

# Yunus Centre for Social Business & Health

researching the relationship between poverty alleviation and health



The Social Economy and Social Investment in the UK:

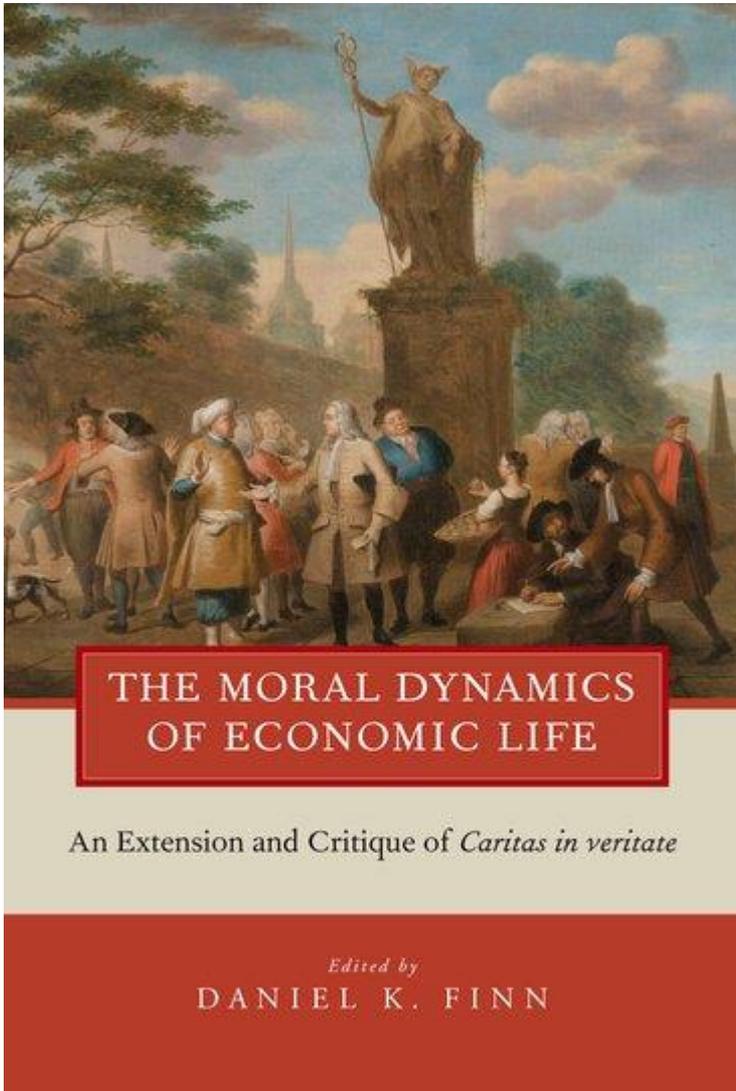
# Understanding the impact of social enterprise activity on health and wellbeing

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University for the Common Good



“Alongside profit-oriented private enterprise and the various types of public enterprise, there must be room for commercial entities based on mutualist principles and pursuing social ends to take root and express themselves. It is from their reciprocal encounter in the marketplace that one may expect hybrid forms of commercial behavior to emerge, and hence an attentiveness to ways of civilising the economy.” (CV:38; quoted in Finn, D (ed.), 2012: 138)

