteristics of both private and public organisations. Some attention is therefore required to explore the ways in which social enterprises are defined. This review will begin with an overview of those studies concerned with definitions and will particularly focus on organisations working within the social care sector. A more detailed exploration of social enterprises currently providing social care services is also included to establish useful insights from organisations already active in the social care sector. A review of the literature considering how social enterprise can be developed, specifically barriers and incentives that would support their development is included. Finally, a review of the literature concerned with the implications and opportunities for organisations working within social care sector is canvassed.

Methodology

A search of published material was undertaken using literature from peer reviewed academic journals, government policy statements, primary and secondary legislation across the devolved UK governments and studies from independent educational charities since 2006. The time delimiter of 2006 was selected to manage the volume of material identified. This date coincided with the publication of *Our Health Our Care* by the then UK Labour government, which saw social enterprises as key in delivering high quality health and social care services. This policy paved the way for the 2008 Right to Request scheme, which enabled NHS staff to form social enterprises delivering health care services (Miller, et al, 2012). The exception was where material was recognised as having original value and contribution to the study of social enterprise, for example Pearce's 2003 study *Social Enterprise in Anytown*.

Between January and July 2017, a search of bibliographic databases was undertaken, using key words of 'social enterprise/adult social care', 'social enterprise/health care'. Initial searches identified national and international studies that led to other related areas of research. For example, articles on TSO working within the health and social care sector, naturally led to research articles on the integration of services, either between Health and social care partners, or across different local authorities. Studies focussing on commissioning arrangements, either between statutory organisations and TSO, or joint commissioning arrangements between Health

and local authorities contracting jointly with TSOs were also considered. This was due to the significance of funding streams to TSO and the commissioning/procurement relationships between statutory services, TSO and private/for profit organisations. A wide and diverse range of journals from business management, voluntary sector and specialist, professional journals was used. In addition, a web-based search was also undertaken using the same criteria.

The review focusses on the following 4 questions:

1. How do definitions of social enterprise help our understanding of their contribution to Adult social care services in Wales?
2. To what extent are social enterprises already active within Adult social care services?
3. What are the incentives and barriers affecting social enterprise organisations operating within the health and social care sector?
4. What implications might the recent social care and health legislative changes and policy initiatives have for service users, social enterprise organisations, health services and local authorities?

1. Definitions and Models of Social Enterprise

Before exploring the specific literature review questions, it is important to understand how social enterprises are defined. This has significance because of their relationship to other providers also working within the social care sector – primarily for profit and retained in house provision of local authorities. Secondly, the increased interest in social enterprise has been within a wider narrative of the cost, capacity and quality of social care services (Alcock, 2010.) This is alongside the increasing belief that social enterprise organisations can deliver services with lower costs and with greater innovation than statutory or private providers (Cowie and Jones, 2017).

Lyon and Sepulveda (2009) identify the importance of clarity in definitions because of the increasing attentions and expectations of social enterprises on the part of policy makers. Definitions are also important in establishing a common vocabulary and shared understanding of the subject matter. Dato-on (2016) suggest the lack of definitional consensus should not minimise its importance and endorses Wolk's appreciation of social enterprise because of "... its ability to serve as an engine of innovation, job creation and economic growth". (Wolk, as cited in Dato-on, 2016, p2.) This lack of clarity is further compounded by different and distinct terminology such as Social Enterprise, Social Entrepreneurship and Social Entrepreneurs and used interchangeably Frith, (2004).

There is therefore imprecision about the meaning and constitution of social enterprises and confusion as to how their potential can be most effectively utilised within social care. This contestation is evident in the following definitions.

In 2002, official government definition states that social enterprise organisations have,

"... primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners" (Department of Trade and Industry 2002, p7).

In the same publication the then Prime Minister, Tony Blair identified the potential costs savings to public services that social enterprises could offer. He stated that they offer,

"... high quality, lower cost products and services" (ibid, p5)

It goes on to state that,

"Social enterprises tackle a wide range of social and environmental issues and operate in all parts of the economy. By using business solutions to achieve public good, the Government believes that social enterprises have a distinct and valuable role to play in helping create a strong, sustainable and socially inclusive economy, (Department of Trade and Industry 2002, p13).

Whilst these two above definitions emphasise the economic and business nature of social enterprise organisations, their social objectives and contribution to the communities in which they are located are defining characteristics. This emphasis is clear in the Department of Health definition below which states that social enterprise organisations,

“... are fundamentally about bringing business approaches to achieving public benefit” (Department of Health 2011, p9)

The EMES Research Network have a wider definition, of social enterprises that is characterised by the organisation's entrepreneurial activity, their pursuit of social aims and a participatory governance structure. (EMES, 2011).

In Scotland, social enterprise is a well-established tradition and is defined by the Scottish government as:

“Social enterprises are businesses that trade for the common good, rather than the unlimited private gain of a few. They tackle social problems, strengthen communities, improve people's life chance and protect the environment. They reinvest any profits to deliver on this social purpose”. (Social Enterprise in Scotland Census, 2015, p6)

In Wales, recent social care legislation places a duty on local authorities to promote,

“... social enterprises, co-operatives, user led services and the third sector in the provision of care and support and support for carers...” Social Services and Well-being (Wales) Act 2014.

