

RESTORATIVE ENTREPRENEURING: A NEW CROSS- DISCIPLINARY

AGENDA TO SUPPORT AT-RISK SOCIAL GROUPS

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NOTICE

This is the author's version of a co-authored work that is accepted for publication in *Journal of Business Venturing Insights*

Wainwright, L. Muñoz, P. 2020. Restorative entrepreneuring: A new cross-disciplinary agenda to support at-risk social groups. *Journal of Business Venturing Insights*.

Changes introduced as a result of copy-editing, formatting and the final publishing processes may not be reflected in this document. For the definitive version of this work, please refer to the published source at: <https://www.journals.elsevier.com/journal-of-business-venturing-insights>

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Abstract

In this paper we uncover and systematize practical challenges and research priorities at the intersection of entrepreneuring, rehabilitation and at-risk social groups. Our work draws on practical challenges identified by service providers supporting vulnerable individuals in the process of rehabilitation. They reveal long-standing issues in the facilitation of emancipatory work and perspectives on the (actual and potential) role that entrepreneuring may play in the process. Leveraging these ideas we offer the notion of *restorative entrepreneuring* and put forward a cross-disciplinary agenda comprised by five spaces and four levels of inquiry. We offer 20 action-oriented research questions, reflecting research priorities that are relevant in both theoretical and practical terms. We propose this practice-based agenda as a way of inspiring our scholarly community to explore in more detail the capacity of and possibilities for a new *restorative entrepreneuring* in the support of vulnerable members of our society.

Keywords: restorative entrepreneuring; emancipation; at-risk groups; research agenda; research-practice gap

1 At-risk groups: rehabilitation, emancipation and entrepreneuring

Social groups at-risk are those who are vulnerable to marginalization from the accepted norms,

values and beliefs of the society they exist within (Webb et al. 2009). They often suffer from a

complex set of overlapping problems, lack of access to resources, low employment prospects,

and poor health, which leaves them vulnerable to social exclusion, discrimination and physical

and psychological harm. Being at-risk may arise from “personal incapacities, disadvantaged

social status, inadequacy of interpersonal networks and supports, degraded neighborhoods and

environments, and the complex interactions of these factors over the life course” (Mechanic &

Tanner 2007:1220).

As there are many factors that can leave people vulnerable to harm, and as such in an at-

risk situation, there are also an array of rehabilitation approaches that place emphasis on an

equally varied set of factors, e.g. context, capacities, learning styles, pre-conditions and so on.

Within rehabilitation research two contrasting models stand out: Risk-Needs-Responsivity -

RNR (Andrews et al. 2011) and Good Life Model - GLM (Fortune 2018). The former focuses

mostly on aligning the intensity of rehabilitation to an offense committed and the individual's

needs associated with illegal or deviant behavior. Whereas the latter posits a strength-based

framework that emphasizes the concept of human agency, assisting those deemed as 'deviant'

to pursue personally meaningful lives which are guided by their own aspirations. Unlike RNR's

focus on *avoidance goals* (e.g. avoiding further criminal behavior), GLM puts greater emphasis

on motivational *approach goals*, which involves a restructuring of mindset towards how to

achieve personal goals or 'primary goods' (Ward & Gannon, 2006). Considering other at-risk

groups, homelessness rehabilitation research has developed along both structural and agentic

causal strands, with targets for rehabilitation placed either upon adverse housing policies, rising

poverty levels and cuts to benefits, or as a result of individual family breakdown, housing

eviction, or individuals leaving institutional care (Fitzpatrick et al. 2000). While prominent in

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research and practice, these perspectives have been criticized due to their narrow, monocausal

and siloed approaches to rehabilitation, which might detract from their effectiveness and

emancipatory potential. RNR overemphasizes the offender deficit and their past as deviant

individuals, preventing identity transition and leading to disengagement (Case & Haines,

2015). In GLM the promotion of undertaking e.g. like-minded societies or sports teams in the

pursuit primary goods (e.g. friendship), might be insufficient to change mindset and means

(from to antisocial to prosocial). Finally, issues such as homelessness and other at-risk conditions cannot be so easily siloed into agentic or structural causes (Clapham, 2003). These are complex multi-causal phenomenon and, as there are many factors that can leave people in an at-risk situation, there are also many emancipatory factors that can affect the individual's ability to overcome such circumstances entailing a variety of rehabilitation pathways.

