Social enterprise training and its impact on health for young adults

A longitudinal study

Social enterprise training and its impact on health for young adults

A longitudinal study

April 2025

Acknowledgement

This report was prepared by Dr Thomas Laws, Division of Health and Society, University of Salford, Salford, UK.

Recommended citation for this report: Laws T. A. (2025) The health and well-being of young nascent entrepreneurs in social enterprise training: A modified Delphi study.

The author is pleased to acknowledge the co-operation of Unlimited Potential staff who provided support for the recruits (trainees) over three years of the project. I would also like to acknowledge the Molly Calland from Renaisi for facilitating contact with other researchers engaged in similar evaluative research.

Data availability statement: Upon study completion of the evaluation an anonymized version of the data set will be stored securely as per Salford university ethics guidelines and in keeping with the principles of the GDPR (2018) legislation. https://www.salford.ac.uk/research/research-integrity/research-governance

Preface

The Health Foundation (HF) supports the development of metrics to monitor the health and well-being impacts of economic development interventions (Economies for Healthier Lives: Information call with the Health Foundation, 13April, 2021). Key aims of the HF include …

i) "…develop a better understanding of the mechanisms through which economic development interventions affect health and well-being outcomes" and
ii) "…improve the capacity and capability of economic development and public health professionals to take joint action to use economic development to improve health"

This study reports on the associated effects of a Social Enterprise (SE) training program designed for young nascent entrepreneurs. The project, 'Economies for Healthier Lives in Salford' (EHLS) was managed by Unlimited Potential, an organisation specialised in creating social enterprise for the purpose of enriching lives. Unlimited Potential is a Member of the Greater Manchester Good Employment Charter.

The EHLS scoping phase was funded by The Health Foundation and undertaken between April-October 2022. Further funding resulted in continuation and then extension of the project (January 2023 – March 2025).

The project aimed to prepare a group of young people to innovate, collaborate and deliver a social enterprise in the Greater Manchester area. The project would explore a means of 'grassroots wealth building'. The UP staff would equip young adults with knowledge and skills to create a business, backed by local stakeholder involvement. The project team were attuned to the possible health impacts on trainees, many of these young adults had life experiences that made them vulnerable in social and economic terms.

According to Kelly, et al., (2019) researching any positive health and well-being impact of social enterprise has been a diffuse and varied activity. There is a dearth of studies evaluating the actual or potential health impact on individuals who train for SE innovation and implementation. This study has for the first time evaluated the health and well-being effects of young nascent entrepreneurs. Attrition from the project necessitated a second round of recruitment (2023). By the end of the third year only four trainees were still actively working towards innovation a social enterprise; no project was at the point of contract readiness.

The researcher welcomes feedback on this report, as well as advice on examples of documentation on SE training effects that have not been reported.

Dr Tom Laws t.a.c.laws@salford.ac.uk

Contents

Preface P1

Contents P2

Executive summary P3

Originality/value P4

Background..... P5

Linking SE to community and individual health..... P6

Promoting NEET into economically active roles P7

Health status of the NEET population..... P8

Duty of care P9

Design/methodology/approach P10

The context of the intervention and ethical items... P11

Characteristics of trainees P12

Core concepts and findings P12

Mission drift P13

Mental Health ..... P13 -14

Self-efficacy .....P15 -18

Subjective well-being..... P19 -20

Paid work ..... P20 -22

Limitations to the study ..... P22 -24

Discussion P24

- Methodological concerns .....P24 -26
- The potential for harm ..... P26 -27
- Good practice P28
- Health impact ..... P28 -29
- Training content ..... P29 -30

Conclusion ..... P30 -31

References ..... P32 -37

Appendix P38

Executive summary

Title: The health and well-being of young nascent entrepreneurs in social enterprise training: A modified Delphi study.

The remit for this evaluative study was to determine the health status of young adults during training for and implementation of a social enterprise. The training was supplied by Unlimited Potential (UP).

Entrepreneurs creating a new business venture commonly experience physical and emotional hardship, putting personal health at risk. Little is known about the effects of social enterprise (SE) training on young nascent entrepreneurs seeking to innovate a business project. The training phase is a natural experiment, not bounded by statutory health and welfare employer obligations. Many trainees have lived in adverse social circumstances and endured the stigma attached to NEET status, these factors suggest they are a vulnerable group. Personal and venture failure are distinct possibilities for trainees, both circumstances impact negatively on subjective well-being (SWB) and can exacerbate existing Mental Health (MH) problems. Training and support staff may feel morally obliged to ensure they cause no harm. Currently there is a dearth of information on how this might be reliably achieved; evidence based guidelines are needed. How best to assess for and monitor health and SWB (gains and losses) warrants investigation as currently the research methods investigate health impacts are lacking systematic and robust evaluation.

Design/methodology/approach

This longitudinal study applied a modified Delphi method to evaluate the experiences of trainers and trainees during the process of creating a SE up to the point of contract readiness. Data triangulation was achieved using researcher observations at training sessions, field notes, trainee health and well-being surveys and Delphi rounds with UP staff. Qualitative descriptive analysis was used to form salient themes.

Results

Trainees completing 2-3 years of training felt that the supportive interventions enacted by UP staff contributed to their personal development, self-efficacy and overall optimism. Attrition from training and an inability to innovate a viable project was not associated with compromised physical or mental health. Where changes in trainees' social circumstances were potentially distressing, health monitoring by UP training and support staff effectively identified shifts in Subjective Well Being (SWB). The actions and performance of UP staff could be considered as 'best practice' and used to guide any subsequent projects

Implications Feature prominently in the research literature the negative health effects accrued from venture innovation and failure. Exposing vulnerable populations to SE training with the possibility of health improvements remains a public health aspiration. Identifying effective support strategies that promote health and minimise risk to trainees' health should be the basis for development of best practice guidelines; this approach would be a move from the current iterative approach of success in health by chance circumstance.

Originality/value Very limited research has taken place to explore the health and well-being effects of exposure to entrepreneurial training programmes. This study reveals for the first time, plausible health effects of SE training and support on young nascent entrepreneurs during the start-up phase of a business venture. At the very least, the study findings support the idea that no harm was done to trainees.

Applying the Delphi method of evaluation for possible changes in health and well-being has delivered information from which other researchers can use as a basis for comparison and confirmation. At the very least, the themes and transcripts can inform suppliers of SE training of potential risks to this vulnerable group and form the basis for developing strategies that protect against negative effects.

What is known

Business venturing stresses physical and emotional health

Failure in SE ventures can induce rapid declines in health and SWB

The NEET population constitutes a vulnerable group

Evaluating health gains from SE participation lacks rigorous methodology.

Validated support strategies for young nascent entrepreneurs are lacking

What this study adds

Facilitating those NEET into SE is a long-term unpredictable process

Trainees have health problems requiring surveillance

Declines in health status can be minimised by skilled support

Risks to SWB among SE trainees can be mitigated for

Training can engender self-efficacy and improved SWB,

Questions in need of answers

Who is responsible for the health and well-being of young people in SE training?

How best to monitor the health and well-being of young nascent entrepreneur?

What strategies are commonly used by organisations to mitigate against the risk of declining health and SWB?

Background

Linking SE to health and Well-being effects

Social enterprises (SE) are categorised by economic analysts as third-sector organisations (TSOs) and are seen as an innovative means of tackling egalitarian social issues, responding to national crisis and economic downturns (Weaver and Blakey, 2022).

Governments, public organisations and community groups consider SE as a transparent and efficient solutions to removing stubborn social problems that have not been eased by the 'trickle down' effects of widespread economic prosperity (Grasso, et al., 2019; Coburn, 2019; Saunders, et al., 2022; Talbot, 2011). In the UK poverty continues unabated, with a 36% increase in children living in poverty (from 2011/12 data) to more than 4.6 million children now affected. Currently, an estimated 2.9 million children are living in deep poverty. (House of Lords Library, 2024).

Statutory instruments and Legislative support

Moving from a contextual appreciation of SE to a consensus definition has been problematic. Disciplinary pluralism has fostered a dispersed body of literature and sustained debates over categorical definitions (Saebi et al., 2019). According Defourny and Nyssens (2017) a wide agreement on an appropriate definition will not overcome the matrices of hybridisation found in the SE landscape; this situation will confound any research process that seeks to produce generalisations on changes to health from a synthesis of outcome measures.

Health is influenced by a broad range of factors that are typically outside the remit and beyond the efforts of Public Health. Acknowledgement of this phenomena led to the development of Health in All Policies (HiAP), an approach that advocates that multiple sectors need to be engaged to improve population health (Pinto et al., 2015). In the UK there are gaps in HiAP operationalization, with no health impact statement for SE and minimal evaluation of outcomes (Guglielmin et al., 2018).

The UK government broadly identifies SE as independent companies capable of generating their own income streams as a means of directly influencing social priorities as identified by communities, not shareholders. Whilst sustainable development is an additional gaol, there are few longitudinal studies to capture this phenomenon (Oliński and Mioduszewski, 2022; Jayawardhana, et al., 2022).

