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**Social Policy as a Determinant of Health
and Well-Being : the Contribution of the
Social Economy**

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PRÉSENTATION DES CAHIERS DE L'ARUC

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Si l'économie sociale fournit le fil conducteur de nos activités, le domaine couvert est relativement large puisqu'il inclut aussi bien des thématiques à dominante économique que sociales : le développement local, le développement durable, le maintien en emploi et l'insertion par l'emploi, les services aux personnes, le logement communautaire et social, le tourisme social et les initiatives chez les autochtones et les groupes ethniques. Les questions liées à l'évaluation sociale et aux comparaisons internationales, pour ne citer que celles-là, intéressent tous les secteurs identifiés précédemment.

L'économie sociale repose non seulement sur une économie plurielle (formes marchandes, non marchandes et non monétaires) mais vise également un élargissement de notre compréhension de l'économie et par la suite un renouvellement de nos pratiques sociales et nos interventions dans le domaine du développement économique et social. Enfin, en raison des interfaces que l'économie sociale entretient avec le secteur privé et le secteur public, l'intérêt des questions traitées dans nos cahiers déborde le seul secteur de l'économie sociale pour atteindre l'ensemble de la société civile.

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Table of contents

Introduction.....	1
Part 1 - Definitions and Terminology	3
<i>Historic Recall.....</i>	<i>4</i>
<i>The Social Economy on the Rise</i>	<i>5</i>
<i>Growing Numbers</i>	<i>5</i>
<i>A Multipolar Versus a Bipolar Model.....</i>	<i>7</i>
<i>The Double Nature of Social Policy.....</i>	<i>8</i>
Part 2 - The Social Economy in the Realm of Social Policy	10
<i>Double Empowerment of Users and Workers</i>	<i>10</i>
<i>Social Economy and User's Empowerment.....</i>	<i>10</i>
<i>Social Economy and Worker's Empowerment.....</i>	<i>12</i>
<i>Occupational Integration</i>	<i>15</i>
<i>Early Childhood Day-Care Services.....</i>	<i>16</i>
<i>Homecare Services.....</i>	<i>18</i>
<i>Social Housing</i>	<i>20</i>
Part 3 - Increasing the Role of Civil Society in Public Policy Development.....	23
Part 4 - Interactions between the Social Economy, the Market and the State.....	26
Conclusion	28
Bibliography	30

Societies that enable all their citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation.

(World Health Organization, 1998 : 9)

Introduction

The social economy is definitely an ally to the State when the objectives are to improve health and well-being. Our presentation will argue that the social economy plays an active role in the realm of social policy and consequently impacts positively on the health and well-being of individuals, families and communities.

One cannot discuss social policy as a determinant of health and well-being without taking into account the innovative practices of the growing third sector. For over 35 years, thousands of organizations and associations that are convinced that life conditions are social determinants of health and well-being, have emerged from grass-root initiatives. They are present in an increasing number of activities namely in the sphere of personal services that have a direct influence on the quality of life of individuals and families.

The contribution of the social economy in restructuring the social policy agenda in Québec is not unique in North America. What is new in Québec since 1996 is that social economy is now recognized and supported by certain levels of government, in particular the Québec government.

In other provinces, the social economy exists but is not recognized as such by those active or involved in the sector. However things may be changing as the interest for the concepts of third sector, voluntary sector or non-profit sector is growing in certain organizations and socio-political and academic circles.¹

¹ See, for example, Quarter, Mook and Richmond (2002) and Banting (2000). See also the Voluntary Sector Initiative website at <http://www.vsi-isbc.ca/>

This paper is devoted to analyzing the growing contribution of the social economy to social policy and comprises four parts.

The first part proposes a definition of the social economy and aims at clarifying terms and concepts. We then present our analytical framework followed by an historical glance at the relationships between the social economy and health and welfare policy in Québec.

In the second part, we look at the specific contribution of social economy organizations and enterprises in the realm of social policy. We will begin by underlining the importance of user and worker empowerment in these entities and the positive influence of such empowerment on their health and well-being. We will also examine the contribution of social economy organizations and associations in four particular areas of social policy that have grown significantly over the last few years: social housing, early-childhood care, occupational integration and home care services.

The third part examines the importance of citizen participation in the development of social policy and underlines the contribution of social economy to a more active citizenship.

In the fourth part, we will address the question of a plural economy in which the social economy, through its interactions with the State and the market, impacts positively on the democratic and not so democratic workplace rules and practices within government and the for-profit sector.

Part 1 - Definitions and Terminology

Whatever the terms used —*social economy*, non-profit sector, third sector, voluntary sector — the reality that they cover “is deeply rooted in the social, economic, political and cultural history of a society, the conditions in which it emerges and the role that it currently plays will necessarily vary from one province to another” (Vaillancourt and Tremblay, 2002: 164).

In Québec, the term *social economy* is widely used and refers to a vast array of organizations, mostly non-profit organizations including advocacy groups, voluntary organizations and other community-based organizations (CBOs) including cooperatives.

The term *social economy* is not widely used in the English-speaking countries. It is rarely used in English Canada although some literature acknowledges the term (Quarter, 1992 ; Vaillancourt and Tremblay, 2002).

