

Section 1: Scoping

Scoping is the second main stage in the process of HIA - it follows Screening, the first main stage, during which it is decided whether a proposal should be subjected to HIA. [NB: Screening is *not* described in this document, although the outputs from screening are referred to when they relate to tasks in scoping the HIA and for the appraisal of health impacts.]

Scoping is a critical stage in the process of HIA because it is during Scoping that the boundaries of a particular HIA are set, and the relevant management arrangements are made. These form the foundations for the future conduct of the HIA.

Scoping is usually undertaken by a **Steering Group**, led by a chairperson appointed by members of the Steering Group. The Steering Group should comprise representatives from key stakeholder groups.

Some of the decisions made during Scoping will be informed by decisions that have already been made during Screening.

Summary of Tasks for Scoping

- ◆ Establishing the aims for the HIA ~ Task 1.1*
- ◆ Deciding which elements or aspects of the proposal are to be assessed ~ Task 1.2*
- ◆ Identifying the boundaries for the HIA ~ Task 1.3*
- ◆ Identifying the stakeholders ~ Task 1.4*
- ◆ Identifying key information necessary to undertake the HIA ~ Task 1.5*
- ◆ Establishing the management arrangements for the HIA ~ Task 1.6*
- ◆ Assigning responsibility for workshop administration ~ Task 1.7*
- ◆ Assigning responsibility for information preparation ~ Task 1.8*
- ◆ Assigning responsibility for leading the workshop ~ Task 1.9*
- ◆ Structuring the workshop: balancing talks and tasks ~ Task 1.10
- ◆ Establishing the requirements for reporting the results ~ Task 1.11
- ◆ Clarifying the process for decision-making about the proposal ~ Task 1.12*
- ◆ Establishing the basic requirements for monitoring and evaluation ~ Task 1.13

A Summary Table for Section 1 (see page 1-2) lists the inputs needed to complete each task, and the destination for, or use of, the outputs from each task.

Meetings of the Steering Group to complete the tasks involved in Scoping

To complete all the tasks in Scoping, it may be necessary for the Steering Group to hold more than 1 meeting. The tasks marked with an asterisk in the Summary above (Tasks 1.1-1.9, and 1.1.2) are those that need to be completed at the first meeting; the others (Tasks 1.9, 1.10, and 1.13) can be completed subsequently. However, it is important that the second meeting is held fairly soon after the first, although it will not require as much time as the first as there are less tasks to complete.

Irrespective of whether one or two meetings are held for the purposes of Scoping, it is vital that detailed notes are taken of the outputs from each agenda item, which should then be produced as minutes as soon after the meeting as possible. The minutes should be circulated immediately to all those involved in preparations for the workshop, and in leading it, because they contain information that will form the basis of work for various people who have been assigned responsibility for other tasks. It is advisable to highlight which outputs are relevant to which personnel ~ the outputs column of the Summary Table for Section 1 can be used as a guide.

Further meetings of the Steering Group (beyond Scoping)

- If the Steering Group is *not* responsible for decision-making about the proposal, it is necessary to have a meeting after the participatory stakeholder workshop to review the quality of the report written by the assessor(s) (see Task 6.7).
- If the Steering Group *is* responsible for decision-making about the proposal, it is necessary to have a meeting after the participatory stakeholder workshop to decide which recommendations to change the proposal to accept.

Summary Table for Section 1: Inputs needed to complete each task, and the use of outputs from each task

Inputs needed to complete task	Task	Destination for/use of outputs from task
	1.1	Workshop administrator for completion of Task 2.2; notification to all other personnel
<i>From screening:</i> Health impacts of concern	1.2	Workshop administrator for completion of Task 2.2; assessor(s) for completion of Task 4.1; proposal developer(s) for completion of Task 3.2; notification to all other personnel
<i>From screening:</i> Vulnerable groups in community; geographical area; health impacts of concern	1.3	Assessor(s); evaluator(s); personnel responsible for information preparation
	1.4	Workshop administrator
	1.5	Personnel responsible for information preparation, including assessor(s)
	1.6	All personnel involved in the workshop
	1.7	Workshop administrator; <i>for information:</i> all personnel involved in the workshop
	1.8	Personnel responsible for information preparation, including assessor(s); notification to workshop administrator(s)
	1.9	Main workshop facilitator; small group facilitators; main workshop observer; main workshop scribe; <i>for information:</i> all other personnel involved in the workshop
If not first HIA, evaluation(s) of process	1.10	Workshop administrator; main workshop facilitator; small group facilitators; main workshop observer; main workshop scribe; presenters at workshop; assessor(s)
If not first HIA, evaluation(s) of process	1.11	Assessor(s) for completion of Tasks 6.1-6.6; those responsible for reviewing the quality of the report for completion of Task 6.7; evaluator(s)
	1.12	Chair of workshop; assessor(s)
	1.13	Evaluator(s); proposal developer(s); personnel responsible for monitoring and evaluation

