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Health in SIA

By Lea den Broeder and Frank Vanclay

Summary

Social impact assessment (SIA) developed alongside EIA in the early 1970s as a mechanism to consider the social impacts of planned interventions. The early understanding tended to limit the practical application of SIA to the project level, usually within the context of regulatory frameworks, and primarily considered only the direct negative impacts. However, like other types of impact assessment, SIA has evolved over time and has diverged considerably from EIA. Nowadays, SIA has widened its scope to become a “philosophy about development and democracy”. Ideally SIA considers the pathologies, goals, and processes of development. In this broad understanding, it now focuses on the management of all social issues, intending to bring about a more sustainable and equitable biophysical and human environment.

The SIA field defines “social” very broadly, as “anything that affects people and their communities”. Thus, for example, all environmental impacts are also social impacts because people depend on the environment for their livelihoods as well as their physical and spiritual well-being. Social impact concepts include people’s way of life, their culture, community, political systems, environment, health and well-being, personal and property rights, and their fears and aspirations.

Formerly seen as a regulatory tool required by regulatory agencies but resented by proponents, SIA, for a variety of reasons, is now increasingly being embraced by corporations and used as an internal process for managing social issues. Such a shift towards corporate acceptance, of course, does not guarantee that SIA will always be done properly, or that it is able to adequately influence company operations.

Several other shifts have been observed:

- *greater consideration of benefits;*
- *moving towards developing and implementing Social Impact Management Plans;*
- *communities themselves actively commissioning, or doing, their own SIA studies;*
- *SIA playing an important part in ensuring “free, prior and informed consent” and gaining a “social license to operate”.*

Health issues have a central place in SIA. Many of the social impacts of projects could also be described as health impacts, and all health impacts would be regarded as social impacts in SIA. In SIA, health impacts are considered amongst a wide range of impacts on people and communities. SIA practitioners are supposed to look from an integrated perspective. Arguably, this means that the determinants of health should be addressed when SIA is carried out properly. Nevertheless, SIA guidelines do not typically require a detailed analysis of the origins of, or pathways to, specific health conditions. There is, however, a strong awareness of indirect effects and cumulative effects.

In actual practice, the SIA approach used highly depends on the type of policy, plan or project being considered, as well as on the legal and cultural context, on client requirements, and on the commitment of the individual practitioner or consultancy. The SIA case studies considered in this chapter usually discussed the broader determinants of health but did not necessarily recognize them as such. The pathways from social impacts to health, and the linkages between health and social impacts, were not explicitly part of the analysis. Overall, the input of health expertise into SIAs seemed to be lacking. However, given the close connections between the HIA and SIA approaches, more cooperation and cross-fertilization between these two types of impact assessment can be expected in the future.

SIA developed in the early 1970s alongside EIA

Introduction to SIA

SIA developed alongside EIA in the early 1970s as a mechanism to consider the social impacts of planned interventions (Burdge & Vanclay, 1995). However, the early understanding of SIA was narrowly conceived, tending to apply SIA only at the project level (rather than at the policy level), only considering a narrow selection of immediate direct impacts (rather than indirect and cumulative effects), with the role of SIA being limited to the predictive assessment of negative consequences within the context of a regulatory framework (Vanclay, 2006). This limited understanding of SIA pervaded and continues to dominate the legislation, policy, procedures and organizational cultures of the environmental management agencies of many countries as well as of many environmental consultancies.

In contrast, nowadays most SIA professionals consider that SIA is more than a technique or step; it is philosophy about development and democracy. As such, ideally it considers the pathologies of development (i.e. impacts), the goals of development (for example, poverty alleviation), and the processes of development (for example, participation, capacity building) (Vanclay, 2003, 2004). Thus, SIA should also be involved in assisting communities to determine their development priorities, as well as being a process for incorporating the social dimensions into development projects (Esteves & Vanclay, 2009; Esteves, Franks & Vanclay, 2012).

Definitions of SIA

The contemporary understanding is that SIA is about “the processes of managing the social issues associated with planned interventions” (Esteves, Franks & Vanclay, 2012:35), and is largely equivalent to what is often called “social performance” in the corporate world. An elaboration of that definition is:

Social impact assessment includes the processes of analysing, monitoring and managing the intended and unintended social consequences, both positive and negative, of planned interventions (policies, programs, plans, projects) and any social change processes invoked by those interventions. Its primary purpose is to bring about a more sustainable and equitable biophysical and human environment (Vanclay, 2003:6).

Developments in SIA

Although SIA arguably applies to policies, plans and programs, the practice and thinking of SIA still tends to be at the project level because this is where the demand for SIA exists. A major change over time has been from SIA being seen only as a regulatory tool required by regulatory agencies and resented by proponents, to also being an internal corporate process of managing social issues actively embraced by leading corporations. This change has occurred for multiple reasons, including: the neoliberalist turn in notions about the role of governments; the growing acceptance by companies of the corporate social responsibility and sustainability agendas and their desire to be a “developer of choice”; the increasing expectations, activism and empowerment of communities; an increasing acceptance of the concept of “social licence to operate”; high profile litigation cases; as well as the fact that the SIA community has actively promoted the business case for doing SIA (Vanclay & Esteves, 2011; Vanclay, 2014).

