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Two false positives do not make a right: Setting the bar of social enterprise research even higher through avoiding the straw man fallacy

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Introduction

We welcome the recent article by Agafonow (2018) (hereinafter referred to as 'the author') who makes his 'case for preventing false positives in social enterprise research' principally through engaging with two of our papers published in *Social Science and Medicine*, namely Macaulay et al. (2018) and Roy et al. (2017). The author's contribution is timely and contributes to a well-needed debate around the nature and use of evidence in social enterprise research in a way that can delineate and isolate their impacts.

Nevertheless, the author's arguments rest upon a number of logical fallacies and incorrect assumptions with which we should engage in order to move the conversation forward constructively. Although there are a number of issues that we would wish to address, we consider the crux of his critique to be that

> "instead of the mechanisms that gear social enterprise led activities…[we] have chosen to inquire into stakeholders' social constructions as they concern social enterprises, instead of researching social enterprises proper" (Agafonow, 2018, p. 54)

As a result, the author contends, we lay ourselves open to what the author considers to be 'false positives' since

> "[d]efining social enterprises in terms of the activities that constitute the interface between the organization and stakeholders makes the definition overly general, because many of these activities are common to many other forms of organizations." (Ibid, p54).

However, we do not set out to make general claims about the impacts of social enterprises as distinct from other forms of organisation; rather we have (so far) published literature reviews and findings of qualitative work with an aim to set out the possible *nature* of potential impacts on health and wellbeing, from different perspectives, in order those impacts might be evaluated in future studies that are designed to do so. We are clear that our conceptual work limits what we could say:

> "Our study has some limitations…comparative studies between (different types) of social enterprise and other organisational forms operating in similar areas and fields are necessary to understand whether there is any comparative advantage accruing to social enterprise because of any unique organisational characteristics. For example, do jobs created through work integration social enterprises have a greater impact on health to those created through publicly owned and/or private companies?... [T]he conceptual work we have undertaken can pave the way for future…studies that can measure the

> direct and/or indirect health benefits regarding the health outcomes derived from (different types of) social enterprises, compared with other types of organisation, whether in the private, third or public sectors. (Macaulay et al. 2018, p. 216).

This is not the only example of the author's use of the logical fallacy known as the 'straw man' to support his critique. According to Talisse and Aikin (2006, p. 345) one commits the straw man fallacy "when one misrepresents an opponent's position in a way that imputes to it implausible commitments, and then refutes the misrepresentation instead of the opponent's actual view". We single out a further three 'straw men': the first we call 'the straw man of health policy action'; the second (and most obvious, given the title of his paper) is the 'straw man of false positives'; while the third straw man relates to his misidentification of our ontological position. We also explain how we have followed accepted standards in public health research methods (or 'learning from medical science' to employ the author's expression) by examining both literature and qualitative evidence prior to an evaluation, using accumulated knowledge and extant theory to devise a plausible conceptual model for further testing and study.

The straw man of 'health policy action'

The argument presented in the author's paper is predicated on the basis that we

> "make an improbable case for social enterprises to be placed within the scope of health policy actions because, instead of researching the causal mechanisms that gear the pursuits in which social enterprises partake—or social enterprise-led activities in the authors' terminology—their focus is on how stakeholders construe such activities." (Agafonow, 2018, p. 49)

First of all, *we do not make a case for social enterprises to be placed with the scope of health policy actions* in either of the two papers. While the word 'policy' does not feature at all in Macaulay et al. (2018), we consider that the work of social enterprises (in health terms) may go "unrecognised" by policymakers (Roy et al., 2017, p. 144) because those working in social enterprises may not recognise their impacts in health terms; this was not their intended outcome. In much the same vein we employ the term 'non-obvious' public health actor to denote that social enterprises are not currently considered part of what we would normally think about when referring to health and social care systems. But we also raise the question of what may happen if policymakers started to think about social enterprises in such a way, and some of the unintended consequences that may arise as a result. Our intention in doing so was

not only to reflect on potential negative findings in line with good qualitative research practice, but to demonstrate our reflexivity about the potential impact of our work on this topic within the minds of practitioners. We were particularly keen to head off the prospect of 'false hopes' being raised within the social enterprise community that there was irrefutable proof of the beneficial health effects of social enterprises.

