



# **ENTREPRENEURSHIP AND SELF-EMPLOYMENT BY PEOPLE WITH DISABILITIES**

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Background Paper for the OECD Project on  
Inclusive Entrepreneurship

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## Introduction

Worldwide, the prevalence of disability<sup>1</sup> is argued to be growing, with population ageing and increasing incidence of chronic health conditions (World Health Organisation/World Bank 2011). Approximately 16% of the adult population aged 18 and older worldwide is disabled, with noticeable differences between high countries (12 per cent) and low income countries (18 per cent) (World Health Organisation/World Bank 2011).<sup>2</sup> European sources suggest that in 2009 25% of the adult population aged 16+ in EU member states had some kind of impairment, defined as a sustained limitation in daily activities, varying from a low of 11% in Malta up to a high of 34% in Slovakia (Grammenos 2011). Disability affects a wide range of socio-economic outcomes, including labour market participation, but also other factors that shape participation, including education, information and transport. Disabled people experience lower labour market participation rates than the non-disabled throughout Europe, although activity rates (Grammenos 2011) and the disabled/non-disabled participation rate differential varies cross-nationally (Pagán 2009). Disabled people tend to be concentrated in lower-skilled, lower-paid occupations (Meager and Higgins 2011). Low participation rates are costly for the individuals concerned in terms of economic and psychological well-being, for governments in terms of lost output and tax revenues, and increased welfare payments, and for society in terms of the impact of social exclusion and discrimination on civic participation and public life.

One possible solution to problems of low participation rates lies in the potential for disabled people to become self-employed or to start and run their own businesses. Some argue that self-employment can be used as a potential rehabilitation vocational tool to achieve faster and better integration into the labour market of individuals who become disabled (Arnold and Seekins 2002). Promoting entrepreneurship constitutes an important part of the Lisbon agenda and the Europe 2020 strategy which treats entrepreneurship as a key component of smart, sustainable and inclusive growth.<sup>3</sup> Entrepreneurship is perceived by policy-makers as a means of tackling labour market disadvantage and social exclusion more generally (De Clerq and Honig 2011), although others regard reliance on such options as over-optimistic, at least for some groups (Kitching 2006; Blackburn and Ram 2006).

The objective of this background paper is to examine the possibility that entrepreneurship<sup>4</sup> – defined as self-employment or business ownership – offers a solution to disabled people’s

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<sup>1</sup> The terms ‘disability’ and ‘impairment’ are widely used, sometimes as synonyms, sometimes not. We define these terms in the next section. In the introduction we follow the usage of the specific sources cited.

<sup>2</sup> The report surveys 59 countries and defines the disabled as those assigned a score of 40 or higher on a scale ranging from 0 to 100 where 0 refers to ‘no disability’ and 100 refers to ‘complete disability’ based on individual self-report responses to questions on difficulties in functioning in the World Health Survey 2002-4.

<sup>3</sup> [http://ec.europa.eu/europe2020/index\\_en.htm](http://ec.europa.eu/europe2020/index_en.htm)

<sup>4</sup> There is a large literature on the meaning of the term ‘entrepreneurship’. One strand of this literature takes the view adopted here: ‘entrepreneurship’ refers to those participating in the labour market as ‘own-account workers’, people working for themselves but employing no-one else, and to business owners employing others.

labour market disadvantage and social exclusion. Specifically, a number of questions are addressed:

- Can entrepreneurship be used to move people with disabilities into employment?
- How often do people with disabilities start businesses and what types of businesses do they start?
- What barriers do people with disabilities face when starting a business? Are these barriers different than those faced by other entrepreneurs?
- Do different disabilities present different barriers to self-employment or business start-up (e.g., do people with physical disabilities face different barriers than those with mental disabilities)?
- What are the main policy tools available to help those with disabilities become more entrepreneurial?
- How can current policies be improved?

The review draws on published material and data sources from several countries, although only English language work is included. Databases freely available at Kingston University were searched using terms such as 'entrepreneurship', 'small business' and 'self-employment', combined with 'disability' and 'impairment', were used to identify possible sources. Similar terms were used to search Google scholar and the internet more broadly.

The report is structured as follows; first, we consider the meaning of 'disability' and, in particular, highlight the diversity of impairments and social contexts the term refers to; second, data is presented on self-employment rates among disabled people, the kinds of disabled people who create new businesses and the types of business they set up; third, research on the barriers to entrepreneurship by disabled people is reviewed; fourth, policy objectives and instruments to encourage and support entrepreneurship among disabled people are discussed. Specific examples of policy initiatives intended to support disabled people into or in entrepreneurship are presented.

### **Some Conceptual Preliminaries: Defining Disability and Impairment**

Disabilities are extremely diverse (World Health Organisation/World Bank 2011) and are not a fixed characteristic of individuals, that is, disability is often a temporary condition rather than a permanent status. Popular stereotypes of disabled people as permanent wheelchair-users or as blind from birth persist, shaping public perceptions and informing policy approaches. Berthoud (2008) has argued strongly against this kind of monolithic view of disability. Policy approaches seeking to improve labour market opportunities, and support social inclusion more generally, for disabled people must recognise the very wide diversity of impairments and disabling barriers experienced by those with particular impairments.

Definitions of disability, and the policy approaches they inform, are shaped by two contrasting conceptions: the medical model of disability; and the social model. Briefly put, the medical model treats disability as a characteristic of the person; restrictions in activity are explained in terms of individuals' bodily capabilities, with impairments treated implicitly as a form of negative human capital. The social model of disability, pioneered by Oliver (1990), in contrast, assumes that people are disabled by societal attitudes, institutions and environmental barriers. The social model distinguishes 'impairment' – limitation of the mind and body – from 'disability' – social exclusion (Shakespeare, 2006). These distinctions are important because they are likely to influence who is defined as disabled in particular places, with implications for eligibility for support in publicly-funded active labour market programmes.

The World Health Organisation (WHO) International Classification of Functioning, Disability and Health define 'disabilities' as an umbrella term referring to impairments, activity limitations, and participation restrictions.<sup>5</sup> Disability, on such a definition, is a complex phenomenon involving interaction between a person's body and the society in which they live. In the UK, disabled people are defined as such if they have a physical or mental impairment *and* the impairment has a substantial and long-term adverse effect on their ability to carry out normal, day-to-day activities. It is the *effect* of impairment, therefore, that determines whether a person is considered disabled (Office for Disability Issues 2010). Where relevant, we use the term 'impairment' to refer to bodily limitations and 'disability' to refer to aspects of the social context that restrict activities; otherwise, we follow authors' own usage.