Legislation passed by the Department of Trade and Industry (DTI) in July, 2005, recognises the Community Interest Company (CIC), and specifies that the companies making payment of 'dividends and other distributions' to shareholders are excluded (Legislation.gov.uk, 2005., memorandum of contents No. 1788, The Community Interest Company Regulations 2005).

Linking SE to community and individual health

A cluster of publications over the past decade sought to evidence the links between SE activity and the supposed 'value added' effect for individual and community health. These publications (2013-2018) either pose questions (e.g. *Social enterprise: new pathways to health and well-being?)* (Roy et al., 2013) or suggest a 'potential' link *(e.g. The potential of social enterprise to enhance health and well-being*) (Roy et al., 2014) or seek to conceptualise SE as a public health initiative (e.g. Conceptualising the public health role of actors operating outside of formal health systems.) (Roy et al., 2017; Macaulay, et al., 2018a). The central premise but largely unsupported promise of these works over the past decade is clearly stated by Roy (2012) who uses the term 'may' lead to health gains.

> "Even without "health improvement" as an explicitly stated mission, social enterprise interventions may lead to gains in health and well-being (Roy et al., 2012)."

In terms of reliable data there is limited prospective work. Case studies are valuable but limited in ability to generalise findings; regional differences and the hybrid nature of SE make comparisons between studies meaningless (Garnett et al., 2018).

A scoping review by Suchowerska et al., (2020) was premised on the initial finding that "few studies explicate the organizational features through which social enterprise may improve health equities"; with the researcher ultimately concluding that transformational features of SE "remain relatively unexamined".

A recent review by Caló, et al., (2021) highlighted a lack of convincing evidence for the claim that SE contributes to health improvements; this phenomenon is attributable to the complexity of the research task and lack of suitable methodological approaches (Caló, et al., 2021)

> *"While the evaluation of complex public health interventions has arguably become increasingly more sophisticated, this has not been the case where social enterprise is concerned: evaluation of the actual impacts of social enterprises remains significantly underdeveloped by comparison.* (Caló, et al., 2021:140).

There are also theoretical and practical challenges needing to be overcome before researchers can sufficiently claim to be objectively evaluating health effects and their significance for nascent entrepreneurs (Feor, Clarke, and Dougherty, 2023).

Promoting NEET into economically active roles

Promoting young adults into economically active roles may break the poverty cycle (MacDonald et al., 2020). To this end, the United Kingdom has developed over 100,000 Social enterprise organisations (SEOs) contributing an estimated £60 billion to the economy and employing approximately 2,000,000 people (Connolly and Kelly, 2020). However, generation Z (born 1997-2012) face the economic flow-on effects of the Global financial crisis, UK Brexit and market disruption from the COVID-19 pandemic (Gurnay and Can, 2020). The difficulties of starting a small business resonate in the recent data showing…

> "*123,470 businesses are at risk of running out of cash, and this total figure is dominated by an estimated 108,515 micro businesses, employing between one and nine people*" (Brown and Cowling, 2021: 323).

There are suggestions that an effectively established third sector of the economy (SEs) may offset costly social services and health expenditure used to support those not in education, employment or training (NEET). The estimated aggregate support costs for the population of unemployed, underemployed, inactive and educational underachieved, is £1,199,238,148 of public finance (Coles et al., 2010). Biographies from the NEET population differ enormously over their life course, however the set of commonly occurring issues is thought provoking, with a medium-term cost of £67,309,37 for crime, £11,495,200 for substance misuse and £7,759, 321 for poor health (Coles et al., 2010:18). These UK social and financial concerns for young people are mirrored in European data (Massimiliano, et al., 2012). An extraneous cost concern for the NEET population is the potential for long term employment psychological scarring however, clear supportive evidence for the effects of scaring is lacking. (Ralston, et al., 2018).

Social Enterprise and training

There are studies assessing the impact of SE training in secondary schools, but this researcher did not locate any study that assessed the health effects of SE training on young adults (Roslan, et al., 2022.) There is burgeoning literature on the possible positive effects of established SE on social determinants of health and individual well-being, but no such evidence appears for trainees (Macaulay et al., 2018b). According to Joyce et al., (2022a) there is a lack of empirical research on the ways in which Work integration social enterprises (WISE) could positively impact on individual health and well-being.

Staff within training organisations would aim to up-skill trainees and engender behaviours that enhance the probability of employment. Despite the critical importance of enhancing SE learning pathways, there is a general lack of evidence on their impact.

> "The positive impacts that social enterprises can bring to the skills development and employability of the UK population is often assumed, but the evidence for this on a large-scale has been somewhat lacking." (Hazenberg, R., 2021:1) .

What is known is changing trainees behaviours toward employability can be distressing and potentially harmful (Willott and Stevenson, 2006; Mawn et al., 2017).

Organisational structures and processes also impact on trainees' health and well-being, but there is currently a gap in our understanding what organisational process, structures and culture best promote or hinder the health and well-being of individual players (Joyce, 2022b).

Health status of the NEET population

A majority of those recruited for SE training come from diverse, complex and disadvantaged backgrounds. A defining characteristic of the NEET population is vulnerability (Goldman-Mellor et al., 2016; Mawn et al., 2017). The mental health vulnerability (especially among females) is an integral part of the NEET experience (Hult, et al., 2023; Veldman et al., 2022). The NEET population are thought to be at higher risk of negative health and well-being (persistent symptoms and functional decline) when compared with aged-matched groups who are in education or training (Stea et al., 2019; Iyer et al., 2018). The NEET population are also comparatively more likely to exhibit risk taking behaviours, some associated with increased risk of cancer (Stea, de Ridder and Haugland, 2019; Stewart et al., 2017). The prevalence, type and severity of health and well-being problems within the SE training population is unknown and likely to vary between regions, urban and non-urban residence, countries and cohorts (e.g., Generation Z, Millennials, Generation x), making meaningful generalisation impracticable (Ellena, et al., 2021; Mazzocchi et al., 2024; Felaco et al., 2022).

Duty of care

The difficulties associated with SE start-ups in the current economic climate and the psycho-social vulnerability of the trainees suggests that it is morally incumbent upon the training organisers to ensure no harm is done to an essentially vulnerable group of young adults. Good practice would entail an assessment of the trainee's health and well-being at the commencement of the training, as well as the enactment of carefully considered strategies aimed at minimising exposure to factors known to be detrimental to nascent entrepreneur health and well-being. The relevant evidence based knowledge needed to support a clear understanding of entrepreneurs' mental health and SWB is dispersed across disciplines (Stephan, 2018). At issue is the low number of descriptive studies and the lack of experiment work that could support inferential and correlational analysis. In short, "classical robustness tests such as those found in other disciplines are still largely missing in the field of entrepreneurship" (Wiklund et al ., 2019). Therefore, SE trainers lack an evidence base for creating protective interventions for nascent entrepreneurs' mental well-being (MWB).

The purpose of this study is to better understand the health and well-being effects of SE training and support.

The preparatory literature search used the key words 'not for profit organizations (NPOs), entrepreneurship, young entrepreneurs, new business, start-up, training, social capital, health, well-being, corporate social responsibility' in the data bases EBSCOhost, Scopus and Medline. This researcher could not locate any study that sought to elevate strategies that were protective against a diminution of health and SWB and Mental Well-being (MWB) whilst young nascent entrepreneurs were in SE training.

Design/methodology/approach

The SE training programme supplied by Unlimited Potential (UP) is a natural experiment. Studying the effects of this intervention is a way of understanding the possible impact of population-level policy on health outcomes and health inequalities (Wanless, 2004; Bonnefoy, et al., 2007; Roy and Hackett, 2017). The research approach is guided by the Medical Research Council (2010) and Craig, et al's, (2012) critique of evaluations of natural experiments.

A cohort approach was used along with repeated cross sectional data collection coinciding with sentinel events. Three concepts are embedded in the approach.

Firstly, 'health' as defined by the WHO delineates between an absence of disease and the presence of mental and social well-being and, continues to provide the basis for strategic directions in the creation of both (World Health Organization, 2003; Grad, 2002).

Secondly, the concept of mental well-being, according to Marquez et al., (2020), has separate theoretical traditions distinguishable as, 'evaluative' well-being (e.g., satisfaction with life and quality of life [QoL]) and 'experiential' well-being (e.g., happiness and positive affect). Subject well-being (SWB) and QoL are distinct from mental health symptoms.

Thirdly, although some guidelines stipulate special protections for vulnerable populations, 'the concept of vulnerability and consequently the criteria designating vulnerable populations remain vague' and open to debate (Rouf, 2004; Ten Have, 2015). Despite the lack of consensus, there are widely recognised barriers to inclusivity in labour markets that effectively perpetuate social exclusion, keeping vulnerable people as NEET (Pesquera Alonso, 2022; O'Higgins and Brockie, 2024; van Vugt, 2023).