In the above legislation, social enterprises are characterised as undertaking activities that benefit society and:

- (a) generates most of its income through business or trade
- (b) reinvests most of its profits in its social objects
- (c) is independent of any public authority
- (d) is owned and controlled in a way that is consistent with its social objects.

(The Social Services and Well-being (Wales) Act 2014).¹

There is a high degree of compatibility between the Scottish and Welsh definitions of social enterprise organisations. The 2015 Scottish Census on social enterprise summarises the principal characteristics as being:

- Undertake trading activities in the “marketplace” but their main aim is to have a social and or environmental benefit;
- Any profits” assets are locked” – they are reinvested back for the benefit of the people whom the organisation exists to serve;
- If the organisation ceases to exist the assets are reinvested in a similar company;
- The aim to be financially independent because of their trading activities;
- They are outside of the direct control of statutory bodies such as local government or the NHS.

Social Enterprise in Scotland Census (2015, p6).

Granados (2011) makes a potentially helpful contribution to the definitional debate stating,

Social enterprise is an organisational form with primarily social drivers that undertakes innovative business operations to be auto-sustainable and guarantees the creation, sustainment, distribution and/or dissemination of social or environmental value. Therefore, economic drivers are means to a social end, not the end. (Granados 2011, p198)

Defining Social Enterprises by their Organisational Structure

Social enterprise organisations do not have the same structure even though various terms such as mutual, employee owned; co-operative are used synonymously with social enterprises. However, these have different meanings and represent different organisational structures. For example, a social enterprise can be owned by its employees, but it is not a requirement they do so in order to be a social enterprise, or to qualify for the social enterprise “mark”. Similarly, there are some TSO that are employee owned but are not mutual organisations.

Addicott (2011) drawing on the work of Girach and Day (2010) and Ellins and Ham (2009) describe the different types of organisational structures within TSO and differentiates them according to direct and indirect employee engagement. This is a potentially helpful defining characteristic and one with relevance to the development of services delivered by social enterprise organisations, particularly in relation to health and social care. What is also apparent, but perhaps less explicit, is that social enterprises can be constituted with different organisational structures and ways of working, particularly in relation to employee ownership and engagement and incorporate co-productive service models. Addicott (2011) concludes that it is better perhaps to see social enterprise as an “umbrella term” that encompasses different organisational structures with varying degrees of employee ownership and engagement. For example, the Welsh government differentiates between social enterprise organisations as specific entities and the social economy that includes an array of different organisations working outside of the public and private sector, those organisations are loosely defined as the Third Sector.

¹ Available at: <http://gov.wales/topics/health/socialcare/act/?lang=en>.

Defining Social Enterprises by What They Do

As Lewis et al (2006) point out, the terminology used can serve to bewilder and confuse, rather than enlighten. One possible helpful approach may be to distinguish between what social enterprises do – the specific activities they undertake and what they are within the context in which they operate. Whilst there may be disparity about the precise nature of social enterprise, there is a consensus that they operate outside the public and private sectors and that their focus is to use any profits generated, to enhance and develop social/environmental aims. Their existence therefore is to a large extent determined by their relationships with both the public and private sectors of the economy. A useful reference is the seminal work of Pearce (2003) *Social Enterprise in Anytown* where he defines the following elements of social enterprises. They have:

- a primary social purpose to benefit the community or a specific beneficiary group;
- engage in trade – exchanging good and services;
- be non-profit distributing so personal financial gain is limited; hold assets “in trust” and not sold for individual benefit;
- be run on democratic lines as much as possible; and be accountable to their “constituency”. (Kay et al, 2016).

In this way, what a social enterprise is and what it does, may be more easily understood within the context in which they are active and their relationship to other sectors of the economy.

Defining Social Enterprises by their Relationship with Private and Public-Sector Organisations

Social enterprises share some of the features of organisations working within different sectors of the economy. These are the First, “for profit” predominantly privately-owned organisations generating profits for owners and or shareholders; the Second or public, statutory bodies who derive their income from central government or financial contributions from service users and the Third sector, or voluntary organisations who receive funding either from charitable donations, government or public-sector grants or commissioned services. There is considerable research to support the fact that social enterprises make a significant economic contribution to both local and national economies Villeneuve-Smith and Temple (2017). Addicott’s (2017) study in Wales, identified that the social enterprise sector generally employs over 38,000 people and contributes 1.7billion to the Welsh economy. Both studies identify that social enterprise organisations have a direct relationship with public sector organisations, particularly local authorities who since the global financial crash in 2008 have experienced continuing financial austerity and long financial retraction of resources. This affects all social enterprise services, not only those active in the social care sector. However, as there is an established pattern of grant funding to TSO, including social enterprises, the uncertain financial circumstances of public sector services have a direct impact on the security and sustainability of TSO including social enterprises. Wales Co-operative Centre, (2015). Addicott (2017)

evidences that between 2010 and 2014 there was a reduction of £110 million in grant aid to third sector organizations (Welsh Government, 2014). She comments that

“When 34% of third sector funding is from government sources including 18% from Welsh Government and national, and 13% from local government and health board (WCVA, 2014), the impact of diminishing funding has been significant and presented huge challenges for voluntary sector management in achieving the survival and sustainability of their organizations” Addicott, (2017, p82).