We do, however, recognise that

> "A case could potentially start to build for social enterprise and other third sector entities to be formally recognised, with a consequential 'call' on public health resources." (Roy et al., 2017, p. 151)

But recognising that a case could "potentially start to build" is *not the same* as making a case (improbable or otherwise) for health policy to support social enterprises as an alternative to (say) psychiatric treatment, which the author invokes. In order to consider the 'case' that is building, one needs to look beyond the scope of the two papers singled out by the author. Our initial case for considering the work of organisations that exist to address social vulnerabilities within communities, such as social enterprises, on 'upstream' factors in the social environment that we know favour or harm health (Dahlgren and Whitehead, 1991; Wilkinson and Marmot, 2003) was initially set out in our article in *Journal of Public Health Policy* (Roy et al., 2013). It was then developed further while reporting on the results of our systematic review (Roy et al., 2014), which is usually a major first step taken by public health researchers to evaluate or determine whether there is a 'case' for a particular course of action or intervention. In that paper we also posit a hypothetical model of the impacts of social enterprise-led activities on various social determinants of health, which later serves as a platform for the empirical work reported in Roy et al (2017) and Macaulay et al (2018). Both of those papers represent early conceptual work relating to our five-year 'CommonHealth' project (www.commonhealth.uk) funded by the UK's Medical Research Council and Economic and Social Research Council. Constructing conceptual models using systematic reviews and/or to synthesize a range of diverse forms of evidence, including from qualitative research, is consistent with best practice within public health research. The Medical Research Council guidelines on developing and evaluating complex health interventions (Craig et al., 2008), for example, suggests modelling processes and outcomes and incorporating stakeholders' views in order to construct mid-range theories, which can later be tested against empirical data. So while the author also contends that we are making a case based (simply) upon the idea that we all we have to go on is the opinions of the people on whom any effects are expected to impact and wider stakeholders, we

contend that not only is there *no case* at present, but even if there *was* a case, it would not be based upon the opinions of such people alone but, rather, upon a growing body of evidence, including a systematic review, and a five-year programme of research from which we have only started to publish results. We next turn attention to the author's substantive claim: that we are creating 'false positives'.

The straw man of 'false positives'

The author's account of the inner workings of both Volkswagen and Amazon eventually leads him to ask a rather curious question: "Based on the account presented here, one can wonder whether Volkswagen is a for-profit or a social enterprise" (Agafonow, 2018, p. 52). However – aside from the fact that these categories are not mutually exclusive, and based upon prevailing understandings of the term, including how it has been used in both policy and academic discourse (e.g. by Department of Trade and Industry, 2002 or Nyssens, 2006) – no serious social enterprise scholar would entertain for long the notion that Volkswagen is a social enterprise. There is a difference between recognising that social enterprise is a contested concept (Teasdale, 2012) and deliberately exploiting that contestation to create an absurd proposition. By far the majority of our research to date on this subject, particularly as part of the CommonHealth research programme, has been with fairly small, locally-owned and community-led organisations; about as far away from Volkswagen and Amazon as one is likely to find.

However, we do think the author is making an important point, in that the same observable phenomenon – that is, revenue maximising behaviour – at Volkswagen and Amazon can emerge in response to different aims: to increase employment in the case of Volkswagen; and to increase market share in the case of Amazon, but that observation alone might lead to wrong conclusions (or 'false positives'). One response, however, might be to simply *ask* the board members what they are doing and why; by conducting a qualitative study concerning their objectives, motivations and trade-offs. Doing so would not, of course, provide us with a single definitive 'truth', however. It is not our intention to delve into the ontological or methodological conflicts that can arise when employing qualitative methods in disciplines that are traditionally more rooted in quantitative methods (such as health economics – see Coast et al., 2004) since these have been ostensibly resolved through discussion and engagement, including between people with widely different worldviews, over a great many years.