If we were to choose an expression used in the English literature that better befits our definition, we would, with Taylor (1995 : 214) and a certain number of Irish authors (Donnelly-Cox, Donoghue and Taylor, 2001) prefer the term Voluntary and Community Sector to the expressions Voluntary Sector or Voluntary and Non-profit Sector used in English Canada or Non-profit Sector frequently used south of the border (Salamon and Anheier, 1998). In our view these terms are too limited in their scope, the first one insisting on organizations relying mostly on voluntary or unpaid work while the second and third terms exclude an important part of community-based organizations (CBO’s) made up of social enterprises such as cooperatives.

Since the middle of the 1990’s the term *social economy* is widely used in Québec. At the Economic and Employment Summit of 1996, attended by representatives of the government, business, labour, the women’s movement and community-based organizations, consensus was achieved over a five element definition of the social economy (Chantier de l’économie sociale, 1996).

Social economy organizations produce goods and services with a clear social mission and have these characteristics and objectives:

- The mission is services to members and community and not profit oriented;
- Management is independent of government;
- Democratic decision making by workers and/or users;
- People have priority over capital;
- Participation, empowerment, individual and collective responsibility.

The advantage of this designation is that it is inclusive of all types of socially based economic activity namely community-based organizations, cooperatives and other social enterprises. Although the social economy is not composed only of community-based organizations, these organizations make up the larger part of the social economy sector.

Historic Recall

Research and observation show that the social economy exists and has existed in Canada and Québec at least since the 19th century and has gradually gained vigour (Lévesque, Girard and Malo, 1999 ; Vaillancourt and Tremblay, 2002).

Up to the 1960's, the social economy was present when vulnerable populations were in need, often through faith-based organizations. Economic growth and new ideas regarding policy brought about a constant increase of the State's implication in all health and welfare related areas. This Welfare State period was significant in standardizing the offer and ensuring free and available services to the whole population. However many now recognize that the down-side of this era was the growing bureaucracy and centralization of policy making and service distribution. The economic crisis of the 1980s put a terrible strain on all Western governments facing decreasing revenues and high expenses. Unable to respond adequately to exploding unemployment rates and new social inequities, the Market/State couple seemed to have reached certain limits within health and welfare policy.

In a certain way, this crisis created new opportunities for social economy initiatives in many areas and more specifically in the field of health and welfare. The more recent activities are often referred to as the “new social economy”.

The Social Economy on the Rise

Today social economy organizations play a major role in many spheres of economic and social life, in particular in the following areas:

- Health and social services
- Labour market integration
- Media and information technologies
- Popular education
- Sports and recreation
- Tourism
- Advocacy
- Cultural communities
- Land management
- Environment
- Local and regional development
- Ethical trade

Growing Numbers

Notwithstanding its feeble recognition, the social economy is a powerful contributor to job creation in a vast majority of countries, whether they be in the North or in the South.

Let us examine the situation in some developed regions of the world.

In the mid 1990's, the European Statistical Agency Eurostat (1997) estimated that 5,254,000 people worked in cooperatives, mutuals and associations in Europe:

- 1,743,000 in cooperatives;
- 226,000 in mutuals (in the social protection field);
- 3,285,000 in associations.

According to the Centre interdisciplinaire de recherche et d'information sur les entreprises collectives (CIRIEC) (1999) :

- at the end of the decade, the social economy represented between 6 % and 7 % of the European Union labour force (approximately 9 million jobs) ;
- voluntary work, particularly within associations, represented the equivalent of millions of jobs.

The international study of the John Hopkins University estimated at 7 million the number of employees in the American non-profit sector, which represents 6,9 % of total employment in the United States. In the 22 countries best covered by the study, the non-profit sector represented approximately 18,8 million jobs and mobilized 28 % of the population through voluntary work. The importance of the non-profit sector varies substantially from one country to another, but can exceed 10 % of total employment in some countries like Holland, Ireland and Belgium (Defourny, Develtere and Fonteneau, 1999).

In Québec, the social economy represents more than 120 000 jobs in 8 000 organizations of which 3 000 are cooperatives. The social economy generates about 7% of the province's income (Chantier de l'économie sociale, 2001). Social economy organizations are very present in the health and welfare arena where more than 2 500 organizations are financed by the Department of Health and Social Services alone.

A Multipolar Versus a Bipolar Model

Looking at these figures it is clear that the widespread analysis of society articulated around a two pole State/Market model is not only too simplistic but it is also erroneous. How can we ignore all these organizations that are neither privately or State owned and operated and are outside the domestic sphere?

The mainstream trend in Canadian and Québec literature (be it progressive or conservative) on Health reform is caught up in this bipolar framework. Despite the fact that the third sector is now referred to in the literature with genuine interest and often in a positive way, we do not observe a real recognition of the sector as a significant capacity builder to be taken into account in health and well-being policy making. In Canada and in Québec, the important work of community organizations is still too timidly acknowledged (Gouvernement du Québec, 1992 ; Forum national sur la santé, 1997a et 1997b ; Commission d'étude sur les services de santé et les services sociaux, 2001 ; Groupe de travail sur la complémentarité du secteur privé dans la poursuite des objectifs fondamentaux du système de santé au Québec, 1999 ; Conseil de la santé et du bien-être, 2002).

Many actors in the public health sector in Québec, although convinced of the importance of many social determinants of health and well-being such as poverty, housing, education and employment, are to this day unable to comprehend fully that the actors of the social economy are key allies especially when non-medical determinants of health and well-being are taken into account.