Many organizations are committed to emancipatory work as a form of rehabilitation for at-risk groups, supporting the transition from a place of oppression from ideological, environmental or cultural constraint, towards a personal freedom. This role has been largely played by social enterprises, charities, co-operatives and voluntary organizations, which are collectively recognized as *Third Sector Support Organizations*. Here, the use of entrepreneurial training has grown in importance as a way of supporting at-risk social groups facing detrimental life-circumstances. For example, 'The Entrepreneurial Refugee Network' is a social enterprise who support refugee entrepreneurs from business idea and marketization, through to business growth and development. Here, refugees find a sense of engagement and

purpose within society, as well as an opportunity to exploit native skills. In a similar manner,

'Enterprise Exchange' focus on helping groups with 'additional barriers' such as prisoners into

self employment. The cycle of reoffending is reduced by developing entrepreneurial attributes

towards the end of a prison sentence, so upon release ex-offenders have a clear pathway

towards venture creation. Pathways which employ entrepreneuring are not just limited to third

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sector organizations. Several high street stores, such as 'Timpson' and 'Halfords' in the UK,

have successfully established offender recruitment programs, working within prisons to

develop entrepreneurial skills, in turn creating a new sense of identity and purpose outside of

illegitimate activities.

This resonates with a perspective that observes entrepreneurial projects as emancipatory

efforts (Rindova et al. 2009), since entrepreneuring can potentially break detrimental cycles

and offer an alternative way forward for at-risk social groups. This view of entrepreneurship

involves the use of entrepreneurial skills and practices "to disrupt the status quo and change

their position in the social order in which they are embedded” (p.478). This idea departs from

mainstream theory in terms of the focus placed upon change creation and the emphasis on

constraints rather than opportunities (Jennings et al. 2016). It is about using entrepreneuring -

change-oriented activities and projects - with the aim of overcoming or removing perceived

constraints in the individuals’ environments. It involves seeking autonomy, impetus, breaking

free from authority, removal of constraints and making declarations about the intended change

(Rindova et al. 2009). This alternative view of entrepreneurial behavior has led to a surge of

new ways of understanding, enacting and promoting entrepreneurship in social contexts facing

challenging or threatening life circumstances, where individuals, organizations and

communities are increasingly using entrepreneuring to tackle social problems (Kimmitt et al.

2019). While it may evolve into self-employment, sole-trading or start-up activities, this is not

assumed to be a necessary outcome that would determine the success of the rehabilitation

process.

Despite the promising potential of emancipatory entrepreneuring in this context, our

current knowledge and practices seem insufficient to address the challenges discussed above.

Just like how rehabilitation perspectives have remained narrow, monocausal and siloed, entrepreneurship research has paid too much attention to entrepreneurial dynamics, in a

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restrictive theoretical vacuum, disregarding the complexity of social problems (Kimmitt & Muñoz, 2018) and the influence of broader life circumstances (Kimmitt et al. 2019). While

emancipatory entrepreneuring may seem relevant and timely as a way of counterbalancing the

deficiencies in rehabilitation practice, the daily difficulties facing service providers, the ubiquitous nature of rehabilitation and the needs of individuals requiring support, suggest that

the road to emancipatory work is rough, uneven, and full of unanticipated challenges. This

constrains not only the scope of action of both practitioners and academics, but also our collective capacity to support vulnerable groups through rehabilitation and entrepreneuring.

We wonder, how can we build meaningful bridges between disciplines and realities?

This calls for a new cross-disciplinary research agenda capable of bridging both disciplinary and reality gaps between entrepreneuring and rehabilitation as it pertains to

emancipatory work. For this to be effective, it needs to be grounded in the reality and hidden

challenges facing support organizations and those at risk who benefit from their interventions.

2 Uncovering challenges and research priorities

To tackle these issues we first need to systematize the every-day and long-standing challenges

facing the organizations supporting at-risk social groups and delineate a research agenda

capable of addressing and prioritizing knowledge needs and providing guidance as we move

forward. Agenda-setting papers are normally cemented on literature, chosen by the author(s).

While relevant, adequate theoretical grounding does not necessarily mean that the suggested

path(s) forward will reflect the challenges, knowledge needs and priorities of problem-holders

and knowledge users. If that is not the case, the risk is that future valuable work will be devoted

to answering wrong or not particularly conducive research questions. To prevent falling into

the same trap, we considered four fundamental challenges before letting our ideas and

arguments emerge: research responsiveness, pertinence, purpose and significance. In other

words: is the agenda responding to a pressing issue?, who is it for?, what is it for?, and how

can we make it relevant to those who are supposed to benefit from it?