# What is health?

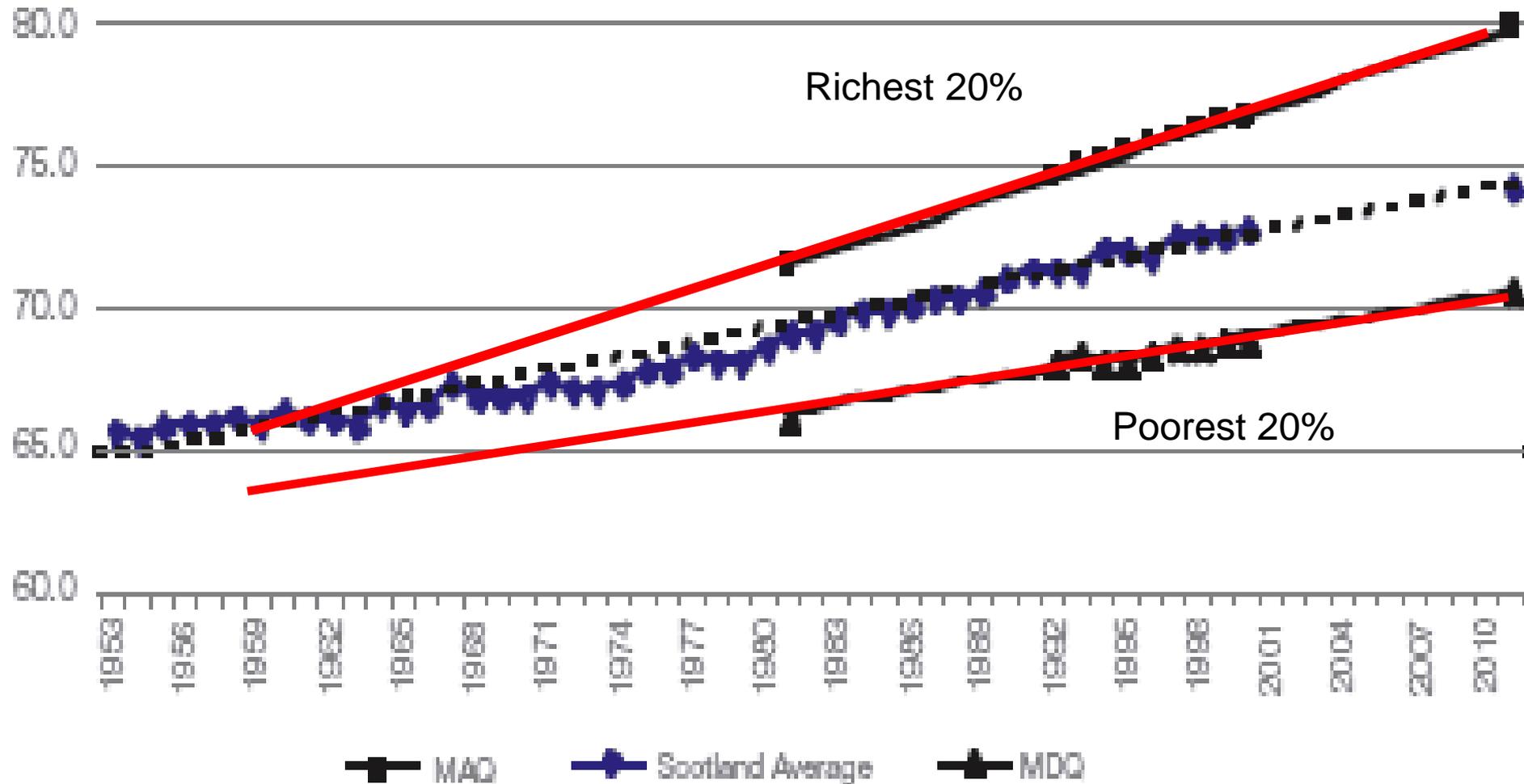
- WHO (1946): good health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.
- A resource for everyday life, not the object of living, and is a positive concept emphasizing social and personal resources as well as physical capabilities.
- Health is a fundamental human right, recognized in the Universal Declaration of Human Rights (1948).
