Increasing access to economic resources 5

5 Increasing access to economic resources

5.1 Overview of economic participation

Economic participation is a determinant of mental health and wellbeing, inextricably linked to the Ottawa Charter for Health Promotion (World Health Organisation 1986) (appendix B) through the action areas of healthy public policy, supportive environments and the development of personal skills. The broad determinant of access to economic resources (and thus economic participation) is strongly correlated with mental health at all life stages. While access to economic resources is frequently conceived in terms of individuals, it has important social dimensions. Paid work is a highly valued activity that produces many more outcomes than those of financial reward, although fair financial reward is a highly valued outcome. Access to work, education, housing and money is about economic wellbeing, which is strongly connected to health status where improvements to people's economic situations have significant impacts on their health (Mulvihill, Mailoux & Atkin 2001). Work, education, appropriate housing and sufficient money to live both protect and promote mental health and wellbeing.

Economic wellbeing is a term that engages with concepts of equity, social inclusion/exclusion, socioeconomic status, inequalities, access to income and employment, and the economic integration of marginalised groups. VicHealth evaluations have identified outcomes of economic participation as including not just access to appropriate levels of income, but also the enhancement of life skills, the promotion of attachment and belonging, and increased opportunities for control (VicHealth 2003, p. 55).

Lack of access to economic resources results in income poverty and its sequelae, of which inequity is the most prominent. Income inequality is highly correlated with poorer health outcomes in specific diseases such as heart disease and diabetes (Garrard et al. 2004) or in patterns of mental disorders (Puska & Vartiainen 1999). People at the lower levels of the socioeconomic hierarchy have significantly worse health status because the effects of economic disadvantage and persistently low income are cumulative, so sustained hardship produces a greatest risk of poor mental and physical health (Marmot & Wilkinson 2002; Puska & Vartiainen 1999).

Cycles of disadvantage are complex and multidimensional, and include associations with low levels of economic participation, which include lack of money, lack of work and lack of opportunity to acquire education and skills. Changing education, training and labour markets, together with fractured levels of social cohesion and restructuring of social and economic institutions, have created challenging circumstances for many population groups (VicHealth 2003). A critical dimension of economic wellbeing is access to affordable, accessible and appropriate health services. Populations who do not have access to economic resources and health services suffer significant health inequities (Freudenberg 2000). The structural arrangements governing health insurance systems are thus a key determinant of health, because universal health insurance is regarded as a component of a social wage system. Greater equity of access has been equated with the provision of universally funded public health insurance systems to which everyone has equal access on the basis of need rather than ability to pay.

Access to economic resources is a determinant of health related to social inclusion and connectedness. Economic participation is a key dimension of social inclusion, so it follows that labour market exclusion is a key dimension of social exclusion (Joseph Rowntree Foundation 2000). People policies used by community/neighbourhood regeneration programs are often framed in terms of economic outcomes.

Case study: the Winning New Jobs Program – promoting re-employment and mental health

The Winning New Jobs Program was developed in the United States to help unemployed workers effectively seek re-employment and cope with the multiple challenges of unemployment and job search (Caplan et al. 1989; Price et al. 1992; Price & Vinokur 1995). The program is based on theories of active learning process, social modelling, gradual exposure to acquiring skills, practice through role playing, and inoculation against setbacks.

Over one week, five intensive half-day workshops are held. The workshops focus on identifying effective job search strategies, improving participants' job search skills, increasing self-esteem and confidence, and motivating participants to persist in job search activities. Two trainers deliver the program to groups of 12–20 people. The intervention is designed to achieve its goals by creating supportive environments and relationships between trainers and participants and among participants.

The program has been evaluated in replicated randomised trials involving thousands of unemployed workers and their partners in the
quality of re-employment, increased self-esteem and decreased psychological distress and depressive symptoms over two years, particularly among those with a higher risk for depression (Price et al. 1992). In addition, the program has been shown to inoculate workers against the adverse effects of subsequent job loss because workers gain an enhanced sense of mastery over the challenges of job search (Price 2003).

(Source: Based on Jane-Llopis, J, Barry, M, Hosman, C & Patel, V 2005, 'Mental health promotion works: a review', *IUHPE – Promotion and Education*, vol. 2, pp. 9–25.)

5.2 Overview of interventions to increase access to economic resources

Interventions have been developed to reduce income inequality, given links to poorer health outcomes among ‘those most vulnerable to poverty, and diminished life chances’ (CCSD 2001). But interventions to address access to economic resources are rarely explicit in their intention to address mental health and wellbeing. The VicHealth Framework for the Promotion of Mental Health and Wellbeing has identified key themes for access to economic resources and economic participation as being access to resources of work, education, housing and money.

