power to change | business in community hands

Research Institute Report No. 20

Systematic review of community business related approaches to health and social care

February 2019

Stuart McClean, Sanda Ismail, Jane Powell, Mat Jones, Richard Kimberlee, Emma Bird, Pauline Shaw

COMMUNITY FUND

Contents

About this report

Power to Change funded this research in March 2018. The scope of the research was to conduct a systematic review to provide insight into the impact of community business related approaches to health and social care on users' outcomes. The Centre for Public Health and Wellbeing Research at the University of West of England (UWE) brought together the complementary expertise of individual researchers in the Centre to undertake this work.

The authors share the concern of Power to Change that there is a need for a much clearer understanding of the potential contribution and impact of community business related approaches to health and social care on user outcomes. Nevertheless, the views expressed in this report are those of the authors and not necessarily those of Power to Change. The following provides a much-needed and timely contribution to the evidence synthesis on the value and contribution of those approaches to health and social care.

This report presents the process of searching, screening and appraising the methodological quality and findings of studies conducted on the topic in both the UK and overseas. The papers included in this review are already in the public domain and we have ensured that contributors to the evidence we reviewed have been properly acknowledged. We did not identify any conflict of interest from the authors who conducted this review or from those whose papers were included.

Acknowledgements

The authors of this report would like to thank Suzanne Perry and Susie Finlayson at Power to Change for their support and guidance during the research.

Published by The Power to Change Trust (2019)
ISBN: 978-1-911324-21-8

About the authors

The multi-disciplinary research team based at UWE has nationally-recognised expertise in health and wellbeing, community development and participation, sustainable environments, systematic review and evidence synthesis methodologies, as well as using evidence to create change in the real world.

Stuart McClean, senior lecturer in public health

Stuart is a leader of the 'Health and Wellbeing' theme in the Centre for Public Health and Wellbeing.

Sanda Ismail, research fellow

Sanda is an experienced quantitative and qualitative researcher, with skills in the analysis of secondary data, systematic reviews and meta-analysis.

Jane Powell, professor in public health economics

Jane is leader of the Centre for Public Health and Wellbeing.

Mat Jones, associate professor of public health

Mat is leader of the 'Community Development' theme in the Centre for Public Health and Wellbeing.

Richard Kimberlee, senior lecturer

Richard specialises in evaluating complex community and health interventions.

Emma Bird, senior lecturer in public health

Emma specialises in understanding how the environment influences health behaviours.

Pauline Shaw, librarian

Pauline is the faculty specialist subject librarian, UWE Bristol.

Executive summary

Introduction

This report provides insight into the impact of community business-related approaches to health and social care on users' outcomes, in particular exploring how effective they are in delivering outcomes for users. Community businesses are rooted within a particular area, trade for the benefit of the local community, are accountable to and led by the local community and demonstrate broad community impact.

In recent years community businesses have emerged in the wider health and social care market to address factors in local communities that may benefit or harm health and wellbeing. Moreover, publications focused on the evaluation of health and wellbeing benefits of community businesses have also increased within the last four years.

Study design

The study used a systematic review methodology to address the aims of the research. The systematic review methodology carefully identifies relevant studies that have been conducted on a particular topic, rigorously evaluates how well these studies have been carried out and combines the results from these studies to address that particular topic.

Key findings

This report shows that community businesses provide a diverse range of activities, operating under various models of engagement and enterprise, and involving a variety of users. Our key finding is that health and social care related community businesses deliver on a range of health and wellbeing outcomes, such as:

- **Social connectedness –** integration, social capital, civic engagement. Evidence suggests that individuals engaged in community businesses feel more socially connected with others and this impacts positively on health and wellbeing. Improving social connectedness and alleviating the impact of social isolation and loneliness are core features of community business related approaches to health and social care. Other positive health and wellbeing outcomes, like self-esteem and physical health, often derive from these features.
- **Self-esteem –** self-efficacy, developing skills, achievement. Individuals involved in community businesses report improved feelings of self-esteem, along with feelings of purpose and meaning in life.
- **Physical health –** healthy lifestyles, food, fitness. Evidence suggests that users of community businesses perceived that their physical health had improved over time.

- **Mental wellbeing –** personal wellbeing, hope, happiness. Users of community businesses reported feeling a greater sense of hope, happiness and personal wellbeing during their time engaged in activities.
- **Quality of life –** purpose, meaning and satisfaction of place. Improved quality of life was reported by users of community businesses, particularly those who had been engaged for longer periods of time.

Overall the presence of community businesses can impact positively on local residents' satisfaction with their community/local area. Existing research into community businesses uses mostly qualitative methods, but a few studies have also used quantitative survey and mixed methods and demonstrate the challenges of conducting methodologically rigorous real-world research within local community settings.

Conclusions

Our study shows that community businesses deliver benefits for users that could be at least as effective as traditional models of health and social care but more research is needed to provide robust and evidence-based comparisons.

Next steps and recommendations

Community businesses can fill a gap in existing health and social care services within local communities. Tailored more to the needs of specific local geographical areas, with resources and profits reinvested, community businesses can be more than an adjunct to formal health and social care provision. However, as there is little high-quality evidence on community businesses for health and social care, further work is needed on:

- researching the range of diverse stakeholders involved in community businesses, including the local communities that may benefit indirectly from their activities.
- community businesses improving how they evaluate and provide evidence for the effectiveness of their activities on health and wellbeing outcomes.
- longitudinal studies that use objective measures of health and wellbeing to further assess the impact of community businesses on physical and mental wellbeing.
- exploring the specific characteristics of local communities as well as community business demographics, to understand more about how these factors may contribute to the success, or limitations, of community businesses in delivering health and wellbeing outcomes.

1. Context

1.1 Community business, social enterprise and civil society

In the last few decades, there has been a steady growth in community-based and community-led social enterprises and businesses in the UK that specifically work outside of formal health systems (Diamond et al., 2017, Macaulay et al., 2018). Such community-based social enterprises are present in other countries, such as the US, Australia, Canada, and other EU countries, although their histories and specific local character can vary – in the US, for example, the community-led sector is often referred to as 'not-for-profit'. Located within wider civil society, these organisations engage in the market to address factors in local communities that may benefit or harm health and wellbeing (Roy et al., 2017). In the UK specifically there has been considerable investment (e.g. the Centre for Ageing Better) to support the growth of these organisations, as recent UK governments look to a range of options in addressing the complexities of the social determinants of health (Marmot and Wilkinson, 2006).

The reasons for the emergence of community businesses in this sphere vary between countries, but there are four notable shared themes:

1. The nature of today's public health challenges, the increase in chronic illness and long-term conditions – accounting for 70 per cent of the NHS budget (NHS England, 2014: 6) – and the consequences of an ageing society for health and wellbeing, as well as wider social consequences impacting on older people such as social isolation and loneliness (Wenger et al., 2017).
2. The decline in state-led services and changes to real terms growth in health funding (Kings Fund, 2018), due to the rise of austerity in government spending, and the health costs associated with an ageing population.
3. The rise in consumer society, where individuals and communities are increasingly finding personalised solutions to a range of challenges (Fisher et al., 2011).
4. The rise in preventive health measures and upstream public health interventions to address these challenges, i.e. focus on wider social determinants and factors outside of individual control (Marmot and Wilkinson, 2006).

Community ownership has a long and established tradition in England. Communities coming together in a positive way and with shared vision to set up a business in order to address particular challenges in their community, through a sustainable model, is in essence a community business. Community businesses are similar in many ways to social enterprises, in having an organisational form that explicitly promotes a social purpose alongside financial sustainability (Jones 2011, Mauksch et al., 2017), and principles of enterprise and entrepreneurship (Johnstone and Lionais, 2004, Addicott, 2011, Hayman, 2011). However, community businesses aim to create community benefits in their trade with and accountability to the local community (profits from the business are reinvested in a geographically-defined local area), and their broad community impact.

Community businesses in the UK form part of a wider third sector, alongside other voluntary, community and statutory sector activity (Hunter, 2009). Community business activities often aim to contribute, in part, to specific health and/or wellbeing impacts. As well as directly providing health, social care and wellbeing services, they may also address the wider social determinants of health. This may include different aspects of health and wellbeing: for example, physical and mental health, the social determinants that influence health and wellbeing (e.g. education, skills, and training), as well as the wider social skills, confidence and development of connectedness and social networks that may help individuals and communities to thrive.

Therefore, community businesses may focus on:

– employment as an issue, e.g. in the example of men's sheds as a model (see Wilson and Cordier, 2013),
– developing social networks and relationships, through increasing community connectedness and the 'village' model (see Scharlach et al., 2011), or
– thinking about the social, economic, environmental aspects of the local community (Muñoz et al., 2015).

Community businesses are considered 'upstream' providers of community health (Farmer et al., 2016, Macaulay et al., 2018) as they are focused on the wider social determinants. It is sometimes perceived as a novel business model that can generate economic benefit alongside individual and community wellbeing (Hull et al., 2016).

Community businesses contribute to local communities (e.g. defined neighbourhood areas) and deliver impacts in a variety of ways, with the majority of community businesses focused on delivering improved health and wellbeing – 25 per cent specifically identify health and wellbeing as their primary impact area (Diamond et al., 2017).

With current funding and quality of care challenges in the health and social care system in England, and the contraction of local government services, it is likely that the community business sector will grow in future (Diamond et al., 2017), as communities seek to address the deficit in statutory services positively and creatively. Current policy measures also encourage enterprising and entrepreneurial individuals to establish organisations that are owned by the community and service users (Cabinet Office, 2018).

As it is an emerging field, the research is somewhat limited and tends to focus on the views and experiences of leaders of organisations, or those supporting its implementation. Much of the academic literature has tended to focus on creating conceptual distinctions between different forms of social enterprise, but often lacks an empirical basis. More research is needed to understand the perspectives of a wider range of stakeholders, such as users, employers, staff and volunteers, commissioners in health and social care, national stakeholders and the local community representatives.

1.2. Definitions of community business

In defining community business, '[the] literature has inadvertently reduced and simplified what is, in reality, a complex and heterogeneous set of organisations to what might appear as a relatively homogeneous social enterprise concept' (Macaulay et al., 2018: 211), and this report will therefore aim to offer some clarification. Community businesses differ in their governance structures and pursue a variety of social purposes and aims. When considering the impacts of community businesses on health and wellbeing, we initially need to think about whether there is evidence that it works, and then how (under what mechanisms) it works, and for which beneficiaries.

One of several challenges for the research team was working with the numerous definitions of community businesses in both the academic and grey literature. In addition, the term is not necessarily transferable between local, national and international settings. We therefore included a range of similar models to community businesses in the systematic review, to ensure a broad enough reach. Our review uses Power to Change's definition of community business:

> *What they all have in common is that they are accountable to their community and that the profits they generate deliver positive local impact.*
>
> (Power to Change, 2018)

2. Methodological approach

The overall aim is to provide insight into the impact of community business-related approaches to health and social care on users' outcomes. The following research questions were answered:

1 How effective are health and social care related community business models in delivering outcomes for users?

- What are the outcomes associated with health and social care related community business models?
- What is the quality of the evidence available?
- How do, and how could, community businesses identify or evidence health- and social care-related outcomes of their users?
- Are community business models more, or less, effective at delivering outcomes for users than traditional models?

