

Health, Wellbeing and Community Enterprise: The role of local government

Full Research Report

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Executive Summary

This project investigated the following research questions:

1. What are the effects of community enterprise on health and wellbeing for individuals and communities?
2. How is local government supporting and/or stimulating community enterprise development in Victoria?
3. What constitutes good practice in local government support for community enterprise?

The research was situated within a social determinants of health framework, which sought to examine the extent to which local economic development planning incorporates health considerations and the potential for community enterprise to deliver wellbeing outcomes through economic participation.

The research was based on: an extensive literature review to identify existing evidence; an online survey of local government staff and councilors, which yielded 66 responses from staff of 25 Victorian local governments; a systematic review of local government health and economic development plans; 25 in-depth interviews with community enterprise practitioners and local government staff and political leaders working with community enterprises in Victoria; and two workshops involving 14 local government staff and 8 community enterprise practitioners.

The survey data and review of local government planning documents suggest that there is relatively limited incorporation of health planning dimensions in local government economic development plans. Where health dimensions are incorporated, they predominantly reflect a medical model, rather than a social model, of health, focusing on primary health care and health services delivery.

Community enterprise is a label applied to a variety of social purpose businesses and labour market programs with very different objectives. This suggests that care must be taken when interpreting the health and wellbeing impacts of community enterprise, as different approaches and purposes result in different outcomes. The literature review and qualitative interview data suggests that – when aggregating the effects of diverse community enterprise approaches - community enterprise contributes to a number of ways, to both individual and community health and wellbeing. Benefits to individuals include:

- increased social support by developing relationships with a diverse range of people
- opportunities to develop new skills and gain qualifications
- decreased barriers to employment as a result of paid or unpaid community enterprise work experience
- the financial benefits of a wage or membership return

- access to a job and/or new pathways into work
- improved self efficacy and self esteem as a result of participating in the operation or management of the enterprise

Benefits to communities include:

- Stimulation and/or retention of local economic flows
- Improved availability and quality of niche services for residents
- Increased community vibrancy where community enterprises are hubs in which residents come together to work, exchange goods and services and interact socially
- Employment of local people and business purchasing from other local providers
- Reduced cultural and social barriers between residents through the day to day interactions associated with the business
- Provision of specific services that encourage civic or social participation of marginalized groups; and
- Reinvestment in disused public and commercial space, providing opportunities for communities to use these spaces in positive new ways.

The research also identified a small number of potential health and wellbeing risks that arise from community enterprise development. The main identifiable health and wellbeing risks for individuals are:

- Burnout, due to the very high demands on voluntary time required in the planning and start-up of community enterprise.
- Stress associated with bearing liability for fledgling community enterprises which are typically associated with higher financial risks than other community-led endeavours.

The main risk for communities is:

- Displacement of existing local businesses where competing community enterprises are established.

The first of these risks is a common feature of community development work. However, where governments are valorizing the benefits of community engagement and participation, it should be recognized that over-reliance on particular community leaders can have detrimental effects on their health and wellbeing. Participants in our research suggest that the latter two risks can be mitigated where both the social and business dimensions of community enterprise are well-planned.

While this research augments the paucity of available evidence on the health and wellbeing impacts of community enterprise, it is limited to a snapshot analysis based on subjective experiences of those centrally involved with running community enterprises.

Further research in this area would benefit from a longitudinal approach which encompasses empirical measures of the effects of users of community enterprises.

The research identifies a range of ways in which local government is working with community enterprises, although not all community enterprises seek relationships with local government. Current practices range from one-off ephemeral funding support for community enterprise planning or start-up, through to sustained partnerships between community enterprise and local government in support of shared local development goals. There appears to be considerable scope for Victorian local governments to further support community enterprise development through social procurement and increased access to councils' business and social planning resources. The major barriers to further development of local government support for community enterprises include: lack of knowledge about community enterprise and its potential benefits; competing local government priorities and resource constraints; limited integration between the different functional areas of local government that can assist community enterprise development; and (actual and perceived) regulatory constraints on providing government support for social purpose businesses.

Introduction

In recent years, policy makers and health professionals alike have recognized the influence on health and wellbeing of inter-related social, economic, cultural and environmental factors. Victoria is one of the few jurisdictions in the world where municipal health planning at the local level is mandated. It is also a leader in developing integrated approaches to health planning at the local government level, supported by the *Environments for Health* Framework. This approach to health and health planning recognizes that:

- (a) Health and wellbeing are influenced by social, economic, cultural and environmental factors, and thus
- (b) Effective policy responses to health and wellbeing need to be integrated across different functional areas of government.

In December 2006, a review of Victorian local governments' use of the *Environments for Health* framework identified that, while municipal public health plans (MPHPs) generally addressed a range of health dimensions, there was less evidence that MPHP planning initiatives had been integrated into the main planning schemes of councils (Centre for Health through Action on Social Exclusion in association with the Program Evaluation Unit 2006: 42). The perceived influence of the *Environments for Health* framework on economic planning, in particular, ranked lowest of all planning areas, leading the evaluators to conclude that the economic development and planning domain required further targeting to facilitate greater integration.

Just as the shift toward integrated planning reflects the premise that joined up problems require joined up solutions, governments at all levels are increasingly considering the role of third sector – that is, not for profit, mutual and cooperative organizations – in supporting responsive local solutions to the range of systemic and geographic factors that inform health and wellbeing. There has been a recent focus in Victoria on the role of community enterprise in facilitating individual and community wellbeing by combining a strong social objective with a business approach. Community enterprise is a widely-debated term (see our definitional discussion below). Broadly, it refers to businesses, usually owned by a group of citizens or a civil society organization, that seek explicitly to respond to community needs by trading specific goods and services in the marketplace. Examples of community enterprise are discussed in further detail below. In many ways, community enterprise embodies an integrated approach to community development, combining the practices of business with a strong social or environmental objective. While community enterprise is not new to Australia, this form of activity and its potential to stimulate health and wellbeing through wider economic participation is currently enjoying some popularity amongst policy makers and in some parts of the third sector. At state government level, Victoria has led public policy support for community enterprise development with its Community Enterprise and Volunteering Strategy as part of the *A Fairer Victoria* social policy framework. The Neighbourhood Renewal (NR) program has also supported the development of community enterprise as a mechanism to facilitate

employment and learning opportunities for public housing residents in NR sites. Whilst anecdotal evidence suggests that local government is playing a variety of roles in supporting the establishment of community enterprise, there has been little systematic review, locally or internationally, of the specific contributions of local government to community enterprise development.

This project locates itself at the intersection between the identified need for greater integration between economic and health planning at the local level, and the presumed virtues of community enterprise in improving health and wellbeing through economic participation. The aims of the project were to:

- Examine the relationship between health and economic participation through the case of community enterprise; and
- Develop a set of practical resources to assist local governments to facilitate the development of sustainable community enterprise in Victoria.

The project investigated the following research questions:

1. What are the effects of community enterprise on health and wellbeing for individuals and communities?
2. How is local government supporting and/or stimulating community enterprise development in Victoria?
3. What constitutes good practice in local government support for community enterprise?

The project was conducted as a partnership between researchers from the University of Melbourne and the Victorian Local Governance Association (VLGA). This report presents in full the research findings from the project. It should be read in conjunction with the other project output, *Health, Wellbeing and Community Enterprise: An Information and Resource Guide for Local Governments*, which includes a series of case studies detailing ways in which Victorian local governments are working with community enterprises to facilitate health and wellbeing through economic participation in their local areas.

Defining Community enterprise

At their most general, community enterprises can be described as locally-focused businesses that are driven by a strong social objective. A social (including environmental or cultural) purpose is the driver of the business, rather than simply a possible side-effect. Community enterprises are owned by community members or local civil society organisations and many operate on a not for personal profit basis¹.

Community enterprises typically fulfill one or more of the following objectives:

¹ Although it should be noted that some member-based community enterprises, particularly those formed as cooperatives, may distribute profits to their membership.

- provide essential local or group-specific services in the face of state and market failure
- generate permanent or intermediate employment opportunities for traditionally marginalized people (referred to as Intermediate Labour Market programs or, in the European context, as Work Integration Social Enterprise)
- generate income to support other local community development activities

Community enterprises operate in a wide range of industries. Examples of services provided by community enterprise include:

- Catering and hospitality
- Concierge services
- Commercial cleaning
- Street cleaning
- Waste management and recycling
- Horticulture and landscape design
- Furniture making
- Information Technology services
- Language translation services
- Cultural and recreational services
- Childcare
- Food production and retailing
- Essential services such as fuel stations, hospitals and banks

Community enterprises are a subset of a wider range of social-purpose business called 'social enterprise'. While all social enterprises aim to produce some kind of social, cultural or environmental value, not all are linked to a specific place or group.