The following list summarises the four interventions reviewed in this section:

1. Adult literacy programs p. 73

2. Child care programs p. 77

3. Youth employment programs p. 79

4. Adult work programs p. 80

5. Housing programs p. 83

Intervention categories (DHS 2003) used to increase access to economic resources include one or more of the following:

- skill development and education
- settings and supportive environments
- community action.

Intervention – Adult literacy programs

Language acquisition is an enabler of economic participation. Empowerment is thus an important principle of adult literacy programs. Everyone has the right to education that is available, accessible, acceptable and adaptable (ICESCR 1999), including intensified adult and further education programs for those who did not acquire functional general literacy skills in their primary education. General literacy refers to the degree to which individuals can read, write and compute, without regard to the context in which the reading and writing occur (Weiss 2005). It covers a range of skills, including reading and listening ability, numeracy, comprehension ability, the ability to communicate through writing and speaking, negotiation skills, critical thinking and judgement. Literacy and numeracy are important because they promote sustainability of employment and underpin good health outcomes. Interventions to increase adult literacy and numeracy programs are provided either as stand-alone programs or as part of employment programs.

Health literacy is one of the main forms of literacy. It is considered to include knowledge about health and health care; the ability to find, understand, interpret and communicate health information; and the ability to seek appropriate care and make critical health decisions, including the ability to comprehend and act on social and economic determinants of health. And it is believed to improve community empowerment. Other 'literacies' include computer literacy, cultural literacy, media literacy and scientific literacy (Rootman & Ronson 2002).

There are strong links among education, employment and health. The International Adult Literacy Survey (OECD & Statistics Canada 2000), a comparative study of 12 Organisation for Economic Cooperation and Development countries, found a direct association between literacy and labour market experience. People with low literacy competency receive lower levels of income and experience unemployment for longer periods, compared with people who have higher levels of literacy; further, they are less likely to secure stable and secure employment (Lamb & McKenzie 2001; Marks & Fleming 1998; Rahmani, Crosier & Pollack 2002). Illiteracy has a major negative impact on employment and health.

Help with literacy skills appears to be needed among immigrant groups, with the provision of language and literacy skills for new arrivals helping bridge social capital. Classes to assist immigrant people with language skills in the principle language of a country are an important factor in their economic and social integration (Rahmani, Crosier & Pollack 2002).

Population group/setting

These interventions target adults of all ages in a range of community-based settings, particularly those people with low general primary or secondary education, and non-English speaking new arrivals. Programs have been specifically developed for immigrant women, who are likely to be isolated by housework and child care responsibilities. Because men from non-English speaking backgrounds are known to be disadvantaged in employment, it follows that both men and women are population groups of interest.

Effectiveness

The relationship between literacy, life opportunities, employment and mental health and wellbeing is proven to be strong (Rahmani, Crosier & Pollack 2002; Rootman & Ronson 2002). Locally delivered programs, funded in the not-for-profit sector, are cost-effective (Rahmani, Crosier & Pollack 2002). While literacy programs are rarely evaluated in terms of mental health promotion outcomes, participation in adult literacy programs has a positive effect on self-concept, self-esteem and self-image (Beder 1999). The direct and indirect effects of literacy on health suggest the importance of relationships between literacy and other determinants of health, including early childhood, ageing, personal skills and capacity, gender, age and culture (Rootman & Ronson 2002).

Implementation issues

- Settings must be natural to participants and integrate literacy with health promotion actions.
- Health promotion actions should be based on Ottawa Charter principles.
- Program designers must understand that ‘literacy has a colourful spectrum of meanings related to self-expression, culture, equity, empowerment and marginalisation’ (Rootman & Ronson 2002, p. 4).
- Social, economic and health service exclusion of low literate populations is common and serves to distinguish them as ‘hard-to-reach’ populations.
- Programs to avoid are those that are labelled ‘literacy’ or that reveal other deficiencies among potential participants.
- Integration of health into literacy programs is perceived as adding value for the development of ‘hard skills’ (reading and writing) with ‘soft skills’ (such as speaking, presenting and discussing).
- Program design should be based on the learner’s needs, interests and motivations.
- Learners should be involved in program design.
- Participatory action research is needed to collect meaningful data.
- Settings approaches in health have promising parallels for programs in literacy, and literacy and health.
- Programs should be evaluated for their mental health outcomes as well other outcomes.

Comment

The development of outcome indicators related to mental health and wellbeing is likely to increase knowledge about the effect of literacy on mental health. Measures of literacy need to investigate a range of literacy components, not just reading and writing (although these two components remain the cornerstone of literacy for good health and access to economic resources).