The author also raises an issue regarding the sample organisations we have drawn our data from in both papers (Agafonow, 2018, p. 52):

> "…the fieldwork was carried out in the same geographical area (i.e., Scotland) and nothing in the authors' work prevents one from presuming a possible overlap between the two social enterprise samples. Moreover, both groups of authors are affiliated to the same institution."

To clarify: there is no overlap in the social enterprise samples; his assumption is incorrect. No matter how reasonable the author's logic on the surface, or the seeming plausibility of the rationale by which he reaches his presumption, he reached an incorrect conclusion; in other words, created a 'false positive' of his own. The author then contends that:

> "The focus of the authors on social enterprise-led activities and their perceived impact confronts them with the problem of these being observational features shared by many different organizations, just like the revenue maximization in Volkswagen and Amazon discussed earlier. Thus, unless one is able to identify specific social enterprise mechanisms different from other kinds of organizations, the perceived impact of social enterprise-led activities is likely to be a false positive, which tells nothing special about social enterprises." (Agafonow, 2018, p. 52)

But we do not claim that social enterprises have 'special' impacts over other types of organisation. We simply do not know (yet) if that is the case. We fully acknowledge that despite all of the accumulated evidence to the contrary, that we might be quite wrong: social enterprises may not, in fact, differ in any (meaningful) way from other types of organisation, particularly when it comes to health outcomes. But the evidence we are building up along the way is – at least according to us – starting to lend weight to some of our initial hypotheses, where we can identify and describe (but not yet measure) some impacts of social enterprises. That said, we have begun to tackle the question of what advantages or disadvantages are afforded by social enterprises compared with other forms of organisation: other members of our Centre have recently published the findings of another systematic review which sought to investigate whether there was an advantage to organising healthcare via a social enterprise compared with 'usual care' provision (Calò et al., 2017). We consider that such research will (and indeed has) extend(ed) knowledge: we are adding to our knowledge of the subject matter all the time.

There is no real evidence, therefore, that either of our conceptual works contain false positives. On the contrary, there is evidence building all the time that the effects the author singles out

for special attention – namely *feelings of ownership and control*; *improved environmental conditions*; *providing or facilitating meaningful employment*; and b*uilding feelings of self-worth and value to society* – are outcomes or processes provided by activities within (or by) social enterprises. To repeat, however: we do not claim that such effects are unique to social enterprises.

The straw man of ontological position

The third straw man we would highlight returns to the author's claim that we "have chosen to inquire into stakeholders' social constructions as they concern social enterprises, instead of researching social enterprises proper" (Agafonow, 2018, p. 54). We employ the term 'abduction' which we consider the most appropriate term for our theory building process (viz. Timmermans and Tavory, 2012) in line with our *critical realist* (Bhaskar, 1975) philosophical position, misidentified by the author as *social constructivism*. While the author's admitted confusion of our ontological position is perhaps understandable, his accusation that we succumb to "overlooking the constraints that mechanisms represent" which "is a leap into the arms of the normative leading to doctrinaire idealism" (Agafonow, 2018, p. 54) is entirely baseless since we explicitly recognise the limitations of our studies.

Conclusion

Research at the nexus of social enterprise and public health is still in its infancy. The public policy status of social enterprises is currently *not* similar to that of a medical intervention such as psychiatry, which the author mentions at the outset of his paper. They simply cannot be spoken about in the same breath: the evidence base for social enterprise is not good enough at present. The reality is, however, that social enterprises are *already* receiving considerable investment from governments, including our own, where a ten-year strategy for social enterprise was co-produced with the sector and launched in 2016 (Scottish Government, 2016). The author therefore makes a welcome and valid point regarding the need to continually 'raise the bar' on social enterprise research, a field which is still relatively pre-paradigmatic (Nicholls, 2010) in order to (for example) advance evidence-based policymaking and support policymakers and practitioners in their roles. However, we will not do so by resorting to logical fallacies such as the straw man. Instead, we should steadily construct an evidence base, from theoretical and conceptual work, qualitative research exploring the nature of the phenomenon in question and leading perhaps to more quasi-experimental studies of effect. We aim to make careful and measured judgements about evidence along the way, encouraging and supporting

excellent science and fruitful collaborations where we can. The process of 'raising the bar' has barely begun.

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