Whilst there has been a reduction in resources there has been a rise in the demand from an increasingly ageing and dependent population. Whitelaw and Hill (2013) In part, this has led to an increasing trend within local authorities to “outsource” services they previously provided to providers operating within the First “for profit” sector of the economy and to reduce or cease grants to Third sector/voluntary organisations. Cowie and Jones, (2017, p8) identify between 2010 and 2014, there was an overall reduction in the number of domiciliary care workers employed by local authorities and a commensurate increase in the numbers employed by the independent (for profit and Third sector/ not for profit) organisations.

In the United Kingdom, this trend of local authority services outsourcing, has moved the focus away from the second (public) sector toward the first (for profit) sector. This has happened over several years for both economic and ideological reasons Alcock, et al, (2010) and have been explored extensively in a wide literature. However, in recent years people’s experience of the quality of social care and health services and trust has also been undermined and eroded by the exposure of abuse within institutions and care services. Incidents of institutional abuse such as Winterbourne View; Bristol and Liverpool Children’s hospitals investigations, media coverage of the capacity and reliability of private home care domiciliary services, being just a few. This has been alongside rising expectations that health services along with social care and support should be person centred, with people retaining as much control and choice over their lives as possible. All three social care Acts in England, Wales and Scotland explicitly refer to the need for services to be “person centred (Health and Care Act 2013) that services should be co-produced/directed by the individual and or their family (Social Services and Well-being (Wales) Act 2014 and the Social Care (Self Direct Support Act) (Scotland) 2013. Since 1997, the option for social care services to be provided via a Direct Payment or an individualised budget has been available to people in the United Kingdom who have been assessed as eligible for local authority services (Scourfield, 2007). Similarly, there is an expectation that health care will be person centred and that patient involvement will be a feature of clinical Commissioning Groups and user representation on Public Partnership Boards.

Although this review included a diverse range of material, from several different perspectives, studies from within Business or Management disciplines tended to predominate the literature. The focus of these studies is from an economic and entrepreneurial perspective rather than the social, educational or community impact. This is significant for three reasons: one, that it limits the focus to economic issues, marginalising the social mission and values of social enterprise; secondly, it takes as uncontested the belief in the free market and the validity of neo-liberal economic values and thirdly, as a direct consequence minimises the transformative and radical contribution social enterprise can offer to communities and the wider society. Pearce (2002) identified the dilemma facing social enterprise in terms of “radical” and “reformist” options. That is, whether social enterprise organisations work within free market economic values to create social benefits, or explicitly model alternative values, using a variety of economic methods to contradict the profit maximisation ethos. Whilst these distinctions might appear esoteric, critical analysis of these concepts has a significance in the way the debate can lead to innovative forms of support and achieve a potentially transformative impact on people’s lives. A King’s Fund report (Lewis et al, 2006), differentiates the “choice” and “voice” dichotomy inherent within reform of public services and the contribution social enterprise organisations can make in delivering alternative organisational structures and relationships between commissioners-providers and service users.

This section of the review has canvassed the many ways in which social enterprises are defined and classified. Perhaps it is useful to adopt the approach suggested by Dato-on (2016) who argues for a “multi-dimensional approach” in conceptualising definitions of social enterprise, to enable practitioners and organisations active in the field, a better understanding of the role, position and contribution of social enterprises. Along with Martin and Osberg (2015) she challenges the notion that practitioners (either as individuals or as organisations) are not active contributors to research and that the lack of multi-dimensional definitions hinders their contribution in challenging the “status quo to seek new, more just-equilibrium states”. (Dato-on, 2016). This notion that social enterprise and social entrepreneurship can provide a critical reflection and commentary on society is significant particularly within the context of social care services. It has the possibility of challenging taken for granted assumptions about who provides social care services, the way those services are organised, creating the opportunity for new models of service to be developed. The following section reviews some of those studies looking at social enterprise organisations providing social care services.

2. Social Enterprise activity within Social Care Services

Across the literature reviewed it is possible to detect an increasing interest in social enterprise organisations as potential providers of both health and social care services on the part of governments across the four UK nations. In England for example, there has been an explicit policy agenda to introduce increased competition within the NHS and an explicit intention of creating a greater degree of innovation and entrepreneurial spirit within public services. (Department of Health, 2006). In 2008, the Social Enterprise Pathfinder Programme was launched which promoted social enterprise organisations as alternatives to publicly managed services. The Transforming Community Services programme introduced the Right to Request scheme in 2006, and with funding from the Social Enterprise Investment Fund, enabled employees in setting up health services as social enterprises. The later *Right to Provide* scheme, extended this more widely across the public sector and encouraged staff to “spin out” of statutory services and establish social enterprises (Hall et al, 2012).