The European EMES Research Network defines social enterprise as a set of organisations based on common social and economic criteria.

The social criteria are:

- an explicit aim to benefit the community
- an initiative launched by a group of citizens
- decision-making power not based on capital ownership
- a participatory nature, which involves the various parties affected by the activity
- limited profit distribution.

The economic criteria are:

- a continuous activity, producing and selling goods and/or services
- a high degree of autonomy
- a significant level of economic risk
- a minimum amount of paid work (Defourny 2001: 17-18).

The above definition must be recognised as a culturally contingent one, based on empirical observation of developments in the United Kingdom and Western Europe. As a definitional starting point, however, the EMES framework is useful in delimiting social enterprise as a set of organisations with shared characteristics.

The distinction between social and community enterprise is somewhat fuzzy and in many domains the terms are used interchangeably. Throughout this report, we refer to community enterprise when referring to social purpose businesses linked to a particular geographic community or social group. We use the term social enterprise when discussing a wider range of social purpose businesses, or where citing research where this terminology is adopted.

Conceptual approach

Our approach to the study draws on a social model of health and the logic of network governance.

The World Health Organisation (WHO) defines health as ‘a state of complete physical, mental, and social well-being and not merely the absence of disease, or infirmity’ (WHO, 2007). This definition suggests that health is both a cumulative state, and that it is affected by a range of direct and indirect factors relating to our experiences of society, environment, economy and culture. In recent years, a ‘social determinants of health’ framework has given increasing attention not just to the direct causes of poor health, but to the foundational social, economic and environmental factors – the ‘causes of the causes’ – that influence health and health inequalities between different groups and societies.

The Victorian Health Promotion Foundation (2008) suggests that the following social and economic resources can reduce inequalities in health for all Australians:

- work and meaningful employment
- education
- adequate housing
- healthy foods
- accessible health and community service infrastructure
- safety and justice
- urban planning that promotes social mix and transport.

The WHO Commission on the Social Determinants of Health recognizes that, while improved global health is an important end in itself, good health also enables citizens to

participate in society more fully, with potentially positive consequences for economic performance (WHO, 2003: 14)

A social determinants of health approach emphasizes the need for integrated health and community planning by governments at all levels, in order to systemically address the range of factors that determine health and health inequalities. The logic of integrated planning is consistent with the presumed virtues of what is increasingly referred to as 'network governance'.

A shift in language from 'government' to 'governance' has emerged in policy studies and practice over the last 15 years (see Rhodes 1997; Considine 2001; Kooiman 2003; Rhodes 2007; Hajer & Wagenaar 2003: 2). Network governance presumes that complex societal problems require responses that draw on the embedded resources of different groups, institutions and organisations. Network approaches emphasise partnership and collaboration within and between governments, across sectors, and between governments and citizens. In response to complex needs and problems, governance may be viewed as a combination of governing efforts by a range of social-political actors, both public and private (Kooiman 2003: 3).

The presumed benefits of these arrangements are that they 'provide hope for variety in organisation type to stimulate innovation, for private participation to shift capital costs off the public budget, to compel competitors to regulate one another, or to generate forms of non-profit service delivery that is voluntary and responsive to local needs' (Considine 2005a: 166).

In Victoria, recent state government support for community enterprise development has been positioned within this discourse of 'network governance'; that is, select community enterprises have been invested in by government in part because they represent local responses to social and geographic disadvantage. The Victorian Government's Community Enterprise Strategy is described as a "collaboration with the not-for-profit sector and local organisations to develop one way of addressing the barriers faced by individuals and communities" (Department for Victorian Communities 2006: 3). While there are many community enterprises that pre-date government involvement and/or are wholly autonomous from government, current public policy interest in community enterprise development is clearly located within the discourse of governing through networks.

At the same time, community enterprises may also be viewed as networked organisations. As other writers have observed, networked approaches to mobilising resources and governing organisational activity are not unfamiliar to community and social enterprise. In the European context, Gardin (2006: 112) suggests that, as well as being 'multi-goal' and 'multi-ownership' organisations, social enterprises are themselves 'multi-resource' organisations that mobilise a range of market and non-market resources to meet their objectives. This suggests some congruence between the logic of network governance and the objectives and processes typical of social and community enterprise (Barraket 2008). In line with this emphasis on networked approaches to governing and resource

mobilisation, a range of relationships – from loose forms of ephemeral funding support through to highly formalised partnership arrangements – have emerged between some community enterprises and local governments in Victoria.

Drawing on a social model of health allows us to examine the range of inter-related ways in which community enterprise influences (or does not influence) health and wellbeing. Throughout our analysis, we examine the health and wellbeing impacts of community enterprise on individuals and communities, with specific reference to their effects on economic, social and civic participation.

A network governance approach encourages us to examine the nature and extent of integration - across different functional areas of local government, between local government and local residents, between local government and other levels of government, and between local government and other sectors - in support of health and wellbeing outcomes. As all community enterprises bridge the divide between social and economic domains, they provide a useful lens through which to examine both the processes and effects of integrating for health and wellbeing.

Methodology

The research was conducted in five phases with some phases being undertaken concurrently.

Phase one included a desktop analysis of existing empirical research and program evaluations on community enterprise to identify current knowledge of the relationship between community enterprise and health. Academic literature searches were conducted through a number of databases, including Web of Science, Expanded Academic, and Australian Public Affairs Index. Key search terms included ‘community enterprise + health OR wellbeing’; ‘social enterprise + health OR wellbeing’; ‘employment + health OR wellbeing’; ‘economic development + health OR wellbeing’; ‘local government + community enterprise’; ‘local government + social enterprise’; ‘integrated planning + health’; and ‘integrated planning + local government’. A web search via Google was also conducted using these search terms to identify empirical research and local and international policy material relating to our research questions

Phase two consisted of a web-based review of Australian, New Zealand and UK local government support for community enterprise through grant funding and economic development activities undertaken to identify examples of good practice, and Victorian local government areas in which community enterprise is being supported. Two key informant interviews were also conducted with interstate practitioners involved in community enterprise development through local government as part of this scoping phase.

Phase three, an online survey of local government staff in business and health/social development units was conducted to identify their current activities in relation to community enterprise development. The survey was piloted with 6 local government employees working in economic and health/social development units within local

government. Following this, a purposive sample of local government staff was contacted via an introductory email and follow up email using the available email networks of VLGA. Survey recipients were also encouraged to pass the survey on to others who might be interested. The survey yielded 66 complete responses from 25 local governments, thus including representation from 32% of Victorian councils. The exact response rate for individuals is unknown due to the online snowball sampling technique employed. Quantitative survey data were descriptively analysed to identify trends in local government experience of community enterprise, knowledge of resources available to support community enterprise, and current practices in relation to local economic development more generally. Qualitative survey data were analysed thematically

Phase four consisted of twenty-one in-depth interviews with staff and members/participants of ten community enterprises throughout Victoria with the aim of identifying health and wellbeing impacts, and enterprise developers' experiences of local government. Enterprises were selected based on information generated from phase two, combined with project partners' knowledge of existing enterprise activity in Victoria. The sample included intermediate labour market and service models as well as traditional co-operative models of community enterprise. It included three rural/regional enterprises, one outer metropolitan and five metropolitan-based enterprises. It also included two enterprises serving the needs of newly arrived refugee and migrant communities and three enterprises operating Neighbourhood Renewal areas. Interview data were thematically analysed to identify trends and differences in experiences of working with local government. Findings from Phase Four were also used to identify case study examples that were further developed in Phase Five.

Phase five involved identification of four enterprise/local government relationships demonstrating good practice in stimulating and/or sustaining community enterprise development. These became the project case studies which are detailed in the resource guide that accompanies this report. Local government staff involved in supporting these enterprises were contacted for interview. A limited response meant that not all case studies included data from an interview with the relevant local council staff member/elected representative. Additional in-depth interviews were conducted with three local council staff and elected representatives integral to the start-up and or facilitation of these community enterprises. Information from these interviews was used to develop four descriptive case studies, which were then given back to interviewees for further comment and refinement.

Phase six included two workshops, one with invited local government staff members, which was attended by 14 people, and one with community enterprise practitioners, which was attended by eight people. These workshops were designed as discussion-based forums where issues, challenges and opportunities could be discussed with others in the field. We used insights gained from these workshops to inform our findings and the development of the practical project outputs.