- An essential component of development, vital to a nation's economic growth and internal stability. Along with the traditional and unequivocal arguments on social justice and the importance of health, it is now accepted that better health outcomes play a crucial role in reducing poverty.

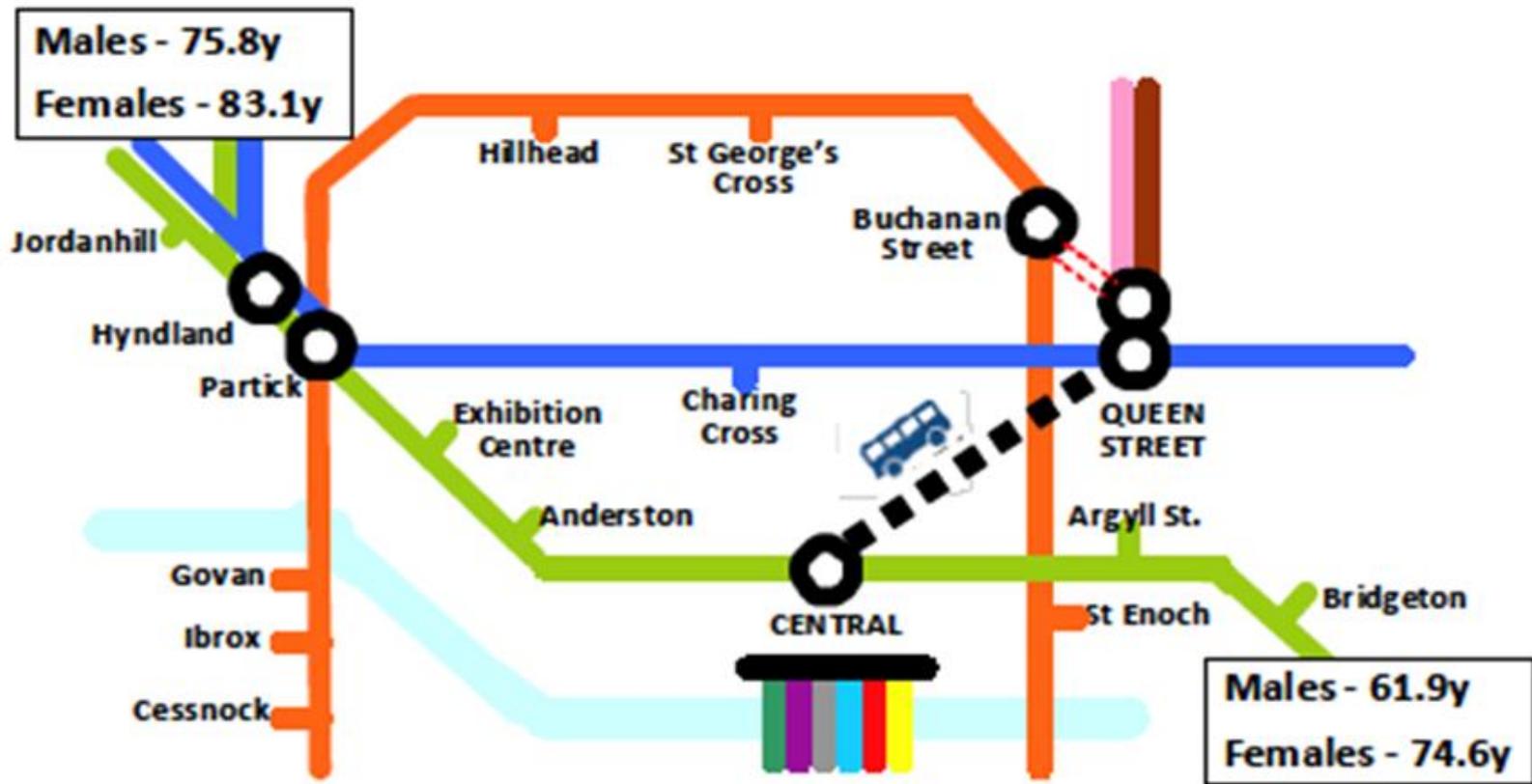
# What are 'health inequalities'