Consequently, the social economy is still far from full recognition as a potential partner in a new development model.

With a growing number of analysts we find that this dual State/Market framework is unrealistic for it ignores an important part of our social and economic reality which is present not only in the sphere of the social economy but also in the domestic sphere where women, unfortunately, still play the major role.

In our work, we regularly put forward that social economy is one of the pillars of a plural economic development model. As does Polanyi (2001), we consider that the economy must be envisioned as plural and must be articulated around three major poles (the market economy, the non-market economy and the non-monetary economy) and four governing principles that interact with each other and whose relative importance varies in time and place : market, redistribution, reciprocity and household management. Four sectors of economic activity, each one dominated by one of the three poles identified earlier, can thus be identified : the market, the State, the social economy and the domestic sector.

The Double Nature of Social Policy

We can view social policy as State and government interventions that foster citizenship and contribute to the well-being of individuals and communities to the detriment of the market and domestic spheres.

Social policy begins where the laws of the market and the virtues of family and domestic solidarity cannot guarantee to individuals and communities the quality of life to which every citizen has a right. (Vaillancourt and Dumais, 2002 : 3)

Social policy is a question of well-being **and** citizenship, of financial resources **and** dignity, of income distribution **and** access to services and, most importantly, of **participation or empowerment of people and communities**. Social policy concerns State and government intervention, but not exclusively.

Social policy implies an increasing interaction between the interventions of the State and those of the social economy (Laville and Nyssens, 2001). Laville and Nyssens (2001) emphasize that the history of the Welfare State and that of the non-profit sector are closely intertwined, the two having contributed to the “de-commodification” of social services, including services to senior citizens.

This fact is important if one wants to understand the evolution of social policy. The decrease of the importance of the market and of the family in the sphere of social services and social policy cannot be attributed only to the increase in the role of the public sector. It also stems from an increasing presence of the non-profit sector and a growing recognition

of its contribution by the State which manifests itself by a growing cooperation between the State and the non-profit sector (Vaillancourt and Dumais, 2002).

However, the improvement of social policy “is not a question of having more social economy initiatives. It is the consolidation of a development model based on solidarity and democracy in which social economy contributes to the coming of an economy that we define, with others, as ‘authentically plural’, which means less dominated by market rules.” (Vaillancourt and Dumais, 2002 : 363-364)

Historically the interaction of the State with the social economy has contributed widely to the development of social policy (Laville and Nyssens, 2001). Our particular interest with the social economy lies in its capacity to democratize social policy through the double empowerment of workers and users of personal services.

Part 2 - The Social Economy in the Realm of Social Policy

Social economy organizations are distinctive because of their values and rules. Their approach to health and welfare issues can be of great interest to policy makers as a partner in service distribution and as a model of user, worker and community empowerment.

Be it through the democratic rules that govern them (one person, one vote), through the values of solidarity, autonomy, reciprocity and self-determination that inspire them, through the ends that they pursue, through their contribution to social and economic networking, through their capacity to create jobs (paid or voluntary) or through the empowerment of users and workers that they favour, social economy organizations contribute positively to the health and well-being of individuals, families and communities.

Double Empowerment of Users and Workers

What is particularly interesting in social economy organizations is the possibility offered by their legal attributes to empower users and to democratize work organization and the way services are organized in order to empower workers.

We do not want to infer that for-profit and public sector organizations are by nature not able to empower workers and users or to put forth a democratic work organization nor do we want to infer that such practices can be found in all community-based organizations. However, we believe that community-based organizations and other social economy organizations have a comparative advantage over public and for-profit organizations in this area since their rules and values are better adapted to and favour such practices.

In the following sections, we will deal with this double empowerment concept.

Social Economy and User's Empowerment

Social economy encourages individual and collective empowerment of users of social policy and services. The case of disabled people is particularly enlightening in this area and the work of the Independent Living Movement is most conclusive in this regard. In fact, the

empowerment of these people as consumers of services was developed through a trend that can substantiate reflection on social policy-making in general.

The Independent Living Movement that started in the US in the late 1960s puts forward the rights of disabled people to live an “ordinary life” as do people without a handicap and insists on the capacities as citizens of people with disabilities (Ramon, 1991). The group aims at increasing the autonomy of disabled persons in order that they make the decisions that concern them. The philosophy of the Independent Living Movement rapidly became an example for other advocacy groups defending the rights of vulnerable segments of the population : native groups, women’s groups, ex-offenders, drug addicts, gay/lesbian rights groups, welfare rights groups (Fuchs, 1987).

In Canada, the Roeher Institute and the network of Independent Living Resource Centres have contributed to put in place and popularize this approach which has been cited in different federal and Québec publications since the beginning of the 1980’s (Office des personnes handicapées du Québec, 1984 ; Federal/Provincial/Territorial Ministers Responsible for Social Services, 1998).

The Independent Living Movement encourages self-management. As Don Fuchs of the University of Manitoba says:

Disabled people through their experience in being disabled, best know the needs of disabled persons : support services should be based on consumer-controlled policies; the focus of services is to change the environment and not the individual; the goal of services is integration into the community; the disabled individual can help him/herself through helping other disabled people. (1987 : 193)

When disabled persons take charge of the organization of services at the user end, the empowerment is individual and collective and gives rise to an identity movement (Caillouette, 2001; Bélanger, 2002). Disabled persons that join and engage become social actors capable of developing and investing CBOs to defend their interests and influence social policy.