Literature review

This project investigated a number of separate, yet inter-related, empirical questions. In order to both develop our own research questions and canvass the available research evidence, several bodies of literature were reviewed: the literature on economic participation and health; the literature on integrated planning and local government; and the literature on the impacts of social and community enterprise on health and wellbeing.

The literature review draws on policy documents and wider ‘grey literature’ to contextualize various policy developments and associated empirical questions. The review of available evidence, however, concentrates on peer-reviewed academic sources and large-scale independently conducted evaluations.

1. Economic Participation and Health:

The Victorian Health Promotion Foundation (2005) report that psychosocial risks – such as anxiety, insecurity, low self-esteem – are differentially experienced by people of low socio-economic status and are significant predictors of poor mental health and wellbeing. This is supported by the research evidence, including the 2001 National Health survey, which found that self-reported experiences of very high psychological distress were significantly higher amongst adults living in socio-economically disadvantaged areas than amongst adults living in least disadvantaged areas and amongst traditionally marginalized groups, such as Indigenous people and people from non-English speaking backgrounds (ABS, 2003). Vichealth defines access to economic resources as:

- Access to work and meaningful engagement;
- Access to education;
- Access to adequate housing; and
- Access to adequate financial resources.

For the purposes of this research, we draw on this understanding of access to economic resources. However, insofar as we are concerned with economic *participation* rather than economic *access*, we would add to these dimensions:

- Access to quality goods and services; and
- Opportunities to participate in market and non-market exchanges

The empirical literature on economic participation and health and wellbeing is wide and ranges from macro analyses of economic systems on population health to micro-studies of specific interventions, social groups and communities of place. In order to provide a targeted review of the literature, we have operationalised the concept of the relationship between economic participation and health and wellbeing here in two ways. First, we review research findings on the relationship between employment and health and wellbeing. Second, we assess the impacts of community economic development on wellbeing. These two dimensions have been adopted because community enterprise is typically driven by local economic (and non-economic) developmental objectives and/or

objectives to create employment or pathways to employment (see Spear & Bidet 2005; Defourny & Nyssens 2006)

Employment and Health and Wellbeing

The link between employment and health and wellbeing has been well-established, with researchers identifying correlations between unemployment and poor health (see Broom et al 2006; Outram et al 2004; Harris & Morrow 2001; McLelland 2000), and between over-employment or low quality employment and poor health (see Hewitt et al 2006; Broom et al 2006; Dooley & Prause 2006; Flatau et al 2000). Research into the relationship between health and employment has typically tested the dominant psychological-theoretical positions using surveys as evidence (see for example, Creed and Macintyre, 2001, Hassall et. al., 2004, Kennedy & McDonald, 2006, Flatau et. al., 2000, Winefield & Carson, 2006, Scutella & Wooden, 2006). The dominant theoretical position tested in most of the literature is Marie Jahoda's Deprivation Theory, which identifies five latent benefits of employment: time structure, social contact, external goals, status and identity, and enforced activity; which sit apart from the manifest benefit of unemployment; earning a living. This theory supposes that even 'bad jobs' are preferable to unemployment. However, a range of empirical studies does not support this theory, finding that health and wellbeing is negatively affected by low quality work (see for example Dooley & Prause, 2004, Winefield & Carson, 2006, Flatau et al, 2000, and in particular, Feather, 1997). Much of this literature supports the view that part-time employment and Not In the Labour Force (NILF) status are also strong predictors of poor mental health.

The findings from this literature suggest that positive health and wellbeing outcomes are associated with employment where such employment is meaningful, secure, adequate to meet material needs, and not excessive. They also suggest that employment influences quality of life practically, affectively, and relationally; in this sense, the wellbeing impacts of work are manifest in more than simply a pay packet. These findings informed our project approach, leading us to ask:

- What types of employment or pathways to employment are various community enterprises producing?
- How is participation in paid or voluntary work within enterprises affecting social, economic and civic participation?

Local economic development and Health and Wellbeing²

There is very little literature which directly addresses the relationship between local economic development and health and wellbeing. However, the literature on community economic development broadly tests the wellbeing effects of locally-driven economic development, by assessing the sustainability of community economic development activities and the wider social impacts of these activities. While community economic

² Parts of the literature review in this section are drawn from Barraket (2001).

development, as both a field of activism and research, is not new, recent interest in this field derives from the perceived effects of globalization on local sustainability. Globalisation has led to: greater centralisation of research and development around economic nodes in global cities and regional centres; spatial changes in investment, employment and occupation; and marginalisation of areas that are disconnected from centralised economic growth and knowledge flows (National Institute of Economic and Industry Research, 1999: 25). Davidson and Grant (2001: 6) have defined the regional marginalisation associated with uneven development trends as a structural condition that implies a diminishing economic base and an increasing alienation from the mainstream of society.

Community economic development commentators typically distinguish between exogenous, or industrial models of economic development focused on attracting external industry and investment, and endogenous approaches, which focus on fostering new local businesses and niche markets. Black and Hughes have suggested that patterns of ownership can affect the level of commitment of businesses to the communities in which they operate (2001: 45). Further, the diversity, size and responsiveness of industry within a community affect its capacity to compete effectively and to respond to shifts in consumer demand (Black and Hughes, 2001: 45).

In a study of a citizen-led economic development project in two rural American towns, which involved leadership of local economic development planning by people with a disability (Ipsen et al 2006) found that the initiative resulted in stronger social and civic participation by people with a disability and increased acceptance of alternative economic development strategies – such as the development of home-based businesses – in towns which had been traditionally organized around an industrial model of development involving heavy reliance on single industries. In an account of an action-research based study of endogenous development of community economy initiatives in Victoria's Latrobe Valley, Cameron and Gibson (2005) found that these initiatives fostered relationships between people from divergent backgrounds, provided a social context for training and skills development which was lacking in typical employment services dictated by Australia's 'work-first' employment services model, and assisted in illuminating the strengths and assets of an area which had been labeled as disadvantaged. Cameron and Gibson also noted that, while the initiatives they were working with were located within the 'community economy' – that is, they were drawing on unpaid and alternatively paid labour and non-economic exchanges – they interacted strongly with the formal economy and some would consolidate as full-fledged economic enterprises over time.

As Jones (2008) identifies, local economic development in Australia has been traditionally delivered at the regional level. However, regional approaches have not always been effective, in part because local communities tend not to identify with their region (Jones 2003; Lennon et al 2003). At the same time, the push toward localism, which is consistent with the logic of network governance, has placed new emphasis on the role of local government in local economic development. Jones (2008: 24) suggests that these efforts are limited by insufficient legislative powers combined with inadequate

resources. Cameron and Gibson's (2005) research found that relations between local government and the participating community groups were negatively affected by staff turnover and changes in strategic direction within local government. They suggest also that the nature of strategic support must vary over the life of a community economic development initiative, as the initiative itself progresses through various stages of consolidation.

2. Integrated health planning and local government

Although local governments across Australia have historically played a role in public health (Bagley et al 2007), Victoria is one of the very few jurisdictions world-wide in which municipal health planning by local governments is mandatory (Hoeijmakers et al 2007). In addition to the 2006 evaluation of local governments' use of the *Environments for Health* framework, a review of the academic literature identified only one study which explicitly focused on Victoria's municipal health planning framework and its effects. In a small qualitative examination based on interviews with nine local government staff, Bagley et al (2007) found that, despite its mandatory nature, there were divergent practices in approaches to municipal health planning, with no shared agreement or understanding across councils of the nature or status of plans. They also found that the planning process takes place within a wider political, organisational and inter-governmental context, which affects both the status of plans and the possibilities of their objectives being implemented.

The MCHP approach, however, is part of a broader trend in a range of jurisdictions and areas of policy, which emphasize 'joined up' and integrated approaches to planning. As Whitzman (2007: 146) observes, this relates to the governance aspect of planning. The logic of integrated planning is consistent with 'network governance' approaches (see our discussion in our conceptual approach) that place value on integration within and between different levels of government, and across boundaries between government and non-government sectors. The *Environments for Health* planning framework developed by the Department of Human Services emphasises the importance of integrated approaches to health planning by local government, as do other state government frameworks in the broader fields of social policy and community strengthening (see, for example, Considine 2005b).

Our literature review yielded relatively limited evidence of the nature or impacts of integrated health planning operating within a social determinants of health framework at the local level. While there have been some studies of shifts toward integrated local health planning in Europe and North America, these have primarily focused on emergency response and disease management as a consequence of increased awareness of terrorist threats, natural disasters and contagious diseases such as avian influenza.

There is some literature on integrated local health planning and its effects. As discussed in the introduction to the report, the 2006 evaluation of the use of the *Environments for Health* framework found that, while the framework had supported health planning that

more comprehensively addresses the range of domains that intersect with health and wellbeing, it had had less impact on mainstream planning within local governments.

