Health Promotion International, 2021, 1–14
doi: 10.1093/heapro/daab052
Article

The health and well-being impacts of a work integration social enterprise from a systems perspective

Andrew Joyce [1,*], Aurora Elmes[1], Perri Campbell[1], Batool Moussa[1], Roksolana Suchowerska[1], Jo Barraket[1] and Gemma Carey[2]

[1]Centre for Social Impact, Swinburne University of Technology, Hawthorn, Australia and [2]Centre for Social Impact, University of New South Wales, Sydney, Australia

*Corresponding author. E-mail: ajoyce@swin.edu.au, PO Box 218, Mail H25, Cnr John and Wakefield Streets, Hawthorn, VIC, 3122, Australia

Summary

Recent research has drawn upon the social determinants of health (SDH) framework to attempt to systematize the relationship between social enterprise and health. In this article, we adopt a realist evaluation approach to conceptualize social enterprises, and work integration social enterprises in particular, as 'complex interventions' that necessarily produce differential health outcomes for their beneficiaries, communities and staff. Drawing upon the findings from four social enterprises involving a range of methods including 93 semi-structured interviews with employees, managers and enterprise partners, together with participant observation, we demonstrate that these 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. Given the increased policy focus on the potential of social enterprises to affect the SDH, this article seeks to respond to evidence gaps about the mechanisms and contexts through which social enterprises promote or constrain health outcomes, and thereby provide greater clarity about how research evidence can be used to support the social enterprise sector and policy development more broadly.

Key words: work integration social enterprise, complex interventions, health impacts, Australia

INTRODUCTION

The social determinants of health (SDH) literature views socioeconomic resources as key determinants of health or illness, and espouses an often-explicit goal of remedying preventable health inequities by recognizing and addressing the inequitable socioeconomic conditions that give rise to them (Braveman *et al.*, 2011). Social enterprise scholars have theorized that social purpose-led businesses may provide a pathway to address the social and economic inequities that contribute to illness (Roy *et al.*, 2014, 2017a; Mason *et al.*, 2015). Work integration social enterprise (WISE)—that is social enterprises that create employment or pathways to employment for those experiencing barriers to work—are receiving increasing attention from academics (Williams *et al.*, 2012; Hazenberg *et al.*, 2014; Roy *et al.*, 2014, 2017b) and policymakers (Victorian State Government, 2017) for their potential in improving well-being for

Lay summary

Work integration social enterprises (WISEs) are hybrid organizations that operate as businesses with a social purpose. WISEs focus on employment of people excluded from open employment, often as a result of discriminatory attitudes and practices of employers to people from minority groups and those experiencing disability or health-related problems. There is a lack of research on the ways in which a WISE could positively impact on individual health and well-being. We interviewed employees, managers and enterprise partners, together with participant observation, across four social enterprises to understand these dynamics. Through a number of strategies including flexible workplace structures, 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. Results show a mix of strategies combined with individually tailored support; this has implications for the type of research that is appropriate to understand these impacts. We conclude with suggestions on how future research could use complex research designs to understand how WISEs can influence health and well-being.

marginalized people by acting on the SDH. There is currently limited evidence of the longer-term economic, social, health and well-being outcomes of employment that are facilitated by WISEs (Williams *et al.*, 2016; Roy *et al.*, 2017a; Ferguson, 2018a,b), and of the mechanisms by—and contexts in which—these outcomes are achieved (Paluch *et al.*, 2012; Munoz *et al.*, 2015; Roy *et al.*, 2017a). There is also a key debate about the types of research paradigms and evidence required to understand these health outcomes and whether medical type control trials should be the aspiration or whether there are other research methods that could be used (Agafonow, 2018; Roy *et al.*, 2018).

In trying to understand the mechanisms by which social enterprises influence health outcomes and to respond to the gap identified by a range of authors (Paluch *et al.*, 2012; Munoz *et al.*, 2015; Roy *et al.*, 2017a; Agafonow, 2018), this article uses a realist evaluation approach (Pawson and Tilley, 1997; Bhaskar, 2010; Maxwell and Mittapalli, 2010) and a 'complexity thinking' lens (Hawe, 2015) to better understand the effects of WISEs on health and well-being and the mechanisms and contexts that support or constrain these effects. The data are drawn from a 3-year research project, which examined the impact of WISEs on the SDH of young people. The results show that, when examined from a complex systems perspective, there are a myriad of mechanisms through which this change occurs, dependent on the background of the WISE participant. The results illustrate the challenge in conducting control trial research, given the complexity involved and we conclude with a discussion of the implications of these results with respect to the type of research and evidence that should be pursued for the sector and for policy development.

SOCIAL ENTERPRISE, EMPLOYMENT AND THE SOCIAL DETERMINANTS OF HEALTH

Roy *et al.*'s systematic review on how social enterprises (Roy *et al.*, 2014) enhance health and well-being found that four out of the five included studies focused on a social firm or WISE, suggesting that WISEs may be a good model for supporting marginalized people into employment while contributing to improved health and well-being. All of Roy *et al.*'s included studies refer to social enterprises (Roy *et al.*, 2014) acting on SDH, with specific factors including enhanced knowledge and skills and employment or employability (Krupa *et al.*, 2003; Ho and Chan, 2010); reduced stigmatization through social enterprises providing opportunities for positive social contact with the community and demonstrating the capability of marginalized groups (Ferguson and Islam, 2008; Ho and Chan, 2010); and social enterprises building social capital through expanding people's social networks, facilitating trust and enhancing people's future prospects (Ferguson and Islam, 2008; Ho and Chan, 2010; Tedmanson and Guerin, 2011).

Following their 2014 systematic review, Roy *et al.* conducted interviews (Roy *et al.*, 2017a) with 13 social enterprise practitioners in Glasgow, Scotland to further explore the potential for social enterprise to play a role in enhancing public health. The social enterprises were found to address issues such as environmental and social deprivation, negative influences on health (such as addiction) and lack of employment through mechanisms

such as: providing meaningful work; expanding people's social networks; building trust and cooperation; and increasing people's feelings of self-worth and value to society (Roy *et al.*, 2017a). Macaulay *et al.*'s study of 17 Scottish social (Macaulay *et al.*, 2017) enterprise evaluation reports also found that SEs appeared to strengthen and broaden peoples' social networks and reduce pressure on other formal supports, primarily through employment. Similar results were found in their 2018 study of three SEs, which increased participants' sense of ownership, enabled meaningful employment, and led to improvements in the environment (Macaulay *et al.*, 2018).