Partnerships between the health sector and the education and training sectors will facilitate the integration of program intentions.

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Good practice

The United Wood Cooperative: turning the great Aussie tool shed into a multicultural health promoting enterprise

This innovative initiative has focused on older men from refugee backgrounds, in inner city Melbourne. The Adult Multicultural Education Service formed a partnership with the Moonee Valley Council to provide premises for an enterprise making boutique furniture items. A project worker supports the cooperative. Participants are involved with employment opportunities, provided with education and training, and build partnerships (and thus awareness) with the local community.

Intervention – Child care programs

Child care is defined as a continuum of care of preschool children and children under the age of 12 years outside regular school hours, by people who are not family members. High quality child care is carefully defined in the literature separately from low quality child care, which is more likely to occur when caregivers are untrained, caring for too many children at a time and dissatisfied with the job.

Publicly funded or subsidised child care programs:

- promote women's economic and social equality by ensuring child care is affordable (thus enabling increased access to employment)
- ensure families can meet workplace responsibilities, have an adequate income and become economically self-reliant
- reduce poverty.

Women carry a greater burden of familial obligation when they are required to act as carer or mother, and they have reduced opportunities to participate in the paid workforce (or train for participation) when they have no reliable or affordable child care available. Women who have extended periods of leave from the workforce forgo direct earnings and lose life earnings and superannuation, opportunities to accumulate work experience, seniority and career advancement. Benefits of child care accrue to children, women, families, employers, communities and society through the development of a healthy economy based on equity principles. Child care programs should thus be informed by gender equity principles. They are also related to other health determinants, including social connectedness, social inclusion and social support.

The Organisation for Economic Cooperation and Development (OECD and Statistics Canada 2004, pp. 76–7) argued that public money should be provided to only public and non-profit child care services, with financial transparency ensured through strong parent management boards, and that a public agency should oversee the mapping of services and their location.

Population group/setting

These interventions target workplaces, community support structures (such as those provided by local, state and federal governments), families (especially mothers, particularly single and low incomes mothers) and women from immigrant families.

Useful resources

The Canadian Childcare Resource and Research Unit (CRRU) at the University of Toronto has a mandate to advance the idea of a universal, high quality, publicly funded, not-for-profit, inclusive early childhood education and care. The website (www. childcarecanada/org) has a comprehensive range of research and commentary papers on child care issues, including data on early childhood care, affordability, access, public and private provision of child care, quality, and child development.

Effectiveness

In relation to economic participation, quality child care meets the needs of a range of population groups of interest, including children, women, families and employers (Australian Council of Trade Unions 2003; Doherty et al. 1995). Nationwide studies show that families with high quality child care services have reduced absenteeism rates and their organisations have increased productivity (Cleveland & Krashinsky 2003). For single or poor mothers, the availability of child care makes the difference between financial independence and subsistence on social security benefits.

Implementation issues

- Strong government regulation of all aspects of child care is necessary to ensure high quality child care is provided.
- High quality child care is enabled by adequate funding for sufficient staff with appropriate education and training, where government regulates licensing.
- Publicly funded child care and that operating on a not-for-profit basis are more likely to provide high quality, affordable, accessible child care (Doherty et al. 1995)
- Equity and access to affordable, accessible services rests with the public and not-for-profit sectors (OECD & Statistics Canada 2004).

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Intervention –Youth employment programs

Youth unemployment in Australia is consistently much higher than adult unemployment. Poor school performance in literacy and numeracy is the one consistent factor in youth unemployment. Patterns of unemployment and earnings over time reveal degrees of inequality across social groups. Low levels of employment and earnings are related to lower health status and health inequities. Job readiness programs focus on young people with high levels of risk factors and low levels of protective factors.

Population group/setting

These interventions target young people, especially early school leavers and those experiencing disconnection or marginalisation from social and economic life.

Effectiveness

Longitudinal Surveys of Australian Youth (LSAY) have shown that participation in youth employment programs that young participants consider worthwhile has positive mental health and wellbeing outcomes (Marks & Fleming 1998). Participation provides social connectedness, skills and knowledge development, attributes such as confidence, feelings of being valued, and a sense of meaning and purpose. Completion of year 12 schooling and post-school training seem to provide increased employability (Marks & Fleming 1998). Early school achievement and literacy and numeracy skills are also critical to overcoming unemployment, even when post-school qualifications and labour market experience are taken into account.