- The 'preventable and unfair' differences in health status between social groups, populations and individuals (Whitehead et al. 2001)
- Described as the 'scandal of our times' (Dorling 2013) since "the right to life itself is at stake" (McCartney et al. 2013, p. 222)
- Caused by a "toxic combination of poor social policies and programs, unfair economics, and bad politics." (Commission on Social Determinants of Health, 2008)

# Trends in male life expectancy: Scotland

Source: Chief Medical Officer for Scotland (2012)





Life expectancy data refers to 2001-05 and was extracted from the Glasgow Centre for Population Health community health and wellbeing profiles. Adapted from the Strathclyde Partnership for Transport travel map by Gerry McCartney.

(Source: McCartney, 2012)

# In Iraq, life expectancy is 67. Minutes from Glasgow city centre, it's 54

In deprived inner city area of Calton, the chance of surviving to old age is lowest in UK

## **Life expectancy (men)**

Andorra (highest): 80.6

United Kingdom: 75.9

Gaza Strip: 70.5

**Calton, Glasgow: 53.9**

Liberia: 38.9

Swaziland (lowest): 32.5

# It's not just deprivation!

- There is something else going on in Glasgow that cannot be explained 'simply' in terms of poverty alone, as the comparative studies of different cities show
- There are countless theories as to what is causing this 'Glasgow effect': "likely to be a complex array of factors acting in concert" (Roy et al, 2013)

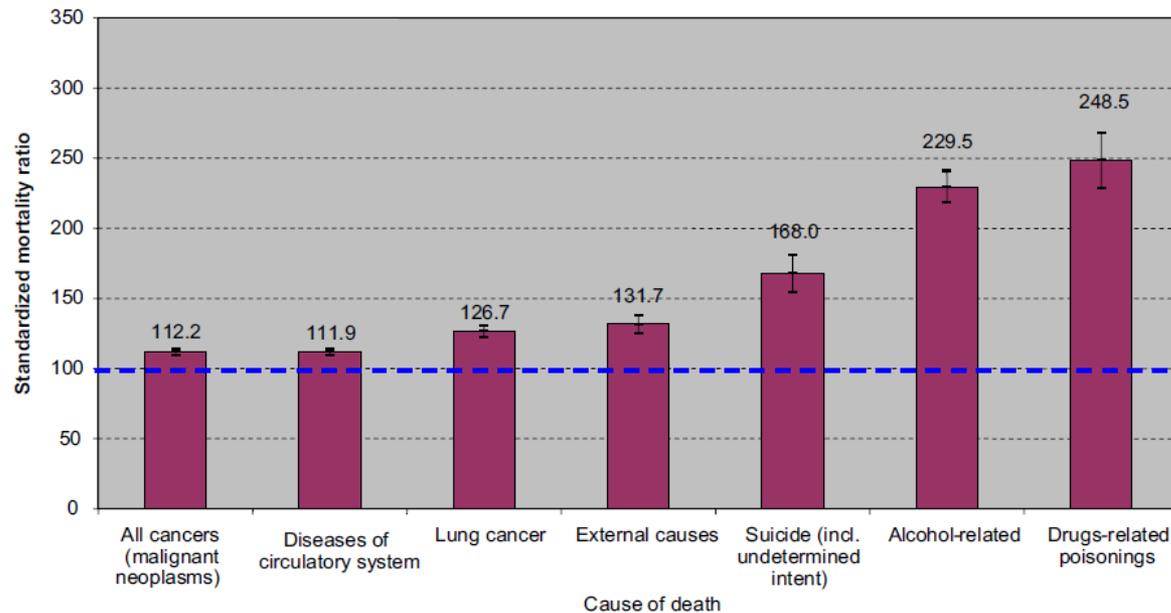
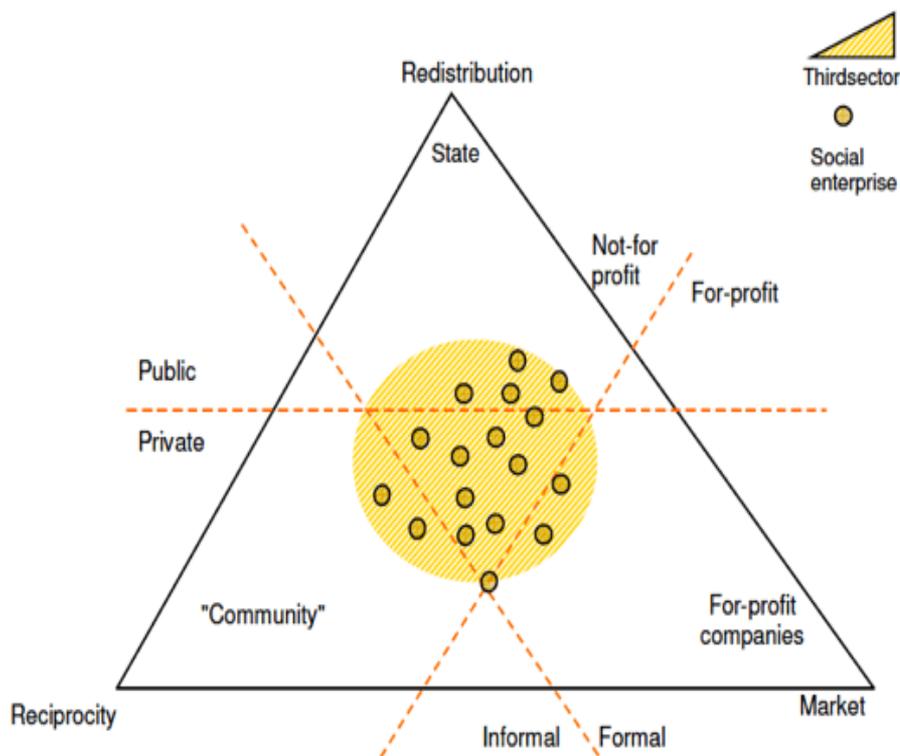