A modified Delphi method harvested data from specially arranged staff review meetings, researcher observed training sessions, field notes, validated short form health surveys and individual interviews. Longitudinal data collection spanned 3 years and 3 months (2021-2025).

Data analysis was guided by proponents of the qualitative descriptive method (Colorafi and Evans, 2016; Sandelowski, 2000). Content validity was maximised by i) following Kennedy's (2004) recommendations, ii) holding four rounds of Delphi meetings and iii) 23 interview or meetings with training and support staff. The meetings were focused on staffs' perceptions of the projects value to individual recruits and its impact on trainee health and well-being. The UP training and support staff clarified the nature of knowledge production using collaborative reflection, participated in member checking of interim findings and facilitated interrater agreement for data coding purposes (Urry et al., 2024).

The context of the intervention

Although trainees were not categorically employees, they received financial remuneration for attendance, they were required to wear appropriate attire when interacting with stakeholders and produced plans for SE development, all of which mimicked an employees' workloads (Aronsson and Huijts, 2025).

Ethics: approval

Interview transcripts quoted in reports and other forms of dissemination posed a risk to anonymity (Kaiser, 2009). Where communities are small and concentrated, the risk of identification increases, as demonstrated by anthropologist (Ellis, 1995). Ethics approval was provided by the University of Salford [Ethics Application Ref. 5340 with an amendment approved on 06.04.23].

Ethics: *Functional Anonymity*

The group being researched is vulnerable, and although anonymity can be assured in terms of file storage and coded responses in word documents, there is a real risk of the respondent being identified from narratives and vernacular contained in reports and other forms of dissemination (Kaiser, 2009). The UP trainees have a common geographical location, and the series of group meeting has meant they have background and foreground information on each other. It is one thing to share this information in a group activity or post group social interaction and other thing to see that information published in a research report. This phenomenon is well accounted for in a famous breach of anonymity by an anthropologist who studies a small population of 'Fisher folk'. Respondents were able to identify who had made the comments appearing in disseminated works because of deduction around events and characteristics of the participants. "Relationships in the community were strained because of what Ellis had written and the members of the community felt betrayed and humiliated by Ellis (Ellis, 1995)" (Kaiser, 2009). Breaches in confidentiality such as those in Fisher Folk also shatter the researcher-subject relationship and can damage the public's trust in researchers (Allen, 1997).

> *"Discussing confidentiality at the outset is necessary for acquiring informed consent and building trust with respondents (Crow et al., 2006). However, these discussions occur without knowledge of the specific information subsequently shared by the respondent."* (Kaiser, 2009:1634).

Researching young people in a confined region of the UK also poses the same risk as those in the 'Fisher Folk' case (Duncan, et al.,2009). Consequently, the accounts and quotations in this report have been carefully selected to secure anonymity but at the same time capture the essence of the recruits' experience of the project and their background.

Characteristics of trainees

Recruitment by UP did not focus on the NEET criteria; the interviewers chose to select trainees based on having some work experience or an interest in SE and self-employment. The majority of those recruited were studying in HE or had part-time work. Most trainees entering the program voluntarily acknowledged they experienced health and wellbeing issues and/or learning difficulties. It is widely acknowledged that those in NEET or underemployed may be committed to work but are a vulnerable group in terms of compromised resilience and MWB (Goldman-Mellor et al., 2016; Mawn et al., 2017).

Core concepts and findings.

The importance of sustainability and social value

Social enterprise practitioners require theories that are explicit regarding the type of goals they want to meet and explicit "value premises" that justifying those goals (Haugh, 2012; Ranville and Barros, 2022). For nascent entrepreneurs, achieving a balance between business goals, social value and sustainability goals is a particle and a moral consideration. Takala and Pallab (2000: 109) contend that ..."employees have to be socialised into the fact that along with the firm, they are equally responsible for morally right, pro-environmental actions''. Both SWB and self-efficacy can be enhanced by a shared understanding that SE activities add social value to communities and are a sustainable means of producing goods and services (Roy et al., 2013; Brieger et al.,2020).

Staff at UP had a task to align some stakeholders with SE goals.

> "..*some of the anchors didn't even know what community wealth building was.*
>
> *They had no idea about what we were trying to do*" [IFi]

Health impact

Initially recruits had little idea of the project goals . However, UP trainees were provided with several group activities that emphasised the goal of sustainability and social value. These exercises were positively engaged in [Source - research observation and field notes]. Two UP staff [IFi and PMi] reported the trainees were acutely aware that their potential SE venture would be adding to social value at the community level and were ardently committed to achieving sustainability in their project "*they were all very keen on this, from the outset"* [IFi]. At Delphi interactions, the researcher and UP staff confirmed that the moral commitment to social value and sustainability continued for the three years of the project. Those managing a SE are subject to an erosion of their SWB on the basis of the possible conflict arising between being profit

driven (self-interest) and social goals (collective approach); this dilemma is exposed in the context of 'Mission Drift'

Mission drift

A social enterprise is classified as a hybrid organization with two principal objectives, to address social issues and secure a positive impact and to be economically sustainable. Achieving each objective requires substantial skill (Blasi. and Sedita, 2022).

SE developers with a clear mission statement emphasising social value may err in response to economic forces resulting is mission drift.

> "the risk that self-interested values, motivations, and commercial objectives that are associated with the "business model" could overpower the social mandate of a social enterprise," Ramus and Vaccaro, (2017)

Most recently, Brieger, De Clercq and Meynhardt, (2021) claimed to have added to previous studies by creating an 'explanatory mechanism' for enhanced SWB derived from participation in SE development. In plain language, the argument proposed that SE entrepreneurs understood that success in their efforts would improve society and that made them feel better about themselves. Conversely, the development of mission drift would diminish SWB

Health impact

> Delphi meetings and a special meeting with the Director of UP (Chris Dabbs) confirmed the commitment of UP to social goals and that no Mission drift was evident. As the trainees did not establish a SE at any point in the three-year programme conditions for mission drift did not eventuate.

Mental health

Research interest in entrepreneurs' mental health and well-being (MWB) is driven by the widely held understanding that MWB influences entrepreneurs' decision making, motivation, and actions. The mental health challenges are higher following periodic disruption to economic activity, such as pandemics (Fernández-Bedoya, et al., 2023).

The work by (Kruse et al., 2023:2) specifically focuses on social entrepreneurship and a comparison with commercial entrepreneurship.

> "*the risk of SEs to fail and the risk of social entrepreneurs to suffer from mental illnesses such as burnout are assumed to be even higher compared to commercially minded entrepreneurship* "

Health impact

There was the real possibility that the stress associated with the UP-training programme and the stress of commencing a business venture, from first principles, could induce a decline in baseline SWB and exacerbate existing mental health problems.

The widely referenced work by Gmelch (1993) defines stress as a demand on the body, both mentally and physically, that exceeds a person's capability to adjust or cope. Physiologically young adults' stress levels and self-efficacy vary considerably during their transition to adulthood, changing significantly within persons over time (Eicher et al. 2014; Pinquart et al. 2003).

Anxiety and depressive symptoms are common among young adults. Young nascent entrepreneurs face stressors that can induce or exacerbate mental health symptomology (Stephan, 2018). Anxiety and depressive disorders are bidirectional risk factors, although depressive disorders more strongly predicted social anxiety disorder. Commonly a diagnosis of anxiety and depression tend to co-occur and have highly correlated symptoms (Jacobson and Newman, 2017).

Several of the trainees voluntarily disclosed to UP staff and to the researcher a history of anxiety requiring support from a health professional. Two of the trainees declared they had received a formal diagnosis of depression.

The Warrick depression scale survey was issued three times to UP trainees. In the first year and three of the trainees recorded responses that when aggregated indicated the need for health worker support. In year two one of the remaining trainees showed improvements in MHW and this was verified by them at interview with them [FFii]. Another trainee [R1D*] continued to have a low score on the depression scale but was functioning positively and continued until the end of the programme. Staff had noted that this trainee consistently exhibited commitment to self-development and skills development.

The Delphi meetings with UP staff was used to generate discussion on informal mental health assessments made during training activities. The emphasis was on risk management by early detection and early intervention. The UP-training staff [PMi] had a background in youth work and was cognisant of the signs of SWB deterioration in this group.

> "#staff member named# was really, really good with the sessions and the personal development side of things." [IFiiii]

For example, one of the trainees encountered unstable accommodation, this increased anxiety and, reduced sleep time and sleep quality. The early detection

and intervention by the trainer resolved the trainees financial and accommodation issues in a timely and appropriate manner.

> *"She's gone through some pretty big changes… She was a carer for her mom… She's living in temporary accommodation and had to present to the Council's homeless fairly recently…she's still not in permanent accommodation and she doesn't have much agency on where she's gonna be settled… there's a lot to think about and a lot for her to navigate over the next few months."…"* [PMii]

This trainee exited the programme in year three without an exit interview or explanation given to UP staff.