Task 1.1: Establishing the aims for the HIA

Why	It is vital to be clear about the aims for the HIA, especially as the process is participatory and will involve a diversity of stakeholders. The aims form the foundation for the HIA, and will influence not only the way the HIA is conducted but also the outputs from the process.
What	The aims should reflect the main reasons for undertaking the HIA.
When	The aims of the HIA should be established at the first meeting of the Steering Group.
Who	The Steering Group is responsible for establishing the aims of the HIA.
How	<p>Although it is important to define what needs to be achieved by undertaking a particular HIA, the decision-making process or framework for the proposal must also be taken into account.</p> <p>Moreover, the nature of the aims may be influenced by:</p> <ul style="list-style-type: none">• The values underpinning the introduction or use of HIA in an organisation or partnership.• The values underpinning the promotion of health and well-being in that organisation or partnership.
Examples from pilots	The aims of the HIA for two of the pilots are shown in Box 1.1.

Box 1.1: Examples from Pilots ~ Aims for the HIA

Lead organisation: Oxford City Council

Proposal: Air Quality Management Plan

- To identify the potential health impacts of elements that could be included in an Air Quality Management Plan
- To identify options for the Air Quality Management Plan which would optimise health gain

Lead organisation: Aylesbury Vale District Council

Proposal: Healthy Living Centre

- To inform the writing of the Business Plan for the Healthy Living Centre (HLC), and thereby help to secure funding to improve the development of the HLC and so benefit the community
- To encourage transparency in the inter-agency work for the community
- To act as part of the team-building process for partners in the HLC

Task 1.2: Deciding which elements or aspects of the proposal are to be assessed

Why	<p>It is of fundamental importance to consider which elements or aspects of the proposal need to be assessed during the HIA because this decision will influence the boundaries set for the HIA (see Task 1.3). This task also ensures that <i>all</i> participants will be clear about the elements or aspects of the proposal that fall within the boundaries of the HIA.</p>
What	<p>When making the decision about which elements or aspects of the proposal to assess, it is important to consider those which are of:</p> <ul style="list-style-type: none">• Greatest priority, bearing in mind local, regional and/or national targets, goals and priorities.• Greatest concern in terms of potential health impact – some information on this may have been generated during Screening.• Greatest interest in terms of local needs and circumstances. <p>The views of the community affected by the proposal's implementation should also be considered.</p>
When	<p>The elements or aspects of the proposal that need to be assessed should be decided upon at the first meeting of the Steering Group (see also 'How' below).</p>
Who	<p>The Steering Group is responsible for deciding which elements or aspects of the proposal should be assessed.</p>
How	<p>As there are only 3 hours available for a participatory stakeholder workshop, the following should be taken into account when deciding whether to assess the whole proposal or only certain aspects or elements of it:</p> <ul style="list-style-type: none">• The content and coverage of the proposal.• The length of the proposal. <p><i>If the HIA is prospective</i>, it is advisable for the Steering Group to liaise with the personnel who have been involved in planning and development of the proposal and elicit their views on which aspects or elements they will find it useful to receive feedback.</p> <p>It is also important to ascertain from the proposal developers which elements or aspects of the proposal, if any, are <i>non-negotiable</i>. If there are any non-negotiable elements or aspects, it is necessary to inform the assessor(s), who must ensure that small group facilitators are instructed about this, and the other personnel involved in the workshop.</p> <p><i>If the HIA is concurrent or retrospective</i>, it is advisable for the Steering Group to liaise with people responsible for serving the community or population (e.g. community development workers, health visitors) who will be aware of any relevant problems that have arisen since the proposal was implemented.</p>
Learning point	<p>In general, most people feel comfortable when they are asked to assess something tangible, and many people find it easier to appraise a project or programme rather than a policy or strategy because the former types of proposal contain more detail. This learning point is especially pertinent when first introducing HIA into an organisation or partnership because most stakeholders or participants will have no, or very little experience, of the methodology. This lack of experience may make participants feel unconfident or insecure. It is advisable, therefore, particularly when working with those who have limited experience, to concentrate on assessing the <i>tangible</i> elements of a proposal, e.g. the Action Plan associated with a Strategy.</p>

Advice

If the Steering Group decides that only certain aspects/elements of the proposal will be assessed, ensure that in the participatory stakeholder workshop participants are given the opportunity of appraising other aspects/elements *once* they have finished assessing the aspects/elements assigned by the Steering Group. This is because participants may feel, sometimes quite strongly, that there are important potential impacts on health arising from other aspects/elements which should also be addressed. It is always best to let participants raise such issues, even if the attention that can be paid to them during the workshop is only cursory.

