Good option or only option? Poverty, disability, health and enterprise

Jackman, Laura[1]; Galloway, Laura[1]; Kapasi, Isla[2]; Stirzaker, Rebecca[3]; Mihut, Andreea[4]

[1]Edinburgh Business School, Heriot-Watt University, Edinburgh, UK

[2]Leeds University Business School, University of Leeds, Leeds, UK

[3]Department of Business, Strategy and Political Sciences, University of South-Eastern Norway – Campus Drammen, Drammen, Norway

[4]University of Edinburgh, Edinburgh, UK

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Abstract

Purpose
The paper explores experiences of poverty in enterprise amongst people with a disability or long-term health challenge. The paper departs somewhat from established wisdom about economic or financial drivers of enterprise by exploring why a disabled individual would start and continue to operate in business where that business is providing income-poverty. In so doing it subscribes to the idea that enterprise involves reflexive engagement of an agent in context where value(s) of enterprise other than financial may be prioritised.

Methodology
The research draws from a larger qualitative study of self-employment and poverty in which half the sample (21 individuals) identified as experiencing disability or poor health. Semi-structured interviews were conducted with participants and a thematic analysis with specific reference to Theory of Venturing, that proposes that the value of enterprise is reflexively and idiosyncratically understood, was used to explore itinerant issues, experiences, and challenges.

Findings
In line with theory, findings include that disability and poor health are observed to be both prompters and shapers of enterprise, and that the value of enterprise is not always primarily associated with financial wealth for the participants in the sample. Flexibility and autonomy are attractive features of self-employment for some in the face of an inflexible and sometimes hostile labour market.

Originality
The paper demonstrates that engaging in enterprise is motivated by an agent's reflexive evaluation of value(s) and how that enables them to navigate their structural condition(s); this contribution enhances theoretical approaches to enterprise and business creation by illuminating some of its diversity. The paper also contributes some much needed data about a group who are under-represented in the enterprise literature, despite being over-represented in practice. There are implications and recommendations for policy and practice in the exposure and analysis of the issues emerging.

Keywords
enterprise, poverty, disability, health, entrepreneurship, self-employment, marginal, diversity

Introduction

As in many nations, in the UK there is government rhetoric that enterprise is a good route out of poverty (UK Government, 2018). Concurrently, there are claims that enterprise is a good employment option for disabled people (Jones and Latreille, 2011; Larsson, 2006; Maritz and Laferriere, 2016), and this is largely based on the autonomy and flexibility attributed to working for oneself (Cooney and Aird, 2020; Drakopoulou-Dodd 2015). At the same time though, in the employment literature there is clear evidence that enterprise is a work context in which the greatest proportion of the 'working poor' can be found (Thomas, 2016). In fact, most developed nations have seen an upsurge in the incidence of people working in precarious and low-value enterprise-based roles (Williams and Horodnic, 2015), a trend that is set to continue in the inevitable post-Covid19 recession as jobs are lost and necessity enterprise increases (ONS, 2020). Meanwhile, there is evidence of a disproportionate rate of enterprise among disabled people (Miller and Le Breton-Miller, 2017; Pagán, 2009), and elsewhere, that disabled people throughout nations are more likely to live in poverty than the general population (ILO, 2017; 2019).

There is therefore an apparent discrepancy between the idea that enterprise can be enabling as a work context for disabled people and evidence that suggests disability, enterprise and poverty seem to have some correlation. Despite this, there is little reportage of the experiences of disabled people in the enterprise literature and little coverage of enterprise as an employment context in the literature on disability, health and work (Jones and Latreille, 2011). This is surprising given that those experiencing structural disadvantage represent a substantial part of the enterprise population, leading to calls for the urgent need for studies that explore the lived realities for those so engaged (Martinez Dy, 2020; Williams and Paterson, 2019). Enterprise amongst those experiencing poverty and ill health or disability are

no exception, and there are invaluable benefits implied for support, policy, theory and knowledge about enterprise, its drivers, and its diversity.

The central aim of this paper is to add to knowledge about enterprise and poverty amongst those who are disabled or in poor health. In particular, we establish that engaging in entrepreneurship is driven by an agent's reflexive evaluation of value(s) and how that enables them to navigate their structural condition(s). To do so, the paper examines why a sample of UK participants have chosen enterprise as a work context and why, when facing poverty circumstances, they prevail. Since continuing with enterprise that is producing income poverty seems to be economically irrational, one of the key contributions of the paper is its exploration of why such enterprises are maintained, including the value(s) they are realising and if these relate to disability and ill-health. Thus, the paper departs somewhat from much established wisdom about the drivers of enterprise – economic theories do not explain why an individual would continue to operate in business where that business is providing insufficient income – and refers instead to studies of drivers of work beyond the financial, including affective and other intrinsic values. The study is underpinned by the Theory of Venturing in Galloway *et al*. (2019) because it allows that value is reflexively understood by people in their unique circumstances, may be multiple, and may not necessarily prioritise financial criteria. By exploring through this theoretical lens, a better understanding of experiences of poor health or disability and poverty in enterprise may be possible.

