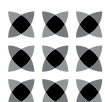




IMPROVING HEALTH EQUITY AMONG YOUNG PEOPLE: THE ROLE OF SOCIAL ENTERPRISE.

OCTOBER 2020

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The full research team includes: Jo Barraket; Jane Farmer; Gemma Carey; Andrew Joyce; Chris Mason; Roksolana Suchowerska; Perri Campbell; Joanne McNeill; and Batool Moussa



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ACRONYMS

Registered Training Organisation (RTO)

Work integration social enterprise (WISE)

Social determinants of health (SDOH)

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>> EXECUTIVE SUMMARY


Over the last two decades, public health and health promotion strategies have increasingly recognised the importance of redressing the social determinants of health (SDOH) inequities. Many young people (15–24 years) in Australia enjoy world-leading health status; however, significant health inequities persist for young people experiencing socio-economic disadvantage and geographic or social exclusion. Social enterprises have been identified as one upstream social innovation that may redress SDOH inequities. To date, however, evidence of whether and how social enterprises do so remains limited.

This study investigates the ways in which work integration social enterprises (WISE) affect the SDOH equity for young people in Australia experiencing disadvantage. The study examines the effects of WISE on young people and their communities, and considers the effects of WISE on micro (individual), meso (organisational and community) and meso (institutions) level SDOH. The research was based on a comparative case study design, preceded by engagement workshops with social entrepreneurs, young people and public health professionals to refine research questions and case selection. Four case WISE – two in NSW and two in Victoria – were recruited to

participate. Data collection methods included: semi-structured interviews (N=93); participant observation; and secondary document analysis. Data analysis involved thematic analysis informed by our research questions, and the stacking method of cross-case analysis to identify key commonalities and differences in case-level findings.

We find that the case WISE positively influence the SDOH, particularly at the micro-level of individual factors and daily living conditions. With regard to young people specifically, we find improvements in young people's mental health, employability (rather than employment) and housing status as a result of WISE





participation. While the health and wellbeing outcomes for young people were predominantly positive, some less healthy behaviours were stimulated by WISE participation where young people were experiencing developmental transitions, and where the physical location limited access of WISE participants to external goods and services that support healthier behaviours in the workplace. WISE choice of industry also affected health and wellbeing outcomes. In particular, industry-related norms affected gender inclusivity.

At the level of communities, WISE contributed to improving the SDOH by providing needed goods and services, such as fresh food and low-cost clothing, and by contributing to improved local employment and welfare services systems. WISE responsiveness to unmet local consumer needs was most prevalent in the regional case study WISE. While the case WISE were active in plugging gaps in local service systems and labour markets to support the health and wellbeing of their young people, they had limited agency when it

came to macro-level systems deficiencies that are known to constrain health equities.

Overall, we find three distinct organisational conditions that allowed WISE to achieve their social goals: *organisational culture* that is inclusive, accepting and assets-focused; *business design* that offers participation in a variety of activities and supports encounters with different people; and *strong intermediation* within local services systems and the local labour market.

The findings of this study contribute to a much-needed evidence base for governments, policy makers and our partner organisations, shedding light on how social enterprises redress SDOH inequities for young people, and the conditions under which positive impacts are likely to occur.



»» INTRODUCTION

Over the last two decades, public health and health promotion strategies have increasingly recognised the importance of redressing the social determinants of health inequities. This has drawn greater attention to different models of social innovation – including social enterprise – that seek to reduce inequality and improve people’s participation in social and economic life. At the time of commencing this study, there was growing interest in the role of social enterprise in general, and work integration social enterprise¹ (WISE) in particular, in improving people’s health and wellbeing. Past studies have identified that social enterprise improved health equities in some contexts. However, there is little research that explicates how social enterprises achieve these outcomes, or tests findings across multiple cases and contexts. This project was initiated to respond to this gap, with a particular focus on whether and how social enterprises affect the social determinants of health equity of young people aged 15–24.



BACKGROUND

Many young people in Australia enjoy world-leading health status; however, significant health inequities persist for young people experiencing socio-economic disadvantage and geographic or social exclusion (AIHW, 2011; Borland 2020). Youth is a period of life marked by significant transitions in education, work, and family that can accelerate challenges to health and wellbeing (DoH, 2019: 1). While many young people successfully navigate these transitions, those who experience disadvantage face particular barriers in engaging with education or training, and accessing and participating in work that is decent or fair, productive and purposeful (ILO, n.d.).

Health equity is driven by the social determinants of health (SDOH); that is, the social and economic factors – including, employment, housing, and social connectedness – that constitute the ‘causes of the causes’ of health inequities (Ahnquist et al., 2012; Marmot, 2010). Employment – as a principal form of economic participation – is broadly recognised as a

central SDOH, and affects the health equity of young people in Australia. In 2018, the Australia Bureau of Statistics reported that youth unemployment was twice that of the overall population (11.6% compared with 5.3%). The pandemic sparked by the spread of COVID-19, and the resulting widespread closure of businesses and service organisations in Australia has further increased the rate of youth unemployment and underemployment, with 15–24 year olds experiencing 16.1% unemployment and 59.9% labour market participation at May 2020 (ABS, 2020). Young people experiencing pre-existing disadvantage are likely to be the hardest hit of all (Borland, 2020).

This study investigates the ways in which social enterprises affect SDOH equity for young people experiencing disadvantage. Social enterprises are businesses led by a social mission rather than maximisation of private profit (Battilana & Lee, 2014). They have been identified as one upstream social



This study investigates the ways in which social enterprises affect SDOH equity for young people experiencing disadvantage.

innovation that may redress SDOH inequities. To date, however, evidence of whether and how social enterprises address the SDOH remains limited (Gordon et al., 2018; Elmes, 2019; Macaulay et al., 2018; Mason et al., 2015; Miller et al., 2012; Roy et al., 2014; 2017; Suchowerska et al., 2019).

Social enterprises may be established by not for profit organisations or formed by communities or individuals. There are an estimated 20,000 social enterprises in Australia, with 38% entering the market since 2010 (Barraket et al., 2016). Recent federal welfare reviews have recommended that social enterprises be developed to improve the economic participation of disadvantaged groups (DOSS, 2015), while state governments such as Victoria and Queensland have recognised social enterprise

in their inclusive economy agendas and have developed policy frameworks to support their growth. Just under one third of Australian social enterprises identify employment creation for people experiencing disadvantage as their primary social purpose. These social enterprises may be broadly grouped as work integration social enterprises (WISE) and seek to create ongoing employment and/or pathways to employment in the mainstream labour market (Spear & Bidet, 2005). While the available research suggests that social enterprise has positive effects on health status (Warner & Mandiberg, 2006), the evidence is sparse, typically based on single case studies, and concentrated on outcomes for individuals (Roy et al., 2014).

In response to this gap, this study aims to:



Determine the impacts of social enterprise on the SDOH for young people experiencing socio-economic or place-based disadvantage



Shed light on how WISE models affect SDOH for young people



Explain the implications of these findings for redressing health inequities



Generate information and decision-making tools that improve health promotion and social enterprise design

¹ Also referred to as employment-focused social enterprise. .

LITERATURE REVIEW

An emerging stream of literature suggests that social enterprises impact on different dimensions of health and wellbeing. In their systematic review of the empirical effectiveness of social enterprises as health interventions, Roy et al. (2014) found that a range of social benefits may flow from participating in social enterprise-led activities, including: enhancing employability, social capital, confidence and self-esteem, and engendering a greater capacity for social integration through expanded social networks. A growing body of work has strengthened our knowledge of the proposed relationship between health and social enterprise, both at the individual and community level.

Among target beneficiaries, the literature suggests that social enterprise improve health outcomes by facilitating pathways into employment and education for socioeconomically disadvantaged people (Elmes, 2019; Ferguson & Xie, 2008); offering a validating environment in which to connect with others (Elmes, 2019; Ferguson & Xie, 2008; Ferguson, 2012); and improving feelings of confidence, empowerment, engagement and self-worth (Calò et al., 2018). The collective benefits of social enterprise have also been explored, with the available evidence suggesting that they afford opportunities for social engagement in rural communities (Barraket & Archer, 2010), and enhance

community capability by connecting individuals and providing goods and services (Farmer et al., 2016; Gibson-Graham & Cameron, 2007; Gordon et al., 2018). As Roy et al. (2014) suggest, social enterprises may be considered complex 'health interventions', irrespective of whether they explicitly intend to impact on health in their pursuit of goals that address vulnerabilities among groups or communities.

Recent research explicitly draws upon SDOH frameworks, and these studies have started to systematise the relationship between social enterprise and health. Roy et al. (2017) explored the role of social enterprise in enhancing public health in their qualitative study with 13 social enterprise practitioners in Scotland. They found that social enterprises address issues such as unemployment and substance use by providing meaningful work, increasing feelings of self-worth, and expanding social networks. Macaulay et al. (2017) also analysed 17 'social impact measurement reports' across Scotland to construct an empirically-informed model of how social enterprises facilitate social connectedness, economic impact, and meaningful work through the provision of a range of services, including employment, skills development, and spaces for social engagement. The findings suggest that these processes may improve health and wellbeing



for both individuals and communities in the long term (Macaulay et al. 2017). In a separate study, Macaulay et al. (2018) found that WISE improve wellbeing by facilitating employment, providing beneficiaries with a sense of validation and recognition, and offering environments with ready access to healthy food, social interaction and physical activities. The health impacts for WISE beneficiaries are supported by Elmes (2019) in a longitudinal case study of an Australian WISE working with people living with mental illness. The findings indicate that health outcomes are primarily facilitated through work activities that enhance social relationships, improve social capital, and support physical and mental health.

Research on the impacts of social enterprise on health inequities among young people remains limited. An ongoing case study of the comparative efficacy of a social enterprise intervention and individually-focused, on-the-job training in a sample of 'highly at risk' young people experiencing homelessness found similar positive short-term outcomes in mental health, housing and employment (Ferguson, 2018a; 2018b). The extant data suggest that social enterprises can complement and expand the vocational options available to this group, so long as ongoing case management remains an integrated component,

a factor identified as critical to the outcomes of both interventions (Ferguson, 2012; 2018a; 2018b).

While research into the health effects of social enterprise has grown considerably, there remain significant evidence gaps in our knowledge of how social enterprises impact health inequities, and the mechanisms by which those impacts are delivered (Mason et al., 2015; Roy et al., 2017; Suchowerska et al., 2019). Much of the current literature focuses on the 'transactional' organisational features, which examine health outcomes primarily from the perspective one type of participant, such as the target beneficiaries (Milton et al., 2015) or social enterprise managers and staff (Chan et al., 2015; Roy et al., 2017). The role of 'transformational' features (including the strategy, mission and leadership) that shape these transactional mechanisms, and which are best positioned to challenge the structural factors that create health inequities, remain relatively unexamined (Suchowerska et al., 2019). The lack of holistic analyses limits our understanding of how social enterprises in general, and WISE in particular, respond to institutional factors, particularly in policy contexts where governments are increasingly investing in social enterprise development.





RESEARCH QUESTIONS

Responding to the gaps in the literature, our research questions were:

- 1** How do WISE affect the SDOH equity of young people?
 - What are the direct and indirect effects of social enterprise operations on the economic, social and civic participation of targeted beneficiaries?
 - What are the direct and indirect effects of social enterprise operations on material conditions of targeted beneficiaries?
 - What are the direct and indirect effects of social enterprise operations on staff, volunteers, and members of the wider communities in which they operate?
 - (How) do social enterprise operations influence inter-organisational and community-level practices that improve SDOH equity for young people?
 - (How) do social enterprises address macro-level conditions, such as social stigma and public policies that inform unequal health conditions?
- 2** How do organisational features – such as governance structure and industry orientation – affect the impacts of social enterprise on SDOH equity of young people?
- 3** How do institutional factors – including public policy frameworks and industry structures – inform the effectiveness of social enterprises concerned with improving social and economic participation of disadvantaged young people?

>> RESEARCH DESIGN

CONCEPTUAL FRAMEWORK

Our conceptual starting point was the social determinants of health equity (Solar & Irwin, 2010), combined with our objectives to explicate the key organisational features of social enterprise and how they may inform health outcomes. This resulted in a framework that integrated conceptions of the SDOH with models of organisational performance and change, which was presented in our first publication from the study (Suchowerska et al., 2019; see *Figure 1*). Our subsequent data analysis allowed us to test this framework and generate greater insight into how we can theorise the causal pathways and conditions of effective organisational design of WISE as it relates to health equity. This is discussed in *The Findings* (page 40).

The social determinants of health (SDOH) provide a framework for articulating the principles of health equity. The SDOH are the conditions in which people are born, grow, work, live and age, and which constitute the ‘causes of the causes’ of health inequities (Marmot, 2005). Imbalances in the availability and accessibility of the SDOH—such as education, employment, housing, and social connectedness—give rise to inequities in health that are unjust, systemic and avoidable. In their framework for action, Solar and Irwin (2010) focus on the responsibility of states to address the structural conditions that give rise to preventable health inequities (See *Appendix A*). More recently, researchers and governments have turned their attention to the capacity of actors outside of formal healthcare systems to deliver ‘upstream’ interventions.