This vision and way of doing is totally different from the progressive framework of “welfarist” policy reforms that consider users solely in a position of “receiving end” of

social policy. This approach shatters the traditional structure where the user “demands” and the provider “offers” social policies. It conveys users and providers to cooperate in a mutual elaboration of offer and demand (Laville, 1992).

Social Economy and Worker's Empowerment

It is today recognized that a certain number of conditions that affect life and work such as social and economic exclusion, unemployment and poverty, have a negative impact on the health and well-being of individuals and can lead to lower life expectancy. On the other hand, having a job, doing work giving one a sense of self worth, having a certain amount of autonomy in one's work and benefiting from rich social relations in the workplace and in the community generally have a positive impact on the health and well-being of individuals and families.

It is generally admitted that work has a complex influence on the health and well-being of men or women whether they have a job or are deprived of one. Although work may have downsides and contradictions, work is a fundamental activity that facilitates time structuring, creates opportunity for social relations. It consolidates self-esteem, gives access to identity, security and human contact (Mercier *et al.*, 1999).

Even though it has been demonstrated that these factors play a very important role in the case of people suffering from mental illness, they can also contribute positively to improve health and well-being of individuals that do not suffer from any specific medical problems.

Moreover, the empowerment of workers is a factor that improves the quality of life in the workplace. The role of workers in the organization of their tasks and democratic practices can help counter taylorist relations between managers and workers. Anti-democratic relations increase chances of burn-outs, demotivation of personnel and are at the origin of a growing number of health and security issues in the workplace of modern societies (Lippel, 1992; Lauzon and Charbonneau, 2001; Charbonneau, 2002b). While it is shown that work can have a positive effect on health and well-being of individuals, it can also have a negative impact. Must we recall that :

- the number of days of absenteeism due to problems related to mental health tripled from 1992 to 1998 and compensation issued by the Health and Security at Work Commission of Québec for these absences rose from 1.5 million dollars to 5.4 million dollars during this period;
- the Mental Health Committee of Québec estimated that in 1992, costs related to stress problems in the workplace accounted for four million dollars in Québec (Vézina, 1998); according to insurers, mental illness and situational depression represent the main cause of long-term invalidity claims (Charbonneau, 2002b);
- in Québec, more than one third of workers absent from work for medical reasons had received a diagnosis related to mental health.

It is generally recognized that work has an influence on the health and well-being of individuals. When, in a workplace, the organization of production relies on the intelligence and the responsibility of workers, these workers will tend to mobilize their imagination, their efforts and their know-how in order to meet production goals. In such a system, work is healthier, profitable and productive.

Evidence shows that stress at work plays an important role in contributing to the large differences in health, sickness absence and premature death that are related to social status. Several workplace studies in Europe show that health suffers when people have little opportunity to use their skills, and low authority over decisions.

Having little control over one's work is particularly strongly related to an increased risk of low back pain, sickness absence and cardiovascular disease.

(World Health Organization, 1998 : 16)

On the other hand, when the organization of production is characterized by an increasing number of controls and regulations, by a reduction of workers' autonomy and freedom, by process fragmentation and standardization, there is a loosening of solidarity and identity ties within the workplace. Such work organization, which values only the increasing effort demanded of workers, depreciates workers' knowledge, know-how and imagination. This type of "dehumanized" organization (Shimon, Lamoureux and Gosselin, 1996) will become "toxic" (Malenfant and Vézina, 1995 ; Burnonville, 1999 ; Charbonneau, 2002a ; 2002b)

because of the negative impact of such a guilt-driven and destructive work relation on the mental health of workers.

As we emphasized earlier, we do not wish to imply that all social economy organizations are always characterized by worker control over work organization. However, because of their intrinsic characteristics, these organizations are more open to the needs of workers, including their need to participate in the workplace.

In the field of health and welfare, there is a very real possibility of a double empowerment that reconciles user and worker participation (unionized workers, professionals, managers) (Vaillancourt and Jetté, 1997 ; Jetté *et al.*, 2000 ; Jetté, Lévesque and Vaillancourt, 2001).

Let us return to the case of disabled persons. The empowerment of these persons is closely related to the empowerment of workers. Thus, the more workers are empowered in the workplace, the more the workplace will be hospitable and encouraging for the integration of the disabled into the workforce. Also, can we not assume that, when employees working in organizations for the disabled are empowered, they will be more efficient in their efforts to improve the health and well-being of the disabled persons and make them more active citizens. Double empowerment within organizations for the disabled ensures that these persons will be supported socially as users and as workers.

The study of the interactions between the third sector and the health and welfare policy shows the presence of a large number of social economy organizations in this field (Vaillancourt, 2002 ; Vaillancourt and Dumais, 2002). For the last 30 years, they have actively developed many innovative practices in response to increasing social problems. Community-based organizations contribute to the social and occupational integration of the youth, single-mothers, physically and mentally disabled persons, the homeless, etc. They run day-care services for pre-school children, home-care and domestic services for the elderly and for persons with temporary or long term disabilities. They operate social housing with or without community support for vulnerable segments of the population.

Let us look more closely at some of these innovative practices in four areas : occupational integration, early childhood daycare services, homecare services and social housing.