The paper proceeds as follows. First, we provide working definitions for the concepts central to the paper. Following that, a review of the literature on enterprise, poverty, and disability is presented with a theoretical focus on enterprise activity in context. From this review, gaps in understanding and three research questions are identified. Following a description of the qualitative methodology designed and applied to address these questions, findings are presented. We discuss these and present conclusions, including our contribution to

knowledge and implications for policy and practice in the business development and support fields.

Terms and definitions

Since this paper concerns enterprise amongst disabled people and the intersection of disability, enterprise, and poverty, to clarify our terms, the following meanings are applied.

Enterprise

In this paper, 'enterprise' is applied as an umbrella term to describe any independent employment, be that freelancing, self-employment, or the ownership of a business. This definition is consistent with those studies that measure rates of such independent work. This can involve varying nomenclature: the Global Entrepreneurship Monitor (Bosma and Kelley, 2019) applies the term 'entrepreneurship' for example, while the UK Parliament (2021) and the Federations for Small Business (2021) use the terms 'business' and 'small business' respectively to refer to the same thing – all independent work including self-employment.

Poverty

There are several definitions of poverty, from extreme poverty often referred to in the context of developing nations, to income poverty relative to others in a given country (Kolk *et al*., 2014). In this paper we refer to 'income-poverty', referenced by the UN as where income fails to meet some government-established threshold (UNECE, 2017). Since the paper reports an empirical study in the UK, the definition of poverty is income which requires state-funded top up (Working Tax Credit or Universal Credit) because it falls below the state-defined poverty threshold (UK Government, 2020).

Disability/ill-health

Like poverty, the terms ‘disability’ and ‘ill-health’ have no consistent definition. The World Health Organisation (WHO) explain disability as an umbrella term that encompasses impairments of various types (WHO, 2020). These include bodily ‘activity limitations’ which are restrictions to an individual’s ability to execute certain actions or tasks, and ‘participation restrictions’ that limit an individual’s ability to engage in life situations. This broad definition allows that limitation may be mental or physical and reflects the interaction between an individual’s ability circumstances and the society in which they live (Maritz and Laferriere, 2016). In that sense, the disadvantage of disability and ill-health is both endogenous and exogenous since it refers to ability relative to the structural environment (Martinez Dy, 2020). Along with the large variation in types and levels, is the recognition that an ability or health issue may be permanent or limited to a specific time period. The UK government take a broad perspective, defining those who are disabled as having “a physical or mental impairment that has a ‘substantial’… negative effect on ability to do normal activities” (Equality Act, 2010), and therefore includes restrictions to ability as a consequence of ill health. Throughout the world WHO (2011) report a growing prevalence of disability and chronic health conditions, in part linked to an ageing population and workforce. For the empirical work reported in this paper, participants self-defined as disabled or having a health-related condition that affected their ability or capacity for work, an approach used in other studies of work and disability (e.g., Richards and Sang, 2018). In all cases, conditions were long-term and/or degenerative, so while participants were a heterogeneous group, the research includes only those for whom disability or ill-health was an ongoing and/or worsening circumstance.

Disability and enterprise

There is assertion that work mediates social exclusion for those who are disabled or experiencing ill-health, and that wellbeing and social and economic inclusion increase as a consequence of the economic and social outcomes of work (UNECE, 2017). Meanwhile, people with a disability or health challenge have been found to have disproportionate representation in enterprise-based work compared with the general population, and this trend is increasing (Cooney and Aird, 2020; Freeman *et al.*, 2019; Jones and Latreille, 2011). Despite this, studies of enterprise amongst those in poor health or disabled are rare. Among the few there are, there is evidence that disabled people have specific challenges with regards to social and human capital (Adams *et al.*, 2019; Anderson and Galloway, 2012; Larsson, 2006; OECD, 2009), including knowledge and experience deficits and a lack of access to networks. From a financial capital perspective, the fact that those with disabilities are more likely than those without to live in poverty (ILO, 2019) lends credibility to the expectation that resource deficit may also blight some disabled people's enterprises (Cooney, 2008; Jones and Latreille, 2011). This is consistent with research that has found that a greater share of enterprises created and operated by disabled people tend to be self-employment based or micro-firms than enterprises operated by non-disabled people (EMDA, 2009), and that they are more likely to operate from home (Cooney, 2008), and be part-time (Jones, 2007; Larsson, 2006). Despite these, there is parallel assertion that enterprise is a particularly appropriate work context for those disabled or otherwise limited by ill health (Jones and Latreille, 2011).