Research in other high-income countries including Australia, Canada, the USA, England and Wales has found some similar results in respect of health and well-being benefits. Munoz *et al.* found that therapeutic experiences (Munoz *et al.*, 2015) were related to opportunities to feel valued and useful—sometimes through producing goods, and also through the feeling of 'giving back' to the community. Farmer *et al.* discovered that the well-being (Farmer *et al.*, 2016) experienced through the social enterprise (such as an improved sense of capability and belonging) was carried into other aspects of participants' lives in their community. A number of other studies have found that there are mental health benefits to being employed in a SE, related to job conditions such as flexibility and the sense of social connection provided (Ferguson, 2012; Akingbola *et al.*, 2015; Milton *et al.*, 2015). However, participants of a WISE can experience both integration, and segregation—sometimes even within the same social enterprise spaces (Farmer *et al.*, 2020).

Available research on the health and well-being impacts of WISE in countries classified as middle income (World Bank, 2020) suggests that impacts such as work opportunity, increased income, improved material conditions (e.g. food security), skill development and sense of capability and connectedness are common across countries with different economies, such as Lebanon (Sahyoun *et al.*, 2019) and India (Datta and Gailey, 2012). However, economic, cultural, social and political norms within a country (such as gendered access to resources, and social norms regarding womens' participation in paid work) can also influence participation in a WISE (Datta and Gailey, 2012; Sahyoun *et al.*, 2019). There is little research exploring the health and well-being impacts of WISE in countries classified as low income (Dionisio, 2019).

The research reviewed to date suggests that social enterprises are acting on some (mostly intermediary) SDH in ways that could plausibly contribute to improved health and well-being for individuals and communities (Henderson *et al.*, 2020), and that these actions and outcomes vary according to the particular type of social enterprise (Macaulay *et al.*, 2018). However, much of the literature on WISEs focuses on the positive social outcomes they enable (Munoz *et al.*, 2015; Roy *et al.*, 2017a; Macaulay *et al.*, 2018) with little focus on the negative effects of employment, how impacts change over time, how impacts vary between individuals and how these impacts are influenced by the differing contexts both within and external to the organizations. Some social enterprise scholars have argued that WISEs may have unintended negative effects such as reinforcing stigma (Lee *et al.*, 2018) in contrast to research that does show reduced stigma (Krupa *et al.*, 2019), and focusing on an individual deficit model rather than the broader macroeconomic conditions leading to unemployment (Garrow and Hasenfeld, 2014). Researchers have also questioned the degree of economic opportunity that WISEs provide to workers, due to the often low-skilled, minimum wage work or work precarity and limited amount of hours available (Spear and Bidet, 2005; Buhariwala *et al.*, 2015; Cooney, 2016).

Evidence on the effects of employment on mental health is mixed (Doroud *et al.*, 2015), and dependent on various factors including: the nature of employment (with precarious and temporary employment being associated with negative mental health effects); the quality of the work itself (with high stress/low control jobs being associated with negative mental health effects); and whether the employment meets individual needs (with underemployment, or working without the desire or motivation to work being associated with negative mental health effects) (Waddell and Burton, 2006; Hergenrather *et al.*, 2015). This level of nuance is missing from the current SDH models that depict in general how macro factors such as employment and education together with meso factors such as living and working conditions influence health outcomes but lack specificity in the different ways in which employment conditions relate to health outcomes (Solar and Irwin, 2010; Bharmal *et al.*, 2015).

The mixed findings within the literature suggest that WISEs are a 'complex intervention', and the role of SE as a complex public health intervention is explicitly stated by some researchers (Henderson *et al.*, 2020). Complex interventions have a range of components aimed at generating diverse effects at different levels, via various pathways (Hawe *et al.*, 2009; Hawe, 2015). A 'complexity thinking' or 'systems thinking' lens looks at how interventions are influenced by the systems that

surround them, and how the intervention interacts with people, spaces, relationships and activities, and redistributes resources to effect change (Hawe *et al.*, 2009; Hawe, 2015). A systems thinking approach uses a range of approaches drawn from systems and complexity theories to understand the dynamic relationships between factors (Leischow and Milstein, 2006). This is in contrast to the use of the term systems to describe a health system such as the WHO Health System Building Blocks which is not the focus of this article (World Health Organization, 2010). Given the range of SDH that WISEs seek to affect, the diversity of WISE organizations in terms of origins, structure, governance, funding sources, work activities, pay arrangements and involvement of beneficiaries in decision-making (Spear and Bidet, 2005; Wilton and Evans, 2016), and the influence of different external environments on their ability to create impact (Cooney, 2016), researchers have argued that WISEs are complex interventions (Roy *et al.*, 2017b).

As posited by Roy *et al.* in their conceptual model (Roy *et al.*, 2014) of a social enterprise intervention, a social enterprise is subject to both internal and external factors that influence the realization of the social mission and capacity of the enterprise to generate intermediate effects such as the creation of 'good' work, and to contribute to long-term impacts, such as improved health and well-being. This model suggests that the activities and effects of a social enterprise need to be understood within the internal context of the social enterprise itself (Suchowerska *et al.*, 2020), and within the external context in which the social enterprise is situated (e.g. accounting for factors such as the policy, regulatory and trading environments that surround the social enterprise) (Roy *et al.*, 2014; Westoby and Shevellar, 2019). As will be shown in this article, this level of complexity has implications for the types of research designs that can be used to understand the health impacts of a WISE (Agafonow, 2018; Roy *et al.*, 2018).

This article responds to this research gap of understanding the mechanisms by, and contexts in which, health and well-being outcomes are achieved by WISEs, and the implications for the types of research approaches best suited to understanding the health impacts of a WISE (Paluch *et al.*, 2012; Munoz *et al.*, 2015; Roy *et al.*, 2017a). Data from four WISEs that generate employment or employment readiness for young people are analyzed to explore the mechanisms by which WISEs are influencing health outcomes, whether there are differences in health outcomes that are being pursued by different individuals and organizations, and how this relates to particular mechanisms for change. This will contribute to the identified gap of understanding the complex ways in which the organizational structures and strategies used by social enterprises, together with particular contextual elements, influence the mechanisms by which health outcomes are produced (Paluch *et al.*, 2012; Munoz *et al.*, 2015; Roy *et al.*, 2017a). This study builds on the realist evaluation of a physical activity program undertaken in a social enterprise and extends on some of the mechanisms of change elucidated in that study (Caló *et al.*, 2019). There have been recommendations for more clinical type research akin to medical trial research to better elucidate the causal mechanisms that social enterprises are currently claiming with respect to health outcomes (Agafonow, 2018). The results of this study will show that this type of research may be very difficult to implement and the discussion will focus on how approaches from complexity science present an alternative research and policy development pathway.