Occupational Integration

We have stated previously that having a job is one of the most significant social determinants of health (World Health Organization, 1998). Work gives structure to one's life and enhances social relations. Following the economic crisis of the early 1980s, unemployment became a critical social and economic issue in Canada that devastated more vulnerable groups of the population such as school drop-outs, single mothers, physically or mentally disabled and individuals dealing with mental health problems.

Social policy in this area is operationalized through public agencies such as Emploi-Québec that offer programs to promote learning, occupational integration and employment services.

In reaction to the job crisis and echoing the State policies, many community-based organizations are active in creating jobs and developing employment services targeted to victims of social exclusion. These new social economy organizations often offer products or deliver services at the local level and provide social services with a different set of skills, objectives and rules than those of the State or the private for-profit sector. In this area, the contribution of community economic development is more and more acknowledged. For example, the well known federal-provincial paper *In Unison* explicitly underlines the contribution of community economic development (a component of social economy) to labour market integration of persons with disabilities.

Opportunities for enhancing the integration and employment of persons with disabilities also could be explored through support for community economic development (CED) and self-employment. CED is an approach to local economic development that combines economic and social goals.

(Federal/Provincial/Territorial Ministers Responsible for Social Services, 1998 : 24)

In the area of job integration, the case of people with mental health problems in Québec is interesting. Since 1987, research by Santé Québec indicates that psychological despair and problems related to drug or alcohol addiction have increased. It is estimated that 500,000 people suffer from mental illness in the province – depression, manic depression, schizophrenia (CSMQ, 1997). These problems are critical for youth and many of them face major obstacles in integrating the labour force.

For over a decade the Québec Health and Social Services Department has indicated in its policy objectives the crucial importance of work for people with mental health problems : “ [...] integration to a socially productive activity such as work is, among other things, a process toward building an identity, a status, a role and finally a reconciliation with the social sphere that is identified as carrying certain determinants of health”. (Charbonneau, 2002b : 87).

Accès-Cible (Santé Mentale et Travail) is a good example of a new social economy organization that offers various job integration activities to individuals that have mental health problems. Over the last 14 years, Accès-Cible (SMT) welcomed over 800 persons in group workshops, office skill learning, employment services and professional training practice. Some 60% of participants found a job that helped them take better control on their life and health (Dumais, 2001).

As other organizations of the social economy, this innovative practice that stemmed from the community contributes to the well-being of citizens with a different approach than that of public institutions. However their objectives are similar and a partnership between the State and the social economy appears natural and fundamentally constructive.

Despite the positive returns of their efforts, organizations like Accès-Cible often deplore the lack of recognition of their role in supporting social policy. To continue to work adequately they require a long-term financial contribution from the government. Social economy initiatives in the fields of health and welfare constitute part of the solution to the crisis of the Welfare State and of labour markets (Vaillancourt, 1999). However this innovative part of the solution cannot act alone. A plural development model is our view of a society that builds upon all its components.

Early Childhood Day-Care Services

The social economy model has been determinant in the construction of Québec’s day-care services for pre-school children. Today’s universally subsidized program is the result of numerous experimentations and struggles conducted by social movements and community-based organizations since the end of the 1960s (Aubry, 2001). These grassroot groups

argued that a locally-run but centrally financed day-care structure was the best approach to allow women to pursue professional activities and to ensure that pre-school children evolve in a healthy and stimulating environment.

In the 1960s and 1970s, “subsidized day-care services were viewed as a social welfare measure and were restricted to underprivileged recipients, unrelated either to a woman’s right to work or to educational planning for young children” (Vaillancourt, Aubry, Jetté and Tremblay, 2002 :). As the number of women joining the labour force increased, the demand for day-care services also grew substantially. On one hand, the private for-profit sector was active in responding to the needs of parents who could pay for day-care services while on the other hand, civil society established a number of affordable neighbourhood day-care centers based on the social economy model of non-profit and democratic rules.

In 1979, the Québec Government recognized the principle of collective responsibility for day-care and granted a two dollars per day subsidy for each authorized day-care space. This opened the door to further universalize day-care services.

In the 1980’s and 1990’s more institutionalization took place in Québec with the development of spaces and public funding. By then, most of the services were provided by independant non-profit organizations. The 1997 Family Policy constituted a major reform in this field. At that time, the State, confirming its preference for non-profit day-care announced that day-care services would become universally available for a minimal fee of five dollars per day per child to be paid by parents (Vaillancourt, Aubry, Jetté and Tremblay, 2002 : 38).

This innovative program stimulated an increase of day-care spaces from 78,000 in 1998 to 145,000 in 2002. Early childhood daycare centres employ 22,000 people which makes it the third most important employer in Québec outside of the public sector.

The non-profit orientation of this whole sector is a distinguishing feature of Québec’s program. Another distinctive feature of the system is the control of parents on the board of directors of each community day-care centre. Worker representatives are also present on these boards. The democratic participation of users ensures that the service corresponds to

the needs of the children and remains independent from the State. In our view, this empowering environment is a positive determinant of well-being not only for children and parents but also for the entire community.

Concerning health and well-being, it appears that earlier involvement of pre-school children in day-care programs has a positive impact on their future. The World Health Organization (WHO) points out that “important foundations of adult health are laid in early childhood” (WHO, 1998 : 12). The WHO indicates that early-life policy should (among other things) aim to “introduce pre-school programmes not only to improve reading and stimulate cognitive development but also to reduce behaviour problems in childhood and promote educational attainment, occupational chances and healthy behaviour in adulthood” (WHO, 1998 : 13). The importance of these programmes is crucial in the case of vulnerable populations.

