

# CommonHealth Briefing Paper Series: Paper Number 5



No 'golden age', no 'silver bullet': what can history tell us about connecting social enterprise, health and wellbeing?

This briefing paper reflects on the emerging findings of Project 1; 'the history project'. The broad aims of the project have been, firstly, to chart the history of Social Enterprise in Scotland from the late 1970s, through the turbulent 1990s, to the type of social enterprise that we recognise in the 21st century. Secondly, the project has also considered the long history of connections between social enterprise, health and wellbeing.

Today when social enterprise and health are mentioned in the same sentence it's usually within the context of the (potential) use of social enterprise as a vehicle for health-service delivery. The CommonHealth research programme has sought to investigate the connections between social enterprise, health and wellbeing in much broader terms, so part of my research is to think about how these connections have developed historically.

Forms of trading that prioritise social good have existed in many forms at a variety of historical junctures, often emerging at times of economic crisis and increased levels of hardship within the population. This was certainly the case in Scotland in the 1970s and 1980s when the country faced economic and social crisis in its transition from an industrial economy. At that time, the restructuring of local authorities, the rise of the practice of community development, and the revival of interest in co-operative working provided the space, skills and momentum to establish the community business movement. Scotland's experiment in community business was the largest of its kind in the UK and in some ways a forerunner of social enterprise, which began to grow significantly in Scotland in the early 2000s. There are many examples of organisations that were founded during the community business era that, in one form or another, are still running today: Community Enterprise in Scotland, Govan Workspace, Inverclyde Community Development Trust, and Allander Group to name a few. While these direct links between the past and the present are important, as a historian, I was more interested in uncovering what had fallen from view since the late-twentieth century that was important to bring back to light to inform current challenges.

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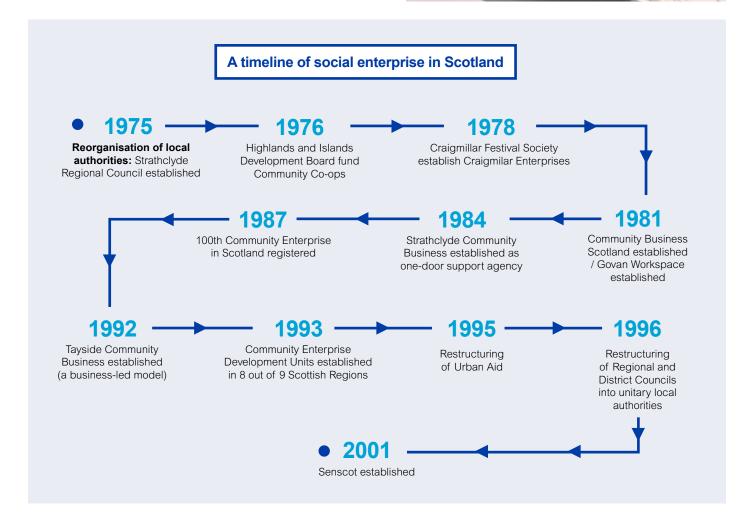
## Therefore, I sought to investigate:

- To what extent had health and wellbeing been part of the work of social enterprise forerunners, such as the community business movement of the 1970s and 1980s?
- Were there potential connections that were not recognised at the time?
- If so, what supported/disrupted those connections?

My study has been based upon a collection of archive material donated to GCU by community business pioneer John Pearce, which forms part of the Social Enterprise Collection (Scotland). As well as looking into these documents and papers I have recorded oral histories with Pearce's contemporaries. Their memories are a valuable form of historical evidence and as well as informing my research they have been added to the collection at the **GCU Archive Centre** (you can listen to extracts here).







## No 'golden age'

Historical research has suggested that anxieties around the decline of charitable and voluntary action since the Second World War are unfounded. While nostalgia for a 'golden age' of philanthropic, voluntary and mutual activity associated with the nineteenth century remains, recent research stresses that the boundaries between the state and civic society have continually moved and evolved (see: *The Ages of Voluntarism: How we got to the Big Society* edited by Matthew Hilton and James McKay, for an excellent introduction to these discussions).