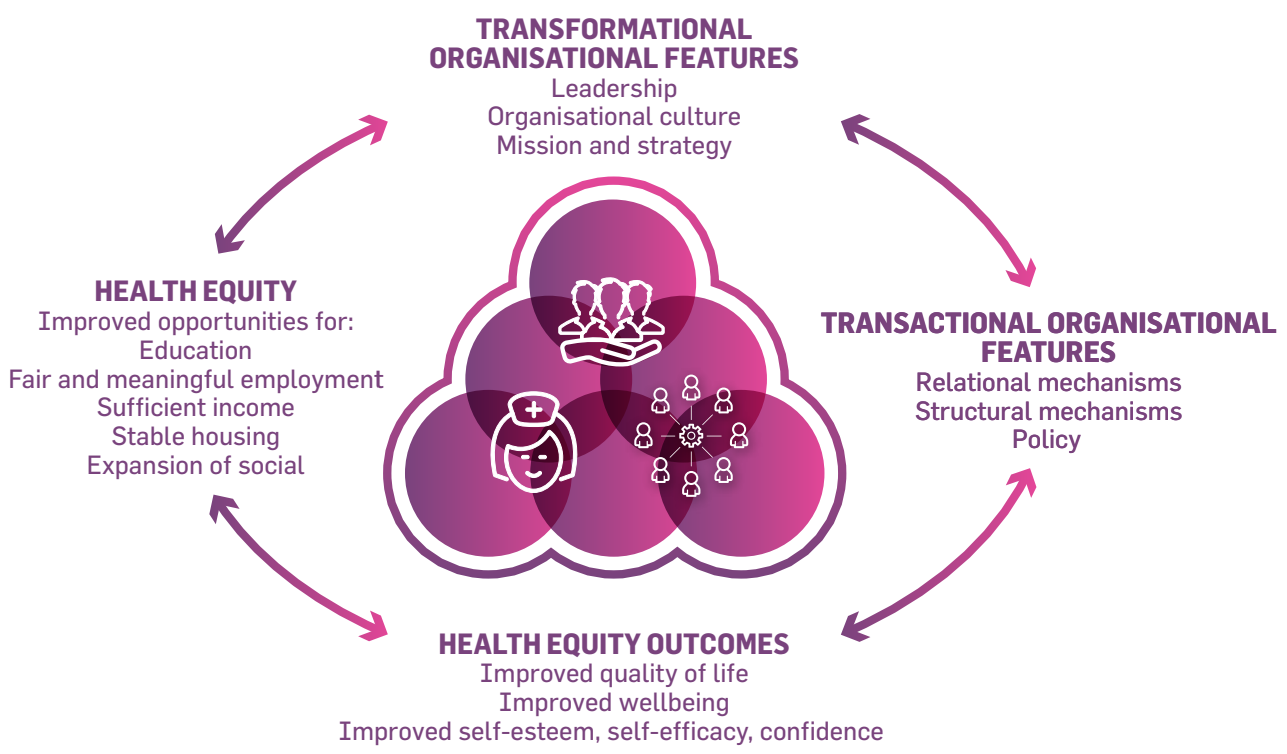


Figure 1.
A theoretical model of how organisational features affect health equity and health equity outcomes
(Adapted from Suchowerska et al., 2019: 4).



Upstream interventions focus on improving the structural arrangements that stratify populations and impede their access to health-promoting factors in everyday life. For groups that experience social and economic disadvantage, upstream factors have spill-over effects that lead to relatively poorer health. The delivery of interventions that address the structural factors that determine health, as opposed to individual health behaviours, have been identified as crucial to addressing the root causes of health inequities (Solar & Irwin, 2010).

Social enterprises have gained attention as one 'upstream' intervention through their role in creating employment and improving people's access to social and economic resources. How social enterprises respond to the socioeconomic and political contexts that create health inequities, however, remains relatively unexamined (Macaulay et al., 2018; Roy et al., 2017). Drawing on a scoping review of the literature, we suggest that social enterprises inform health outcomes through two separate but interlinked sets

of organisational features (see **Figure 1**). These are the 'transformational' features, which guide organisational responses to the structural factors that shape health inequities; and 'transactional' features, which shape day-to-day life and operations within the social enterprise, and which alleviate the outcomes of health inequities in the short term (Suchowerska et al., 2019).

Transformational features include the strategy, culture and leadership of the social enterprise, which guide whole-of-organisation responses to health inequities. The transactional features are the relational and policy mechanisms that determine in part how the social enterprise balances the tension between its hybrid commercial and social goals. This can include its resourcing/financing strategies, the type of outcomes measurement used, and how beneficiaries (in our study, young people) are recruited. The interplay between the transformational and transactional features influences program design and drives organisational change, subject to the operating context, structure and processes of the social enterprise.

>> PROJECT METHODOLOGY

The research adopted a comparative case study design to investigate whether and how WISE affect the social determinants of health equity for young people (aged 15–24) experiencing disadvantage. In the preliminary stage of the study (May–June 2018), two engagement workshops were conducted with a purposively selected sample of stakeholders including young people, and from social enterprise and health sectors—see [Table 1](#) below. Workshop participants helped refine the research questions and methods and identify social enterprises suitable for case study. Workshops were conducted in capital cities but travel subsidies were offered to support participation of young people and social enterprise practitioners from regional areas.

	SYDNEY 10 April 2018	MELBOURNE 4 June 2018	TOTAL
Young people	1	3	4
Social enterprise practitioners	4	4	8
Policy makers	1	1	2
Health promotion and public health practitioners	3	0	3
Social procurement officers	0	1	1
Researchers (external to research team)	0	2	2
Total	9	11	20

Table 1.
Participants of engagement workshops

The selection of the case studies followed a paradigmatic case sampling approach, whereby case WISE were chosen based on characteristics that provide rich information about the phenomena in question (Flyvbjerg, 2006). Four (4) social enterprises—two in Victoria and two in NSW—were purposefully selected (see [Table 2](#), below) to provide points of commonality and points of variance for the purposes of comparative analysis.² The points of case *commonality* that informed selection included: the type and social purpose of social enterprise, with all cases being WISE working with young people; geographical location, with all cases operating within or into disadvantaged areas as defined

by the Australian Bureau of Statistics SEIFA Index; and stage of business development, with all cases at a mature stage of operations. The points of case variance that informed selection included the industry that the WISE operates in and the institutional setting, with Victorian state government having an explicit social enterprise strategy while NSW does not. Geographic location offered both a point of commonality and a point of *variance* in the study, with two WISE selected in both regional/outer metropolitan and metropolitan-based areas to offer a point of comparison.

² All cases were fully operational during the data collection process. One WISE, which formed part of a larger welfare organisation, was subsequently closed by its board in response to perceived financial risk.

Geographic location offered both a point of commonality and a point of variance in the study, with two WISE selected in both regional/ outer metropolitan and metropolitan-based areas to offer a point of comparison.

	CASE A	CASE B	CASE C	CASE D
KEY SOCIAL PURPOSE	Employment pathways for disadvantaged youth Housing affordability Environmental sustainability	Youth engagement and employment pathways Environmental sustainability Support local community	Training and employment pathways for disadvantaged young people Social inclusion for young people	Employment pathways for youth and refugees Waste reduction and environmental sustainability Local and fair food production
ORIGIN	Est. 2009	Est. 1979	Est. 2016	Est. 2011
LOCATION	Inner-Metropolitan Melbourne, VIC	Inner-Metropolitan Sydney, NSW	Outer-Metropolitan Melbourne, VIC	Regional New South Wales, NSW
INDUSTRY	Hospitality	Information Technology and electronics	Construction	Farming Resource recovery
ORGANISATIONAL STRUCTURE	Standalone	Nested within parent organisation	Nested within parent organisation	Standalone
PROGRAMS CERTIFICATIONS	Certificate II in Kitchen Operations	Certificate III in Business, Business Sales or Certificate III in Information Technology	Certificate II in Building and Carpentry	Certificate I in Access to Vocational Pathways or a Certificate II in Skills for Work and Vocational Pathways

Table 2.
Selected case organisations

An interim engagement forum was hosted to relay progress and receive feedback on case findings, and to inform cross-case analysis and key outputs.



The four case studies were developed via ethnographic data collection methods including: engagement workshops within each case organisation; participant observation (averaging 14 days per case); semi-structured interviews (n=93) with young people, WISE staff, directors, external partners, and customers; and the analysis of organisations' documents (e.g. reports, newsletters, emails, meeting minutes, and media archives). More information about the data

collection methods is available in [Appendix B](#). In line with a participatory approach, stakeholders and other practitioners of health promotion and social enterprise were involved in the design and the development of project as it unfolded. An interim engagement forum was hosted to relay progress and receive feedback on case findings, and to inform cross-case analysis and key outputs. The project methodology is presented in [Figure 2](#).

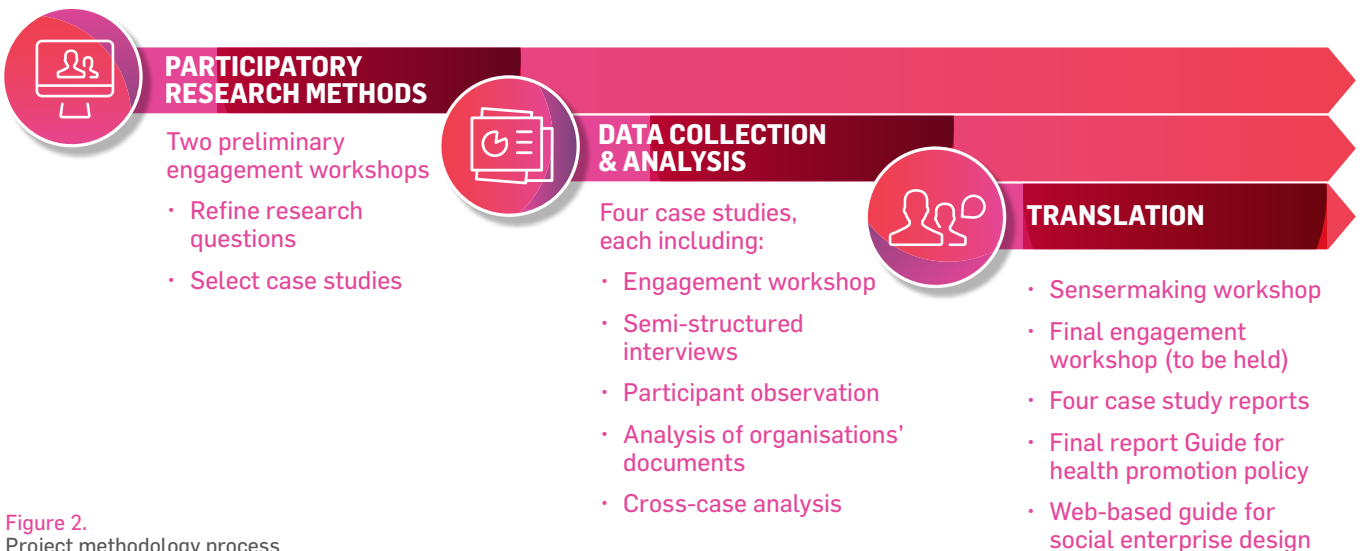


Figure 2.
Project methodology process

DATA ANALYSIS

Data were analysed thematically against our research questions to identify key intersections between the organisational features of the four case study organisations and the SDOH outcomes that young people experienced. Analysis was guided by a selective coding frame that was structured around the following four factors (or, in coding terms, nodes): SDOH; organisational features; stakeholders; and lived experience. Each factor (or node) consisted of several components (or child nodes) that were initially derived from a scoping study of the academic literature (see: Suchowerska et al., 2019). The full coding frame is provided at [Appendix C](#). The SDOH node included child nodes for education, employment, housing, income, social networks and recognition (See [Figure 3](#) below). The organisational features node included child nodes for organisational culture, structure and practices

at organisational, team and individual levels. The stakeholder node included child nodes for employees, customers, suppliers, financiers, trainees and non-human stakeholders. The lived experience node included child nodes for change, growth, emotion, tension and time.

The research team used the coding frame to first sort through and 'catalogue' data, before investigating intersections between organisational features and SDOH outcomes. The coding frame was iteratively adjusted and developed where needed to ensure a good fit for the data from all case studies. Coders met regularly to ensure consistency across case analyses when establishing iterative codes. New learnings during data collection were added and adapted before researchers investigated the intersections between SDOH outcomes and organisational features.