A consensus now exists that day-care and its costs are not a responsibility of parents alone but of society. The day-care system in Québec is made up of non-profit organizations providing services in the public interest that are controlled by local stakeholders and financed by the State. This is an eloquent example of social economy principles that attain various social policy objectives.

Homecare Services

The Québec Government recognizes that remaining in one’s natural living environment constitutes a positive factor towards health and well-being (MSSS, 1992). For people experiencing temporary or permanent incapacities, staying at home implies numerous support services to ensure good life conditions. Generally these home support services are provided by public sector actors — Centres locaux de services communautaires (CLSC) — and private sector agencies. However social economy actors play a growing role particularly in dispensing homecare services such as home maintenance and meal preparation.

Community-based organizations that are active in domestic services have evolved significantly in recent years. Since 1997, social economy organizations account for a large

part of domestic service provision. The sector now consists of 5,500 workers in 103 community-based organizations that offer services to 62,400 clients across the province (ministère de l'Industrie et du Commerce, 2002: 58). With a non-profit or a cooperative status, these entities operate according to the rules and principles of the social economy namely democratic management, user and worker empowerment and priority of people and work over capital. While they generate revenue through billing their clients, they depend largely on State funding. In this context, a 36 million dollar State financial assistance program for domestic help services offers citizens a revenue-linked financial support to pay for domestic services offered by a recognized social economy organization (ministère de l'Industrie et du Commerce, 2002).

Social economy enterprises in this area provide specific domestic services (light and heavy cleaning and maintenance, non-diet meal preparation, etc.) to an aging population or people with temporary or permanent incapacities. Partnership relations are established with local public sector agencies (CLSCs) in all regions, which ensure exclusivity to social economy domestic help organizations on their territory. Moreover, the CLSC personnel refer clients that require such services.

However, social economy organizations in domestic services, like many social economy organizations, must compose with a certain number of difficulties often related to poor financing: manpower shortage, low wages and high turn-over (ministère de l'Industrie et du Commerce, 2002 ; Vaillancourt and Jetté, 1999a; 1999b ; 2001). Nevertheless their offer corresponds to an increasing demand.

For this reason, the State must ensure them an even greater role as partners in this social policy area. The population segment over 65 years will continue to increase significantly over the next years. Further consideration regarding efforts to consent in the domestic service area is required (Vaillancourt and Jetté, 1999a). If the government considers that the natural environment is most adequate in view of its health and well-being policy and believes that community-based organizations can ensure quality services in which users and producers have a say, more resources must be allocated for them to do so.

Social Housing

Housing is a major determinant of health and well-being (MSSS, 1992). " Health and welfare, Pomeroy says, are connected to the presence of support networks, opportunities to participate, controlling the elements that affect one's life and the ability to stay in a stable community. These elements are closely linked to the housing environment " (1996 : 42).

Social housing policy is an element of any integrated social policy. In Québec, the social economy's input in the transformation of social housing policy and practices has been significant.

In the field of housing, three types of actors are involved on the Québec scene (Vaillancourt and Ducharme, 2001). Firstly, there is the private sector comprised of the owners of rental properties, boarding houses and apartment buildings. Then, the actors related to public institutions such as the Canada Mortgage and Housing Corporation, the Société d'habitation du Québec and the municipal housing offices. And finally, the actors of the social economy that we will discuss more fully here. Who are they? There are community-based organizations such as advocacy groups, cooperatives and non-profit organizations which are responsible for a growing number of social housing units. There are also associated actors who provide services or community support to vulnerable residents in their own buildings. There are technical resource groups that offer services such as setting up a non-profit organization, helping residents form a cooperative, providing expert advice and skills.

These CBOs are very active in Québec in the construction of new social housing units and in redefining social practices in this area. Since the 1960s, 49,000 cooperative and non-profit housing units have been created in Québec. Of the 20,000 public housing units run by the Montreal Municipal Housing organization, some 600, administered by non-profit organizations and cooperatives, provide community support services (Vaillancourt and Ducharme, 2001).

Innovative practices have expanded during the 1990s in Québec. It is the crisis of the Welfare State that has exposed the limits of the social security system and has forced public

servants and CBOs to find new approaches to enhance the quality of life of their recipients. These approaches are combinations of demands made by social movements and responses given by public decision-makers (Vaillancourt and Favreau, 2000).

The social housing with community support is a good example of innovative practices developed by actors of the social economy. Community organizations and cooperatives have been working with the Municipal Housing Office of Montreal to offer support, personal attention and services to their vulnerable groups of residents. These services are intended for semi-independent seniors, people with mental disabilities or psychiatric problems and victims of domestic violence, for example. Among the projects emerging from these new forms of cooperation between the public and third sector, there are eight group homes for young people, eight mental health day centres, many collective kitchens and home care services for seniors (Vaillancourt and Ducharme, 2001).