At year three, two of the trainees divulged at interview that their anxiety level and need for medication and counselling had been reduced; directly attributable to their development of 'friendship support' within the trainee group.

> " *they are talking about the business independent of the sessions and running and have got a friendship*"

> "*for ~~#name#~~ as well, like, they show interests about with ..with other members about what books and reading and common bring books for each of them, and swap books and stuff so that there's, there's a few nice things like that.*"

Factors constraining a clear understanding of social entrepreneurs MWB is a scarcity of literature (Kruse at al., 2023; Stephan, 2018). A preparatory literature review for the Economies for Healthier Lives study did not identify any study exploring the MWB of trainees in the UK context.

Self-efficacy

Self-efficacy is known as an individual's 'perceived' capability to perform a specific task or activity (Bandura, 1977). When an individual experiences success at learning a 'temporal affect' builds confidence in the learner's ability to achieve in subsequent tasks, this process is known as self-efficacy by mastery of experience (Bandura, 1997). Subsequent accumulation of successes positively shapes self-efficacy beliefs over time and mobilises other positive learning behaviours. There is extensive empirical support for this phenomenon.

Directional linkages between self-efficacy, well-being and happiness have been researched for decades contributing to a new branch of positive psychology. (Luthans and Youssef, 2007). Contemporary researchers have sought to identify association between young adult self-efficacy as a mediator of the relationship between emotional

intelligence and SWB (Wang, Zhang and Luo, 2022; Costa, Ripoll, Sánchez and Carvalho, 2013). Self-efficacy is also seen as a "buffer", reducing the impact of stress as a precursor to increased feelings of depression in daily life.

Training programmes for nascent entrepreneurs are likely to contain activities designed to promote, the acquisition of skills, operational knowledge and emotional development opportunities through enhanced social connectedness. Increased social connectedness associated with volunteering was found to be the strongest first step towards improved self-esteem, self-efficacy; both were supportive of a move towards a better sense of well-being (Brown, Hoye and Nicholson, 2012).

Encroachments on self-efficacy (e.g. career indecision) has been linked to the emergence of depressive symptoms (Bardeen and Fergus, 2020; Smith and Betz, 2002). The association between low self-efficacy and anxiety and symptoms of depression is purported to be reciprocal; where low self-efficacy predisposes to anxiety and subsequently increases avoidant behaviour., this in-turn contributes to the development and maintenance of the depressive symptoms (Fürtjes et al., 2023).

Attributing changes in Self-efficacy (SEff) to a SE training programme is a research challenge as there are considerable confounding factors. A meta-analysis seeking to identify the antecedents of career decision self-efficacy (CDSE) positively correlated six personality traits and social support (Wang, Luan, Zhao, and Ma, 2023). Differences in personality traits between traditional and SE entrepreneurs have also been proposed as influential in correlation risk-taking and creativity with outcomes (Smith et al., 2014). Gender also implicated in shaping SEff (Bausch, Michel and Sonntag, 2014)

Training programmes for nascent entrepreneurs are likely to contain activities that are designed to promote the acquisition of operational knowledge (skills) and emotional development opportunities through enhanced social connectedness (Davidsson and Honig, 2003). Increased social connectedness associated with volunteering was found to be the strongest first step towards improved self-esteem, self-efficacy; both were supportive of a move towards a better sense of well-being (Brown, Hoye and Nicholson, 2012)

Health impact

Staff at UP understood that self-efficacy may not translate into performance (setting up a business) because of changes to micro-factors in the economy.

> "*Independent shops and cafes and restaurants are closing because rates are too high and they just can't compete with these*." ..." *They* (trainees) *just don't have what these companies have in terms of money and back up and all that*" [UPg]

There was the real possibility that the stress associated with the UP-training programme and stress of commencing business venture from first principles could effectively reduce self-efficacy (Burger and Samuel, 2017).

Reflexive analysis of the researchers' observations did not support the idea that self-efficacy declined over the three years of the project.

> " *the trainees positive sense of self-efficacy during training exercises was clearly evident, as demonstrated by their creativity in thought and collaboration with each other. Those with learning difficulties [dyslexia] had a diminished self-efficacy at baseline, this did not appear to decline over time. However, the trainee with dyslexia exited the training programme within 18 months of commencement but was lost to active follow-up efforts"* [Field note Jan 2024, tbd]

Two of the trainees with lower self-efficacy (associated with learning difficulties) withdrew from the project early in the second year of training [lost to follow-up].

On reflection of the high attrition rate and the idea of a minimum required skills level and self-efficacy of trainees at point of recruitment, one of the UP staff made the comment…

> "*could we have been more targeted to the people with certain skills? but then, we didn't want to keep it so closed and we didn't know what the business categories were going to be at that point*." [IFiii]

The comment by [IFiii] reflects the difficulties in skills development and self-efficacy and the nexus between the two, for the NEET population.

Two of the staff spoke openly and with some pride on their assessment of personal growth and development of self- efficacy within one of the trainees (completing 3 years).

" *He said he had never spoken to others about this .. challenges and issues he has had ...### is not from a family or community where men talk openly – and he has he spoke as a father wanting to improve his family's life chances*..."[UP staff member was intimating improved self-efficacy]

The training sessions were not intended to be psychologically cathartic but this UP staff member stated by SE training. "*has enabled friendships to develop and a stability in life that they didn't have prior to the UP programme"*

On later reflection the UP staff member commented that "*If ### had opened-up earlier trauma informed care could have been an early part of the work-up to SE development*" [IFiii]

Skills development, as a possible precursor to increased self-efficacy, was impeded because training sessions needed rescheduling when trainees required re-iteration of points and processes "*there was time pressure, lags in progress because of groups needing reiterations and more time to problem solve"* [IFiii]

In this study Self-efficacy (SEff) was difficult to assess in terms of improved life choices. Over70% of trainees were lost to follow-up, with no exit interview afforded to UP staff. Delphi meetings with staff revealed a consensus view that, those leaving had made a rational decision that SE innovation and entrepreneurial work 'was not for them'. Some trainees were thought by UP staff to hold unrealistic expectations of the amount of time and effort needed to establish and run a business, believing a part-time approach would be sufficient for business success. Ironically, the decision to leave the project was a demonstration of self -efficacy but with no suggestion that SE training had enhanced that quality.

Observational work and interactions within training session produced the following synopsis [Field notes yr1 meet3]. '*There was a clear indication from body language, the amount of verbal interaction and quality of interactions at meetings that self-efficacy was improved'*. For example, in one training exercise the issue a gender and gender equity raised a debate to a point of argument. With the support of the trainer, it was admitted by trainees that they had grown in their appreciation of their ability to generate a coherent set of points in defence of a social issue (this related to the values development, associated with SE).

Over three years data collection allowed the research to identify both occupation specific and general self-efficacy at a base-line. Almost half of the SE trainees had previous work experience, and they demonstrated a higher level of SEff in the domain of occupation. Those with no employment history or unstable employment possessed some general self-efficacy in that, they adhered to the tasks in the training sessions, they were regular attenders and were generally good timekeepers. Those struggling with SEff had a history of childhood trauma and / or a learning disability. There was no evidence to show that general efficacy had been compromised by exposure to the training tasks and stressors associated with setting-up a SE. There was evidence of improved self-efficacy in the occupation domain, four of the trainees who left the programme did so because they

had gained employment or enrolled in further studies (J gf). Those that remained on the programme also gained employment (Jbmw) or further studies (R).

Subjective well-being

Bourgeoning research has, over the past 20 years, sought to highlight the interconnections between health-related concepts (Self-esteem, self-efficacy, SWB, happiness, optimism, expectation) and life satisfaction. However, studies evaluating the directional relationships have been limited (Caprara, 2006; Karademas, 2006).

A negative affect is common among preparatory entrepreneurs and fear of failure is a ubiquitous experience often associated with adverse MWB outcomes. It is therefore important to understand what facilitates entrepreneurs to effectively cope with emotional obstacles, so that they may both innovate and achieve venture success.

There is a limited and fragmented understanding of the circumstances in which a negative psychological affect arises from early start-up activities to fully scaling their ventures (Thompson et al., 2020). Only rarely have scholars examined fear of failure after setting up a new venture (Engel, et al., 2021).

Conversely, there is some evidence suggesting anxiety can facilitate creative thinking. Those entrepreneurs that are persistent in attaining their goal may be better able to harness anxiety as a positive means to their desired end-goal. To date there is no established predictive model to understand ways entrepreneurs transform anxiety into productive behaviour (Thompson et al., 2020).

Health impact

Many of the trainees had life experiences commonly associated with anxiety stress and diminished SWB. For example,

> "I do know in his sort of earlier sort of coming to age, like teenage years, he experienced homelessness and I think it was the sofa surfing, sometimes rough, sleeping"
>
> "I think her mum's mental, ill health, was a feature of her childhood"
>
> "concerns were about financial abuse … so she [parent] had access to a bank account [the trainees account]"
>
> "there were debt issues associated with on-line gaming.."

