

DISCUSSION PAPER

Economic inclusion. What is it and how can we work together for greater impact in Melbourne's west?

Background

Within the context of race-based discrimination and social inclusion, economic inclusion has emerged as an area of interest and emerging activity. Economic inclusion aligns with HealthWest's strengths and previous work, including health literacy, community participation and workforce mutuality. It also aligns with future thinking policies which demonstrate an increasing focus on workforce diversity issues within the health and community sectors, such as the [Western Metropolitan Partnership](#), the [Building from Strength: 10-year Industry Plan for Family Violence Prevention and Response](#) and VCOSS's [10 Year Community Service Industry Plan](#).

This paper explores what economic inclusion is and why it is under consideration as a potential future strategic direction for HealthWest.

What is economic inclusion?

Economic inclusion refers to "equality of opportunity for all members of society to participate in the economic life of their country as employers, entrepreneurs, consumers, and citizens" (Bettcher and Mihaylova 2015).

Why is economic inclusion important in Melbourne's west?

Available data demonstrates high rates of unemployment in Melbourne's west. For example, the Brotherhood of St Laurence recently announced the western region of Melbourne (including Sunshine, St Albans, Footscray, Melton) as one of twenty hot spots for youth unemployment across the nation.

Employment outcomes in Melbourne's west and elsewhere are also not equitable. Rates of unemployment are generally higher among those from ethnic minority groups (AIHW 2016). In a community as culturally and linguistically diverse as the HealthWest catchment, this is a significant issue.

Increasingly recent arrivals¹ are moving to the growth corridors of Wyndham and Melton and experiencing higher rates of unemployment compared to the total population. In the City of Melton, 6,218 people had arrived in Australia within 5 years prior to 2016, of these 15.7% were unemployed compared to 7.6% of the total population (ABS 2016). In the City of Wyndham, 23,217 people had arrived in Australia within 5 years prior to 2016, of these 15.7% were unemployed compared to 8.2% of the total population (ABS 2016).

¹ Recent arrivals are defined as those persons who are now usual residents of the area, who arrived in Australia (not necessarily within the local area) between 1 January 2011 and 9 August 2016.

Why apply a race-based lens to economic inclusion?

Recent consultations with HealthWest members affirm economic inclusion is considered critical to addressing race-based discrimination in Melbourne's west, and more needs to be done to address the structural power imbalances in our institutions.

Many HealthWest members have a strong history of promoting multiculturalism through the arts, festivals and cultural events. However, there is a growing sentiment that more needs to be done to directly address race-based discrimination. 'Diversity' and 'multiculturalism' fail to address the structural power imbalances which function to support racism (NCCDH 2018). There are many structural power imbalances which need to be addressed, however, the workplace remains a key area of racial discrimination for many (Ferdinand et al 2015, Youth Research Centre 2018).

Recently arrived migrants and ethnic minorities often experience more discrimination than established migrant communities (Blair et al 2017). Migrants from a refugee background and people seeking asylum face multiple barriers to employment in Australia, with discrimination being the most commonly reported barrier (MSEI 2017).

What about other forms of discrimination?

Whilst intersectionality is important, it is imperative to keep a focus on race-based discrimination (NCCDH 2018). This sentiment was echoed throughout recent consultations with HealthWest members, perhaps a reflection of the cultural and linguistic diversity in the HealthWest catchment. Whilst there is strong rationale in the HealthWest catchment for keeping a focus on race-based discrimination, there is also strength in focusing on the intersection of race with other forms of discrimination such as gender and disability.

Why is economic inclusion a health issue?

The relationship between racism and poor health, particularly poor mental health, is well documented (Paradies et al 2015, Ferdinand et al 2015). Similarly, the relationship between employment, health and wellbeing is also well understood. Unemployment, underemployment and job insecurity not only impact a person's socio-economic status, they also impact a person's self-worth, their mental health and social connectedness (AIHW 2017).

The health and community sectors are major employers and contributors to the economy. A recent report from the World Health Organisation highlights how the health system can contribute to local economic and social outcomes through approaches to employment and procurement (WHO 2019). The health and community sectors offer quality employment opportunities which can have a positive impact on equity.

What can be done to promote economic inclusion?

There are many levers to promote economic inclusion. Initiatives commonly fall into the following areas:

- Job pathways (including education and training pathways)
- Workforce diversity and mutuality
- Social enterprise - businesses that trade to intentionally tackle social problems, improve communities, provide people access to employment and training, or help the environment (Social Traders 2019)
- Social and local procurement - buying goods and services from **social** enterprises and **local** businesses, with the intention of making a positive social impact
- Entrepreneurship/ small business
- Individual skill development

Below are a few examples of recent and emerging initiatives:

VicHealth's LEAD initiative was a place-based initiative incorporating several strategies in employment and other settings in Shepparton and Whittlesea (Ferdinand et al 2013, VicHealth 2014). This initiative demonstrated effectiveness in engaging organisations to implement strategies to address race-based discrimination. [More info](#).

Asylum Seeker Resource Centre (ASRC) has partnered with Career Seekers and is currently piloting the Lived Experience Evaluators Project (LEEP). Project participants receive training in evaluation principles and methods, then put their knowledge into practice by evaluating an ASRC program. Professional mentors from the evaluation sector support the interns throughout. Participants learn how to succeed in Australian professional workplaces or to use their skills to become consultants. [More info](#)

HealthWest's Standards for Workforce Mutuality were developed to address the "diversity gap" observed in the health and community workforce in Melbourne's west. The standards were designed to provide organisations with guidelines to attract, develop and retain a workforce which is more inclusive and reflective of the diversity of the community. A recent evaluation of the Standards for Workforce Mutuality Pilot indicates this work is valued and has a strong and much desired future in the sector and beyond (Read & Planigale 2019). [More info](#).

Conclusion

This paper demonstrates an evident need for leadership and investment in economic inclusion as a strategic priority, with race-based discrimination as a lens. Whilst activity is emerging across the HealthWest catchment, it may be occurring in isolation and may benefit from greater advocacy, coordination of effort, increased collaboration, shared measurement and capability building.



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