We used a systematic review approach to address our research questions: a thorough process of identifying, screening and critically assessing the quality of evidence, as well as synthesising relevant studies to address specific research question(s). Systematic reviews differ from traditional reviews in that they follow a consistent process that provides a more comprehensive coverage of the literature on a particular topic, and are less likely to be subject to selection bias (Petticrew and Roberts, 2006).

We followed consistent steps in our review:

1. pre-defining our eligibility criteria

2. developing a search strategy

3. identifying relevant studies

4. extracting information from these studies

5. evaluating how well the studies were conducted

6. combining results from the studies identified.

Formal ethical approval was not required as we were searching for studies already in the public domain.

2.1 Eligibility criteria

We specified our inclusion and exclusion criteria around the Population, Exposure and Outcomes (PEOs) framework in consultation with Power to Change and the project advisory board. The papers we include in the results were those that met all inclusion criteria and none of the exclusion criteria.

Our population of interest was users of community businesses.

Our exposure of interest drew on Power to Change's definition of community business, and we expressed it as those businesses:

- accountable to their local community with the local people having an influence in the running of the business
- linked to a particular neighbourhood or place
- whose profits are used to deliver positive social value in their community
- trading in goods or services to become financially sustainable (Swersky and Plunkett, 2015, Hull et al., 2016).

We excluded settings where the community businesses had no legal status.

We focused the outcomes of our review on the impact of community businesses on health and wellbeing. This was broadly defined to include areas such as social engagement, employment, community and resilience, quality of life and carer outcomes. We excluded papers which did not focus on health and wellbeing outcomes, had biomedically-defined disease-specific outcomes or focused on cost-specific outcomes and/or savings.

We also considered study methodology in our eligibility criteria. We were interested in identifying studies utilising any methodology apart from systematic reviews and other forms of evidence synthesis, as we needed detailed information from primary studies and did not want to replicate other reviews. Our strict criteria ensured that we focused only on relevant papers that could help to address our research questions and guide development of our search strategy.

2.2 Search strategy

We looked for relevant papers in various sources of literature. Systematic reviews traditionally focus solely on peer-reviewed literature with a strong emphasis on randomised control trials (RCT) as the gold standard of evidence. We recognised that such evidence would be limited, given the focus of the research, and found no RCT study or paper. Instead, we relied on the expertise of our librarian to source good quality, robust evidence from a range of other qualitative and quantitative methodologies in the literature.

2.2.1 Sources of literature

We searched electronic academic databases and grey literature sources for relevant papers and consulted Power to Change for other relevant sources of useful information (see Figure 1 and Appendix 1 for details about the sources).

2.2.2 Search terms

There are several search term frameworks for systematic reviews and we chose the PEOs framework because of its capabilities in focusing on research question(s) (Higgins and Green, 2011), and managing evidence underpinned by research that draws on a range of methodologies (Bambra, 2009). Our search terms included truncations and wildcards (e.g. asterisk '*') and Boolean terms ('OR' and 'AND') to get the greatest possible volume of relevant search results.

For some of the grey literature sources (e.g. King's Fund and The New Economics Foundation), we used the search terms 'community business' and 'social enterprises' separately. We went through the list of available publications for others by hand (e.g. Joseph Rowntree Foundation).

We restricted our search to English language studies because of the lack of resources for translation and restricted our search period from January 2008 to June 2018 to obtain only the most recent literature.

We also went through the reference list of studies that met our inclusion criteria to ensure we did not overlook any relevant literature. Appendix 1 provides full details of our search terms.

2.3 Data collection

2.3.1 Selection of studies

We selected papers/studies to be included in our review through the process illustrated in Figure 1 – identification, screening, eligibility and inclusion (Liberati et al., 2009).

We exported the bibliographies of papers found using our search terms in the literature sources to reference manager software, RefWorks, and removed duplicates. One team member used titles and abstracts to screen remaining studies for relevance and discarded some ineligible papers. Two members independently assessed the full text of the remaining studies for their eligibility.

An eligibility assessment form helped us select relevant studies and ensure uniformity and consistency (see Appendix 2 for a copy of this form). Two reviewers independently assessed 15 per cent of the potentially eligible papers for inclusion in the review (33 out of 96). The results were discussed, discrepancies resolved and we proceeded to apply the agreed eligibility criteria to the remaining papers, including only those that met those criteria. We extracted information from eligible studies and assessed their quality.

2.3.2 Data extraction and quality assessment

We concurrently extracted data and assessed quality. We extracted relevant information using a bespoke data extraction form, which three team members independently pilot-tested on 15 per cent (n = 3) of the included studies. All recommended changes were made before applying the form to the rest of the studies. We extracted information on:

- properties of the community business
- context
- country
- mechanisms underpinning the function of the community business
- study design
- population of the study
- types of outcomes
- findings.

See Appendix 3 for a copy of the form.

We assessed study rigour (quality) by drawing on experience of previous systematic review work with similar types of evidence base. We used two types of established tools to assess the quality of studies in the review, based on the type of literature – academic or grey. We used the Critical Appraisal Skills Programmes tools (CASP, 2016) to appraise academic literature. These assess quality according to several components including study design, representativeness of participants, control of confounding factors, and reliability and validity of data collection methods. The CASP tool used was based on the study design. While there is a CASP tool for qualitative studies, there isn't one for assessing cross-sectional studies or surveys and we adapted the tool designed for cohort studies to use with these instead.

We rated the rigour of individual studies as 'strong', 'moderate' or 'weak'. For qualitative studies where the highest possible quality score was 10: 0–5 was classified as weak, 6–9 as moderate, 10 as strong. For cross-sectional studies where the highest possible score was 9: 0–4 was weak, 5–8 moderate, 9 strong.

We applied the Methodological Quality Checklist for Stakeholder Documents and Position Papers (MQC-SP) to assess the quality of the grey literature. This is used to evaluate the quality of peer-reviewed position papers (and which the authors have used for other published reviews of evidence). This examines grey literature identified by stakeholders against six quality criteria:

1. major stakeholder involved

2. well-defined aim

3. robust methodology

4. quality evaluation of analysed material

5. appropriate synthesis of analysed material

6. more than one stakeholder or co-authors involved.

The total scores range from 0 to 6, categorising ratings into weak (0–3), moderate (4–5) and strong (6).

The three reviewers independently tested the appropriateness of the tools on three randomly sampled papers and produced unanimous results on their assessments. Copies of the tools can be found in Appendix 4.

2.4 Data synthesis

Our synthesis followed a narrative approach. We undertook a descriptive and explanatory analysis of the extracted information to highlight 'what works for whom and under what circumstances' for users of community businesses related approaches to health and social care. The synthesis expands on the data extracted to examine:

- study setting
- study design
- quality rating
- participant characteristics
- nature and use of community business
- outcomes.

2.5 Quality assurance

We anticipated that evidence would come from a variety of sources and vary in quality. It was essential that the synthesis highlights the 'best available evidence', irrespective of the methodologies deployed, avoiding undue focus on poor quality evidence. Each stage of the review was carried out by a researcher experienced in systematic review methods. Decisions at any stage were assessed by another team member, and disagreements were resolved by the team.

2.6 Limitations of the review

As we limited our review to papers published in English language, we may have missed relevant studies published in other languages which could have influenced our overall findings. Only one reviewer screened the titles and abstracts of the identified papers. Having multiple reviewers would have strengthened the validity of our screening process.

3. Findings of the review

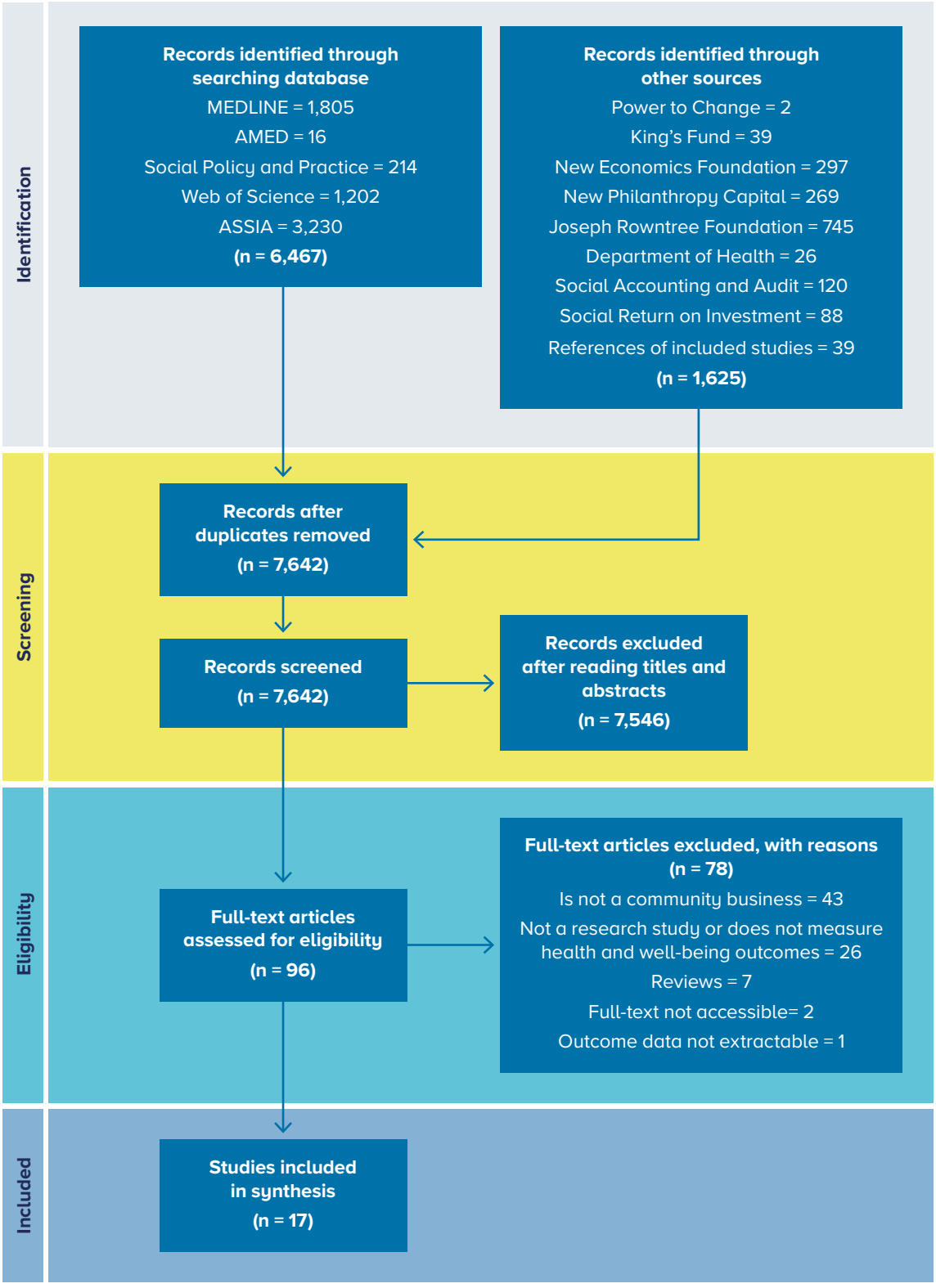
This section presents the results of the review process and consists of the output of the search process, characteristics and quality of the included studies and effectiveness of community business related approaches on users' health and wellbeing.

3.1 Results of the search process

Figure 1 outlines the outcome of the search process, with the rationale behind the exclusion of some of the papers. We finally included 17 papers for synthesis after screening and assessing the eligibility of 8,092 initially identified papers from the academic and grey literature sources and the reference list of finally included papers.