In a qualitative longitudinal study of health planning in four municipalities in the Netherlands – where, like Victoria, municipal health planning is mandatory - Hoeijmakers et al (2007) found that community organizations and groups were only peripherally involved in local health planning, and that the ongoing dominance of a medical model of health limited a range of stakeholders' engagement with health planning as a priority area in their own work. They found that, while “all stakeholders had carved out their specific territory in health matters [they] generally failed to connect towards a comprehensive community-based health promotion model” (Hoeijmakers et al, 2007: 119).

Our literature review uncovered limited empirical investigation of:

- the extent to which municipal health planning is becoming mainstreamed within other areas of strategic local government planning, or
- the impacts of integrated planning on health inequalities.

With regard to the latter point, the most salient body of literature relates to the establishment and subsequent demise of health action zones in the UK. Although not mandated or facilitated exclusively through local government, HAZ shared an emphasis on integrated local responses to health inequalities. Health Action Zones were part of the first suite of area-based policy implemented under the Blair Labour Government in 1997. They were multi-agency partnerships aimed at reducing health inequalities in 26 areas of geographically determined disadvantage (Judge & Bauld 2006). The national evaluation of HAZ, conducted between 1999 and 2002, found that these interventions had supported the development of partnerships and raised awareness about health inequalities, but had made little measurable impact on health outcomes in the areas they served (Judge and Bauld 2006). There are a number of reasons proposed for the limited effects of HAZ presented in the evaluative and academic literature. These include: the complexity of the problem and an unrealistic timeframe in which measurable effects were expected to occur; a lack of existing baseline data from which to prioritise problems and possible solutions; and the limited effectiveness of local interventions on structural and systemic inequality. The evaluators themselves report that most 'findings' of real value within the evaluation were context-specific (Barnes et al 2005).

With regard to the mainstreaming of health planning into other planning domains, we identified no research which examined relationships between economic development planning and health planning. With regard built environment planning, Whitzman (2007) has reported on efforts to integrate public health dimensions into urban planning in Victoria. She found that there has been limited integration of the activities and functions of strategic and statutory planners. Further, this research concludes that the absence of legislation in state and local planning schemes to address health issues limited the capacity of local planners to influence or enforce integrated approaches to urban planning (Whitzman 2007). These findings suggest that, while municipal health planning may be

mandated, the imperative for integrated health planning across different areas of planning is weakened by lack of coordinated mandates across different policy areas and between different tiers of government. It should be noted however that, even within the very small body of available empirical literature, there is a lack of consensus about whether top-down mandatory frameworks deliver effective planning outcomes (see Bagley et al 2007; March & Low 2004).

The limited empirical evidence in this area suggests the need for investigation and understanding of the extent to which municipal health planning is integrated across different functional areas of local government, and between local governments and other actors, as well as whether integrated approaches yield the kinds of ‘joined-up’ solutions theorized in the literature and practice of network governance. It was beyond the scope of this research to empirically investigate all of these issues. As a starting point, however, the survey and document analysis components of our research (see methodology and findings sections below) sought to examine the extent to which health and community services and economic development planning is joined up within Victorian local governments.

The impacts of community enterprise on health and wellbeing

Whilst the focus of the research project is on community enterprise, the review of the literature was widened out to incorporate social enterprise. This is in part to accommodate different uses of language in different jurisdictions. This approach was also taken as there is very little available research in the area and to exclude social enterprise would reduce lateral analysis of the available evidence.

In the UK, social enterprise has played a role in the reform and delivery of health care and other social services (see Marks & Hunter, no date; Simmons, 2008). Particular models of social enterprise – specifically the social firm and Italian social cooperative models- have been developed in some jurisdictions to support economic and social participation of social groups facing specific health issues, such as psychiatric disability and drug addiction (see Thomas 2004). Drawing on a social model of health, however, we are more widely concerned here with the impacts of social and community enterprise on the inter-related social, economic, cultural and environmental factors that inform health and wellbeing.

Available research on the impact of social enterprise on wellbeing remains limited. To date, the empirical literature on social enterprise has concentrated on: mapping and articulating dynamics of social enterprise sectors in different regions (see Kerlin 2006; Defourny & Borzaga 2001; Spear & Bidet 2005); examining business imperatives around organisational governance, finance and management (see Dees 1996; Dees 1998; Dees et al 2001); comparative analyses of the evolution of social enterprise movements in different countries (see Kerlin 2006; Defourny & Nyssens 2006); and normative debates about the ways in which social enterprise counter or reinforce dominant economic and political approaches (see Dart 2004; Ridley-Duff 2007; Gibson-Graham & Cameron 2007).

A small number of single case-study analyses and evaluations illuminate the wellbeing impacts of particular social and community enterprise initiatives within highly specific contexts.

In a longitudinal case study of the impacts of e-ACE – a social enterprise providing access to and skills development in information technologies whilst supporting the development of community networks – on a high rise housing estate in inner Melbourne, Hopkins (2007) found that the enterprise supported residents to pursue education and employment opportunities, locate information about available social services, and derive entertainment from a range of online sources. Just as importantly as the direct service impacts of the enterprise, Hopkins (2007) found that the training and information activities of the enterprise stimulated greater contact between residents, building social capital among individual residents and between different communities co-habiting within the estate. Almost one third of training participants reported developing new friendships through being involved in such sessions. During the period of the research, consecutive community surveys found that, towards the end of the research period, residents reported higher levels of trust, community inclusion, and personal safety. Hopkins notes, however, that there was a range of initiatives simultaneously occurring on the estate as part of the Victorian government's Neighbourhood Renewal initiative, which constrains the possibilities of isolating the specific influence of e-ACE on these outcomes.

In an evaluation of an Australian social enterprise program involving seven enterprises which sought to foster pathways to employment and social participation for migrants and refugees highly disadvantaged in the labour market, Barraket (2007) found that the program yielded a number positive health outcomes, for both individual participants and their communities. Outcomes for individuals included improved literacy, educational attainment and employment experiences that advanced self-esteem and self-efficacy, and expanded social relationships. Two of the enterprises involved in the program also had explicit physical and service links to local schools. In these cases, observable community wellbeing benefits included: an increased sense of pride and self-worth among students from ethno-cultural groups represented by the enterprise operators; on-site healthy food choices that were improving students' diets; and higher levels of parent-staff interactions as parents from various backgrounds felt more comfortable participating in the school community as a result of their personal links with the enterprise operators. However, this study also noted that most of the enterprises were located in secondary industries, raising questions about the quality and sustainability of labour market opportunities arising from participants' involvement in the program. This study also noted that some of the major employment barriers for people from culturally and linguistically diverse backgrounds are systemic and not likely to be redressed through single programs and enterprises, although such entities have the potential to play a role in more networked responses along with other civil society organizations, service providers and governments.

Ferguson and Xie (2008) have recently reported their pilot research findings on a social enterprise intervention with homeless young people in San Francisco. The intervention

combined job training and mentoring in micro-business development with clinical services, harm reduction strategies and high levels of social support. In a feasibility study based on an experimental pre-test post-test research design, Ferguson and Xie (2008) found that the group who experienced the social enterprise intervention showed significant improvement in overall life satisfaction, family contact, peer social contact and depressive symptoms in comparison to the control group. The intervention group, however, also reported a significant increase in high-risk behaviours – specifically the number of sexual partners over a 30 day period – than the control group. They suggest that one explanation for this is that increased self-confidence combined with greater access to legitimate financial resources and peer-admiration for their achievements in the program may have increased participants’ sexual activity during the intervention period.

The review of this empirical literature illuminates that evidence on the health and wellbeing impacts of community enterprise is limited and uneven. It also flags two challenges in conducting this type of research. The first is that the terms ‘social enterprise’ and ‘community enterprise’ are labels used to describe a wide, and sometimes disparate, range of organizations and labour market programs. The second related challenge is that community enterprises seek to respond to the specific needs of particular social groups and/or communities of place. Both of these factors suggest that blanket analyses of the health and wellbeing impacts of community enterprise will serve little purpose, as the environments in which community enterprises operate, their specific social purpose, and the community needs they respond to will vary from context to context. This has informed our methodological approach, which seeks, via qualitative research with a range of different types of community enterprise, to explicate both the diverse outcomes they produce, as well as the specific factors which drive or inhibit success.