METHOD

This article draws on data collected from case studies of four WISEs (Flyvbjerg, 2006). The paradigmatically selected WISEs were located in New South Wales (NSW) or Victoria, Australia and operated within or into disadvantaged areas as defined by the Australian Bureau of Statistics SEIFA index. Each WISE was well-established in terms of organisational culture, structure and processes, having operated for 5 years or longer. All WISEs had a social mission of providing employment pathways for young people aged 15–24 experiencing disadvantage. The location and industry of each case study was:

Case A: Inner-Metropolitan Melbourne, Hospitality

Case B: Inner-South Sydney, Information technology and electronics

Case C: Greater Melbourne, Construction

Case D: South Coast NSW, Farming and Waste management

In respect of the broader policy environment, there are some potential differences between NSW and Victoria. At the time of data collection, Victorian social enterprises enjoyed a stronger institutional environment, with the state of Victoria having the only comprehensive social enterprise strategy in Australia, and an ambitious social procurement framework which prioritizes purchasing from social enterprises as 'for benefit' providers. In NSW, while there was growing interest in supporting the social enterprise ecosystem during this period, there was little in the way of formal policy frameworks in

place. At a federal government level, support for social enterprise has been sporadic and limited to stimulating social finance—particularly social impact investment—to develop the field. The federal government has principal responsibility for employment services; WISEs are not formally recognized as employment service providers under Australia's privatized employment services system (Barraket *et al.*, 2017).

All case WISEs that were approached to participate in this study agreed to do so, providing us with a 100% response rate at the level of case organizations. The four case studies were developed via a series of data collection methods implemented in 2018 and 2019, including: initial engagement workshops with staff and directors that elicited insights into how each WISE aims to achieve health equity outcomes; 93 semi-structured interviews with young people, WISE managers, WISE funding and supply chain partners, and customers (see Table 1); up to 3 weeks of participant observation within each WISE; collation of organizational documents; and concluding engagement workshops to share and make sense of findings (Barraket et al., 2020). The initial engagement workshops enabled the organization to help shape the research agenda to ensure a strong participatory process was implemented (Barraket *et al.*, 2021). In addition to gain the confidence of the young people the researchers spent time at the workplace location before any interviews took place so that the young people got to know the researchers and felt comfortable to share their stories in a confidential and non-threatening environment. The project was approved by the Swinburne University Human Ethics Committee.

Thematic analysis was conducted based on the steps identified by Braun and Clarke to identify common patterns in how (Braun and Clarke, 2006) participants described their experiences and topics that were important to them. A realist evaluation approach (Pawson and Tilley, 1997) was used to refine these themes because it specifically seeks to uncover the relevant contextual factors and mechanisms through which certain outcomes occur. One of the limitations of existing realist evaluations is a lack of clarification in regards to how context, mechanisms and outcomes are operationalized and there have been recommendations made to provide information on how specifically these terms are used (Marchal *et al.*, 2012; Wong et al., 2016). One of the common confusions is in defining the difference between the intervention and mechanisms (Marchal *et al.*, 2012). In this article, we are using the terms of context, intervention and mechanisms slightly different to other comparable studies. Typically in a realist evaluation, the intervention relates to something provided within an organization, such as an education program or a physical activity program (Caló *et al.*, 2019). Thus, in the realist evaluation of the social enterprise-led physical activity program, the context was the organization itself which shapes how the intervention influences the process or mechanism of change and hence the final outcome (Caló *et al.*, 2019). These constructs were applied slightly differently in this study. The organization itself was treated as the intervention. This is due to the purposeful design of the WISE model which, through its structures and processes, seeks to be inclusive and health promoting. The context is conceived as the particular backgrounds and health challenges of the employees of the organizations (micro context) and the broader social and economic environment (inclusive of industry norms and government policy context). The mechanisms or processes of change are conceived as the psychosocial pathways by which participants experience the organization and the outcomes are the self-reported changes to their health and well-being (Porter, 2015).

Table 1: Interview participants by case study

	Case A	Case B	Case C	Case D	Total
Young people	5	6	9	7	27
Managers	1	3	4	4	12
Partners	3	0	0	4	7
Other staff	5	6	6	2	19
External orgs and funders	4	5	2	4	15
Board members	2	2	0	3	7
Executive staff	4	1	1	0	6
Total	24	23	22	24	93

RESULTS

The results are themed around these psychosocial pathways for change. Under each theme, the particular features of the organization described, combined with the varying backgrounds of the employees, produce a range of change processes that in turn create differing health and well-being outcomes.

Sense of support

The first theme to explore is the sense of support that employees received through other staff and management at different organizations. A number of people commented on how there was a culture of regularly 'checking-in' about their mental health. This provided a sense of safety and support to discuss mental health challenges

and concerns and reduced any stigma about sharing mental health issues:

> I try not to come to work like that, but like I said, when I deal with mental health problems like that, I can't help it sometimes. As much as I try not to, I'm not going to lie, I do come here sometimes and people have pulled me aside and are like, 'Are you okay?' And I have a little bit of a chat with them, and I feel so much better... But coming here, I just feel really confident, I feel like we're just one big happy family. If I could be here every day, I would. (Case D, Young person 1)

There was one young person who commented that this culture of sharing about mental health was part of the reason for seeking further professional help. They spoke about seeing a psychologist after encouragement to do so from staff at the WISE:

> I'd say only my mental health [improved], other than that, not really... [Organisation] was proactive about me seeing a psych...so I think that's part of why, how it's improved. But other than that, not really anything physical. (Case A, Young Person 2)

Sense of control over work

Related to the sense of support was young people's sense of control over their work conditions and roles. Many people commented on feeling that there was flexibility in regard to workplace expectations and that staff and management were supportive of taking time off for health-related problems:

> And even [name] said, 'You're really anxious today. I haven't seen this in you since [previous organisation name].' And I'm like, 'Yeah, it's just everything happening at the moment.' She's like, 'Do you need to go home?' I'm like, 'No, I'm fine.' And I think being here, it really helps me. (Case D, Young person 1)

One of the staff responsible for managing young people at a WISE reflected on the positive results they received about sense of control on an employee survey. While we, as researchers, were not privy to the results of this survey it is interesting to note how the emphasis on these results by the interviewee reflects how providing a sense of control to the employees was of high importance to the organization. There are examples provided in the Results section under the theme of increased confidence, of how staff were encouraged to try new skills at a pace that suited them, which is further evidence of how they were provided with a sense of control over their work situation.