Unfortunately, such a shift does not guarantee that SIA will always be done properly, have sufficient time and resources, or that the SIA process is able to adequately influence company operations (Kemp, 2011). In most settings, there remains many structural limitations affecting SIA, including the lack of training or accreditation of SIA practitioners, the lack of adequate peer review processes, and greenwashing by companies (Vanclay, 2004; Kemp, 2011; van der Ploeg & Vanclay, 2013). The level of funding and timing allocated to social issues continue to be inadequate.

Alongside the increasing corporate acceptance of SIA is a shift towards greater consideration of benefit enhancement in SIA processes. Thus, SIA not only predicts harm and plays a role in developing mitigation strategies, it also advises on how project benefits might be enhanced through local procurement and other actions. Related to this is an increasing expectation that projects actively contribute to community development, not through unfocused philanthropic gestures but through strategic local social investments (Esteves & Vanclay, 2009; João, Vanclay & den Broeder, 2011).

In government, too, there is a shift away from the evaluation of SIAs in terms of the extent to which they have adequately predicted the likely social impacts (akin to an EIS) to evaluation of the extent to which there is a reasonable plan for the management of social impacts, in other words, a Social Impact Management Plan (SIMP) (Franks & Vanclay, 2013).

A further change is that communities themselves are actively commissioning their own SIA studies or seeking to do them themselves. This is especially the case in situations where communities are negotiating Impacts and Benefits Agreements (IBAs) with proponents (O’Faircheallaigh, 2011). SIA becomes a particularly important part of ensuring “free, prior and informed consent” (FPIC). While FPIC is an expectation – and in certain jurisdictions a requirement – of companies dealing with indigenous communities (Hanna & Vanclay, 2013), it is also being conceived as a philosophy applicable to all communities (Vanclay & Esteves, 2011).

Whether proponent-directed or community-led, and whether for regulatory approval or company management, there is a set of activities that would typically be expected in a good practice SIA process (see Box 7).

Challenges for SIA

Increasing corporate acceptance of SIA

Shift in the understanding of SIA in governments

SIA helps to ensure “free, prior and informed consent”

Box 7: Activities to be undertaken in the course of doing an SIA**Overarching activities**

- facilitating participatory processes and deliberative spaces to enable community discussions about desired futures, the acceptability of likely impacts and proposed benefits, and community input into the SIA process, consistent with the principle of FPIC;
- facilitating an agreement-making process between the affected communities and the developer leading to the drafting of an IBA that is mutually acceptable and compatible with FPIC;
- ensuring that the proponent has fully considered all impacts on human rights by either ensuring that human rights impacts are considered in the SIA, or that a separate human rights impact assessment will be conducted.
- ensuring that the proponent has fully considered all health impacts by either ensuring that impacts on health are considered in the SIA, or that a separate HIA will be conducted.
- ensuring that a grievance mechanism – consistent with Principle 30 in the United Nations Guiding Principles on Business and Human Rights (UN, 2011) – is established to ensure that affected people with complaints against the proponent have a mechanism by which their concerns can be heard and resolved.

Scoping activities

- gaining a thorough understanding of the communities likely to be affected by the planned intervention (i.e. profiling), including undertaking a thorough stakeholder analysis to understand the differing needs and interests of the various sections of those communities;
- identifying community needs and aspirations;
- scoping the key social issues associated with the planned intervention (the significant negative impacts as well as the opportunities for creating benefits);
- collecting baseline data to provide a benchmark to measure change over time

Assessment activities

- predicting the social changes that may result from the policy, program, plan or project;
- establishing the significance of the predicted changes, and determining how the various affected groups and communities will likely respond;
- examining other options, especially in terms of social issues;

Mitigation & enhancement, monitoring and adaptive management activities

- identifying ways of mitigating potential impacts and maximizing positive opportunities;
- developing a monitoring plan to monitor change over time;
- implementing an adaptive management process to address unanticipated changes;
- assisting the proponent in the drafting of a SIMP that operationalizes all benefits, mitigation measures, monitoring arrangements and governance arrangements that were agreed to in the IBA, as well as plans for dealing with any ongoing unanticipated issues as they arise;
- putting processes in place to enable proponents, government authorities and civil society stakeholders to implement arrangements implied in the SIMP and IBA and to develop their own respective management action plans and embed them in their own organizations, establish respective roles and responsibilities throughout the implementation of those action plans, and maintain an ongoing role in monitoring.

Source: developed further from Vanclay & Esteves (2011); Esteves, Franks & Vanclay (2012), Vanclay (2012).