Figure 3 – Standardized mortality ratios 2003–2007 (indirectly standardized by 5-year age band, gender and income deprivation decile) for Glasgow relative to Liverpool and Manchester (combined), for seven causes/groups of causes.

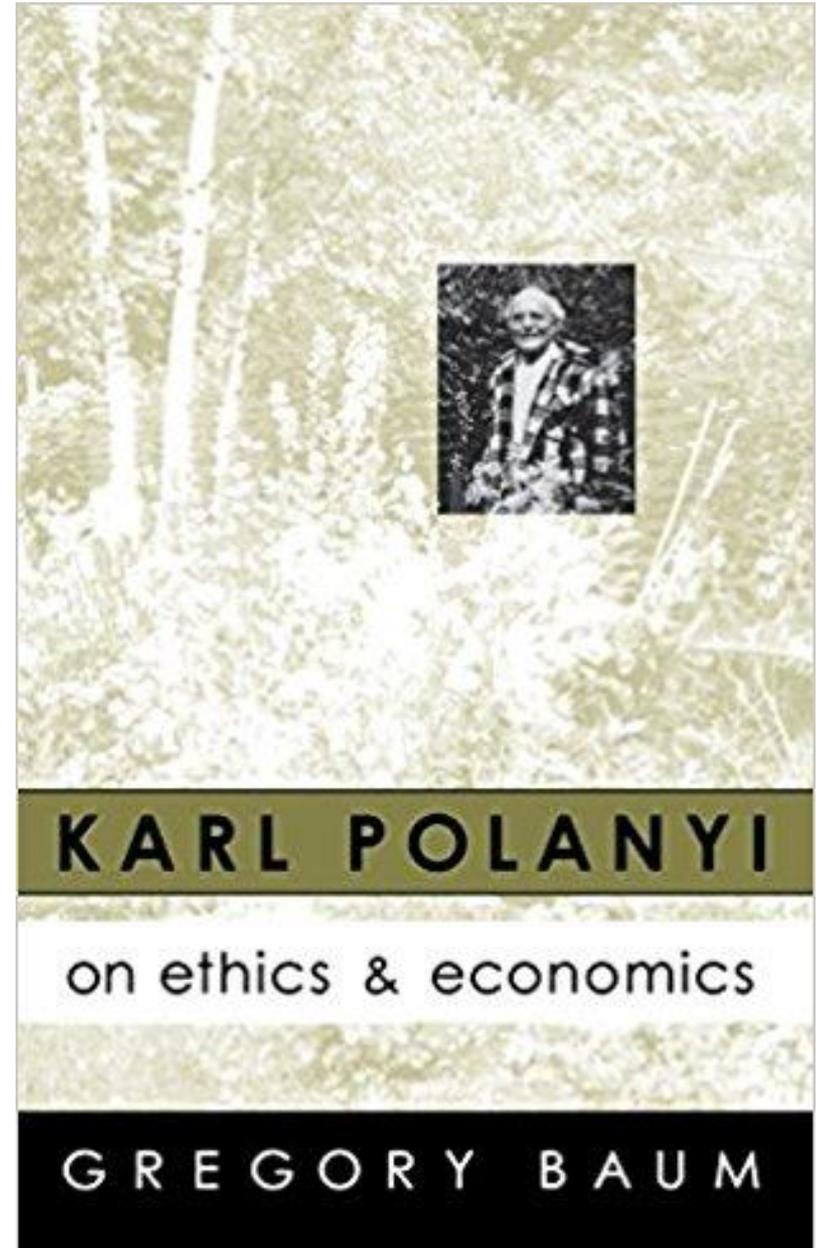
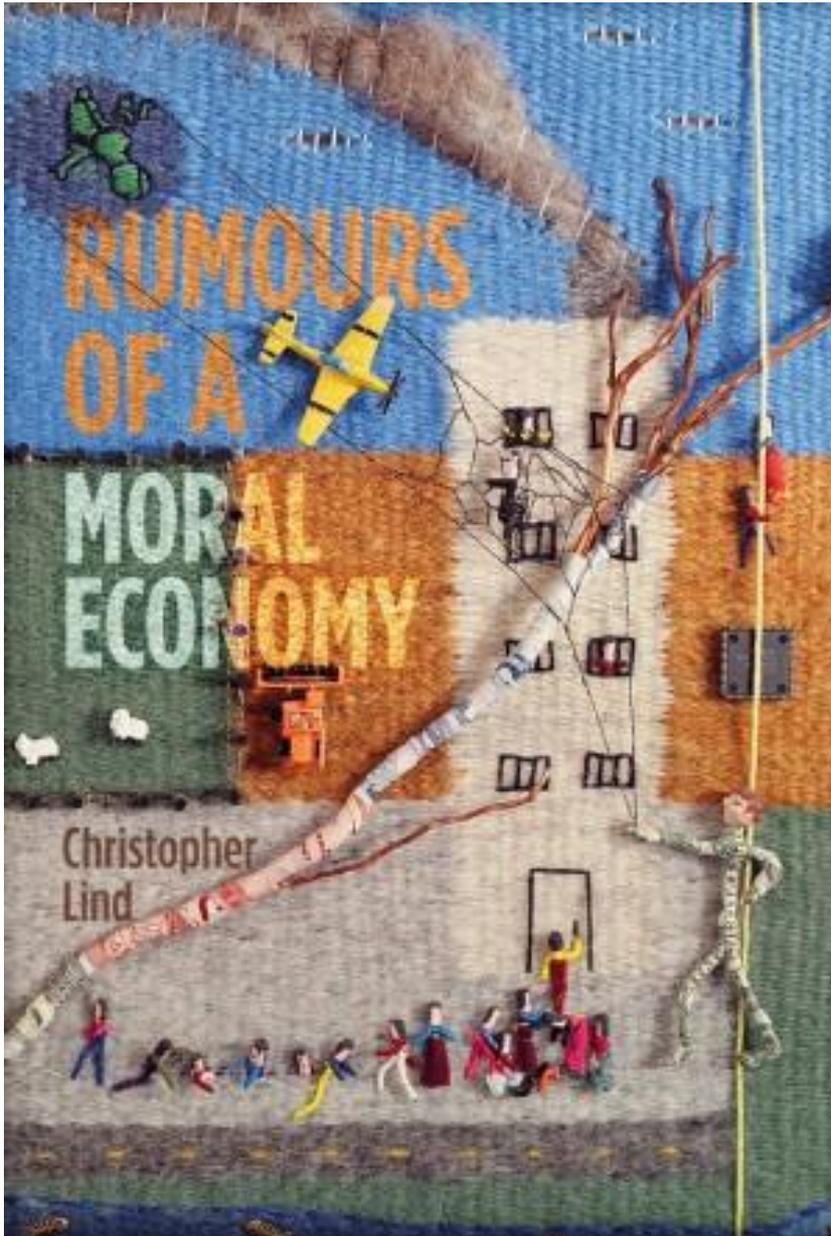
(Source: Walsh et al, 2010)