Impairments vary in terms of various characteristics - type, severity, stability, duration and time of onset. Different health conditions produce different impairments and a particular impairment may be caused by different underlying health conditions; moreover, individuals may suffer from multiple conditions and impairments (Berthoud 2008). So, no two people's experiences of impairment are the same; nor are those with impairments equally disadvantaged in the labour market. Impairment refers to a wide range of bodily functions or conditions, and might be grouped as:

- physical (dysfunction of the musculoskeletal, neurological, cardiac, circulatory and respiratory body systems);
- mental illness or disorder (schizophrenia, neuroses and psychotic conditions, anxiety and emotional disorders, phobias, depression);
- cognitive (brain injuries, dementia);
- sensory (sight loss or blindness, hearing); and
- intellectual or developmental (below average general intellectual function).

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<sup>5</sup> 'An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.' Online at: <http://www.who.int/topics/disabilities/en/>

Impairments vary in their severity, in terms of whether they impose major or minor restrictions on the ability to undertake 'normal' activities.<sup>6</sup> We might expect there to be variation between those, at one extreme, whose impairment has virtually no impact on their ability to take up self-employment, while at the other, others might have impairments that render them more or less incapable of any paid work. The UK Health and Disability Survey distinguished impairments into 13 grades from no impairment (scored 0) through to very severe impairment (score 13) (Grundy et al. 1999).

Impairments may be stable, constituting a permanent condition, be slowly degenerative or impose episodic, fluctuating or recurring restrictions on activities (Boyd 2012). UK longitudinal survey panel data suggests that the status of being 'disabled' is, for most a temporary one (Burchardt 2000). Individuals might experience various 'disability trajectories', varying in terms of the frequency, duration and episodicity of periods of disability. Individuals may undergo: a single short period of disability; long, continuous periods of disability over several years; or repeated short periods of disability - each of which prevents active labour market participation. Those with intermittent or fluctuating conditions – especially mental illness – may be seriously under-counted in cross-sectional measures. The long-term disabled constitute only a small proportion of working-age people who experience disability but, at any point in time, long-term disabled people make up a high proportion of all disabled people (Burchardt 2000). Burchardt found that 27% of the disabled people in the British Household Panel Survey samples she studied reported being disabled every year for the full seven year period covered while a further 25% reported being disabled for 4-6 consecutive years and another 21% report being disabled for 4-6 years non-consecutively. These proportions might be expected to vary cross-nationally or, within the same country, over time.

Onset of impairment also varies: some are born with an impairment while others acquire them during childhood or adult life as a consequence of accident, ill-health or ageing. Impairment might occur suddenly or entail a gradual deterioration in health over time. UK sources indicate that only 11 percent of the disabled adult population is born with their disability, 12 percent acquire it in childhood, and 75 percent become disabled during their working life (Burchardt 2003). At any particular point in time, the disabled population includes those born with a serious impairment, those with long-term conditions acquired in childhood or adult life and those with a temporary incapacity from which they expect to recover fully.

Most official survey data sources rely on respondents' self-assessments without reference to external standards. Self-report survey question wording influences estimates of the numbers classified as disabled (Banks et al. 2004). Official sources usually define disabled people as those with one or more specified impairments or conditions and as experiencing some form of activity limitation as a consequence. Surveys often try to distinguish, perhaps somewhat

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<sup>6</sup> Definitions of what constitute 'normal' activities, or being 'able-bodied', are also culturally-specific, in the same way as definitions of 'impairment' and 'disability', with cross-national variation in social meanings to be expected.

crudely, individuals with a work-limiting disability and those whose disability is non-work-limiting in order to isolate the personal characteristics and labour market outcomes of the two subgroups (e.g. Blanck et al. 2000; Schur 2003).

Diversity in impairment should lead us to be wary of operating with a simple binary division between 'the disabled' and 'the non-disabled' (or able-bodied) for two reasons. First, the two populations are fluid rather than fixed. A significant proportion of people are affected by disability at some point during their working lives; being 'able-bodied' is a temporary status for everyone. Second, disabled people are a highly differentiated group, varying not only in terms of impairment characteristics (type, severity, stability, duration and time of onset) but also in terms of other personal and household characteristics (gender, ethnicity, age, education, family structure) and socio-economic circumstances (employer demand for labour, industry structure) that influence labour market participation rates. Differences in impairment characteristics carry a variety of implications for how policy might seek to engage, and support, individuals' entrepreneurial capabilities. Different disability trajectories might require a variety of types, and periods, of support to entrepreneurs.

### **Entrepreneurship Activity Among Disabled People**

Data from Europe and the US suggests that self-employment rates are higher among disabled people than those without (e.g. Schur 1997; Blanck et al. 2000; Boylan and Burchardt 2002; Meager and Higgins 2011). A study of 13 of the then 15 EU member states using European Community Household Panel data for the period 1995-2001 found that self-employment rates among disabled people are higher than among people without disabilities (Pagán 2009).<sup>7</sup> Self-employment rates for disabled people varied across the 13 countries and by gender but rates were higher among males with disabilities in 11 countries (particularly Greece, Portugal and Ireland) and higher among females in 11 countries (particularly Greece, Portugal, Austria and Spain). Countries with a higher disabled/non-disabled differential, with the partial exception of Austria, are all countries with high rates of self-employment overall. This suggests that countries with high self-employment rates might be better placed to increase self-employment among disabled people.

Looking at the personal characteristics of disabled entrepreneurs, self-employment rates vary by type and severity of impairment, gender, education and residential location. Self-employment rates were higher among people who were severely limited in their daily activities than among those reporting some or no limitation in daily activities (Pagán 2009 for Europe; Jones 2011 for the UK). There is some evidence on self-employment rates among people with *specific* disabilities. Boylan and Burchardt (2002) found that, in the UK, men and women with musculoskeletal problems, and women with mental health problems, are particularly likely to be self-employed, while men with sensory impairments are relatively unlikely to be self-employed.

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<sup>7</sup> This study identified disabled persons using two questions: 'do you have any chronic, physical or mental problem, illness or disability?' If the person answered 'yes' to this question, the follow-up question – 'are you hampered in your daily activities by this chronic or mental health problem, illness or disability?', providing some measure of severity (yes/to some extent/no).