Another interesting case is the supplier relation between the Municipal Housing Office of Montreal and the Fédération des Organisations d'habitation sans but lucratif (OSBL) de Montréal. In the first year of its creation in 1987, the Housing Office contracted the social economy actors to manage non-profit rooming houses. These housing organizations now administer 192 social housing locations with community support and five non-profit organizations which represent delivery of services to nearly 2,000 housing units in Montreal (Jetté, Thériault, Mathieu and Vaillancourt, 1998). The community support consists of on-site janitor-supervisors and follow-up visits by community service workers for individuals who have problems of unstable housing, substance abuse or mental health, or are HIV-positive. This approach has an impact on the tenants' quality of life. According to Jetté, Thériault, Mathieu and Vaillancourt (1998) who studied social housing with community support, there are positive changes in their physical environment (accommodation, neighbourhood, services), their security, their social relations (e.g. friends, family) and, finally their self-esteem.

Social housing with community support is a new practice initiated by actors of the social economy. Empowerment of the users is a fundamental element of this approach. And that, for example, allows low-income and vulnerable people to have a decent home, make their own decisions and assume normal tenant responsibilities (Vaillancourt and

Ducharme, 2001 ; Jetté, Thériault, Mathieu and Vaillancourt, 1998; Thériault, Jetté, Mathieu and Vaillancourt, 2001).

Social housing with community support represents " a viable alternative to institutionalization in a context of the redefinition of the Welfare State, provided that the people who are marginalized receive the support they need in order to be integrated into society. This entails not only the adoption of a more cross sectoral approach, but also a reorientation of financial and human resources from the curative toward the preventive " (Jetté, Thériault, Mathieu and Vaillancourt, 1998 : 187).

Part 3 - Increasing the Role of Civil Society in Public Policy Development

We have seen that the social economy is very present in the field of social policy and impacts positively through the empowerment of users and producers in social economy organizations that are direct service providers. But the positive impact of the social economy on the health and well-being of individuals, families and communities goes well beyond this. Indeed, it can be argued that the social economy also impacts positively on social policy through the pressure exercised on government by the actors of the social economy in the development of social policy.

The mobilization of disabled persons is a good example of this phenomena which could be qualified as «citizen empowerment».

Disabled persons' associations now stand up for their rights and are recognized as an autonomous social actor capable of provoking social change and influencing social policy. The movement is engaged in a critical discourse in regard to governmental intervention (Vaillancourt and Dumais, 2002b).

Let us consider the example of *In Unison : A Canadian Approach to Disability Issues. A Vision Paper* (Federal/Provincial/Territorial Ministers Responsible for Social Services, 1998) where changes in social policy were determined by the pressure of community organizations that advocate for disabled persons and by the development of alternative services.

Within the framework of interprovincial and federal-provincial discussions on the Canadian Social Union Initiative, the question of disabled persons is one of five collective priorities along with the reduction of child poverty. In the area of social integration, the federal government has a new approach that is summarized in the document *In Unison* where the concept of “beneficiary” is replaced by the “participant”, “dependency” by “autonomy”. The recommended approach gives the person a central position on decisions that concern him or her: the user knows best what he or she needs.

Citizenship, which is central to this approach, refers to “the inclusion of persons with disabilities in all aspects of Canadian society”.

It is the overarching theme that shapes the vision and the building blocks. Full inclusion means that the needs of persons with disabilities are met through generic programs, while additional essential supports are provided to those individuals whose needs cannot be met through generic programs and services. Future reforms will need to ensure that the policies and programs in each building block are consistent with this concept.

(Federal/ Provincial/Territorial Ministers Responsible for Social Services, 1998 : 20)

The social economy can contribute to the development of social policies that encourage the active participation of disabled persons. In this vision, it is important not only to go beyond the welfarist approach but to break the traditional relations between the user and the provider because disabled persons have the capacity to contribute to the planning, the management and the evaluation of social policies that concern them. In this way, offer and demand for services are constructed jointly (Laville, 1992 ; 2000).

The example of the empowerment of disabled persons illustrates a collective dimension (Beresford and Holden, 2000) that can be extended to all users of social policy. Users must be viewed as a collective subject as well as an organized social movement. They are actors in the elaboration and analysis of social policy. They must be considered as active participants and partners in the development of social policy (Boucher, 2002).

Focusing on Québec's experience, we observe frequent influence of grass-root independent organizations on social policy making. In some cases, locally created activities have been nationalized and widespread across the province (CLSC). In other cases, the State has chosen to support the services as part of public policy while maintaining the independent governance structure as is the case for preschool day-care services discussed in the previous section. Thirty years ago, day-care services were instigated locally by users, parents and women. In the early childhood child-care network, the users still have control on the orientations of their centre through board participation.

The growth of day-care services highlights the role of social movements introducing new social practices and in extending these practices to all of society. (Vaillancourt, Aubry, Jetté and Tremblay, 2002 : 37-38)

Through social policy, government has conveyed the principle that early childhood care is a “public good” that can best be organized by user-controlled community-based organizations rather than by for-profit business or government agencies.

In Québec, progress in institutionalizing social economy projects has allowed the third sector to gain a measure of recognition alongside the private and public sectors. However, we must be cautious in our assessment. While some government policies support growth in certain areas of the social economy, including child-care centres and household services, other policies, such as the move toward more non-institutional, community care, may result in an increased burden for natural helpers, who in the vast majority of cases are women.

Nevertheless, it is important to note that even when the social economy makes breakthroughs at the policy level, the gains remain precarious if the government fails to establish funding policies that enable organizations to strengthen and develop their activities.