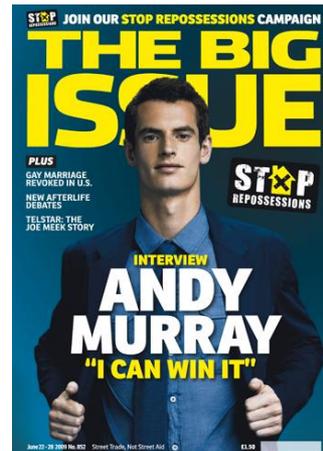
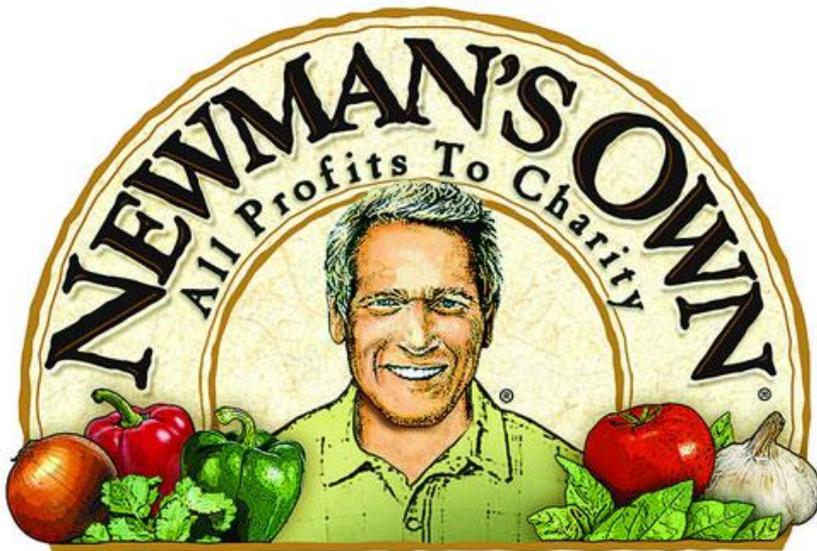
# Meanwhile...What do we mean by the 'social economy'?



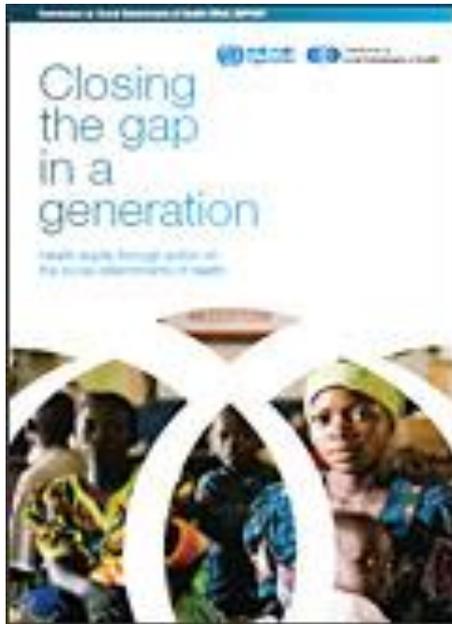
“By following [Karl] Polanyi and his ‘substantive approach’ to the economy, we argue that social enterprises combine the economic principles of market, redistribution and reciprocity and hybridize these three types of economic exchange so that they work together rather than in isolation from each other” (Defourny and Nyssens 2006, pp. 10–11)

Source: Defourny and Nyssens (2012); original based on Pestoff (1998, 2005)





A social enterprise is a trading entity whose surpluses are reinvested for the benefit of social objectives (a 'social mission') rather than for distribution to shareholders or owners (Borzaga and Defourny, 2001; Nyssens, 2006)



"This ends the debate decisively. Health care is an important determinant of health. Lifestyles are important determinants of health. But... it is **factors in the social environment** that determine access to health services and influence lifestyle choices in the first place."

Director-General Dr Margaret Chan, at the launch of the final report of the WHO Commission on Social Determinants of Health, 2008.

- Social enterprises act to remedy/ameliorate social conditions ("**factors in the social environment**"): addressing their social mission is their primary purpose
- So if ALL social enterprises act on the social determinants of health then can ALL social enterprises be viewed as 'providers' of public health?

# Just to be clear...the 'big idea' is that...

- ...by acting to address one or more aspects of social vulnerability
- ...achieving the means to do so in some broader trading activity / hybrid 'resource mix'
- Gains in health and well-being may be realised from (just about) *any* social enterprise, regardless of whether this is explicitly stated as part of their social mission



Contents lists available at [ScienceDirect](#)

## Social Science & Medicine

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)



### The potential of social enterprise to enhance health and well-being: A model and systematic review



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“...provide limited evidence that social enterprise activity can impact positively on mental health, self reliance/ esteem and health behaviours, reduce stigmatization and build social capital, all of which can contribute to overall health and well-being.” (Roy et al, 2014:182)