There is a large literature on the motivations to become self-employed or to start businesses. Scholars emphasise either the influence of 'pull' factors such as independence/autonomy and material benefits or 'push' factors such as unemployment or employer discrimination, although individual choices to become self-employed are necessarily influenced by the wider socio-economic context. Self-employment might arguably provide the flexibility in work tasks, pacing, hours and location sought by disabled people and a better adjustment between disability status and working life (Prescott-Clarke 1990; Callahan et al. 2002; Doyel 2002; Pagán 2009; Jones and Latreille 2011; Meager and Higgins 2011). Pagán (2009) explains the higher rates of self-employment among those with severe disabilities in terms of pull factors. Other researchers emphasise push factors such as a lack of alternative employment opportunities and employer discrimination (Blanck et al. 2000; Boylan and Burchardt 2002; Hagner and Davis 2002; EMDA 2009; Foster 2010). Employers may hold perceptions of the 'ideal job candidate' and negative stereotypes of disabled people that limit their opportunities for employment (Davidson 2011). UK data suggests that women are more likely to report pull factors (Boylan and Burchardt 2002).

Employer discrimination may be highest for those impairments or limitations that are subject to greater prejudice by employers such as those with mental and physical problems (Pagán 2009). For these people, self-employment might offer the only opportunity for active labour market participation and the associated incomes and living standards. Even individuals who have been labour market inactive might be able to create self-employed jobs that enable them to earn a livelihood and contribute to the wider economy. Pagán (2009) concludes that self-employment might be a valid option for many disabled individuals since it facilitates achieving a better balance between disability status and working life.

UK data suggests that disabled entrepreneurs are more likely to work alone, rather than employ others (Jones and Latreille 2011) and to operate from home (EMDA 2009). Jones and Latreille (2011) found that nearly 80% of the disabled self-employed have no employees compared to 74% of nondisabled and nonwork-limited disabled men. Those whose disability is *not* work-limiting appear more similar in almost all respects to those without any form of disability (Jones and Latreille 2011).

Older disabled workers may be more likely to cease entrepreneurship and more likely to become labour market inactive than their non-disabled counterparts. Pagán-Rodríguez (2012), in a study of transitions to and from self-employment in 11 Western European countries (Austria, Germany, Sweden, the Netherlands, Spain, Italy, France, Denmark, Greece, Switzerland, and Belgium) in the period 2004-7, found that self-employed disabled workers, especially females, were more likely to move to some other labour market status than were self-employed non-disabled workers. Furthermore, Pagán-Rodríguez (2012) also found that self-employed workers with disabilities were more likely to move out of the labour market than their non-disabled counterparts where individuals were disabled in both 2004 and 2007, or where they had become disabled during the period.

How might variations in labour market outcomes for disabled people be explained in comparison with the non-disabled? This question is complicated because disabled people

possess other characteristics that also influence labour market prospects, for example, they tend to be older and less educated (Berthoud 2008). Disentangling the specific 'disability penalty' (Berthoud 2008, 2011)<sup>8</sup> arising from having an impairment/disability allowing for other possible causes of disadvantage - gender, family structure, ethnicity, age, education/qualifications, local labour market conditions - shows that disabled people would have a slightly lower employment rate anyway, even if they were not disabled. But being disabled reduces the probability of being employed sharply. Moreover, the disability penalty is itself variable, varying with the conditions people report, and the type and severity of impairments they give rise to (Berthoud 2008). Berthoud and Blekesaune (2007) claim that the UK disability penalty has increased in the past 30 years.

Jenkins and Rigg (2004) distinguish three sources of disadvantage for disabled people. The first refers to pre-existing disadvantage among those who become disabled (a 'selection' effect); that is, those with certain characteristics are more likely to become disabled than others. Educational disadvantage, for instance, has been found to be associated with the risk of becoming disabled, so lower educational qualifications are correlated with the onset of disability in later life (Burchardt 2003; Jenkins and Rigg 2004). Drawing on survey data, such correlations are descriptive, offering limited insight into the underlying mechanisms connecting the two statuses. Second, the onset of disability is correlated with labour market and other forms of disadvantage in later life such as lower employment rates and incomes. The third source of disability disadvantage refers to the effects associated with remaining disabled post-onset. A key feature of this research is its attempt to distinguish human capital theories, explaining labour market outcomes in terms of education levels, work experience and skills, from employer discrimination theories that attribute labour market outcomes to unfavourable employer perceptions of disabled people's capabilities and motivations. Because the various forms of capital confer benefits to the extent that individuals are endowed with them, and generate disadvantages that they do not, the influence is discussed in the following section on barriers to entrepreneurship.

### **Barriers to Entrepreneurship Among Disabled People**

Disabled people, like the non-disabled, face general barriers to labour market participation but also face specific barriers to entrepreneurship in particular. General barriers are discussed briefly before focusing specifically on disability barriers. International studies have found disability consistently to have a negative effect on labour market outcomes, including employment rates, earnings and unemployment rates (Jones 2008; Berthoud 2008; Meager and Higgins 2011; Lechner and Vazquez-Alvarez 2011). Variations in impairment characteristics - type, severity and number of health problems or impairments - influence participation rates, types of occupation and earnings (Jones 2008, 2011; Berthoud 2008; Meager and Higgins 2011). Berthoud (2008) found locomotor impairments to exert a serious negative impact on employment prospects. Employer discrimination is a strong influence on the supply of jobs to disabled people (Meager and Higgins 2011); employer

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<sup>8</sup> Berthoud (2008) uses the notion of 'disability *employment* penalty' (italics added) to refer to those seeking employment, rather than self-employment, opportunities but the concept might usefully be extended to the self-employed too.

*perceptions* of individuals' capacity to work may diverge considerably from their actual capacity to work. Labour market disadvantage is particularly high among those with mental health problems or learning difficulties (Berthoud 2008; Meager and Higgins 2011). Such disadvantage is sensitive to local variations in employer demand for labour but less so in relation to macroeconomic conditions (Berthoud 2009; Meager and Higgins 2011).

