Social entrepreneurs are vital for health promotion—but they need supportive environments too

We cannot wait for great visions from great people for they are in short supply at the end of history. It is up to us to light our own small fires in the darkness. (Charles Handy, 1994)

This is the age of the entrepreneur. The pace of change continues to accelerate globally and traditional attempts to extrapolate from the past are no longer valid. The success of community enterprises—like business—depends on the innovation of entrepreneurs. The concept of the commercial entrepreneur has now been broadened to encompass those who embark on new ventures for reasons other than financial gain—the term ‘social entrepreneur’ has now been coined.

The Bromley by Bow Centre in the East End of London began life in 1984 when a small church congregation opened its neglected buildings to the local community. Now over 60 health promoting projects are run each week from the Centre. Free of professional boundaries, it imaginatively integrates the arts, health care, education, the environment, enterprise and community care (Mawson, 1997). The project started at a time of political stagnation within Britain, and the momentum for change came from the community itself rather than the statutory services that were meant to support it.

The initiative is not just remarkable because of its multidisciplinary, intersectoral and holistic approaches, nor because its location is in one of the most deprived parts of the European Union. What is ground-breaking is the emphasis given to the concept of social entrepreneurship—encouraging individuals to run with their own ideas and creating enough flexibility to allow people to experiment. The project has grown around the charismatic energy of individuals rather than structures or systems. The benchmark of success is those ideas which lead to effective change. This has been manifest in reorienting a set of statutory services as well as developing a range of new ones. Examples include bereavement counselling, diabetes self-help, toy library, T’ai Chi, art therapy, Bengali dance, young people’s pottery, training in community development, etc. Millions of pounds of extra resources have been successfully raised from private and public sources, such as for housing units for single homeless people. Another example is the building of a community owned and controlled GP and primary care centre which includes a fitness studio.

The Centre seeks to create social capital amongst the community by training local people to become social entrepreneurs, strengthening the potential of groups and individuals to make good things happen for themselves. Staff are employed not to manage projects but to create environments which will encourage a sense of vision and motivation. They have dispensed with a simple view about the nature of democracy and the need for everyone to be involved in every decision (Trimble, 1996). Instead, they have tried to build partnerships based on mutuality and friendship, recognising that trust between partners is essential if power and knowledge are to be used most effectively. Ian Hargraves, editor of the New Statesman commented recently: ‘Bromley By Bow is a model of social entrepreneurship. It has worked from the ground up to identify local needs, galvanised resources from all levels of government and applied with imagination and a willingness to take risks. This is a truly effective way to regenerate urban communities’ (Mawson, 1997).

This case study of social entrepreneurship for health, although well developed, is not unique and others have recently been documented in the UK. For example Gaskin and Vincent (1996) identified four core principles for Peckham-style community ‘well-being’ centres, from the 300 organisations that responded to a call for information in 1995:
(i) an orientation towards health, interpreted in a broad, holistic way;
(ii) member participation and self determination;
(iii) multi-generational membership;
(iv) a range of opportunities and integrated activities.

They concluded that the success of these initiatives rests on the engagement of individuals and organisations in shared endeavours. This in turn requires co-operation and communality, the sharing of power, and the commitment and engagement of key actors.

Social entrepreneurs are often at the heart of such community-based initiatives, finding innovative solutions to problems which face the most impoverished and marginalised communities. One recent study (Thake and Zadek, 1997) found that the individuals who are working for social improvement at community level, and who are finding innovative solutions to the problems that their communities face, share many characteristics with commercial entrepreneurs. They have the same focus on vision and opportunity, and the same ability to convince and empower others to help them turn their ideas into reality—but this is coupled with a desire for social justice. Social entrepreneurs combine street activism with professional skills, visionary insights with pragmatism, and ethical fibre with tactical thrust. They see opportunities where others only see empty buildings, unemployable people and unvalued resources.

Social entrepreneurs commonly move on from one project to the next; they build ideas into working projects not as acts of power, but as expressions of creativity and values. People become community-based social entrepreneurs through many paths, often starting as part-time activists and volunteers themselves. Radical new thinking is what makes entrepreneurs different from simply ‘good’ people. They make markets work for people, not the other way around, and gain strength from a wide network of alliances. They can ‘boundary-ride’ between the various political rhetorics and social paradigms to engage and enthuse all sectors of society.

There are three different types of benefits which social entrepreneurs can bring to communities. In the short term they can help create new buildings, services and jobs which would not otherwise exist, but they can also improve accessibility, effectiveness and efficiency of existing services. In the medium term they can act as powerful models for reform of the welfare state, and in the longer term can create and invest social capital. Leadbetter (1997) considers the latter as the most valuable as it is the long-term relationships, trust and ethic of co-operation which provide the basis for innovation necessary for social as well as economic development.

Social entrepreneurs will be vital for the future development of health promotion, as they offer a way of tackling the social determinants of health and disease through community-based action. Traditionally run ‘public’ services are commonly less effective and efficient when targeted at marginalised groups. Social entrepreneurs, however, will only flourish if they are supported by the right environment, which will be created largely by governments together with the private sector. Greater flexibility in the use of existing public sector resources is necessary to provide opportunities to respond to innovative community proposals. True ‘venture’ investments from the private sector, trusts and foundations could also be extremely helpful in stimulating innovation, as government agencies are commonly less able and willing to take such risks. A number of pilot projects could test, for instance, different approaches and schemes, including new human services policies of governments.

An important emphasis should be given to help social entrepreneurs manage the transition from start-up into sustainability. As entrepreneurial social organisations grow, they often run into a range of management obstacles which can thwart their development or lead to their failure. If they and their partners were able to understand these pressures better, they would be in a stronger position to overcome or avoid them. Possible approaches include: leadership and management training; educational scholarships and fellowships; mentoring schemes; twinning arrangements at local, national and international levels; networking information systems; and models of good practice. Many of these could be supported or provided by the private sector at national, state and local levels.

A national or state development centre could be established to facilitate and co-ordinate action, and to provide distance-based training (Leadbetter, 1997). Mawson (1997) has also suggested that there should be a network of Social Innovation Centres at regional level, which would act as pilots for new ideas. Thake and Zadek (1997) have called for a national Develop-
Social entrepreneurs and health promotion

Perhaps the greatest challenge is for citizen participation in community activities to be formally recognised, valued and supported. This is important not only to motivate and encourage individuals, but also to lever support for their initiatives. Such a shift requires a profound change in the attitude and culture of many societies where social status is gained only through advanced education and/or highly paid employment. Access to personal income and expenses together with training opportunities is important if volunteers are to be attracted and maintained. There is therefore considerable scope for more relevant research and development in this area, including the collection of case studies of social entrepreneurial projects amongst different social groups and cultures.

Greater understanding of the role and contribution of social entrepreneurs suggests that we could be at a landmark in the evolution of thinking about how health can be created and maintained. So many different elements appear to be coming together to initiate a qualitative shift in the culture of health delivery and health promotion. Traditional ‘welfare-state’ approaches are increasingly in decline globally, and in response new ways of creating healthy and sustainable communities are required. This challenges our social, economic and political systems to respond with new, creative and effective environments that support and reward change. From the evidence available, current examples of social entrepreneurship offer exciting new ways of realising the potential of individuals and communities to improve their health into the 21st century.

John Catford
Editor in Chief

REFERENCES
