50,000 Affordable Homes Health Impact Assessment

Case Study Summary
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Executive Summary

In 2016-17, members of the Scottish Health and Inequalities Impact Assessment Network (SHIIAN) conducted a health impact assessment (HIA) on the Scottish Government's 50,000 Affordable Homes programme. As part of my PhD in global health policy at the University of Edinburgh, I conducted a case study of this process, interviewing the various people and decision makers involved in the HIA. I found that the HIA had a very limited effect on the actual programme, but had some unanticipated positive outcomes. The HIA contributed towards an evidence base on health and housing that has been used towards various other policies and programmes. Furthermore, many participants in the HIA said that the HIA had given them added confidence to talk about health and housing, and this was leading to increased partnership across the two sectors.

Though it was not clear to what extent these positive outcomes would impact health and equity, theories of the social determinants of health and health in all policies provide a plausible model through which increased cross-sector engagement (i.e. health and housing) can improve community health. I will be exploring this more comprehensively as part of the comparative analysis for my doctoral research.

Introduction

It is well known that social, environmental and political factors are major contributors to health and health equity. It is also recognised that people are often best positioned to know how to achieve optimal health conditions within their communities. Recent initiatives have aimed to involve communities more directly in decision making with the aim of achieving optimal health and equity outcomes. This research, part of my doctorate in global health policy at the University of Edinburgh, investigates how, if at all, health and equity can be achieved through public participation in decisions that affect the social determinants of health. The 50,000 Affordable Homes Health Impact Assessment was one of four case studies I selected for this research. Though the HIA did not involve the broader public, it included participation from a range of stakeholders. I conducted interviews with participants of the HIA and what they told me, along with other relevant documents that I analysed, have been used to write this case summary. Below, I summarise my findings about the HIA process along with what it achieved.

Background

In 2016 the Scottish Government committed to deliver more than 50,000 affordable homes during the 2016-21 Parliamentary term [1]. Of these, 35,000 were allocated for social rent and the remaining

15,000 may be a mix of other models including mid-market rent and low cost home ownership. An initial £3 billion investment was committed for delivery of the programme which may be used to grant fund Local Authorities and Registered Social Landlords to build the new homes.

Prior to the commitment of the Scottish Government for the 50,000 Affordable Homes programme, there had been a growing body of evidence to support the relationship between housing and health. In 2017, the Scottish Public Health Network (ScotPHN) published a practical guide for joint work between public health and housing colleagues [2]. Within the guidance it was recommended that a health impact assessment be conducted on the new 50,000 Affordable Homes programme. In response to this recommendation, members of the Health and Housing Advisory Group (part of ScotPHN) conducted a scoping exercise to identify potential health impacts of the housing programme, and then commissioned members of the Scottish Health and Inequalities Impact Assessment Network (SHIIAN) to conduct the full HIA.

HIA is a systematic process that examines a future plan, policy, programme, or project to identify potential health impacts, and the distribution of impacts within a population. HIA offers recommendations to mitigate any identified negative impacts and enhance any potential positive impacts. HIA follows a standard step-wise process: screening, scoping, assessment, recommendations, reporting, and monitoring and evaluation. The amount of time required to conduct an HIA varies depending on the scope of impacts considered (breadth) and the amount of data collected (depth). They can range from desktop HIAs which may examine only a few key impacts and use only existing data, to comprehensive HIAs which examine a wide array of impacts and may conduct primary data collection. Participation within an HIA by key stakeholders and community members is supported by best practice guidance [3], however it is not considered an essential element of an HIA and many desktop HIAs will have no stakeholder participation. Therefore, the level and type of participation offered through an HIA is variable and will generally be determined by the person, team, or agency conducting (or commissioning) the HIA.

The 50,000 Homes HIA followed a standard HIA process and included the participation of key stakeholders in various stages. A steering group composed of members of NHS Health Scotland, ScotPHN, SHIIAN and the Association of Local Authority Chief Housing Officers led the HIA. The steering group was responsible for overseeing the process aims and design, determining evidence to be collected, discussing findings, agreeing recommendations and producing the report. Recommendations were generated through deliberation and consensus by the steering group.