A. Social Enterprise

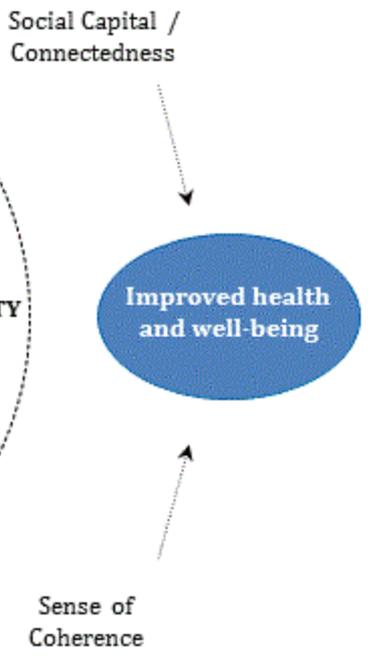
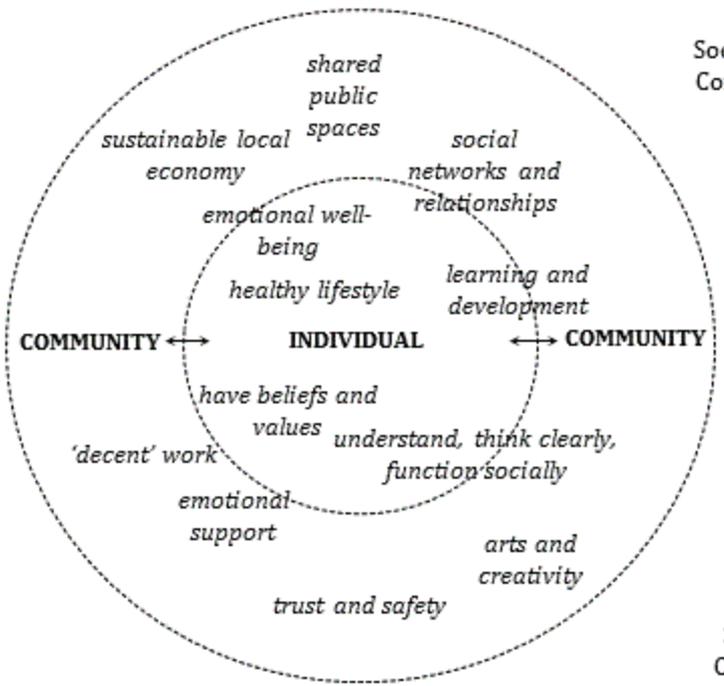
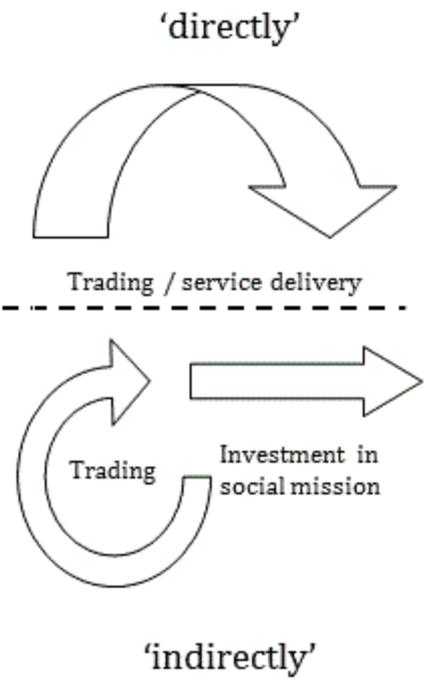
B. 'Intervention'

C. Intermediate effects/'assets' developed

D. Long term outcome



- External Factors
- Policy
  - Legal Framework
  - Trading environment
  - Access to finance



Hypothetical model of social enterprise as health and wellbeing 'intervention' (Roy et al , 2014)

# Developing an empirical evidence base

- To examine how social enterprise practitioners *think about* and *explain* their impact upon health and well-being, irrespective of whether they explicitly *intend* to impact upon health and well-being or not.
  - Can we map this somehow? (the ‘causal pathways’) to produce an ‘empirically informed conceptual model’?

# Methods

- In depth semi-structured interviews (and a focus group) with 13 social enterprise practitioners around Glasgow
- Four stage sampling process: purposive, maximum variation (Mason, 2002) sampling of social enterprises (on a range of variables e.g. size, age, location, type of business, geographical focus etc)
- Analysis: Critical Realist-inspired 'Causation Coding' method (Saldaña, 2013). Pictorial causal networks (Miles and Huberman 1994) employed to understand and demonstrate 'causal pathways' or 'generative mechanisms' contained in practitioner discourses. Abductive inference.
- **Antecedent variables > Mediating variables > Outcomes**

# Physical Health

*“there just wasn’t anything positive for her to hook onto, she was just in a downward spiral... There has been real progression for her through gaining these skills...she now doesn’t have a problem with alcohol, she looks after herself...she has become a volunteer...and is helping assist and lead other young people.” (Fiona)*

**improving knowledge and skills >  
improved health behaviours/  
decrease in illicit or dangerous  
behaviours**



# Mental Health

*“...she now has a future. She’s not sitting at home relying on grants, relying on benefits. She is now doing something for herself. I think it’s giving somebody a future.”*