The proposed suitability of enterprise as a work context for disabled people is largely predicated on the challenges of most employment-based work. Due to its tendency to have fixed hours and expectations of attendance, regular employment can be challenging for some disabled people. This varies by disability and condition of course – Cooney and Aird (2020) report relatively high rates of employment among the hearing-impaired while Meager and

Higgins (2011) and Freeman *et al*. (2019) find particularly high rates of enterprise among those with mental health problems. Broadly though, many employment scenarios and environments are unsuitable for the physical and mental needs of some people (Adams *et al*., 2019). Enterprise has been argued to be a more appropriate alternative (Drakopoulou-Dodd, 2015; Kitching, 2014). Its inherent flexibility is asserted as particularly useful so that duties, hours, and location of work can fit around health and health support such as medical and therapy commitments (Cooney and Aird, 2020; Jones and Latreille, 2011; Pagan, 2009). Additionally, self-managed hours can be useful given the unpredictability of some conditions, and indeed, Daniel *et al*. (2019) find a link between poor health and lower working hours in their sample of British ethnic minority enterprisers. Specific to the UK context of this paper, increases in enterprise amongst disabled people are likely to have been influenced, at least to some extent, by recent changes to sickness and disability benefits entitlements that are distributed via the Department for Work and Pensions (DWP). Based on a discourse that asserts that work is beneficial for health and wellbeing (Lindsay and Houston, 2011), many recipients of these support benefits in the UK have been recently reclassified as 'fit'. For some of these people there is limited previous work experience, leading to limited employability skills and other resources deficits (Cooney, 2008). Consequently, self-employment has become the only reasonable work option for some (Adams *et al*., 2019), and as a result these limitations and other requisite and compounded challenges of disability and poor health have transferred to their enterprise activities (D'Arcy and Gardiner, 2014). Not surprisingly, there is evidence in Adams *et al.* (2019) of enterprises "at the margins of financial viability" (p.2). In summary, extant research suggests that the priority of, and for, those experiencing disability or other health challenges is to be financially, and generally, self-supporting. This corresponds with the overarching principle that the responsibility for overcoming structural conditions of employment rests with the agent. To that end, the agent

is required to find a means of navigating a range of requirements. Oftentimes structural employment and work conditions are prohibitive because of health and ability challenges and this may draw such individuals towards enterprise.

Theory, context and research agenda

As noted, there are some reasonable suggestions as to why enterprise may be particularly suitable for people with ability and health challenges, including both the push from conditions in employment and the pull of control and better work/life management. From a theoretical perspective, the drivers of such enterprise are reasonably well explained since most studies of motivations for enterprise allow for both push and pull factors: Dawson and Henley (2012) and Kapasi *et al.* (2021) summarise that motivations for enterprise are complex and myriad and certainly well beyond just financial ambitions. What is not clear though is why an individual would persevere in enterprise when that enterprise is not providing income sufficient to live on. In fact, there is very little theoretical engagement with the reasons why people continue to operate enterprises post start-up generally. Instead, it is assumed that the enterprise is fulfilling its purpose. Since the purpose of enterprise is always presented in economically rational terms, the assumption is that enterprise continues to reap financial reward even if it is just providing a living for the founder (Tedmanson *et al.*, 2012). Yet for those living with income-poverty this is clearly not the case.

Departing from economic theories of enterprise, Ramoglou and Tsang (2016) and Kitching and Rouse (2017) explore enterprise through a critical realist lens and find the interaction between structure and agency to be critical. From a critical realist perspective, the decisions and experiences of enterprise cannot be considered separately from the circumstances and backgrounds of individuals. That being the case, for disabled people, the choice of enterprise as a work context is likely to be linked, at least to some extent, to specific health and ability

circumstances. To explore this, we refer to the Theory of Venturing outlined in Galloway *et al.* (2019) that develops a critical realist approach to understanding enterprise and proposes that it is the outcome of reflexive engagement between an agent and their context as they perceive an opportunity to realise value, which may or may not include financial value. Since the value attributed to the perceived opportunity to engage in enterprise, and the experiences, skills and backgrounds of individuals are infinitely variable, so too are the potential enterprise outcomes. According to Galloway *et al*. (2019), this explains the diversity of businesses we see in the real world. This is modelled in Figure 1.

Figure 1: Theory of Venturing <Insert Fig 1 here>

The Theory of Venturing also proposes that the reflexivity process is lifelong and so ongoing dynamic circumstances and experiences inform future agency and structure – future choices and contexts. For a disabled enterpriser, therefore, ongoing enterprise experiences and changes to health conditions will have a reflexive impact on future behaviour and context.

We argue that by applying the Theory of Venturing that allows for consideration of agential and contextual factors without mandating the primacy of financial factors, we may better explain the drivers of enterprise for some disabled people. Further, since the theory describes a dynamic and compounding process, it also provides a lens through which to explore why individuals may stay in financially underperforming enterprise work contexts. The empirical research reported in the following sections applies this theory to the experiences of a sample of people who are disabled and experiencing poverty in a context of enterprise by exploring the following:

1. The reasons why they started the enterprise;
2. The reasons why they persevere in their enterprise despite income-poverty;

3. The evidence that enterprise is a suitable work context for people who are disabled or impacted by ill health.

Methodology

The research draws from a qualitative study of enterprise and poverty as defined at the start of the paper. Participants were recruited via online and radio advertising and public notices in locations likely to be frequented by the target group, such as supermarkets in low-income areas. Forty-two self-employed or business owning individuals who were living in poverty were interviewed. The research used a broad interview guide that encouraged conversation about themes suggested by the literature and allowed for themes unanticipated by extant knowledge to emerge (Bertaux, 1981). Interviews were usually over an hour long, and all were recorded and transcribed verbatim.