The HIA was conducted between 2016-17 and the report was published in June 2017. I conducted interviews for this research in 2020.

What were the aims of the process?

Most participants described the aim of the process as identifying the links between health and housing through a systematic examination of the health impacts of the housing policy. Given that the HIA was being conducted after the 50,000 homes programme had already been decided, and was into implementation, the aim was less about influencing policy design and more about informing implementation at later stages or other sub-decisions that would need to be taken by local authorities.

For some participants, the aim of the process was mostly about providing Government with information about how the 50,000 homes programme impacts on health so as to maximise this potential benefit: "So that's why we wanted to do the Health Impact Assessment. To really understand

and help government understand and help local authorities understand how they could build these homes in a way that has a maximum impact on health." (Jeremy, HIA steering group)[1].

In addition to these aims, another participant stated that aim of the process was partially about simply wanting to do an HIA and developing a rationale for doing HIA:

> *"I assumed it was, there were two broad objectives, one of which would be to pilot an approach to doing a health impact assessment on this type of programme. And the second one is that to make the case that health impact assessments ought to be more widely used in understanding what we're achieving in the housing system as a whole." (Hamish, HIA steering group)*

Aim tensions

Several participants expressed reservations about the ability of the HIA to have an impact on the policy. One participant stated that he thought it was unlikely that the HIA would have any impact on the decision: "I thought it unlikely that it was going to inform any kind of decision at all because the programme itself was already decided, scoped, sized, and running." (Hamish, HIA steering group). Similarly, another participant stated that she had worried about the usefulness of doing the HIA as the majority of the impacts identified were likely to be positive:

> *"And when we carried out that scoping almost everything was positive for health. I was kind of thinking, 'why are we doing this?' Because everything is good anyway. You know what value are we really going to add by doing a health impact assessment that says 'yes, this is all wonderful, just go ahead and do it.'" (Linney, HIA steering group)*

The timing of the 50,000 homes programme in relation to when the HIA was conducted was a source of tension for many participants. One participant explained that the ability of the HIA to have an impact on the decision was hamstringed by the timing in which they were able to conduct the process. Ideally the HIA would have been conducted earlier in the policymaking process so that they could have influenced "what the strategy was around the 50,000 homes." However, as this participant explained, the steering group didn't have the relevant information it needed to conduct the HIA until after the policy had been implemented:

> *"So hindsight tells us we should have done that earlier. But it's just these things. Sometimes they are really difficult to plan and you know, we didn't even have the ScotPHN report when the 50,000 homes was starting to come in. So you know, when although we would have liked to have done it, it was impossible to have done it." (Jeremy, HIA steering group)*

Furthermore, there seemed to be a tension about wanting to do the HIA to provide useful information, but not knowing how that information could add value to the decision making process because of the timing in which it was conducted. For one participant, this tension seemed to grate against what she knew to be the standard criteria for doing an HIA:

> *"I was a little bit anxious about this, because at the time that we picked it up, it wasn't really a new policy, and it was in the middle of being implemented. So we were well aware that well, A, it hadn't been commissioned by Scottish Government, so we had to find ways to kind of feed it into*

[1] All names are pseudonyms

decision making and; B, it was actually a policy that was already being implemented. So we might be able to influence how it was implemented, but we certainly wouldn't be able to influence the decision making around it because the decisions had already been made. So it wasn't, it didn't really meet all of our criteria for a health impact assessment in terms of screening." (Linney, HIA steering group)

This same participant expressed apprehension about wanting to do the HIA but feeling uneasy about the lack of a clear decision point into which the HIA could be fed. For her, the lack of a commitment from decision makers to implement the findings of the HIA meant that the steering group would need to advocate for the consideration of their findings.[2] "And I'm always slightly weary of advocacy HIAs. I prefer to be, have a decision making framework that you are part of, and you've got a direct opportunity to feed into." (Linney, HIA steering group).

However, despite her reservations about the HIA, she and other participants expressed that the HIA could still be useful overall. "There were some potential pitfalls in the whole building programme that we felt were useful to highlight in a health impact assessment." (Linney, HIA steering group)

How was the process run?