Inclusion and belonging

Management and supervisory staff identified that one of the fundamental purposes of a WISE was ensuring that there was a strong sense of connection to other people within the organization and the organization as a whole. Providing a place where people felt confident to connect and share experiences, and a place that people enjoy being was very important. There were numerous comments made about the mental health benefits of being able to socialize at work:

> So like I said, when my shop got shut down – because I suffer from severe anxiety, which you probably wouldn't see, but I am on a lot of medication for it. But yeah, I suffer with severe anxiety, and I do get a little bit of deep depression. But since being here, that's gone. I think it's amazing. I've come here, and I've just got this role now where I want to be at work, I'm happy to be at work... I feel supported here. I can come here and I can have my little chats to people. (Case D, Young person 1)

These connections were made between peers within the workplace and also between different teams and levels—such as supervision staff and placement employees—within the organization:

> Yeah, it's really good to work and learn under these guys as well: guys like [hospitality team member] and [hospitality team member]. You become friends with them by the end of your placements. It's really nice. (Case A, Young person 3)

Providing this sense of inclusion and belonging for people from different backgrounds was a particular focus of staff in the organization. This involved creating opportunities to connect with different people and forge new relationships to build their capacity to operate within a diverse workplace. This was seen as important from a social inclusion and personal development perspective:

> Normalising it really, so... some of the young people who might be coming from traditionally a lower socio-economic background, intergenerational unemployment – for them to see other role models that might have similar conditions [and] barriers... [They're] a little bit further along and still okay. (Case D, Manger)

WISE connected young people to organizations outside their own community in order to bridge social and economic mobility barriers.

> So, we're in [location], and I guess his networking is quite limited. So, we thought if he goes all the way to (suburb), there's opportunities to get to know the community there... It's important for some young people,

> because we notice that some of the students at our school are quite disconnected or disenfranchised from their families, extended families and community. (Case A, Service provider)

Confidence

One of the commonly mentioned pathways that people felt improved their mental health was the confidence developed in trying and succeeding in new tasks. There was appreciation for the way that staff in supervision roles provided lots of positive feedback and participants felt encouraged to attempt new tasks and develop new skills. The organizational tolerance for making mistakes created a safe environment for learning:

> I feel pretty confident in my coffee-making skills now... That, and just interacting with people – total strangers – was something that I was really uncomfortable with at first and I'd get really nervous approaching the table just to take an order and the more I familiarised myself with it, I was pretty all right eventually. Even now, outside of [the WISE] I find I have more confidence. (Case A, Young person 5)

It was not just confidence in skill development but also confidence to socialize that was seen as one of the aims for some people in some of the organizations. This quote reveals the efforts taken to encourage a young person living with autism to develop some confidence in connecting with other people:

> Autism is one that we deal with quite frequently with here, and we seem to deal with it fairly well. There's a young guy downstairs... his mother and father heard about us...His mother dragged him in for a few days each week... Wouldn't engage with people, always very fearful that he's doing the wrong thing. Now that was a year and a half ago, he's just on fulltime now with us, he talks to everyone, he opens up with everyone, he gets on well with [other workers]... he jokes with them, he's got a really good friendships, riding his skateboard again. (Case B, Manager)

This illustrates how different people's backgrounds meant they approached the WISE with differing expectations and needs, and that the organization where possible was adapting to these differing needs.

Purpose

Other pathways to mental health benefits were linked to having an income to support family members and the actual work itself, which provided a sense of purpose and satisfaction.

> When we came here we work and we get paid, so this is how we can support our families so we get an income. So I feel good about myself and also that's why it made me happiness, so it give me happiness. (Case D, Young Person 7)

In the context of working with purpose, some participants also described the benefits of connecting with nature, which is a known contributor to positive mental health:

> ... even though I work here and I get paid I feel like I study because the way how they grow things here and how they look after the environment, like they turn – they make the – how they improve the soil, quality of soil. That's what I really love about it. So how they rotate plants (Case D, Young Person 7).

Thus, while most of the themes our results yielded relate to the workplace environment rather than anything specific about the work itself, some participants described experiences of better health and well-being in relation to the specific purpose of the roles and income they derived from the WISEs. Again, this illustrates the multiple ways that WISE workplaces can impact on mental health, through pathways related to social connection and a sense of belonging and purpose, and to achievement related to specific tasks and workplace roles. While the majority of comments in relation to this theme focused on positive mental health impacts related to finding a purpose through work, some participants found some tasks allocated to them to be repetitive and boring. WISE managers were largely aware of this, but viewed the allocation of such tasks as important to developing young participants' understandings of the routines and requirements of work, detailed next.

Structure and routine

A number of young people commented on how the routine and structure of the workplace was beneficial for their mental and physical health. Interviewees contrasted this experience with that of being unemployed and how the lack of structure and focus for the day when unemployed and/or out of education was, conversely, detrimental to their well-being. The following quotes illustrate the ways in which a routine was seen to benefit physical fitness and mental health:

> Getting yourself in to a routine, can also help you get into a routine of improving your physical health as well. Working in the hospitality is a lot walking around, your physical health may not improve too much, but it may also improve (Case A, Young person 8)

> I was on the floor out the back and both of them were morning shifts across two days. So, that gave me four days a week where I was just coming here and that was really good for my routine and restructuring my week. (Case A, Young person 5)

There were also reflections from young people on how the changes to their daily structure had improved their sleep patterns. Although the establishment of routines was generally positive, there was one unfortunate element of this structure from a health perspective. While some young people reported less cigarette smoking since beginning work, in one WISE there was a self-reported increased in cigarette smoking when taking a break from work, which is typical of workers in that industry. This highlights the different systems effects that can influence health outcomes; in this case, an industry norm that is connected to the structure of the workplace.

Reduction in exposure to challenging social environments

Lastly, it is important to acknowledge from a systems perspective how time spent at the WISEs was reducing exposure to other aspects of some young people's social environments that were less conducive to positive health outcomes. For some, the addition of a new structure and routine was replacing a previous structure and environment in their life. Providing an inclusive and flexible training and workplace environment that they hadn't experienced elsewhere meant that some people were less exposed to unhealthy environments. Reflecting on the effects of this at a fairly simple level, one person commented that their diet had improved since starting at the workplace due to the change in environment:

> Because I liked hot chips, that was pretty much majority of my diet. No protein, just carbs and fat. And then I didn't do anything to burn them off. I just sat down and played Xbox or N64. (Case B, Young Person 9)

At a more substantive level a number of people commented that the workplace offered a change in social dynamics and connection which replaced social environments that were not conducive to good health. In addition, a number of young people reflected that their time at their WISE had resulted in reduced or ceased drug use:

> Then that got dragged into friendship groups for Year 12, and then came to death threats from adults outside of school. Which wasn't the best for me, due to mental health issues, came close to ending stuff before senior, so I can talk some stuff out, was the main issue that sort of happened through Year 12. (Case A, Young Person 8)

When reflecting on changes to a young person's mental health and well-being it is important to consider both what the WISE is adding but also what it is potentially replacing or at least mitigating in relation to amount of time spent elsewhere. Particular changes in environment specific to these training and workplaces appealed to young people. These nuanced changes emphasize the dynamic and relational nature of the mechanisms by which health outcomes are produced with young people in mind.