SIA is now an ongoing process of adaptive management

The shift in SIA – from being a regulatory tool to being a corporate process or management system – has changed the language of SIA and the way it is done. SIA is no longer a relatively short-term technique to produce a statement of predicted social impacts, which may (or more likely may not) influence decision-making and project management, it is now an ongoing process of adaptive management.

While reporting to stakeholders is still needed at various intervals, the emphasis is not on producing a report of the once-off prediction of impacts to inform a go/no go decision (as is the case with EISs), instead the focus is on the ongoing processes of managing the social issues, engaging the relevant communities, identifying and mitigating negative impacts, enhancing positive benefits, and monitoring outcomes. An EIS-like report (statement of social impacts) might still be important for regulatory approval requirements, but in SIA the concern is more with ensuring that the social management (social performance) processes are in place.

In some ways, and for some companies at least, a “social licence to operate” has become just as important as the formal legal procedures. Thus, the key document is not the EIS-like statement of impacts, but the IBA the community develops with a proponent. Other key issues are the extent to which these agreements and the commitments they contain become embedded into corporate procedures and practices. Consequently, SIA has evolved considerably over time and has diverged considerably from EIA.

SIA helps in gaining a “social licence to operate”

The place of health in SIA

Health issues have a central place in SIA. Vanclay (2002), for example, considers death the most severe social impact that can befall an individual, and notes that the death of an individual also has major social impacts on many people in a family, household, and even in the society more generally. Furthermore, as some indication of the centrality of health issues in SIA, in Vanclay’s (2002) comprehensive analysis of social impacts, the category of health and well-being impacts were listed first. It is clear that many of the social impacts of projects could also be described as health impacts, and most (if not all) health impacts would be regarded as social impacts in SIA.

Health is one of the central issues in SIA

The SIA field defines “social” very broadly as anything that affects people and their communities. Thus, for example, all environmental impacts are also social impacts because people depend on the environment (nature and landscape) for their livelihoods, physical and spiritual well-being, and because the preservation of biodiversity is socially valued (Slootweg, Vanclay & van Schooten, 2001). In general, social impacts are

all social and cultural consequences to human populations of any public or private actions that alter the ways in which people live, work, play, relate to one another, organize to meet their needs, and generally cope as members of society... [including] changes to the norms, values, and beliefs of individuals that guide and rationalise their cognition of themselves and their society (Burdge and Vanclay, 1995:32).

More specifically, Vanclay (2002) identified the dimensions below, and outlined more than 88 social impact concepts (see Box 8).

Box 8: Dimensions of social impacts

- People’s way of life — how they live, work, play, and interact with one another on a day-to-day basis;
- their culture — their shared beliefs, customs, values, and language or dialect;
- their community — its cohesion, stability, character, services, and facilities;
- their political systems — the extent to which people are able to participate in decisions that affect their lives, the level of democratization that is taking place, and the resources provided for this purpose;
- their environment — the quality of the air and water that people use; the availability and quality of the food they eat; the level of hazard or risk, dust, and noise they are exposed to; the adequacy of sanitation, their physical safety, and their access to and control of resources;
- their health and well-being — where “health” is understood in a manner similar to the WHO definition: “a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity”;
- their personal and property rights [and human rights] — particularly whether people are economically affected or experience personal disadvantage which may include a violation of their civil liberties; and
- their fears and aspirations — their perceptions about their safety, their fears about the future of their community, and their aspirations for their future and that of their children.

Source: Vanclay (2002:185–6)

Because health is for a large part socially defined (and influencing the social determinants of health is a major strategy to improve population health), it is reasonable to presume that in jurisdictions that require HIA but not SIA, the social issues would generally be included in the HIA. In jurisdictions where SIA is required but HIA is not, the health issues would typically be included in SIA. In contexts where both are required, a combined or integrated impact assessment would be undertaken. In contexts where neither are required by a regulator, whether they are done depends on the commitment of the proponent (and to some extent the extent of civil society pressure).

HIA and SIA therefore are not mutually-exclusive concepts, but refer to the different orientations taken and to the different discourses or paradigms that are applied to consider an overlapping territory of concern. Because the interests of SIA are so broad, covering environmental and health influences that affect people, SIAs cannot be undertaken by only one person but require a team with a broad suite of skills and expertise. Expertise in HIA is necessarily part of that mix.

Human impact assessment

The conceptual overlap between HIA and SIA led to the development of “human impact assessment” in Finland in the 1990s (Kauppinen et al., 2002; Kauppinen & Nelimarkka, 2004; Kauppinen, 2011). Even though the idea of human impact assessment was considered attractive, the integration process posed a number of important challenges both in terms of combining different disciplines and concepts and combining different institutional and organizational arrangements, as well as in terms of resources and capacity (Rattle & Kwaitkowski, 2003). In practice today, these barriers have not yet been overcome (Kauppinen, 2011). Nelimarkka, Kauppinen and Perttilä (2007) point out that within this integrated human impact assessment, health is most prominently addressed in relation to

SIAs require a team with a broad suite of skills and expertise

Human impact assessment aims to combine HIA and SIA

environmental health risks and that the relations between the expected social consequences of a plan or project and their health impacts are typically not made explicit.