Reflecting on the questions above, we decided to take an alternative approach.
Drawing

on the tenants of citizen science (Irwin, 1995), we facilitated in May 2019 a collective scoping

workshop with five service providers and engaged in follow-up conversations with a further

six support organizations working across the north west region of the UK¹. This we undertook

with the aim of uncovering and refining practical challenges and knowledge needs. These

organizations cover a wide range of at-risk conditions, including: unemployment,

homelessness, drug addiction, mental health and ex-offending. Our conversations focused

primarily on long-standing challenges faced by them in the facilitation of emancipatory work

and the (actual and potential) role that entrepreneuring may play in the process.

After refining insights from the scoping workshop and feedback received from participants, we were able to recognize and systematize several challenges to emancipatory

work. In this paper, we unpacked these challenges to identify at which points and to what

extent they create obstacles within the rehabilitative ecosystem. This led us to identify four

levels at which challenges operate in: individual, process, facilitation, and the context where

the latter three are situated within. As we look across spaces and levels of challenge, our

analysis begins to reveal complex, obstructive and at times detrimental situations that detract

from the potential of both rehabilitation and entrepreneuring. In the following, we articulate

the challenges drawing on both insights from service providers (see illustrative quotes in Table

1) and relevant rehabilitation and entrepreneurship literature.

---Insert Table 1 about here---

Dehumanizing self-labelling. At the individual level detrimental circumstances are inevitably transferred to the person's identity. As society deems the cause for their particular

¹ Methodological notes, workshop agenda and illustrative evidence are available in Appendix A.

support need as incongruent to the norms, values and beliefs (e.g. to be addicted to drugs), the

individual becomes not only aware of their vulnerability, but also of the negative connotations

the self-labelling implies. This becomes a challenge to emancipatory work as it prevents many

at-risk individuals from seeking support for fear of 'outing' oneself to their community.

The rehabilitative process becomes potentially dehumanizing. In the case of addicts for

example, addiction is often portrayed as a *willful choice*, not a disease; addiction treatment is

situated *outside* of the medical system, and *specific language* is used to discuss 'addicts'.

Rehabilitation removes the individual from society, both conceptually and physically, weakening relationships to community and in turn promoting structures of inequality

(Wakeman & Rich, 2018). They exist within a 'zone of uninhabitability' where they have no

status in social life (Watson & Cuervo, 2017).

As the individual attempts to transition out of their situation, the facilitation of rehabilitation often obscures them, through the labelling of the condition or circumstance. The

challenge lies in the *fashionability* of particular labels, the public seems more interested in

homelessness than the *homeless person*. This exposes a key duality. While bringing these issues

to the attention of the public may lead to funding or policy changes, it also increases the risk

of further dehumanization. While the media is the best conduit to bring these issues to light, at-

risk individuals are often represented as *folk devils*: “people whose very existence is socially

constructed as posing a negative challenge and a grave threat to morality and who, as a result,

provoke feelings of fear” (Brisman et al. 2017:177). By portraying stories in this manner, often

linked to crime and deviance, the media are able to not only create *deviants*, but also victims.

At-risk awareness. Often the individual approaches the service provider at a stage of

desperate need, beyond the point of when detrimental circumstances first arise. The problem

lies with the individual not recognizing the chain of events playing out before them. In the

case of drug addiction, for example, the concept of class and identity come into stark effect.

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Recreational drug users, usually white-collar workers, do not fit the destitute stereotype of an

“addict”, nor are they self-aware of having an addiction until a *crisis point* occurs. Even at this

stage, emergency can be masked, perpetuating the myth of a non-addict identity. When the at-

risk situation becomes tangible, service providers are faced with a very complex layered situation which may involve criminal activity, significant financial difficulty, relationship breakdowns or poor health. The process of rehabilitation therefore often begins after several

life crises have taken place, with earlier opportunities to tackle root causes more directly missed, resulting in a need to unpick layers of symptomatic consequences. Challenge rests in

the externalizing of at-risk groups, where the individual creates a perceptual distance between

themselves and the at-risk scenario, perpetuating a lack of *at-risk ownership*.

Service providers report a difficulty in facilitation which relies upon the individual presenting themselves for support, as opposed to the service provider *proactively* being aware

of an issue requiring support. This continues a cycle of *reactionary* action, which in turn skewers the perception of rehabilitative support services in their function and role to wider

society. Once a process of self-awareness has begun and rehabilitation commenced, research

has shown the self-awareness of stigma at-risk individuals possess can continue to be a significant barrier to emancipatory work. At a societal level, we discovered a support paradox.