*(Doreen)*

**providing work that is meaningful > people have an improved sense of purpose and meaning**



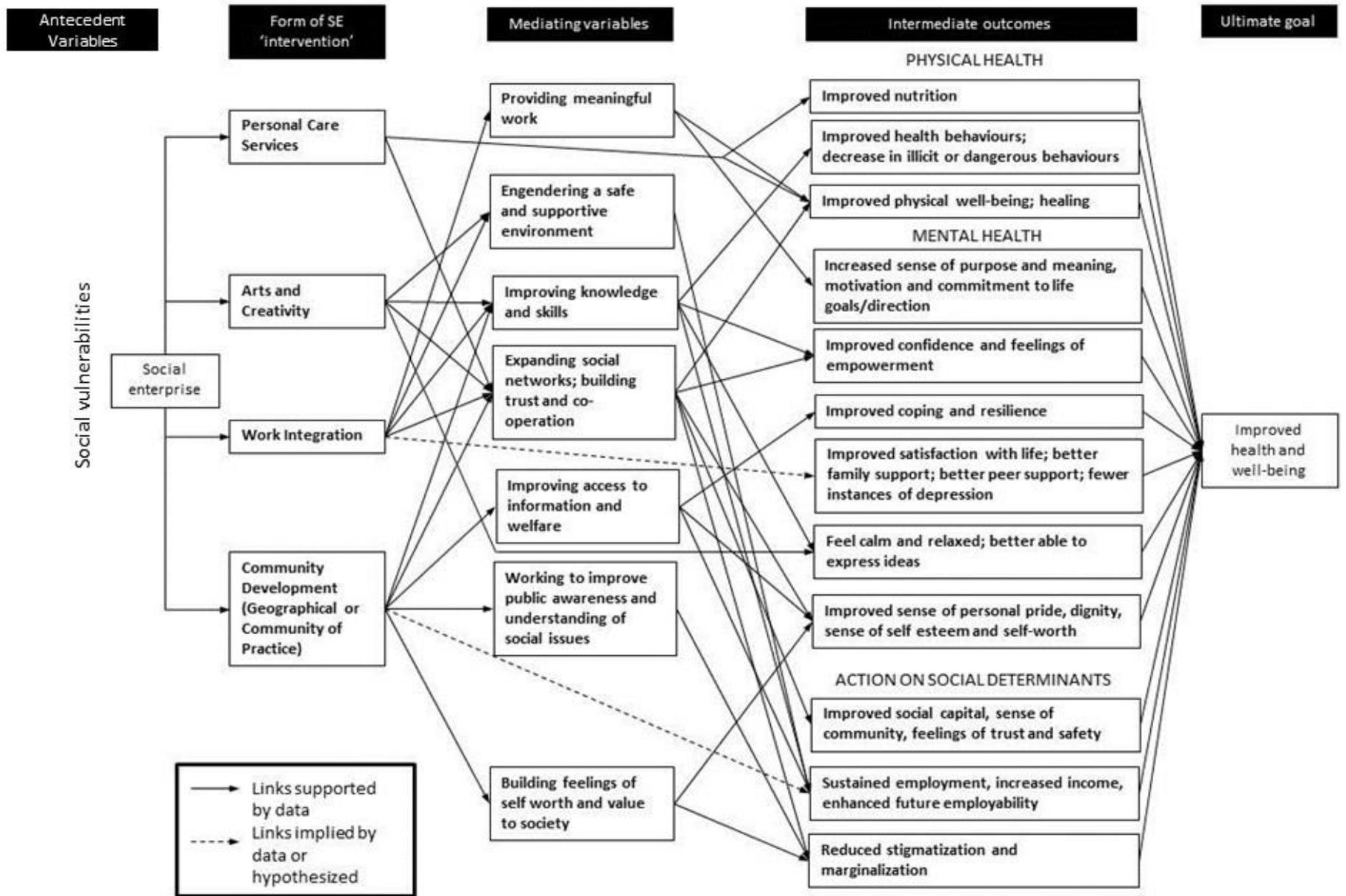
# Social Determinants



*“they actually have an interaction with a member of the public that they wouldn't normally get a chance to talk to...and the idea is that it empowers the person to kind of join back to society.”*

*(Christine)*

**facilitating, encouraging contact between people > vulnerable people (such as homeless people in this case) feel less marginalised**



'empirically informed' conceptual model (Roy et al, 2017)

# So what?

- Not intended to be ‘the truth’ by any means, merely as a plausible starting point for future research
- In other words: a platform for future empirical enquiry
- Hopefully encourages a broader and more imaginative consideration of what actually constitutes a public health ‘intervention’
- Also implies that the Third Sector and other ‘non-obvious’ actors have an important role to play in addressing contemporary and future public health challenges

# In summary: key messages

- New field of scientific enquiry at the interface between social enterprise and public health has started to emerge internationally, presenting significant scope for future research activity
- Major (£1.96m/ €2.2m) five year programme grant, co-funded by the UK's Medical Research Council and Economic and Social Research Council. Commenced in early 2014: *Developing Methods for Evidencing Social Enterprise as a Public Health Intervention* (see [www.commonhealth.uk](http://www.commonhealth.uk))



*“...human beings are frequently treated as the means to an economic end, and not as the reason why economic activity takes place at all. **The experience of social businesses demonstrates that people can be active in creating their own work and enterprises and so make a secure future for themselves. We must put people and their wellbeing at the centre of our economic and political life.**”*



Reuters

## **Pope Francis's Theory of Economics**

A case for the pontiff's debt not to Karl Marx but to Karl Polanyi

HEATHER HORN

NOV 26, 2013 | BUSINESS

Turkson et al “The Global Common Good: Towards a More Inclusive Economy”, Pontifical Council for Justice and Peace, Vatican City, July 11-12 2014

Thank you!

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