Examples from pilots

Proposals for which only certain aspects or elements were assessed:

- *Particular aspect*: HIA of the Housing Theme in an SRB Programme (lead: Cambridge and Huntingdon Health Authority)
- *Particular element*: HIA of the Action Plan of the Food and Health Strategy (lead: Merton, Sutton & Wandsworth Health Authority).

Proposals for which the entire content of the proposal was assessed:

- HIA of the Handyvan Scheme for the Elderly (lead: Chiltern District Council)
- HIA of the Tenancy Support Scheme for the Recently Homeless (lead: Milton Keynes Council)

Alternatives

There are situations when the HIA of a proposal may involve the appraisal of:

- more than one option, in order to identify that (or those) which might be suitable for implementation, for instance, the HIA of options for the Air Quality Management Plan (lead: Oxford City Council);
- more than one phase in the life-cycle of a project, for instance, the building, operation, and decommissioning of new plant such as a power station or waste management facility.

In these situations, it is important for the Steering Group to outline clearly the options or phases that need to be considered during the appraisal.

Task 1.3: Identifying the boundaries for the HIA

Why

Identifying the boundaries is a necessary prerequisite to undertaking any HIA. It provides clear guidelines on what will be included in the appraisal. This demarcation of the boundaries gives all participants whatever their role a focus around which they can work on the proposal despite their different knowledge bases, experience and perspectives.

Being explicit about the boundaries of HIA is also part of the drive towards openness and *transparency* in decision-making.

An explicit statement of the boundaries for an HIA also provides essential baseline information which is useful:

- for monitoring and evaluation both of health outcomes, and of the process of HIA
- when comparing the results of several HIAs, whether in the same policy area but on different populations or on the same population but in different policy areas

What

For an HIA based on a participatory stakeholder workshop, it is important to establish the following:

- The community or population affected by the proposal.
- The vulnerable, disadvantaged or marginalised groups within that community or population (some information on this may have been generated during Screening).
- Any neighbouring communities that might be affected by proposal implementation (some information on this may have been generated during Screening).
- The geographical area affected by proposal implementation.
- The factors affecting health/determinants of health through which the main impacts on health might be mediated (some information on this may have been generated during Screening).
- Any potential impacts on health of particular concern (some information on this may have been generated during Screening).
- Depending on the method to be used for prioritising recommendations to change the proposal (see Task 5.6), criteria for prioritisation

When

The boundaries for the HIA should be set at the first meeting of the Steering Group.

Who

The Steering Group is responsible for identifying the boundaries for the HIA.

How

To make these decisions, Steering Group members should reflect on:

- the contents of the proposal - indeed, some of the boundaries may have already been delineated, e.g. the geographical area affected, or the community involved
- their knowledge of the subject area
- their knowledge of the communities or populations involved
- information from Screening, the first stage of HIA

It is also advisable to liaise with those responsible for developing the proposal (who will be most familiar with its contents) to check the appropriateness of the boundaries being set, and if any points of clarification are needed.

A general checklist of vulnerable, disadvantaged or marginalised groups it is worth considering in relation to any proposal is given in Box 1.2.

Suggestions of criteria that could be used for the prioritisation of

recommendations are shown in Box 1.3. When selecting criteria, it is important to choose no more than 1 or 2; beyond this number, it becomes difficult for participants to fulfil the task because there are too many factors to consider.

Tip

For some proposals, particularly those designed to reduce health and other inequalities, the vulnerable, disadvantaged or marginalised groups may comprise what are sometimes referred to as ‘target’ groups (see, for example, Box 3.4, and also Table 4.1 in which are listed the ‘target’ groups for the initiatives that were assessed in the HIA of the Food and Health Strategy, some of whom are vulnerable, for example, low-income families, refugees, and older people in residential homes).

Box 1.2: A general list of vulnerable, disadvantaged and marginalised groups

- Older people
- Lone parents
- Families
- Children
- Young people
- Pregnant women
- Unemployed
- People on a low income
- Homeless
- People from ethnic minority groups
- Refugees and asylum seekers
- People who have a physical disability
- People who have a learning disability
- Carers

Box 1.3: Criteria for prioritisation

- Priority in community
- Priority in organisation or partnership
- Priority regionally and/or nationally
- Effectiveness of intervention
- Amount of benefit to community or population
- Likelihood of benefit to community or population
- Time for benefit to be manifest
- Cost:benefit ratio to maximise benefit and minimise harm
- Impact on public services