In an attempt to shine a light on and identify the 'vulnerable' within a community, and as such

become aware and *knowing* of who requires support (whether intended or not), society aids in

perpetuating the socially constructed *folk-devil* threat, reducing any value the at-risk individual

may hold. For example, asylum seekers, who enter the UK under threat and at a base human

level are requiring support, are not identified as *valued individuals*. 'Asylum seeker' is not a

label which carries with it the same connotations as a 'doctor' would; as a 'teacher' would; as

a 'plumber' would. However, these labels could also be assigned to an individual who is also

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an asylum seeker. This is the paradox for providing support, as the more aware and knowing

society is of an at-risk group, the more inclined it is to reduce support.

Barricaded rehabilitation pertains to the tension that emerges when policy and funding

agendas meet the social reality of providers and at-risk groups. Funding often relies upon either

public donation, or bid proposal writing and submission to government bodies (NCVO,

2019).

This is funding driven by policy and pre-defined outcomes, where practitioners are required to

align the needs of at-risks groups and objectives of provision to policy agendas and measurable

outcomes. The tension between public perception, agendas and social realities has a trickle-

down effect on service providers and at-risk groups, where short-termism, outcome narrowness

and top-down orientation trigger counterproductive dualities when it comes to defining the

intended outcome of facilitation, the intended orientation of the process and the intended effect

of individual change. Facilitation is barricaded and becomes contingent on political issues. This

has several implications for service providers concerning how they set their objectives and

processes. It forces decision making regarding their allocation of provision, risking a

misalignment between needs, expected changes at the individual level, provision outcomes and

the actual process of rehabilitation. Creating provision for a local youth service may help to

address youth offending in relation to knife crime, however, if government policy changes and

funding later becomes unavailable for youth club development, then a choice needs to be made

as to whether the organization is realigned to funding objectives, or persistence in pursuing an

underfunded youth service is chosen. Here, it is likely that the root causes for the development

and perpetuation of at-risk groups are never firmly dealt with. More worryingly, as support is

removed, lack of trust and care becomes established in the mind of the at-risk individual,

perpetuating the belief that they are not worthy of support.

Forming a replacement self relates to the process of identity formation in at-risk groups.

It involves the way through which they come to see themselves in a particular manner in

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relation to others, and the role the process, facilitation and context play in identity formation.

Across levels is the notion of 'othering', i.e. "a set of dynamics, processes, and structures that

engender marginality and persistent inequality across any of the full range of human differences

based on group identities" (Powell & Menendian, 2016). Othering is an expected response in

societies experiencing change. In these situations, people tend to narrowly define who qualifies

as a member of society and, in consequence, who does not. "Othering is not about

liking or

disliking someone. It is based on the conscious or unconscious assumption that a certain

identified group poses a threat to the favored group” (Powell, 2017). As discussed above,

events may be unfolding in the life of the individual which would unknowingly (to them) begin

to place them as ‘at-risk’. As negative events continue to unfold, they observe and recognize

patterns and habits displayed by others (at-risk). As this happens, they engage in a process of

self-marginalization, leading to seeing themselves as being “the others”. As the ‘othering’

process is not prevented or redirected, subsequent negative patterns continue to develop,

reinforcing the ‘othering’ and likely leading the individual to a life crisis. At this stage they

become ‘othered’. The individual evolves from being distinct from and possibly opposed to

those who make up a stigmatized group, to an awareness of no longer existing within the

societal norms, values and beliefs regarding legitimate behavior.

As at-risk individuals are unintentionally portrayed as “the others”, some respond by self-

actualizing their label and re-identifying with their stigmatized subculture (e.g.

homelessness,

serial offending), in search for acceptance some individuals distance themselves from society

through self-actualizing their label and by creating an opposition mindset, displaying an 'established lifestyle' (e.g. of homelessness) and not wanting to experience 'failure' while

attempting to move forward (e.g. rehousing support). This becomes reprimand avoidance,

remaining dismissive of support and developing disdain towards societal convention.

Attempting to work with such groups is difficult as it requires the individual to re-engage with

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an institution operating within the society from which they experienced rejection, and to

consciously reject negative social groups which validate their lifestyle. The motivation to seek

support and the development of a sense of purpose are critical for the development of a new

replacement self (Davis et al. 2012). In this sense, the individual who intentionally wants to

overcome difficulties requires a pull towards seeking purpose within legitimate institutions or

a pull towards an established detrimental lifestyle.