We also wanted to know the trend in the frequency of publication of included papers over time. The number of published studies each year is very small. The highest number included in the review (n = 3) was in 2015, 2016 and 2018. The lowest number (n = 1) was in 2010 and 2011. There are fluctuations between 2009 and 2015, but these variations were quite regular up to 2014. There appear to be more publications on evaluation of health and wellbeing benefits of community businesses within the last four years, apart from the slight decrease in 2017.

Figure 1: Flow of information through the search process



3.2 Study characteristics

Table 1 summaries the characteristics and findings of the 17 papers included in the review for synthesis. These are also summarised with reference to: the nature of the community businesses examined, users of the community businesses, participants involved in the studies conducted, country and context in which the studies were conducted, and the types of health and wellbeing outcomes assessed.

Nature of community businesses

Community businesses provided a space to engage users in practical activities such as woodwork, recycling, soap manufacturing, arts, leisure and recreation. Some community businesses employed local residents or people with physical and mental health conditions in retail, agriculture and mining or conservation.

Five community businesses trained people with learning disabilities and provided volunteering opportunities to local people in outdoor community spaces through activities such as gardening and farming. Four community businesses focused on helping older people to live independently in their community by providing services such as transport, housing, leisure and health. Some community businesses provided affordable housing, children's outdoor activities and a community hub. Others focused on providing a voice for, and celebrating the traditions of people from minority ethnic groups, such as asylum seekers and Pakistani communities.

The governance and operating models for community businesses varied, whether or not they traded: with examples of companies limited by guarantee, charities and community interest companies, amongst others. Businesses might rely on their local community's unique social milieu to operate, make collective decisions involving all members or operate as part of other services (e.g. community health service). Several assumed a Work-Integration Social Enterprise (WISE) model and three operated as cooperatives. One community business was still supported by community grants but had a mission to become financially sustainable. There was a range of delivery models – paid staff, volunteers, board of trustees, community development based. There were examples of a wide variety of legal structure including, community interest company, industrial and provident society, foundation limited, and private company limited by guarantee.

Table 1: Characteristics of included studies[1]

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Ang et al. (2015) **Australia**	**What does it do?** Provides opportunity to develop skills, reduce social isolation and increase self-esteem of members **How does it operate?** Volunteer-based business models that centres on producing goods and services for the community **Who is involved?** Men who are retired, made redundant by their employer, unemployed or on a disability pension	**Study participants:** **Men, Shed leaders and healthcare worker** **Context of CB:** **Unclear**	CB has positive effect on health and wellbeing via social connectedness	**CASP = 6/9** **Moderate**
Ballinger et al. (2009) **Australia**	**What does it do?** Provide a supportive and stimulating environment that engages men in woodwork and other practical activities **How does it operate?** Under the auspices of a community health service **Who is involved?** Older men	**Study participants:** **Older men** **Context of CB:** **Rural**	CB enable sense of purpose and feeling useful through helping others CB improves healthy ageing by keeping members engaged in activities CB helps members to access equipment and expertise that support them to do quality work CB members feeling proud to be part of CB and contribute to its activities Enjoying male companionship and camaraderie of the CB Recovery from depression and drug and alcohol addiction	**CASP = 8/10** **Moderate**

[1] CASP = Critical Appraisal Skills Programme; MQC-SP = Methodological Quality Checklist for Stakeholders' Documents and Position Papers; ADL = Activities of Daily Living; IADL = Instrumental Activities of Daily Living (see p31 for more information regarding ADL and IADL).

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Bertotti et al., (2011) **United Kingdom**	**What does it do?** The community café sells food and drinks to the local community **How does it operate?** Operates in the open market place by selling food and drinks to the local community. It provides a space to local residents where they can meet and interact and offers volunteering and job opportunities to lone parents, the older people, and people with mental health problems. Staff are paid through public sector funds but there is a move towards autonomy in funding **Who is involved?** Local residents	**Study participants:** **Manager, volunteers, public sector officials, customers, members of local organisation, local residents** **Context of CB:** **Rural**	CB serves as a facility where users meet and talk CB helps in building networks between local residents leading to community cohesion Ethnic homogeneity in bonding social capital, leading to the exclusion or non-active involvement of other ethnic groups, generating racial tensions	**CASP = 5/10** **Weak**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Boswell et al. (2009) **United Kingdom**	**What does it do:?** **CB1:** Recycles materials and provides training for people with disabilities **CB 2:** Provides employment and volunteering opportunities, as well as a range of services including specific health initiatives **CB 3:** Provide training and employment for people with mental health problems; makes and sells soap; provide accommodation services; makes and delivers filled rolls to workplaces **How does it operate?** **CB 1:** Run as a cooperative **CB 2:** Run by a company limited by guarantee with charitable status **CB 3:** Operates social firms **Who is involved?** **CB 1:** Staff, trainees, volunteers, families of trainees, customers **CB 2:** Users, volunteers, employees **CB 3:** Trainees, employees and their families, customers, local businesses and suppliers, health and social care professionals	**Study participants:** **Staff and clients** **Context of CB:** **Rural but not clear for CB 1**	Improvement in trainee and volunteer sense of self-esteem Better general health for trainees and volunteers Improved physical activity and healthier lifestyles for trainees and volunteers Families of trainees feeling anxious of sending away their vulnerable family member Raising sense of hope among clients and staff Creating social focus among local people Increased trainee confidence in skill Heightened motivation among trainees	**MQC-SP = 3/6** **Weak**
Crabtree et al. (2017) **United Kingdom**	**What does it do?** Offer woodwork activities for practical use, personal use and community benefit **How does it operate?** Operates two days a week in a community centre offering mainly woodwork activities **Who is involved?** People of all ages	**Study participants:** **Men** **Context of CB:** **Urban**	CB increases social contact CB enables users to cope with adversities CB enhances self-worth CB promotes physical fitness	**CASP = 9/10** **Moderate**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Culph et al. (2015) **Australia**	**What does it do?** Provides a male-specific space to continue participating in meaningful activities and community engagement **How does it operate?** No available information found **Who is involved?** Older men	**Study participants:** **Older Men** **Context of CB:** **Unclear**	CB promotes engagement in meaningful activities leading to decreased depression symptoms CB enables quality of social relationships (general conversations, companionship and deeper conversations) and sharing knowledge skills that improved self-worth Ageing impacted positively on self-efficacy for some but not for others Retirement provided opportunities and challenges on self-efficacy	**CASP = 9/10** **Moderate**
Farmer et al. (2016) **Australia**	**What does it do?** Provides men (and women) with productive activities like woodworking (and art classes) **How does it operate?** Generates funding from sales of wood products, contracts with disability organisations and the Correction System and community grants **Who is involved?** Men but open to all genders	**Study participants:** **Manager and members** **Context of CB:** **Rural**	CB reinforces wellbeing of users	**CASP = 9/10** **Moderate**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Graham et al. (2014) **USA**	**What does it do?** To promote older people's independence and prevent undesired relocations **How does it operate?** Developed within particular physical and social boundaries, rooted in community's unique social milieu, and rely on its network of social bonds **Who is involved?** Older adults	**Study participants:** Older adults **Context of CB:** Urban	Mean social impact score is 2.65; with social impact scores associated with more frequent volunteering, greater use of companionship services, and more frequent participation in social activities Mean score for health and well-being impact is 2.46; with higher health and well-being impact associated with greater use of technology services Mean service/health care access score is 2.66; with greater impact on service access associated with higher use of companionship and attending social activities Mean score for self-efficacy is 2.46; with greater impact on self-efficacy among participants in better health and those who participated more in social activities	**CASP = 6/9** **Moderate**
Graham et al. (2016) **USA**	**What does it do?** Promote older people's independence and prevent undesired relocations **How does it operate?** Developed within particular physical and social boundaries, rooted in community's unique social milieu, and rely on its network of social bond **Who is involved?** Older adults	**Study participants:** Older adults **Context of CB:** Unclear	Increased confidence in living independently Increased feelings of being socially connected with other people because of CB membership No significant effect of CB on self-rated health status, falls, or other ADL/IADLs 37 per cent reported receiving medical care when needed because of their CB membership	**CASP = 4/9** **Weak**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Graham et al. (2017) **USA**	**What does it do?** To promote older people's independence and prevent undesired relocations **How does it operate?** Developed within particular physical and social boundaries, rooted in community's unique social milieu, and rely on its network of social bond **Who is involved?** Older adults	**Study participants:** **Older adults** **Context of CB:** **Unclear**	Overall improvement in social engagement of CB users CB membership was not likely to affect civic engagement (e.g. overall volunteering frequency) Better quality of life reported by four per cent of CB users Eight per cent of CB users reported positive impact of CB on their physical health 17 per cent of CB users reported improved access to medical care 50 per cent of CB users reported improved ability to get the help needed to live in their current residence	**CASP = 5/9** **Moderate**
Macaulay et al. (2018) **United Kingdom**	**What does it do?** **CB 1:** Employs physically and mentally disabled adults in retail outlets and service roles **CB2:** Provides support and consultancy for small businesses; training and educational opportunities for people of various ages and abilities **CB3:** Provides affordable housing and other facilities including outdoor activities for children and a community hub **How does it operate?** **CB1:** Work-Integration Social Enterprise (WISE) **CB2:** Community-development-based **CB3:** Operates s a cooperative **Who is involved?** Not stated	**Study participants:** **Five stakeholder groups:** **service users, leaders of organisation, staff, community stakeholders and national stakeholders** **Context of CB:** **Rural**	Increased sense of efficacy – both collective and self-efficacy Increased stress levels as a result of increased self-efficacy Social interaction leading to improved mental health Having a 'happy' community impacts on positive well-being Meaningful employment, healthy food choices, involvement in physical activity impacts positively on physical and mental health Remuneration from employment positively linked to good health, including mental health Detrimental mental health effects as a result of insecurity in institutional funding and employment security Respite for carers of physically or mentally disabled CB users	**CASP = 6/10** **Moderate**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Muñoz et al. (2015) **Australia**	**What does it do?** Providing men (and all other genders) with productive activities such as woodworking and art classes **How does it operate?** Generates funding from sales of wood products, contracts with disability organisations and the correction system and community grants **Who is involved?** Men but open to all genders	**Study participants:** **Staff and volunteers** **Context of CB:** **Rural**	CB promotes physical activity and skills development through actions of 'work' CB as a space free of 'negative' influences from drugs and alcohol use and promotes sharing of information, knowledge and learning CB promotes social relationships, cultural and intergenerational mixing leading to feelings of inclusion and sense of belonging CB enabled volunteers to feel 'valued' and 'useful'; sometimes through the production of goods for sale in the local community or the notion of 'giving back' to the community; leading to mental and emotional healing	**CASP = 8/10** **Moderate**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Pank (2011) **United Kingdom**	**What does it do?** Offers a range of activities, including: – Volunteering opportunities with farm animals, small pets and gardening – Educational tours and workshops on a variety of topics, including mini-beasts, life cycles and 'Bread: from field to table' – 'Young Farmers' holiday clubs – Produce stall selling affordable fresh fruit and vegetables – Café – Workshop, producing hutches, runs and garden furniture – Pet boarding, for small animals – Mobile pet service, taking small animals to gala days and hospitals/hospices/schools – Gardening services, especially for older people **How does it operate?** Managed by a highly-skilled Board of Trustees representing senior level experience in fundraising, HR, auditing/financial planning, agriculture, business law, VAT Law, volunteering, small business management, and consultancy **Who is involved?** Staff, volunteers and local people	**Study participants:** **Volunteers, organisations providing social care, local people, staff from Parks and Greenspace in Edinburgh, staff from other community projects in Edinburgh** **Context of CB:** **Rural**	Encouraging responsibility through caring for the farm Training in gardening skills helps volunteers improve their knowledge and confidence CB provides a safe, relaxing therapeutic environment for people with mental health difficulties (e.g. stress) By sharing tasks in the gardens, volunteers share experiences, make new friends, and develop a strong sense of community and pride in their work Children being physically active and socially interacting by playing in the gardens, filling up small wheelbarrows, digging and sharing	**MQC-SP = 4/6** **Moderate**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Teasdale (2010) **United Kingdom**	**What does it do?** **CB 1:** Producing plays based on shared experiences of refugees and asylum seekers **CB 2:** A newspaper that aimed to become a collective voice for a section of the local Pakistani community, linking businesses with local mosques and feeding into economic development **How does it operate?** **CB 1:** All decisions were made collectively and initially appeared as a bottom-up response to need based on collective self-help **CB 2:** Constitution highlights a collective decision-making process **Who is involved?** **CB 1:** Refugees and asylum seekers **CB 2:** Local Pakistani community	**Study participants:** **Community businesses (case study)** **Context of CB:** **Rural**	Social bonding high for CB1 and medium for CB 2 Interaction high for both CB 1 and CB 2 but only at managerial level	**CASP = 5/10** **Weak**
Vazquez Maguirre et al. (2018) **Mexico and Peru**	**What does it do?** **CB 1:** To generate employment and wellbeing among the community through conservation of the environment; hardware store, a gas station, and micro-credits **CB 2:** Agriculture, livestock and mining **How does it operate?** **CB 1:** As an enterprise, led by the Commissariat of Community Goods **CB 2:** The Agricultural Cooperative Atahualpa Jerusalem **Who is involved?** **CB 1:** Descendants of particular ethnic group **CB 2:** Descendants of particular ethnic group	**Study participants:** **Community businesses (case study)** **Context of CB:** **Rural**	CB enhances community development such as children's access to education; good quality and spacious housing, adequate wood supply for cooking; access to electricity in homes; access to satellite TV by most households; good constructed roads and availability of potable water. Such community developments leads to improved quality of life	**CASP = 7/10** **Moderate**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Waling and Fildes (2017) **Australia**	**What does it do?** Provide retired and/or unemployed men with the opportunity to develop skills, reduce social isolation and increase their self-esteem **How does it operate?** Volunteer-based business models that centre on producing goods (e.g. children's toys and furniture) and services (e.g. repair services and small building works) for the community **Who is involved?** Men who are retired, made redundant, unemployed or on a disability pension, with ages ranging from 40 to 75	**Study participants:** **Men** **Context of CB:** **Rural**	CB shows positive impact on user happiness 64 per cent of users reported feeling energised Decreased feelings of aggression and violence Reduced feeling of loneliness Improved social relationships with other users of the CB CB users able to overcome personal trauma CB serves as opportunity to develop working skills, with encouragement from more experienced colleagues, eliminating feelings of shame or guilt. Improved feelings of self-esteem CB built confidence of users in various activities CB smoothens the blow of role switches in the family – from bread-winning to dependency – by serving as a place of working again Heightened motivations and achievements were positive outcomes from engaging in CB activities	**CASP (cross-sectional) = 2/9** **Weak** **CASP (qualitative) = 5/10** **Weak**