Disabled people are likely to face specific barriers to entering and sustaining entrepreneurship in addition to the general barriers, each of which requires a specific policy response. Some of these barriers, arguably, are very deep-rooted social-structural constraints imposing severe limits on life chances for certain groups of disabled people. Barriers can be summarised under the following subheadings:

- *Access to start-up capital* (e.g. Boylan and Burchardt 2002; EMDA 2009; Foster 2010) – disabled people often experience difficulties financing new start-ups due to limited personal financial resources (savings, home ownership), which, in turn, are partly due to poor education, lower employment rates and the concentration of disabled employees in low-paid occupations; poor credit rating after long-term benefit receipt; disinterest/discrimination on the part of banks; lack of accessible information on sources of grants and loans.
- *Benefits trap* (e.g. Boylan and Burchardt 2002; Doyel 2002; EMDA 2009) – aspiring disabled entrepreneurs often fear losing the security of regular benefit income. In the UK, at least, such fears may be based on incomplete knowledge of the benefits available. Boylan and Burchardt (2002) found that all of the six aspiring entrepreneurs they interviewed feared losing benefits yet they were also unaware of the financial and non-financial support available to them. Limited awareness of eligibility for benefits, combined with expectations that income from entrepreneurship might be initially low, contributes to perceptions of self-employment as 'risky' and may deter business start-up.
- *Lack of relevant business knowledge and skills* (Enabled4Enterprise 2008) – disabled people often lack specialist business management, legal and financial expertise due to limited relevant education and employment experience might feel at a disadvantage. Again, lack of managerial expertise might reflect the concentration of disabled employees at the lower end of organisational job hierarchies.
- *Lack of confidence/limited aspirations* (Rizzo 2002; Enabled4Enterprise 2008; EMDA 2009; Foster 2010) - this refers to individual beliefs related to identifying a business opportunity as a potential source of sustainable income, to be able to develop the business to achieve this goal or the stigma associated with business failure. Aspiring disabled entrepreneurs often lack the self-belief that they can start and operate businesses successfully, particularly among those with mental health issues (EMDA 2009). Both informal (family and friends) and formal sources of business support providers might act in ways that undermine would-be entrepreneurs' self-confidence and discourage start-up (Rizzo 2002; EMDA 2009; Foster 2010).

- *Consumer discrimination* (Boylan and Burchardt 2002; Jones and Latreille 2011) - deters self-employment by reducing the demand for goods and services produced by disabled business owners, and reduces the rewards to entrepreneurship.
- *Absence of appropriate and sensitive business support/unhelpful attitudes of business advisers* (Boylan and Burchardt 2002; Doyel 2002; Pavey 2006; Enabled4Enterprise 2008; EMDA 2009) – this has a number of dimensions. First, advisers are often reluctant to recommend self-employment as a career option for disabled people and sometimes actively attempt to dissuade them. Such views might be a consequence of advisers' inadequate or stereotypical understandings of the activity restrictions arising from specific conditions and/or misperceptions of support recipients' capabilities as well as a genuine regard for the risks disabled people face in starting and running businesses. Policy support and delivery staff need to overcome their own fears of the risks associated with recommending self-employment as a work option for disabled people. Those with mental health issues might be particularly susceptible to unsupportive adviser perceptions. Second, and crucially, training is not always tailored to individual needs and therefore of limited value to particular recipients. For some clients, support might need to be provided over an extended period of time to deal with recurring conditions or particular stresses. There is a perception among some support recipients that funders face pressures to move quickly onto the next case rather than provide longer-term support to those assisted (a 'tick-box culture'). Third, the visibility of support services provided or a lack of information made available in particular formats (Braille etc). Individuals with good business ideas are unsure who might be able to provide advice to develop ideas and exploit them commercially. Fourth, lack of accessible premises or transport/funding for transport to and from advice centre. Individuals simply are unable to travel to meet advisers. Such arguments might have less purchase today where governments provide information online, although partially sighted recipients might require thought to be given to ensure websites are user-friendly. Fifth, use of appropriate language. Using terms like 'enterprise' or 'entrepreneur' may be off-putting to those perceiving self-employment simply as a means of working and earning a living for oneself. Sixth, the diversity of impairment/disability means that some disabled entrepreneurs might not perceive themselves as 'disabled' and prefer to be supported under mainstream, rather than disability-specific, services.

This section raises several issues related to the delivery of policy support, and more generally raises questions about the extent to which self-employment should be recommended for people with disabilities. It is essential to acknowledge the heterogeneity of individuals' impairment characteristics in order to understand how policy-makers might intervene to address the barriers to entrepreneurship. Those with particular types of impairment, more severe impairments, long-term impairments and a greater number of impairments are likely to experience greater barriers to taking up self-employment. Those with intermittent or fluctuating impairments might only require support at very particular times.

There is evidence of multiple sources of disadvantage for particular groups of disabled people in European labour markets (Greve 2009). Disability is more likely to affect vulnerable subgroups within society, for example, the old and the poor (World Health Organisation/World Bank (2011)). Indeed, disabled people may experience multiple forms of social exclusion and sources of labour market disadvantage (Berthoud 2008). Disabled women, older disabled people and ethnic minority and migrant disabled people are likely to face greater levels of labour market disadvantage. Disability barriers to entrepreneurship might, therefore, be compounded by gender, ethnicity and age barriers as well as deprived socio-economic contexts. Where this is the case, policy action on disability will need to be combined with action on other sources of disadvantage to remove barriers to entrepreneurship for particular individuals.

### **Policies to Support Disabled Entrepreneurs**

Policy-makers have developed initiatives to enable, and encourage, disabled people to enter the labour market and sustain participation in Europe (e.g. Smyth and Maynard Campbell 1997; Greve 2009), the USA (Wilhelm and Robinson 2012; Wittenburg et al. 2013) and Asia (Huang et al. 2009). Before discussing policy initiatives intended specifically to support disabled entrepreneurs, three caveats must be entered. First, policy has often focused on raising labour market participation rates in general, rather than entrepreneurship rates specifically, although some programmes have sought to support people into entrepreneurship, or to support established enterprises. Support programmes often aim to increase labour market participation rates among disabled people, whether in employment or in self-employment. Initiatives often incorporate a separate self-employment channel in addition to an employment option (e.g. Ridley et al. 2005; Priestley et al. 2009). Hence many of the sources discussed are concerned with this wider notion of improving labour market participation than in encouraging entrepreneurship per se. Second, a number of initiatives include, but are not restricted to, disabled people. Hence it is not always clear whether, or how many, disabled people have taken part in programmes as details of individual participants are not always included in source materials. Third, initiatives are not always subject to independent evaluation following implementation. It is not always possible, therefore, to examine the outcomes of particular programmes or to consider issues of deadweight, additionality or displacement. In short, adequate data is not always available to properly assess whether programmes work successfully.