The purpose of the original research was to explore experiences of poverty in enterprise. Despite the sampling strategy making no mention of ability or health status, it emerged in interviews that half the sample (21 participants) were disabled or suffering ill-health. This emergent outcome informed the reason to interrogate the data from these participants as a subset. Analysis was thematic: informed by suggestions in previous literature, the (un)suitability of employment, lack of employment options, and the appeal of flexibility and control over working hours and conditions were scrutinized, while at the same time researchers explored the data for new or different themes to emerge too. Analysis applied the stratified process described in Miles *et al*. (2014) of *data reduction*, *data presentation,* and *explanation*. To reduce interpretation bias, this process was carried out by each researcher (five people) individually, and thereafter consensus on findings was achieved through collaboration and consultation with each other.

Table 1 provides some background information about each of the 21 participants. It shows an even distribution of male (10) and female (11) respondents aged between 29 and 71 years old. Interestingly, while the rate of people in the UK population who are married or living as married in the UK is around 52 percent (with the rest single, divorced or widowed) (ONS, 2015), the rate of people in this sample who are (as) married was only 19 percent (four of the 21 respondents). In line with data on enterprise generally (e.g., Lenton, 2017), the sample comprised of people with a range of education levels, including fourteen with tertiary education qualifications. A range of business types are represented but all were micro-firms or self-employment. R3, R5, R10 and R14 disclosed they take on ad hoc gig work to supplement income alongside their main enterprise. This is common amongst people who are in work and struggling to make ends meet (D'Arcy and Gardiner, 2014). There is also evidence of contractualised labour within the sample, with R5, R12, and R13 working on a self-employed basis for organisations that set the price of their labour. Allain et al., (2013) refer to this as 'bogus self-employment', and again, it is common amongst samples of people in enterprise work who are poor (Hatfield, 2015).

Table 1: Sample Information

R	Sex	Age	Status	Enterprise in response to health issue or enterprise established prior to it	Health	Education	Industry
1	M	58	Single	Enterprise prior to health issue	PTSD	Secondary	Management consultancy
2	F	46	Single	Enterprise in response	Fibromyalgia	University	Arts/creative
3	F	57	Single	Enterprise prior to health issue	Gynaecological condition, depression	University	Pet sitting, editing, other gig work
4	F	60	Single	Enterprise prior to health issue	Depression, anxiety	University	Professional service
5	M	58	Married	Enterprise in response	Back injury, leading to ongoing skeletal problems restricting mobility	Secondary	Contract domestic cleaning, other gig work
6	F	51	Single	Enterprise in response	M.E.	University	Therapist and Pet sitter
7	F	52	Single	Enterprise prior to health issue	Autoimmune Disease	University	Therapist/Artist
8	M	55	Single	Enterprise prior to health issue	Depression and anxiety	University	IT
9	F	50	Married	Enterprise in response	Terminal cancer	University	PR
10	M	52	Single	Enterprise in response	PTSD, anxiety and depression	University	Film maker, other gig work

11	M	71	Divorced	Enterprise prior to health issue	Arthritis/ physical health issue	University	Landscape design/project management
12	M	51	Separated	Enterprise prior to health issue	Addiction and mental health condition	College	Sub-contractor construction
13	M	46	Divorced	Enterprise prior to health issue	Severe knee injury	Secondary	Sub-contractor construction
14	F	51	Divorced	Enterprise in response	Arthritis, MRSA infection, depression and anxiety	University	Therapist, other gig work
15	M	42	Single	Enterprise prior to health issue	Heart problems, lung infection, Lyme Disease	Secondary	Mechanic
16	F	29	Single	Enterprise in response	Bipolar disorder	University	Artist
17	F	47	Widowed	Enterprise in response	Chronic pain and joint problems	Secondary	Therapist
18	M	60	Divorced	Enterprise in response	Back injury	College	Retail
19	F	59	Single	Enterprise in response	arthritis	University	Copy editor
20	M	58	Married	Enterprise in response	Dyslexia/ Learning difficulty	Secondary	Food Retail
21	F	33	Married	Enterprise prior to health issue	Post-natal depression	University	Furniture Upholstery

Findings

RQ 1: The reasons for choosing enterprise as a work context

Amongst the 21 participants in the sample, enterprise was not a consequence of disability or ill-health in all cases: Table 1 distinguishes 11 who started the enterprise in response to their health/ability status, and ten who first experienced disability or poor health while working in an enterprise context. This being a critical distinction, it was considered appropriate to explore RQ1 for each of these two groups separately so that motivations of formerly able and well participants did not cloud the impact on motives of disability.