Reference	Community business (CB)	Study participants and context of CB	Results/findings: impact of CB on the health and wellbeing of users	Quality assessment
Willis et al. (2017) **United Kingdom**	**What does it do?** **CB 1:** Supplies customers with wholesome products to nurture a healthy neighbourhood and, in doing so, provide jobs, training and skills development to its residents **CB 2:** Practical help for young people into learning and employment alongside an apprenticeship scheme **CB3:** Health and fitness centre including a swimming pool, gym, steam room and a dance studio. Provides opportunities for local schools to teach students how to swim and training young people to become lifeguards. **CB 4:** Gym, recording studio, two cafés, restaurant, training facilities and bar all on site which help to fund regular sessions to help adults and children with learning difficulties. **CB5:** Aims to build up transferable skills for young people which they can take into education, training and employment, whilst also providing services to promote well-being and community cohesion such as yoga and music workshops **CB 6:** Serving the local community with the 'finest beer in London' and a variety of entertainment including comedy and music nights **How does it operate?** **CB 1:** Community interest company **CB 2:** Company limited by guarantee with charitable status **CB3:** Industrial and provident society **CB 4:** The Burton Street Foundation Limited **CB 5:** Private company limited by guarantee without share capital **CB 6:** Registered society **Who is involved?** **CB 1:** Employees and volunteers **CB 2:** Officers and apprentices and volunteers **CB 3 and CB 5:** Employees and volunteers **CB 4 and CB 6:** Employees	**Study participants:** **Residents within and around localities of community businesses** **Context of CB:** **Unclear**	Few differences between the CB areas and the matched comparison sample on personal well-being Mixed effects of results on community cohesion with some areas showing positive effects while others showing negative effects No positive effects on satisfaction with local area Positive effects on availability of local services and amenities in the areas surrounding CB 3, CB 4 and CB 6 Individuals living in the areas surrounding CB 1, CB 5 and CB 6 were more likely to feel that the local area had got better over the last two years Poor satisfaction with local area reported by residents around CB 3 and CB 4 compared to matched comparator sample Individuals living in the area surrounding CB 3 were less likely to be both aware of, and involved in, social action in their local area; whilst those living around CB 4 were less likely to be involved in social action Lower levels of civic participation and consultation were reported in the areas around CB 2 and CB 3 Individuals living around CB 4 felt less able to influence local decision making. They were also less likely to feel that it was important to be able to do so and more likely to disagree that when people get involved in their local community they can really change the way that their area is run	**MQC-SP = 5/6** **Moderate**

Users of the community businesses

A range of stakeholder beneficiaries were involved in the activities of the community businesses. These included

- men who are retired, redundant at work, unemployed or on a disability pension
- local residents
- trainees
- volunteers
- employees
- apprentices
- families of users of community businesses
- customers including children, students and community groups
- clients of services provided by community businesses
- local business suppliers
- health and social care professionals
- refugees and asylum seekers.

Study participants

The papers included in the review used a range of community business stakeholders and other stakeholders as participants for their study, including:

- leaders of the community businesses
- employees involved in the operation of the community business
- managers of the community business
- volunteers at community businesses
- public sector officials
- community business customers and service users
- local residents
- staff of other organisations
- other community and national stakeholders.

Country and context in which the studies were conducted

The majority (41%, n = 7) of the studies were conducted in the UK, 36% (n = 6) in Australia, 18% (n = 3) in the United States of America and only one study was conducted in Peru and Mexico. More than half of the studies (n = 10) investigated community businesses that operated within a rural context. Few studies (n = 2) were focused on urban areas and for five of the studies the context within which the community businesses operated was not clear.

Types of health and wellbeing outcomes assessed

Table 2 presents the outcomes examined in the papers and how these have been represented under various health and wellbeing categories. These relate to social connectedness, self-esteem, physical health, mental wellbeing and quality of life.

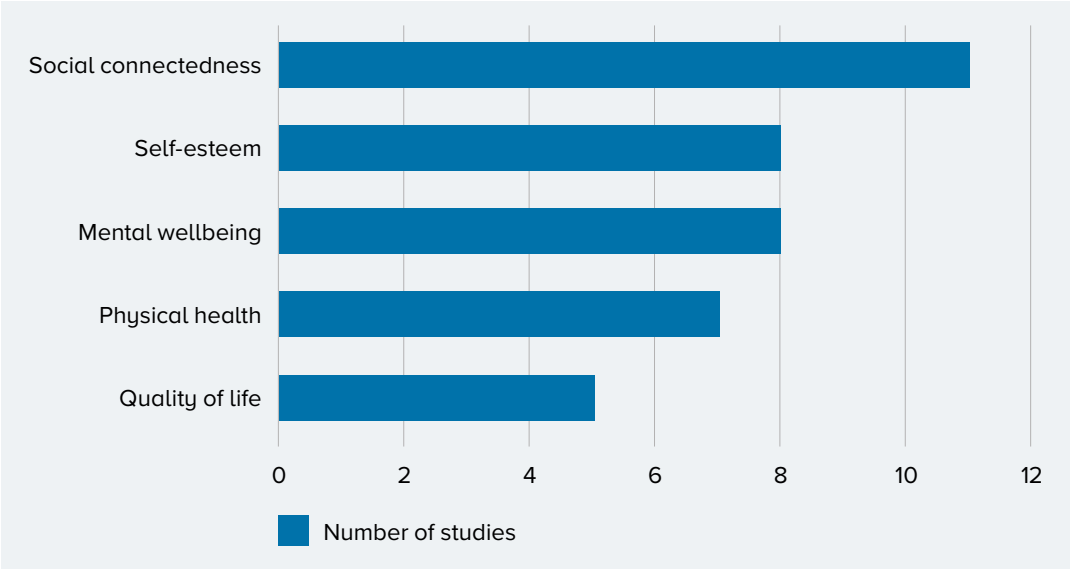
Table 2: Categorising outcomes into broad thematic areas

Social connectedness	Self-esteem	Physical health	Mental wellbeing	Quality of life (QoL)
– Social capital – Security – Integration – Social bonding – Social contact – Social interaction – Health and recovery – family relationships – Social impact – Social engagement – Civic engagement – Social focus – Socialising – Community cohesion – Volunteering – Social action – Community empowerment	– Self-efficacy – Capability – Therapeutic – Achievement – Confidence – Motivation – Accomplishment and pride – Confidence – Self-esteem	– Fitness – ADL/IADL[2] – Lifestyle – Healthy eating – Physical activity – General physical health	– Depression – Anxiety – Life-changing – Psychological wellbeing – Happiness – Aggression and violence – Sense of hope – General mental health – Personal wellbeing	– Generic QoL – Sense of purpose – Meaning in life – Place of activity – Inclusivity – Ageing in place – Satisfaction with local area

[2] Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) refer to the tasks that people may need manage in order to live independently. Difficulties with those may determine how much care and supervision a person may need. ADLs are more basic tasks, and IADLs more complex organisational 'thinking' tasks.

Figure 2 illustrates the number of papers focusing on each category of outcomes. The majority (n = 11) of papers included in the review focused on outcomes relating to social connectedness.

Figure 2: Outcome themes



We were interested in whether the types of outcomes investigated were unique to any form of community business. We were able to categorise community businesses into four main groups. These categorisations are arbitrary and not based on a sound theoretical or empirical benchmark.

We grouped community businesses by those that:

1. were mainly social enterprise oriented

2. focused on 'men's sheds' initiative

3. followed a 'village' model, where businesses organise access to services for older people to enable them to live independently within the community

4. did not clearly fit in any of the other categories.

There was no distinct match between these groups of community businesses and the type of outcomes that they focused on. In fact, all groups of community businesses explored outcomes belonging to all the main outcome themes – social connectedness, self-esteem, physical health, mental wellbeing and quality of life. Table 3 presents these results in addition to the methodology used to explore the outcomes.

Methodologies of the studies

Table 3 presents the research methods used to investigate the effectiveness of health and social care related community business models in delivering outcomes for users. Most of the studies used qualitative research techniques such as interviews, focus group discussions, health impact assessment, mental mapping, geographical tracking, observations, document analyses, literature reviews and photography to assess the outcomes. A few studies (n = 6) employed quantitative research methods using surveys. Only one study used a mix of both qualitative (interviews and focus group discussions) and quantitative (survey) methods.