National governments have implemented a range of policies to support labour market participation of disabled people. These include: legislative measures imposing obligations on employers to make reasonable adjustments to premises and employment arrangements to facilitate access; financial support to encourage employers to adapt workplace facilities and to purchase equipment to enable use by disabled people. Policy initiatives to support disabled entrepreneurs vary in their objectives, the target groups they serve, types of support provided and delivery methods. Policy options, to some extent, mirror those relevant to entrepreneurship policy more generally: should policy support new venture creation, established businesses or both? But policy-makers face specific choices with regard to providing support to actual and potential disabled entrepreneurs. Should policy support:

- entrepreneurs with particular kinds of impairment,
- entrepreneurs with particular personal characteristics, for example, the unemployed or those experiencing multiple sources of disadvantage
- entrepreneurs in particular types of business, for example, those in specific sectors or those seeking growth?

Clearly, the more ambitious the objectives the higher the level of resources needed to achieve them. Policy-makers might feel resources are better spent on those suffering most from social exclusion and require the greatest support; alternatively, they might choose to focus support on 'low-hanging fruit', those most likely to produce successful outcomes quickly. A US study examining evaluations of a range of programmes aiming to promote employment among disabled people found that the most successful interventions were those that provided customised supports to narrowly targeted subgroups, particularly younger persons and those with psychiatric impairments (Wittenburg et al. 2013). Customised support initiatives tend to be more resource-intensive and expensive.

Policy-makers also need to decide what mix of instruments and levers are most likely to accomplish the objectives sought. Broadly speaking, three kinds of instruments and levers to support entrepreneurs might be distinguished (Bennett 2012), including disabled entrepreneurs (Arnold and Seekins 2002; Doyel 2002; Hagner and Davies 2002; Boylan and Burchardt 2002; EMDA 2009):

- enterprise awareness;
- financial support;
- non-financial support;
- adviser training.

Enterprise awareness measures refer initiatives aiming to increase knowledge of self-employment/small business ownership as a career option, the potential benefits and the challenges and risks. Such awareness training might tackle the barriers to entrepreneurship arising from low levels of confidence among aspiring disabled entrepreneurs. Relatedly, enterprise awareness training might also be provided to advisers whose responsibilities include supporting disabled individuals. Foster (2010) recommends this should be disability specific training – not just generic diversity training. Providing training to employment/business advisers has a number of components. First, informing advisers of the possibilities self-employment might afford disabled people as a work option. Second, overcoming adviser reluctance to recommend self-employment as a viable option – encouraging advisers to see self-employment as a viable option for particular individuals and address negative stereotypes. Increasing adviser confidence to provide support to disabled entrepreneurs might, indirectly, increase the confidence of the target group of entrepreneurs.

Financial support might take the form of grants, loans, subsidised loans or loan guarantees to credit providers, tax credits, and exemption from business registration fees (e.g. Greve 2009; Huang et al. 2009; Bernard et al. 2006). Financing might be tied to purchasing specific equipment, skills training or attendance at events such as trade fairs or exhibitions (e.g.

Spain 2012) or to the development and application of assistive technologies (ATs). AT is a generic term referring to rehabilitative, adaptive and assistive devices that enable disabled people to perform particular tasks and improve quality of life (Angelocci et al. 2008). Such tasks include enabling mobility, the use of specific artefacts such as furniture and computer keyboards, and by facilitating communications, for example, through enabling access to electronic and paper media and voice recognition systems. To the extent that ATs become more sophisticated and portable, and less expensive, they may become a frequently-used means of supporting disabled entrepreneurs.

Financial support might also extend to the issue of benefits. In particular, policy should ensure that those moving from labour market inactivity, and a high reliance on various forms of disability-related benefit, are not disadvantaged or discouraged by a benefit system that either responds too quickly to cut benefits before the transition to entrepreneurship has generated any economic gain or by one that adapts too slowly where the attempt at entrepreneurship proves unsuccessful. The benefit system should be flexible enough to encourage individuals to create new firms but also to support those unable to make them work. This flexibility should be communicated effectively to those at whom the system is targeted, so unjustified fears are mitigated, reducing a key barrier to business start-up.

Non-financial support refers to a more diverse category of services - information and signposting, specialist advice and mentoring, and training in business and management skills. Business planning support might involve writing a business plan, creating and developing a product/service; identifying potential markets; applications for finance; dealing with customers; financial management; marketing and sales; employing others; guides and other support staff – to enable disabled people to improve their mobility, communicate with others or engage in a wider range of activities. Enterprise awareness and non-financial support programmes shade into each other where the latter seek to implement confidence-building and role modelling measures.

Policy-makers also need to consider methods of delivering advice and support to disabled entrepreneurs. The heterogeneity of impairment characteristics (type, severity, stability, duration and time of onset) renders generalisation difficult with regard to support needs and policy approaches. Most sources suggest that intensive, tailored, one-to-one, or small group support provision, may produce the most successful outcomes (Arnold and Ipsen 2005; Enabled4Enterprise 2009a, b; EMDA 2009; Dotson et al. 2013). Policy might need to support entrepreneurs with diverse impairment characteristics in different ways, over varying timescales, in order to benefit individuals with different impairment characteristics. Such approaches might involve assessing the individual's business potential, exploring the feasibility of the business idea, provision of business education and training, including any technical support, developing a business plan, finding resources from multiple sources, reviewing outcomes and adjusting future plans (Arnold and Ipsen 2005). Such tailored approaches, however, are highly resource intensive and in times of austerity, programmes are likely to be small-scale, partly because the target client base is small and/or dispersed among the broader population.

Policy concerns, strategies and instruments are likely to vary across different subgroups within the disabled working age population, differentiated by impairment characteristics and the distinct barriers to self-employment they face. Where disabled entrepreneurs occupy other disadvantaged social statuses (for instance, by gender, ethnicity, age, locality), problems of labour market exclusion and social marginalisation are likely to be intensified. Policy action will need to address multiple sources of disadvantage in order to improve self-employment rates among multiply disadvantaged groups. A focus on tackling the disability penalty will not suffice. The International Study on Income Generation Strategies analysed 81 self-directed employment projects and highlighted four success factors: a self-directed identity (self-confidence, energy, risk-taking); relevant knowledge (literacy and numeracy, technical skills, business skills); availability of resources (advice, capital, marketing assistance); an enabling social and policy environment (political support, community development, disability rights) (cited in World Health Organisation/World Bank (2011: 247).