Implementation issues

- Education and training need to include literacy and numeracy skill building.
- Building partnerships to engage with youth at all stages of the project is essential, including the planning, decision making and evaluation stages.
- Interventions must work strategically to build the capacity of individuals and communities.
- Diversity and inclusion must be included as outcomes.
- Interventions should provide concrete and immediate benefits for youth, including income and public recognition of the value afforded their efforts.
- Interventions must be conscious of establishing sustainable social and economic security for youth (Jane-Llopis et al. 2005).

Comment

Moodie and Jenkins (2005) commented on the low levels of awareness among business and industry of their role in promoting mental health in the workplace. Rarely are employment programs promoted in terms of their effect on mental health. Good employers are health promoting!

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Intervention – Adult work programs

Work of different types is categorised by attributes across a continuum from 'high grade' employment to 'low grade' employment. High grade employment typically has attributes that are relatively good and a lower risk of unemployment. Low grade employment is distinguished by relatively poor job attributes and negative material effects, including health effects (Cave et al. 2001). Adult work programs are described in various terms, including 'return to work' or 'welfare to work' programs, and enhance personal job search skills such as self-esteem and inoculation against setbacks (Jane-Llopis et al. 2005).

Strategies used to increase income equity include investment in publicly funded child care places, investments in publicly funded education (including higher education, job training, and housing and health care), an increase in minimum wages, and the development of progressive tax policies.

Population group/setting

Adults experiencing unemployment or underemployment for various reasons include those with involuntary job loss and those who need to retrain and acquire new education and skills such as assertiveness (Health Education Authority 2001). Men from non-English speaking backgrounds are a priority group because they remain disadvantaged in employment, even when all other factors are taken into account (Rahmani, Crosier & Pollack 2002). Other relevant groups include low income groups and disadvantaged communities. Interventions settings include local employment programs.

Effectiveness

The effectiveness of adult work programs is context dependent, but common impacts measured include job satisfaction, motivation, self-esteem, job seeking confidence and reduced depression (Health Education Authority 2001). The Winning Jobs Program has been evaluated across the United States and Finland (the Työhön Job Search Program) with randomised control trials involving thousands of unemployed people and their partners. Short term results at a two-year follow-up showed improved re-employment prospects and engagement with the labour market, and lower levels of distress (Jane-Llopis et al. 2005).

Where people move from unemployment to low grade work, however, negative mental health effects have been shown (Cave et al. 2001). Studies are needed of employment strategies that aim to improve work attributes to enhance mental health, including sustained, long term changes to employment, especially in the jobs available to the most vulnerable groups of the population.

Implementation issues

- Program designers need to understand the local region/community and population groups of interest to effectively tailor programs.
- Confidence in interview and job search skills, along with ongoing work support, is just as important as literacy and numeracy skills.
- Just moving unemployed people into 'low grade' work may not have positive health impacts (Cave et al. 2001). Income equity issues can be addressed at the local level by working with local employment programs to ensure they are health promoting and not health damaging.
- Evaluations should measure impact and include a follow-up to assess outcomes over time, including outcomes in terms of public policy and organisational practices.

Comment

Evaluations of adult work programs in terms of (at least) intermediate mental health outcomes (see the VicHealth Framework for the Promotion of Mental Health and Wellbeing) would provide valuable complementary data to help build the case for health outcomes of employment. The appropriate role for measures to redress income inequality is contested, however, with public health benefits not always linked to income equity programs, and mental health outcomes almost never connected to equity measures. Income equity programs will remain a challenge for many years to come, but the inclusion of mental health outcomes in evaluations will help to build the evidence on the effects of income equity on health and wellbeing.

The VicHealth (2004b) refugee relocation project indicates what other social infrastructure is necessary to safely and productively relocate refugees to rural areas with employment vacancies.

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Intervention – Housing programs

Adequate housing is a prerequisite for employment (VicHealth 2005a) and a strategy, in conjunction with employment programs, to overcome worklessness, especially in areas of social housing with concentrated disadvantage (Carley 2002). The vicious cycle of poor mental health and poverty needs well targeted, structured investment for poverty alleviation (World Health Organisation 2003), including housing programs. These programs can take many forms: they include the refurbishment of public housing stock conducted as stand-alone programs, but housing improvements are also a key component of area regeneration and neighbourhood renewal programs. Program types include housing repairs, energy efficiency improvements and the creation of safer and more secure areas for public housing tenants as part of neighbourhood renewal programs.

Specific population groups/settings

These interventions apply to public housing and low income communities.