Task 1.4: Identifying the stakeholders

Why	One of the distinguishing characteristics of HIA as a process is that it is <i>participatory</i> . Other distinguishing characteristics of the process are that it is <i>multidisciplinary</i> and <i>intersectoral</i> . All three characteristics point to a process that requires input from many people, which thus has the potential to explore the richness of knowledge, experience and perspective that exists in relation to any proposal and incorporate it into the decision-making process. Thus, stakeholder identification is vital because all stakeholders should participate in an HIA.
What	One of the most helpful definitions of stakeholders in relation to HIA is: “those who are concerned with, or will be affected by the proposal” (Health Promotion Division for the National Assembly for Wales, 1999). A general list of stakeholder groups worth considering in relation to any proposal is shown in Box 1.4.
When	Stakeholders should be identified at the first meeting of the Steering Group.
Who	The Steering Group is responsible for identifying stakeholders with respect to the particular proposal being investigated. This list can be added to by the assessor(s) afterwards.
How	A good starting point is to go through the proposal and systematically note the communities, populations, staff groups/personnel, organisations, sectors, etc., that are mentioned on each page. In this way, a fairly comprehensive list of stakeholders can be built up. Once this has been done, it is advisable to brainstorm other stakeholders who may not have been mentioned in the proposal but who will nonetheless be concerned with or affected by its implementation, for example, any neighbouring communities.
Advice	It is vital not to limit the identification of stakeholders to the immediately obvious. It is important to take a broad view of who the stakeholders might be, bearing in mind, and being guided by, the wider determinants of health.
Learning point	Having identified the stakeholders, it is helpful if key informants are identified in relation to the proposal, as a subset of the stakeholder group. Key informants are people whose roles or standing in the community mean that they have valuable knowledge of relevance to the proposal. By identifying key informants, it enables those responsible for workshop administration to target them for follow-up if they do not respond to the invitation. Such action could secure the participation of key informants in the process.

Box 1.4: A general list of stakeholder groups (adapted from Ison, 2000)

- Members of the community or population affected by the proposal
- Community organisations
- Community representatives
- Representatives from neighbouring communities
- People who have been involved in planning and developing the proposal (sometimes known as “proposal proponents”)
- Professionals from public sector agencies who provide services to the community or population affected, e.g. local government, health, police and probation services, fire service - include both strategic and operational level staff
- Representatives from the voluntary sector who provide services to, and advocacy for, the affected community or population, or specific groups within it
- Representatives from relevant commercial and business sectors
- Those responsible for decision-making about the proposal
- Political representatives of the community or population affected, e.g. parish councillors, councillors, MPs, MSPs, MEPs

Task 1.5: Identifying key information necessary to undertake the HIA

Why	If participants are to generate useful and usable outputs during the participatory workshop, it is important to provide information that will help them not only to assess the potential health impacts of the proposal, but also to identify appropriate changes to the proposal.
What	<p>The key sets of information useful to participants are:</p> <ul style="list-style-type: none">• Data comprising a baseline population profile, including any relevant information about the vulnerable, disadvantaged or marginalised groups.• Data comprising a summary of local environmental conditions relevant to the proposal.• A summary of the <i>available</i> evidence base relating to the potential impacts of the proposal, and to the effectiveness of interventions that could be undertaken to minimise the negative and maximise the positive impacts on health.• A summary of the relevant experience base, i.e. reports of previous HIAs on similar proposals or on the same community or population. <p>Other information useful to participants includes:</p> <ul style="list-style-type: none">• an introduction to HIA/a resume of the HIA process locally• proposal documentation (see Task 1.2)• a list of the vulnerable, disadvantaged or marginalised groups (see Task 1.3)
When	Key information necessary to undertake the HIA should be identified at the first meeting of the Steering Group.
Who	The Steering Group is responsible for identifying the key information necessary to undertake the HIA.
How	<p>The Steering Group should give clear guidance to those responsible for preparing the information by specifying the data they wish to see included in any documentation for the workshop. However, it is important to give personnel the option of adding to the information specifications, as appropriate.</p> <p>This task can be undertaken in conjunction with Task 1.8.</p> <p>Refer to Tasks 3.1–3.7 for further details about preparing information for the participatory stakeholder workshop.</p>