To illustrate the diversity of policy options, five examples of programmes are presented, two from the USA and one each from the UK, Slovakia and Moldova. The policy initiatives vary in terms of objectives, the groups they target, resources, approaches taken, instruments used and delivery methods. Policies cannot simply be transplanted into other national and regional contexts without attending to the environmental settings that enable initiatives to work well or, alternatively, hinder their operation. Independent evaluation studies only exist for one of the initiatives presented, rendering proper analysis and understanding of the policies, and the possibilities of successful transfer, limited.

Figure 1: Ready to Start, UK

<p>Description:</p> <ul style="list-style-type: none"> <li>- Ready to Start (2006-9)</li> <li>- aimed to recruit 1200 participants and to support 600 into entrepreneurship across the UK through the provision of skills training, advice and support and finance</li> </ul>
<p>Problem addressed:</p> <ul style="list-style-type: none"> <li>- to reach potential disabled entrepreneurs, provide information, mentoring and financial support, and to offer the motivation and encouragement to succeed</li> </ul>
<p>Approach:</p> <ul style="list-style-type: none"> <li>- provides an individual, client-centred approach involving three principal elements: (a) a team of RTS Regional Coordinators to recruit clients and develop relationships with partner organisations to support and refer clients; (b) support from in-house mentors and mentors from partner organisations, alongside that provided by 'Barclays Buddies'. Regional Coordinators acted as key workers to ensure clients received the full range of support services needed and often provided one-to-one advice on non-business matters including benefits, housing and self-management. Face-to-face and virtual networking events and activities for clients and partners were also facilitated.</li> <li>- a third element was added once the project commenced: a small Development Fund to provide finance for business launch, including equipment, insurance and marketing materials, computer refurbishment (including disability adaptations) and membership of the Federation of Small Businesses or similar trade bodies to provide continuing support and networking opportunities.</li> <li>- involves Barclays Bank and Leonard Cheshire Disability as strategic partners; several partner organisations including Prince's Trust, Action for Blind People and Business Link London who referred 43% of RTS clients; and support providers Destiny, Northern Pintetree Trust and Meganexus</li> <li>- initially centred on 27 locations throughout England and South Wales; extended subsequently in 2008 through the Distance Mentor Model to provide scheduled and ad hoc 1-to-1 and group support via telephone, email and web-based technologies</li> <li>- Barclays provided £3m funding to enable 150 employees to become trained, volunteer 'Barclays Buddies' providing support to clients.</li> <li>- some clients entered Phase 2, involving a reduced level of support and mentoring and one year's subscription to a business support organisation after the programme</li> </ul>
<p>Impact:</p> <ul style="list-style-type: none"> <li>- independent evaluation obtained feedback from clients, Leonard Cheshire Disability and Barclays using survey, interview and focus group approaches</li> <li>- recruited 1382 budding disabled entrepreneurs, with 735 establishing new businesses in a wide range of sectors and 274 progressing into employment, training or volunteering roles</li> <li>- 82% of clients reported that the service was useful, 75% said they were satisfied with programme management and delivery and 93% stated they wanted it to continue</li> <li>- the Development Fund was reported by clients to be the most useful service, followed by mentoring</li> <li>- reduced numbers claiming various benefits, saving the UK Treasury an estimated £3.5m in benefit payments</li> </ul>
<p>Conditions for success and lessons learned:</p> <ul style="list-style-type: none"> <li>- Project success due to well-resourced, integrated programme linking partners, support providers and clients; flexible resource allocation; complementary, non-competitive relations between partners; robust referral systems across all regions; tailored client support.</li> </ul>
<p>Sources: Leonard Cheshire Disability (2009)</p>

Figure 2: Transition Academy, USA

<p>Description:</p> <ul style="list-style-type: none"> <li>- Transition Academy, at a state university in Texas</li> <li>- 8 young adults (aged 19-27) with developmental disabilities, no longer qualifying for special education services</li> </ul>
<p>Problem addressed:</p> <ul style="list-style-type: none"> <li>- offers a behavioural teaching intervention to provide independent living and vocational skills, and community-based opportunities to practice the skills learned by people with developmental disabilities (autism, asperger's, down syndrome, mental retardation, PDD-NOS)</li> </ul>
<p>Approach:</p> <ul style="list-style-type: none"> <li>- participants attended the academy 4 days a week to acquire self-employment job skills, linked to the recycling programme operating at the college, covering 3 broad task sets: how to do a job, how to supervise someone else doing the job, how to keep records of work completed (naming the business, logo design, distributing fliers, maintaining recycling bins, recording of recycled materials, completing timesheets, taking payment in tokens)</li> <li>- each group teaching interaction lasted 30-45 minutes</li> <li>- once group teaching produced a clear improvement over baseline scores, the treatment was extended to the natural environment, outside the teaching room, with participants working in pairs supervised by an experimenter to accomplish tasks.</li> <li>- no details of budget provided.</li> </ul>
<p>Impact:</p> <ul style="list-style-type: none"> <li>- teachers/experimenters scored participants on a range of probes within the 3 broad task sets. Probes were always conducted at least 18 hours after a teaching session; inter-observer data were also collected on participants' performance across all probe types and experimental conditions, to validate teacher/experimenter scores</li> <li>- For each of the 3 job skill areas, all 8 participants showed substantial improvement, although there was some variability across the sample partly attributable to poorer language skills</li> <li>- the teaching interaction procedure was effective in increasing skills related to many self-employment possibilities; the extension of treatment to the natural environment led to high levels of accurate skill completion; and participant pairs were able to work together to complete jobs with a high degree of accuracy</li> <li>- students continue to operate the analog recycling business for the college</li> </ul>
<p>Conditions for success and lessons learned:</p> <ul style="list-style-type: none"> <li>- capacity of teachers/experimenters and participants to give substantial time and effort to the programme essential to successful outcomes; participation in pairs enabled peer prompting to achieve successful task outcomes; those benefitting from the service provided also encouraged participants</li> <li>- labour-intensive and time-consuming; better suited to small-scale interventions with few participants</li> </ul>
<p>Sources: Dotson et al. (2013)</p>