In 2016 a scoping exercise (one of the first steps of an HIA) was conducted with members of the ScotPHN Health and Housing Advisory Group. Of the 26 members on the Housing Advisory Group – composed of a mix of public health and housing professionals (see Table 1) – approximately ten people attended the scoping workshop. This exercise helped to identify the populations and potential health impacts likely to be affected by the 50,000 homes programme. These impacts were used to identify research questions to be answered through the HIA. Evidence was generated through routine data on housing and homelessness in Scotland, through a literature review, and interviews with key informants. A summary of the scoping meeting was circulated to all members of the health and housing advisory group and several of the members sent comments.

Tabe 1: Representation on the ScotPHN Health and Housing Advisory Group

Public health representatives from various national organisations and local boards	Architect
Scottish Housing Network	Local Authority Housing Officer
Housing Options Scotland	Association of Local Authority Chief Housing Officers
Shelter Scotland	Scottish Government Housing Policy
Scottish Federation of Housing Associations	Voluntary Health Scotland
Chartered Institute of Housing	Convention of Scottish Local Authorities

Sixteen people were interviewed as key informants. Key informants were selected based on their knowledge of the policy and its implementation, and/or understanding of the links between health and housing. An initial list of participants were identified by the steering group, and others were suggested through a 'snowball' sampling approach used during the interviews. Key informants included: Scottish

[2] There are different typologies of HIA. An HIA that is conducted through regulatory frameworks in which decision makers must consider the findings is called a 'decision support' HIA. HIAs that are conducted outside of regulatory frameworks as an attempt to inform a decision or 'advocate' for consideration of health, are called 'advocacy' HIAs. See: Harris-Roxas B and Harris E (2011) Differing forms, differing purposes: A typology of health impact assessment. *Environmental Impact Assessment Review* 31(4): 396-403.

Government policy makers responsible for implementation of the programme and policy leads for wider housing policy; academics with expertise in housing and/or public health; Local Authority Heads of Housing; Housing Authority representatives; Convention of Scottish Local Authorities (COSLA); Chartered Institute of Housing; and Homes for Scotland.

Approximately five meetings of the steering group were convened over the course of the HIA in addition to the scoping meeting. They were conducted via teleconference and the group communicated by email in between meetings. Additional informal conversations were had with members of the Scottish Government and COSLA as well throughout the process. For example, a Scottish Government representative provided access to data and contributed to early drafts of the report (though later withdrew from the process as they felt it was inappropriate to contribute towards recommendations aimed at Scottish Government).

Participants on the steering group contributed by attending teleconferences; having discussions with the process organisers; "pulling together evidence for a range of different public health topics"; participating in the scoping workshop (in which a range of public health areas and populations are considered against the policy to determine likely impacts); commenting on drafts documents; and disseminating the findings from the final report. A PowerPoint slide deck was created after the HIA report was completed, which included an infographic that summarised the impact of housing on health. One participant stated that he used these slides to present on the benefits of affordable housing. Some participants were more involved in the production of the final report by contributing to recommendations and writing the report.

Professional stakeholders were invited to participate in the HIA via membership to the steering group, participation at the scoping workshop, participation in key informant interviews, and through additional consultation with select stakeholders (such as a representative from the Scottish Government).

Participation from non-professional stakeholders, such as lay persons or community representatives, was not invited. One participant expressed concern about the representativeness of this approach: "And so I think there was only a half a dozen of us or so. And so I suppose I've got to ask whether that is truly representative of everyone who we would want to get opinion from. And so I think it would probably value, we would probably value on getting wider representation in the actual group that pulled it together." (Jeremy, HIA steering group).