Being starved of resources may be detrimental to well-being and conversely, a greater ease of access to resources can be associated with higher levels of

well-being (e.g. happiness, life satisfaction) through an interpersonal self-efficacy mechanism (Marshall, et al., 2020).

Staff at UP were acutely aware that trainees lacked crucial resources (money and financing skills) for establishing a SE and the organisation UP was starved for resources to directly assist trainees with setting-up costs.

> "*we did notice gaps when it came to like, where do you even go to look for seed funding, what sort of support is available to emerging businesses, you know, all of that sort of stuff. I think somebody more experienced would help. Earlier would have been more helpful.*".[IFii]

This comment was preceded by a comment outlining that training and supports staff lack of experience in setting up a business.

There searchers field notes identified that, whilst trainees talked freely and enthusiastically about their proposed SE (Café / coffee shop, food catering, pest control, home repair and maintenance services) and met with potential business support they were anxious about where the set-up funding would come from and this reality check was most likely the key factor in their decision to exit in year 3 of the programme.

Paid work

Leadership in the UP-training project took the view that trainees should be paid for their time in training and the time taken to contribute to the evaluative research. The trainees not in work saw this as providing an incentive to regularly attend and actively contribute to the establishment of a SE. Paid employment offers latent psychological pay-offs that can be linked to positive effect on SWB. These pay-offs are linked to, more social contact, more diligent structuring of time, establishment of new daily routines, shared goals, variety in tasks, compelled activity and social identity (Jahoda,1981). This effect is not sustained when unemployment follows a period stable employment; the positive features of paid work decline or becoming absent and in the longer term and are replaced with feelings of isolation, loss of self-esteem; feelings of hopelessness reemerge (McKee-Ryan et al., 2005; Hiswåls, et al., 2017). The scoping study Vancea and Utzet (2017), found young were people particularly vulnerable to health problems or enacting health risk behaviours when unemployed or working in precarious conditions.

Health impact

In this SE study, two self-report questionnaires were administered to recruits, i) the Short Form Warwick-Edinburgh Mental Well-being Scales (SWEMWBS) and ii) SF36 for the purpose of assessing health and SWB. The cross-sectional data collection points (interviews, training sessions) between the trainees and

the training and support staff gave information to support the conclusion that SWB had not declined for those remaining at year three.

There are two limitations to this finding. Firstly, Subjective well-being (SWB) fluctuates daily. Secondly, those exiting the programme did so at short notice and 70-80% were lost to follow-up (year2 and year3). It cannot be assumed that exiting was a result of a decline in well-SWB other life factors may have contributed to the decision. At least four trainees exited in year2 on the basis of more stable circumstances (increase in employment hours, further studies and employment following graduation from HE).

> "*one example for ~~#name#~~ and she's moved out of working in sort of low, precarious employment, low pay, precarious employment too, and working as a teaching assistant in a special needs school, which is amazing."* [PMii]

There were clear indications that being paid by UP for a 3-4 hours attendance every 3-4 weeks (average) and participation in the SE programme had positive psychological effects on recruits SWB. This was noted by training staff who a summary comment at the commencement of year three.

> " ..*when you talk to them, ...people's narratives about their life have changed, there is a more positive and complete perspective"* [PMiii]

By the third year of the project, several trainees with low SWB scores (at the outset of the project) showed marked improvement by year two. These trainees were motived to engage in additional training (SE related), improve their personal presentation and enhanced their communication skills [field notes: observational data form meetings with trainees and trainer: June year three] .

The movement of trainees into paid labour, more stable employment and skills based education in addition to the UP programme were confounding factors for the study, they weakened any attribution of improved SWB to the SE activities and support.

Finding: Gender variations

Although underemployment is more likely to affect women the health effect is unclear. This finding is succinctly describe in Kamerāde, and Richardson, (2018: 22) review of research evidence.

> "*after controlling for a range of socio-demographic characteristics, women are more likely to be underemployed than men; however, there is less consistency in*

the findings about whether both male and female well-being suffers as a result of underemployment (Angrave and Charlwood, 2015; Friedland and Price, 2003; Heyes et al., 2016; Maynard and Feldman, 2011; Wilkins, 2007; Wooden et al., 2009)."

In this study the females were collaborative in innovating a SE project, but many were not deterministic about an end-point. One left for full-time employment and two withdrew from the project at the point where stakeholders were willing to offer tangible support (workspace, access to customers and some equipment).

The link between gender and preferences for SE or Commercial Enterprise (CE), made by Reichert et al., (2021), is a recent addition to the field. Although transferability from the Peru context to the UK is limited the gender inferences made by Reichert et al., (2021), are meaningful. Results indicate that in low-risk conditions women prefer the prosocial entrepreneurial option and men prefer purely commercial entrepreneurial activities. However, as perceived risk in the venture increased incrementally, the sex differences equalise and under extreme risk, men convert to preferentially select SE.

Limitations to the study

The widely held premise that ..."social enterprises can improve individual and community health through acting on social determinants of health" is largely supported by researchers in the field; this raises the possibility of confirmation bias. Confirmation bias can lead to ignoring potentially available contrary evidence (Steel, 2018). Often the evidence is unclear because the boundaries between commercial business and business for correcting social issues have become increasingly blurred (Saebi, et al., 2019). There is a reductive bias in research approach as "SE research is plagued by a lack of quantitative (objective data) research" (Chipeta et al., 2022). According to the Medical Research council Guidance (Craig et al., 2012), over-optimism about natural experiment positive outcomes "should not be allowed to deflect attention from the need and opportunity to conduct RCTs of population health interventions" . Furthermore, the generalisability of findings is limited by the small heterogenous sample (NEET, part-time employment, underemployment, gender).

These claims must be balanced with the arguments that ...

> "The case for a natural experimental study is strongest when: there is scientific uncertainty about the size or nature of the effects of the intervention; for practical, political or ethical reasons, the intervention cannot be introduced as a true experiment," (Craig, et al., 2011)

And most recently Ogilvie et al., (2020) support the ongoing use of natural experiments for evaluating public health interventions, proposing that ...

> ".. intervention studies should focus on reducing critical uncertainties, that non-randomised study designs should be embraced rather than tolerated and that a more nuanced approach to appraising the utility of diverse types of evidence is required" (Ogilvie et al., 2020)

This year there has been the release of an extended research methods framework on the use of natural experimental methods to evaluate population health interventions (Craig et al., 2025). Steering that framework is the definition, set out by Craig et al., (2025).

> *"The study defines natural experiments as events or processes outside the control of a researcher that divide a population into groups with differing degrees of exposure. A natural experimental evaluation uses an event or process associated with the introduction, delivery or withdrawal of an intervention to evaluate the impact of the intervention."* (Craig et al., 2025:6).

The training programme and activities enacted by UP meet the criteria of a 'natural experiment'. The new guidance recommends an initial assessment of the evaluability of the natural experiment, using a structured engagement with stakeholders for the purpose of agreeing on a conceptual model of i) how the intervention is expected to achieve its impacts, ii) access relevant data, and ii) consideration of the costs and usefulness of the evidence (Craig et al., 2025).

The heterogeneity of characteristics among those recruited also requires consideration in the planning phase. There are no base line humanistic requirements for entry into SE and therefore heterogeneity of who is being studies is inevitable. This phenomenon results in debates over inclusivity. For example, do those from vulnerable population who present themselves for SE training possess an innate resilience that proffers for success? or Is social vulnerability a hinderance that requires targeted support to overcome? And, What assurances can be given that the supportive interventions will minimise the risk of harm to individuals?

From a methodological perspective, an evaluation of the net health gains associated with SE training and establishment of a SE by UP would only be possible if business stressors (financial risk, isolation, work performance demands, and omnipresent market fluctuations) were balanced with health gains commonly attributed to successful SE (reliable income stream, improved personal agency, enhanced social identity, self-efficacy). Confounding variables would also have to be verified and weighed against SE outcome measures. An example of confounding factors influencing SE outcomes would include a history of learning disability, a mental health conditions associated with cognitive impairment, critical incident stress (intimate partner violence), physical disability and childhood trauma; all of which are recognised as additional challenges when seeking to establish SE and self-employment.

According to Maritz and Laferriere (2016) these challenges remain 'under explored' and require targeted informed support by skill workers. Confounding factors most likely having a positive influence include, prior experience with employment and continued part time work, enrolment in other training or HE.

Although Cohort studies of the type conducted in this study are more powerful than evaluations by repeated cross-sectional events, they are subject to bias (for example, characteristics of high attrition trainees required follow-up).