Research Findings

The Survey Results

Who responded

Our survey yielded responses from 66 staff divided among 25 local councils throughout Victoria. The online survey targeted local government staff in business and health/social development units of all local governments throughout Victoria. Survey respondents were asked to identify their role in local government, the main focus of their work and their level of involvement with a range of activities falling into a range of categories including: community health promotion and projects, municipal health planning, local business development initiatives, municipal economic development planning, local employment programs, attracting business investment into the area, community strengthening projects, community/social planning, environmental projects, corporate services and developing tourism. This gave us a more detailed picture of the respondent’s day-to-day activities as well as

how many respondents worked across a range of areas, joining up, for example, health and economic activities within the one role. The latter of these questions will be dealt with in more detail below.

Of those respondents who identified their organisational role, 38.9 percent were local government staff at the co-ordinator level, followed by 25.9 percent at the manager level and 14.8 percent at the project officer level.

What best describes your role in the organisation?	
<i>Role</i>	<i>% of responses to this question</i>
Coordinator	38.9%
Manager	25.9%
Project Officer	14.8%
General Manager/Director	3.7%
Administrative Support	1.9%
CEO	1.9%
Other (please state below)	13.0%
Total	100.0%

Another 13 percent identified themselves as performing roles outside of the options provided or supplemented their answers with more detail. These “Other” roles included:

- team leader
- employment and learning coordinator
- community programs officer – community education
- general nurse
- maternal and child health nurse (x3)
- librarian (x2)
- social planner
- customer service
- fieldworker/admin

Broadly, the majority of respondents held positions within the project officer to co-ordinator range of local government organizational structures. Our sample included only a small number at general manager/director and CEO level, with only three respondents falling into this category.

Survey participants were asked to identify the main focus of their work. While the majority of respondents categorised their work as community development or health and welfare services (53.5 percent), the survey returned a 16.3 percent response rate from the local economic development and 12.8 percent response rate from the business and industry development categories.

**What best describes the main focus of your work
(please select up to 2)?**

<i>Role</i>	<i>% of responses to this question</i>
Community development	33.7%
Health/ welfare services	19.8%
Local economic development	16.3%
Business and industry development	12.8%
Cultural development	5.8%
Environmental Services	1.2%
Corporate Services	1.2%
Other	9.3%
Total	100.0%

In order to attain more detailed information about the respondents' work, survey participants were asked to gauge their level of involvement with a list of activities in broadly defined areas.

But when we look in more detail at the respondent's 'focus of work' combined with their involvement in the above-mentioned activities, the information enables us to see how 'joined up' the work units are within the councils in which our respondents work. This will be examined in more detail below.

Day-to-day work

Respondents were asked to focus on their day-to-day work, indicating their level of involvement in designated activities. From this it was possible to see how involved staff from economic development units reported being in health related activities and community strengthening related activities and vice versa. There were sixty complete responses to this question. Sixty-five percent of respondents indicated they did not engage in activities outside of their field and 26.6% reported that they engaged in activities in both the health and economic areas of local council. 8.3% of respondents indicated that they were employed in an economic development role and engaged in 'community strengthening' activities but not health activities. Of those who engaged in activities in both health and economic sectors, ten were employed within

Community/Health units in local government, four were employed within economic units and one identified their general division and unit as ‘economic and community development, suggesting that an integrated business unit had been adopted within that council’s structure. Three respondents from economic development units indicated that their work was joined up with community strengthening projects but not with health-related activities.

Strategic planning – is it joined up?

In order to ascertain the level of knowledge about local health plans, local economic plans and the relationships between them, participants were asked whether health issues formed part of their council’s current economic plan, and also whether economic development issues formed part of their council’s health plan. We supplemented the responses with our own investigation of health and economic plans in Victorian local governments to gauge whether or not health and economic planning was joined up.

Are public health issues included in your Council's current local economic plan?

	<i>% of responses to this question</i>
Yes	38.2%
No	16.4%
Don't Know	45.5%
Total	100.0%

Are economic development issues included in your Council's current municipal health plan?

	<i>% of responses to this question</i>
Yes	50.9%
No	12.7%
Don't Know	36.4%
Total	100.0%

45.5 percent of respondents indicated they did not know whether public health issues informed economic planning in their council.

A greater number of respondents indicated that economic issues informed health planning than the other way around. However, this may be indicative of the greater response rate from staff within the health and community divisions of local government and not of different trends in planning where economic issues are finding their way into health planning and not the reverse. Our investigation of these plans (below) provide some further insights into whether this is the case.

Local government and integrated planning: health and economic plans

A document analysis of local government health and economic plans was undertaken in order to ascertain the extent to which local government economic and health planning was 'joined up'. Fifty-four councils of 79 did not have an up-to-date economic plan available on their website. This was either because their economic plan was integrated into a council plan (45 of 79 councils) or because the economic plan was out of date. All 45 council plans examined integrated the social determinants of health and economic planning. Those that had an up-to-date economic plan distinct from their health plan (23 of 79) did not include economic environment as a social determinant of health or cross-reference their health plan ion their economic plan. Those that had an up-to-date economic plan available on their website constructed health issues in terms of primary care and direct health service provision, at times referencing the health care labour force and its effect on the economy.

Forty-four councils of 79 did not have an up-to-date health plan available on their website. All 45 councils with up-to-date health plans on their website (as opposed to council plans which also include health planning issues, as mentioned above) include economic environment as a determining factor of health, in line with the social determinants of health framework.

All forty-four up-to-date council health plans collected specifically use the Municipal Health Planning *Environments for Health* framework which lists four environments (built/physical environment, social environment, economic environment and natural environment) as determinants of health. The *Environments for Health* framework, developed by the Public Health Division of the Department of human Services, Municipal Association of Victoria and Victorian Local Governance Association in conjunction with local governments, was developed in 2001. Corresponding council 'actions' in the economic dimension include employment, income distribution, community economic development, EES works approval, and access and equity (*Environments for Health*, p.23). There is no mention of the *Environments for Health* framework in the collected economic plans, despite 'economic environment' forming one of the four components.

Awareness of community/social enterprises

Survey participants were asked to indicate whether they were aware of any community enterprises operating in the local government area in which they work. They were then asked to list the community enterprises operating in their LGA that were known to them.

The responses were indicative of the level of knowledge of community enterprises in the respondent's LGA but also revealed the extent of knowledge about what constitutes a community enterprise. 57.4 percent of respondents to the question indicated they knew of community enterprises operating in their LGA. However, when asked to list them, the respondents nominated a range of community organisations which were not consistent with definitions of community enterprise described in the survey. Popularly nominated organisations included a range of welfare agencies, such as Catholic Family Services, Anglicare and the Brotherhood of St Laurence. Other respondents nominated Community health services, Adult education providers and professional associations.

Types of assistance provided to community enterprises

We wished to find out whether survey participants knew of any particular assistance that had been provided to community enterprises by their specific work area. 69.7 percent of respondents to this question indicated that, yes, assistance had been provided by their work area. Of those, thirteen worked in community/health units, two in combined community and economic units and eight in economic units of local government. Varied assistance was provided to the community/social enterprises identified by the survey participants. The top three types of assistance, each nominated by 17.8 percent of respondents, were:

- in kind support through the provision of equipment, business premises or other infrastructure
- training or business development support through council programs or events
- assistance with applying for a grant or other financial support.

Could you please identify the type(s) of assistance that have been provided to these community/social enterprises (select as many as relevant)?

	<i>% of responses to this question</i>
Training or business development support through Council programs or events	17.8%
In kind support through provision of equipment, business premises or other infrastructure	17.8%
Assistance with applying for a grant or other financial support from state or federal government	17.8%
Financial support through a formal grant stream	13.7%
Financial support through discretionary funding	12.3%
Purchasing of community enterprise products/services by Council	8.2%
Community enterprise products/services by Council	1.4%
Other, please provide details	11.0%
	100.0%

Eleven percent of respondents chose the ‘other’ option to describe types of support provided by their local government. All ‘other’ responses are listed below:

- Steering committee member
- supporting and promoting the catering ventures
- through Neighbourhood Renewal program
- working with individuals regarding developing a business plan for the co-op
- several meetings to develop strategy and provide contacts for grant applications
- guest invitations to business networking sessions
- collaborative community education
- health and wellbeing projects are often run in conjunction with the council
- volunteer recruitment and training
- board support
- council assisted the enterprise by identifying appropriate target audiences and sites within the municipality for the mobile service to attend
- partnership in grant seeking and in the delivery of community based programs
- marketing / advertising
- Providing support guidance and leadership to these groups following natural disasters and/or industry restructuring.

Given the demonstrated lack of understanding of what constitutes community enterprise, care should be taken when interpreting these findings. We augmented our understanding

of the work local governments were doing with community enterprises through our interviews and project workshops. These are discussed further below.