Those in enterprise prior to their disability or health condition

Participants who had become disabled while working in an enterprise context reported a variety of reasons for being in enterprise. These were similar to findings elsewhere in the literature on motivations, such as desire for autonomy, pursuit of an opportunity, and because enterprise was the industry norm. Similar to findings in studies of enterprise amongst people

living in poverty, for some there was reference to recent structural changes in sectors, leading to greater amounts of self-employment, including the bogus self-employment referred to above. R13 explains his circumstances as a construction worker:

> *"I've been self-employed pretty much for the best part of 18 years because the government made us all go self-employed. Well, the government didn't; the government made it easier for companies to make us self-employed so companies didn't have to pay tax, insurance, and all that, so then any liability was on us and not them*" R13.

There was also testimony that reflected a typical opportunity-based trajectory. R15's experience exemplifies:

> *"I'm a mechanic by trade and I opened my car garage on the 1st September 2003. I left employment as I had enough of bosses making decisions and it felt it was the right time. When I opened up initially it was obviously just myself for the first couple of years, but I progressed along, a lot of long hours as you can imagine, and, within a few years I was able to take on my first apprentice and then over the subsequent next 15 years I've had a couple of different apprentices and I've employed people full-time"* R15.

Rather than his enterprise continuing to develop though, R15 reported that upon experiencing poor health he has been able to "*go backwards*" in terms of strategic orientation of his once thriving garage and reduce the business to small jobs he now does himself. For others who were already self-employed prior to their ill-health, regardless of their original motivation, all similarly reported that the context of working for oneself had afforded the ability to downsize and manage life, health and work when they started to experience health problems.

Those in enterprise in response to disability or health status

Among those who started in enterprise upon experiencing a decline in their health there was clear evidence of the disability or health issue influencing the decision to work in an enterprise context. This included testimony that identified a perceived lack of alternatives whereby enterprise was prompted by necessity as a response to the new health circumstances. The testimonies of R9 and R14 exemplify:

> "*I was diagnosed with primary breast cancer at the very end of 2013, and I had worked for the same consultancy firm for eight years. So, I fully expected that I would be able to carry on working with some time off for treatment, and things like that, and that's what I really wanted to do. But they said that wasn't going to work for them….and I thought, 'Right, well I definitely need to find something else', and so I established myself as an independent consultant"* R9*;*

> "*I wouldn't want to commit to saying I could do a job Monday to Friday each day because I don't know how I'm going to be each day health-wise"* R14.

In R9's case there was a lack of support from her employer and so the suggestion is a push-based driver. Alternatively, R14 regarded enterprise as a personally-appropriate testing ground for her return to working life after illness, a more pull-like trajectory that was affording her some control. Consistent with this, there was other evidence that while enterprise may not have been the only option, it was considered a safe space for work in the face of disability and ill-health. R6, for example, suggests this pull motivation in the following:

> *"I became very ill, and so I had a few years of being on benefits. Self-employment seemed like the only way, really, to safely experiment with what I could do within my limits as I was recovering"* R6.

R6 goes on to identify that the attraction of enterprise was relative; that employment was a less attractive or feasible option for her as an ME sufferer:

> "*It's been very difficult. It didn't seem like there were other options really because I am terrified of going back to work, particularly with an illness that's so unpredictable"* R6.

Whether demonstrating push or pull drivers, the need for working life to be flexible to manage health and ability issues is clear and affected most of the participants who started enterprise work after the onset of their health issue. R17 puts it thus:

> "*There's no way I can go and work for someone else, there's just too much happening in my life, so I need to work for myself"* R17.

A further consistent rationale provided in interviews for this need for flexibility referred specifically to the need to restrict working hours in order to not exacerbate health conditions (noted by R2, R6, R9, R17, and also by R4 and R11 who had actually started their enterprise before they experienced ongoing ill-health or disability). R6 expresses it thus:

> "*It's about how I manage the illness, and how I pace it, and what I take on and what I don't"* R6.

For all though, income was a necessity, and so not working was not an option. R11 noted:

> "*I keep working to a minimum because I don't have enough income. And housing benefit is a Godsend*".

He is not alone in this sentiment: several other participants noted how important welfare benefits support was (R2, R5, R6, R9), some even going so far as to suggest that the enterprise served to enable eligibility for certain in-work benefits, especially where disability-based eligibility criteria had recently changed. R5, for example, had previously received benefits associated with his condition following a back injury, and R9 with terminal cancer continues to receive in-work support. They explain from their perspectives:

"*I didn't really expect to go back to work but I thought I had to go and try because the changes in the incapacity benefit were making it harder and harder for you to get it*" R5;

"I was very, very fortunate to be awarded PIP [personal independence payment] and that was just a massive relief because if I wasn't getting the PIP, it would be a struggle" R9.

These testimonies point to the role of benefits to mitigate poverty incomes such that even if enterprise work was not producing sufficient income, the additional benefits did. Consequently, it appears in these cases at least, that benefits were augmenting low value and economically unfeasible enterprises. This may go some way to explaining why these enterprises prevail, but analysis reveals that (dis)ability and health issues were also central to persevering, and this is discussed next in the context of the second research question.