Figure 1 presents the findings in a CMO pattern (Pawson and Tilley, 1997; Wong et al., 2016). As mentioned earlier the WISE itself is depicted the intervention. While normally the intervention is conceived as a discrete activity provided within an organization, here the organization itself was conceptualized as the intervention site. The context refers to both micro and macro factors and this article has concentrated more on the micro factors, particularly the pre-existing health and well-being conditions and life experiences participants had prior to commencing in the WISE. While some of the macro factors are noted, the only specific pathway relayed through the data collection was how industry norms around smoking influenced organizational culture and subsequently smoking behaviors of the young people, both positively and negatively in different instances.

The main feature to note in Figure 1 relates to the different mechanisms and health outcomes experienced by participants. The heterogeneity and complexity of how these factors interacted prohibits aggregate delineation of pathways, as the particular combinations are unique to each individual. For instance, for some individuals their particular health situation improved due to the perceived structure of the organization and for others they perceived the organization as very flexible with routines which aided their particular health situation. Further, there was heterogeneity in mental health or social backgrounds that the different WISEs were seeking to address through their selection of young people and the outcomes they sought to achieve, whether that be improved confidence, social skills, coping strategies, changes to mental health status, and employability skills. This variation existed both within and between each of the WISE cases. What Figure 1 does articulate are the main mechanisms and health outcomes that resulted through participation in the WISE, and the structures and supports that WISE are offering which

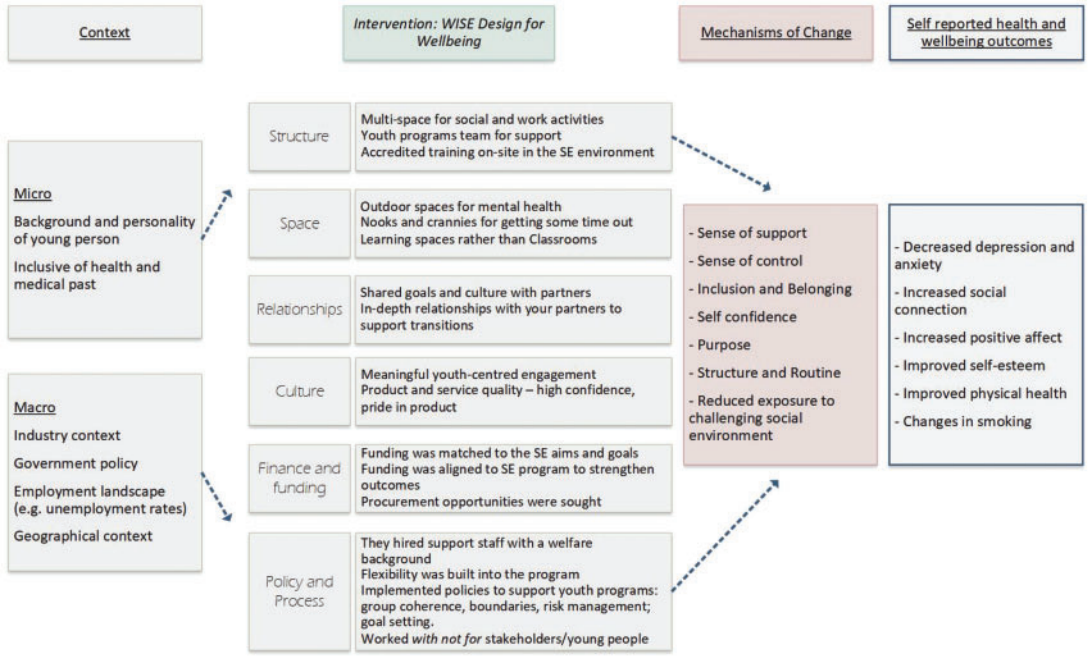

Fig. 1: Context, mechanism and outcome factors related to WISE employment.

are contributing to these changes that other workplaces could consider adopting.

DISCUSSION

The results showed that the young participants interviewed had experienced various risk factors and social deprivations, such as mental health challenges, some with diagnosed conditions. Thus, from a realist evaluation perspective (Pawson and Tilley, 1997), how WISE participants experienced these different strategies and organizational processes resulted in different changes to their well-being and health. Mechanisms for change at the individual level are somewhat difficult to ascertain, given the heterogeneity of the participant group. The results showed that for some there was a direct benefit to mental health such as improved self-esteem and confidence, reduced anxiety and depression, and increased social connection through exposure to the strategies and organizational processes of the WISE. This was most commonly related to supportive relationships with peers and WISE staff, access to practical and social support, access to different social networks, flexibility, acceptance and understanding, inclusive opportunities for work, training and development, and positive work experiences, findings that are similar to those found in previous research (Butterworth *et al.*, 2011; Hazenberg *et al.*, 2014; Chandler, 2016; Roy *et al.*, 2017a).

The importance of tailored support and relationships has been identified by Caló *et al.* in previous research (Caló *et al.*, 2019) on social enterprise focused on improving health. Extending beyond those mechanisms for change found by Caló *et al.*, another potential mechanism (Caló *et al.*, 2019) of change for some young people was a supportive workplace that could compensate for a social environment that was less conducive to positive well-being. There were some other mechanisms of change in the WISE workplaces that also extend the findings of Caló *et al.*, such as the change related (Caló *et al.*, 2019) to the use of space and the availability of natural spaces, which allowed some participants to connect with nature (Barton and Rogerson, 2017). This illustrates that some WISE staff were able to find a sense of purpose in their actual work roles. Whereas others commented much more on the social connection benefits they experienced.

The kinds of divergent effects reflected in our data support the description of WISEs as 'complex interventions' (Hawe, 2015) that are likely to have variable effects depending on how each WISE interacts dynamically with participants, the surrounding systems and environment (Pawson and Tilley, 1997; Craig *et al.*, 2008; Hawe *et al.*, 2009; Hawe, 2015). Thus, there are

countless permutations and combinations by which employment and training through these social enterprises influenced health outcomes. These are difficult to isolate from the data in this study and relying on self-reported data is problematic, given the human tendency to perceive causal linkages where they do not exist (Kahneman, 2011). While the strength of this study was placing the self-perceived changes as the central focus for valuing health and well-being outcomes (Porter 2015), Agafonow notes it is not possible to (Agafonow, 2018) infer causal connections from data of this type, suggesting that experimental design and inference analysis are needed to determine these causal pathways. Further, he contends that policy support should be conditional on establishing this level of evidence. However, it may not be possible in a social enterprise context to validly undertake this type of research. The results of this study revealed a complex and adaptive organizational intervention design that itself combines with a heterogeneous population group, which would make it a very difficult setting in which to conduct the type of research suggested by Agafonow (Agafonow, 2018).