Figure 3: *Entrepreneurs with Disabilities (EWD) programme, USA*

<p>Description:</p> <ul style="list-style-type: none"> <li>- Entrepreneurs with Disabilities (EWD) programme</li> <li>- participants must be disabled, users of Iowa Department of Education's Division of Vocational Rehabilitation Services (VRS) or from the Department for the Blind (IDB) services and own 51% or more of the for-profit business</li> </ul>
<p>Problem addressed:</p> <ul style="list-style-type: none"> <li>- aims to support small business creation and development among disabled entrepreneurs</li> </ul>
<p>Approach:</p> <ul style="list-style-type: none"> <li>- provides technical assistance and financial assistance to Iowans to support the creation and expansion of small businesses</li> <li>- applicants must be referred to EWD by VRS/IDB counsellors and possess appropriate qualifications, experience, business credentials and match financial resources provided by the programme; most had experienced employment discrimination after the onset of disability and this had motivated them to become self-employed</li> <li>- EWD staff assess applicants' needs for assistive technology, accessible transport, education and training, and medical evaluation and counseling; successful applicants undergo a feasibility study to assess business concept, market and financial requirements; receive specialist technical assistance (accounting, legal, business planning, management, design) up to \$10,000; loan finance and assistance to lever in additional private funding; monthly monitoring for up to two years or until financial self-sufficiency</li> <li>- applicants had a variety of impairment characteristics (type, onset, duration)</li> <li>- unsuccessful applicants may be referred to other support programmes</li> <li>- partners include several Iowa state agencies, including the Iowa Department of Economic Development, VRS and IDB</li> <li>- funding varied from \$500-700,000 per year, combining matched federal and state funding</li> </ul>
<p>Impact:</p> <ul style="list-style-type: none"> <li>- 112 participants between 1995-99 (from 509 applicants); 42 cases were closed as showing stable operation and tending towards profitability; a half of EWD participants employed other people (1-6 employees)</li> <li>- applicants tended to be more highly educated than disabled individuals more generally; two thirds were unemployed at the time of application;</li> <li>- men more likely to progress through the programme than women</li> </ul>
<p>Conditions for success and lessons learned:</p> <ul style="list-style-type: none"> <li>- large-scale, well-resourced programme; filtering applicants to increase likelihood of suitable applicants entering the programme and sustaining participation; strong well-established inter-agency relationships facilitates 'joined-up' decision-making</li> </ul>
<p>Sources: Blanck et al. (2000)</p>

Figure 4 MATRA project – self-employment support for visually impaired people, Moldova

<p>Description:</p> <ul style="list-style-type: none"> <li>- MATRA project – self-employment support for visually impaired people</li> <li>- sought to enable 20 people with visual impairments to integrate into economic life by launching a business through assistance offered by the Business Support Program Moldova 2009-2012. Part of a wider initiative funded by the Netherlands Ministry of Foreign Affairs, aimed at supporting countries in south and southeast Europe.</li> </ul>
<p>Problem addressed:</p> <ul style="list-style-type: none"> <li>- visually impaired people were perceived lacking entrepreneurial skills, specific knowledge in specific business areas and the resources to start a business</li> </ul>
<p>Approach:</p> <ul style="list-style-type: none"> <li>- adopted a ‘learning by doing’ principle, adopting several methods. Training was provided by a business consultant on ‘evaluation of entrepreneurial skills’ and ‘business planning’. Trainees awarded most points for the skills evaluation were selected for business planning training, involving marketing, organisational, investment and financial planning.</li> <li>- Financial assistance was provided by project partner, Microinvest, which offered low interest rate loans.</li> <li>- Business planning training initially took 5 days, later reduced to 3 days and then closed because clients lacked sufficient financial resources to fund their business plans. Only two people launched a business in the absence of financial assistance.</li> <li>- An internal financing Fund was introduced because of the modest results achieved. The fund was organised as a joint venture, 50% grant and 50% refundable support, the maximum amount provided to a beneficiary being 1,000 EUR. Following implementation of the fund during the period of March-July 2012, 25 people were assisted to develop their individual business plans, of which 22 people with disabilities (19 with visual impairments and 3 with locomotor disabilities) launched/developed businesses.</li> </ul>
<p>Impact:</p> <ul style="list-style-type: none"> <li>- 67 persons were trained on assessing the viability of a business idea and whether self-employment is a good solution for them;</li> <li>- 40 people received training in business planning and organisation;</li> <li>- 23 people launched/developed entrepreneurial activities (18 launched during the project, 5 people developed existing activities)</li> </ul>
<p>Conditions for success and lessons learned:</p> <ul style="list-style-type: none"> <li>- targeting of a very specific group of disabled people means support can be focused sharply and tailored, high-quality support services can be provided</li> <li>- there are benefits in identifying those among the target groups best placed to take advantage of the support offered (only a subset of the 67 participants progressed to the business planning training component of the programme)</li> <li>- adding financial support increased participation and led to a rise in successful outcomes. Without access to appropriate financing, non-financial support is likely to be insufficient to achieve valued programme objectives.</li> </ul>
<p>Sources: Doibani et al. (2012)</p>