RQ 2: The reasons for persevering in enterprise despite income-poverty

Evidence about the reasons why participants continue to work in an enterprise context despite the enterprise not providing sufficient income was often associated with the reasons they had started the enterprise in the first place. Thus, there was much testimony about the enterprise affording ongoing flexibility and the need to manage the disability or illness by having control over working hours. Similarly, several also referred to the ongoing ability of enterprise to keep hours low. As noted above, some related that they prevailed in enterprise because of the access to benefits this entitled. In most cases the meagre income from the enterprise work was *the* critical qualification for top-up benefits (that require a recipient to be in work). Thus, the benefits system was affording continuation of what economic approaches to business would call 'failing' enterprises. The alternative would be no income or the need to

navigate the benefits system with its conditionality. This could include active job seeking and interview attendance, which are not easily accomplished with a health problem and there was consistent testimony about the need to work for income. The following illustrates:

> "*I was struggling with trying to work when my ankle was really bad. I maybe shouldn't have done it …but you have got to put bread on the table; you've got to earn a living"* R5.

The most compelling reason for participants in this sample to continue their enterprise work despite poverty outcomes was that it facilitated some mitigation of that poverty, and in these cases only with support from benefits, in the absence of alternative income options. Alongside this though, there was also testimony about the value of enterprise beyond income. Apart from flexibility and autonomy, other values included confidence, identity, esteem and joy. Every participant in the study cited these sorts of values of their enterprises, and in some cases, these were identified as of greater importance to them than the financial performance of the enterprise. R3 suffers from gynaecological and mental health problems and her comment exemplifies:

> *"It's more about the values – you know, the animals and the human contact are higher priority than having money in the bank"* R3.

Consistent with this, R11 agrees the income he makes is not the main driving force for his continuation of his landscape design business, instead it is the sense of accomplishment and wellbeing:

> *"I enjoy it, you know. Its great to sort of create an idea in your head and then two years later you see it sitting on the ground… I feel sort of better off than I felt in years. Maybe not financially but in the work-life balance and all these sorts of things"* R11.

These types of statement were associated not just with working in enterprise, but specifically being ill or disabled and working in enterprise, where the value of participating socially and economically was pertinent to managing conditions. In some cases, this value was informed by poor experience in employment and an ongoing desire to participate in social and professional life. R6 for example explains: "*work is part of who I am and so my confidence was absolutely shattered as a result of the way my company treated me*". She describes how her therapy and pet-sitting enterprise work has enabled wellbeing for her:

> "*becoming self-employed, it has made me very determined, more determined. It showed me that I was still a valued person… I still get periods I mean I still get periods when my confidence takes a knock, but I always bounce back and I think, yeah, I can do this, you know*" R6.

This sense of continuing to contribute and identify as a professional was reported throughout the sample. R9 expresses it well:

> "*It's like you're part of the working world. I'm allowed to see myself as that. It's the self-esteem thing"* R9.

RQ3. Is enterprise really suitable for people who are disabled or impacted by ill health?

Findings presented already provide evidence of positive features of enterprise as a work context for disabled people, especially compared to employment. The advantages of work in general include positive effects on identity, esteem, skills and confidence and these are noted in this sample, as is the capacity for enterprise specifically to enable these for participants. In addition, there was some emergent information relating to the value of specific types of enterprise for disability and health. As an artist with bipolar disorder, R16 says of her enterprise:

"To be honest, I wouldn't change it because, obviously I am an artist. It's the only thing that keeps me sane. Like my mind is focussed. So it keeps me busy and keeps my mind occupied. So, it's good in that sense" R16.

Mirroring this, R2 says that she has developed strategies whereby her fibromyalgia and enterprise can be managed synergistically:

"When I feel like its those days where I can't do as much… I'm an evening person. Insomnia is part of this condition… but I create things when its quiet. Somehow it inspires me".

Alongside the reported advantages, the downsides of enterprise work did not go unmentioned of course. The lack of employment rights, including lack of access to sick pay for periods of health sufficiently poor to prohibit the ability to work, was noted by several. The responsibilities of enterprise were also commented on. The testimonies of R13, a subcontractor, R15 with his car garage, and self-employed therapist R17 are illustrative:

"*My debt levels are almost though the roof… they're just mounting up all the time… I manage the pain as best I can and hopefully, I will get it to a level where I can actually get back to work in some capacity"* R13;

"*I only returned in January… When you are self-employed and you become sick and you can no longer attend and carry on your business, I still have to pay all my business costs. I still have to pay the bank… I still have to pay the rent. I still have to pay the electric…and I have zero income. So, all my costs remain and all my earnings disappear and I'm not eligible for any help whatsoever*" R15;

"*I lie awake at night sometimes thinking 'oh my god, am I going to have to sell my house*" R17.

Other issues pertinent to this sample include the isolation associated with enterprise and working for oneself (and by oneself in many cases). As R3 puts it: *"There are times when I am really quite lonely and stuck in the house"*. R13 explains further:

> "*There was one day I was actually in tears, saying 'what am I going to do'… I mean depression kicks in, and anxiety*" R13.