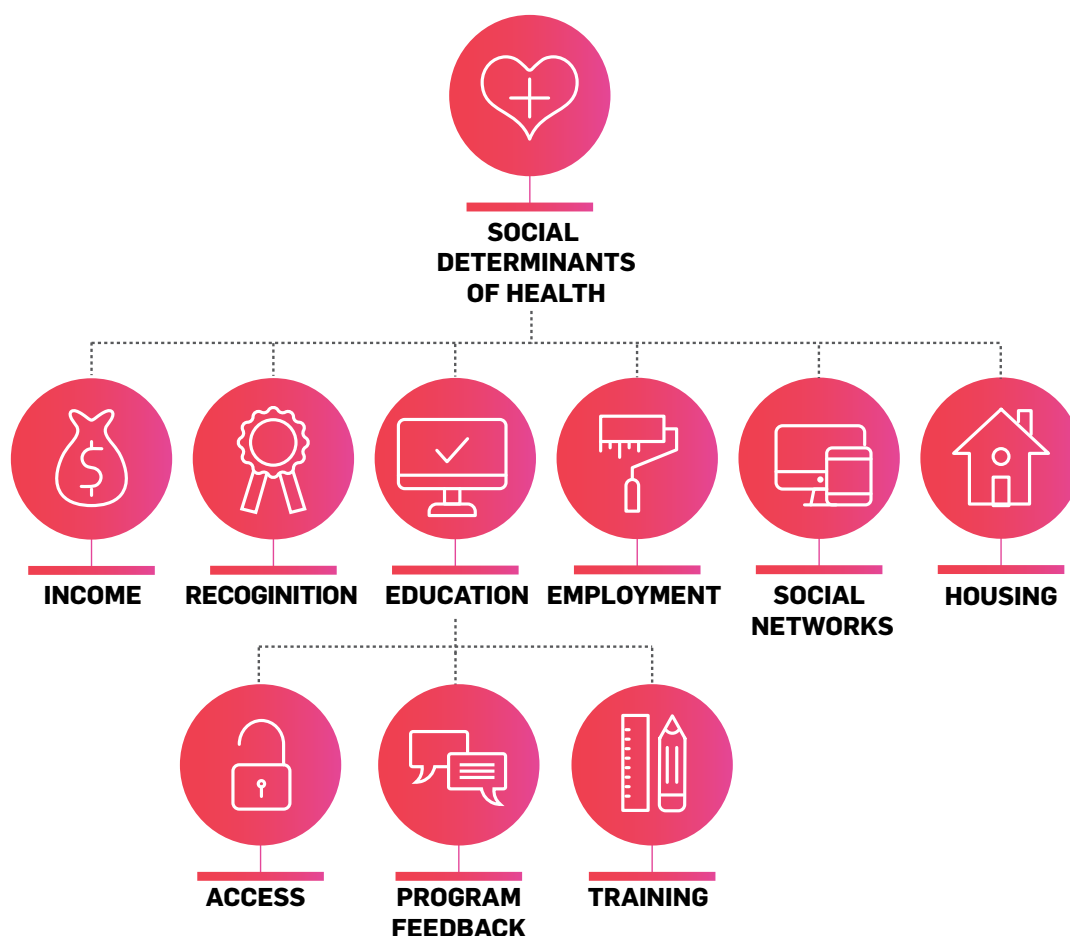


Figure 3.
Coding for the social determinants of health

CROSS-CASE ANALYSIS

Cross-case data analysis was undertaken to compare and contrast the organisational features of the individual case studies and their effects on the SDOH inequities of young people. This involved a stacking method of cross-case analysis, whereby a meta-matrix of case factors was developed to make direct links between the themes generated in the initial analysis of the discrete case studies (Khan & VanWynsberghe, 2008). The primary case factors included: organisational features; program features; and outcomes for young people.

The cross-case analysis enabled further testing of our conceptual framework, as detailed above, and prompted new questions that refined how we theorise the health-promoting features of social enterprise (Suchowerska et al., 2019). This included, for example, insights into how the varying institutional contexts of the case studies—such as broader policy frameworks, industry structures and access to financing opportunities—influence their capacities and development trajectories. The thematic comparisons made between the discrete case studies also allowed us to make sense of the relative influence of particular organisational features or contexts on health and wellbeing outcomes, and develop meaningful explanations as to why those outcomes may differ. Across the case studies, four key health outcomes for young people were identified, along with the program and organisational features that contributed to these outcomes. The findings of the cross-case analysis are presented below.



>> FINDINGS

Our findings are organised to respond to each of our research questions (see Research Questions Above)

WISE INFLUENCE ON THE SOCIAL DETERMINANTS OF HEALTH FOR YOUNG PEOPLE

Across all four case studies, the key social determinants of health that WISE influenced are summarised in **Figure 4** below:



Figure 4.
Key social determinants of health intervened in by WISE



DIRECT AND INDIRECT EFFECTS ON SOCIAL, CIVIC AND ECONOMIC PARTICIPATION OF YOUNG PEOPLE

Overall, WISE influences on the social determinants of health improved young people's subjective experience of their mental health and wellbeing, and led to the adoption of healthier behaviours, including improved sleep and healthier eating. Reflecting on the life transitions being experienced during their WISE participation, a small proportion of young people reported adopting less healthy behaviours, such as smoking, as they experimented with new social freedoms and boundaries in workplace settings.

Our data show that the program interventions increased young people's social and economic participation. Social participation, such as socialising with peers and staff at the WISE, increased significantly. Economic participation via employment or entry into the labour market increased only marginally, however young people felt better equipped for future economic participation as a result of the skills, self-confidence and relationships they had developed. Civic participation, understood traditionally as 'activities that reflect interest and engagement with governance and democracy' (ABS, 2010), was not apparent in our findings. Discussion of everyday forms of civic participation like 'paying it forward' was minimal.

The main benefits reported by young people included improved **self-confidence, social participation and mental health**. Some young people also reported increased aspirations for participation, expressing a desire to socialise and participate in other learning, training, and further education as a result of their WISE experience. The degree to which changes were experienced was influenced by the background of the young person. For example, those who reported the greatest positive change in mental health were young people transitioning from very challenging personal situations and/or with established mental health diagnoses.

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CASSIE³

Cassie is a 19 year old woman with a background of substance use. Prior to her time at the WISE she struggled with temporary housing and accommodation and was at times 'couch surfing'. Cassie started off at the WISE through a trial program and stayed on for further training and work opportunities. Since then she has experienced positive changes to her health and wellbeing. Working at the WISE has enabled Cassie to develop a routine, and work on her selfconfidence and social skills. She says:

"Just interacting with people - total strangers - was something that I was really uncomfortable with at first and I'd get really nervous approaching the table just to take an order and the more I familiarised myself with it, I was pretty all right eventually. Even now, outside of [the WISE] I find I have more confidence.

Importantly, she is supported by a number of youth workers to secure reliable housing and make decisions that have a positive impact on her mental and physical health. However, Cassie notes that her recovery is a journey, which presents different challenges on a day to day basis. Cassie feels that the best support comes from youth workers who can personally relate to her struggle with substance use. When she transitions out of the WISE she would like to help other people and become a youth worker:

"Yeah, it's something that I'd like to get into because I've got to a few different services where I've been in contact with youth workers, social workers, for housing and the drug and alcohol stuff. Yeah, I find it's a really good thing that they do.

MARCUS

Marcus is a young school-aged male who entered the WISE via a recruitment service. He wanted to gain work experience to put on his CV for future jobs and get some casual or part-time work before pursuing further education and training.

Marcus is keen to do something. He is motivated to do well in his studies and in the future at work to help support his family, with whom he has a good relationship. His family have been concerned in the past with the time he spends on recreational online activities, and the WISE offers him a place to develop other interests and relationships.

At home, Marcus was taught about the importance of giving back to community and being kind to other people. He tells us that he would like to make money to support his family:

Marcus: "First just for my family, just pay them back, try to pay them back, do whatever to help them. And then probably just maybe get my own house. I don't know what to do after that.

Interviewer: ..." So this sense of caring for your family, where does that come from?...

Marcus: "Yes. Just, my parents, I think it might be my religion as well. I don't know. My mum's been, my mum and dad teach me about be nice to everyone, help everyone.

³ All personal names used throughout this report are pseudonyms.

Those who expressed increased interest in or experience of civic participation included young people from backgrounds informed by religious faith and ethno-cultural norms of 'giving back', as well as those who were very consciously grateful for the opportunities afforded to them by the WISE and wanted to express reciprocity by 'paying this forward'.

The majority of participating young people reported increased **self-confidence**, particularly after spending time in work and learning spaces with supportive staff. Young people's confidence and sense of self-worth was bolstered in supportive and non-judgemental settings that recognised their skills and rewarded their efforts, and which accommodated mistakes as part of the developmental process.

Some young people felt more confident in other areas of their life after having positive experiences at the WISE. One young man who had migrated to Australia described how mastering professional skills at the WISE meant he felt better equipped to build a family:

“ Now I'm getting more serious about the course. So I was saying to myself 'now I get married I have more responsibility and soon my wife will be here'. And once my wife arrived here, at that time I was searching for job and just I was about to finish the course at that time and it was very good. And my wife feel confident because every day I'm going to work and help my family'.

(Young person, Case C)

⁴ Self-efficacy is defined as an individual's confidence in how skilfully they can perform behaviours needed to give rise to certain results. A certain level of self-efficacy is required to carry out actions (Bandura, 1977). According to Bandura (1977), self-efficacy is not spontaneously generated. Self-efficacy is nurtured by people themselves and is developed from four sources: "performance accomplishment, vicarious experience, verbal persuasion, and emotional arousal" (Suzuki et al. 2011: 359).



[The WISE] has been very lenient with my anxiety-provoked mistakes. I do make pretty consistent mistakes. It's good to have a sort of practice run'. (Young person, Case A) 'Before I came to this course I was like pretty depressed... Because I just kept getting knocked back, I was sort of like giving up. I definitely feel like healthier mentally just coming here every day and being punctual, you know, having a routine, stuff like that.... rather than just waking up and playing games every day'.

– YOUNG PERSON, CASE B

Developing skills in a supportive and affirmative learning and work environment enabled young people to build self-efficacy, capability and confidence, which in turn increased their willingness to participate in the WISE. This is made possible in the first instance by providing young people with a safe, friendly and supportive environment where **social skills** and **relationships** can be developed. Across all cases, young people were able to develop new relationships with peers, staff, and/or volunteers. Many thought that they could maintain these connections after leaving the WISE, but also recognised that this was unlikely due to the professional nature of the relationships and because some lived long distances apart. Some thought they would not have a particular reason for spending time with other program participants outside the context of the WISE, which provided a common ground and shared purpose for young people. In summary, as a result of being cared for and recognised, young people experienced increased **sociality** (interaction with social groups), rather than expanded social relationships.

Increased levels of self-confidence also improved **mental health** for most young people. Many linked their subjective experiences of improved mental health to self-worth and capability developed in supportive work and learning environments:

Young people with complex backgrounds who had experienced higher degrees of socio-economic disadvantage, such as homelessness, lack of support networks, or abuse, described greater improvements in mental health than young people with less complex backgrounds.

With regard to economic participation, the majority of young people had not secured ongoing **employment** as an outcome of WISE participation; however, interviews were conducted during the WISE programs rather than at their conclusion. Many young people felt their ability to secure a job was impeded by the lack of entry-level opportunities available. A small number had transitioned into employment through local employers connected to the WISE, or via relationships they developed at the WISE, and several young people had found employment options through family connections. Very few young people planned to immediately enter further education and training. This reflected the developmental stage of life of program participants, who ranged from 15 to 24 years, and the different purposes of WISE programs.

Most WISE managers felt that the function of the WISE was to provide a trajectory or **pathway** into **employment** and not necessarily employment itself. This was particularly the case for highly disadvantaged young people grappling with challenges in their personal lives. In the face of limited opportunity for both economic and social participation, WISE offer a form of mediated participation that provides many, but certainly not all, the benefits of employment.

BOHAI

Bohai is a young man who was studying and needed to do work placement. His teacher referred him to the case WISE for an interview and he is now employed in his preferred area at the WISE.

“They told me they had a farm here so if I would like to do the volunteer work so yeah – so I came and look at it and I did volunteer and they asked me – they needed a worker so if I wanted to work with them and I say yes, so that’s how I started.

While Bohai started out at the WISE as a volunteer this soon led not only to paid work, but meaningful and purposeful work that connects him to community members.

“Working did give me happiness and also the knowledge. I work here and I get to see new people... When we came here we work and we get paid, so this is how we can support our families so we get an income. So I feel good about myself and also that’s why it made me happiness, so it give me happiness.

The work at the WISE is not suited to everyone, and in matching participation to internal and external employment opportunities a ‘no-cookie-cutter’ approach is taken. Through this process the individual interests and goals of young people are taken into account.

Young people’s participation was affected in three case WISE by gender patterns. In two cases, there was limited gender diversity within the participant group, mirroring the gendered nature of the industries (Construction and IT) in which the WISE operated, and other social influences like the impact of normative gender roles. This was acknowledged by the case managers who pursued strategies to address the gender imbalance in the programs. In another case, young people were allocated tasks during vocational training which appeared to align with stereotypical gender roles. In each of these cases, gendered behaviour from the instructors influenced the young people’s experience of the program regarding their activities and types of interaction.