Types of people involved in providing assistance

Respondents were then asked to identify any people within local government who had been active in supporting community/social enterprise and to identify their area and/or portfolio. Respondents indicated that most support had come from the manager level within local government:

If assistance has been provided, do you know of any people within Council who have been active in supporting these community/social enterprises?

	<i>% of responses to this question</i>
Project Officer	19.5%
Coordinator	15.6%
Manager	28.6%
General Manager/Director	9.1%
CEO	5.2%
Councilor	11.7%
Mayor	9.1%
Other, please specify below	1.3%
	100.0%

Those most active in supporting community enterprise were within the community development work area/portfolio.

If you can identify any people who have been active in supporting community/social enterprise, can you also identify their work area/portfolio?

	<i>% of responses to this question</i>
Local economic development	25.5%
Business and industry development	10.9%
Health/welfare services	10.9%
Community development	34.5%
Cultural development	12.7%
Environmental services	1.8%
Corporate services	3.6%
	100.0%

Interview and Workshop Findings

Impacts of Community Enterprise on Wellbeing: Evidence from Victorian community enterprises

As social purpose organizations underpinned by a business model, community enterprises facilitate economic participation for individuals and communities in a number of ways. As discussed in the definition section above, community enterprises are variously concerned with: providing services; stimulating employment or pathways to employment; generating income to reinvest in other community activities; and providing opportunities for social participation. As such, not all community enterprises have the same wellbeing objectives, nor do they operate under a universal model. As outlined in our literature review, our research focused on two dimensions of economic participation that may be facilitated by community enterprise: employment and wellbeing and community-led economic development and wellbeing.

Economic Participation and Health

Employment and health

Evidence from our interviews suggests that community enterprise impacts on the latent benefits of employment in a variety of ways particular to community enterprise and not identical to work within the open labour market.

Among the stated aims and outcomes of community enterprises in Victoria, new skills and education played a key role. Interviewees reported one of the new skills and education as one of the most positive outcomes for both participants and managers. This was especially the case for community enterprises wishing to employ members of specific communities experiencing multiple barriers to employment. For example, refugee and newly arrived migrant communities and people who have been out of the labour force for a long period due to circumstances such as disability, problems with literacy and numeracy and incarceration, can benefit from the Intermediate Labour Market model. Education and new skills could be attained through formal means, such as TAFE certificates, or through 'on-the-job' training. Other less formal skills acquired while working as part of a community enterprise include customer service skills, stakeholder negotiation, and feasibility planning.

At times the need to provide training to participants acted as a barrier to employing the target community, mainly due to the lack of time and resources for training. One enterprise which provides a translation service employing local public housing estate residents, identified this as a barrier stating that:

There's a level of requirement I suppose, English language skills that's required and literacy skills basically. So that's a barrier in itself I suppose. We're looking, slowly developing the skills locally. So ideally we'd be looking at all the participants...[coming] from the local community but that's not the case necessarily. Because the demand is that we have to get the job done.

There was a desire for the enterprise to reach a stage where it could provide this training.

We're looking at some further training to encourage the people in the local community to obviously get more skills so that they have better qualifications to be translators and interpreters, be at that level that we require to participate in it.

Other enterprises were able to provide formal training to people within the target community who were experiencing barriers to participating in the enterprise. The provision of formal training was seen as one of the key aims of the enterprise and participants were either sent outside the enterprise to complete Certificate II level courses related to the main function of the enterprise or were trained in house by the organization overseeing the enterprise if the organization was a registered training organization. One catering enterprise built a Certificate II in hospitality into the traineeship while another café based enterprise referred to the enterprise itself as a training café, providing training not only to community members experiencing multiple barriers to employment but specifically to those experiencing barriers to accessing training.

The purpose of it is a community training café. It's targeting groups within the community who would have probably lots of barriers in terms of accessing employment and training, so disadvantaged groups, people with disabilities...a lot of our education and training is within a classroom environment and for some of our VET programs, that actually happens within realistic settings. So we saw this as an

opportunity to carry out some training in a real setting but in a really supportive environment. So the idea being that we've been quite firm on the fact that it's not about employment opportunities so much for people, it's actually about training and skill development, and supporting people into their employment.

A number of interviewees from enterprises that focused on creating pathways to employment for people facing multiple barriers saw training as a step toward transitioning the employee or volunteer out of the enterprise and into the open labour market. Managers emphasized the attainment of transferable skills such as using a cash register and eftpos machine and cleaning as well as 'people skills' such as dealing with difficult customers.

Flexibility and care for wellbeing was emphasized in training staff with multiple barriers to employment. Care was taken by managers to provide a supportive environment for skill development. This was often learnt on the job and represented skill development for managers.

...people had to learn to use the cash register, to write receipts things like that and if you haven't done that before a lot of employers wouldn't be tolerant, they would want to employ someone who already had those skills. But from where our enterprise is coming from is that we acknowledge that they are out of work, they need to improve their skills...It's a business with empathy with the workers I suppose is a good way of putting it.

This was especially the case for managers of enterprises employing asylum seekers.

It's a different population to deal with I suppose...with asylum seekers you have to be extremely gentle...if you're dealing with a problem you have to do it in a different way than you would when dealing with a twenty-five year[old] say because these people have been quite traumatized.

Employment attainment was viewed by managers as one of the most important outcomes of community enterprise. Managers frequently pinpointed the shift away from 'welfare dependency' as one of the most positive benefits of community enterprise for participants who had been long-term unemployed.

For them it's to do with independence and being financially independent and not having to rely on a government hand out, that's their aim. And they're women that don't have male partners as well, so they have to be, and they've all got children so they have to be.

However, others identified the financial benefits of a wage as the most important aspect of employment attainment.

I guess the other side of it is to do with their health and wellbeing because if you're unemployed you have financial, (...) making ends meet financially is very difficult if you're not on a wage.

A number of community enterprises used volunteer or enforced activity positions as a method of recruiting staff to employment within the enterprise. For example, one enterprise employed a number of participants working at the enterprise on community service orders after their work orders had expired. This meant a supported work environment for many facing barriers to employment as a result of a criminal record.

Although the express aim of ILM model enterprises is to employ individuals and members of communities experiencing multiple barriers to employment, some ILM enterprises take a universalist approach to supported employment, that is, they employ both disadvantaged employees and those with less barriers to employment. This is consistent with the logic of social firms, which integrates people experiencing targeted forms of disadvantage with workers not experiencing barriers in the hopes of maintaining productivity and also generating 'bridging social capital'; that is, relationships between diverse individuals and groups.

One interviewee explained the logic behind the 'universalist' approach explaining that disadvantaged employees can lose the stigma of barriers upon entering the workplace. One enterprise practitioner who has been involved in the development of a community kitchen for families, and an enterprise employing youth between the ages of 18 and 24 stated:

What we are doing in all those enterprises is actually providing a place where they can be a different person, is essentially what it is. It's to say to cast off all those labels that they've ever got in their whole life, and just come here and just be the person that is on their resume. And that's all we want to know.

Ownership of one's work and pride in one's work was also identified as a source of self efficacy and self esteem. A number of enterprises encouraged a level of ownership either by encouraging share ownership in the case of co-ops or by encouraging participants to learn the skills that would enable them to take over the running of the enterprise. However, 'ownership' presented in other ways, such as the figurative ownership of and responsibility for one's labour. The same enterprise manager stated 'I suppose that's the really big question is yes ownership and yes empowerment, but I think it's just about respect and actually respecting what they do'. One community enterprise manager learnt not to devalue the work of her staff:

Because we do have staff here coming from the justice system as well... I have to be very much more aware about how I direct them. Make sure that directions are clear and that they're not going to take them personally. I've learnt not to say coffee making isn't brain surgery because they take it as if they're not doing a valuable job.

Local economic development and health

Interviewees from community enterprises operating in rural and regional areas identified that a core role of community enterprise in these areas is to respond to local economic decline by establishing or retaining a range of services in a local area. The developer of a community enterprise petrol station, for example, noted:

There was concern from the local businesses in particular, and this is what's driving them [to contribute money to the community enterprise] their business would suffer because people would go to [other towns] to get fuel and also do their shopping and buy everything there so basically they saw the town's economy declining. As a consequence they saw their property values declining and then of course the schools have declined.

A participant interviewed about a community-enterprise cinema established in a drought-affected town also saw benefit for the region's economy through the employment of local people.