Other approaches to combine SIA and HIA have indicated a positive experience of integration. For example, in an assessment of the South East Queensland Regional Plan (Australia), SIA and HIA practitioners decided to cooperate before the start of the impact assessment process and merged their methods and tools, leading to a rich and informative assessment (Copeland & Young, 2006). In a similar study, a SIA of the Lower Hunter Regional Strategy (in New South Wales, Australia) primarily addressed health benefits (Wells et al., 2006).

Positive examples of combining SIA and HIA exist

The inclusion of health in SIA guidelines and standards

Guidelines and standards can play an important role in the implementation and operationalization of impact assessment processes including SIA. They provide a reference point against which the performance of impact assessment can be evaluated. There are different types of guidelines including generic guidelines, national or regional specific guidelines, international organization guidelines, sector guidelines, and corporate guidelines. Some impact assessment guidelines are focused specifically on social impacts, while others are generic but include social aspects. To gain an impression of the way health is included in these various guidelines and standards, we have selected an indicative example or two for each of these categories (see Table 4).

Table 4: Assessment of the status of health in some indicative social impact guidelines

SIA Guidelines or Standard (an indicative selection only)	Health mentioned	Occupational health mentioned separately	Broad definition of health applied	Interdisciplinarity or integration mentioned	Involvement of health experts required
Generic guidelines/standards					
IAIA International Principles for Social impact Assessment (2003)	+	-	+	+	0
National and regional guidelines/standards					
Guidelines for Social Impact Assessments for mining projects in Greenland (2009)	+	-	+	-	-
Issues and Recommendations for Social and Economic Impact Assessment in the Mackenzie Valley (2007)	+	-	+	+	-

SIA Guidelines or Standard (an indicative selection only)	Health mentioned	Occupational health mentioned separately	Broad definition of health applied	Interdisciplinarity or integration mentioned	Involvement of health experts required
International organization guidelines/standards					
World Bank Social Analysis Sourcebook (2003)	+	-	0	+	-
World Bank Social Analysis Guidelines in Natural Resource Management (2005)	0	-	-	+	-
World Bank Social Analysis in Transport Projects (2006)	+	-	+	-	-
IFC Performance Standards on Environmental and Social Sustainability (2012)	+	+	-	-	-
Sector guidelines/standards					
IPIECA Guide to SIA in the oil and gas industry (2004)	+	-	-	+	-
Corporate guidelines/standards					
A corporate toolbox published by one of the world's largest mining companies (2012)	+	+	+	+	+

Legend: + mentioned; 0 not mentioned but can be implied; – not mentioned and no implication that it is expected

*International Principles for
SIA = generic guideline*

The International Principles for Social Impact Assessment (Vanclay, 2003) is a typical example of a *generic guideline*. The document describes a number of basic values and principles underpinning good practice in SIA. As such, it is a compass for practitioners and those who commission or review SIAs, rather than a toolbox or checklist. The International Principles include health as an important aspect of all social and environmental impacts to be assessed, and explicitly embraces the broad WHO definition of health. It does not, however, specifically mention the need to include health experts, although that can be implied. The need for interdisciplinarity is expressed, but in a generic way: since a broad range of different impacts are involved, SIA can only be carried out with teamwork.

*National or regional
guidelines translate generic
guidelines in their specific
context*

National or regional guidelines are usually in place to translate generic principles into specific national or regional contexts, taking account of, for example, the specific characteristics of the local culture, economy and legal system. Examples of such guidelines are the Guidelines for Social Impact Assessments for Mining Projects in Greenland (Bureau of Minerals and Petroleum, 2009), and the Issues and 7 Recommendations for Social and Economic Impact Assessment in the Mackenzie Valley (Canada) (Mackenzie Valley Environmental Impact Review Board, 2007). Such guidelines focus on properly addressing the capacities, needs and problems of the respective

populations of those regions. The Greenland guideline provides a number of regional specificities that must be taken into account in any SIA carried out: the language of the population, the spread of the population in widely scattered, small communities, the most important economic sectors, both existing (fishing, hunting) and upcoming (tourism), and the current lack of experience with mining in the country. The Mackenzie Valley guideline pinpoints some issues that are imminent to economic developments in this specific region, for example, the influx of workers from elsewhere, changes in the landscape and economy. Several potential negative impacts are mentioned including changes in employment (for example shift work), changes of lifestyle (such as alcohol abuse) and social disruption (for example increase in domestic violence). But the guideline also highlights possible positive impacts: jobs, income, and better infrastructure. Attention is paid to the special needs of indigenous peoples. The history of the region, including the history of land use and land rights, is clearly integrated in the text of the guideline. The guideline sets the scene for the SIA process in a detailed way, tailored to the regional context. Many of the issues mentioned are health-relevant, and health is clearly present in both guidelines. However, health expertise is not explicitly part of the requirements for impact assessments in either guideline, although the Mackenzie Valley guidelines mentioned the need for an interdisciplinary assessment team – which arguably includes professionals from the health field.