Moreover, the three landmark social care acts in the United Kingdom have created a more permissive environment for current and emerging social enterprises in the social care sector. In Northern Ireland, strategies and statutory arrangements are less well developed, with the emphasis on moving from acute settings towards community-based services. However, recent study by O’Connor (2017) indicated an enthusiasm and opportunity for social enterprises recruiting from within local communities, operating alongside private providers. The potential to contribute to community-based

forms of support to older people and assist in the delivery of integrated health and social care in Cork and Kerry Community Health organisation was recognised, as was the need for further research.

In conjunction with these changes, the Public Services (Social Value Act) 2012 introduced changes to commissioning and procurement arrangements for public bodies. These legislative changes have signalled a sea change in central government’s attitude to social enterprise within health and social care services, leading Mason’s (2016) to conclude that social enterprise “is now firmly attached to public policy discourse” (2016, p123).

Against this policy shift, there is also evidence that social enterprise organisations delivering home based personal care services to adults and older people is flourishing. Smedley (2012) writing in *The Guardian* newspaper identified both the opportunities and threats facing social enterprise organisations in providing social care services, as local authorities increasingly outsource services away from their in-house provision. Referencing specific social care organisations, such as Sandwell Community Caring Trust and Sandwell Community Caring Trust both of which emerged as a “spin off” from local authority run services, he references the speed at which social enterprises are now emerging. Similar organisations in Leeds, Angels Housekeeping and the SCA Group, in Hampshire, (two of the largest social enterprises providers of personal social care in the UK) are examples of

individual entrepreneurs creating a range of personal home care and support services. Geoff Walker, Chief Executive of Sandwell Community Caring Trust identified significant cost savings from reduced absenteeism, management and back office costs. The social enterprise was established in 1998 and in the first 10 years of operating, saw staff sickness reduced from 30 days a year to less than 1 day a year.

Whilst there are opportunities and potential for social enterprise to deliver services previously provided by local authorities there are also significant challenges identified in the form of competition from large, national private agencies who offer lower hourly rates to local authorities. Commissioning and contracting specifications of local councils can lead to hourly rates being driven down, with only minimal time for care visits being allowed to reduce costs. Mills, from the SCA Group reported that her organisation has “walked away” from tenders due to the level of care it was required to provide not being achievable within the costs specified in the contract specification, stating that they “have been making a lot more of those decisions”, quoted in Smedley (2012) *theguardian.com* 12/12/12 07.30 accessed 12/7/17.

Whitelaw and Hill’s (2013) study of European Union funded projects reviewed several services provided by social enterprises for older people in rural communities across four northern European countries and evidences the challenges involved in establishing social enterprise organisations. She identifies social enterprise activity across a range of community-based services (transport; meals; social activities and information technology) The research is significant in that the projects revealed that even where funding and support to establish and sustain the services was available, many obstacles and barriers impeded the development and continuation of the services. They state,

“In the light of our experiences, we conclude that even where governments’ “drive “and communities “support” such an ethic, a social enterprise model might not be achievable or sustainable” (Whitelaw and Hill, 2013, p270)

Rotheroe and Miller’s (2008) case study of a social enterprise providing services to children and families with Attention Deficit Hyperactivity Disorder (ADHD), working from a participatory service model, considered the impact a multi stakeholder approach had in achieving positive social outcomes and social inclusion for the children. The purpose of the stakeholder approach was to minimise marginalisation and isolation, one of the consequences of ADHD. Drawing on ethical theory which emphasises the agency of people rather than as purely users of services or ‘objects’ of a policy or process, recipients were conceptualised as “stakeholders”. This expands the opportunities for collaborative practice, empowerment and self-determination of the individuals involved. Rotheroe and Miller, (2008) consider that this approach adopted within the ADHD Foundation was achieved because of the specific values and approach of the organisation adopted within the social enterprise. They also identify the benefits this approach, and the model had in achieving positive outcomes for families – minimising school exclusion and promoting engagement in community and social activities which generated social capital, reducing dependency on specialist health and social care services.

Put simply, working with children and families affected by ADHA as equals and placing their needs and concerns at the centre of what happens in health and social care services achieved better outcomes. Rotheroe and Miller (2012) consider that this approach has significance to the “modernisation” agenda of public services of moving away from a “top down” approach to one of engagement, collaboration and co-production. The social enterprise model and approach was a key factor in these outcomes.

In Wales, the Welsh government has placed social enterprise as a critical component of its social policy strategies to deliver “citizen centred Social Services”. Section 16 of the Social Services and Well Being (Wales) Act 2014, places a duty on local authorities to develop alternative business models (ABMs) for their services and for local authorities to promote

“the development ... of not for profit organisations to provide care and support and support for carers and preventative services. These models include social enterprises, co-operative organisations and co-operative arrangements, user led services and the third sector”. (Code of Practice Part 2, chapter 4)

However, despite the increasing attention and belief that social enterprises will deliver future social care services and increased activity of social enterprises active within the social care sector, there is limited academic evaluation of their services. This is especially so in relation to the capacity of social enterprise organisations to have alternative organisational structures that have high levels of user and or employee control and co-production of services. A brief consideration of the relationship between social enterprise and co-production is provided in the next section.