Table 3: Outcomes assessed by the included papers, organised by groups of community business with their associated methodology

Group of community business	Reference	Research methodology	Health and wellbeing outcome(s)	Outcome theme(s)
Social enterprise related community business	Bertotti et al. (2011)	Qualitative – interviews	Social capital	Social connectedness
	Farmer et al. (2016)	Qualitative – interviews, mental mapping, geographical tracking and photography	Mechanisms of experiencing wellbeing: Materiality Metaphorical stories Performance Social enterprise and wellbeing as everyday life	Mechanisms of wellbeing
	Macaulay et al. (2018)	Qualitative – interviews	Efficacy Physical health Mental wellbeing	Self-esteem Physical health Mental wellbeing
	Muñoz et al. (2015)	Qualitative – interviews and focus group discussions	Dimensions of wellbeing: Capability Security Integration Therapeutic Mechanisms of experiencing wellbeing: Material space Affect and performance Micro-geography	Self-esteem Social connectedness Mechanisms of wellbeing
	Teasdale (2010)	Qualitative – ethnography	Social bonding Interaction	Social connectedness
	Vazquez Maguirre et al. (2018)	Qualitative – interviews, observations, analyses of internal reports	Quality of life	Quality of life

Group of community business	Reference	Research methodology	Health and wellbeing outcome(s)	Outcome theme(s)
Men's shed related community business	Ang et al. (2015)	Quantitative – survey	Health and wellbeing (via social connectedness)	Mechanisms of wellbeing
	Ballinger et al. (2009)	Qualitative – interviews	Sense of purpose Place of activity Accomplishment and pride Sense of inclusivity Social contact Life-changing	Quality of life Self-esteem Social connectedness Mental wellbeing
	Crabtree et al. (2017)	Qualitative – interviews	Social interaction Psychological health and wellbeing Physical fitness	Social connectedness Mental wellbeing Physical health
	Culph et al. (2015)	Qualitative – interviews	Sense of meaning in life Mechanisms behind self-efficacy and self-worth Decreased depression symptoms	Quality of life Mechanisms of wellbeing Mental wellbeing
	Waling and Fildes (2017)	Mixed: Quantitative – survey Qualitative – interviews and focus group discussions	Health and recovery Social interaction Confidence, motivation and achievement	Physical health Social connectedness Mental wellbeing Self-esteem
Village model related community business	Graham et al. (2014)	Quantitative – survey	Social impact Health and wellbeing Service and healthcare access Self-efficacy	Social connectedness Physical health Mechanisms of wellbeing Self-esteem
	Graham et al. (2016)	Quantitative – survey	Confidence in ageing in place Social connectedness Health and wellbeing	Self-esteem Social connectedness Physical health
	Graham et al. (2017)	Quantitative – survey	Social engagement Civic engagement Health and quality of life Ageing in place	Social connectedness Quality of life

Group of community business	Reference	Research methodology	Health and wellbeing outcome(s)	Outcome theme(s)
Miscellaneous	Boswell et al. (2009)	Qualitative – health impact assessment	Self-esteem General health Physical activity and lifestyles Reduced anxiety Sense of hope Social focus Confidence Motivation	Self-esteem Physical health Mental wellbeing
	Pank (2011)	Quantitative – survey	Confidence and self-esteem Mental health Socialising Healthy eating Physical activity Social interaction	Self-esteem Mental wellbeing Social connectedness Physical health
	Willis et al. (2017)	Quantitative – survey	Personal wellbeing Volunteering Community cohesion Satisfaction with local area Social action and community empowerment	Mental wellbeing Social connectedness Quality of life

3.3 Quality of the studies

It is important to consider the relative quality of the studies as a context for the findings. We considered none of the studies as strong; five were judged weak (Boswell et al., 2009, Bertotti et al., 2011, Teasdale, 2010, Graham et al., 2016, Waling and Fildes, 2017) and the remaining 12 studies were assessed to be of moderate quality. The implications on the findings are discussed in the conclusion section.

3.4 Effectiveness of health and social care related community business models in delivering health and wellbeing outcomes for users

Here are the findings of the included studies on the health and wellbeing impact of community business related approaches for users. More details can be found in Table 1. We also present findings in relation to the functional mechanisms of the various types of business, to seek any links between these and the outcomes (see Tables 4-8).

a. Community business models foster social connectedness

A key health and wellbeing outcome of community businesses is increasing social connectedness. The majority of the included studies (n = 11) suggest that community businesses developed and bolstered social connectedness among their users, as they serve as a socialising space where people meet and build social networks which engenders community cohesion (see Ballinger et al., 2009, Teasdale, 2010, Bertotti et al., 2011, Pank, 2011, Graham et al., 2014, Muñoz et al., 2015, Graham et al., 2016, Crabtree et al., 2017, Graham et al., 2017, Waling and Fildes, 2017 Willis et al., 2017). In Graham et al. (2017) for example, more than half (56%) of 'village' members felt their involvement had increased their sense of connection to others.

In Muñoz et al. (2015), community businesses provided an avenue for intergenerational integration, bringing about feelings of inclusion and sense of belonging (n = 24). People made new social contacts through community businesses and felt less lonely after participating in the available activities (Waling and Fildes, 2017). By using community businesses, individuals who previously felt marginalised were able to relate better with others with whom they shared similar health or socioeconomic conditions.

Some factors influenced the social connectedness related benefits of community businesses. Social impact was influenced by frequency of volunteering, engagement in social activities and more use of companionship services. Social engagement was higher among those:

– members 75 years and under
– with low educational attainment
– who used community business over a longer period of time
– who volunteered more frequently
– reporting at least good health
– with no functional disabilities (Graham et al., 2014; Graham et al., 2017).

Community businesses did not always have only positive effects on social connectedness related outcomes. In some cases, ethnic homogeneity in developing social bonds naturally excluded ethnic minority groups and individuals who did not 'fit in' (Bertotti et al., 2011). As a result, an excess of social 'bonding' capital (intra-group relationships) at the expense of social 'bridging' capital (across social groups) was sometimes noted (see Putnam (2000) for further clarification).

In addition, although social cohesion was evident among some users of community businesses, positive impact on social cohesion seems limited to direct use of the community businesses (Willis et al., 2017). Willis et al. (2017) found in their study of the impact of community businesses on local communities that residents who lived close to the premises of established community businesses sometimes expressed negative feelings of community cohesion, although this only applied to one of the six community businesses. Moreover, some people who lived near to the premises of community businesses were less involved in community development activities than those living farther away.

We found that relying on committed volunteers was the most common mechanism underpinning the operation of all community businesses evaluating social connectedness related outcomes (Table 4).

Table 4: Assessing social connectedness-related outcomes, in terms of type of community business and underlying mechanisms

Reference	Type of community business				Mechanisms underpinning functions of community business				
	Community start-ups	Clubs	Business savers	Cross-subsidisers	Bringing the community together	Understanding and reflecting local needs and priorities	Combining income sources	Relying on committed volunteers	Collaborating with other organisations
Ballinger et al. (2009)		✓						✓	✓
Bertotti et al. (2011)	✓		✓		✓		✓	✓	
Crabtree et al. (2017)		✓					✓	✓	
Graham et al. (2014)		✓			✓	✓		✓	
Graham et al. (2016)		✓			✓	✓		✓	
Graham et al. (2017)		✓			✓	✓		✓	
Muñoz et al. (2015)	✓						✓	✓	✓
Pank (2011)	✓				✓		✓	✓	✓
Teasdale (2010)	✓				✓	✓	✓	✓	
Waling and Fildes (2017)	✓						✓	✓	
Willis et al. (2017)			✓		✓	✓	✓	✓	✓

b. Community business models boost positive feelings about the self

Approximately half (n = 8) of the included studies suggested that community business models increased feelings of self-esteem. Positive feelings about one's self were expressed in various ways. Completion of tasks such as woodwork, farming and gardening as part of community business activities provided a sense of accomplishment and pride for users (see Ballinger et al., 2009, Boswell et al., 2009, Bertotti et al., 2011, Pank, 2011). Taking part in community business activities buffered the negative effects of switching socioeconomic roles on the self-esteem of some older retired and unemployed men. Such a buffer brought about feelings of achievement. Thus, some older men who were engaged in men's shed related community businesses were able to perceive themselves as working again after a period of retirement. Such accomplishment and pride further boosted self-confidence and heightened motivation (Crabtree et al., 2017, Waling and Fildes, 2017).

In the Ballinger et al. (2009) study, for example, community business models such as men's sheds also provided a space for users (n = 8) to develop skills and increase their capabilities in tasks such as woodwork. The idea of people producing goods and contributing to their community sparks a sense of feeling valued within their neighbourhood.

Some older adult users of community businesses expressed feelings of increased self-confidence and self-efficacy to live independently in their community. For example, 'village' model related community businesses provided support services such as transport, sports, leisure and housing for their users, to enable them to take control of their lives and live independently in their community (Graham et al., 2014, Graham et al., 2016). However, one paper (Macaulay et al., 2018) reported that, while users of community businesses expressed increased feelings of self-efficacy to take responsibility for undertaking certain tasks, this eventually led to feelings of stress in managing such responsibilities. Moreover, the self-efficacy of members of the community business was affected by ageing. The positive or negative effect of ageing on self-efficacy derived from community businesses was dependent on whether users had a positive or negative life (i.e. significant experience of depression or not) before reaching old age (Culph et al., 2015).

There were no clear relationships between the components of community businesses and their focus on self-esteem as an outcome (Table 5).

Table 5: Assessing self-esteem related outcomes, in terms of type of community business and underlying mechanisms

Reference	Type of community business				Mechanisms underpinning functions of community business				
	Community start-ups	Clubs	Business savers	Cross-subsidisers	Bringing the community together	Understanding and reflecting local needs and priorities	Combining income sources	Relying on committed volunteers	Collaborating with other organisations
Ballinger et al. (2009)		✓						✓	✓
Boswell et al. (2009)				✓	✓	✓	✓	✓	
Graham et al. (2014)		✓			✓	✓		✓	
Graham et al. (2016)		✓			✓	✓		✓	
Macaulay et al. (2018)	✓				Not clear	Not clear	Not clear	Not clear	Not clear
Muñoz et al. (2015)	✓						✓	✓	✓
Pank (2011)	✓				✓		✓	✓	✓
Waling and Fildes (2017)	✓						✓	✓	

c. Community business models promote improved physical health

The physical health dimension of health and wellbeing effects of community businesses is expressed in the involvement of members in community business activities such as production of goods and services, gardening and farming, transportation, sports and leisure (mentioned in just under half of the included studies). These activities involve some form of physical activity and this led to enhanced physical health (see Boswell et al., 2009, Pank, 2011, Muñoz et al., 2015, Macaulay et al., 2018). However, in Graham et al. (2017) only 8% of 'village' members claimed that community business membership had improved their physical health, while reporting that improved physical health was more likely among members with lower educational background (no college degree) or those having functional disabilities.

We did not notice any clear links between components of community businesses and their focus on physical health (Table 6).