In standards from *international organizations*, health is usually part of the social issues addressed, at least in the ones we examined. The World Bank Social Analysis Sourcebook (2003) is a description of good practice, but is explicitly not a standard that must be followed. This implies it is mainly published as an inspirational document. Health is mentioned several times, but mostly either in the framework of health services, or as one of the assets of a given population. Health impacts in a broader sense are not addressed in the sourcebook. Nor does the sourcebook recommend that health expertise be secured in the interdisciplinary assessment team.

A similar image appears regarding the World Bank Social Analysis Guidelines in Natural Resource Management (World Bank, Social Development Department, 2005). The word “health” appears four times in this document — of which one is related to the well-being of crops, land, and waters, not of humans. Although different types of health-relevant impacts are mentioned, the link to health is not made explicit. Much attention is paid to the distributional aspects of the social impacts of projects. Vulnerable groups are to be identified and attention is paid to gender issues. Human rights are present in the Guidelines, albeit in a relatively generic way. In several places, the Guidelines mention that human rights approaches are increasingly part of the impact assessment process, and that they should be considered. However, this is not elaborated in a practical way. Like the sourcebook discussed above, these

Health expertise is not usually a stated requirement within the guidelines

The broader concept of health is not reflected in guidelines of international organizations

guidelines are presented as a source of knowledge, but not as a legal document.

A third World Bank guide, World Bank Social Analysis in Transport Projects (World Bank, Social Development Department, 2006) defines health in a broader way. A range of health aspects and health determinants that may be impacted are addressed. For example, health impacts of air pollution (respiratory disorders), increased physical inactivity and related chronic diseases as a result of the increased use of motorized transport, and mental health problems caused by the stress of urban sprawl and congestion are mentioned, as well as infectious diseases, occupational health risks and injuries caused by traffic accidents. Moreover, the guide highlights how transport projects can enhance health, for example, by improving access to health services and facilitating the distribution of vaccines needed for immunization schemes. The guide also argues that transport infrastructure is an essential prerequisite for health monitoring by providing access for health monitoring staff to sparsely populated areas. Interestingly, occupational health is ignored. The guide gives no clue as to the composition of assessment teams, and therefore it is not clear whether health expertise is expected to be included. Like the other two World Bank guides, this guide refers to the social scientist as the core professional, while other disciplines are not specifically identified.

Many other international bodies also have an interest in SIA, notably the International Finance Corporation (IFC), especially with respect to their Performance Standards on Environmental and Social Sustainability (IFC, 2012). These authoritative performance standards include, amongst others, a performance standard on Community Health, Safety, and Security (PS4) focusing on a few health aspects but ignoring others. Accidents and injuries, emergency preparedness, exposure to hazardous substances, and exposure to infectious diseases are addressed. However, mental health and noncommunicable diseases are not discussed, nor are significant health determinants such as housing, food, healthy lifestyles, health care and other facilities, and social cohesion. Such wider health determinants are partly addressed in other IFC standards, which means that health determinants are to some extent mainstreamed throughout the IFC performance standards. Various health issues are also mentioned in other standards. In PS3, Resource Efficiency and Pollution Prevention, environmental health risks are considered. In PS2, Labour and Working Conditions, some occupational health and safety issues are discussed. However, in none of these IFC standards is there an explicit statement requiring the interdisciplinarity of the team or the specific involvement of health experts.

Several industry bodies have developed sector-specific guidelines for SIA at an international level. One example is the Guide to Social Impact Assessment in the Oil and Gas Industry prepared by the International Petroleum Industry Environmental Conservation Association (IPIECA) in 2004. This guide is meant to instruct managers in the oil and gas industry

IFC standards include standards on Community Health, Safety and Security (PS4)

Health impacts are mentioned within the closer context of the specific sector

about the basics of SIA. The health issues mentioned in this guide are infectious diseases, occupational health, and health care. Health is also present in the list of baseline data that, according to this guide, need to be collected within the SIA framework. What exact health data should be gathered is not specified. The participation of health experts in the assessment team is not mentioned; although the guide recommends an interdisciplinary team and gives examples of the kinds of expertise that need to be included: social scientists, communications specialists, and development specialists. This guide notes that several types of impact assessment exist (including HIA), and that they are partly overlapping and complementary to each other. It gives an overview of these forms of impact assessment and recommends integration. IPIECA has also published a separate guidance document on HIA, in which the same recommendation regarding integrative approaches is repeated (Krieger & Balde, 2005). That guide is more substantial and contains considerable detail on processes and methods, for example, several epidemiological tools for calculating health outcomes are presented. Also, the range of potential impacts included in the HIA guide is larger – including issues such as cultural health practices, psychosocial health and accidents and injuries, but leaving out noncommunicable diseases.