Similarly, another participant saw this lack of lay or community participation as a potential drawback to the HIA:

> *"That's one of the big issues with this is it didn't have any community involvement. We obviously, quite a lot of the stakeholders we spoke to were in some way representing various groups, so we spoke to housing associations, for example, that would partly be able to speak for their tenants, but mostly they're speaking for themselves. So we didn't really view them as a proxy. We viewed them as speaking for the interests of housing associations." (Linney, HIA steering group)*

This participant went on to describe a tension she felt in wanting the HIA to be more participatory, whilst acknowledging the difficulty in that approach. This participant stated that speaking with tenants organisations and hearing from not just "the usual suspects" would "have added value." This person stated that the HIA wasn't able to do this due to limited time and resources, but also expressed concern

about the ethics of involving community members because of the potential limited benefit they might receive from their involvement:

> *"Again, you don't want to get involved a whole lot of people and use their time if it's not going to directly benefit them. The stakeholders, you're influencing their thinking just by speaking to them. So in a way, when you interview key informants in that kind of setting, you're kind of influencing them just by asking those questions. Whereas for the communities, you're not really having the same, there's a bit, there's a stronger ethical imperative, I think, to be clear that what you do is going to be able to make a difference." (Linney, HIA steering group)*

What were the outcomes of the process?

Impact on the decision

Scottish Government representatives I interviewed did not view the HIA as having contributed significantly to the 50,000 homes programme. Overall they expressed that the findings of the HIA reiterated what they already knew, and the recommendations in the HIA report were similar to what they were already doing. Furthermore, given that the recommendations were more targeted at the programme policy, rather than on the programme operations, this made it unclear from their perspective as to who would be responsible for taking up any recommendations.

Given that the findings from the HIA were that the programme would be generally beneficial for health, they didn't think that the HIA warranted a response and therefore none had been provided. These interviewees provided examples of ways in which the HIA could have been done differently to instigate more of a response from Scottish Government: recommendations could have been framed in a way that requires their response, such as for example, if they were more challenging towards what Government was doing; providing more specific, quantifiable impacts; or if the HIA had commented on the scale of the investment (or commitment to the policy) rather than just implementation (since much of this had already been decided).

One Scottish Government representative explained that the fact that the HIA didn't find many negative impacts (or wasn't critical of the Government per say) was good, but this had contributed to why the Government didn't feel a need to respond:

> *"There's nothing in this report that put Scottish Government, or puts us in this position of being accountable for our actions in responding to it. So had there been something more tangible perhaps, you know, had it come up with something even more critical, perhaps, then we would have felt the need to respond to those criticisms. That's not to suggest it needs to be critical for the sake of being critical. But, you know, if it had something, you know, 'Scottish Government must do this within the next two years. And so teller X or Y,' and was framed in those kind of ways, then I think, then we would have definitely felt more of a requirement to go back and to do it. And you know, the fact that it's not framed in that way is good, because I hope that that's because there wasn't any great criticisms to find through the process. But that's as a result, that's the way that it is landed within Scottish Government." (Edward, Scottish Government)*

Interestingly, these interviewees stated that the HIA let them "off the hook" too much and described that if the HIA had been more critical in some ways then the Scottish Government would have been more obliged to respond.

In my interviews, decision makers reflected upon how and why the HIA might have had a limited impact. While most of the Scottish Government representatives saw the HIA recommendations as being too broad for implementation, one interviewee stated that they were not broad enough. This person explained that the recommendations might have been more useful if the HIA had looked more broadly at, and made recommendations on, the relationship between health and housing rather than just the 50,000 homes programme:

> *"So I was sort of generally disappointed that it didn't make more radical and sort of, ideally well-evidenced points about the importance of that relationship [between health and housing]. And I think that's partly why it is quite hard to, you know, answer the question, 'What impact did it have on the affordable housing programme?' Because I don't think it really told us anything new. And it didn't equip us to sort of perhaps promote the importance of joint working more than we did." (Edward, Scottish Government))*

This person also questioned whether the limited impact of the HIA on Scottish Government decision making was due to the level of community participation in the design of the HIA:

> *"I glanced at the people who are involved in the report and it refers to a small number of interviews being done. I'm not sure quite how bottom up it actually was. And I cast my mind back, this is really showing my age now everyone, but about 20 years ago, I was involved in the homelessness task force, which actually did a really good job. It was, I think, a pretty genuine bottom up piece of policy development. It developed what is probably the most progressive homelessness policy in Europe. I don't know if anybody would still agree with that, but certainly was at the time. But one of the ways that that radical proposal emerged was because a very wide range of views were sought in developing the policy, including the views of homeless people. And so it wasn't just the same old well known people. It dug much deeper into hospital managers, people who worked with rough sleepers on the streets. And the big issue was central part of the task force. It was challenging. I was in local government at the time. But I think the reason it came up with radical proposals was because it genuinely dug deep. And I'm just, I don't want to be critical, because I can't remember enough about it. But did it? Did this piece of work do that enough?…the reason that [the homelessness work] got somewhere was…It got political support, because it was demonstrably grassroots, you know, public service user experience that informed it." (Edward, Scottish Government)*

This decision maker highlights the potential for the HIA to have created more 'radical' recommendations – a strategy that might have required more responsiveness from Scottish Government – through more involvement of the community or service users in the process.

Follow-on effects

Despite the perceived limited impact on the intended decision (implementation of the 50,000 homes programme), I was able to identify a multitude of ways that the HIA had influenced other decisions (policies, programmes, etc.) related to health and housing. A representative of a public health agency provided examples of myriad ways that the evidence from the HIA was being used towards informing other decisions, and I reviewed these documents to confirm this (see Table 2).

Table 2 Other strategies, resources, and reports informed by the 50,000 Affordable Homes HIA

– A learning resource for primary care providers on the connection between housing, health and homelessness
– Local authority response to the Scottish Government policy on Housing to 2040
– Local authority response to Scottish Government on consultation for the National Planning Framework (NPF4)
– Research done in partnership between the local authority, Rural Island Housing Association and a charitable foundation on the social value of affordable housing
– Contributing towards the Edinburgh Council local development plan with regards to the proposal for 20 minute neighborhoods
– Used as supporting evidence in a recommendation that was made to the Scottish Government by a local authority on the National Statutory Guidance to Local Authorities on local housing strategies

In some cases, the HIA did not have a direct impact on a policy decision, but was part of the evidence, and broader conversations using that evidence, that were used to inform other housing policies. Louise, a public health stakeholder, described how the 50,000 Affordable Homes HIA had follow-on effects to other health and housing partnership work:

> *"So the findings of the audit really paved the way for us to have the conversation about how to strengthen health and housing within local housing strategies. And now the health impact assessment is one of the key references within that. So in terms of, I guess, influencing national government, and their role in working with local governments, that's, you can see that that's flowing through, I guess, into the policy position." (Louise, public health stakeholder)*

One participant further expressed the follow-on effects of the HIA in the way that it had continued to facilitate discussions between health and housing sectors:

> *"But this, I think this in my head, this event is connected to health impact assessment in the sense that it's a follow-on. Yeah, it's our colleagues in public health identifying, as their knowledge of the process gets better, identifying the key points of contact, and now they've come along and said 'we want to organise [a meeting] around [that].'" (Hamish, HIA steering group)*

Finally, one participant explained that the strength of the HIA was not necessarily in its ability to directly inform the decision, but in its ability to be used for raising awareness on the intersection of health and housing:

> *"So for them, it was much more awareness raising and trying to sort of feed it in wherever you could, and, you know, taking it to things like the meeting of Chief Officers, and you know, other sort of forums like that, just to raise awareness of 'these are the issues, this is the document, please get in touch so we can come and speak to you about it.' It was much, it wasn't linear in terms of trying to say 'this is a meeting where there's going to be a decision', it was much more, can we sort of raise awareness generally of these are the things to think about?" (Linney, HIA steering group)*