Table 6: Assessing physical health-related outcomes, in terms of type of community business and underlying mechanisms

Reference	Type of community business				Mechanisms underpinning functions of community business				
	Community start-ups	Clubs	Business savers	Cross-subsidisers	Bringing the community together	Understanding and reflecting local needs and priorities	Combining income sources	Relying on committed volunteers	Collaborating with other organisations
Boswell et al. (2009)				✓	✓	✓	✓	✓	
Crabtree et al. (2017)		✓					✓	✓	
Graham et al. (2014)		✓			✓	✓		✓	
Graham et al. (2016)		✓			✓	✓		✓	
Macaulay et al. (2018)	✓				Not clear	Not clear	Not clear	Not clear	Not clear
Pank (2011)	✓				✓		✓	✓	✓
Waling and Fildes (2017)	✓						✓	✓	

d. Community business models enhance mental wellbeing

Community businesses act as catalysts for promoting mental health and wellbeing. In approximately half of the included studies (n = 8) there were reported findings of community businesses making users feel happy and supported and offering them a sense of hope towards the thriving of their local community (see Ballinger et al., 2009, Boswell et al., 2009, Pank, 2011, Culph et al., 2015, Crabtree et al., 2017, Waling and Fildes, 2017, Willis et al., 2017, Macaulay et al., 2018). Paying staff for their contribution to a social enterprise also had a positive impact on their mental health (Macaulay et al., 2018). However, an important issue raised by Macaulay et al. (2018) was the impact on the health and mental wellbeing of these social enterprise staff facing 'precariousness and uncertainty' caused by contract-dependency and whose jobs often depended on winning grants or contracts.

Some community businesses employed people with mental and physical disabilities. Carers for those with disabilities sometimes felt anxious of the way their family members would cope with community business activities, but acknowledged the respite such employment brought to them, and how it impacted positively on their mental wellbeing (Macaulay et al., 2018).

Community businesses also provided users with a safe haven from negative influences such as drug and alcohol misuse, especially for those who experience violence in their home settings (Ballinger et al., 2009, Muñoz et al., 2015). In some cases, the use of community businesses as a safety refuge from these damaging behaviours reportedly led to recovery from depression, drug addiction, aggression and violent behaviour (Pank, 2011, Culph et al., 2015).

Moreover, community business activities such as gardening served as a source of stress relief. Users of community businesses who had mental health issues reported feeling less stigmatised as they integrated with other people in the community. For example, Pank (2011) described how community volunteers (n = 25) were given the title of 'gardener', which they felt was more inclusive as they were regarded as part of a group engaged in meaningful activities, not labelled by their condition (Pank, 2011).

We could not discern any clear patterns between the components of community businesses and outcomes related to mental wellbeing (Table 7).

Table 7: Assessing mental wellbeing related outcomes, in terms of type of community business and underlying mechanisms

Reference	Type of community business				Mechanisms underpinning functions of community business				
	Community start-ups	Clubs	Business savers	Cross-subsidisers	Bringing the community together	Understanding and reflecting local needs and priorities	Combining income sources	Relying on committed volunteers	Collaborating with other organisations
Ballinger et al. (2009)		✓						✓	✓
Boswell et al. (2009)				✓	✓	✓	✓	✓	
Crabtree et al. (2017)		✓					✓	✓	
Culph et al. (2015)	✓						✓	✓	
Macaulay et al. (2018)	✓				Not clear	Not clear	Not clear	Not clear	Not clear
Pank (2011)	✓				✓		✓	✓	✓
Waling and Fildes (2017)	✓						✓	✓	
Willis *et al.* (2017)			✓		✓	✓	✓	✓	✓

e. Community business models improve quality of life

There were various dimensions of quality of life linked to community businesses. Apart from those that more generally reported improved quality of life (Graham et al., 2014, Graham et al., 2017, Vazquez Maguirre et al., 2018), community business users felt a sense of purpose by being able to help others they were working with (Ballinger et al., 2009, Waling and Fildes, 2017).

Community businesses served as an active ingredient for healthy ageing, enabling users to live independently in the community by providing support services in housing, transport, sports and leisure. The effectiveness of community businesses on quality of life differed between users. For instance, in one study (Graham et al., 2017) nearly half of the 'village' members reported higher quality of life (n = 1742), notably among those users:

– with lower levels of education (no university/college degree)
– with functional disabilities
– who had been involved in the community business for a longer period
– who volunteered more in community business activities.

In two developing countries (Mexico and Peru) establishing community businesses led to community developments such as improvements in education, housing, fuel supply for cooking; electricity provision, roads and potable water. Such enhanced social amenities translated into better quality of life for residents in such communities when compared with their neighbours (Vazquez Maguirre et al., 2018).

One study reported mixed results on the effects of community businesses on residents' satisfaction with their local area. Residents who lived in closer proximity to some community businesses expressed more satisfaction with their local area than those living farther away. For other community businesses, it was the opposite (Willis et al., 2017).

Again, the components of the community businesses had no associations with quality of life related outcomes examined (Table 8).

Table 8: Assessing quality of life related outcomes, in terms of type of community business and underlying mechanisms

Reference	Type of community business				Mechanisms underpinning functions of community business				
	Community start-ups	Clubs	Business savers	Cross-subsidisers	Bringing the community together	Understanding and reflecting local needs and priorities	Combining income sources	Relying on committed volunteers	Collaborating with other organisations
Ballinger et al. (2009)		✓						✓	✓
Culph et al. (2015)	✓						✓	✓	
Graham et al. (2017)		✓			✓	✓		✓	
Willis et al. (2017)			✓		✓	✓	✓	✓	✓
Vazquez Maguirre et al. (2018)	✓				✓	✓	✓		

4. Conclusion

The overall aim of this review was to provide insight into the impact and effectiveness of health and social care related community businesses on health and wellbeing outcomes for users. We used a systematic review approach, which consisted of identifying, screening and critically assessing the quality of evidence and synthesising relevant studies to address specific research questions. What this review found overall was that community businesses deliver on a range of health and wellbeing outcomes for users, and could be at least as effective as traditional models of delivering health and social care. However, given that the studies in this review did not compare community businesses to traditional models it is not possible to come to any definitive conclusions.

Community businesses can offer a positive contribution to health and wellbeing outcomes. A major theme in the research on health and social care related community businesses is their impact on improving social participation and alleviating social isolation in specific community-related activities, and the broader impact this has on social connectedness (social capital), feelings of belonging (social integration), decline in feelings of loneliness and engagement in meaningful social activity. This review suggests that improving social connectedness is a core feature of community businesses related approaches to health and social care, from which other positive health and social care outcomes often derive.

For some users of community businesses, improved social connectedness often led to feelings of increased self-esteem as users engaged in activities that allowed them to develop new skills, create or accomplish activities that provided a sense of achievement, thereby improving users' sense of self-confidence and self-efficacy. Many users reported improvements to physical health, sometimes brought about by strenuous physical activity, or engaging in more healthy lifestyles. There were notable improvements for mental health and wellbeing, as users of community businesses highlighted how striving for personal achievements raised their sense of personal wellbeing as it gave them an increased sense of hope and happiness in those moments.

Having a shared sense of purpose with other users of community businesses, and the shared experiences that come with that, provided greater reported quality of life, a sense of healing others as well as contributing to improvements in the local community. Increasing social networks may generate improved health and wellbeing, particularly for older people. The review findings also suggest that benefits are generated through a number of mechanisms including supporting healthy lifestyles, providing emotional support and offering payment for involvement in community business activities.

The presence of community businesses could also impact positively on local residents' satisfaction with their community and local area, though there were notable differences amongst community businesses in terms of how well local communities engaged with their activities. An excess of social 'bonding' capital (intra-group relationships), such as in the examples of 'men in sheds'-related community businesses, could be made at the expense of social 'bridging' capital (across social groups). More research is therefore needed to explore the specific characteristics of both local communities as well as community business demographics to further understand how each of these factors may contribute to the success, or limitations, of community businesses for health and wellbeing outcomes.

Furthermore, though the evidence was mixed in terms of overall methodological quality, a clear message is that community businesses deliver benefits for users, but that more research is needed to provide robust and evidence-based comparisons. There is little high-quality evidence on community businesses for health and social care, and further research is needed on the diverse range of stakeholders, including the wider local communities. There is also a need for longitudinal studies that use objective measures of health and wellbeing to further assess the impact of community businesses on physical and mental wellbeing. Lastly, to improve the quality of evidence, it will be important for community businesses to develop the way they evaluate their work and provide evidence for the effectiveness of their health and wellbeing activities.

Bibliography

Asterisks (*) indicate studies included in the review

Addicott, R. (2011) Social enterprise in health care: Promoting organisational autonomy and staff engagement. King's Fund.

*Ang, S.H., Cavanagh, J., Southcombe, A., Bartram, T., Marjoribanks, T. and McNeil, N. (2017) 'Human resource management, social connectedness and health and well-being of older and retired men: the role of Men's Sheds', International Journal of Human Resource Management, 28 (14), pp.1986–2016.

*Ballinger, M.L., Talbot, L.A. and Verrinder, G.K. (2009) 'More than a place to do woodwork: a case study of a community-based men's shed', Journal of Men's Health. 6 (1), pp. 20–7.

Bambra, C. (2009) 'Real world reviews: a beginner's guide to undertaking systematic review of public health policy interventions', J Epidemiol Community Health, 6: 14–19.

*Bertotti, M., Harden, A., Renton, A. and Sheridan, K. (2012) 'The Contribution of a Social Enterprise to the Building of Social Capital in a Disadvantaged Urban Area of London', Community Development Journal, 47 (2), pp.168–183.

*Boswell, J.P., Douglas, M.J. and O'Neill, N.P. (2009) Health and social enterprise. [online]. Available from: www.sfph.org [Accessed 12 June 2018].

Cabinet Office (2018) Civil Society Strategy: Building a future that works for everyone. London: Cabinet Office.

*Crabtree, L., Tinker Anthea and Glaser, K. (2018) 'Men's sheds: the perceived health and wellbeing benefits', Working with Older People, 22 (2), pp.101–110.

Critical Appraisal Skills Tools (CASP) (2016) Making sense of evidence. Available from: https://www.casp-uk.net/#!casp-tools-checklists/c18f8 [Accessed 12 July 2018].

*Culph, J.S., Wilson, N.J., Cordier, R. and Stancliffe, R.J. (2015) 'Men's sheds and the experience of depression in older Australian men', Australian Occupational Therapy Journal, 62 (5), pp. 306–15.

Diamond, A., Vorley, T., Mallett, O., Higton, J., Spong, S., Corley, A. and Mulla, I. (2017) The Community Business Market in 2017. London: Power to Change.

*Farmer, J., De Cotta, T., McKinnon, K., Barraket, J., Munoz, S., Douglas, H. and Roy, M.J. (2016) 'Social enterprise and wellbeing in community life', Social Enterprise Journal, 12 (2), pp. 235–254.

Fisher, J., Rayner, M. and Baines, S. (2011) Personalisation of social care and health: a co-operative solution. Manchester, UK: Manchester Metropolitan University.

*Graham, C.L., Scharlach, A.E., and Wolf, J.P. (2014) 'The Impact of the "Village" Model on Health, Well-Being, Service Access, and Social Engagement of Older Adults', Health Education and Behavior, 41, (1 suppl.), pp. 91S–97S.

*Graham, C.L., Scharlach, A.E. and Stark, B. (2017) 'Impact of the Village Model: Results of a National Survey', Journal of Gerontological Social Work, 60 (5), pp. 335–354.

*Graham, C., Scharlach, A.E., and Kurtovich, E. (2016). 'Do villages promote aging in place? Results of a longitudinal study', Journal of Applied Gerontology, doi:10.1177/0733464816672046.