The community is primarily agriculturally based, and this year was around [the town] was, within sort of 40km of [the town] was okay – the previous five, six, seven, eight, nine ten years have been pretty ordinary – the drought had had a pretty severe impact economically on the community. In 2004/2005, we made a conscious decision that we would use local contractors as much as possible, even in spite of the cost implications in the project, it might have been cheaper to get a contractor down from [a rural city 100km from the town] or somewhere to do some of the work, but we consciously went with out locals. It may have been more expensive, I don't know, we didn't go through the exercise. But people could see that we had made that conscious effort, and the contractors, the building, the plumbing, the electrical, the concreting, might employ 30 or 40 people in [the town], and it was a big project. The cash contributions were probably \$600,000 - \$700,000 so that's a lot of money to go back into the community.

This suggests that some forms of community enterprise contribute to community well-being by stimulating the local economy, and retaining local economic flows, as well as developing niche services which improve services for residents as well as the vibrancy of a local area.

Community enterprise and wellbeing

Civic and social engagement

Different forms of social and civic participation existed as a result of community enterprise but at times community enterprise was seen as a barrier to engagement, especially for managers and community leaders who were prevented from participating in other community activities due to long hours worked in the enterprise and consequent burn out. However, the activities of social and community enterprise appeared to be

useful for fostering social and civic participation among particular social groups, including people from culturally and linguistically diverse backgrounds. For example a translation service employing mainly housing estate residents has been able to provide services for community meetings

...so every single member of the community can participate in events and activities, meetings and be fully informed of the process and actually participate as it's happening and make a contribution.

In this case, the business service provided by the enterprise made a direct contribution to breaking down inter-cultural barriers to participation.

Another enterprise employing migrants highlighted the opportunities for intercultural learning that arise from the day to day activities of the business:

[The participants] have been exposed to many aspects of the Australian community that they would never have been exposed to three years ago [prior to joining the enterprise]. They catered for a large Jewish wedding in Werribee at the beginning of this year. They've gone out to schools to talk tin o students about their cooking, they've given demonstrations at the Melbourne International Food Festival, at the Flower Festival...so they've been exposed to lots of things, different things you know, people talk to us and the conversations that we have now on Australian society, we talk about women's sexuality openly in their houses. You know they have lots of questions which I can't answer! I'll try!

Some community enterprises seek to foster social and civic engagement for excluded communities by focusing 'outward' toward breaking down barriers of negative societal attitudes. For example, one community enterprise employing refugees was seen to break down the barriers between refugees and Australian society, fostering social and civic engagement by the customers procuring the services of the enterprise.

[one purpose] is to actually break down barriers by people coming into contact with asylum seekers so that they're not this scary, unknown thing that they write about in the papers.

In this case, the incidental cross-cultural learning that occurs between operators and the business' clients as an effect of market exchanges was seen as positively influencing community attitudes.

Benefits for the community

Benefits for the wider community can be broken into three dominant themes; physical health/nutrition, services and local economic development

1. Physical health/nutrition

Physical health was mainly seen as an ancillary purpose of a number of community enterprises, particularly those associated with food production and distribution where

the aim is to provide healthy, nutritious and low cost food. Some enterprises target this to particular communities. In one case the enterprise aims to provide a healthy school lunch to an inner city public school and residents of the neighbouring high-rise estate where much of the school population lives. Another aims to provide healthy and culturally appropriate food options within a disadvantaged geographical community with a large migrant community which is also a Neighbourhood Renewal area. For these community enterprises, their social purpose is to respond directly to identified population health issues affecting the communities they serve.

2. Services

There are a number of community enterprises in Victoria that provide a specific service to a community of place or characteristic. A common prompt for the development of a community enterprise in rural and regional communities is the withdrawal of an essential service by market or government providers. Among the enterprises who participated in this project are a petrol station and a cinema, both developed for this reason. In one rural community, the re-establishment and development of a community cinema was cited as a source of excitement in the community. The interviewee put this down to a sense of renewal contrasted with a sense of decline amid the persistent drought.

And it wasn't the financial aspects, it was the social aspect that people focus on; there was a real buzz around that in that yeah here's something really positive that's happening that is community driven. We had the Make it Rain Dance in 2004 or whatever, which was again community driven but externally funded and externally resourced to a large degree. We had some of the community drought barbeques and stuff that the State Government funded. There was local involvement, but they weren't local initiatives – this one was; the Rain Dance was a local initiative. This would be a lasting thing, a symbol, and I think the theatre has become that. People have a lot of pride in it, which is good. Even those that weren't involved have pride in it now.

Withdrawal of services by private providers in rural areas can lead to feelings of isolation and remoteness. Non-essential services such as leisure pursuits were frequently bypassed if it meant going outside of the town to experience them. Prior to the community enterprise cinema starting up in a rural town in Victoria, a trip to the cinema was a major drain on time and finances.

It's a bit over an hour, it's about an hour and 15 minutes to get up there, it's an hour and 20 minutes to come back, so it's two hours out. It's about \$25 in fuel to get up and back; tickets \$10 to get in, a couple of kids, it's a \$100 trip to the movies.

Another service-based enterprise interviewed for this project is a petrol station established in a remote area of Victoria after the closure of the one local petrol station, previously owned by Mobil. The closure of the petrol station was identified as a risk for elderly people within the community who, it was feared, would not be able to easily access medical attention without making the 80 kilometre round-trip to buy

petrol. The community take-over of the business has helped retain services, employment and economic flows within the local area.

3. Development or rehabilitation of public space

An additional factor affecting the health and wellbeing of communities is the opportunity to use public space in a positive way. The development or rehabilitation of public spaces for community interaction and engagement with activities further enhances the health and wellbeing of those who utilize it. We see community enterprises frequently performing this function. Some do so as part of a wider community hub. One café for example provides a leisure space for community members to interact whilst using the community facilities. It also provides the first point of contact with the hub for many community members who often come to other services via the café as an entry and information point. A member of staff at the local council also saw the café as providing a gateway to engagement with the community sector organizations and training bodies who are café partners.

The role that we saw the community café playing was to provide a sense of community activity and welcoming for people who were coming to use various parts of the community centre... [T]he café runs as an integral part of a much larger community centre dealing with population groups that come through the centre we see it as a positive example to all people who come into contact with it about what the council can do and providing a positive role model for the assistance for this transition to employment. I guess beyond that well the positives are for the individuals I think increasing awareness for the community at large that come through this particular centre, for improving the relationships with a broad range of other community organisations, neighbourhood houses, [welfare agencies and TAFE] who is a major training organisation in the council so I see it playing a significant role and positive role in many different ways.

The same interviewee regarded the community centre and its café as playing a role in bringing the diverse parts of the community together

I suppose it's worthwhile commenting on the broad range of visitation to the centre and for the various age groups. It is almost cradle to grave in many ways so it targets specifically parents with very young children and obviously they're very young children up, that is preschool through maternal and child health and the toy library. It also includes youth so that would be young people 12-15 generally with a major focus on the latter part of the adolescent period of 15, 16 and 17 then it provides a whole community focus through our Council's customer service centre and then the use of a hall has a very wide range of user groups but there are a number of aged persons groups that actually meet there so it does have attractions for all part of the life cycle if you like and on top of that it has that particular focus as I indicated on newly arrived communities as well so it does bring in an important part of the population groups within [the LGA]

Community buy-outs or the re-establishment of essential services by community enterprise can also lead to community strengthening via the provision of additional value within a space previously run by a commercial enterprise. For example the development of a community-owned cinema in rural Victoria has enabled the community to access cinema entertainment, but the additional use of the space as a community venue for arts, music, theatre and community gatherings has enabled the community to pursue leisure activities previously unavailable. The nearest cinema prior to its establishment was 90 minutes drive away by car and could not be easily accessed by public transport.

Again, the development of the theatre as a community project was cited as bringing diverse sectors of the community together.

There has been a whole lot of social benefit out of it from a whole series of people involved; there has been a series of networks developed between young people and older people. We had secondary college students involved in building a part of the project, so that they had some real ownership. We had a lot of; we were fortunate in that some of the people who originally worked at [the theatre], which closed in 1972, were still around, so we could talk directly with them and get the oral history of the people who participated. So we had a number of working bees where people; the kids who worked on their part of the project and the people who had worked in [the theatre] 30 years ago, were in the same place at the same time, so that interaction was really good.

This led to a sense of ‘ownership’ of the community space:

the kids will come down and say ‘yeah well I built that, that was me.’ So they have a connection with it, and I think that connection will add to the long-term sustainability, because they have some real ownership of it. It is not built as a commercial enterprise by someone outside who, ‘we’re here to make money out of this,’ it was an enterprise to restore the theatre and provide some social benefit, and I think it’s done that.