A final overarching challenge relates to ***moral exclusion***. In self-labelling, the individual

identity gets enmeshed with the negative traits associated with their detrimental circumstances.

In doing so the individual forms a negative perception of themselves as being a 'failure', cutting

themselves off from pro-social opportunities and beginning the perpetuated self-fulfilling

prophecy of feeling 'doomed to deviance' (Maruna, 2001). Their internal beliefs about their

own self-worth becomes focused around the opinion that "I am wrong", resulting in shame, a

self-defeating mindset or self-punitive habits (LeBel et al. 2008). Without the appropriate

contextual and environmental support the at-risk individual is likely to see rehabilitation as an

attempt to right a sense of *wrongness*, which can be counterproductive in the context of

emancipatory work. A key challenge to at-risk individuals seeking change and purpose lies in

the conviction that through accessing support they are raising their head above the perceived

parapet and signaling to the world that they are indeed what they presumed everyone knew

they were, In the case of addicts for example, the moral sense of wrongness is validated since

only an addict would access addiction support and addicts are judged as deviant.

At the contextual level, rehabilitation is viewed as 'someone else's problem to fix'. Unless

it allows for opportunities *to be seen as supportive* by virtue signaling from both people and

organizations, or as an opportunity for offering tokenistic funding. In these cases, the moral

compass employed by societal members could be swayed for the at-risk individual, with

judgement moving from viewing the individual as wrong, to viewing them as helpless, mis-

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informed or *vulnerable*. By viewing an at-risk individual as vulnerable rather than simply as a

'wrong doer', the organization and public can not only take a moral superiority but still apply

a sense of fault to the individual, as to be vulnerable implies an intrinsic and inherent

malformed aspect of personhood (Pritchard-Jones, 2018).

3 A cross-disciplinary research agenda to advance *Restorative Entrepreneurship*

While each of these challenges are problematic in themselves, they tend to act in conjunction,

reinforcing each other and likely augmenting the detrimental consequences. We believe that

entrepreneurship has a role to play in minimizing self-reinforcing effects and the risk of this

becoming a self-fulfilling prophecy. Yet, its contribution to mitigating, alleviating or overcoming social problems will depend on more precise definition of the activity that is specific to rehabilitation and a delineation of research priorities that are embedded in rehabilitation and entrepreneurship research as well as the reality of at-risk social groups.

Looking across challenges and levels, we derive two insights. First, we see an opportunity

for the introduction of a new notion: *restorative entrepreneuring*, which we define as: *a set of*

entrepreneurial practices and a system of support that enable individuals at-risk to reconstruct

their identity, sense of ownership and self-worth and engage in a progressively autonomous

rehabilitative life project, away from deviant behavior and out of detrimental and stigmatizing

circumstances.

In contrast to the predominantly narrow, monocausal and siloed rehabilitation processes is

the ability *restorative entrepreneuring* has to act across themes and levels, and in so doing

affect change to the at-risk groups position within the social order itself (Rindova et al, 2009).

Similarly, when contrasted to the “entrepreneurship as emancipation” (EE) approach,

restorative entrepreneuring offers a broader view that encompasses the at-risk

individuals

(mindset, skills, decisions and actions) and also their systems of support, including families,

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support organizations and the society more broadly. In doing so, it allows for a conceptual

expansion and further specificity around the needs of at-risk social groups, beyond the

emphasis of EE on the removal of constraints. In addition, restorative entrepreneuring

leverages core elements of rehabilitation theory, namely: the avoidance of deviant behavior

and the restructuring of mindset in pursuit of personal goals.

Second, we identify 20 areas of action and respective questions (Table 2), which constitute

a cross-disciplinary, practice-based research agenda to support at-risk social groups². We argue

that the idea of *restorative entrepreneuring* and derived questions mark a beginning for novel

cross-disciplinary conversations at the intersection of entrepreneurship and rehabilitation and

action-oriented collaborations between scholars and practitioners to collectively advance

rehabilitation work and emancipatory entrepreneuring in at-risk groups.

--- Insert Table 2 about here ---

We decided to frame our research questions differently. Instead of asking explanatory questions, i.e. “how or why” does something happen in the way it does, we decided in favor of

“how can” questions. They ask about possibilities, prompting problem solving. It is not about

uncovering the mechanism whereby X affects Y. It is rather about exploring prospectively the

many ways in which new X and Y combinations can solve a problem Z. Our questions are

invitations for scholars to explore the capacity of *restorative entrepreneuring* to do something

about the challenges we have identified.