Hayman, A. (2011) 'Social enterprises', Local Government Chronicle, 14 April 2011, pp.14–17.

Higgins, J.P.T. and Green, S. (2011) Cochrane handbook for systematic reviews of interventions. Available at https://handbook.cochrane.org/ [Accessed 18 July 2018].

Hull, D., Davies, T. and Swersky, A. (2016) The Community Business Market in 2016. Research Institute Report No. 4. The Power to Change Trust.

Hunter, P. (ed.) (2009) Social Enterprise for Public Service: How does the Third Sector Deliver? England: Smith Institute.

Johnstone, H. and Lionais, D. (2004) 'Depleted communities and community business entrepreneurship: revaluing space through place', Entrepreneurship and regional development, 16: pp. 217–233.

Jones, C. (2011) 'Is social enterprise the way forward for public services?', Nursing Times, 107 (4), pp. 12–14.

King's Fund (2018) The NHS budget and how it has changed. Available at https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget [Accessed 1 December 2018].

Liberati, A., Altman, D.G., Tetzlaff, J., Mulrow, C., Gøtzsche, P.C., Ioannidis, J.P., Moher, D. (2009) 'The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration', Annals of Internal Medicine, 151(4), W-65–W-94. DOI: 10.1371/journal.pmed.1000100

*Macaulay, B., Mazzei, M., Roy, M.J., Teasdale, S. and Donaldson, C. (2018) 'Differentiating the effect of social enterprise activities on health', Social Science & Medicine (1982), 200, pp. 211–217.

Marmot, M. and Wilkinson, R. (2006) Social determinants of health. Second edition. Oxford: Oxford University Press.

Mauksch, S., Dey, P., Rowe, M. and Teasdale, S. (2017) 'Ethnographies of social enterprise', Social Enterprise Journal, 13(2), pp. 114–127.

*Muñoz, S.A., Farmer, J., Winterton, R. and Barraket, J. (2015) 'The social enterprise as a space of wellbeing: an exploratory case study', Social Enterprise Journal, 11 (3), pp. 281–302.

NHS England (2014) Five year forward view. HMSO.

*Pank, H. (2011) Gorgie city farm community gardening project: Social Return On Investment (SROI). Report: Federation of City Farms and Community Gardens.

Petticrew, M. and Roberts, H. (2006) Systematic reviews in the social sciences: a practical guide. Malden, USA: Blackwell Publishing

Power to Change (2018) What is community business? Available from: https://www.powertochange.org.uk/what-is-community-business/ [Accessed 31 July 2018].

Putnam, R. (2000) Bowling Alone: The collapse and revival of American community. New York: Simon & Schuster.

Roy, M.J., Baker, R. and Kerr, S. (2017) 'Conceptualising the public health role of actors operating outside of formal health systems: The case of social enterprise', Social Science & Medicine, 172 pp.144–152.

Scharlach, A., Graham, C. & Lehning, A. (2011) 'The "Village" model: A consumerdriven approach for aging in place', The Gerontologist, 52, (3), pp. 418–427.

Swersky, A. and Plunkett, J. (2015) '"What if we ran it ourselves?" Getting the measure of Britain's emerging community business sector', Power to Change Trust. Available from: https://www.powertochange.org.uk/wp-content/uploads/2016/03/What-if-we-ran-it-ourselves-JAN2015.pdf [Accessed 10 July 2018].

*Teasdale, S. (2010) 'How can social enterprise address disadvantage? Evidence from an inner city community', Journal of Nonprofit & Public Sector Marketing, 22 (2), pp. 89–107

*Vazquez Maguirre, M., Portales, L. and Velasquez Bellido, I. (2018) 'Indigenous Social Enterprises as Drivers of Sustainable Development: Insights From Mexico and Peru', Critical Sociology, 44 (2), pp. 323–340.

*Waling, A. and Fildes, D. (2017) '"Don't fix what ain't broke": evaluating the effectiveness of a Men's Shed in inner-regional Australia', Health & Social Care in the Community, 25 (2), pp. 758–768.

Wenger, G.C., Davies, R. and Scott, A. (2017), 'Social isolation and loneliness in old Age: review and model refinement', Ageing and Society, 6 (16), pp. 333–358

*Willis, D., Coutinho, S., Fitzpatrick, A. and Williams, J. (2017) The impact of community business on local communities: A feasibility study to test new measures based on the Community Life Survey. Research Institute Report No. 9. The Power to Change Trust: London.

Wilson, N.J. and Cordier, R. (2013) 'A narrative review of Men's Sheds literature: reducing social isolation and promoting men's health and well- being', Health & social care in the community, 21 (5) pp. 451–463.

Appendix 1: Detailed results of search

Database	Search ID#	Search terms	Search options	Results
MEDLINE via EBSCO	S1	Communit* OR volunt* OR lay* OR public* OR collectiv* OR involv* OR partner* or charit* or “service user*” or “third sector”	Search modes – Boolean/Phrase	4,208,603
	S2	“community business” OR “community improve*” OR “not-for-profit” or “non-profit” OR “social enterprise*” OR “co-operative*” or “Social entrepreneur*” or “Community interest company” or “Company limited by guarantee” OR “social business*” OR “social firm*” OR “community enterprise*” OR “affirmative business*” or micro-enterprise*	Search modes – Boolean/Phrase	18,030
	S3	health or wellbeing or well-being or QoL or “Quality of life” or “social care” or healthcare	Search modes – Boolean/Phrase	3,939,350
	S4	impact or effect* or benefit* or outcome* or evidence or effective* or performance or efficien* or value	Search modes – Boolean/Phrase	12,066,384
	S5	S1 AND S2	Search modes – Boolean/Phrase	7,602
	S6	S3 AND S4	Search modes – Boolean/Phrase	2,082,689
	S7	S5 AND S6	Search modes – Boolean/Phrase	3,164
	S8	S5 AND S6	Limiters – Date of Publication: 20080101-20181231	1,851
	S9	S5 AND S6	Limiters – Date of Publication: 20080101-20181231 Narrow by Language: – English Search modes – Boolean/Phrase	1,805

Database	Search ID#	Search terms	Search options	Results
AMED – The Allied and Complementary Medicine Database	S1	Communit* OR volunt* OR lay* OR public* OR collectiv* OR involv* OR partner* or charit* or "service user*" or "third sector"	Search modes – Boolean/Phrase	37,962
	S2	"community business" OR "community improve*" OR "not-for-profit" or "non-profit" OR "social enterprise*" OR "co-operative*" or "Social entrepreneur*" or "Community interest company" or "Company limited by guarantee" OR "social business*" OR "social firm*" OR "community enterprise*" OR "affirmative business*" or micro-enterprise*	Search modes – Boolean/Phrase	277
	S3	health or wellbeing or well-being or QoL or "Quality of life" or "social care" or healthcare	Search modes – Boolean/Phrase	67,327
	S4	impact or effect* or benefit* or outcome* or evidence or effective* or performance or efficien* or value	Search modes – Boolean/Phrase	123,547
	S5	S1 AND S2	Search modes – Boolean/Phrase	98
	S6	S3 AND S4	Search modes – Boolean/Phrase	29,641
	S7	S5 AND S6	Search modes – Boolean/Phrase	36
	S8	S5 AND S6	Limiters – Date of Publication: 20080101-20181231	16
	S9	S5 AND S6	Limiters – Date of Publication: 20080101-20181231 Narrow by Language: – English Search modes – Boolean/Phrase	**16**

Database	Search ID#	Search terms	Search options	Results
Social Policy and Practice	S1	(Communit* or volunt* or lay* or public* or collectiv* or involv* or partner* or charit* or service user* or third sector).mp.	[mp=abstract, title, publication type, heading word, accession number]	147,433
	S2	(community business or community improve* or not-for-profit or non-profit or social enterprise* or co-operative* or Social entrepreneur* or Community interest company or Company limited by guarantee or social business* or social firm* or community enterprise* or affirmative business* or micro-enterprise*).mp.	[mp=abstract, title, publication type, heading word, accession number]	2,323
	S3	(health or wellbeing or well-being or QoL or Quality of life or social care or healthcare).mp.	[mp=abstract, title, publication type, heading word, accession number]	122,151
	S4	(impact or effect* or benefit* or outcome* or evidence or effective* or performance or efficien* or value).mp.	[mp=abstract, title, publication type, heading word, accession number]	137,726
	S5	S1 AND S2		1,817
	S6	S3 AND S4		55,088
	S7	S5 AND S6		323
	S8	S5 AND S6	2008:2019.(sa_year).	**214**
	S9	S5 AND S6	Narrow by Language: – English	

Database	Search ID#	Search terms	Search options	Results
Web of Science	S1	TS=(Communit* OR volunt* OR lay* OR public* OR collectiv* OR involv* OR partner* or charit* or "service user*" or "third sector")	Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years	6,401,939
	S2	TS=("community business" OR "community improve*" OR "not-for-profit" or "non-profit" OR "social enterprise*" OR "co-operative*" or "Social entrepreneur*" or "Community interest company" or "Company limited by guarantee" OR "social business*" OR "social firm*" OR "community enterprise*" OR "affirmative business*" or micro-enterprise*)	Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years	17,762
	S3	TS=(health or wellbeing or well-being or QoL or "Quality of life" or "social care" or healthcare)	Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years	2,070,983
	S4	TS=(health or wellbeing or well-being or QoL or "Quality of life" or "social care" or healthcare)	Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years	2,070,983
	S5	S1 AND S2	Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years	7,935
	S6	S3 AND S4	Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years	2,070,983
	S7	S5 AND S6	Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years	1,755
	S8	S5 AND S6	Refined by: PUBLICATION YEARS: (2018 OR 2010 OR 2017 OR 2009 OR 2016 OR 2008 OR 2015 OR 2014 OR 2013 OR 2012 OR 2011)	1,269
	S9	S5 AND S6	Refined by: PUBLICATION YEARS: (2018 OR 2010 OR 2017 OR 2009 OR 2016 OR 2008 OR 2015 OR 2014 OR 2013 OR 2012 OR 2011) AND LANGUAGES: (ENGLISH)	**1,202**

Database	Search ID#	Search terms	Search options	Results
Applied Social Sciences Index & Abstracts (ASSIA)	S1	ab(Communit* OR volunt* OR lay* OR public* OR collectiv* OR involv* OR partner* or charit* or service user* or third sector)	No limiters	351,051
	S2	ab(community business OR community improve* OR not-for-profit or non-profit OR social enterprise* OR co-operative* or Social entrepreneur* or Community interest company or Company limited by guarantee OR social business* OR social firm* OR community enterprise* OR affirmative business* or micro-enterprise*)	No limiters	16,945
	S3	ab(health or wellbeing or well-being or QoL or Quality of life or social care or healthcare)	No limiters	266,216
	S4	ab(impact or effect* or benefit* or outcome* or evidence or effective* or performance or efficien* or value)	No limiters	465,498
	S5	S1 AND S2	No limiters	14,715
	S6	S3 AND S4	No limiters	139,816
	S7	S5 AND S6	No limiters	6,028
	S8	S5 AND S6	Narrowed by: Entered date: 2008 – 2018	4,453
	S9	S5 AND S6	Narrowed by: Entered date: 2008 – 2018; Language: English	4,453
	S10 `	S5 AND S6	Narrowed by: Entered date: 2008 – 2018; Language: English; Duplicates removed	**3,230**
Power to Change website	List of publications	All list of publications on the Power to Change website	No limiters	**2**