Co-production and Social Enterprises

There is very little evidence to support the assumption that social enterprises operate with democratic, collaborative values and practices, or are user led organisations. Whilst there are examples of social enterprise organisations working and having the legal status of a co-operatives in the social care sector Cartrefi Cymru supported living service, being the largest example in Wales), This has significance for social policy, because of the belief and expectation that social care and health services will be improved, more “person centred” and “co-produced” between employee and recipient, simply because it is provided by a social enterprise organisation. The diversity within the social enterprise sector, and their different organisational forms- some more inclusive of employees and users than others is an area which requires more detailed analysis.

As with the term social enterprise, different meanings and interpretations can be ascribed to co-production within practice. In a recent publication by the charitable educational organisation, NESTA Boyle and Harris (2009) recognise the innovative and transformative potential co-produced social care services have for individuals and communities. However, without an agreed definition or appreciation of its origins, it’s full value and implications for social care will not be realised.

They define co-production as,

Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change. Boyle and Harris (2009, p11)

They reference the definition of co-production adopted by the Scottish government which focusses on the voice of service users being heard within commissioning groups and service delivery. The Scottish Government (2011) definition is,

"... professionals and citizens making better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency..."

(Loeffler et al., 2013, p23)

Similarly, the Welsh government's definition of co-production is,

".. the concept of genuinely involving people and communities in the design and delivery of public services, appreciating their strengths and tailoring approaches accordingly....it is fundamentally doing things 'with' rather than 'to' people". Wales Audit Office (2015) A Picture of Public Services 2015

Boyle and Harris provide an example of how co-produced services can use non-monetary means to access services. Taff Housing, in Cardiff has negotiated with leisure services in the city for tenants to earn credits by volunteering their time to help deliver the services of the housing association. Credits earned, rather than monetary values are used to access in several sport and arts-based services. Co-production is characterised by reciprocity, inclusivity of individual's strengths and skills and collaboration. Boyle and Harris (2009, p14).

Munoz's study in Scotland (2013), specifically investigated the relationship between a community development approach to home based personal care services, in rural areas and the implications of co-producing those services for might have for members of the community

She identified several factors that affected the development of the services. Most significantly, she identified a divergence between the goals of the health and social care commissioners on the one hand and the goals identified by the emerging community organisation on the other. The aim for commissioners under their Reshaping Care for Older People strategy, was to deliver integrated health and social care and specifically to co-produce home care services. This goal was shared to an extent by the community group, but they prioritised economic factors such as opportunities to increase paid employment. These factors have significance for policy makers and practitioners in experimenting with different and more egalitarian commissioning arrangements and models of services.

The relational nature of co-production is stressed by Glynos and Speed (2012) who distinguish between the transformative potential of co-production from its "additive" dimension, in which the effort of volunteers and or communities are added to or sit alongside the work of professionals. Whilst professionals and service users work with each other, the basis on which service is provided, directed or controlled by users themselves may not necessarily change. As with the definitions and understanding of the term social enterprise, the specific meaning ascribed to co-production has consequences for practice, in the way services are constructed and ultimately impact upon people's experiences.

3. Incentives and Barriers

From this limited literature review, a newly emerging, permissive policy environment in the UK can be detected. In this section, consideration of the factors that would constitute a supportive environment for social enterprises to thrive and those factors, from the point of view of social enterprises that impede their growth. The legislation and statutory guidance is a major incentive for social enterprise organisations to develop. In Wales the duty on local authorities to develop Alternative Business Models is a specific requirement and one which could form part of the annual performance evaluation of Social Service departments. Reference has been made to the introduction of the Social Enterprise Investment Fund and the Right to Provide scheme in England as further examples of a more supportive environment for social enterprise organisations and the Third sector generally. Health and social care legislation and policy statements across the four home nations, all reference the importance of social enterprise to the delivery of "modernised" independent services located outside of local authority and health services.

The intentions of legislation and policies are various. Whitelaw and Hill (2013) succinctly comment that;

Such models [social enterprise], with their perceived potential to engage citizens and the third sector in the design and delivery of services based on local need and resources is considered, in ideal terms, to: promote social inclusion (Ellis, 2010); help restore, or maintain, the vibrancy of communities (Aigner et al., 2001); harness the latent entrepreneurial power of citizens (Dwyer, 2003); and, engender innovation and efficiency. Whitelaw and Hill, (2013, p270)

However, they also identify a potential "capacity deficit" within communities in which these services are needed and which impact upon the sustainability of social enterprise organisations. There is a tension between dominant free market values and practices on the one hand and mutualism and co-operative approaches on the other.