Task 1.6: Establishing the management arrangements for the HIA

Why	<p>To achieve the aims of an HIA and obtain good-quality outputs from the process, it is essential to establish appropriate management arrangements. These management arrangements extend not only to the participatory stakeholder workshop, but also to the decision-making process, and to monitoring and evaluation once the proposal has been implemented.</p> <p>Although rapid appraisal does not involve as much work as a comprehensive or in-depth appraisal, it still requires good management if useful and usable outputs are to be obtained.</p>
What	<p>It is vital to define the following management arrangements for the HIA:</p> <ul style="list-style-type: none">• Timetable covering preparations for the workshop, the workshop itself, and reporting arrangements after the workshop.• Budget available for the HIA, sources of funding, and any major items of expenditure.• Date, time, and potential venue for the workshop.• Dissemination of the report.• Issues associated with dissemination of the report. <p>The Steering Group needs to appoint various personnel to take part in the participatory stakeholder workshop. The most important role to assign is that of the assessor, or small group of assessors, for the HIA, who will be responsible for:</p> <ul style="list-style-type: none">• Preparation of materials for the conduct of the workshop.• Writing the report and framing the recommendations. <p>It is also important to assign responsibility for the following tasks associated with the workshop:</p> <ul style="list-style-type: none">• Leading the workshop.• Information preparation.• Workshop administration. <p>The Steering Group may also choose to appoint a subgroup responsible for co-ordinating the various tasks necessary to preparation for the workshop ~ workshop administration, information preparation, and preparation of core workshop tasks (Sections 2-4). This is probably advisable as there are so many tasks associated with workshop preparation, the outputs from some of which are dependent on receiving the outputs from others. If it is decided to appoint a subgroup for workshop preparation, it is suggested that the following personnel are included:</p> <ul style="list-style-type: none">• assessor(s)• main workshop facilitator• workshop administrator <p>It may be necessary for these personnel to meet, but most of their business can be conducted via e-mail or on the telephone.</p>
When	<p>The management arrangements for the HIA should be established at the first meeting of the Steering Group.</p>
Who	<p>The Steering Group is responsible for establishing the management arrangements for the HIA.</p>
How	<p>When deciding on the timetable, it is of paramount importance to ensure that the results of the appraisal can be fed into the decision-making process.</p> <p>When deciding upon the budget, and sources of funding, the items of expenditure shown in Box 1.7 should be considered.</p>

When deciding upon the date, time, and venue for the participatory stakeholder workshop, it is important to consider accessibility for *all* stakeholders, but particularly for members of the community: the workshop should be held at a venue that is acceptable and accessible to the community. It is also important to consider whether the time of day is acceptable to the community; for example, for the retrospective HIA of the housing estate, we organised two participatory stakeholder workshops, on different days, one in the afternoon, and the other in the evening, in order to give the community a choice about which workshop was most convenient for them to attend.

When considering the dissemination of the report, refer to Task 1.11.

When considering issues associated with the dissemination of the report, it is important to take account of ownership, confidentiality, and any sensitivities within the community affected by the proposal.

When deciding upon an assessor, it is best if a member of staff from within the organisation or partnership who has extensive knowledge of the evidence base or whose area of interest coincides with the subject area of the proposal is appointed; this person is likely to be a public health practitioner/specialist, although using the term in its broadest sense, i.e. the specialist does not necessarily have to work within the NHS. In some cases, if there are no suitable internal personnel, it may be necessary to commission external practitioners to undertake the work of the assessor(s).

When deciding upon personnel to lead the workshop, refer to Task 1.9.

When deciding upon personnel to prepare the information for the participatory stakeholder workshop, refer to Task 1.8.

When deciding upon the personnel to be responsible for workshop administration, refer to Task 1.7.

Advice

If an external assessor or group of assessors is appointed, it is advisable to give responsibility for tasks associated with workshop administration and information preparation to personnel in the organisation or partnership, even if they will require some support from the assessor(s). Such personnel will have a good knowledge of the local population and geographical area, and a network of local contacts which will be particularly useful.

Box 1.5: Items of expenditure that could be incurred during the organisation of a participatory stakeholder workshop

- Hire of venue
- Catering
- Crèche or childcare
- Photocopying information prepared for the workshop
- Mailings to stakeholders/participants (1: letter of invitation; 2: information for the workshop)
- Production and dissemination of report(s) to various stakeholder audiences

If people external to the organisation are commissioned, consultancy fees for:

- Assessor
- Independent Evaluator
- Main Workshop Facilitator
- Summary of Evidence/Experience Base

If the participatory stakeholder workshop is part of an HIA that is more comprehensive:

- Research, e.g. in the retrospective HIA of the Housing Estate a survey of residents was undertaken which was used to inform the themes covered in the two participatory stakeholder workshops

Task 1.7: Assigning responsibility for workshop administration

Why	For the workshop to run as smoothly as possible, it is important to assign responsibility for workshop administration, i.e. making the practical arrangements.
What	Responsibility needs to be assigned for the following tasks: <ul style="list-style-type: none">• booking the venue• confirming the date and time of the workshop• making arrangements for catering• making arrangements for a crèche/childcare, as relevant• compiling the invitation list (including names, addresses/e-mail addresses, and possibly telephone numbers) from the list of stakeholders and key informants identified by the Steering Group• preparing the letter of invitation• sending the invitations to stakeholders together with any relevant background information• securing the participation of the main workshop facilitator for the confirmed date and time of the workshop• securing the participation of the main workshop scribe and main workshop observer for the confirmed date and time of the workshop• approaching potential small group facilitators for the workshop• targeting key informants who do not respond to the initial invitation to participate• preparing the agenda• collating the information to be sent to participants• collating the information to be sent to small group facilitators
When	Responsibility for workshop administration should be assigned at the first meeting of the Steering Group.
Who	The Steering Group assigns responsibility for workshop administration.
How	None of the tasks listed above requires specialist knowledge or experience of HIA. As such, it is appropriate to delegate responsibility for these tasks to a person or people who have administration skills, particularly in organising seminars, conferences, or workshops.