Part 4 - Interactions between the Social Economy, the Market and the State

The social economy can also have a positive impact on health and well-being through the influence it can exert on democratic practices and organizational innovations in the public and the for-profit private sectors with which it interacts.

By advocating the submission of economic relationships to social objectives within its organizations, the social economy contributes to put the economy and the market at the service of society and not the other way around. The recognition of the social economy in our society by the acknowledgement of their representatives, through the growing knowledge of their innovative practices and better and longer term financing from the State will increase its influence on for-profit and public sector practices.

In order to optimize its contribution to the acquisition of citizenship for the excluded and the marginalized, the social economy must be audacious in order to influence the market economy by imposing upon it a new paradigm (Lipietz, 2001). How ? The social economy must:

- promote a model of work organization where the empowerment of users and workers give them control over their environment;
- resist the mainstream management culture and focus on human resources to ensure the success of its organizations.

The sectors of economic activity are not watertight categories. Indeed, they can influence or even transform each other by incorporating the values and practices of other sectors. To the extent that our society recognizes concretely that the social economy contributes to its development, as do the public sector and the market economy, it will be possible to increase linkages between these three sectors. In this manner, innovative practices of the social economy can more easily be transferred to the two other sectors.

Let us give an example, taken in the public low-rent housing field, of such influence of the social economy on the public sector. Until recently tenants of public low rent housing were not represented on the board of directors of these housing facilities. Since 2000, the Québec government passed legislation stating that low rent public housing must contribute to the social development of the community and providing that two seats on the board of directors are reserved for tenants' associations. These new requirements stem from democratic practices characteristic of the social economy housing organizations where tenants play an important role. Such practices contribute to the active citizenship of public housing tenants (Vaillancourt and Ducharme, 2002).

But this is not a one way street. Indeed, if the social economy can influence positively the public and for-profit organizations, the reverse is also true. In Ontario, for example, the decision of the Harris government to open up certain areas of the health and welfare systems to competition between private enterprises and community organizations forced these organizations to reformulate their strategies and to adopt private sector management and assessment models (Leduc Browne and Welch, 2002).

The challenge for the social economy is to transfer the “common cause” philosophy to the public and private economic sectors. How? In the public sector, this means encouraging consultation with the civil society, fostering social investment, etc. In the private sector, it could mean requiring the application of an ethical code that defines the social responsibilities of companies.

Even if social economy organizations develop to meet needs expressed at the local level, the development of a social and solidarity-based economy requires a multi-level strategy that focuses simultaneously on the local, regional, national and international levels. We have learned that changes at the local level can induce major social and economic changes at higher levels which contribute to the health and well-being of individuals and families (Ortiz, 1999).

Conclusion

In our presentation, the role of social policy as a determinant of health and well-being is examined through the specific contribution of the social economy (and its organizations) within the social policy field. We have tried to show that, whatever the terms and concepts used – social economy, third sector, non-profit sector, voluntary sector, etc. – they represent similar realities: the emergence, within the civil society, of economic activity whose objective is to answer, through citizen participation, needs that cannot be satisfied by the market or the State.

We have tried to demonstrate that within the area of social policy, the social economy can contribute in many ways to the health and well-being of individuals, families and communities. We distinguished three original contributions of the social economy.

First, the values at the heart of the social economy and the democratic rules that govern social economy organizations facilitate the empowerment of users and workers within such organizations that are direct service providers. The Independent Living Movement is an example of such empowerment where users, instead of being considered as passive beneficiaries, become active participants in the decisions that concern them. We have also made the point that the empowerment of workers has positive impacts on the quality of life in the workplace, contributing favourably to their health and well-being.

Secondly, the actors of the social economy have the capacity to mobilize civil society in order to instigate social policy reform, thus contributing to what can be qualified as “citizen empowerment” or “active citizenship”. The implication of users and workers within community-based organizations, the demands of social movements and their capacity to mobilize communities and their members at the local, regional and national levels, can constitute powerful forces in the definition and development of social policy. The development of early childhood day-care services in Québec since the 1970s and the new family policy put in place in 1997 are examples of such input of the social economy.

Finally, the social economy can contribute to the health and well-being of individuals and families through the positive influence it can exert on the values and

practices of the public and for-profit organizations : for example, more democratic forms of governance in the public sector, a governance open to the empowerment of users and workers and to the contribution of local communities and their networks.

Our view of the growing contribution of the social economy, not only in the realm of social policy but in almost every sphere of economic and social life, is contradictory to the bipolar State/Market model still dominant in most research and political circles notwithstanding the enormous progress of the social economy in many countries and regions during the last twenty years.

In Québec, the recognition of the contribution of the social economy by the State has made giant steps since the beginning of the 1990s. This is particularly the case in many social policy fields like family policy and preschool daycare services, social housing, homecare services and occupational integration.

We believe that the recognition of the contribution of the social economy to society is a condition to better social policy reform, since the importance of the non-medical determinants of health and well-being is at the heart of the development of the social economy. This is true in Québec but in other regions of Canada as well. The actors of the social economy have always insisted that improving living conditions is crucial in order to better the health and well-being of citizens and communities. These living conditions are what we now call social determinants of health and well-being.

In this view, giving the social economy the tools it needs consists in recognizing its contribution, accepting the presence of its representatives in decision-making circles and consultation processes, respecting its independence and improving and increasing its financial support.

As an active partner of the State in social policy, the social economy network can offer an innovative contribution to better health and well-being.

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