A study by Hall et al (2012) analysed the motivations of NHS staff who invoked the Right to Request and under this scheme established a social enterprise. The report highlights some of the factors associated with the development of a social enterprise. This study identified several “push” and “pull” factors that were instrumental in the decision of staff to invoke the Right to Request scheme. They summarise the motivations of staff into three broad areas- “improving outcomes”, “empowering staff” and “escaping” from the service they worked in. Central to the decision was the extent to which staff felt they had a choice in the matter – the perception being that the service was likely to change irrespective of their views and actions. In their view, the social enterprise option was the more palatable option than working for alternative private (for profit) providers. Hall et al (2012) comment that there was a fortuitous blend of circumstances, of staff feeling they were being “pushed” by their organisation (and by extension government policies) but also willing to be “pulled” out of current employment arrangements and “break free”. The experience of staff was that whilst they were motivated to move into a new way of working and establish a social enterprise, this was due to “top down decisions, rather than a grass roots initiative. Hall et al (2012) comments that their,

“... findings suggest a narrative that stresses the “positive” benefits of spinning out combined with a “threat” of what might happen if not pursued may be the most effective in persuading public sector staff to take up the social enterprise option.” Hall et al, 2012, p60)

Hall et al’s study has significance as the momentum for changes in public services, particularly social care and community health services, continues to grow. Of interest in Wales is the extent to which section 16 of the Social Services and Well- Being (Wales) Act (2104) will be achieved by local authority Social Service departments. Cowie and Jones, (2017) identifies that 18 months on from the implementation of the Act, this area remains underdeveloped and with limited success in new social enterprise emerging.

Similarly, Frith, (2014) considers the potential of social enterprise organisations to generate “ethical capital”. Whilst her study into social enterprise organisations as a “spin out” from the Health services recognised the relatively underdeveloped status of this concept, it has helpful considerations that are relevant to people working at the interface of public sector and third sector services. Ethical capital is defined as “mobilising moral values” Bull et al, (2010, p252) and Frith (2014) identify several key factors of ethical capital that have relevance for social enterprise organisations wanting to add value and have a transformative impact in the communities they work. Baines identified that it is useful for social enterprise organisations to consider and clarify:

- their aims and objectives-who are their stakeholders; how are the business and social aspects of the organisations reconciled; what does the culture look and feel like to staff and to its users and to the wider community; what is the reputation of the organisation?
- What is it like for employees to work in this organisation; for example factors such as the conditions of their employment, would they be affected by TUPE (Transfer of Undertakings Protection of Employment); are the

arrangements for staff moving from public sector terms and conditions the same for all staff; what are the Human Resource Management policies like – sickness, holiday, staff absence/work/home life balance

- How are decisions made – what is the model of employee involvement and contribution to decisions that are taken; what form of model is appropriate – e.g. a co-operative ownership model such as Cartrefi Cymru Co-operative.
- How are profits generated to be managed and what is the business model that will be used?
- What is the organisational structure of the organisation, for example is it managed along hierarchical lines, or does it have democratic/co-operative (one member, one vote) decision making structures.

Frith (2014) along with Rotheroe and Miller (2008) has identified that social enterprise organisations working within the specific values of collaboration and co-production have the capacity to generate ethical and social capital. They consider the potential for social enterprises to achieve social inclusion would also be attractive to the private sector and that there is scope for private sector/social enterprise partnerships in this area. However, this requires strategic direction and coordination which they consider is the responsibility of the statutory commissioning bodies, but there is limited evidence that this is taking place.

Impact of commissioning arrangements for the development of social enterprise organisations

The commissioning relationship and arrangements between statutory bodies such as the NHS and local authorities has critical impact in the development of social enterprise organisations, particularly in relation to adult social care. Defourney (2008) identified the significance of public sector contracts to social enterprises but equally recognises the restrictive commissioning and procurement arrangements that they face when competing with private companies that can be subsidiaries of larger national or multinational organisations.

Needham and Carr (2015) also identify the difficulties social enterprise organisations face both in attracting sufficient start-up money and sustainability in the early years before a stable operating financial basis can be guaranteed. Relationships with commissioning bodies, is a vital factor in securing sources of finance for these organisations, but also carry significant risks arising from the perceptions and understanding of commissioners and the specific contractual requirements these organisations can impose.

Indeed, several studies have identified significant hurdles for social enterprise organisations to overcome, particularly those newly formed or emergent organisations. Baines, et al (2010) reference the bureaucracy of the commissioning process as being unhelpful to Third Sector organisations and that commissioners are not fully aware of the range of services and potential within the Third sector. Also, the Third sector is perceived as not sufficiently “business like” or does not have an “entrepreneurial mindset” or capabilities. Addicott (2017)

However, in a more recent study considering the sustainability of social enterprises within Scotland and Australia, there was evidence that "...contemporary social enterprise leaders identify a strategic growth orientation associated with commercial outcomes as the primary driver for sustainability of their ventures". Jenner (2016, p14). Whilst this study was across a wide range of organisations defining themselves as social enterprise and therefore not exclusively those organisations operating within the social care sector, it does evidence a more well-developed business approach than previous studies have suggested.