Task 1.8: Assigning responsibility for information preparation

<i>Why</i>	<p>As there is a diverse range of information needed to undertake an HIA, it is important to distribute the workload according to the skills and knowledge base of available personnel. It is essential therefore to identify each individual responsible for producing the necessary items of information.</p>
<i>What</i>	<p>It is advisable to prepare the following information for participants:</p> <ul style="list-style-type: none">• background to HIA or a resume of the HIA process locally• proposal documentation• profile of community or population affected by the proposal• the vulnerable, marginalised or disadvantaged groups in the community or population• summary of local environmental conditions relevant to the proposal• summary of the evidence base relevant to the proposal• summary of the experience base relating to the proposal <p>A description of what could be included in each of these documents is provided in Tasks 3.1-3.7.</p>
<i>When</i>	<p>Responsibility for information preparation should be assigned at the first meeting of the Steering Group.</p>
<i>Who</i>	<p>The Steering Group assigns responsibility for information preparation.</p>
<i>How</i>	<p>Suggestions about which personnel could be assigned responsibility for preparing the main items of information are given in Table 1.1. For some items of information, for example, the summary of the evidence base and/or of the experience base, depending on the knowledge base of internal personnel, it may be considered more effective to commission a person external to the organisation/partnership, who is considered an expert in the policy area covered by the proposal, to complete either or both of these tasks.</p> <p>It is helpful to personnel preparing the information if the Steering Group give clear guidance about what they wish to see included in any documentation for the workshop (see Task 1.5). General guidance about the essential contents of each document is given in Table 1.2.</p>

Table 1.1: Suggestions about which personnel could be assigned responsibility for different types of information preparation

<i>Information</i>	<i>Person Responsible for Preparation</i>
Background to HIA/Resume of the HIA process locally	Assessor(s)
Proposal documentation	Proposal developer(s) or proponent (s)
Profile of community/population	Staff from information departments in health and/or local government
Vulnerable groups	Steering Group with support from assessor(s)
Summary of local environmental conditions	Staff from local government departments, e.g. environmental health, planning, housing and transport
Evidence base	Assessor(s); if a health-related proposal is being assessed, proposal developer(s)
Experience base	Assessor(s) or person who has a good knowledge of HIA activity not only locally but also regionally and nationally - they will have an extensive network of contacts on which to draw for unpublished reports or relevant anecdotal information

Table 1.2: Guidance about the essential contents for various items of information for the HIA

<i>Information</i>	<i>Essential Contents</i>
Background to HIA/Resume of the HIA process locally	<p><i>Background to HIA:</i> brief outline of the process of HIA; brief outline of the methods/methodology; anticipated outputs from the process; indication of how those outputs will be used</p> <p><i>Resume of the HIA process locally:</i> context in which HIA is being used locally; brief outline of the HIAs undertaken and the key changes made as a result; brief outline of the way the HIA process has developed locally; anticipated outputs from the HIA of the proposal currently under investigation</p>
Proposal documentation	<p><i>For prospective HIAs:</i> most up-to-date version of proposal; <i>if the proposal is short:</i> complete copy with instructions about which elements/aspects are to be assessed; <i>if the proposal is long:</i> relevant parts of the document to be assessed plus summary of the remainder</p> <p><i>For retrospective and concurrent HIAs:</i> summary of the proposal as implemented</p>
Profile of community/population	Baseline data about the composition of the community or population (age-sex structure, ethnic minorities, etc.), their health status, and relevant socio-economic data (see Box 3.1)
Vulnerable groups	Refer to Box 1.2
Summary of local environmental conditions	Environmental conditions relevant to the implementation of the proposal
Evidence base	Evidence relating to impacts on health within the proposal's particular policy area, and to the effectiveness of interventions in that particular policy area
Experience base	Summary of HIAs conducted on similar proposals, or in similar policy areas but not necessarily on the same population, and of those conducted on the same population but in different types of proposal or different policy areas