Health and Wellbeing Risks of Community Enterprise

Research participants identified three ways in which community enterprise can negatively impact on health and wellbeing. One of these is common to all forms of community organizing, while two are specific to the distinctive business dimension of community enterprise. Two of these risks are individual level risks and one relates to possible risks for communities

Burnout

Burnout of community leaders involved in community enterprise development was a common theme in the interviews. A number of interviewees however identified participation in community enterprise as a cause of community disengagement as an

effect of burnout. A number of managers indicated that they were working 20 hours or more on top of their paid hours and that community engagement outside of the enterprise was impossible due to long working hours. Interviewees mentioned being exhausted and expressed regret at becoming involved. Managers described themselves variously as exhausted, unenthusiastic, pressured and time-poor. When asked the question ‘has being involved in the enterprise led you to become involved in other community activities?’ all community enterprise respondents answered in the negative.

When one community enterprise manager was asked about the team involved in setting up the enterprise he had been part of his response was:

Well that’s the point there’s no one. So yeah, essentially that’s why I left because...I’m exhausted.

For the most part, interviewees experiencing burnout remained positive about the outcomes of their contributions, with comments such as:

Sound really enthusiastic don’t I? Sometimes on the way through you think to yourself my goodness, why didn’t I just keep my mouth shut?...You know, it was really, really hard work but it’s been a really good outcome. and

Pretty much everyone [here] works more than their supposed hours. I don’t think it would function [if we didn’t] and I’m sure that nobody is unhappy about that I think.

Nevertheless, these experiences illuminate the problems of network governance approaches that valorize ‘community’ participation with little recognition of the relatively small number of community leaders who shoulder the burden of complex community development initiatives.

Stress related to the complexities of establishing community enterprise

Stress related to the relatively high financial risk associated with community enterprise development compared with other community initiatives has been previously identified as a possible wellbeing risk (see Barraket 2007). This risk did not present strongly in our interview data. However, there were some observations by those involved in the development of multiple community enterprises that the complexity of establishing a community business and the time involved both in planning and raising finance can be a disincentive to individuals and groups to participate in this form of activity. As one community enterprise developer observed of their work with a number of emerging enterprises:

I guess the challenges have been probably some groups have seen it as significant risk to get involved in an enterprise, and as a result, it’s often taken a long time for them to get somewhere. For example, the ones that we’ve been working with the last couple of years, only a small handful have actually started trading. The planning process has been so elongated for all sorts of reasons that I think that’s been quite challenging for some people, to stay involved.

Displacement of other local businesses

The displacement of existing local businesses and the possible negative effects on local economies and residents' employment has been identified as a potential risk of community enterprise – particularly those subsidized by governments – in other jurisdictions (see Spear 2001; Finn & Simmonds 2003). This issue was not raised by any of our interviewees; however, it was identified at both of the project workshops as an issue which required attention where local governments were involved in supporting community enterprise development. Multiple perspectives were provided on this issue. Community enterprise development practitioners observed that mainstream businesses have access to a wide range of government subsidies and that dominant exogenous approaches to economic development focus on attracting industry into local economies in ways that can also produce displacement or a lack of fulfillment of promised community economic development outcomes. Local government staff observed that potential displacement of existing local businesses is an important civic and political consideration for local governments thinking of supporting community enterprise. All participants agreed, however, that – in most cases – the explicit social purpose of community enterprise is likely to limit the incidence of such enterprises establishing in direct competition with existing local providers and industries.

Local government involvement with community enterprises

Community enterprises are autonomous entities and not all seek relationships or support from government. For those in our sample that did, a range of ways that local government supports or works with community enterprises at all stages of start-up and development was identified. The following list provides an 'inventory' of approaches, gleaned from interviews and survey responses, some of which are discussed in the survey findings above.

- Provide financial support through a formal grant stream
- Provide financial support through discretionary funding
- Provide in kind support through provision of equipment, business premises or infrastructure
- Initiate one or more contracts with enterprises to purchase their services
- Establish an enterprise or an enterprise development project as a local government initiative
- Provide enterprise practitioners with training or business development support through local government programs or events
- Purchase community enterprise products/services on an ad hoc basis
- Assist emergent or established community enterprises with applying for grant or other financial support
- Contribute to governance through active representation of local political leaders or senior staff on community enterprise boards and steering committees

- Contribute to promotion, marketing and advertising of enterprise services and achievements
- Work with community enterprises to conduct community consultation and/or develop business plans
- Involve community enterprise practitioners in business networking sessions
- Help recruit volunteers and provide training
- Help the enterprise to identify target markets through use of local government's planning and demographic data
- Partner with an enterprise in seeking grants
- Partner with an enterprise in the delivery of community-based programs

The findings from our qualitative research indicate that, in some cases, involvement with community enterprises facilitates positive change within local governments, as well as delivering benefits to community enterprises. Specifically, our research suggests that involvement with community enterprise can stimulate innovation within local government through processes of working together, and because community enterprises model new responses to identified social, economic, environmental and cultural issues within local government areas. In two cases, the process of local government working with community enterprise resulted in increased collaboration between different functional areas of the local governments involved, as staff from social, economic and engineering domains were brought together to assist with enterprise planning and start-up. In one case, the intermediate labour market model introduced to local government by an agency which employs this model across several community enterprises has led to that local government adopting an in-house program to facilitate employment for residents highly disadvantaged in the labour market. Our case study research – which is detailed in the information and resource guide which accompanies this report - indicated that the most enabling relationships between community enterprise and local government were those where, either (a) community enterprise practitioners were able to form productive relationships across different parts of local government or (b) where community enterprises had access to a local government representative who was able to actively broker communication and decision-making across different parts of local government on the enterprise's behalf.

Community enterprise practitioners identified some barriers to working with local government. These included:

- Lack of local government knowledge about the nature and purpose of community enterprise, which is reinforced by our survey findings, discussed above;
- Difficulties gaining strategic support where practitioners are working with structurally junior local government staff;
- Inconsistent interpretation of regulatory requirements across different local government areas; and

- Difficulties accessing the range of expertise and resources available within local government where functional areas of local government are not ‘joined up’.

There was also some concern amongst community enterprise practitioners who had worked through local governments to gain grants to support the staffing of enterprise planning that, where project staff sat within local government rather than with enterprise practitioners, this did not contribute to the overall capacity building of the community enterprise group.

Local government staff and political leaders identified a number of barriers to working with community enterprise. These included:

- Competing priorities within local government and limited available evidence of the potential impacts of community enterprise necessary to influence senior decision makers;
- Lack of effective communication and experience of working together between different functional areas of local government in some cases; and
- Concerns about the capacity of fledgling community enterprises to meet standards of quality and consistency required for ongoing local government procurement of their goods and services.

A common theme across the majority of research informants involved in interviews and project workshops was the potential to further unlock the embedded resources of local government in support of community enterprise development. Two particular areas were identified as priorities:

1. The knowledge resources of local governments – specifically, planning data and staff expertise; and
2. The purchasing power of local governments.

The latter is consistent with growing local and international interest in strengthening social procurement by government.

Conclusions

Our research findings suggest that incorporation of health dimensions, particularly those relating to the social determinants of health, remains limited in Victorian local economic development planning. As was identified in the literature review and our empirical research, this is exacerbated by competing local government priorities and resource constraints, as well as relatively limited integration between different functional areas of local government that address social and economic policy goals.

As activities that combine a social purpose with a business delivery approach, community enterprise bridges traditional divides between economic and social activity. Community enterprise is not a universally appropriate mechanism by which to integrate local economic planning with health planning; nor is it the most appropriate vehicle for all

good community initiatives that produce health and wellbeing outcomes for individuals and communities. Nevertheless, our research findings suggest that community enterprise can deliver a range of health and wellbeing outcomes to individuals and communities, where they are well-planned and appropriately supported. A small number of potential health and wellbeing risks were also identified.

The evidence on the health and wellbeing impacts of community enterprise remains limited. While this project augments available research, it is limited to a snapshot analysis based on subjective measures of health and wellbeing amongst those centrally involved with community enterprises. Further research in this area would benefit from longitudinal research which incorporates empirical measures of the effects on users of community enterprises.

The research illuminates a range of ways in which local government is working with community enterprises, although not all community enterprises seek relationships with local government. Current practices range from one-off ephemeral funding support for community enterprise planning or start-up, through to sustained partnerships between community enterprise and local government in support of shared local development goals. Our findings suggest that, in some cases, working with community enterprise also has direct benefits for local governments, by stimulating innovation and facilitating collaboration between different areas and levels within local government.

There appears to be considerable scope for Victorian local governments to further support community enterprise development, particularly in the areas of social procurement and increased access to councils' business and social planning resources to support community enterprise planning and feasibility assessment. The former of these requires further policy work at all levels of government to ensure that social procurement is supported by an enabling regulatory framework.

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