Just I think getting back into something, to be honest, after not being at school for so long. Having the courage and confidence to get back into something has been a very big change for me. Just coming to this course. I’ve got a lot more confidence now’.

-YOUNG PERSON, CASE B



DIRECT AND INDIRECT EFFECTS OF OPERATIONS ON MATERIAL CONDITIONS OF YOUNG PEOPLE

WISE seek to improve the **material conditions** that impact health equity by connecting young people with financial resources (income), a support network (WISE staff and external service providers), and material resources to meet basic needs (housing, home appliances and travel support). **Housing and income** were the main material conditions positively affected by young people's connection with WISE. Three of the four case WISE were proactive in helping find housing support where they identified it as a need of their young people. This ranged from establishing formalised partnerships and referrals with local housing providers, through to arranging informal emergency accommodation for young people in need. WISE also offered flexible programs to support attendance and accommodate young people who were experiencing unstable housing. Young people were also linked to additional support services through local employment agencies.

Income was supported in different ways by the case WISE:



Two case organisations developed a paid apprenticeship/supported employment program for young people to transition into after completing the first program. Both WISE had extended industry networks to support transitions into employment.



One WISE was able offer additional paid work to young people via their multiple commercial activity streams. Program participants were offered paid work after they developed the basic skill level needed.

While not a major theme in the data, there was some comment by WISE leaders on not wanting to disrupt young people's welfare access by offering short-term or small-scale financial compensation.



An [employment services] provider can fund [work safety equipment] but can't organise a car to pick someone up [like we do] and transport may be the barrier that's stopping that person getting to an interview or a work placement.

– WISE STAFF MEMBER, CASE D

Income and transportation to and from the WISE are directly linked. The cost of transportation was noted by many but did not typically prevent young people from participating. Some young people in outer urban areas travelled up to three hours per day to participate at the metropolitan-based WISE, changing modes of transport up to six times per round trip. This was a time consuming and costly exercise. For the young people involved in the regional and outer metropolitan case studies, public transport was either unreliable or nonexistent, with some young people relying on family, friends, or fellow WISE participants for transport. Aware of these challenges, metropolitan WISE had purposefully located themselves along public transport routes. Staff at the regional case WISE at times became directly involved in addressing transport problems, such as organising a car to pick up students (WISE Manager, Case D).

Individual health-related factors, such as healthy eating and having a routine, had an impact upon young people's wellbeing. Many young people benefited from having routine training hours at the case WISE, particularly when coupled with meaningful learning and training activities and supportive social engagement.

RYAN

Ryan is a young male and was enrolled in a higher education institution prior to his time at the Information Technology WISE (Case B). Ryan believed that the WISE would provide him with real world work experience and help him discover if he could work in the Information Technology industry. The WISE environment turns out to be transformational for Ryan


“Before I came to this course I was like pretty depressed, like sitting at home every day just playing games, eating bad. Because I just kept getting knocked back, I was sort of like giving up. And then like people don't realise it, but with depression, if you just get out and about, it's easier said than done... or just occupy yourself with something to take your mind off things, you eventually just build up this happiness and like it's pretty hard to knock you down if you're like busy every day and just doing something all the time.

Ryan describes feeling 'healthier mentally' after having established a routine attending the WISE:

“Having a meaning in your life, rather than just waking up and playing games every day. Even if it's not paid, like I've still got benefits like that just coming here.

Ryan still faces personal challenges and feels tired some days, but is deeply motivated by the pathway into employment that the WISE offers in his industry of choice.





Young people at two WISE reported greater understanding of nutrition and healthy eating and had improved access to healthy food as a result of their participation. This was because WISE case studies included a café/catering business and a farm providing local fresh food. The farm enterprise grew vegetables and maintained livestock with the help of participating young people and, through this process, they were able to develop their interests and skills:

“ Well I got to try a lot of new things that I had never tried before, so champagne fruit – that was a new one...I actually wanted to grow some at home because it tastes really nice’.

(Young person, Case D)

For some young people at the non-food industry enterprises, access to nutritional and affordable food within walking distance of the WISE was a problem. Some young people described positive changes to their health behaviours which they linked to the physical and social stimulation afforded by the WISE.

Two WISE incorporated therapy animals and livestock in their programming, which yielded particular benefits for young people. Staff at WISE that incorporated a therapy animal reported that anxiety related non-attendance among young people reduced when the animal was introduced. Two WISE involved work outside. One offered work at external landscaping sites, while the other operated an outdoor business with access to green spaces. Young people enjoyed the ‘real life’ experience of landscaping an outdoor area, as one participant said:

“ Yeah, it was outdoors. It didn't feel like we were doing a course. It's like we were out doing some proper work or something, so it was – yeah, I liked it’.

(Young person, Case C)

After having undertaken physical labour at the outdoor business, one young person reported feeling health benefits like being able to sleep better at night:



When I was at school I did not sleep hardly at all... I might stress about an assignment... I don't go to sport because I don't like sport. Instead of just going home and sitting at home doing work I'd come here for a whole day and just do work for a whole day. And so that was good. And then... I'd go back to school more refreshed. I was able to sleep at night... yeah, because hard work’.

– YOUNG PERSON, CASE D

DIRECT AND INDIRECT EFFECTS ON CONTINUING STAFF, VOLUNTEERS AND THE WIDER COMMUNITY

Social enterprise staff play a central role in ensuring that the WISE achieves its social goals. They are often required to provide support that draws on personal attributes such as emotional intelligence and empathy, alongside technical skills in education, training, youth services, business operations and management needed to succeed in the industry the WISE is operating in. Staff perform different roles, which involve different levels of responsibility for and interaction with young people. Staff health and wellbeing benefits are derived from their role in building relationships with young people and industry partners, improving the capability of the WISE to achieve social impact, and through positive workplace culture. Staff identified that experiences of burnout, exhaustion, stress and financial insecurity detracted from their sense of wellbeing. Some staff experienced only one of these issues, while those in senior management/leadership positions experienced both stress and financial insecurity.



“

Working they did give me happiness and also the knowledge. I work here and I get to see new people and as I get to work with other and with those few... and also we get to meet other.

– EMPLOYEE, CASE D

SOCIAL CONNECTION AND MEANINGFUL RELATIONSHIPS

The WISE offered staff a source of meaningful social participation and connection with colleagues, young people and stakeholders, particularly in the pursuit of social justice goals. A common sentiment shared by staff was that:

“Everyone is just friendly and outgoing. People respect each other. It's just a really nice environment... I feel like I can just come to work and to have a chat with people that I like every day’.
(Staff member, Case A)

Across the case studies, staff worked in various roles as leaders, managers, industry employees (i.e. chef, barrister, farmhand, IT specialist), trainers, mentors, youth support workers, and volunteers. Different roles were shown to yield different relationships.

Staff working directly with young people described caring relationships and feeling happy when they saw young people developing skills and enjoying the training, while staff in organisational management and leadership positions described relationships with partners and funders as significant to their experience of work. These staff noted that, while relationships with partners (e.g. funders and commercial partners) provide opportunities for social connection and are important to the success of the organisation, these relationships also require a considerable time and energy investment. Staff who had progressed through the WISE program as trainees or volunteers and had been hired to work at the WISE had developed respectful and mentoring relationships with supervising staff members, felt supported by colleagues, and enjoyed meeting new people and working with familiar faces.



Like at the end of the day I'd just see things that weren't getting done. At the end of the week I'd just see the targets that we missed. And so I had to go through and intentionally realign what was important to me, and I kind of chose the human engagement side of things to put more energy into that and see that as more of a goal of engaging people.

– MANAGER, CASE D

CAPABILITY, EMPOWERMENT AND ACCOMPLISHMENT

Staff generally experienced a sense of empowerment in their capacity to contribute to organisational goals. Program staff in contact roles experienced a strong sense of accomplishment after, for instance, teaching someone a new skill, or having a beneficial mentoring conversation with a participating young person.

Staff who entered the organisation in apprenticeship or volunteer roles described feeling more comfortable and confident in their role at the WISE as compared to other workplaces. Their sense of capability was enhanced by the supportive WISE work environment. One volunteer-turned-staff member described developing greater self-confidence when he started interacting with customers in a role he was passionate about. He said:

“ It’s how I became who I am today’
(Staff member, Case D).

Staff in managerial roles felt empowered by leading their teams and external stakeholder networks. However, they did not always experience a sense of accomplishment because their aims and goals were long-term and oriented towards systems-change. Staff in management and leadership roles reported feeling frustrated by gaps in policy that impede the development of the social enterprise sector, and the lack of long-term funding for social enterprise organisations. In this context, some described offsetting their feelings of disappointment from missing performance targets by refocusing on the ‘human engagement side’ of the WISE (Manager, Case D)

WORKPLACE SAFETY AND LONGEVITY

Safety and security were experienced by most staff in contact roles due to the care shown by managers and the supportive attitudes and personalities of their colleagues. An organisational culture of care that is invested in the wellbeing of young people contributes to this sense of safety. Many staff working with young people were keen to continue in their roles and felt that they would be able to. A small number of staff reported thinking about the next phase of their career. This was due to a variety of factors, including: the intensity of the work and culture of over-work in the social enterprise sector; working in the sector for a long period of time and feeling a lack of accomplishment; and an awareness of other contexts in which they would like to work to achieve social justice goals.

Case WISE built relationships with stakeholders (e.g. prospective employers) based on shared social justice goals. Long-term relationships enabled one WISE to align their organisational culture with external employer and training partners who share their values and goals. This alignment provided pivotal support for young people transitioning from WISE programs to external employment.



So, when they make a nice cup of coffee from start to finish and you see how proud they are and they give it to the customer, I love to see that. It sounds so silly but it’s just nice to see how excited and happy they get.

– STAFF MEMBER, CASE A



Well you know I probably want something different to do anyway because you know that's why people like [staff member] and other people, you can bring along the journey that are enthusiastic and got a passion for doing this ...

– LEADERSHIP, CASE C



Working they did give me happiness and also the knowledge. I work here and I get to see new people and as I get to work with other and with those few... and also we get to meet other.

– EMPLOYEE, CASE D

'BURNOUT' – OVERWORK AND STAFF MENTAL HEALTH AND WELLBEING

Almost half (17) of the staff members we interviewed across cases reported feeling tired, fatigued, exhausted and/or stressed at work at some point. Two staff reported feeling 'burnt out', that is, completely exhausted and having to take a break from working at the WISE. These staff members discussed feeling burnt out as a result of organisational change, managing multiple tasks and relationships, and experiencing high levels of stress. Burnout in this context was understood as a result of the intensity of the work required, the hybrid nature of the work, and the hours involved. These were variously attributed by interviewees to effects of poor leadership, management and organisational structure, and financial precarity.

Staff reported that the social goals that drive them and the positive outcomes that they witness motivate them to work longer hours, work more intensely and to devote significant emotional energy to their role.

“ *Ring me in the middle of the night, ring me whenever you need to ring me to help you solve a problem', said one manager reflecting on their commitment to the organisation'.*
(Manager, Case A)

Without this intense commitment at the managerial and leadership level, staff claimed that their programs would not be as successful or would even fail to produce outcomes. Staff described both needing, and being motivated, to 'go above and beyond' when working at a social enterprise in terms of personal investment in the role and tasks that they were required to perform (Manager, Case D).

More established WISE were able to mediate staff investment in the WISE with protective policies and procedures for staff roles and behaviour. In this context,

organisational leaders and managers discussed burnout as an outcome of not prioritising staff wellbeing, and a lack of awareness of overwork and the risks it poses. Managers recognised the need for a support infrastructure that prioritises staff supporting one another, not taking work home, managing work life balance, and being aware of burnout in the sector.

In WISE where there was less formal infrastructure to support staff wellbeing, staff reported cases of burnout. In these cases, there was less organisational awareness of the intensity of the work, the demands of everyday staff practices, and the workload challenges staff encountered. Managers recognised that this lack of infrastructure had negative health impacts, of which staff were not always conscious. In other instances, staff were aware that their roles could lead to negative health outcomes. One staff member expressed worry about experiencing vicarious trauma by working with young people with complex backgrounds. This staff member was concerned for their wellbeing despite the strict policies and procedures in place at the WISE to govern interaction between staff and young people, such as boundaries around staff interaction with young people outside the workplace and/or business hours.

Our findings indicate that there was an accepted culture of overwork in some case WISE, and that the negative effects of this overwork were not always discussed openly. As one manager said:

“ *We don't talk about it publicly because it's not what we should be talking about publicly, but I think that the reason the [organisation] still exists is because of those people and because of the trust that we kind of have for each other'.*
(Manager, Case D)



... I guess where the breaking point happened was I'd just gotten to a point where I was never satisfied with what we were doing. Like at the end of the day I'd just see things that weren't getting done.

– MANAGER, CASE C



“

Some of the staff here have been quite resilient in lots of ways, but the work has probably taken a pound of flesh without some of those people even realising it.