Task 1.9: Assigning responsibility for leading the workshop

Why	If participants are to generate useful and usable outputs during the workshop, it is of paramount importance for the workshop to be led and facilitated well.
What	Responsibility needs to be assigned for the following roles: <ul style="list-style-type: none">• main workshop facilitator• small group facilitators• main workshop observer• main workshop scribe• chairperson for workshop
When	Responsibility for leading the workshop should be assigned at the first meeting of the Steering Group.
Who	The Steering Group assigns responsibility for leading the workshop.
How	<p>The skills required for the various personnel involved in leading the workshop are shown in Box 1.6.</p> <ul style="list-style-type: none">• Main workshop facilitator requires skills 1-3, and ideally skills 4 and 5.• Small group facilitators require skills 1-3, and preferably skill 4.• Main workshop observer requires skills 2 and 3 (possibly skill 4).• Main workshop scribe requires skill 2 and the ability to write legibly under stress/time pressure.• Chairperson for workshop requires skills 2 and 3 (possibly skill 4) <p>Suggestions about which personnel could be assigned responsibility for the various roles in leading the workshop are given in Table 1.3. The assessor for the HIA does not necessarily have to fulfil the role of the main workshop facilitator, especially if their facilitation skills are not of a high order. It is best if the workshop is led by someone skilled in facilitation. If the Steering Group considers that there are no internal personnel who have the necessary level of facilitation skills and/or experience in leading participatory stakeholder workshops, it may be advisable to commission an external person to be the main workshop facilitator.</p> <p>It can sometimes be more helpful for the assessor to be the main workshop observer because he/she then has the opportunity to attend fully to the responses participants make to the tasks. This will be of value when the assessor compiles the report of workshop results and recommendations.</p>
Tip	It is sensible to have at least 10 suggestions about people who would be suitable for the role of small group facilitator.

Box 1.6: Skills required of personnel involved in leading the workshop

1. facilitation skills
2. understanding of the wider determinants of health and the broader public health agenda
3. knowledge of HIA
4. experience of taking part in HIAs
5. experience of leading participatory stakeholder workshops for HIA

Table 1.3: Suggestions about which personnel could be assigned responsibility for various roles involved in leading the participatory stakeholder workshop

<i>Role</i>	<i>Personnel</i>
Main workshop facilitator	Assessor, or local person from one of the main agencies involved in the HIA who is skilled in facilitation
Small group facilitators	Local personnel from the main agencies involved in the HIA who are skilled in facilitation
Main workshop observer	Assessor, or local person from one of the main agencies involved in the HIA
Main workshop scribe	Local person from one of the main agencies involved in the HIA
Chairperson of workshop	Member of Steering Group for the HIA

Task 1.10: Structuring the workshop: balancing talks and tasks

Why The way in which the workshop is structured will influence the quality of responses from participants. It is necessary to incorporate both talks and tasks into the workshop to achieve the best results. The content of talks should be selected with the aim of helping participants undertake the tasks. However, as workshop time is limited, a balance between the two must be achieved.

When The structure of the workshop can be decided at the second meeting of the Steering Group.

Who The Steering Group is responsible for structuring the workshop, with support from the assessor(s) and main workshop facilitator. However, if the Steering Group has appointed a subgroup for workshop preparation, responsibility for this task can be delegated to this subgroup, and suggestions for workshop structure approved at the second meeting of the Steering Group.

a) Talks

What Irrespective of whether participants have read the information sent out before the workshop, it is important to recap salient points about:

- the aims of the specific HIA
- the proposal
- the community or population affected by the proposal

Other information it is important to give participants:

- a general introduction to the tasks for small workgroups
- the process for reporting and dissemination of the results
- the decision-making process for considering the recommendations to change the proposal

If participants have little or no experience of HIA, it may be necessary to outline briefly:

- the aims of HIA in general, and the HIA process

How It is important to gauge several factors that will influence how much information is presented to participants in the limited time available:

- The general level of knowledge/experience of HIA that participants are likely to have.
- The extent to which participants can be relied upon to read the workshop information beforehand.
- The amount of time needed for participants to fulfil the workshop tasks *and* discuss the key outputs.

An appropriate balance needs to be achieved between the time allocated to giving participants information, which is pertinent to HIA and the proposal, and that allocated to tasks during which participants contribute to the appraisal of the proposal.

The personnel best placed to give the various talks/presentations are shown in Table 1.4.

Tip If participants have little or no knowledge and/or experience of HIA, try to combine a brief sketch of HIA with the general introduction to the tasks for small workgroups.

Alternative talk

If the proposal under assessment is targeted at certain groups in the community or it affects a well-defined community, consider asking a representative from that group/community to present their perspective of the proposal. Invite them to talk about some of the problems they face, and the potential that could be realised within their community. This talk could replace that highlighting salient points from the population profile. This alternative was used during the HIA of the Healthy Living Centre.