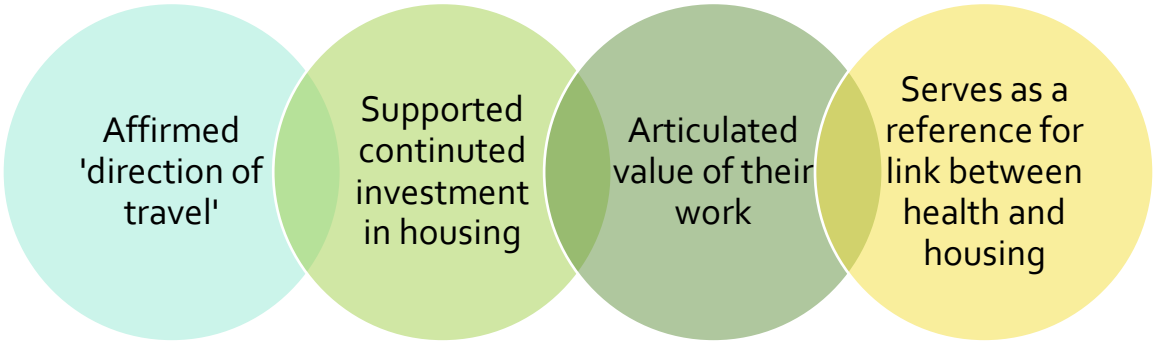
Importantly, one participant pointed out that effective strategies for cross-sector collaboration need to occur in tandem with evidence gathering as in the HIA: "…it was a kind of mix of using it, where you're in a position to build relationships, but also you've got quite solid evidence and you're able to justify the things that you're saying. So I think you probably do need both." (Linney, HIA steering group).

The HIA therefore had some limited impact (if any at all) directly on the intended decision, but had farther reaching and perhaps unintended effects on a multitude of decisions related to health and housing in Scotland. Other evaluations of HIA [4, 5] have demonstrated that the ability of HIA to have an on-going effect that spans across multiple policies and types of work (research, commentaries, etc.) can be more influential than affecting a single decision point.

How else was the HIA useful?

Though decision makers did not describe the HIA as having a strong impact (or any) on the decision, they provided examples of ways in which, despite the lack of impact, they found the HIA to be useful (see Figure 1).

Table 1 Ways that interviewees from Scottish Government found the HIA to be useful



I also discussed with interviewees from the steering group whether the HIA had been useful for engaging with decision makers. There was a lack of consensus from interviewees about this effect. One participant pointed out that the 'decision maker' could vary, so depending upon whom you considered to be a decision maker would dictate what impact it had made:

> *"Well I guess it depends what the definition of decision makers is. So did it help us engage with people who are making decisions about where the 50,000 homes were being built? Probably not…. I think the eventual end products, as I said earlier, [those] allowed me to go and have some discussions with those decision makers. But as I recall, they weren't actively involved in the process as we went through it." (Jeremy, HIA steering group)*

Whilst in this quote the interviewee states that he was not able to engage with the key decision makers, he goes on later in the interview to say that he was: "Yes. So as I say, definitely the end when it was produced and we had a nice shiny product and, you know, I was definitely able and I'm guessing others were as well, able to go in and have the conversations with some of the key decision makers." This seemingly conflicting statement may reflect, rather than any confusion on the part of the participant, the reality of the shifting role of decision makers (with regards to who is the decision maker) through various non-linear stages of policy development. The person(s) responsible for implementing the 50,000 homes programme is one decision maker, but those people responsible for the broader health and housing investment from the Scottish Government may be an entirely different group of people. Given the scale and variability of the policy landscape it's unsurprising that this participant simultaneously saw the HIA as being useful and not for engaging with the 'decision makers.' The fact

that the HIA, as a policy tool, is flexible enough to engage across a spectrum of policy actors or decision makers reflects, perhaps, a strength of the process.

Another participant stated that there are now stronger links between some of the health sector actors and the Scottish Government. While it might be easy to assume that the HIA contributed towards these improved relationships, it's virtually impossible to prove this sort of causal effect. In fact, most participants stated that the HIA was part of a broader suite of work and conversations that were taking place at this time to better link up health and housing. Some participants explained that the rationale for doing the HIA had in fact come out of the growing interest by public health in better engaging with, and linking health impacts to, the housing sector. The fact that the HIA has been used in various documents supporting the link between health and housing is perhaps less demonstrative of any direct impact of the HIA, but perhaps better reflects the broader engagement between the health and housing sectors at this time. However, it's important to note that one comment from a participant directly attributes new partnership work to the HIA: "So on Monday, we've got a session on local housing strategies and health. Now, that would never have happened if this piece of work hadn't been done." (Hamish, HIA steering group)