– MANAGER, CASE C

ORGANISATIONAL FINANCIAL INSECURITY AND STRESS

The intensity of staff roles was exacerbated by the financial insecurity experienced by many WISE. The general experience among staff was that organisational and financial resources were limited, require constant replenishing from funders and/or via new business revenue, or were short-term and based on external funding programs. Across all case WISE, stress in senior positions was largely reported as being related to accessing finance, trying to achieve social goals and working at a fast pace. Staff were often time-poor and worked excessive hours to meet the hybrid operating needs of the WISE. As one manager said: ‘that particular funding application was really long and you basically had to sell your left kidney to get it through... I don’t think we realise that we write these in our spare time – we write these between 10:00 pm and midnight’ (**Manager, Case D**). The work of WISE managers and leaders in building up the

identity of the social enterprise involved negotiating relationships with stakeholders to gain funding and finance. Organisational identity was always in a state of development, and sometimes in tension, as business and social goals were pursued.

Many leadership staff reported being frustrated by the limitations they encountered when trying to innovate, expand, and finance hybrid organisations. For instance, interviewees reported that there was limited policy and economic infrastructure in place to support the growth of the WISE, a disproportionate administrative burden involved in attaining government funding, and a constant need to shore up and grow revenue through both trading and non-trading means. At least partly as a result of financial pressures and perceived financial risk, one case study WISE that was part of a larger welfare organisation was closed by its board.



IMPACT FOR STAKEHOLDERS AND THE WIDER COMMUNITY

WISE participating in our study were able to create economic and social impact in their local communities.

IMPROVED INTERMEDIATION IN THE LOCAL LABOUR MARKET AND EMPLOYMENT SERVICES SYSTEM

The case WISE generate pathways into employment by developing and maintaining relationships with youth service providers (e.g. youth health, housing, justice system support), and by connecting young people with local employment services and/or local employers. WISE develop professional relationships and job opportunities with their partners, which in turn reduces the local burden of unemployment.

“ We help to promote them a lot their internship opportunities, or any jobs that they've got going, we will put that through our network... we have about 800 people in our network [and also]... a lot of organisational involvement’.
(WISE partner, Case D)

Across the cases, ancillary organisations – i.e. support services, registered training organisations (RTO), training services – were considered vital to this process. Intermediation was influenced by the location and industry orientation of the case WISE. Two WISE were able to create roles for volunteers and employees because they directly engaged with the public via food production and hospitality industries. Organisational leaders and other staff members also commented on the ways WISE reduced and/or absorbed the financial burden that taxpayers would otherwise incur from recidivism and rehabilitation:

“ The financial costs to the community of the circumstances that our young people find themselves in is enormous. Let's take the criminal activity of our young people as just one example’.
(WISE manager, Case C)

DEMONSTRATION OF AND LOCAL INFLUENCE IN MORE INCLUSIVE EMPLOYMENT PRACTICES

Each case WISE engaged with their supply chain partners in a different way, which affected how they were able to influence the attitudes and employment practices of other organisations. The one regional and one outer metropolitan case WISE had personalised connections with supply chain partners. The two metropolitan cases were also able to develop influential personalised connections, by drawing on their reputational capital. These connections facilitated learning about better practice for inclusive employment. In cases where commercial relationships were largely transactional, there was little influence on the employment practices of supply chain partners.

All WISE enabled young people to recognise 'fair work' conditions in order to improve their capacity to encourage these standards in other workplaces. One of the WISE provided young participants with training on their rights and responsibilities with regard to fair work.

LOCAL ECONOMIC CONTRIBUTIONS

Case WISE responded to local needs through their product offerings. For example, one regional WISE responded to a gap in waste management services in their local area and in providing affordable fresh food in an area where food retail was limited. Another metropolitan WISE responded to the need for greater access to affordable digital technologies, particularly for people from low socio-economic backgrounds and small not for profit organisations.

The business activities of two case WISE (Cases A and D), stimulated local spending and provided locally needed goods and services. As one partner describes:

“

Local food often is quite expensive... definitely do see a big connection between more local production means more jobs, more dollars spent here... supporting that local economy, the more jobs there will be, the less food insecurity there will be, the more food there will be. It would be fantastic, the food would be fresher, less waste, because the longer the supply chain, the more waste [Case WISE] are so important in achieving our missions'.

– PARTNER, CASE D

HOW DO WISE INTERSECT WITH LOCAL COMMUNITY AND STAKEHOLDERS TO CREATE IMPACT?

WISE are best able to intersect with their local community through *the relationships and networks they build; commercial operations; community programs; employment programs; and marketing and media.*

RELATIONSHIP-BUILDING

All case WISE had well-developed relationships with external stakeholders (e.g. financial partners, customers and suppliers) and broad stakeholder networks, which enabled them to convey their assets-based approach to working with young people to other organisations in the community. More established WISE had a greater sense of reputational capital which had been built over time with their stakeholders:

“ Our customers, our local geographic areas in our sites, a lot of those people know what we are and what we do’.
(WISE Staff member, Case A)

However, well-established WISE felt that there was still scope to further develop local community relationships:

“ But there’s definitely a lot more that we can develop there and a lot more work we can do in terms of our networking in the community and being a part of networking groups and, yeah, just being more a part of the community in that sense rather than just waiting for young people to come to us, us going out into the community and meeting with agencies that way’.
(WISE Staff member, Case A)

Building diverse, cross-sector relationships was considered vital to the pursuit of social goals. For instance, food security was considered a prominent but also complex issue ‘that you can’t tackle yourself’ (External Stakeholder, Case D). As one manager put it, a group lobby effort is required.

“ So if it is from the social sector people from industry, people from government that it’s coming from a few different sectors than just the community, then we’ve definitely got a better chance of influence’.
(WISE Management, Case D)

Contradictory experiences of relationship and partner-building were described by most WISE cases where relationships changed because of changing commercial conditions experienced by partners, or because partnerships became unproductive.



“ So your currency in a social enterprise is relationships, most of the time, not financial capital’.
– WISE LEADERSHIP, CASE A

MARKETING AND COMMUNICATIONS

Consistent with an emphasis on growing impacts through relationships and storytelling, case WISE leaders invested in marketing and communications to scale their community impacts. All case WISE had sophisticated online platforms; however, one case WISE had significantly developed their platform and branding to reframe perceptions of young people and actively promote social enterprise as an effective model for creating change. During the course of our study, the other three case WISE strengthened their online platforms to showcase their media engagement, social impact and industry awards.

RELATIONSHIPS WITH OTHER COMMUNITY ORGANISATIONS AND PROGRAMS

Relationships with community organisations connected WISE to local resources, issues and events. Stakeholders and staff spoke about the importance of these relationships. As one organisational customer said:

“ I think neighbourhood houses are one of the environments in which social enterprises can create that link because we're about supporting marginalised communities. That's our whole reason for existence...our funding from the department is based on working with the most vulnerable communities so it's our whole platform'.

(Customer, Case C)

WISE staff also identified funding barriers to doing long-term and collaborative work with other community organisations:

“ What [our parent organisation] does really well is the true community development. So starting with the community identifying leaders, getting grants well for activities and just having that long-term commitment to communities and that just doesn't get funded anymore. But now the funding environment or policy environment is very much around early intervention means case managing somebody who's couch surfing before they end up on the streets and that's not early intervention in my opinion. All the funding is for one-on-one case management, it's not for that group collective impact you develop or community development'.

(WISE Leadership, Case D)

“

Building diverse, cross-sector relationships was considered vital to the pursuit of social goals. For instance, food security was considered a prominent but also complex issue 'that you can't tackle yourself'.

**– EXTERNAL STAKEHOLDER,
CASE D**



EXTERNAL EMPLOYMENT PROGRAMS

While all case WISE were able to place young people with external employers, one WISE was able to grow their relationships with stakeholders and develop an off-site employment program for young people. This was grounded in a shared understanding and commitment to particular social impact goals. One stakeholder described a shared commitment to employing young Aboriginal and Torres Strait Islander people through an external employment program developed with the WISE:

“Part of my commitment to hiring your Aboriginal or Torres Strait Islander people has been to try to reflect that community, because that means that we've got people that can engage with their community ethic or otherwise. So that is – that is the [WISE] piece, particularly around the Aboriginal employment’.

(External Stakeholder, Case B)

External stakeholders recognised that the developmental success of beneficiaries was linked to the wraparound support provided by WISE cases:

“They might have very poor supports at home, and they might not turn up for TAFE because it's all too hard. TAFE would do nothing, probably do nothing about that. They might make one phone call, whereas [WISE], they're there, they're supporting that student, they'll make that phone call. I've known them to go and pick up a student if they haven't turned up, so it's really about that wraparound service’.

(External Stakeholder, Case C)

ADDRESSING MACRO-LEVEL CONDITIONS FOR HEALTH EQUITY

WISE MACRO-LEVEL IMPACTS ON HEALTH INEQUITIES

In this section we discuss how WISE as 'settings-based initiatives' intervene in the macro-level conditions that shape health equity. Settings-based initiatives 'can be defined geographically (e.g. cities, villages, islands) or organisationally (e.g. schools, workplaces, hospitals); they can also be defined more fluidly, producing hybrids of the geographic and organisational forms (e.g. community gardens)' (VicHealth, 2015: 4). While macro-level conditions operate at the level of governance and policy, dominant cultural and societal norms and values also influence these settings and resulting individual experiences.

The main macro-level conditions that case WISE influence are: social stigma (societal norms and values) and labour market and systems gaps.

All case WISE challenged social stigma by taking an assets-based approach to recognising the value of the young people they work with. As one customer said:

“ whose problem is youth unemployment? It's not necessarily just the government's, not just the community. And let's stop blaming the young person. It's not the young person's fault that... they've grown up in an area that's got really high youth unemployment and not many jobs'.”
(Customer, Case D)

There was also strong intervention into the social stigma that surrounds youth mental health issues as WISE created an organisational culture of acceptance and inclusion. Some staff reflected on their role in challenging the systemic disadvantages that young people face:

“ But we exist because that system is really broken, or it's really fragmented or it's not functioning in a holistic way for a young person. So part of the challenge is interfacing with something that you don't think's functioning very well'.”
(Leadership, Case A)

In some cases, ancillary service partners and government funders observed that their own practices were influenced by the WISE they worked with. Case WISE were seen to 'fill in' vital gaps in the employment services system and present new ways of doing things to support the health and wellbeing of young people. Our interviews with WISE partners, however, suggest that any shift in practice was not significantly transformative as their perspectives largely aligned with, and were predisposed to, supporting the mission of the WISE.

While all of our case WISE were engaged with governments in some way, there was limited evidence in our research of any substantial impact of WISE on public policy and programs. WISE in Victoria and NSW are governed by different policy contexts. Victoria has an active Victorian Social Enterprise Strategy with the key objectives of creating a more inclusive economy

by increasing social enterprise impacts and innovation; building business capacity and skills; and improving market access. This strategy is augmented by the Victorian Social Procurement Framework, which commits government agencies to creating social value through procurement activities, including purchasing from social enterprises.

The more established of the two case WISE in Victoria (Case A) was in the process of developing corporate procurement opportunities and working with advisory groups. The younger WISE in Victoria expressed concerns about how social procurement worked in practice, particularly how sub-contracted work was being allocated by commercial organisations in the name of social procurement. One staff member said:

“ I have some concerns around [lead suppliers'] view of the social procurement framework and what they should be doing...and whether or not they are doing what they're meant to be doing with the funding'.
(Manager, Case C)

Another concern for this WISE was being able to rely on such income to plan ahead:

“ Look, the funding is – here's the thing; you could say, here's \$30 million. Make it all better tomorrow. Well, I can't. It's not just the funding. It's being able to plan'.
(Manager, Case C)

In this sense, the relevant case WISE saw social procurement more as a future opportunity that would require scaling the organisation and new formal relationships to be built with partners across sectors.

There is no comprehensive policy framework for social enterprises in NSW; however, our NSW case organisations reported being able to work in partnership with government departments on new programs. NSW WISE were aware of the state government's Procurement Policy Framework, but noted there was not a lot of clarity on the meaning of social procurement. One WISE viewed social procurement as something that it was already engaged in:

“ So look, the whole thing around social procurement, we're right in the sweet spot of that and we're just leveraging off it if I'm absolutely honest. Because what we do is exactly social procurement and it's always been that way, it's just never been called anything'.
(Leadership, Case B)

This case WISE also identified challenges associated with pursuing social procurement for organisations outside the not for profit sector:



Now I've heard it say that, look, you know some organisations are prepared in procurement process pay an additional 5% more for dealing with organisations who are social enterprises because they want to support the community blah, blah, blah. But you know what you're sitting in procurement and your job is to save your company as much money as possible'.

– LEADERSHIP, CASE B

CONSTRAINTS ON WISE MACRO-LEVEL IMPACTS FOR HEALTH EQUITY

The macro-level impacts of WISE were inhibited by industry regulations and norms, funding models, and policy and public program funding, which were often not a strong fit for the needs of hybrid businesses. The industries some case WISE engaged with were gendered and not always culturally safe, or safe for young people with complex backgrounds.