These questions are of practical and conceptual importance. For practitioners, they offer a

systematized view of their daily challenges and a map to navigate through them. Our cross-

disciplinary agenda for novel *restorative entrepreneuring* research and practice takes into

account the realities of both at-risk individuals and the support infrastructure facilitating a

² While these emerged in conversations with practitioners in the north of the UK, we believe they reflect a broader reality, since the causes, consequences and mitigating actions for addiction, homelessness, re-offending and alike are relatively similar across contexts. Thus, questions can be generalized and examined in other regions.

restorative entrepreneuring process, as well as the broader social and political context. These

questions also constitute an invitation to explore how they can use rehabilitation and entrepreneuring together to develop, test and implement innovative ways of organizing, delivering interventions and thinking about alternatives out of detrimental life circumstances.

We believe *restorative entrepreneuring* can be a legitimate and potentially powerful mechanism for service providers and the at-risk groups they support, in tackling the challenges

they face. A wondering into “how can *restorative entrepreneuring* contribute to their work...”

should ignite collective action.

For researchers, these areas of action and questions resonate with a growing, yet underexplored perspective embracing the heterogeneity, everydayness, messiness and cultural

diversity of entrepreneurial behavior (Greenman, 2013; Welter et al., 2016; Aldrich & Ruef,

2018; Muñoz & Kimmitt, 2018), as well as some more profound challenges in the life of

individuals (Ng & Arndt, 2019). The antecedents, features, functioning and outcomes of

restorative entrepreneuring (entrepreneurial practices, system of support and the process of

inhibiting and nurturing behavior) are yet to be uncovered. In this effort, our paper offers new

avenues for a novel cross-disciplinary space of inquiry, which should be able to close critical

gaps in the literature. We hope that our work will inspire the entrepreneurship research

community to explore the capacity of and possibilities for *restorative entrepreneuring* in the

support and emancipation of vulnerable members of our society.

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5 Tables

Table 1. Illustrative quotes

Category

Dehumanizing self-labelling

... someone who's done 20 years on and off, and in a thousand years
... as an ex-offender, because he looks the part in a suit. But we
... last year who has previous drug addiction issues which shows in
... crime is much less serious than the ex-offenders, he constantly
... [dehumanization - dehumanization] Some people lean on an issue,
... and taking it as part of their identity. It can be a defensive move
... labelling them as such [facilitation – labelling] You might help an
... but would you be happy if one moved in next door to you?
... that is socially acceptable [context – public stigmatization]

At-risk awareness

... friends will joke about being “an alcoholic” which
... [individual – unawareness] I try to explain to the
... is not the problem, the reason for your drug
... / was being spent on early intervention we wouldn't
... service users [facilitation – timing] Society as a
... oned off, homeless people are becoming more

Barricaded rehabilitation

and employers that there is a plethora of talent from at-risk
much to offer [individual – qualia of change] We have service
t offer support and have to turn them away because we aren't
y may never seek support again [facilitation – intended
unders react to what is being discussed publicly, not the grass
– policy priorities]

Forming a replacement self

is easier not to try than try and fail. Many are scared individuals
sacred of being rejected by society [process – affiliation] The
ay that I'm an 'addict'... It's a very powerful word [facilitation - no

Moral exclusion

services get set up, there's an element of thank god it's not me,
being involved in that issue. It leaves an abdication of
or child care is seen as admirable, but supporting people with

's not seen as appealing [facilitation – sense of
n and someone applies for a job disclosing they
thought is “do I want a homeless person as part of
:ontext - exclusion]

Table 2. A cross-disciplinary agenda for Restorative Entrepreneurship research and practice

Dehumanizing self-labelling

Priority: Self-stigmatization Challenge:

Self-stigmatization cycle Question: How can restorative entrepreneurship contribute to breaking the self-stigmatization cycle?

P: Dehumanization C: *Dehumanization in rehabilitation Q: How can restorative entrepreneurship facilitate a re- humanization of the rehabilitation process?*

P: Dehumanization C: *Dehumanization in rehabilitation Q: How can restorative entrepreneurship facilitate a re- humanization of the rehabilitation process?*

P: Labelling in rehabilitation C: *Negative labelling in rehabilitation Q: How can restorative entrepreneurship contribute to relabeling the transition out of at- risk circumstances?*

P: Labelling in rehabilitation C: *Negative labelling in rehabilitation Q: How can restorative entrepreneurship contribute to relabeling the transition out of at- risk circumstances?*

P: Labelling in rehabilitation C: *Negative*

labelling in rehabilitation Q: How can restorative entrepreneurship contribute to relabeling the transition out of at- risk circumstances?