Evaluation of SWB across three years of the project was hindered by methodological debate in the recent literature. According to Stephan (2018), researchers' lens and relevant knowledge concerning SWB are 'dispersed across disciplines' and consequently there is a lack of agreement on what is understood about entrepreneurs' SWB. It is argued by Kraus Breier and Dasí-Rodríguez (2020) that, good quality systematic reviews are needed to unify the terminology that currently differs across disciplines.

Discussion

The link between socio-economic circumstances and health is well established. The social determinants of health (SDH) framework is widely used to explain the relationship between social enterprise and health (Roy et al., 2017). A recent study reported on SEs positive impact on individual 'lifestyle factors' and 'social and community networks '(Gordon et al., 2018). There is however, a paucity of good evidence to show improvements in the domains of health and well-being that correlate to the successful implementation of a SE (Macaulay, 2018b).

Research on the SE start-up phase is limited to understanding how performance measurement can assist social enterprise achieve their goals and purposes, with no mention of the health and well-being impact on trainees (Heiska, Hüsch, and Veabråten Hedén, 2017). The health effects of a trainees failing to establish a SE to the point of being contract-ready are absent from the literature. The health effects of a failed SE are even less likely to be reported (Mazzei et al., 2021).

Methodological concerns

Hampering the development of best practice guidelines for the NEET population entering SE training is a lack of studies evaluating the health and well-being of these nascent entrepreneurs. Even for established SE ventures there is a paucity of good evidence to show improvements in the domains of health and well-being correlating to a successful implementation of a SE. The following excerpts from key researchers attest to a raft of methodological issues.

Macaulay (2018a) states that social enterprises may be "potentially valuable 'non-obvious' public health actors." Concluding with the question "If there is potential for social enterprises to benefit public health in developed economies"?

The study by Macaulay (2018b) sought to elucidate the views of 'previously unrepresented' stakeholders, such as service users, finding there was only evidence to suggest the 'potential' health effects form social enterprise activities. A major limitation to evaluative study design, as stated by Macaulay et al., (2018a), is that "different forms of social enterprise impact on different dimensions of health in different ways".

Roy (2021) in a recent book exposing the limitations of research-based evaluations of SE health effects, refers to the "emergent, even 'fuzzy', state of this field to date". Roy et al., (2021) concludes that the 'conceptualisation' of links between SE and positive changes in health and well-being has not advanced since the work of Macaulay et al., (2018b). Roy (2021) again raises the important question of how to … "compare findings when organisations are of different types and sizes, organisational forms"? An omnipresent issue with measuring SWB is "wellbeing' is a notoriously slippery, contested concept" and the litany of methodological challenges "will never unequivocally determine causation" (Roy et al., 2021).

More recently, the findings from Joyce et al., (2022) demonstrate that health outcomes for SE …

> "are influenced by a limitless mix of complex and dynamic interactions between systems, settings, spaces, relationships and organizational and personal factors that cannot be distilled by questions of causality and attribution found in controlled trial designs." (Joyce et al., 2022: P.daab052)

In summary of the methodological literature, evaluating the positive and the negative effects of trainee for SE implementation is based on a nascency of research.

Self-efficacy is an important contributor to individual health and SWB. However, most researchers use a cross-sectional study design to investigate self-efficacy as a mediator for SWB (explaining the relationship of the variables) rather than a moderator (the strength or direction of relationships between variables). Research efforts would be better served by investigating the moderator via carefully designed longitudinal study, as the effects of stress on self-efficacy are often cumulative. Cross sectional studies are also less likely to confirm associations between declines in self-efficacy and newly emerged symptoms of depression (Fürtjes, et al., 2023). To create a reliable and trustworthy model all factors influencing self-efficacy must be transparent. Confounding factors include variations in training methods (e.g. face to face and eLearning) and the improvement of self-efficacy with ageing require longitudinal studies. Gender is also a key factor influencing perceived self-efficacy, although an 'overall pattern 'has yet to be established (Bausch et al., 2014).

Heterogeneous study findings to date, suggest that additional factors may further influence the relationship between age, gender and training success, suggesting cross tabulation is needed to improve accuracy of findings (Byars-Winston, et al., 2017).

Falling short of best practice guideline development was the review by (Lysaght et al., 2022) evaluating work integration social enterprises (WISE) for persons with intellectual disabilities. The researchers alerted the reader to imprecise inclusion criteria when scoping the literature; as none of the review studies were 'labelled as program evaluation, instead being presented as 'applied research'. Key conclusions in SE impact from training for the disabled were i) 'expert debate may be a better approach to considering the larger socially focused questions.' and ii) 'methodological creativity' will be required to better elucidate salient outcomes from SE training. Comparison between studies of this type will continue to be hampered by inherent differences in social enterprise models internationally.

The framework of Social Return On Investment (SROI) was initially considered for use in the evaluation of UP training on the basis that much of the current literature does not consider the nexus between cost (outlay) and social value gained. However, Yates and Marra, (2017), highlighted that the use of SROI is concerning, based on…"we do not yet know if SROI itself adds sufficient benefit to programs to justify its cost".

The literature search conducted for this study could not identify any investigations focusing on the health effects of SE training. This study was focused only on the training phase because the UP project did not see any trainees reach a contract ready status, even with an extension of the 3-year project. Consequently, an evaluation of health and well-being associated with managing a newly established SE was not possible.

The potential for harm

Establishing a business is stressful and associated with diminished health and well-being, those innovating a social enterprise are not immune to those stresses (Stephan, 2018; Wiklund et al., 2019). Secondly, the NEET population are recognised as a vulnerable group in terms of health, well-being and social stigma (Stea et al., 2019; Iyer et al., 2018). Thirdly, fear of failure (FOF) related to personal development and actual venture failure increases the risk of encountering adverse effects on health and well-being. There are a variety of business-related barriers that imbue a fear of failure among entrepreneurs, the effects of such barriers are exacerbated by aftermaths of national emergencies (war, pandemics, stock market failure) (Al Halbusi et al., 2024). The points just presented from the literature suggest a real risk to health and well-being, and it is therefore incumbent on SE training organisation that they do no harm.

Minimising harm is ideally achieved by following guidance that is created by an evidence-based approach to practice and To date, this researcher was unable to locate any guidance.

or synopsis of evidence on minimising the risks to SWB, health and self-efficacy associated with SE training.

A fear of failure was not overtly evident in the trainees in this study.

Good practice

The minimisation of harm to trainees might best be assured through the competence of the trainers. The researcher in this study observed several good practice behaviours enacted by UP staff that were created within the iterative process of the Delphi method for programme evaluation. These good practice points include, setting realistic expectations (explaining the probability of success or venture failure) and providing an informal mental health safety net by i) assessing the mental state of individuals at enrolment of trainees, ii) at critical point of SE development using a reflective process among staff at team meetings and iii) responding to the need for changes in trainee behaviours aimed at improving the prospect of positive business interactions with stakeholders. However, the providers of the training were not equipped with best practice guidelines (business behaviours). The teaching of personal development could be traced to the human capital held by staff on entry of their employment with UP. For example, the extensive prior experience as a youth support worker.

There was no evidence that the SE training intervention did harm to any of the trainees.

Health impact

Most trainees entering the UP project volunteered information about their personal experience of mental health and wellbeing issues and/or learning difficulties. The profile they provided was congruent with that found in the NEET population data (Stea et al., 2019). Any changes to MH health having occurred across the three years of this study may be attributable to factors unrelated to their exposure to SE training.

In the period of this study (2021-2024), no trainee declared a worsening of mental health or physical health associated with training activities.

Positive impacts from training and interaction with UP staff were clearly evident. Several trainees openly declared that they were now more engaged in socialising and employment orientated problem solving; this had perceptibly benefited their mental health. Being part of something that promised a change in their social arrangements and employment status also contributed to less anxiety and introversion. These findings are similar to Joyce et al., (2022) who reported that …

> "a culture of acceptance and support, encouragement to take risks and make mistakes and creative use of space, the participants described changes to health and well-being such as decreased symptoms of anxiety and depression,

increased social connections, improved physical activity and increased confidence and self-esteem" (Joyce et al., (2022:1)

To maximise the UP-trainee's potential for success, the training and support personnel regularly met to discuss their assessment of trainee's difficulties and developed strategies to provide a safe learning environment. At no point did trainees make complaints about the training organisation. Those that continued for 3 year and those who were followed up after exiting the programme reported favourably on their interactions with UP staff and those directly providing training.

Most trainees stated that their social skills, sense of self-worth and self-efficiency had been enhanced, based on a self-perceived baseline from the point of commencement of the program. The study results show a mix of support strategies, combined with individually tailored support devised by staff (experienced in youth health), helped keep the trainees safe.

The attrition rate from the study was large, with only 4 of the trainees being present over the entire period of the project. All except one of the four had previous stable employment and / or were engaged in ongoing skills-based education. Two of the trainees regularly attending training, developed a joint project and met with stakeholders; they withdrew at very short notice without explanation at three years and I month of the programme. At final interview there was no evidence of mental health deterioration or remorse.