Across all cases the lack of long-term, flexible and appropriate **funding and finance** options for WISE was identified as a primary challenge. WISE identified a lack of consistent government support for social enterprise, limited recognition of social enterprise within the employment services and welfare systems, challenges in accessing markets, and limited access to appropriate forms of capital.

The cohorts supported by case WISE were linked to other **government** departments, yet there is no financial recognition from those departments of the work that WISE are doing.



There's probably about a third of those kids are involved in the statutory justice system... about a third of the students who have had historically or current involvement with Child Protection. So DHS have – those kids are connected to DHS. And probably the other third of the kids who either have been expelled from secondary school or are being currently “managed out,” so Department of Education. So and we're seeing those kids four days a week and they're engaged all day, four days a week, yet particularly Justice and DHHS, they make zero contribution to our operations here. Yet all of the recovery-based programs and crime prevention, youth crime prevention programs that they're funding to the tune of millions obviously, increasingly all have expectations on outcomes around employment and education because they rightly identify that outcomes in those areas are indicators of pro-social, enduring outcomes around health... And yet here we have this model that potentially feeds right into that outcome'.

(Manager, Case C)

The case WISE played a clear role in responding to vital systems gaps by connecting local services that support the health and wellbeing of young people. However, they had a limited impact on the systems deficiencies that influence health inequities, in particular the systemic barriers that prevent disadvantaged young people from entering the labour market. There was evidence that case WISE assisted young people with housing and access to transport on a case-by-case basis. On a community level, case WISE also supported local labour markets by proactively partnering with employers. However, the scale of those effects was necessarily modest due to significant systems constraints and the geographic reach of individual WISE.



A whole bunch of ministers that have traipsed through this organisation over the last decade... They've had lots of photo opportunities here, but ...not one dollar, not one single brick has been paid for by government'.

– LEADERSHIP, CASE A

HOW WISE ORGANISATIONAL FACTORS INFLUENCE HEALTH EQUITY OUTCOMES

Very few studies have investigated how WISE affect health equities. In our scoping review of the literature, we present a summary of how the organisational features of WISE may affect health equity. The key features we noted from the literature include: organisational culture, leadership, mission and strategy, relational mechanisms, policy and structural mechanisms (See *Figure 1*).

Our subsequent data analysis suggests these organisational features played a significant role in supporting the successful functioning of the case WISE. As depicted in *Figure 5*, empirical research identified the following additional organisational features as being significant: funding and finance; industry orientation; space; and relationships.



Figure 5.
Wise wellbeing design elements: organisational features that support health equity outcomes



STRUCTURE AND SPACE

Case WISE that featured a youth programs team, an RTO on-site, and a multi-site design had a strong and supportive organisational structure. Case WISE with a designated **youth program team** provided the structure for wraparound support, which was further reinforced by having an RTO at the WISE premises. Having an **RTO on-site** enabled young people's learning experiences to be integrated into the physical space of the WISE; for example, learning cooking skills in the WISE kitchen or learning building skills at the WISE warehouse.

Operating across **multiple sites** created diverse work activities and settings which played a significant role in improving the conditions for young people's wellbeing. Young people reported that access to different streams of work and rotations through multiple business sites improved their self-confidence and belief in their own capabilities.

“ I knew a bit, but not exactly what was required in cafes... I've [now] done work experience... so customer service, waiting tables, making coffees, interacting, clean downs of cafes and all that sort of stuff... I like working at [the café site], because it's floor work, so more interacting with customers, getting my hospitality skills up, this is how I carry a plate, this is how I greet customers. It's different to the kiosk that you have at the other two sites, because you greet the customer, you get their coffee order, sometimes they order food'.
(Young person, Case A)

Diverse work settings at all of the case WISE presented young people with opportunities to explore their own interests and skills and identify personal preferences and professional goals. By moving between different business sites with different micro-cultures, young people were also able to interact with a range of people, including customers and suppliers, and develop their social skills in diverse contexts.

The **spatial design** of the case WISE supported learning and wellbeing outcomes, particularly through the use of outdoor spaces, alternate learning spaces, and nooks and crannies for peace and quiet. WISE that incorporated outdoor or physical learning and work activities received a strong response from young people. Some young people reported positive health benefits:

“ At school it's just – it's waking up every day, and because I have anxiety and all that it's, like, it's too much of a hassle... I'd rather physical and hands on labour, so I work in a warehouse [at the WISE], that's why I do that...'
(Young person, Case B)

Most case WISE had recreational spaces for games like ping pong and basketball, or activities like yoga. These informal spaces enabled young people to build relationships with each other, and provided a casual atmosphere and physical outlets for alleviating stress and anxiety.

FINANCE AND FUNDING

Because of their cost structures and related social goals, **financial sustainability** is often a challenge for WISE. All cases WISE had **multiple revenue streams**, although the nature of these streams differed across cases. All had diverse commercial product offerings, some received internal investment through their parent organisation and/or grant funding through philanthropic and/or government partners.

With regard to other forms of external finance, one leadership representative explained the complex challenges that WISE face accessing appropriate capital:

“ Access to finance is my ongoing challenge always. The challenges of trying to scale these things and getting access to the right type of capital. Realistically let's say it takes 10 years at a minimum to build one of these things out and scale it to self-sufficiency, and that's if everything falls into place well. So let's say it's 10 to 15 years before you get into where you want to be, you need so many types of capital to get there and all those types of capital behave a different way and all of those types of capital, there's not a market for them yet. So if you take impact investment; we were really early adopters of impact investment... the market's just too embryonic to have the things in place that you need to be able to access the capital at the right time'.
(Leadership, Case A)

Aligning with the right industry and having a commercially competitive (high quality, fair price) offering was vital to organisational sustainability. All WISE reported that multi-year contracts and/or repeat customers supported their organisational success.

Social procurement was seen as providing new market opportunities for Victorian case WISE; however, the more established WISE was better positioned to engage with the strategy. This was due to organisational maturity coupled with access to greater human resources to attend to the administrative aspects of navigating larger-scale contracts and tenders.



INDUSTRY ORIENTATION

WISE revenue and program outcomes were strongly influenced by the industry or industries in which they operated. Most case WISE strategically aligned their social goals with their chosen industry, having considered the following three elements.

- **Operating costs:** All WISE operated in industries with reasonably high capital costs, at least in the start-up phase. Most were able to operate with relative success in their industries. However, one WISE nested within a larger organisation was challenged by both internal cross-subsidisation issues (with revenue targets in other operations of the organisation not being met, having a flow-on effect to the WISE) and the complexities of agile staffing within an industry characterised by project-based work and subcontracting arrangements.
- **Youth engagement:** Most case WISE have a good understanding of how their industry and related industrial regulations would shape training and education options. On-the-job or on-site training was supported at all case WISE. However, on-the-job training was impeded by industry regulations at one case WISE because particular entry level skills were required, which young people did not obtain until completing the program.
- **Labour market opportunities:** All case WISE operated in industries that offered employment opportunities to young people within their region. Three WISE were able to offer professional career trajectories with significant benefits for young people, while one offered employment pathways. Staff from one WISE expressed concern about the culture and gender norms of the industry in which they operated and whether it was a suitable work-entry setting for young people with complex backgrounds.



ORGANISATIONAL CULTURE

Organisational culture can be understood as the 'rules in use', or the shared beliefs and values that shape interactions in an organisation (Ostrom, 1999). Our findings suggest that a workplace culture that is experienced as interpersonally supportive and professional plays a significant role in improving health equity among young people. Across the cases, culture was strongly influenced and supported by the **leadership** and founders of each WISE, with more established WISE having formal policies in place to reinforce the core values, boundaries and principles of their organisation. Young people described organisational cultures that were **youth-centred, accepting, supportive and forgiving of workplace mistakes**, and that also balanced a **professional work ethic** as enabling them to **safely 'rehearse'** new

skills in real-life settings. These features supported improvements in young people's confidence, mental health and employability:

WISE combined these elements with a culture of **customer service and pride in product quality**, which allowed the development of meaningful relationships, reputation and social purpose.

Organisational culture was equally important to staff, customers and partners. Across case WISE, staff generally described feeling safe and enjoyed working in a flexible and understanding environment. (See **The Findings**, page 32).

Organisational culture both influenced and was influenced by organisational governance. As in all organisations, effective relations between governance and management (referred to in this report as leaders and leadership) supported the case WISE to achieve their strategic goals. While all case organisation boards balanced organisational values and social goals with business sustainability, board cultures of standalone WISE cases were more responsive to the agility demands of small to medium business operations, through strong decision-making delegations

“

I'm usually a chatterbox but I've learnt to stop and listen a bit more instead of just rambling on. Focusing has been a big problem for me... it helped that I had [Manager] just gently saying, 'Mate, you need to stop doing this, need to get back to doing this'... gentle reminders, which was good'.

– YOUNG PERSON, CASE D

“

Just I think getting back into something, to be honest, after not being at school for so long. Having the courage and confidence to get back into something has been a very big change for me. Just coming to this course. I've got a lot more confidence now and everything. Talking to people and coming to this course and that. So, it's better'.

– YOUNG PERSON, CASE C



to leadership, than those nested within larger organisations, which were governing multiple program needs and revenue models. Each WISE balanced accountability and risk management, alongside the need to support leaders as they foster innovations in practice and process. This balance is achieved through a shared commitment to mission, and a high degree of trust among board members and leadership, so hard questions can be asked in a collegial environment:

“ I think the beauty and one of the reasons I really enjoy being involved in [the Board] is I feel like that balance is pretty well managed. The harmony between ensuring that we are not leaving any stone unturned around the profitability of the businesses but remembering why we're there in the first place and ensuring the effectiveness of the social programs as well'.
(Director, Case A)

Regarding stakeholder involvement, we observed that young people were not formally involved in governance of any of the case WISE. This in part reflects the transitional models of these organisations, with young people moving in and out of programs over relatively short time frames, as well as the need to be sensitive to cohorts who may find participating in governance processes challenging. That said, each WISE sought to place consideration of young people at the heart of governance processes, whether prioritising the reporting of program impacts and outcomes in board meeting agendas, or making sure board members participated in key events, such as graduations.



The rules of work apply... But if you cannot get transport to work there are alternatives to help you (youth support worker); if you conflict with someone there are people who can help you work this out (Trainers Assistant); if you do something wrong with the equipment you will be cautioned, but this will not be held against you (Trainer). In each of these cases the staff response secures the engagement of the student. This is the internal network that exists to support student participation in the program.

– RESEARCHER FIELD NOTES

POLICY AND PROCESS

All WISE had processes and policies in place to support business operations and staff and participant wellbeing. Policies that accommodated **flexible** ways of working for employees helped to create an inclusive organisational culture. Clear policies and processes also helped staff to solve problems as they emerged.

Case WISE **employed** individuals with skills in social and business operations, who were able to communicate effectively, empathise with others (i.e. have 'emotional intelligence'), and help support the goals of the organisation.

Most WISE had **a flexible work policy** alongside a traditionally structured workplace. Staff were provided with time and space for informal discussion to strategise,

develop new ideas, and build relationships, in addition to regular formal staff meetings. There were also **everyday staff practices** not linked to established policy.

WISE supported their youth programs with particular policies, including:



An intake policy of diversity and group coherence. This means including young people who get along with each other, who share similar goals, and can learn from one another



Setting clear boundaries for all to create clarity, particularly for new staff and young people



Risk management strategies to create a safe learning and workspace



Goal-setting to empower young people, and giving staff more information about individuals and their interests



A review process to ensure the program responds to young people's needs. For example, the use of paperwork for excursions may create roadblocks for some young people and a review can highlight where appropriate adjustments to program processes can be made



A 'with not for' approach to working with young people to build an inclusive organisational culture

FOSTERING LOCAL SERVICE NETWORKS

An important function of the case WISE was their role in building organisational **relationships** with local services and employers, and intermediating within those networks to support young people's transition into employment. Most WISE developed **shared goals** with their partners and found their relationships were strengthened as they **developed over time**. All cases were actively involved in drawing together and connecting education, housing and welfare support providers to meet the needs of young people, often on a case-by-case basis.

Two case WISE provided tailored and sustained support in helping young people find work. In one case, WISE staff attended induction sessions at the new workplace, ensuring that young people felt supported during that transition period and as they settled into their new position.



I've got constant phone calls with [WISE Manager], so that's been interesting and challenging and to be honest time consuming. But I think we've got a good working relationship ... we can communicate and... tell each other ... what's working well, what's not working so well'.

– LOCAL EMPLOYER AND WISE PARTNER ORGANISATION, CASE D



We help to promote them a lot... their internship opportunities, or any jobs that they've got going, we will put that through our network... we have about 800 people in our network'.

– WISE PARTNER ORGANISATION, CASE D

INFLUENCE OF INSTITUTIONAL FACTORS ON EFFECTIVENESS OF WISE

Institutional factors can be understood as the macro-conditions that shape systems and thus individual and community-level experiences. These include public policies and social norms.