Some companies have developed their own SIA guidance/toolbox. A prominent example of such corporate guidelines was a toolbox published by one of the world's largest mining companies which was given the Corporate Initiative Award by the International Association for Impact Assessment (IAIA) in 2012 for the way the toolbox helps incorporate impact assessment into the ongoing management of all its operations. This guideline or toolbox is by far the most extensive of all guidance documents discussed in this chapter and discusses a wide range of issues. The guide consists of seven “steps”, each of which contains a number of “tools”. One of the tools concerns community health and provides a framework for HIA. A comprehensive overview of health issues is presented in that tool, and a broad model of health is applied. Health issues are explicitly mainstreamed throughout the whole toolbox. For example, health data are part of the baseline data to be gathered during the profiling stage, the health impacts of corporate social investment activities are to be considered, and changes in health status are a specific category in the list of potential issues and impacts that need to be assessed. The relations between social and health impacts are repeatedly highlighted. Interdisciplinarity is part of the working routines described in the guidance. Several times, the guide mentions the requirement for the consultation of health experts in the assessment procedure.

By far the most extensive of all guidance documents discussed

The inclusion of health in actual SIA studies

While health issues are addressed in the guidance documents discussed above, the approach used in actual SIA practice depends greatly on the type of policy, plan or project being considered, as well as on the situational

Interdisciplinarity is an essential part of the assessment

context (legal, cultural etc.) of the region where it takes place, and on the commitment of the individual practitioner, SIA consulting company and proponent. The inclusion of health and health determinants varies in SIA practice. Three indicative examples are discussed (see Table 5), drawn from publicly-available SIA reports of projects in the Russian Federation, South Africa and Australia.

Table 5: Assessment of the status of health in some indicative SIA reports

Examples of SIA reports	Broad model of health applied	Causal pathways and linkages between social and health impacts identified	Distribution of health impacts discussed	Occupational health issues considered	Health expertise included
Sakhalin II phase 2 project (Russian Federation)	0	0	-	-	0
Camden-Mbewu power line (South Africa)	0	-	0	-	-
Outer harbour development, Port Hedland (Australia)	-	-	0	-	+

Legend: + mentioned; 0 not mentioned but can be implied; – not mentioned and no implication that it is expected

Case Study 1: Sakhalin II Phase 2 Project, Russian Federation

The Sakhalin II Phase 2 Project (2005) concerns the development of an integrated oil and gas project on Sakhalin Island on the eastern coast of the Russian Federation, close to Japan. Sakhalin Island has a population of around 550 000 people and is characterized by a harsh climate. The project developer is a consortium comprising of three international acting companies. The project entails installation of two offshore platforms, pipeline linkages, an onshore processing facility, a new liquid natural gas plant, and an oil and gas export terminal. A health and social impact assessment was undertaken in 2003 and updated with an environmental and social impact assessment in 2005. The outcomes led to the publication of a Health, Safety, Environmental and Social Action Plan, which has been modified several times, with the most recent version being 2010. This plan is very generic and contains a list of commitments made regarding the management of environmental, health and social issues. There is a distinct separation between the environmental, social and health impact assessments.

Focusing on how the HIA and SIA components relate to each other, in the SIA section the main issues are:

- community disruption
- impacts on livelihoods and employment

Generic plan containing commitments regarding environmental, health and social issues

- loss of land
- relocation of homes, small companies, and farms
- impacts on recreation.

Vulnerable population groups are identified, such as elderly people, people with low income, and reindeer herders and other indigenous groups. The health impacts reported in the HIA section includes issues such as:

- infectious diseases
- lifestyle concerns (alcohol, drugs)
- accidents and injuries
- health care facilities.

The crossover between the two fields is not discussed, except for the linkage between changes in socioeconomic circumstances and lifestyle factors. The health of vulnerable groups is not examined. The report does not provide information on the composition of the assessment teams.

Case Study 2: Camden-Mbewu transmission line, South Africa

A SIA was carried out on the proposed Camden-Mbewu transmission line in the provinces of Mpumalanga and KwaZulu Natal, South Africa (Aucamp, 2011). The project involved the construction of a 765 kV transmission line over a distance of approximately 360 km. The affected area comprised forest land, sugar cane and other farms, livestock farms, open fields and residential areas. The aim of the report was to compare several alternatives, and the effects on different stakeholder groups. Social impacts were defined in a generic way and thus included health (consistent with the understanding presented towards the beginning of this chapter). The assessment team looked into the probability of the impacts, the number of people that would be affected and the duration of the impact, as well as cumulative impacts. The distribution of impacts across different population groups was not explicitly addressed. However, the report clearly reveals that some municipalities have a greater chance to experience impacts. Certain vulnerable groups were highlighted, such as women with little or no income. However, no relation was made between vulnerability and health.