Figure 5: Looking for another sense – for entrepreneurship, Slovakia

<p>Description:</p> <ul style="list-style-type: none"> <li>- Looking for the sense for entrepreneurship (“Hľadáme ďalší zmysel – PRE PODNIKANIE”)</li> <li>- targeted deaf entrepreneurs throughout Slovakia (2008 – present).</li> </ul>
<p>Problem addressed:</p> <ul style="list-style-type: none"> <li>- to provide information, advice and direct financial support to help deaf people aged 18-55 start their own businesses or become self-employed.</li> <li>- access to information and education for deaf people in Slovakia is limited. A small number of schools offer specific career paths for this group, mainly in occupations such as hairdressing, tailoring, carpentry or goldsmithing. Many skilled deaf people are long-term unemployed due to lack of accessible information about different forms of employment support.</li> </ul>
<p>Approach:</p> <ul style="list-style-type: none"> <li>- Every year about 20 deaf entrepreneurs are selected by an independent committee for a free week-long course ‘How to start a business’ where they receive information about finance, marketing and regulation. Participants pay only travel expenses.</li> <li>- The course consists of 45 teaching hours that include short lectures, discussions and case studies of successful entrepreneurs.</li> <li>- Deaf entrepreneurs receive: 1) Free advice on developing their business plan during the first 12 months of business; 2) Direct financial support (grant) if they successfully defend their business plan; 3) Networking opportunities with other start-up entrepreneurs; 4) Free advertising space on the website <a href="http://www.nepocujucipodnikatelia.sk">www.nepocujucipodnikatelia.sk</a> created to attract potential customers.</li> <li>- programme organised and implemented by the Endowment Fund Telekom at the Pontis Foundation, a grant awarding and operational body. It redistributes grants to other organisations and implements its own projects and activities. Support activities are delivered by sign-language translators, lecturers/trainers delivering training and an online forum where an established entrepreneur, Anna Rajska, responds to queries. The Foundation is funded by private sector sponsors and donors. In 2012, €50,000 was allocated to support deaf entrepreneurs on the programme.</li> <li>- On completion of the course, participants should be ready to start their own business and are eligible for financial support of up to €3,320.</li> </ul>
<p>Impact:</p> <ul style="list-style-type: none"> <li>- 40+ deaf entrepreneurs have successfully started their own business since 2008.</li> <li>- The newly created website provides an advice forum and a platform for deaf entrepreneurs to advertise their products and services</li> </ul>
<p>Conditions for success and lessons learned:</p> <ul style="list-style-type: none"> <li>- Continuous funding is needed to offer the programme free of charge</li> <li>- An integrated support package comprising financial support, business support, networking opportunities and advertising channels contributes to successful outcomes</li> </ul>
<p>Sources:</p> <p><a href="http://www.nepocujucipodnikatelia.sk/grantovy-program/o-programe">http://www.nepocujucipodnikatelia.sk/grantovy-program/o-programe</a></p> <p><a href="http://www.nadaciapontis.sk/index.php?s-cv-contentID=hladamedalsizmysel2012&amp;s-search-query=H%B5ad%E1me+%EFal%B9%ED+zmysel+pre+podnikanie&amp;s-cv-assign=link">http://www.nadaciapontis.sk/index.php?s-cv-contentID=hladamedalsizmysel2012&amp;s-search-query=H%B5ad%E1me+%EFal%B9%ED+zmysel+pre+podnikanie&amp;s-cv-assign=link</a></p>

## Conclusions and Recommendations

This report has sought to answer the question whether entrepreneurship can provide a solution to the challenge of increasing disabled people's labour market participation specifically, and social inclusion more generally. The answer is a qualified 'yes', meaning some individuals might be able and willing to take up self-employment or business ownership as a paid work option – but this is unlikely to be a sustainable option for many others without extensive and/or long-term support. Impairments vary widely in terms of type, severity, stability, duration and time of onset – these characteristics influence individual capacities and willingness to become entrepreneurs and to sustain such a status. If policy-makers wish to support aspiring and established disabled entrepreneurs, initiatives must recognise this wide diversity of impairment conditions, if entrepreneurship is to be a serious long-term option of them. Given the numbers of disabled working age people in Europe, and the higher rates of self-employment amongst the labour market active disabled, policy-makers should arguably give serious consideration to entrepreneurship support programmes.

In designing and implementing entrepreneurial support initiatives, policy-makers face a trade-off between providing generic advice to a large number of recipients, with widely varying impairments and circumstances that risks failure to engage, encourage and properly support would-be disabled entrepreneurs *and* measures to provide intensive, tailored support to a highly targeted subgroups of disabled entrepreneurs. This is a common dilemma for policy-makers. One approach arguably achieves high levels of contact but limited success in terms of sustainable new and existing businesses; the other reaches a limited number of businesses and may, inadvertently, exaggerate differences between those disabled people who are 'labour market ready' and others, but with a higher probability of sustaining the businesses created and/or supported.

Research on policy support for disabled entrepreneurs is limited, so little information is available on the kinds of initiatives that work, for whom, how and why they work in the ways they do, and the wider economic and social consequences of such support programmes. This makes it difficult to generalise with a view to recommending the transfer of particular policies to places and social contexts beyond those in which they originate. The principal implication of the admittedly small number of studies reviewed is that initiatives are more likely to be successful where support is client-centred, tailored to the particular concerns and aspirations of the individual recipient. This support should recognise the individual's very particular needs with regard to starting and running a business with a particular impairment but also their specific capabilities in terms of business and management knowledge and skills, and other personal characteristics, which influence the ability to become, and remain, an entrepreneur. Women, ethnic minorities, younger and older disabled people, and those living in economically depressed areas might find it more difficult to start businesses and run them successfully. This suggests policy action on disability needs to be implemented alongside complementary measures to address the disadvantages associated with other socio-economic statuses.

There are certain generic actions that policy-makers might take to support disabled entrepreneurs, including the following, but all are arguably of only limited value, and must be supplemented by more concrete forms of intensive tailored support. There is a limit to the benefits such generic support can bring.

- Information/signposting services – making publicly funded information services, online and offline, accessible to as wide a group of people as possible, taking into account the wide variety of impairment characteristics known to exist in the population. As government support services have increasingly transferred to online platforms, the design of government websites is very important.
- Flexible yet secure disability benefits – policy should ensure that aspiring disabled entrepreneurs suffer no benefit penalty when taking up self-employment or starting a business. Transitions between labour market statuses (employment, self-employment, unemployment, inactivity) should be as seamless as possible while also offering safeguards during the early start-up phase when business revenues may be limited. Should new business ventures cease trading, a swift return to benefits should be guaranteed.
- Business adviser training – advisers often require training in order for them to give appropriate advice to different groups. Such training should be mindful of both the generic and specific barriers particular groups of aspiring and established entrepreneurs experience in starting and running a business. So, advisers should receive instruction on diversity issues and avoid stereotyping disabled clients on the basis of their impairments. Building clients' confidence may be the best support advisers can provide.

Clearly, the decision to extend public support to disabled entrepreneurs is a political decision. Against the positive arguments in favour of supporting disabled individuals to become self-employed or start new businesses must be weighed the opportunity costs. Policy-makers might consider that the highly resource-intensive, tailored forms of support recommended here are too costly to contemplate given competing priorities. But without such support many aspiring disabled entrepreneurs are likely to miss the opportunities their talents justify.

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