Effectiveness

There are strong associations between poor housing and poor health (Thomson, Petticrew & Morrison 2001), and good evidence that adequate, safe and secure housing has an independent effect on physical and mental health and wellbeing (TIlford et al 1997). Mental health is likely to show improvements from housing interventions ahead of physical health effects in a dose–response relationship (Thomson, Petticrew & Douglas 2003). Improvements have been found in measures of self-reported mental and physical health, levels of service use, physical symptoms and the use of prescription drugs. But research is lacking on the health gains and costs/benefits of investment in public housing, even though the basic human need for shelter is self-evident and associations have been found between mental health and general wellbeing and housing refurbishment. The health effects of housing programs are methodologically difficult to measure, and establishing quality longitudinal studies in this area is difficult, given the multifactored context, confounding factors associated with deprivation and also, perhaps, political factors (Thomson, Petticrew & Morrison 2001).

Implementation issues

- Housing interventions need to be localised because they are context specific: different neighbourhoods need different approaches and packages of intervention (Carley 2002).
- Prospective collaborative studies are needed between housing and health agencies and academics.
- Thomson, Morrison and Douglas (2003) identified a range of housing factors associated with health improvement, along with questions to ask in establishing housing–health impact assessments. The impact of area-based initiatives requires longitudinal studies that track both individuals and areas, and that closely link evaluation and policy.
- Housing is often a vertical program that lacks links with programs from other sectors. The formation of cross-sectoral partnerships is thus crucial for housing–health programs, and these partnerships should be incorporated into well designed vertical and horizontal people and place programs.
- Setting up and evaluating indicators and outcome measures of social capital, social exclusion, local democracy and local economic regeneration in housing programs will contribute to the evidence base about the relationship between housing and mental health and wellbeing.

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Promising projects: Promoting young people's mental health and wellbeing through participation in economic activities

It's not just having this job, but everything else that comes from it. (Jane, program participant)

To implement the VicHealth Mental Health Promotion Plan 1999–2002, a number of projects were funded to encourage and promote the participation of young people in economic activities. These projects were intended to provide young people with 'a ran
enhancement of life skills, the promotion of attachment and belonging, and opportunities for control' (VicHealth 2003, p. 55). In general, projects covered a range of activities, including:

- employment placements
- unpaid work
- opportunities for income generation
- education and training
- interventions aimed at developing personal job search and small business skills, and providing information about options for education, training and employment.

Good practice examples

Kulcha Shift: the Brophy Family and Youth Services

This project combined economic participation with social welfare and community development approaches. It incorporated f
manual, technical training, personal development opportunities and employment preparation supported each 'activity centre'.

Changing Lanes: Nagle College, Bairnsdale

Changing Lanes was a diversion project based around a workshop specialising in basic fabrication, engineering and mechanical repair. It aimed to stimulate young people's interest in economic participation and to provide genuine life skill learning opportunities. Participants undertook a training program and four-week work placement.

Whitelion Juvenile Justice Employment Project

Participants in this program were undertaking a sentence at the Parkville Youth Residential Centre. The program used community and business partnerships to provide opportunities for employment skills training of young people in the centre.

Key lessons

- Promote activities that are purposeful to young people and communities.
- Work in partnership with young people.
- Involve young people in decision making.

Outcomes for individuals

The evaluation revealed that the projects had successfully provided young people
with opportunities for economic participation. In particular, funded projects had the potential to:

- enhance skills
- enhance knowledge about work and work options
- foster positive changes in individual attitudes to employment and
- support participants to gain and maintain employment.

Outcomes for organisations

Building organisational capacity for economic participation was the most successful outcome of the projects evaluated. The projects demonstrated potential to integrate concern for young people's mental health and wellbeing into the core business of agencies, so as to:

- increase organisational capacity to assist young people
- build referral networks among organisations
- enhance understanding of mental health issues.

Outcomes for communities

The impact of the projects on the communities involved was less clear or consistent. Some projects, however, reported evidence of change in their community. As a result, the projects demonstrated potential to:

- enhance understanding of mental health and wellbeing
- enhance understanding of the links between economic participation and mental health
- foster awareness of the strengths of young people
- improve/sustain positive attitudes to the employment of young people.

The value of partnerships

Partnerships were an invaluable tool in contributing to project sustainability. In doing so, they were able to:

- broaden the expertise and resource base available to projects
- foster intersectoral action in mental health promotion
- enhance project impact by bringing together a broader range of agencies
- provide a forum for resolving differences.

VicHealth supported this partnership approach through its commissioning of the partnership analysis tool. This tool highlights the importance of planning for partnerships to maximise their potential contribution.

Making the link between economic participation and mental health

Participants symbolically viewed money as an indicator that their work was valued. Projects recognised that unless they dealt with issues of confidence, self-worth and resilience, mental health issues would remain as barriers to successful economic participation.