Training content

Personal development was a key focus of the training programme. The training content was conceived mainly from the experiences of staff with no published works to draw inference from; none of the training or support staff had experience of starting a business. Consequently, the training content and programme was iterative process, partly responsive to the knowledge and skills gaps of the trainees and the speed in which they were able to assimilate new knowledge and skills.

It is contended by Weaver (2016) that Social Enterprise Self-employment programs (SEPs) require 'knowledge of different subjects than that of commercial business planning; SEPs should offer task-related training as opposed to general business training. The training staff at UP relied on youth support experience rather than a predictive model generated by a synthesis of research directing the development of self-employment skills and knowledge.

A key determinant of success in business training and performance enhancement is **self-efficacy.** The training and support staff at UP overtly took account of social variations and life experiences of the trainees.

Despite the vagaries of SE configurations and lack of consensus on methodological consideration for assessing health and well-being, the overall impact of the UP programme may best be gleaned from following statements from staff for three trainees who saw the programme to the end.

> *For ~~#name#,~~ she's in probably the most secure position she's been in for a very long time and should be able to rebuild herself from …(respondent intimates – from social disadvantage)* [PMiii]
>
> *"… I think he would really, I think he would sit doing his own thing because I think he's got that, that commitment and that hard-working ethic in him, he would, he could be his own boss because he's, you know, he's doing, you know, he's doing this for himself as well." …(respondent intimates – for himself and not just the family dependants)* [PMiii]
>
> *"now I think he's excited about the future in terms of this ### business… He can see it's gonna happen. ### has spoken about the contract opportunities and now they're really working out what their jobs would be and what like ###, he's got some fears about – coming of the welfare system"* [PMiii]

Conclusion

How best to support a vulnerable group of young adults in making the transition to paid and socially meaningful employment requires knowledge not currently comprehensively collected or systematically evidenced. This knowledge is urgently needed, as the economic crisis and Covid19s impact on production and market stability has severely damaged the employment prospects of young people.

The three-year UP project proved to be a valuable basis for making a longitudinal assessment of trainees' health and well-being; few studies have had the opportunity to take this approach.

The innovation phase of the SE was well-tolerated by trainees and for most trainees, their well-being clearly improved in the first two years of the project. Payment for attending training sessions was an incentive that induced a work ethic and produced regular attendance, for most. Many trainees experienced social difficulties outside of training and were supported in reconciling their difficulties by UP staff. The quality of training and support staff and their astute actions was crucial in ensuring that no harm is done.

As there were no best practice guidelines directed to supporting this vulnerable group of nascent entrepreneurs the credit for promoting the health and well-being of trainees can be fully attributed to the knowledge and skills held by the training and support staff.

Regarding Health Foundations aim to ..."improve the capacity and capability of economic development and public health professionals to take joint action to use economic development to improve health"; this researcher takes the view of Joyce (2018a). .

> "health outcomes are influenced by a limitless mix of complex and dynamic interactions between systems, settings, spaces, relationships and organizational and personal factors that cannot be distilled by questions of causality and attribution found in controlled trial designs."

The Delphi method used in this study allowed for triangulation of qualitative data and facilitate a robust summary of data that supports the claim the SE training 'did no harm' to health or SWB, and was instrumental in promoting self-identity, self-efficacy and subjective well-being among most trainees

References

Aronsson, A.E. and Huijts, T., 2025. Informal employment as a social determinant of health: a conceptual framework and research agenda accounting for context. *Social Science & Medicine*, p.117809.

Bahsri, N., Yazid, Z., Makhbul, Z.M. and Omar, N.A., 2023. Systematic literature review on the factors affecting the well-being of entrepreneurs in Malaysian SMEs. *SAGE Open*, *13*(2), p.21582440231184866.

Bausch, S., Michel, A. and Sonntag, K., 2014. How gender influences the effect of age on self-efficacy and training success. *International Journal of Training and Development*, *18*(3), pp.171-187.

Blasi, S. and Sedita, S.R., 2022. Mapping the emergence of a new organisational form: An exploration of the intellectual structure of the B Corp research. *Corporate Social Responsibility and Environmental Management*, *29*(1), pp.107-123.

Byars-Winston, A., Diestelmann, J., Savoy, J.N. and Hoyt, W.T., 2017. Unique effects and moderators of effects of sources on self-efficacy: A model-based meta-analysis. *Journal of Counseling Psychology*, *64*(6), p.645.

Caló, F., Roy, M.J., Donaldson, C., Teasdale, S. and Baglioni, S., 2021. Evidencing the contribution of social enterprise to health and social care: approaches and considerations. *Social Enterprise Journal*, *17*(1), pp.140-155.

Chipeta, E.M., Venter, R. and Kruse, P., 2022. Measuring the role of reductive bias in social enterprise formation: Development and validation of a social entrepreneurial intention bias scale. *Journal of Social Entrepreneurship*, *13*(2), pp.164-182.

Craig, P., Campbell, M., Deidda, M., Dundas, R., Green, J., Katikireddi, S.V., Lewsey, J., Ogilvie, D., de Vocht, F. and White, M., 2025. Using natural experiments to evaluate population health and health system interventions: new framework for producers and users of evidence. *bmj*, *388*.

Craig, P., Cooper, C., Gunnell, D., Haw, S., Lawson, K., Macintrye, S., Ogilvie, D., Petticrew, M., Reeves, B., Sutton, M. and Thompson, S., 2011. Using natural experiments to evaluate population health interventions: guidance for producers and users of evidence. *Medical Research Council*, p.xx.

Craig, P., Cooper, C., Gunnell, D., Haw, S., Lawson, K., Macintyre, S., Ogilvie, D., Petticrew, M., Reeves, B., Sutton, M. and Thompson, S., 2012. Using natural experiments to evaluate population health interventions: new Medical Research Council guidance. *J Epidemiol Community Health*, *66*(12), pp.1182-1186.

Davidsson, P. and Honig, B., 2003. The role of social and human capital among nascent entrepreneurs. *Journal of business venturing*, *18*(3), pp.301-331.

Duncan, R. E., Drew, S. E., Hodgson, J., & Sawyer, S. M. (2009). Is my mum going to hear this? Methodological and ethical challenges in qualitative health research with young people. *Social science & medicine*, *69*(11), 1691-1699.

Ellena, A.M., Marta, E., Simões, F., Fernandes-Jesus, M. and Petrescu, C., 2021. Soft skills and psychological well-being: A study on Italian rural and urban NEETs. *Calitatea Vieții*, *32*(4), pp.352-370.

Ellis C. Emotional and ethical quagmires in returning to the field. Journal of Contemporary Ethnography. 1995;24:68–98.

Engel, Y., Noordijk, S., Spoelder, A. and van Gelderen, M., 2021. Self-compassion when coping with venture obstacles: Loving-kindness meditation and entrepreneurial fear of failure. *Entrepreneurship Theory and Practice*, *45*(2), pp.263-290.

Felaco, C. and Parola, A., 2022. Subjective well-being and future orientation of NEETs: evidence from the Italian sample of the European social survey. *Social Sciences*, *11*(10), p.482.

Feor, L., Clarke, A. and Dougherty, I., 2023. Social impact measurement: a systematic literature review and future research directions. *World*, *4*(4), pp.816-837. Garnett, E., Baeza, J., Trenholm, S., Gulliford, M. and Green, J., 2018. Social enterprises and public health improvement in England: A qualitative case study. *Public Health*, *161*, pp.99-105.

Mazzocchi, P., Agahi, O., Beilmann, M., Bettencourt, L., Brazienė, R., Edisherashvili, N., Keranova, D., Marta, E., Milenkova, V., O'Higgins, N. and Pizzolante, F., 2024. Subjective well-being of NEETs and employability: A study of non-urban youths in Spain, Italy, and Portugal. *Politics and Governance*, *12*.

Fernández-Bedoya, V.H., Meneses-La-Riva, M.E., Suyo-Vega, J.A. and Stephanie Gago-Chávez, J.D.J., 2023. Mental health problems of entrepreneurs during the COVID-19 health crisis: Fear, anxiety, and stress. A systematic review. *F1000Research*, *12*, p.1062.

Fürtjes, S., Voss, C., Rückert, F., Peschel, S.K., Kische, H., Ollmann, T.M., Berwanger, J. and Beesdo-Baum, K., 2023. Self-efficacy, stress, and symptoms of depression and anxiety in adolescents: An epidemiological cohort study with ecological momentary assessment. *Journal of Mood & Anxiety Disorders*, *4*, p.100039.

GTECH, W.H., 1993. Coping with faculty stress (Vol. 5). Sage.

Goldman-Mellor, S., Caspi, A., Arseneault, L., Ajala, N., Ambler, A., Danese, A., Fisher, H., Hucker, A., Odgers, C., Williams, T. and Wong, C., 2016. Committed to work but vulnerable: Self-perceptions and mental health in NEET 18-year olds from a contemporary British cohort. *Journal of Child Psychology and Psychiatry*, *57*(2), pp.196-203.