Of note is the 2017 study of Welsh social enterprise organisations by Addicott of the entrepreneurial acumen and insight of women managers working within registered charities in Wales. The research identified that the "entrepreneurial spirit" was evident in these organisations, either because it was a philosophy of the individual manager, that being "business like" was necessary for the organisation to be effective in their mission and sustainability, or that it was a feature of the way they instinctively acted. Addicott, (2017, p83). The research identifies that the work practices adopted by women managers in the social enterprises included in the study were consistent with the values necessary to support the involvement, contribution and collaboration of users of services. Participants in the study, identified the conventional aspects of entrepreneurialism such as innovation, risk taking, communication, drive, vision and commitment (p 83), but also saw the necessity of networking, building relationships, coaching and mentoring each other, acting as role models within their organisation, but most significantly, working across organisational boundaries to come together as a consortia, particular in the competitive world of securing public sector contracts. Addicott, (2017, p83).

Of significance in this study is the pivotal role that government can play in the growth and sustainability of social enterprise organisations. The suggestion here being that government has a key, co-ordinating role to play in co-ordinating and ensuring that successful strategic partnerships between social enterprise, government and corporations are nurtured. This is along with the contribution of specialist intermediary organisations, who can help to build capacity and sustainability within the sector. Locally, GP Commissioning groups can provide a degree of strategic direction, along with the Health and Well Being Boards and the national Commissioning board (Miller, 2014).

Frith (2014) identified a further potential legislative opportunity for social enterprises, which is the Public Service (Social Value) Act 2012. Across the UK, this legislation has permitted commissioners to consider their relationship with the Third sector and the social and environmental aspect of their commissioning and contractual arrangements, rather than awarding contracts purely on the basis of cost. There is a potential for social enterprise organisations tendering for public sector contracts to maximise this opportunity given their unique "triple line". However, there is some dispute about the reality of these changes to public sector commissioning arrangements. A recent review of the Social Value Act (White, 2017) commissioned by the Social Enterprise UK, found that whilst 57% of the respondents said they had a social value policy, 43% did not and only 13% said they were "highly" committed to social value. In addition, the survey found that the weighting procurement for social value in the tenders for public services only accounts for 2% of the total evaluation criteria.

4. Implications for Social Care, Social Enterprise Organisations

Given the array of literature concerned with social enterprise and more recently the role they can play within social care services, a key question is how does this help policy makers, practitioners and most importantly citizens understand the contribution they can make in delivering social care services? Lyon and Sepulveda (2006) and Mason (2016) emphasise that definitions social enterprises are not purely technical terms but are shaped by their relationships with other sectors of the economy. Within the context of adult social care services, those relationships are particularly shaped by the relationships between commissioners (at national and local levels) and social enterprises as potential providers. Therefore, it is perhaps important to see social enterprise within the context of and relationship to the other sectors of the economy can be potentially more helpful. As stated previously, central and devolved governments increasingly have an expectation that social enterprises are both willing and able to step into the arena of adult social care. There is a significant body of research that sees these expectations as a two-edged sword. On the one hand there are clearly opportunities for expansion and innovation for social enterprises (Miller, 2013), extending their reach into the health and social care sector; on the other, deeper ideological, existential and practical consequences for social enterprises' social and ethical mission may follow (Roy et al, 2013; Cowie and Jones, 2017).

Pinch and Sunley, (2015) reference the tensions that developing a greater commercial and business approach may have for social enterprise organisations and their social and ethical values. This is echoed in other studies within the academic literature. These have considered the tensions from several perspectives, particularly the implications for social enterprises of entering contractual relationships with local authorities or Health Boards. Roy (2016) considers that social enterprises are faced with a dilemma, in that without government support, social enterprise is likely to remain on the margins, but with government support, its uniqueness and “essence” may be lost. These considerations are apart from the capacity and appetite of either social entrepreneurs or established social enterprise organisations to move into this arena. Peattie and Morley (2008, p99) also identify the ambivalence within the sector of the compulsion to be “like a business” rather than “business like”. Similarly, Hall et al (2012) describes the “marketisation” of social enterprise as a potential consequence and risk of greater involvement with the public sector, particularly in the pursuit and potential reliance on public sector contracts as the pool of grant funding continues to diminish. Seanor (2007) and Hall et al (2012) highlight that the expectations of commissioners, the contracting framework itself and the increasing competitive nature of the tender process act as controlling forces on the way social enterprise organisations can operate. These isomorphic characteristics are based on conventional commercial, for profit business models, at the expense of the social and or environmental values.

A further issue has also to be considered here, that if government policies and the strategic direction for local authorities and Health Service are predicated on a diversification of public services into the Third Sector, the success or failure of those policies will, to a large extent be dependent on the capacity and capabilities of the Third Sector to provide those services. Jenner's (2016) recent study identified the need for government to adopt a strategic and co-ordinating role to support and develop the capacity of the Third sector and social enterprise organisations. Cowie and Jones (2017, p60) also reference the opportunity inherent in the recent legislation within Wales, but also identify the risks to the “success and sustainability” if this is to become a stable feature of the social care sector.

Peattie and Morley (2008) identify several paradoxes that arise from the hybrid nature of the social enterprise model, particularly the innovation paradox- the assumption that social enterprise organisations are inherently innovative, appears to be underpinning the belief of government and policy makers. They challenge this view and consider that this may be a product of “shoestring” budgets and financial imperatives.