P: Paradox of public stigmatization C: *The higher the visibility of at- risk, the higher the stigmatization Q: How can restorative entrepreneurship decouple the counterproductive effect of bringing rehabilitation closer to the public?*

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stigmatization Q: How can restorative entrepreneurship decouple the counterproductive effect of bringing rehabilitation closer to the public?

At-risk awareness

P: At-risk invisibility C: Unawareness of the at-risk situation Q: How can restorative entrepreneurship enable an earlier visualization of the at-risk situation?

P: At-risk ownership C: Lack of ownership over the at-risk situation Q: How can restorative entrepreneurship increase the sense of ownership over the at-risk situation?

P: At-risk ownership C: Lack of ownership over the at-risk situation Q: How can restorative entrepreneurship increase the sense of ownership over the at-risk situation?

P: Knowledge timing C: Late awareness of an issue requiring support Q: How can restorative entrepreneurship expand the scope of awareness of service providers?

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P: Knowledge timing C: Late awareness of an issue requiring support Q: How can restorative entrepreneurship expand the scope of awareness of service providers?

P: Paradox of public knowledge C: The higher the public awareness, the lower the rehabilitation support Q: How can restorative entrepreneurship decouple the counterproductive effect of public awareness?

P: Paradox of public knowledge C: The higher the public awareness, the lower the rehabilitation support Q: How can restorative entrepreneurship decouple the counterproductive effect of public awareness?

P: Paradox of public knowledge C: The higher the public awareness, the lower the rehabilitation support Q: How can restorative entrepreneurship decouple the counterproductive effect of public awareness?

P: Paradox of public knowledge C: The higher the public awareness, the lower the rehabilitation support Q: How can restorative

entrepreneurship decouple the counterproductive effect of public awareness?

Barricaded rehabilitation

P: Misalignment in qualia of individual change C: Misaligned nature of individual change with resource allocation cycles and logic Q: How can restorative entrepreneurship contribute to reconciling the nature of individual change with resource allocation cycles and logic?

P: Misalignment in orientation of the process C: Misaligned rehabilitation orientation with resource allocation cycles and logic Q: How can restorative entrepreneurship contribute to reconciling operational requirements with resource allocation cycles and logic?

P: Misalignment in orientation of the process C: Misaligned rehabilitation orientation with resource allocation cycles and logic Q: How can restorative entrepreneurship contribute to reconciling operational requirements with resource allocation cycles and logic?

P: Misalignment in outcome of facilitation C: Misaligned operational requirements and intended outcomes with resource allocation cycles and logic Q: How can restorative entrepreneurship contribute to reconciling operational requirements with resource allocation cycles and logic?

P: Misalignment in outcome of facilitation C: Misaligned operational requirements and intended outcomes with resource allocation cycles and logic Q: How can restorative entrepreneurship contribute to reconciling operational requirements with resource allocation cycles and logic?

P: Misalignment in outcome of facilitation C: Misaligned operational requirements and intended outcomes with resource allocation cycles and logic Q: How can restorative entrepreneurship contribute to reconciling operational requirements with resource allocation cycles and logic?

P: Tensions in prioritizing C: Misaligned policy priorities with service provision priority outcomes Q: How can restorative entrepreneurship contribute to reconciling policy

agendas and service provision outcomes?

P: Tensions in prioritizing *C: Misaligned policy priorities with service provision priority outcomes Q: How can restorative entrepreneuring contribute to reconciling policy agendas and service provision outcomes?*

P: Tensions in prioritizing *C: Misaligned policy priorities with service provision priority outcomes Q: How can restorative entrepreneuring contribute to reconciling policy agendas and service provision outcomes?*

P: Tensions in prioritizing *C: Misaligned policy priorities with service provision priority outcomes Q: How can restorative entrepreneuring contribute to reconciling policy agendas and service provision outcomes?*

P: Spiraling down by affiliation *C: Deviant thinking by affiliation Q: How can restorative entrepreneuring counteract a*

P: Recognition of replacement self *C: No direction, purpose and replacement self*

P: Recognition of replacement self *C: No direction, purpose and replacement self*

P: Recognition of replacement self *C: No direction, purpose and replacement self*

P: Societal incongruence *C: Illegitimate replacement self in situation of societal incongruence*

P: Societal incongruence *C: Illegitimate replacement self in situation of societal incongruence*

P: Societal incongruence *C: Illegitimate replacement self in situation of societal incongruence*

P: Societal incongruence *C: Illegitimate replacement self in situation of societal incongruence*

Forming a replacement self

P: “We are the others” *C: Othering and self-marginalization*

P: Spiraling down by affiliation *C: Deviant thinking by affiliation Q: How can restorative entrepreneuring counteract a*

Q: Q: How can restorative spiraling down into deviant

How can restorative entrepreneuring contribute to thinking?

entrepreneuring contribute to counteracting self-marginalization? constructing new sense purpose and replacement self?