Database	Search ID#	Search terms	Search options	Results
King's Fund	S1	"Community business"	No limiters	27
	S2	"Social enterprise"	No limiters	12
	S3	S1 OR S2	No limiters	**39**
Economics Foundation	S1	"community business"	From: 2008	127
	S2	"social enterprise"	From: 2008	170
	S3	S1 OR S2	From: 2008	**297**
New Philanthropy Capital	List of publications	"Charity or social enterprise" =	No limiters	**269**
Joseph Rowntree Foundation	List of publications	No search term input – all publications browsed through	publication year (from 2008)	**745**
Department of Health	S1	"Social enterprise"	publication year (from 2008)	11
	S2	"Community business"	publication year (from 2008)	15
	S3	S1 OR S2	publication year (from 2008)	**26**
Social Accounting and Audit (SAA)	List of publications	All publications on website	publication year (from 2008)	**120**
Social Return on Investment	List of publications	Assured reports on website	publication year (from 2008)	**88**
References of included studies	Bibliography of studies	All list of references in paper	publication year (from 2008)	**39**

Appendix 2: Study eligibility form

Study characteristics	Review inclusion criteria	Page/table/figure notes
Exposure – Is it a community business?		
Leadership: Was the organisation initiated by the local community, and does it continue to be led by the local community to meet a local need?	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Place: Is the organisation defined by its link to a physical place?	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Community value: Is the primary purpose of the organisation to generate economic and social value in its community through its activities and the reinvestment of profits locally?	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Local returns: Does the organisation trade in goods or services as a means to being mainly independent of grants, and ultimately generating economic returns?	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Outcomes		
Health outcomes Social care Wellbeing outcomes Social engagement outcomes Community and resilience outcomes Carer outcomes		
Study type		
Cross-sectional, interviews, focus groups, observational, experimental		
Decision (with reasons for either inclusion or exclusion or not sure)	**Include** ☐ **Exclude** ☐ **Not sure** ☐	**Reason(s):**

Appendix 3: Data extraction form

1. Tracking information:

Reviewer name

Title of study

Type of publication

Year of publication

Aim of study

Citation

2. Community business information

Multiple community businesses considered in paper?

☐	**Yes** **How many .....**	☐	**No**

Type of community business(es) explored in paper (tick all that apply)[3]

☐	**Public asset managers**	☐	**Business savers**
☐	**Community start-ups**	☐	**Cross-subsidisers**
☐	**Clubs**	☐	**Other (please specify)**

Sector of community business(es) explored in paper (tick all that apply)[4]

☐	**Transport**	☐	**Food catering and production**
☐	**Energy**	☐	**Libraries**
☐	**Finance**	☐	**Craft, industry and production**
☐	**Shops/cafés**	☐	**Housing**
☐	**Arts centre/facility**	☐	**Community hub/facility (incl. village halls)**

[3] Pages 7–8 of the following document as a guide https://www.powertochange.org.uk/wp-content/uploads/2016/03/What-if-we-ran-it-ourselves-JAN2015.pdf

[4] Pages 21–22 and Appendix A (pages 49–64) of the following document as a guide http://www.powertochange.org.uk/wp-content/uploads/2016/11/The-Community-Business-Market-in-2016-Digital-Revised.pdf

☐	**Sports and leisure**	☐	**Environmental/nature conservation**
☐	**Digital**	☐	**Health and social care**
☐	**Pubs**	☐	**Other (please specify)**

Country of community business:

Context of community business

☐	**Rural**	☐	**Urban**	☐	**Can't tell**

Description of the community business

What:
What does it do?

How:
How does it operate?

Who:
Who are involved?

Where:
Where do activities of the business take place

Other:

Any other relevant information about the community business?

Mechanisms/model of community business (tick all that apply)		Explanation
☐	Bringing the community together Local community engagement Remains very important to the success of the community business	
☐	Understanding and reflecting local needs and priorities Community businesses carving out a niche which is not filled by other organisations, e.g. community transport organisations well-placed to time their services to coincide with relevant local activities	
☐	Combining income sources Community business combining revenue from sales of products or services with fundraising events, venue hire to local groups and public sector contracts in order to develop a broad and resilient revenue base	
☐	Relying on committed volunteers Community businesses relying heavily on a committed group of volunteers	
☐	Collaborating with other organisations Community businesses looking to partner with other local voluntary, community and social enterprise Sector (VCSE) organisations to reduce costs, improve integration of services and increase scale when bidding for contracts	
☐	Other 1 (please specify)	
☐	Other 2 (please specify)	
☐	Other 3 (please specify)	

3. Study methodology

Study population

Type of study participants

Age (range or average)

Gender ☐ Male ☐ Female ☐ Both ☐ Can't tell

Ethnicity

Sample description

Study design (tick all that apply)

☐ **Quantitative**	☐ **Qualitative**
☐ **Survey (cross-sectional study)**	☐ **Interviews**
☐ **Cohort study**	☐ **Focus group discussions**
☐ **Secondary data analysis**	☐ **Observations**
☐ **Comparison study**	☐ **Document review**
☐ **Other (please specify below):**	☐ **Other (please specify below):** .....

Health and wellbeing outcome measures	
	How was it measured?
Outcome 1	
Outcome 2	
Outcome 3	
Outcome 4	
Outcome 5	

4. Results

Impact of community business on health and wellbeing outcomes		
	Total sample analysed	**Summary of findings**
Outcome 1		
Outcome 2		
Outcome 3		

Appendix 4: Quality assessment forms

CASP tool: cross-sectional study

Item	HINT:	Assessment			Score
Did the study address a clearly focused issue?	A question can be 'focused' in terms of: – the population studied – the risk factors studied – is it clear whether the study tried to detect a beneficial or harmful effect – the outcomes considered	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Was the sample recruited in an acceptable way?	Look for selection bias which might compromise the generalisability of the findings: – was the cohort representative of a defined population? – was there something special about the cohort? – was everybody included who should have been?	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Was the exposure accurately measured to minimise bias?	Look for measurement or classification bias: – did they use subjective or objective measurements? – do the measurements truly reflect what you want them to (have they been validated)? – were all the subjects classified into exposure groups using the same procedure?	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Was the outcome accurately measured to minimise bias?	– did they use subjective or objective measurements? – do the measurements truly reflect what you want them to (have they been validated)? – has a reliable system been established for detecting all the cases (for measuring disease occurrence)? – were the measurement methods similar in the different groups? – were the subjects and/or the outcome assessor blinded to exposure (does this matter)?	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Have the authors identified all important confounding factors?	– list the ones you think might be important, and 'can't tell' ones the author missed	**Yes** ☐	**No** ☐	**Can't tell** ☐	

Item	HINT:	Assessment			Score
Have they taken account of the confounding factors in the design and/or analysis?	– look for restriction in design, and techniques e.g. modelling, stratified-, regression-, or sensitivity analysis to correct, control or adjust for confounding factors	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Do you believe the results?	Consider: – big effect is hard to ignore – can it be due to bias, chance or confounding? – are the design and methods of this study sufficiently flawed to make the results unreliable? – Bradford Hills criteria (e.g. time sequence, dose-response gradient, biological plausibility, consistency)	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Can the results be applied to the local population?	Consider whether: – a cohort study was the appropriate method to answer this question – the subjects covered in this study could be sufficiently different from your population to cause concern – your local setting is likely to differ much from that of the study – you can quantify the local benefits and harms	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Do the results have implications for practice?	Consider: – one observational study rarely provides sufficiently robust evidence to recommend changes – to clinical practice or within health policy decision making – for certain questions, – observational studies provide the only evidence – recommendations from – observational studies are always stronger when supported by other evidence	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Total Score					

CASP tool: qualitative study

Item	HINT: Consider	Assessment	Score
Was there a clear statement of the aims of the research?	– what was the goal of the research? – why it was thought important? – its relevance	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Is a qualitative methodology appropriate?	– If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants – Is qualitative research the tight methodology for addressing the research goal?	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Was the research design appropriate to address the aims of the research?	– If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Was the recruitment strategy appropriate to the aims of the research?	– If the researcher has explained how the participants were selected – If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study? – If there are any discussions around recruitment (e.g. why some people chose not to take part)	**Yes** ☐ **No** ☐ **Can't tell** ☐	
Was the data collected in a way that addressed the research issue?	– If the setting for the data collection was justified – If it is clear how data were collected (e.g. focus group, semi-structured interview etc.) – If the researcher has justified the methods chosen – If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide?) – If methods were modified during the study. If so, has the researcher explained how and why? – If the form of data is clear (e.g. tape recordings, video material, notes etc.) – If the researcher has discussed saturation of data	**Yes** ☐ **No** ☐ **Can't tell** ☐	

Item	HINT: Consider	Assessment			Score
Has the relationship between researcher and participants been adequately considered?	– If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location – How the researcher responded to events during the study and whether they considered the implications of any changes in the research design	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Have ethical issues been taken into consideration?	– If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained – If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study) – If approval has been sought from the ethics committee	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Was the data analysis sufficiently rigorous?	– If there is an in-depth description of the analysis process – If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data? – Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process – If sufficient data are presented to support the findings – To what extent contradictory data are taken into account – Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Is there a clear statement of findings?	– If the findings are explicit – If there is adequate discussion of the evidence both for and against the researcher's arguments – If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst) – If the findings are discussed in relation to the original research question	**Yes** ☐	**No** ☐	**Can't tell** ☐	

Item	HINT: Consider	Assessment			Score
How valuable is the research?	– If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?) – If they identify new areas where research is necessary – If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used	**Yes** ☐	**No** ☐	**Can't tell** ☐	
Total Score					

Methodological Quality Checklist for Stakeholders' Documents and Position Papers (MQC-SP)

Criteria and their description	Scoring
1. Is there a major stakeholder involved? The document is developed/endorsed by (1) a nationwide or international organisation which is issuing recommendations and guidelines which are used in clinical practice; or (2) an interdisciplinary or cross-country consortium aiming at providing progress in the discipline/ practice for respective behaviour	**0 (no) or 1 (yes)**
2. Is there a well-defined aim? The document specifies the aim of the paper, target population, the type of actions and their breadth (e.g. changes in physical environment, any school-based interventions and policies) and the type of relevant behaviour	**0 (no) or 1 (yes)**
3. Is there a robust methodology? The method should list the sources used to obtain comprehensive and heterogeneous data, such as literature review and analysis of several examples of interventions/policies, and 'grey literature' or unpublished documents	**0 (no) or 1 (yes)**
4. Quality evaluation of analysed material applied? The document refers to the quality evaluation of the included material and/or refers to quality evaluation methods or measures	**0 (no) or 1 (yes)**
5. Have the included material been appropriately synthesised? The synthesis of analysed material addresses the heterogeneity of analysed data; provides specific conclusions; conclusions are supported by analysed material; the key constructs are clearly operationalised	**0 (no) or 1 (yes)**
6. Has more than one stakeholder/author been involved at the process? To minimise bias, conclusions were based on involvement and consensus achieved by at least two stakeholders/ multiple researchers from different organisations	**0 (no) or 1 (yes)**
Total score: low = 0–3, moderate: 4–5; high 6	**0–6**

Power to Change
The Clarence Centre
6 St George's Circus
London SE1 6FE

020 3857 7270

info@powertochange.org.uk

powertochange.org.uk

@peoplesbiz

Registered charity no. 1159982

ISBN: 978-1-911324-21-8

COMMUNITY FUND