Health impacts were mentioned, but only in relation to HIV/STD transmission, and asthma and allergies. Nevertheless, the report describes many issues that are highly health relevant, such as:

- increased alcohol consumption
- psychosocial stress
- family and community disruption
- increased transport pressure
- changes in employment opportunities
- hygiene issues regarding waste
- criminal behaviour.

The health impacts of these are not discussed in the report, but could potentially include:

Social impacts included health impacts

Many health issues were indirectly covered through the description of health relevant issues but without description of their health impacts

- high blood pressure
- liver cirrhosis
- increased STDs
- unwanted pregnancies
- abortions
- increased alcohol-related violence
- accidents and injuries.

The concept of health as such was not discussed in the report and no definition of “health” was given. The report does not say whether health expertise was used in the assessment process. Based on the absence of health baseline data in the report and the fact that the references cited did not include references from the health field, it is not likely that this was the case.

Case Study 3: Port Hedland outer harbour development, Australia

A third case example is the SIA carried out on a proposed outer harbour development at Port Hedland in Western Australia (2011). The project assessed the social impacts associated with

- constructing and developing infrastructure on land and off-shore to accommodate the handling;
- transport and export of iron ore, including rail connections, a wharf and jetty, road infrastructure; and
- the construction of various buildings.

The issues considered were grouped into a number of “key factors” and a number of “relevant factors”. Key factors were community services, indigenous heritage, public amenity, and visual amenity. Public health was discussed as one of the “relevant factors”, alongside with European heritage, recreation, commercial fisheries, and climate change.

Potential positive impacts mentioned in the report included:

- taxes paid to the national, state and local governments;
- increased employment opportunities in the company and in associated services;
- training for indigenous peoples (and targets for indigenous employment);
- a stated commitment to support local businesses (small and medium sized enterprises); and
- a community investment program.

However, the extent of investment in these activities was not stated.

Potential negative impacts that were discussed primarily relate to:

- the influx of a large workforce and associated increased cost of living for the local population
- barriers in accessing services including health services
- antisocial behaviour
- drug and alcohol abuse.

Assessment of social impacts defined ‘key factors and ‘relevant factors’

Positive and negative impacts were described but relations between these factors were not discussed

While the connection between the expected social impacts and pressure on health care facilities is expressed, relations between the factors mentioned and other aspects of health are not adequately discussed. However, the effect of increased transport on safety is briefly mentioned.

Attention is given to the impacts of the project on local Aboriginal populations. Health is addressed in two ways: in relation to environmental factors (noise and dust, mosquito-borne diseases, and waste) and in relation to health care infrastructure. Mental and spiritual health, noncommunicable diseases and related lifestyle factors are not addressed. The report does not provide information on what health expertise was present in the assessment team. However, the nature of the results presented regarding environmental factors suggests that environmental health specialists were involved.

Discussion: the place of health in SIA

In SIA, health impacts are considered amongst a range of impacts on people and communities. SIA practitioners are supposed to look at the impacts on people and communities from an integrated and/or holistic perspective. In principle, this means that the wider determinants of health should be addressed when SIA is properly carried out. All nine SIA guidelines in our selection made mention of health as an aspect to be addressed, and most expressed in some way that health is a broad concept. Some do this extensively and refer to broad health determinants (for example Mackenzie Valley Environmental Impact Review Board, 2007; and the aforementioned corporate toolbox, 2012) or to the official WHO definition of health, while in other guidelines this is done implicitly. Although health is broadly defined, the approach within SIA typically does not encourage a detailed analysis of the origins of, or pathways to, specific health conditions through other impacts in the way that is pertinent to stand-alone HIA processes, although there is a strong awareness of indirect effects and cumulative effects. The above-mentioned corporate guideline is an exception here, as it includes a HIA process that requires consideration to be given to the specific relations of broader health determinants of the expected impacts.

The approach to health varied in the actual cases of SIA practice we considered. The broader determinants of health were visible in all reports, but were not necessarily recognized as such. The pathways from social impacts to health, and the links between health and social impacts were not explicitly part of the analysis. In none of the cases was the impact of health on social factors part of the analysis.

With SIA usually taking place in the context of economic and spatial development projects, perhaps it might be expected that occupational health should be a concern as it is a key component of the health of those employed by the project. However, occupational health tends not to be a component of SIAs, and only two of the guidelines we considered explicitly included an occupational health focus. However, the health of employees is addressed in most guidelines within the broader framework of the health

SIA should look at the impacts on people and communities from an integrated and/or holistic perspective and therefore should include health

SIA guidelines do not encourage an analysis of the origins or pathways to specific health conditions, but there is a strong awareness of indirect and cumulative effects

Pathways from social to health impacts and linkages between them were not part of the SIA reports reviewed

Occupational health tends not to be a component of SIA

impacts of a project. For example, the World Bank guidance on Social Analysis in Transport Projects discusses HIV infection of workers in the project both as a risk for the workers and as a risk of transmission to the local community. In none of the practice cases we considered was occupational health an extensive part of the considerations. It may well be that the inclusion of this topic was deemed unnecessary in guidance documents since it is normally part of other regulations governing worker protection that are applicable to the companies operating in this field.