Q: How can restorative entrepreneuring construct a legitimate path forward facing situation of societal incongruence?

Moral exclusion

P: “I am wrong” *C: Self-punitive mindset and habits Q: How can restorative entrepreneuring facilitate a change away from self-punitive mindset?*

P: Paradox of righting a wrong *C: The higher the recognition of at-risk, the higher the sense of moral wrongness Q: How can restorative entrepreneuring bring at-risk to light whilst minimizing the sense of moral wrongness?*

P: Validation of sense of wrongness *C: Illegitimate rehabilitation in the absence of moral judgement Q: How can restorative entrepreneuring tackle at-risk situations whilst minimizing moral judgement?*

P: Moral exclusion *C: Recognition of vulnerability excludes at-risks groups Q: How can restorative entrepreneuring enable a more inclusive recognition of vulnerability, against societal moral exclusion?*

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Appendix A. Methodological notes

To uncover and systematize the challenges facing these organizations and their beneficiaries, we met with five service providers working across the north west region of the UK. They cover a wide range of at-risk conditions, including: unemployment, homelessness, drug addiction, mental health and ex-offending. In a 4-hour collective scoping workshop, we facilitated an in- depth discussion about the current difficulties their services face in providing rehabilitative or emancipatory support to service users. We focused specifically on challenges to emancipatory work, as the process through which at-risk social groups may overcome difficult life circumstances. Service providers were tasked with independently reflecting on current challenges to their service provision and those faced by their beneficiaries in the process of overcoming their problems. These were shared, discussed and clarified further in follow-up group discussions. Through several stages of critical reflection, several themes were collectively identified: stigmatization, users' awareness and perception, funding, social acceptance, public scrutiny, misalignment with policy agenda, measurement and morality. Using flipcharts, the group of participants then organized, systematized and clustered these insights into five main themes (see agenda below). The entire workshop was video-recorded and the flipcharts were kept for further analyses. In a final stage, we returned to the workshop participants with the aims of corroborating evidence, checking the accuracy of our interpretations and further enriching and refining our findings. In parallel, we engaged in a conversation with six new organizations who offered further insight into each of the themes. Table below shows the list of participants and organizations.

Table A1. List of participants

Support organizations	At-risk situation
Micah Reemployment	The Basement Advisory Centre
Homelessness Young Addaction	Liverpool Addiction Support
Inside Connections	Support CIC
Ex-Offender Support	Young Persons Advisory Service
Mental health and wellbeing support	Whitechapel homeless
Homelessness Asylum Link	Merseyside Asylum
Merseyside Refugee Support Network	Asylum Genie in the Gutter
Mental health and wellbeing support	Anfield Boxing Club
Knife crime service	Merseyside Youth Association
Employability, health, inclusion,	

Table A2. Collective scoping workshop agenda

Time Item Action 20 mins Introduction

- Welcome to the session and introduction
- Overview of the research project – its area of interest and why it is being explored
- Introduce the purpose of the session – gaining practitioner insight into at-risk sector work and emancipatory pathways. Discussing what the current sector issues are for each practitioner and for at-risk groups.
- Establish the importance of practitioner input regarding boundary setting and maintaining research relevance.

30 mins Challenges identification

- Introduction from each practitioner regarding their sector, organization and their role within it.
- Each practitioner lists the three challenges facing their service provision.

Practitioner challenges written down on flipchart

1 hour Discussion I

- Discussion takes place with all practitioners, looking for where there is similarity to challenges listed, and attempting to identify what is unique about certain challenges.
- Narrowing down to the top three challenges
- Unique challenges are listed on the wall

Use flipchart to narrow down to the unique challenges

30 mins Break

1 hour Discussion II

- Discussion into what the causes of the three Grand Challenges are

Use sticky notes to list the causes for each on the flipchart 30 mins **Recap and Reflection**

- From reviewing notes of discussion, summarization takes place of key points raised, delivered back to the practitioner group for further clarification and comment.
- A final listing of key points is then drawn up with broad agreement from the group.