Details of how the case WISE addressed and responded to macro-level conditions are provided in *The Findings (page 38)*. To briefly recap, case WISE were constrained by underdeveloped policy frameworks, deficiencies in industry norms, and asymmetries in young people's work needs and labour market demand.

Case WISE adopted organisational strategies to shift the limiting effects of institutional factors. These can be summarised as:

- Case WISE bridged gaps in the current quasi-market model of employment services provision by purposefully modelling an assets-based approach, delivering inclusive and holistic wraparound supports, and connecting young people to local services.
- Case WISE did their own 'heavy lifting' to shield themselves from the market risks that flow from an underdeveloped and poorly understood sector by sourcing appropriate capital, developing in-house financing strategies, and building cross-sector partnerships to bolster their visibility and viability.
- WISE that operated within the hospitality and recycling industries were better able to support hybrid business activity, but all case WISE grappled with the challenges of low-profit margins, rapidly evolving industries, and commercial saturation.

The Victorian case WISE acknowledged the potential of a supportive state-based policy framework (with a focus on social procurement) to improve capacity-building, but it was viewed as slow to shift and as having little impact on the social sector at the time of data collection.



[Government officials will] come and they'll say, "We love what you do, we just don't know where you fit... Are you a small business, are you a service deliverer, are you job services?" We're all of those things.

– LEADERSHIP, CASE A

>>> DISCUSSION AND CONCLUSION

The findings suggest – consistent with other studies (Elmes, 2019; Ferguson, 2012; Gordon et al. 2018; Macaulay et al. 2018; Roy et al., 2017) – that the case WISE positively influence the SDOH, particularly at the level of individual factors and daily living conditions. With regard to young people specifically, we find that social participation via engagement with peers and supportive staff at the WISE was a key point of intervention, creating a flow on effect to other health and wellbeing outcomes for young people. Increased social participation at the WISE led to increased self-confidence, improved mental health and self-efficacy, and the development of aspirational goals for the young people we interviewed. Those who reported the greatest positive change in mental health were young people who had experienced challenging personal situations, including discrimination and bullying, and/or those with established mental health diagnoses.




Overall, the WISE in our study positively influence SDOH equity for young people. Like Ferguson (2018a; 2018b), we find improvements in young people's mental health and housing status as a result of WISE participation; however, differently to these studies, we find that improved employability rather than employment is the principal outcome in terms of economic participation.

While the health and wellbeing outcomes for young people of case WISE were predominantly positive, some negative health behaviours were stimulated where young people were experiencing developmental transitions, and where the physical location limited access of WISE participants to external goods


and services—such as healthy food and reliable transport—that support healthier behaviours in the workplace. WISE choice of industry also affected the culture of the organisation and young people's experience of training and work. In particular, gender patterns in the construction and IT industries were apparent in the case WISE, limiting gender inclusivity within the participant group and resulting in normative gender roles.

At the level of communities, WISE contributed to improving the SDOH by providing needed goods and services, such as fresh food and low-cost clothing, and by contributing to improved local employment and welfare services systems. Responding to unmet consumer needs through choice of goods and services offered was more pronounced in our regional case study, which reflects earlier studies that illustrate the community embeddedness of social enterprise in rural and regional settings (Eversole et al., 2013). All case WISE were active in improving local employment and services systems through relationship building with commercial businesses and other community organisations, and in some cases, by developing external employment programs. WISE relationships with stakeholders were based on shared social goals and provided the basis for an agreed upon approach to supporting young people in further employment programs. Through these relationships, WISE and partners were able to have some – although minimal – effect upon macro-level conditions including social stigma (societal norms and values) of young people experiencing disadvantage and labour market and systems gaps.



A photograph of four young people walking outdoors on a paved surface. From left to right: a young woman with dark hair in a yellow and black shirt and black ripped jeans, laughing; a young man in a red and black plaid shirt, blue jeans, and headphones around his neck, holding a red skateboard; a young woman with long blonde hair in a black crop top and blue jeans, smiling; and a young woman with long dark hair in a patterned sweater and black ripped jeans, smiling. The background is bright and slightly blurred. A large orange and yellow circular graphic is in the top right corner.

While the case WISE were active in plugging gaps in local service systems and labour markets to support the health and wellbeing of their young people, they had limited agency when it came to systems deficiencies that are known to constrain health equities.



While the case WISE were active in plugging gaps in local service systems and labour markets to support the health and wellbeing of their young people, they had limited agency when it came to systems deficiencies that are known to constrain health equities. In particular, the labour market structures and norms can represent a major systemic barrier to improved health equities for young people. While there was some evidence in our research of WISE positively influencing local labour markets through their proactive partnership approaches with local employers, the scope of this influence was modest. Further, the intersecting challenges of housing affordability and transport access in metropolitan Australia, and limited public transport in the area where our regional case was located, posed significant systemic constraints to participation, which WISE were only able to marginally influence.

Overall, we find three distinct organisational conditions that allowed WISE to achieve their social goals, which mostly confirm our earlier theorisation (see Figure 1), derived from a scoping study (Suchowerska et al., 2019) of the existing literature. Specifically, our findings suggest that an organisational culture that accepts young people for who they are when they commence participation, recognises their existing qualities and skills, and offers inclusion and space to make mistakes coupled with a strong commitment to professionalism, is central to success. In addition – and not well articulated in past studies – business design that offers participation in a variety of activities is important as it fosters a range of skills development and supports personal development as young people discover their interests and strengths, and facilitates encounters with different types of people, which

builds confidence and access to new opportunities for work and friendship. Finally, WISE have a positive effect on the SDOH equity for young people by providing strong intermediation within local services systems and the local labour market.

The findings of this study contribute to a much-needed evidence base for governments, policy makers and our partner organisations, shedding light on how social enterprises redress SDOH inequities for young people, and the conditions under which positive impacts are likely to occur. Although our focus in this study was on WISE, many of these features could be streamlined into public health planning, policy and practice, mainstream employment services, and mainstream workplaces. Further detail on the implications of this research for policy and practice is presented in the policy and practice advice guide accompanying this report.

While Australian young people as a group experience world leading health status, some young people continue to experience persistent health inequities. As a whole, young people in Australia are worryingly excluded from work in general and decent work in particular. At a time when Australia and countries around the globe are facing substantial and likely long-term economic and social challenges as a result of COVID-19, much more needs to be done to ensure young people's equitable access to and participation in decent work and its related social and economic benefits. This study provides new insights into how more inclusive employment and pathways to employment may be achieved for young people, and for others experiencing barriers to participation.



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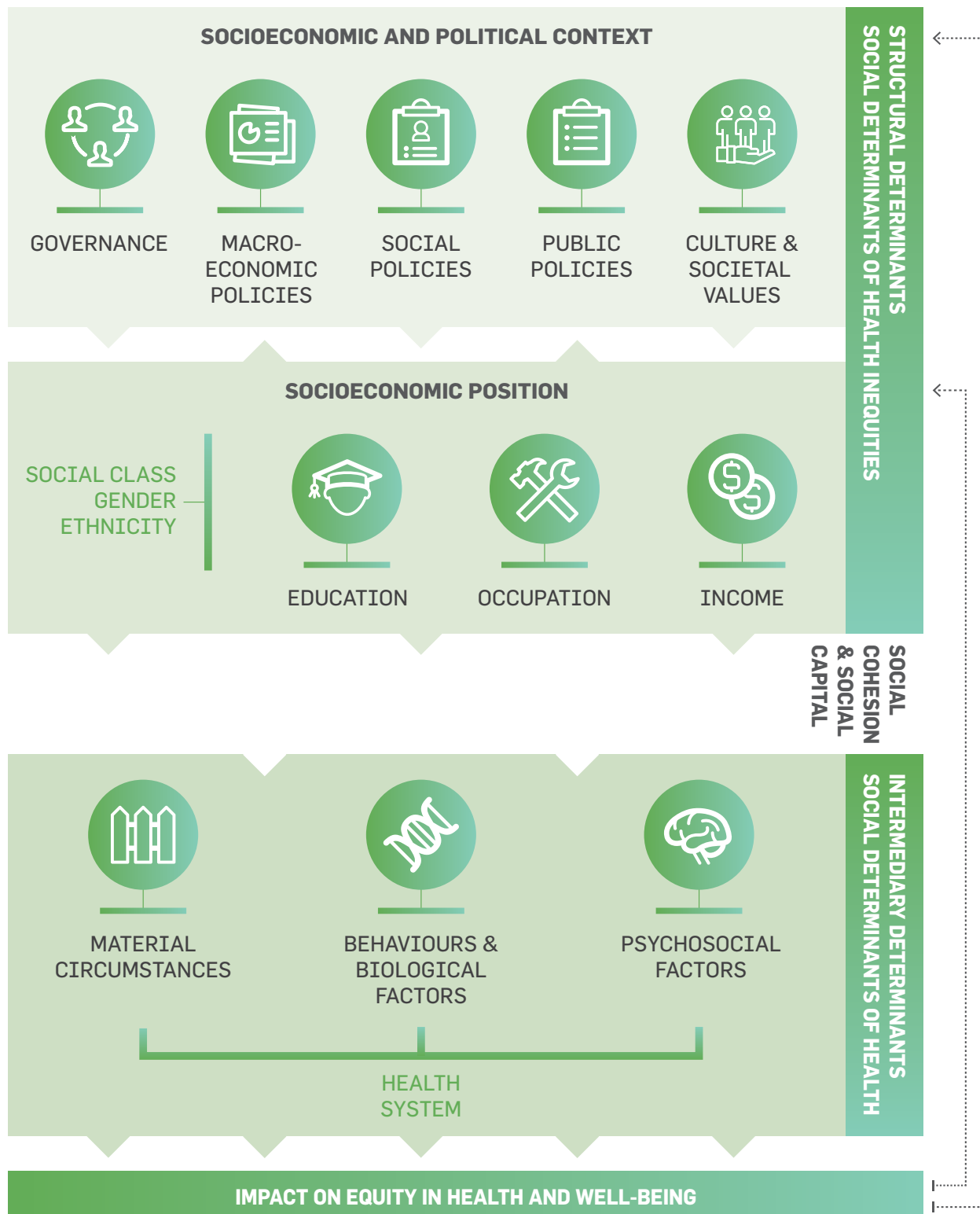
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>> APPENDIX A

FRAMEWORK FOR SOCIAL DETERMINANTS OF HEALTH



Adapted from Solar & Irwin (2010)



>> APPENDIX B

DATA COLLECTION METHODS

PRELIMINARY WORKSHOPS

In total, 20 people participated in the workshops, 9 in Melbourne and 11 in Sydney. The average duration of the workshops was 90 minutes.

PARTICIPANT OBSERVATION

Participant observation at three organisations lasted an average of 13 days. In one organisation, participant observation totalled 26 hours. The researchers immersed themselves in a range of activities, including work programs and board meetings, and recorded notes of their notes and experiences. Detailed field notes were written at the conclusion of each day.

SEMI-STRUCTURED INTERVIEWS

PARTICIPANT TYPE	CASE A	CASE B	CASE C	CASE D	TOTAL BY TYPE
Young people	5	6	9	7	27
Managers	1	3	4	4	12
Partners	3	0	0	4	7
STAFF	5	6	6	2	19
External organisations & funders	4	5	2	4	15
Board members	2	2	0	3	7
LEADERSHIP STAFF	4	1	1	0	6
Total	24	23	22	24	93

>> APPENDIX C


FULL CODING FRAME

NAME	DESCRIPTION
LIVED EXPERIENCE	
Change	Changes at individual (biographical), organisational and social levels
Individual change	Particularly descriptions of a young person's 'journey'; the change they have experienced whilst at the social enterprise
Organisational change	Focusing on change within the social enterprise-- in terms of practices, policies, cultures, staffing, etc; can include change within external organisations (e.g. suppliers, customers, service providers, etc)
Social change	Change to the social structures that create the social, economic, political and cultural conditions in which people live
Complexity	Reference to the intersection of numerous dynamics that may not complement each other, or that may not create conditions for a desirable solution. E.g. the hybrid nature of social enterprise; intersectionality in socio-economic disadvantage.
Emotion	Reference to 'feeling' or 'believing'; or hyperbolic expression. Also includes e.g. confusion, frustration, disappointment, stress, anger, anxiety, aggression, nervousness, pride, happiness, empathy, worry.
Growth	Reference to growth of business (e.g. increased capacity, size, numbers)-- esp what's needed to grow, the challenges of growing, strategies for growth. Also includes growth seen in people; esp trainees.
Innovation	Reference to new initiatives or trying to do things differently. Particularly to address a limitation that has been identified.
Norms	Focuses on normalised 'behaviours'. For trainees: e.g. small talk, how to engage customers, timeliness and routine. For staff: acceptable behaviour, appearance, etc.
Tension	If something is 'tricky' or 'difficult'; when participants are 'stuck between a rock and hard place'. Often use 'but' to show the tension between two perspectives or options.
Time	Reference to days, weeks, months, years. Reference to something (e.g. experiences) in the past or future. Reference to delays; being late or early. Reference to projections into the future.