Participant Outcomes

Participants generally described their participation in the HIA as a positive experience. Whilst HIAs in general can lead to a range of interpersonal outcomes, for the 50,000 Homes HIA the outcome most prevalent for most participants was an increase in confidence. Some participants described an increase in confidence arising from the evidence that was gathered, enabling them to speak more confidently about their work on health and housing: "It also allowed me to be much more confident and explicit…with policy leads in government about how I thought they should be developing strategies, plans for the future, around this to have an impact on health, which is ultimately what my job is." (Jeremy, HIA steering group). It is important to note that this quote comes from a senior professional within the public health field. It is perhaps surprising that someone as senior as this would find it useful to increase his confidence in discussing housing and health but demonstrates the value that he places on the evidence gathered through the HIA process.

The notion of the HIA providing evidence to support participants' work is further reflected in their discussions of knowledge and evidence. One participant explained that the evidence developed in the HIA, rather than the process of doing the HIA, is what enabled her to feel more confident in her work. "And so I was able to use this as part of that, really, it was something that was a kind of tangible output to say, 'you know, actually, I do know what I'm talking about, because I've got this document we've just been working on. There's loads of evidence to support it.'" (Linney, HIA steering group).

Another participant stated that the knowledge he gained through doing the HIA was useful for supporting his other work: "…it helped me crystallise in my mind how a significant housing programme such as this can impact on health and you know, I hadn't considered all the various mechanisms. And so in that perspective, it's very useful for me in my organisation, to be able to take that evidence back to my own organisation and affect other projects and programmes that we do." (Jeremy, HIA steering group)

Part of my research into participatory processes, like HIA, is to determine how if at all, they create empowerment for those who participate. An important feature of this case study is that all participants were in established (sometimes very senior) professional positions. Given this, it is perhaps unsurprising that the majority of participants did not express any sense of gaining empowerment from the HIA.

However interestingly, one participant who is a senior level public health professional told me that he had gained confidence and some empowerment from the HIA process. He explained that the HIA had provided empowerment because it had helped to build his confidence to speak about the relationship between health and housing:

> *"So the HIA definitely allowed me to have different conversations with policymakers. And it definitely empowered me I think, to be able to speak much more confidently about how housing policy in general impacts on health through the various mechanisms that we identified through the HIA. So it definitely, I felt empowered and felt much more confident about having those conversations and having done the Health Impact Assessment than I did before." (Jeremy, HIA steering group)*

However, in terms of achieving empowerment more broadly, one participant stated that the HIA had not been able to achieve this because it had not engaged with the broader community. This participant, rather than thinking of how the process could have empowered him personally, thought of it more as an activity that happens for 'others' (as in empowering other people). The fact that the HIA didn't involve lay people therefore, in his mind, meant that the HIA couldn't have achieved any empowerment.

Health Outcomes

Given that the HIA appeared to have a limited impact on the 50,000 Affordable Homes Programme, it's not clear to what extent this might have more broadly affected health outcomes in Scotland. However, even if there had been a more definitive impact on the programme, assigning causation of health outcomes to an HIA is extremely difficult to do and is generally not considered within standard HIA evaluations (given the complex and interconnected relationship of health determinants). However, one participant stated that the HIA was important for identifying the relationship between health and housing and also the relationship between housing and health inequalities. Whether or not that increased knowledge led to any changes in their work on health inequalities is unclear. However, if we look at this within social determinants of health and health in all policies (HiAP) frameworks, we can begin to see how increased knowledge might impact on inequalities. One participant explains:

> *"So those are some of the things that we identified in the health impact assessment…were things that we know are relevant to health inequality, such as you know, housing affordability, or homelessness or housing condition or energy or energy efficiency, etc. All of those are pretty fundamental to reducing health inequality. So it definitely helped, certainly helped me and my team, to see and understand the connection between housing and health and between housing and health inequality -- some of the processes of that plays through." (Jeremy, HIA steering group)*

Calls for action on the social determinants of health (for example [6]) specifically point to interventions in policy areas outside of the health sector, such as housing. Similarly, the health in all policies approach encourages the consideration of health across a range of policy areas that are known to be influential to health, including housing. Through increasing the understanding of the relationship between health, housing, and health inequalities, this participant is better informed to be able to take action in these areas. And indeed, this participant states that the evidence provided through the HIA has supported his ability to do this cross-sector work:

> *"I suppose it's really helping us to understand the different facets of how housing impacts on people's health. To have been able to understand all of these different processes. And so being able*

to understand that then, you know, it makes it much clearer about where we need to intervene and where we need to focus some resources or maybe do things a wee bit differently." (Jeremy, HIA steering group)

Several participants also stated that the HIA was contributing towards growing cross-sector engagement between Health and Housing: "With all of these pieces of work, you identify people and links that you may well work with in the future…it's just you always build your networks and your working relationships when you do [an HIA]." (Linney, HIA steering group).

A key strategy of HiAP is cross-sector engagement and the development of 'win-wins.' It is possible that developing these relationships and strengthening this collaboration through the HIA may be effective in the long term for achieving improvements in housing which in turn affect health inequalities.

One participant, who works in the housing sector, explained how increased interaction with the public health sector was helping to strengthen relationships, develop shared language and achieve shared agendas, all of which are key strategies of a HiAP approach:

"I think there's two aspects to that. One is just the simple proximity. You're seeing in front of you somebody who's just in a senior position in Public Health Scotland whose job is to talk about these things. No, they don't crop up day to day…So there's that kind of straightforward personal contact is absolutely critical. And the other side of it is in conversation, that development of shared agendas, all of a sudden, you start to understand that, not that nobody ever didn't understand it, but you're plugging away trying to do something about improving our housing supply or improving housing conditions. But there are other folk with interest in those outcomes too, other ways of looking at what you're achieving when you do that." (Hamish, HIA steering group)

Conclusion

The 50,000 Affordable Homes HIA had a limited effect on the intended programme. The HIA did not include community participation but rather involved stakeholders throughout the process such as serving on the steering group. Whilst community participation is not a requirement of HIA it is considered to be best practice and one of the decision makers felt that this lack of community engagement might have been a contributing factor towards the lack of impact on the decision (i.e. the recommendations weren't 'radical' enough).

However, the HIA did contribute towards a range of other outcomes. It helped to generate a growing evidence base on the relationship between health and housing, and had been used to support various other policy documents. Participants in the HIA had used this evidence, and their expanding knowledge and confidence with the topic, to engage with this work beyond the scope of the HIA. Participants in the process did not express a strong sense of empowerment arising from their participation. However, several people talked about how the HIA had increased their confidence to engage in health and housing work.

Whether or how these outcomes affect health and health equity is yet to be determined. Without being able to measure the final impact on the decision (such as through a rigorous outcome evaluation) I'm not able to say if this HIA did improve health and health equity. However, theories on the social determinants of health and health in all policies support the idea that a process like the HIA can contribute towards healthier communities. Furthermore, it is possible that the increased confidence

experienced by participants could also be a contributing factor towards improved health and health equity. This will be explored further in my doctoral thesis.

References

1. Scottish Government. *Infrastructure Investment Plan 2015: Progress Report for 2017*. 2018; Available from: https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2018/04/infrastructure-investment-plan-2015-progress-report-2017/documents/00534921-pdf/00534921-pdf/govscot%3Adocument/00534921.pdf.
2. Tweed E, McCann A, and Arnot J, *Foundations for wellbeing: reconnecting public health and housing. A Practical Guide to Improving Health and Reducing Inequalities*. 2017, ScotPHN: Glasgow.
3. Bhatia, R., et al., *Minimum elements and practice standards for Health Impact Assessment, Version 3*. 2014.
4. Haigh, F., et al., *The effectiveness of health impact assessment in influencing decision-making in Australia and New Zealand 2005–2009.* BMC Public Health, 2013. **13**(1): p. 1188.
5. Dannenberg, A.L., *Effectiveness of health impact assessments: A synthesis of data from five impact evaluation reports.* Preventing Chronic Disease, 2016. **13**(E84).
6. Marmot, M. and R. Bell, *Fair society, healthy lives.* Public health, 2012. **126**: p. S4-S10.