Hawe *et al.* contend that control (Hawe *et al.*, 2009) trials can still be used for complex interventions and have theorized about how trials can be replicated (Hawe *et al.*, 2009; Hawe, 2015). Rather than trying to replicate the exact content of the strategies employed, the goal in a complex trial should be to replicate the function of the intervention or its purpose and adapting particular strategies for different contexts (Hawe *et al.*, 2009). This could work to some extent for the results presented in this study. The themes from the results, such as providing a sense of support, inclusion and self-ownership could be construed to be a *function* of the intervention, with each organization responding to this theme in different ways, depending on their participant and business context. However, in this style of approach there is still a common outcome that all intervention sites are trying to achieve, whether that be improvement on a particular mental health indicator or some other measure of well-being (Joyce *et al.*, 2018). In this research on WISEs, there was variability at every conceivable level. The participant group was heterogeneous in respect of mental health and life challenges, there was variation in the types of supports and roles each individual was provided within and between each social enterprise, and the outcomes that each social enterprise and each individual within each social enterprise were striving to achieve. If the context, the strategies and the outcomes all vary it becomes very difficult to provide a conceptual base from which to plan a controlled trial design and infer some common mechanisms for change that could be replicated.

There are also a number of practical challenges related to control trial type designs for social enterprises. Small effect sizes which are typical of mental health interventions would require large sample sizes and given the unit of analysis is the organization, these power calculations would also need to factor in sufficient number of intervention social enterprises and some form of group comparison (Killip *et al.*, 2004; Westen *et al.*, 2004). Further, many measures of mental health are insensitive to detecting change over time due to their stability as proxy personality measures and problems with ceiling and floor effects (Westen *et al.*, 2004), although positive measures of mental health do not necessarily have the same challenges (Tennant *et al.*, 2007; Maheswaran *et al.*, 2012). The timing of the intervention is also problematic as recruitment into a business cannot be done in the controlled fashion of a typical public health intervention. Recruitment obviously depends on the prevailing business conditions. Thus, there are both conceptual and practical constraints to undertaking the type of control style research typical in medicine that Agafonow is recommending (Agafonow, 2018).

It is particularly noteworthy to consider Shiell *et al.*'s analysis of social capital (Shiell *et al.*, 2020) interventions based on 28 systematic reviews of 850 individual studies, which highlighted the disappointing and inconclusive results from 20 years of these interventions. One of the key conclusions reached from Shiell *et al.*'s study was that the overly (Shiell *et al.*, 2020) strong focus on trial designs and the relative neglect of systems concepts such as designing interventions around context and learning from communities, likely contributed to these weak findings. This is perhaps worth reflecting upon before social enterprise research tries to take a similar trial research path.

Significance and limitations

This research adds to existing conceptual models regarding how WISEs impact SDH by providing specific detail on how particular processes and organizational features within a WISE influence a variety of health and well-being outcomes and how these effects are influenced through interactions between individual and organizational factors. Further work is required on how these pathways are shaped by macro policy factors which was a limitation of this study. The main limitation of the study is its sample of four Australian organizations involving young people, which constrains the ability to

generalize findings to other types of geographical contexts, social enterprises or demographic groups. A further limitation, as detailed in the discussion, is the challenge in being able to directly attribute changes to health and well-being to the actions and processes of the social enterprise given the complex nature of both the social enterprise intervention itself, the surrounding social and economic structures and of participants' lives. Further prospective or longitudinal studies that use a complexity lens and include multiple social enterprises across multiple geographical contexts and communities of people would provide further evidence of the WISE processes that support health, well-being, economic and social participation in different contexts and with different groups of people. As this research has illustrated, a WISE can have differential outcomes depending on the surrounding socioeconomic and political context, and the processes the WISE facilitates. This suggests that further work exploring how, in what contexts and for whom social enterprise can impact the structural determinants of health would be useful in mapping the potential and limits of social enterprise to effect health and well-being through action on the SDH.

CONCLUSION

This study expands on previous conceptual models of the pathways by which social enterprise influence health and well-being (Macaulay *et al.*, 2017, 2018; Roy *et al.*, 2017a) by detailing how a WISE impacts on SDH through facilitating employment, providing increased income, a sense of purpose and structure, and opportunities for social connection and cohesion. While previous research studying the effects of WISEs on health and well-being has identified a range of common outcomes that WISEs appear to produce—such as enhanced social networks (Macaulay *et al.*, 2017) or reduced stigmatization (Roy *et al.*, 2017a; Krupa *et al.*, 2019), less is known about how, when and for whom these outcomes occur. This research builds on previous conceptual models of the effects of social enterprise on SDH (Roy *et al.*, 2017a), by using a realist evaluation approach (Pawson and Tilley, 1997; Maxwell and Mittapalli, 2010) to identify how different processes and contexts interact such that even within the same WISE, outcomes can vary.

The mixed findings within the literature and within this research support the proposition that WISEs are 'complex interventions', influenced by the systems that surround them, and how the intervention interacts with people, spaces, relationships and activities, and redistributes resources to effect change (Hawe *et al.*, 2009; Hawe, 2015). The debate on the type and level of evidence required of social enterprises to provide policy certainty has skewered the focus to trial type designs to answer attribution questions (Agafonow, 2018). The results of this research highlight the complex nature of the settings, the variety of people's experiences and backgrounds, and the variety in outcomes that are produced. It is important to consider the lessons from social capital interventions which were overly focused on trial designs and did not adequately engage with the complex nature of the community settings in which these interventions were taking place (Shiell *et al.*, 2020). Future research on understanding how social enterprises are contributing to health outcomes might be well placed to adopt a systems science approach.

Acknowledgements

This work was supported by the Australian Research Council, Social Traders, VicHealth and Foundation of Young Australians under Grant LP160101793.

REFERENCES

Agafonow, A. (2018) Setting the bar of social enterprise research high. Learning from medical science. *Social Science & Medicine*, **214**, 49–56.

Akingbola, K., Phaetthayanan, S. and Brown, J. (2015) A-Way Express Courier: social enterprise and positive psychology. *Nonprofit Management and Leadership*, **26**, 173–188.