ORGANISATIONAL FEATURES

Activity business operations	Activities within the social enterprise that relate to trade; including e.g. revenue and expenditure, managing relationships with customers/suppliers, industry sector regulations and norms, etc
Assets	Buildings, equipment, intellectual property that are owned by the social enterprise.
Balance sheet - expenditure; price; monetary value	Reference to the costs of running a business
Balance sheet – revenue	Reference to opportunities to generate income from trade
Business acumen; capacity	Reference to the practical knowledge and know-how of how to run a business
Competition	Particularly comparisons between the business operations of the social enterprise, and business operations of other/competitor businesses
Activity delivering youth programs	Activities within the social enterprise that relate to engaging trainees through the design and administration of youth-based programs
Activity engaging staff	Activities that relate to building on staff interests, values, priorities, prior experience, etc; sometimes with the purpose of org innovation or change. Can include board members. Also includes RECRUITING staff.
Activity engaging stakeholders	Activities that involve communicating with external stakeholders (e.g. government actors, customers, corporates, local communities) to get them more involved, or invested or passionate about the social enterprise.
Activity evaluating	Activities (both formal and informal) that involve quantifying organisational performance, or reviewing org performance/behaviour (esp to inform future decision-making).
Activity governing	Includes references to risk management
Activity planning	Reference to the course of action or activities that will be taken to achieve a desired goal.
Activity reporting	Providing written material or a formal presentations with the aim of explaining/communicating something about the prior performance/activities of the social enterprise. Can be offered in an informal setting.
Macro leadership	Reference to the CEO or co-founders, particularly regarding their style of interacting, communicating, inspiring and guiding. Includes leader activities with internal AND external stakeholders/issues. May also include leadership by employees who have been at the social enterprise for a long time and are recognised to carry significant institutional knowledge/wisdom.
Macro mission	The overarching purpose and goals of the social enterprise, as research participants understand and live these purposes/goals. Includes reflections about the identity of the organisation.

Macro organisational culture	The 'informal know-how' about how people work together or relate to each other to create lived experience in/at the social enterprise. Includes what the organisation values when hiring (i.e. indications of org values); socialising among colleagues.
Macro strategy	The series of actions (or how resources will be used) to achieve organisational goals, purpose, mission
Meso climate, morale	The 'vibe' or 'morale' among colleagues/teams within the organisation. Includes reflections about types of relationships among colleagues, and trust.
Meso management practices	Specific actions of managers of teams; how managers coordinate the skills, personalities, interests of employees and draw on other available resources to fulfil the function of the team (in the broader context of social enterprise mission). Sometimes difficult to know who is 'managing' (esp when people wear 'many hats'), and if someone is 'managing' something.
Meso policies, procedures, systems	References to formal and informal processes or 'how things are done', in a day-to-day sense. Particularly in the workplace; at the 'team' level. Formal policies may include employment terms.
Meso structure	Reference to how staff in different roles interact and to what extent to they communicate with each other--i.e. who works with whom? Reference to rigid, flexible, fluid structure (or distribution of roles).
Micro allocation of tasks	Reference to the day-to-day tasks that individuals are responsible for; or fulfil within the social enterprise.
Micro meeting needs and values	Reference to what staff's personal values and interests and how the social enterprise meets these values, interests, needs.
Micro motivation	Reference to the feelings and experience that being involved in the social enterprise gives--whether motivation, satisfaction, focus, wellbeing, frustration, etc.
Other finance	Access to longer-term capital, outside of trade.
Other industry orientation	Reference to the norms, practices, structures, challenges of the industry in which the social enterprise operates (e.g. hospitality, waste services, IT services, construction)
Micro motivation	Reference to the feelings and experience that being involved in the social enterprise gives--whether motivation, satisfaction, focus, wellbeing, frustration, etc.
Other finance	Access to longer-term capital, outside of trade.
Other industry orientation	Reference to the norms, practices, structures, challenges of the industry in which the social enterprise operates (e.g. hospitality, waste services, IT services, construction)
Other places and spaces	Reference to the physical set up of social enterprise premises, the activities that occur in different parts of the social enterprise, or the various premises of the social enterprise (different branches/addresses)
Other staff professional experience	What staff did prior to joining the social enterprise (professional history)



Overall, the WISE in our study positively influence SDOH equity for young people.

SDOH	
Education	Includes schooling, VET, training (developing new skills) within the social enterprise, work experience.
Access to education	Where trainees described access barriers or inroads to education.
Program feedback	Responsive and flexible program enables young people to participate in TB in ways they cannot in other educational settings.
Training experience	
Employment	Includes paid work in the past or plans/perceptions of future work.
Food	One's attitudes, practices and access to food; particularly nutritional vs 'junk' food
Gender	Direct/stated reference to differences that arise due to gender; or the role of gender.
Housing	Includes description of (past, present, future) living arrangements; experiences and challenges of securing desirable housing.
Income	Includes any comments about accessing and spending money for personal use.
Locational disadvantage	Reference to locations; suburbs; commuting between suburbs
Social networks	Includes the research participants' relationships with professional, family and social contacts. Relationships are more than just interaction.
Stigma, discrimination, recognition	Includes public perceptions of target beneficiaries (e.g. young people, homeless, refugees, etc). Often in the context of challenging negative perceptions; or recognising marginalised groups.
Confidence	The feeling of being able to do certain tasks and realise certain goals independently
Empowerment, initiative, taking control	Taking steps to realise one's hopes and wishes. Or lack thereof.
Identity	Expressing or representing one's individuality and affinity with particular social groups—whether cultural, political, interest-based, etc
Personal development; setting goals	Reflections about setting and achieving goals; expressing one's needs, desires, preferences for the future and knowing how to work towards, or having worked towards achieving positive change.
Purpose; meaning in life	Includes from 'somewhere to be, something to do', to working out what the research participant would like to do with their lives (goal setting is more micro).
Self-esteem; mental health	Describing one's sense of self and sense of wellbeing
Solidarity, community, harmonious society	The sense of community that the social enterprise creates—whether among internal stakeholders, or its local communities/external stakeholders. Reference to shared identity, shared responsibility, sense of belonging. (Social networks above is more micro).
Other	Other social and personal conditions in which people are born, grown, live, work and age

STAKEHOLDERS

Employees	Reference or description of the staff who provide paid or unpaid work to the social enterprise.
Financiers	Reference to or description of the individuals and organisations who have invested money into the social enterprise. Extended to include philanthropy.
Philanthropy	Funders and investors who leverage assets and influence to create positive social change
Founders and owners	Focusing on the individuals who started up the social enterprise; other owners might be financiers
Local community	Organisations, initiatives, people living in the suburbs surrounding the social enterprise; geographical proximity.
Non-human	Reference to e.g. therapy dogs, farm animals, other animals
Organisational Field	Reference to external operating dynamics of the social enterprise-- including policy, provision of social services, other social enterprises or businesses, the 'community'/links among certain social enterprises, consumer demand, corporate engagement and CSR, etc. Especially the social enterprise sector in location e.g. Melb/Vic, Syd/NSW, and Australia.
Corporates	Corporations that supply, buy or support from the social enterprise; reference to CSR or equivalent.
Customers	Individuals or organisations who purchase goods or services from the social enterprise. Focus is on individuals. Corporations should be coded under Corporates.
Government policy	Government departments that develop policy (social enterprise, social services, industry/business) that affect the activities of the social enterprise.
Gov't and NGO Service providers	NGOs and public sector organisations that provide social services (often used by target beneficiaries). May also refer to a lack of service provision.
Socent sector	Reference to other social enterprises; particularly the 'community'/links among social enterprises that may be within a certain area (Melb/Vic, Syd/NSW, Australia) or industry.
Suppliers	Organisations that provide the social enterprise with goods and/or services—whether via trade or pro bono / donations.
Target beneficiaries, trainees	Reference or description of the young people who participate in the youth programs that the social enterprise offers.

>> APPENDIX D

ACADEMIC AND APPLIED OUTPUTS FROM THE PROJECT

CONFERENCE PRESENTATIONS AND JOURNAL ARTICLES

1. Barraket, J., Suchowerska, R., Campbell, P., Carey, G., Mason, C., Farmer, J. & Joyce, A. (2019) 'How do social enterprises influence health equities? A comparative case analysis', International Social Innovation Research Conference, (September 2–4, 2019), Glasgow Caledonian University.
2. Campbell, P., Barraket, J. and Suchowerska, R. (2019) 'Building practice-based evidence for youth-focused social enterprise health interventions', IRSPM Conference (April 16–18, 2019) 'Renewing Public Management for Stewardship, Innovation and Impact, Victoria University of Wellington.
3. Suchowerska, R., Barraket, J., (2019) 'The effects of institutional context on social enterprise outcomes', IRSPM Conference (April 16–18, 2019) 'Renewing Public Management for Stewardship, Innovation and Impact, Victoria University of Wellington.
4. Suchowerska, R., Barraket, J., Qian, J., Mason, C., Farmer, J. Carey, G., Campbell, P. & Joyce, A. (2019) 'An Organizational Approach to Understanding How Social Enterprises Address Health Inequities: A Scoping Review', Journal of Social Entrepreneurship, DOI: 10.1080/19420676.2019.1640771
5. Campbell, P., Adler, V., Farmer, J., Barraket, J., Suchowerska, R. & McNeill (2020), J. 'Work Integration Social Enterprise practitioner labour: the role of care in creating assemblages of support', International Social Innovation Research Conference, (September 1–3, 2020), Sheffield University.

PRESENTATIONS TO PEERS OR PROFESSIONALS

1. Barraket, J. and Campbell, P. (2019) Youth health equity and the role of social enterprise organisations', CSI Webinar, December 2010.
2. Barraket, J. (2020) 'Navigating Network Governance: Social Enterprise and Employment Services', CSI Swinburne Seminar Series, February 2020.
3. Campbell, P., & Barraket, J. (2019) 'Improving Health Equity of Young People? The Role of Social Enterprise', CSI Swinburne Seminar Series, August 2019.

CASE STUDY REPORTS

1. Campbell, P, Barraket, J, Suchowerska, R, McNeill, J & Moussa, B. (2020). WorkVentures Case Study: Improving Health Equity of Young People? The Role of Social Enterprise. Centre for Social Impact Swinburne, Melbourne.
2. Campbell, P, Barraket, J, Suchowerska, R, McNeill, J & Moussa, B. (2020). TryBuild Case Study: Improving Health Equity of Young People? The Role of Social Enterprise. Centre for Social Impact Swinburne, Melbourne.
3. Suchowerska, R, Barraket, J, Campbell, P, Moussa, B. & McNeill, J. (2020). STREAT Case Study: Improving Health Equity of Young People? The Role of Social Enterprise. Centre for Social Impact Swinburne, Melbourne.
4. McNeill, J, Barraket, J, Suchowerska, R & Campbell, P. (2019). Green Connect Case Study: Improving Health Equity of Young People? The Role of Social Enterprise. The Centre for Social Impact, Swinburne University of Technology, Melbourne.



APPLIED OUTPUTS

1. Policy Guide: 'Improving health equity among young people: the role of social enterprise'. An evidence and practice summary
2. Website: Social Enterprise Design Guide for Health and Wellbeing. An Interactive online design guide for practitioners and businesses
2. Postcard: A summary of key action items.

ACADEMIC OUTPUTS FORTHCOMING

1. Barraket, J., Moussa, B., Campbell, P. & Suchowerska, R. (forthcoming, 2021) 'How do social enterprises influence health equities? A comparative case analysis', Roy M. and Farmer J. eds. Social Enterprise, Health and Wellbeing: Theory, Methods and Practice. Routledge Studies in Social Enterprise & Social Innovation. New York, Routledge.
2. Campbell, P., Adler, V., Farmer, J., Barraket, J., Suchowerska, R. & McNeill (forthcoming 2021), J. 'Work Integration Social Enterprise practitioner labour: the role of care in creating assemblages of support', Roy M. and Farmer J. eds. Social Enterprise, Health and Wellbeing: Theory, Methods and Practice. Routledge Studies in Social Enterprise & Social Innovation. New York, Routledge.
3. Journal article 1 – Navigating network governance: the role of social enterprise in employment services
4. Journal article 2 – Designing inclusive workplaces for wellbeing: learnings from work integration social enterprise
5. Journal article 3 – A complexity science perspective on the health and well-being impacts of a work integration social enterprise
6. Journal article 4 – The work of supporting social enterprise wellbeing outcomes
7. Journal article 5 – Social enterprise youth resilience platforms

EVENTS

1. Project Interim Forum hosted by VicHealth with 23 attendees (7 November 2019)
2. Final Project Forum, 'Young People, Health Equity and Social Enterprise', hosted by YLab online (15 October 2020)

MEDIA

1. The role of social enterprises in a full employment policy agenda' (25 May 2020), The Power to Persuade.



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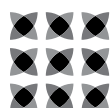
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