The interdisciplinarity of SIA is reflected in the nine guidelines we studied. In different ways, most guidelines we reviewed made mention of the need for involvement of different types of expertise. However, out of the nine guidelines studied, only the corporate guideline explicitly recommended involving health experts in the process. Some guidelines recommended integration of impact assessment processes, and one guideline (again the corporate one) puts this into practice by taking an integrated approach itself. The reports we studied typically do not reveal what health expertise was used. However, our impression is that the input of health expertise was lacking. In addition to being carried out as a separate exercise, SIA is often part of a wider assessment covering environmental, social and health issues. In such integrated assessments, health is not necessarily combined with “social”; it is sometimes addressed as a separate issue. Although most SIA guidelines make mention of health as a broad concept, the conception of health in integrated assessment guidelines and practice is sometimes quite narrow.

Conclusion and future prospects

SIA and HIA complement each other very well. Both are necessary, but greater integration would lead to more complete assessments and a clearer understanding of the links and causal relations between the different impacts. However, there is a noticeable gap between theory and practice, with contemporary assessments not always being adequate.

There are a number of recent developments that are likely to affect the SIA field in the near future. These developments create opportunities for developing the linkages between SIA and HIA. The most important of these developments is the rise of human rights as an issue of concern, especially with the adoption of the United Nations Guiding Principles on Business and Human Rights (UN, 2011; also see Kemp & Vanclay, 2013). Although “health” is not mentioned in the United Nations Guiding Principles, it can be implied because the minimum standards for human rights observance include the Universal Declaration of Human Rights which mentions health in Article 25 (UN, 1948). A right to health and access to health care can thus be inferred. The emerging human rights agenda is establishing a range of human rights in areas not previously widely considered as rights. The rights agenda is also gaining a strong legal foothold and thus will significantly influence impact assessment into the future.

Guidelines reflect the interdisciplinarity of SIA but only one recommends involving health experts

Reports do not reveal what health expertise was used

Sometimes only a narrow conception of health can be found

Greater integration of SIA and HIA would lead to more complete assessments

The United Nations Guiding Principles on Business and Human Rights creates an opportunity for better integration of SIA and HIA

Somewhat related to human rights is the concept of FPIC. This concept gained prominence through its mention in the United Nations Declaration on the Rights of Indigenous Peoples (UN, 2007) and in the International Labour Organization Convention 169 (ILO, 1989). Although these agreements strictly only apply to indigenous peoples, there is a view that FPIC is an appropriate philosophy which should be extended to all communities (Vanclay & Esteves, 2011; Hanna & Vanclay, 2013; Vanclay, 2014). At its extreme interpretation (albeit challenged), FPIC implies that a project should not proceed unless:

- all local communities affected by the project have given their consent;
- any such consent be given freely (without duress);
- the time provided to enable them to consider the project was sufficiently in advance of any works starting;
- all aspects of the project were fully disclosed; and
- the local people were able to comprehend what the implications of the project would be on them.

Impact assessment (addressing all the environmental, health and social consequences on people) becomes of fundamental importance in ensuring a common understanding of the likely impacts of a project for the community. The concept of “informed consent” is well recognized as the ethical principle underpinning the provision of medical treatment and social research (Vanclay, Baines & Taylor, 2013). It seems only appropriate that it should also be extended (as FPIC) to be a fundamental principle in HIA and SIA.

Proponents of projects that do proceed are increasingly developing IBAs with local peoples. These quasi-legal agreements specify the scope of the project, what the likely impacts will be, what mitigation measures will be enacted and what benefits the company promises to provide to the affected communities. The agreements enable a platform for discussions about benefits, mitigation measures, compensation measures, jobs for local people, local procurement arrangements, local enterprise development opportunities, and company contributions to local economic and social development. A strength of SIA is in considering, not only the risks, but also the enhancement opportunities. In HIA, both positive and negative impacts have always been assessed – and this developing SIA approach is highly relevant for HIA practitioners and researchers to connect with.

SIA has changed considerably over time, and has departed considerably from the EIA model it once tried to emulate. Nevertheless, in its revised format as a process-based model used by companies to achieve a social licence to operate, to meet human rights expectations, to demonstrate that they have undertaken negotiations on the basis of the principle of FPIC, it is clear that SIA has a strong and secure future. The business case for SIA is clearly established.

'Free, prior and informed consent' is a fundamental principle in SIA and HIA

Impact assessment is of fundamental importance in ensuring a common understanding of project impacts

Impacts and Benefits Agreements serve as platform for discussion between communities and proponents

A strength of SIA and HIA is to consider not only risks but also to enhance opportunities

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