Barraket, J., Douglas, H., Eversole, R., Mason, C., McNeill, J. and Morgan, B. (2017) Classifying social enterprise models in Australia. *Social Enterprise Journal*, **13**, 345–361.

Barraket, J., Moussa, B., Campbell, P. and Suchowerska, R. (2021) How do social enterprises influence health equities? A comparative case analysis. In M. Roy and J. Farmer (Eds.) (2021) *Social Enterprise, Health and Wellbeing: Theory, Methods and Practice (forthcoming)*. Routledge Studies in Social Enterprise & Social Innovation. Routledge.

Barton, J. and Rogerson, M. (2017) The importance of greenspace for mental health. *BJPsych International*, **14**, 79–81.

Bharmal, N., Derose, K. P., Felician, M. and Weden, M. M. (2015) Understanding the upstream social determinants of health. Santa Monica, Calif.: RAND Corporation, WR-1096-RC, 2015. As of April 06, 2021: https://www.rand.org/pubs/working_papers/WR1096.html

Bhaskar, R. (2010) *Reclaiming Reality: A Critical Introduction to Contemporary Philosophy*. Routledge, London, UK.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, **3**, 77–101.

Braveman, P., Egerter, S. and Williams, D. R. (2011) The social determinants of health: coming of age. *Annual Review of Public Health*, **32**, 381–398.

Buhariwala, P., Wilton, R. and Evans, J. (2015) Social enterprises as enabling workplaces for people with psychiatric disabilities. *Disability & Society*, **30**, 865–879.

Butterworth, P., Leach, L. S., Strazdins, L., Olesen, S. C., Rodgers, B. and Broom, D. H. (2011) The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. *Occupational and Environmental Medicine*, **68**, 806–812.

Caló, F., Roy, M. J., Donaldson, C., Teasdale, S. and Baglioni, S. (2019) Exploring the contribution of social enterprise to health and social care: a realist evaluation. *Social Science & Medicine*, **222**, 154–161.

Chandler, J. (2016) *A study to explore the impact of working in a social enterprise on employee health and wellbeing in Greater Manchester, PhD*. University of Salford, Greater Manchester, UK.

Cooney, K. (2016) Work integration social enterprises in the United States: operating at the nexus of public policy, markets, and community. *Nonprofit Policy Forum*, **7**, 435–460.

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I. and Petticrew, M. (2008) Developing and evaluating complex interventions: the new medical research council guidance. *BMJ*, **337**, a1655.

Datta, P. B. and Gailey, R. (2012) Empowering women through social entrepreneurship: case study of a women's cooperative in India. *Entrepreneurship Theory and Practice*, **36**, 569–587.

Dionisio, M. (2019) The evolution of social entrepreneurship research: a bibliometric analysis. *Social Enterprise Journal*, **15**, 22–45.

Doroud, N., Fossey, E. and Fortune, T. (2015) Recovery as an occupational journey: a scoping review exploring the links between occupational engagement and recovery for people with enduring mental health issues. *Australian Occupational Therapy Journal*, **62**, 378–392.

Farmer, J., De Cotta, T., Kamstra, P., Brennan-Horley, C. and Munoz, S. A. (2020) Integration and segregation for social enterprise employees: a relational micro-geography. *Area*, **52**, 176–186.

Farmer, J., De Cotta, T., McKinnon, K., Barraket, J., Munoz, S.-A., Douglas, H. *et al*. (2016) Social enterprise and well-being in community life. *Social Enterprise Journal*, **12**, 235–254.

Ferguson, K. M. (2018a) Employment outcomes from a randomized controlled trial of two employment interventions with homeless youth. *Journal of the Society for Social Work and Research*, **9**, 1–21.

Ferguson, K. M. (2018b) Nonvocational outcomes from a randomized controlled trial of two employment interventions for homeless youth. *Research on Social Work Practice*, **28**, 603–618.

Ferguson, K. M. (2012) Merging the fields of mental health and social enterprise: lessons from abroad and cumulative findings from research with homeless youths. *Community Mental Health Journal*, **48**, 490–502.

Ferguson, K. M. and Islam, N. (2008) Conceptualizing outcomes with street-living young adults: grounded theory approach to evaluating the social enterprise intervention. *Qualitative Social Work*, **7**, 217–237.

Flyvbjerg, B. (2006) Five misunderstandings about case-study research. *Qualitative Inquiry*, **12**, 219–245.

Garrow, E. E. and Hasenfeld, Y. (2014) Social enterprises as an embodiment of a neoliberal welfare logic. *American Behavioral Scientist*, **58**, 1475–1493.

Hawe, P. (2015) Lessons from complex interventions to improve health. *Annual Review of Public Health*, **36**, 307–323.

Hawe, P., Shiell, A. and Riley, T. (2009) Theorising interventions as events in systems. *American Journal of Community Psychology*, **43**, 267–276.

Hazenberg, R., Seddon, F. and Denny, S. (2014) Investigating the outcome performance of work-integration social enterprises (WISEs): do WISEs offer "added value" to NEETs? *Public Management Review*, **16**, 876–899.

Henderson, F., Steiner, A., Mazzei, M. and Docherty, C. (2020) Social enterprises' impact on older people's health and wellbeing: exploring Scottish experiences. *Health Promotion International*, **35**, 1074–1084.

Hergenrather, K. C., Zeglin, R. J., McGuire-Kuletz, M. and Rhodes, S. D. (2015) Employment as a social determinant of health: a review of longitudinal studies exploring the relationship between employment status and mental health. *Rehabilitation Research, Policy, and Education*, **29**, 261–290.

Ho, A. P. Y. and Chan, K. T. (2010) The social impact of work--integration social enterprise in Hong Kong. *International Social Work*, **53**, 33–45.

Joyce, A., Green, C., Kearney, S., Leung, L. and Ollis, D. (2018) Alignment and political will: upscaling an Australian respectful relationships program. *Health Promotion International, 34, 892-901*. https://doi.org/10.1093/heapro/day034.

Kahneman, D. (2011) *Thinking, Fast and Slow*. Farrar, Straus and Giroux, New York.

Killip, S., Mahfoud, Z. and Pearce, K. (2004) What is an intracluster correlation coefficient? Crucial concepts for primary care researchers. *Annals of Family Medicine*, **2**, 204–208.

Krupa, T., Lagarde, M. and Carmichael, K. (2003) Transforming sheltered workshops into affirmative businesses: an outcome evaluation. *Psychiatric Rehabilitation Journal*, **26**, 359–367.