From both legislation and social policies, it is evident that government recognises the potential social enterprises can provide by way of alternative models of service. What is less clear is a direct link that associates social enterprises with specific organisational structures and co-productive ways of working can be made. Furthermore, there is relatively little evidence from practice that social enterprise organisations can be automatically associated with high levels of employee or user engagement, or that goods or services produced in those organisations are in fact co-produced. This has implications both for the employees working in those organisations and beneficiaries of those services.

Lewis et al (2006, p19) argues that social enterprises organised with a mutual organisational structure, has the potential to embed democratic and participatory ways of working – giving “voice” and whilst not explicitly stated this approach can give “control” to both employees and beneficiaries. Pearce, (2003)² He does however, identify several countervailing factors that have impeded the development of these structures. These include TUPE arrangements; procurement processes with commissioning groups and financial support for start-up social enterprise organisations in their early years of growth. The importance of the financial support provided under the Social Enterprise Investment Fund, was considered instrumental in the start-up phase of new organisations. However, that Fund has now been closed and replaced by the Right to Provide, without the same level of funding attached.

² Mutual organisations are characterised by several characteristics, such as a community purpose; members not shareholders; all members have equal rights – one member one vote and there are formal structures to support the egalitarian vs participatory democracy. Lewis et al (2003, p5)

Finally, studies included in this literature review, evidence the innovation and creativity within social enterprises to deliver services in different, more socially inclusive ways which deliver better outcomes for individuals and communities. Frith's (2014) concept of 'ethical capital' and Bull et al (2010) 'moral values' are two specific examples of how the innovative paradox can be resolved. The study in Wales, by Addicott (2017) evidences how some managers, specifically women are already working

in different ways to achieve suitable services within the public sector. A recent joint review of Third sector organisations active in the health and social care sector, made specific recommendations vital for further development of the sector. These reinforce and extend the requirements identified above as necessary for sustainable growth of social enterprises (Fox, 2016).

Conclusion

Within the debate therefore there is a mix of competing and potentially contradictory narratives of cost, affordability and quality. Adding to this is the increasing expectation of central governments that commissioners of statutory Health and Social Services will develop and deliver services in different ways. It is not surprising therefore that TSO, particularly those organisations with the legal status of social enterprise, find themselves the recipients of increased attention.

There are compelling factors that make the Third sector and specifically social enterprise organisations attractive to commissioners, as a means of resolving the cost- demand-quality dilemma. There is however a danger in overestimating the ability and capacity of social enterprise organisations and the movement itself to meet the expectations that are being laid at their door. This lack of critical appreciation of the capacity and the ability of social enterprise organisations to deliver an extensive range of social care services, may lead commissioners into an intellectual cul de sac. This is, in seeing social enterprises not as *additional* service providers, but as the only future alternative providers of health and social care services. This will undoubtedly have significant consequences for the sector, particularly those social enterprise organisations working or hoping to move into the social care sector, local authorities and Health services and most significantly those people who are or will be recipients of those services.

Furthermore, it cannot be assumed that those organisations defining themselves as a social enterprise, will operate with any different service model to those used by existing private or publicly run services. Whilst social enterprise organisations are increasingly regarded as an alternative to private or publicly provided services, the existing paradigm of social care provision remains uncontested. The range and delivery of services is largely predetermined by commissioning agencies and care providers, with minimal direct control by recipients of those services. The extent to which service users have both voice in and control of, the organisation that delivers their care and support is a dimension of the debate that requires greater attention and analysis. This has considerable significance for policy makers, academics, commissioners and practitioners within the social enterprise movement.

From this limited and cursory literature review, several key issues have been identified that have affected the start-up, growth and sustainability of social enterprises generally. Those factors of hybridity; competitiveness with for – profit organisations working within a free market economy; priority of profitability over social and environmental values, along with commissioning arrangements based on price not quality, may not be conducive to the development of social enterprises. Government policy and legislation over the last ten years has sought to address some of these issues through such initiatives as the Social Enterprise Investment Fund, the personalisation of health and social care services using Direct Payments and individualised budgets and through changes to the commissioning arrangements under the Public Policy (Social Value) Act (2013). Central government and local authorities and commissioning boards appear to be looking steadfastly and singly in the direction of social enterprises to deliver the modernisation agenda of health and social care services. Inherent in this, is an agenda that consists of delivering better and more (at lower cost) public services and satisfy increasing expectations of “choice” and “control” over health and social care services. From case examples and studies there are examples of social enterprise organisations providing innovative and cost-effective services for local communities. However, these initiatives are primarily small scale and there is not an automatic correlation between social enterprises and democratic, co-productive practices. For the adult social care sector to change, greater co-ordination by governments and regional commissioning groups is required. Similarly, changes to commissioning arrangements by local authorities and Health Boards, are also needed. Perhaps most significantly, an acceptance that Alternative Business Models require the relationship between commissioners, providers and significantly users of those services to change, so that services and the way in which they are provided are based on collaborative and co-productive values.

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