Gordon, K., Wilson, J., Tonner, A. and Shaw, E., 2018. How can social enterprises impact health and well-being?. *International Journal of Entrepreneurial Behavior & Research*, *24*(3), pp.697-713.

Guglielmin, M., Muntaner, C., O'Campo, P. and Shankardass, K., 2018. A scoping review of the implementation of health in all policies at the local level. *Health policy*, *122*(3), pp.284-292.

Hazenberg, R., 2021. The role of social enterprise in developing skills and creating employment opportunities in the UK. (last accessed 09/09/2025 14:00, GMT) https://www.enterpriseresearch.ac.uk/publications/the-role-of-social-enterprise-in-developing-skills-and-creating-employment-opportunities-in-the-uk/

Heiska, O., Hüsch, S. and Veabråten Hedén, A., 2017. Performance measurement in social enterprise start-ups. https://www.diva-portal.org/smash/get/diva2:1112260/FULLTEXT01.pdf

Honicke, T., Broadbent, J. and Fuller-Tyszkiewicz, M., 2023. The self-efficacy and academic performance reciprocal relationship: the influence of task difficulty and baseline achievement on learner trajectory. *Higher Education Research & Development*, *42*(8), pp.1936-1953.

Jayawardhana, K., Fernando, I. and Siyambalapitiya, J., 2022. Sustainability in social enterprise research: A systematic literature review. *Sage Open*, *12*(3), p.21582440221123200.

Joyce, A., Elmes, A., Campbell, P., Moussa, B., Suchowerska, R., Barraket, J. and Carey, G., 2022a. The health and well-being impacts of a work integration social enterprise from a systems perspective. *Health Promotion International*, *37*(1), p.daab052.https://doi.org/10.1093/heapro/daab052

Joyce, A., Moussa, B., Elmes, A., Campbell, P., Suchowerska, R., Buick, F., Barraket, J. and Carey, G., 2022b. Organisational structures and processes for health and well-being: Insights from work integration social enterprise. *BMC Public Health*, *22*(1), p.1624.

Kaiser, K. (2009). Protecting respondent confidentiality in qualitative research. Qualitative health research, 19(11), 1632-164

Kamerāde, D. and Richardson, H., 2018. Gender segregation, underemployment and subjective well-being in the UK labour market. *Human Relations*, *71*(2), pp.285-309.

Kelly, D., Steiner, A., Mazzei, M. and Baker, R., 2019. Filling a void? The role of social enterprise in addressing social isolation and loneliness in rural communities. *Journal of rural studies*, *70*, pp.225-236.

Kruse, P., Chipeta, E.M. and Ueberschär, I., 2023. What keeps social entrepreneurs happy? Exploring personality, work design, external support, and social impact as resources of social entrepreneurs' mental well-being. *Sustainability*, *15*(5), p.4109.

Lane, T., 2017. How does happiness relate to economic behaviour? A review of the literature. *Journal of behavioral and experimental economics*, *68*, pp.62-78.
and economic behaviour.

Legislation.gov.uk, 2005., The Community Interest Company Regulations 2005 https://www.legislation.gov.uk/uksi/2005/1788/contents/made [Last accessed 13September2024]

Lysaght, R., Ghaderi, G., Milley, P. and Labelle, P.R., 2022. Best practices in evaluating work integration social enterprises for persons with intellectual disabilities: A scoping review. *Journal of Policy and Practice in Intellectual Disabilities*, *19*(4), pp.431-440.

Macaulay, B., Roy, M.J., Donaldson, C., Teasdale, S. and Kay, A., 2018a. Conceptualizing the health and well-being impacts of social enterprise: a UK-based study. *Health Promotion International*, *33*(5), pp.748-759.

Macaulay, B., Mazzei, M., Roy, M.J., Teasdale, S. and Donaldson, C., 2018b, "Differentiating the effect of social enterprise activities on health", *Social Science and Medicine*, Vol. 200, pp. 211-217, available at: https://doi.org/10.1016/j.socscimed.2018.01.042

Maritz, A. and Laferriere, R., 2016. Entrepreneurship and self-employment for people with disabilities. *Australian Journal of Career Development*, *25*(2), pp.45-54.

Mawn, L., Oliver, E.J., Akhter, N., Bambra, C.L., Torgerson, C., Bridle, C. and Stain, H.J., 2017. Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. *Systematic reviews*, *6*, pp.1-17.

Mazzei, M., Montgomery, T. and Dey, P., 2021. 'Utopia'failed? Social enterprise, everyday practices and the closure of neoliberalism. *Environment and Planning C: Politics and Space*, *39*(7), pp.1625-1643.

Oliński, M., & Mioduszewski, J. (2022). Determinants of Development of Social Enterprises according to the Theory of Sustainable Development. Sustainability, 14(23), 15679.

Ramus, T. and Vaccaro, A., 2017. Stakeholders matter: How social enterprises address mission drift. *Journal of Business Ethics*, *143*, pp.307-322.

Roslan, M.H.H., Hamid, S., Ijab, M.T., Yusop, F.D. and Norman, A.A., 2022. Social entrepreneurship in higher education: challenges and opportunities. *Asia Pacific Journal of Education*, *42*(3), pp.588-604.

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

Saebi, T., Foss, N.J. and Linder, S., 2019. Social entrepreneurship research: Past achievements and future promises. *Journal of management*, *45*(1), pp.70-95.

Sitzmann, T. and Yeo, G., 2013. A meta-analytic investigation of the within-person self-efficacy domain: Is self-efficacy a product of past performance or a driver of future performance?. *Personnel Psychology*, *66*(3), pp.531-568.

Smith, R., Bell, R. and Watts, H., 2014. Personality trait differences between traditional and social entrepreneurs. *Social Enterprise Journal*, *10*(3), pp.200-221.

Stea, T.H., Abildsnes, E., Strandheim, A. and Haugland, S.H., 2019. Do young people who are not in education, employment or training (NEET) have more health problems than their peers? A cross-sectional study among Norwegian adolescents. *Norsk Epidemiologi*, *28*(1-2).

Stephan, U. (2018). Entrepreneurs' mental health and well-being: a review and research agenda. Academy of Management Perspectives, 32(3), 290–322.

Suchowerska, R., Barraket, J., Qian, J., Mason, C., Farmer, J., Carey, G., Campbell, P. and Joyce, A., 2020. An organizational approach to understanding how social enterprises address health inequities: a scoping review. *Journal of Social Entrepreneurship*, *11*(3), pp.257-281.

Continued....

Wang, N., Luan, Y., Zhao, G. and Ma, R., 2023. The antecedents of career decision self-efficacy: a meta-analysis on 20 years of research. *Career Development International*, *28*(6/7), pp.633-648.

Weaver, R.L., 2016. Social enterprise self-employment programs: A two-dimensional human capital investment strategy. Social Enterprise Journal, 12(1), pp.4-20.

Wiklund, J., Nikolaev, B., Shir, N., Foo, M.D. and Bradley, S., 2019. Entrepreneurship and well-being: Past, present, and future. *Journal of business venturing*, *34*(4), pp.579-588.

Willott, J. and Stevenson, J., 2006. An analysis of gendered attitudes and responses to employability training. *Journal of Vocational Education and Training*, *58*(4), pp.441-453.

Yates, B.T. and Marra, M., 2017. Social Return On Investment (SROI): Problems, solutions… and is SROI a good investment? *Evaluation and Program Planning*, *64*, pp.136-144.

Appendix: Delphi meeting, guiding questions

Regarding training of recruits:

- What have you brought from previous projects that contribute to supporting the well-being of recruits?
- What do you consider to be UP best practice items in the development of business skills?
- What do you consider to be UP best practice items in the support of individuals well-being?

Regarding UPs team's preparedness and function:

- Were any directives provided by you to the UP team aimed at supporting the well-being of recruits?
- Following training sessions did your team discuss with you the recruits support needs? (routinely or ad hoc).
- On recruitment were there any obligations for the applicants to disclose disabilities (physical, learning, mental)?
- Do you see a *need for / benefit from* gathering outcome measurements around **recruit** well-being at any stage of the UP project?
- Do you see a *need for / benefit from* outcome measures around **staff** well-being at any stage of the UP project?

Infrastructure:

- To what extent has **payment** for participation contributed to recruitment outcomes?
- Were there sufficient **training sessions** to bring recruits to a contract ready situation?
- What was your experience of linking the recruits to **stakeholders?**
- To what extent have you had **direct contact** with the recruits?
- Were the recruits overtly aware of the **mission statement**?
- What feedback formats where in place from recruits. And have you had feedback from recruits that could be perceived as **personal growth** markers?
- Was there a process for identify recruits that were **at risk** of a reduction in well-being (personal or social circumstances). And can you recall how UP staff responded?