Krupa, T., Sabetti, J. and Lysaght, R. (2019) How work integration social enterprises impact the stigma of mental illness: negotiating perceptions of legitimacy, value and competence. *Social Enterprise Journal*, **15**, 475–494.

Lee, S. Y., Shin, D., Park, S. H. and Kim, S. (2018) Unintended negative effects of the legitimacy-seeking behavior of social enterprises on employee attitudes. *Frontiers in Psychology*, **9**, 1991.

Leischow, S. J. and Milstein, B. (2006) Systems thinking and modeling for public health practice. *American Journal of Public Health*, **96**, 403–405.

Macaulay, B., Mazzei, M., Roy, M. J., Teasdale, S. and Donaldson, C. (2018) Differentiating the effect of social enterprise activities on health. *Social Science & Medicine*, **200**, 211–217.

Macaulay, B., Roy, M. J., Donaldson, C., Teasdale, S. and Kay, A. (2017) Conceptualizing the health and well-being impacts of social enterprise: a UK-based study. *Health Promotion International, 33, 748-759*. https://doi.org/10.1093/heapro/dax009.

Maheswaran, H., Weich, S., Powell, J. and Stewart-Brown, S. (2012) Evaluating the responsiveness of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): group and individual level analysis. *Health and Quality of Life Outcomes*, **10**, 156.

Marchal, B., van Belle, S., van Olmen, J., Hoerée, T. and Kegels, G. (2012) Is realist evaluation keeping its promise? A review of published empirical studies in the field of health systems research. *Evaluation*, **18**, 192–212.

Mason, C., Barraket, J., Friel, S., O'Rourke, K. and Stenta, C.-P. (2015) Social innovation for the promotion of health equity. *Health Promotion International*, **30**, ii116–ii125.

Maxwell, J. A. and Mittapalli, K. (2010) Realism as a stance for mixed methods research. In Tashakkori, A. & Teddlie, C. (eds.), *SAGE Handbook of Mixed Methods in Social & Behavioral Research*. SAGE Publications, Inc., Thousand Oaks, CA, pp. 145–168. https://doi.org/10.4135/9781506335193.n6.

Milton, A., Parsons, N., Morant, N., Gilbert, E., Johnson, S., Fisher, A. *et al.* (2015) The clinical profile of employees with mental health problems working in social firms in the UK. *Journal of Mental Health*, **24**, 242–248.

Munoz, S.-A., Farmer, J., Winterton, R. and Barraket, J. (2015) The social enterprise as a space of well-being: an exploratory case study. *Social Enterprise Journal*, **11**, 281–302.

Paluch, T., Fossey, E. and Harvey, C. (2012) Social firms: building cross-sectoral partnerships to create employment opportunity and supportive workplaces for people with mental illness. *Work*, **43**, 63–75.

Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*. Sage, London.

Porter, S. (2015) The uncritical realism of realist evaluation. *Evaluation*, **21**, 65–82.

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

Roy, M. J., Donaldson, C., Baker, R. and Kerr, S. (2014) The potential of social enterprise to enhance health and well-being: a model and systematic review. *Social Science & Medicine*, **123**, 182–193.

Roy, M. J., Lysaght, R. and Krupa, T. M. (2017b) Action on the social determinants of health through social enterprise. *Canadian Medical Association Journal*, **189**, E440–E441.

Roy, M. J., Macaulay, B., Donaldson, C., Teasdale, S., Baker, R., Kerr, S. *et al.* (2018) Two false positives do not make a right: setting the bar of social enterprise research even higher through avoiding the straw man fallacy. *Social Science & Medicine*, **217**, 42–44.

Sahyoun, N. R., Jamaluddine, Z., Choufani, J., Mesmar, S., Reese-Masterson, A. and Ghattas, H. (2019) A mixed-methods evaluation of community-based healthy kitchens as social enterprises for refugee women. *BMC Public Health*, **19**, 1590.

Shiell, A., Hawe, P. and Kavanagh, S. (2020) Evidence suggests a need to rethink social capital and social capital interventions. *Social Science & Medicine*, **257**, 111930.

Solar, O. and Irwin, A. (2010) A conceptual framework for action on the social determinants of health, Discussion Paper Series on Social Determinants of Health, no. 2.

Spear, R. and Bidet, E. (2005) Social enterprise for work integration in 12 European countries: a descriptive analysis. *Annals of Public and Cooperative Economics*, **76**, 195–231.

Suchowerska, R., Barraket, J., Qian, J., Mason, C., Farmer, J., Carey, G. *et al.* (2020) An organizational approach to understanding how social enterprises address health inequities: a scoping review. *Journal of Social Entrepreneurship*, **11**, 257–225.

Tedmanson, D. and Guerin, P. (2011) Enterprising social well-being: social entrepreneurial and strengths based approaches to mental health and wellbeing in "remote" Indigenous community contexts. *Australasian Psychiatry: Bulletin of Royal Australian and New Zealand College of Psychiatrists*, **19(Suppl 1)**, S30–S33.

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S. *et al.* (2007) Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, **5**, 63.

Victorian State Government (2017) Victorian social enterprise strategy. Melbourne, Victoria

Waddell, G. and Burton, A. K. (2006) *Is Work Good for Your Health and Well-Being?* The Stationary Office: London, UK.

Westen, D., Novotny, C. M. and Thompson-Brenner, H. (2004) The empirical status of empirically supported psychotherapies: assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin*, **130**, 631–663.

Westoby, P. and Shevellar, L. (2019) The possibility of cooperatives: a vital contributor in creating meaningful work for people with disabilities. *Disability & Society*, **34**:9–10,1613-1636, https://doi.org/10.1080/09687599.2019.1594699.

Williams, A., Fossey, E. and Harvey, C. (2012) Social firms: sustainable employment for people with mental illness. *Work*, **43**, 53–62.

Williams, A. E., Fossey, E., Corbiere, M., Paluch, T. and Harvey, C. (2016) Work participation for people with severe mental illnesses: An integrative review of factors impacting job tenure. *Australian Occupational Therapy Journal*, **63**, 65–85.

Wilton, R. and Evans, J. (2016) Social enterprises as spaces of encounter for mental health consumers. *Area*, **48**, 236–243.

Wong, G., Westhorp, G., Manzano, A., Greenhalgh, J., Jagosh, J. and Greenhalgh, T. (2016) RAMESES II reporting standards for realist evaluations. *BMC Medicine*, **14**, 96.

World Bank. (2020) World Bank country and lending groups – World Bank data help desk. https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups (23 February 2021, date last accessed).

World Health Organization (Ed.). (2010) *Monitoring the Building Blocks of health Systems: A Handbook of Indicators and Their Measurement Strategies*. World Health Organization, Geneva.