The effects of loneliness and isolation on mental health were mentioned by several participants in fact (R3, R6, R9, R13, R14). Again, since information about isolation and mental health was not directly solicited in the interview, its recurrent emergence is suggestive of a topic that may be pertinent to this group. Since four out of these five were also without a partner, it could be that marital status, and particularly being single, has a compounding effect. Either way, this negative outcome opposes general assertions about enterprise as a good work context as the implication is that it may have a (further) damaging effect on social exclusion and health. This and the other findings in this study are discussed further in the following section.

Discussion

Enterprise is argued to be a good work option for disabled people to afford them work that will provide income, reduce reliance on benefits, and afford inclusion to augment wellbeing and social participation. The findings in this study provide evidence that disability or ill-health can prompt enterprise as a work option. For some, the health issue or disability was the catalyst for the decision to engage, but the sample included also those who were already working in enterprise prior to the onset of their condition. In either case though, health or ability issues were front and centre in participants' experiences of enterprise, shaping the way the enterprise was experienced, managed and operated. Rather than a positive option, for participants in this sample enterprise was more accurately described as the *only* work option.

Notwithstanding this though, the value being realised by participants included affective and other non-financial value(s) too, which is counter to established research which gives primacy to financial outcomes. Motivations to persevere included the ability to work at all, identity, confidence, esteem and the feeling that they were part of the socio-economic world. As proposed in Adams et al. (2019), this study finds that as a work context, enterprise could facilitate these affective values for disabled participants where employment – or unemployment – could not. There was even some evidence of a suitability of some types of enterprise for those who are disabled or experiencing health challenges in this research. It is unlikely however to be coincidental that participants who expressed a mutuality between enterprise and ill-health work in the arts sector – the therapeutic properties of creative and expressive pursuits are well-known. While the arts sector may have a specific therapy profile, in fact the sense that enterprise was good for self-worth and wellbeing was consistently reported by participants regardless of sector. Critically for all though, enterprise was chosen as a work context because of the need to generate income on which to live, and all in the sample were living precariously in poverty and feeling the personal effects of this. Further, in all cases, enterprise was described as required or essential for the maintenance of life and its costs, unfamiliar testimony that evokes a survivalist narrative in a developed nation context. We assert this uncomfortable finding emerges from policy that is informed by incomplete understanding of the *what* and *why* of enterprise. Consequently, this research challenges existing ideas of enterprise and to that end contributes some broader ranging data on why enterprise is chosen by some people who are disabled or in poor health and why they prevail even when it affords poverty incomes.

By examining this phenomenon through a lens informed by Theory of Venturing (Galloway *et al*. 2019) it is now possible to identify and explain that enterprise is reflexively motivated and experienced. Also consistent with the theory, was evidence of different and overlapping

values perceived of and realised by enterprise for this sample of disabled workers; thus, in each case, motivations and experiences informed ongoing enterprise activities among the sample and continued to inform and shape the work being undertaken. Critically, in all cases, the decision to start and/or to remain in enterprise was also informed by their disability/ill-health in context.

With reference to theories of disadvantage (Maritz and Laferriere, 2016: Martinez Dy, 2020), the personal circumstances of our sample led to perceptions of enterprise as a better option than the less appropriate context of employed work with its reported lack of flexibility and accessibility. Indeed, some had even been pushed into enterprise by the lack of hospitability of their previous employment. Thus, the disadvantage was not just the health issue, but the fact that structural conditions of work and employment did not cater appropriately for the needs of participants. Beyond this, there was some evidence of negative effects of enterprise too. While enterprise appears to be a good structure within which to work in terms of its inherent control, flexibility and location benefits, emerging strongly in this research was the potential effects of isolation on mental health. Another is the burden of responsibility for generating work, particularly worrisome if you are suffering from poor health or disability that may render capacity (and therefore income generation) reduced or even impossible for periods of time. These are serious limitations of the enterprise context with commensurate implications for policy that seeks to support welfare, health and work.

A further compounding factor for participants in this sample was that social policy measures to support those who are disabled or in poor health were not necessarily helpful. Welfare policies are of course informed by economic theory and thus are underpinned by a presumption that enterprise is pursued in order to generate ongoing and accumulating financial value. Economic theories would render business that was reducing financial value

as failing. Similarly, economic theories would render business that does not produce revenue sufficient for income as failed. As such, it must be irrational for the enterprise activities in this study to prevail. Yet they did prevail. With no participant reporting business growth plans or experiences, in all cases in this sample the financial outcomes of enterprise were limited to income only though, which in these cases were insufficient to live on. Indeed, in this research there is reportage of deliberate strategies to *reduce* financial performance of enterprise to accommodate health challenges. These counterintuitive approaches to enterprise are the result of agential reflexivity, providing evidence for the varying business outcomes as proposed in the Theory of Venturing (Galloway *et al.*, 2019). Furthermore, supporting Daniel et al. (2019) specifically, the ability to reduce working hours is observed in this study to be perceived as one of the key merits of enterprise relative to employment. Pertinently, participants' welfare benefits payments were conditional on them being in work, and as such, while enterprise was a better, more practical context than employment – and participants were realising affective value because of their work – the *need* to remain in enterprise was prompted by structural conditions over which they had little control or option. The implications of this for those who would design policy and support for enterprise as a work context for disabled people are discussed next.