In the 1960s some charities and voluntary organisations forged a new kind of relationship with the state, where they established themselves as part of new social movements, but engaged with the state on a strategic basis. These organisations, such as Action on Smoking and Health, and the Community Drug Project were skilful in identifying gaps in welfare provision; using their campaigns and their charitable working to put pressure on the state, but also work with the state to fill those gaps. However, this development has given rise to perennial anxieties around their independence and potential conflicts of interest.

There are important points of comparison between these developments in voluntary action and the community business movement in Scotland. For example, many community businesses were established using state funding through Urban Aid grants and some accessed funds from the Manpower Services Commission to help the long-term unemployed back into work. However, while those in community business aimed to create permanent jobs out of these schemes, at times they found restrictions on the funding prevented this and meeting government targets onerous.

In the late 1980s the community business movement seemed to be gaining momentum, but several factors combined to cause the movement to fracture in the 1990s. The restructuring of local government and Urban Aid funding, with a move to 'contract culture', disturbed many of the valuable working relationships between regional and district councils and community business. High profile scandals in Ferguslie Park and Barrowfield community businesses, alongside damning reports that community business was not delivering all it promised led to a fragmentation of the movement.

This brief summary illustrates how important it is not only to understand organisations and their practice but the environment they operate in. I would suggest that the high profile scandals and wide circulation of negative assessments of community business has meant the experiment has too often been remembered as an expensive failure, rather than reflecting on the innovative models of community development that the movement developed. By reflecting on what the movement did do, rather than emphasising what it didn't do, it is possible to think about aspects of the movements work that were previously overlooked. While there is no such thing as a 'golden age' of social enterprise, we need to think critically about how we judge the success and failure of organisations that prioritise social good over profit.

#### No 'silver bullet'

Health and wellbeing creation was not generally an explicit part of community business. As to be expected in a time of mass unemployment creating jobs and getting people back to work was the focus of contemporary rhetoric. However, historians have been keen to stress the existence of a complex health and welfare matrix long before the advent of 'partnership working' that has brought attention to the role of charities and social enterprises as deliverers of health services since the 1970s.

Therefore as part of my research I've looked at community health projects being carried out in Glasgow in the late twentieth century. These projects were part of a radical edge of public health, very much in line with the emerging discussion around the social determinants of health, but overshadowed by high profile public health campaigns around 'healthy lifestyles' and smoking. I found many points of comparison between these community health projects and the work of community businesses, such as holistic approaches to people and the support they required. In the oral histories I recorded, *participants discussed* the 'sense of worth' and 'ownership' that creating a business through the movement gave them, and suggested it 'rejuvenated people'.

#### No 'silver bullet' continued...

Within the community business movement there was a wealth of expertise in community outreach work, supporting and inspiring people that was interrupted and diverted elsewhere when the community business movement fragmented in the 1990s. Although not recognised at the time, further research will seek to clarify how the work of the community business movement may have addressed vulnerabilities now understood to contribute to **Scotland's** excess mortality.

There is no 'silver bullet' mechanism through which practices such as social enterprise can remedy the nation's health inequalities. However, a situated, historical understanding of the variety of people and organisations involved in health creation, provokes questions about not only who should deliver health services, but what type of work supports a healthy society and points to the need to consider a much broader range of actions and their potential health benefits.



#### **Lessons for the CommonHealth programme**

Balancing connections between the state and communities:

Our historical research has shown that successful relationships and collaborations with local government can support the work of social enterprise, but these have at times come at the expense of community links, which appear to be crucial to health impact.

It's not just health workers that can impact on health:

We need to look at the ways in which organisations and initiatives work and not just their express interests. This requires a critical understanding of 'success' and an appreciation of the seemingly small but potentially transformative actions of social enterprise that can be difficult to quantify.

Historical research doesn't uncover a lost 'golden age', nor deliver a 'silver bullet' for solving present day problems. A popular perception is that an understanding of history prevents repetition of the mistakes of the past. I think this misses the value of historical knowledge. We're always going to make mistakes; every generation works under a different set of pressures that trip us up amid the best of intentions. However, a better understanding of what has gone before opens our eyes to the visions and ambitions of previous generations, and provides a powerful message that if we look up and take a step back another future is possible.

<sup>1</sup> Virginia Berridge and Alex Mold, 'Professionalisation, new social movements and voluntary action in the 1960s and 1970s', in Matthew Hilton and James McKay (eds), The Ages of Voluntarism: How we got to the Big Society (Oxford University Press, 2011).













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