Implications for policy

Participants in this research reported ambitions for and experiences of affective value of work and a particular suitability of enterprise work because of its autonomy and flexibility. There was also reportage of specific types of work having a particularly therapeutic effect for some and there may well be lessons to be learned among policy, support and practitioners in terms of finding ways of enabling enterprise like this for those with commensurate interest and talents. A careful balance between creativity and the need for income and profit is a key

challenge; in this study, any positive or even therapeutic benefits were accompanied by a compelling need to earn. Consequently, any policy or support that seeks to advocate or facilitate enterprise for disabled people or those experiencing ill-health should be cognizant of the need to balance carefully the functions of enterprise as a means of achieving social inclusion and wellbeing and income. Where enterprise is not facilitating sufficient income, any affective benefits will be entirely outweighed by the stress and anxiety associated with poverty, and in contexts of poor health, run the risk of contributing to worsening health and financial circumstances. Certainly, in this research there was testimony about the anxiety caused by a lack of social and economic protection available in enterprise compared with employment, such as rights to paid leave, the burden of the costs of enterprise, and worry about the responsibility of generating one's own work. Further, this research found that enterprise had led to isolation and loneliness for some respondents. The high incidence of people who were not in (as) married partnerships may have compounded this further. Consequently, there are substantial support needs. In terms of mitigating poverty, top-up benefits were augmenting some income deficit, but other support needs include measures to reduce the risks of poverty for disabled enterprisers and find ways of mitigating the stress associated with work, trading and financial responsibility, including debt in some cases, and incapacity. Participants in this research were included because they were experiencing poverty. Not all disabled people who work in enterprise will experience poverty of course. Findings here also point to other limitations of enterprise, including isolation, loneliness, and exacerbation of mental and physical problems. These may well extend to those who are disabled in enterprise and not experiencing poverty. But the situation is that support for mental and physical health in the specific enterprise context is not available, nor is there any diversity of engagement at a policy or support level based on the differing risks to people with differing health and ability issues. Certainly, there is a clear implication that support for

mental and physical health amongst enterprise workers is needed, ironic since these are also the very challenges for which enterprise for disabled people is asserted to be a good remedy.

Fundamentally, there is need for policy makers to recognise that engaging in enterprise is often a means to balance multiple and often competing needs in structurally unwelcoming employment and work conditions. If there is genuine aspiration to encourage socio-economic participation and inclusion amongst those who are disabled or experiencing ill-health by engaging in enterprise, any support would be well-advised to explore in some depth the needs throughout this heterogeneous group. Furthermore, the default of suggesting that enterprise is a meaningful and valid route for those not economically active is at best limited and at worst risks additional consequences to the individual and wider society. For those who find it difficult to engage in regular employment, the solution is not to push those individuals towards self-reliance through enterprise in highly competitive and structurally inequitable marketplaces, but rather to understand their agential reflexivity and develop support which can enable meeting multiple needs.

Conclusion

As is the case for all studies, the research reported in this paper has limitations. First, it is cross-sectional and so reports participants' experiences, as far as they perceive and/or recall them, at a single point in time. It is also qualitative and testimony is subjective, as is analysis, despite measures to reduce the effects of this. As such, different participants or even the same participants at a different time may have provided different accounts. Despite these limitations, there were consistencies throughout testimonies and relation to theorised and previously tested themes that cumulatively allowed a picture of some depth to emerge that related to the complexity of experiences of being disabled or in poor health and experiencing poverty in an enterprise work context.

We conclude by highlighting three central contributions of this research. First, there is evidence that supports the Theory of Venturing that proposes the value of enterprise work is idiosyncratically perceived, dynamic, and ongoing, and that activities and circumstances of disability and/or ill health are central reflexive features for those so affected. In addition, the motivations for creating, and indeed persisting in, enterprise are complex and myriad, and this contributes to our knowledge about entrepreneurial diversity amongst those who pursue entrepreneurship and with regards to the outcomes of such endeavours. Second, by exploring how enterprise plays out for a sample of people who are disabled or experiencing poor health, some much-needed data on this under-researched group is presented. The knowledge emerging from this data about experiences of poverty and disability in enterprise may be useful by informing policy that seeks to support enterprise as a means of enabling economic participation amongst this marginalised group. Finally, this study presents evidence that if enterprise is to be promoted as a work context that will alleviate health-related disadvantage, it will only do so with appropriate and extensive mitigating support. The issues of poverty and ill-health are complex and overlapping. Policy responses, if they are to be meaningful or useful, must engage with this complexity and avoid over-reliance on economic or business theories and practice to develop solutions for complex socio-economic challenges.

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