Table 1.4: Suggestions about which personnel could be assigned responsibility for giving presentations at the participatory stakeholder workshop

<i>Presentation</i>	<i>Personnel</i>
Introduction to workshop/Aims of specific HIA	Chairperson for the workshop
Salient points of the proposal	Proposal developer/proponent
Salient points of population profile/local conditions	Information management personnel from health/local government
Introduction to tasks/HIA	Main workshop facilitator
Closing remarks – reporting the results, and the decision-making process	Chairperson for the workshop

b) Tasks

What

The tasks it is essential to undertake during the participatory workshop are:

- identifying the health impacts of the proposal (core workshop task; see Task 5.3)
- identifying changes to the proposal that will address those impacts (core workshop task; see Task 5.4)
- prioritising the changes to the proposal (see Task 5.6)

It is also advisable:

- to identify barriers to successful implementation of the proposal (see Task 5.2)

The exact nature of each of these tasks is described in Section 5. Some of these tasks are undertaken in plenary sessions, and others (particularly the core workshop tasks) are undertaken in small workgroups (see Figure 1.1).

How

For the two core workshop tasks, it is advisable to use a semi-structured approach as a way of eliciting useful and usable outputs from participants (see Task 4.5). A series of questions that could be used for this semi-structured approach is presented in Annex 2, which can be adapted according to participants' general level of:

- understanding of the broader determinants of health.
- knowledge of the evidence base relevant to the proposal under investigation.
- experience of rapid appraisal/HIA.

Learning point

As participants gain experience of the process of HIA, they will be able to respond to the tasks at a greater level of detail.

If participants are relatively inexperienced at HIA:

- Select a relatively simple level of questions (see, for example, Level 1 Questions in Annex 3).
 - Allocate as much time as possible to tasks.
- If participants are relatively experienced at HIA:*
- Select a more detailed set of questions (see, for example, Level 2 Questions in Annex 3)

c) Overall structure for workshop

The basic structure for a participatory stakeholder workshop is shown in Table 1.5, which can be used to prepare the agenda (see Task 2.5). The relationship between talks and tasks is presented as a flow diagram in Figure 1.1.

Table 1.5: Basic structure for a participatory stakeholder workshop (total duration = 3½ hours)

<i>Agenda Item</i>	<i>Time (minutes)</i>
Registration and Graffiti wall	30
Introduction to workshop	5
Presentation about the proposal	10
Task: Identifying barriers/conflicts	20
Presentation of population profile/local environmental conditions	10
Introduction to core tasks	5
Task: Identifying impacts	30
Task: Identifying changes to the proposal	30
Feedback about impacts/changes	30
Discussion about impacts/changes	15
Task: Prioritisation of changes to the proposal	15
Closing remarks – What next? (to include reporting and dissemination of the results, and the process for decision-making about the proposal)	5

Alternative structure for workshop

An alternative structure for the workshop was used in the retrospective HIA of the housing estate. For these two participatory workshops, we explored impacts on residents' health within three themes:

1. Community Safety
2. Housing and Estate Design
3. Access to Services and Facilities.

These themes were selected on the basis of responses to a survey of 200 households on the estate. All residents on the estate were invited to participate in the HIA.

As residents are the only people who have direct experience of living on the estate, we felt it was appropriate to give them the opportunity of identifying the health impacts and potential solutions in all three themes. So we used a 'carousel' approach in which a facilitator was allocated to each theme, and participants were allocated to one of three workgroups. In this approach, each workgroup 'visits' each of the themes in rotation (rather than staying with a facilitator and working on a limited number of themes, as in Task 4.1). On a workgroup's visit to the first theme, group members identify health impacts within that theme; however, in 'visits' to the second and third themes, group members add to or qualify the impacts that have already been identified by other workgroups. The suggested structure for a workshop using the 'carousel' approach is shown in Table 1.6, and the relationship between talks and tasks is presented as a flow diagram in Figure 1.2. As the HIA was retrospective, we did not explore barriers to/any conflicts around implementation.

Table 1.6: Basic structure for a participatory stakeholder workshop using the 'carousel' approach (total duration = 3 hours)

<i>Agenda Item</i>	<i>Time (minutes)</i>
Registration and Graffiti wall	30
Introduction to the workshop	5
Introduction to workshop tasks	5
Task: Identifying impacts on health in the first theme for a workgroup	25
Task: Adding to the impacts already identified in a second theme for a workgroup	15
Task: Adding to the impacts already identified in a third theme for a workgroup	15
Feedback from each 'theme' facilitator	30
Task: In each workgroup, identifying changes to the proposal for all themes [NB: each facilitator no longer assigned to a particular theme but to a workgroup]	20
Feedback from each facilitator	15
Task: Prioritisation of changes to the proposal	15
Closing remarks - What next? (to include reporting and dissemination of the results, and the process for decision-making about the proposal)	5

Differences between the basic structure for a participatory stakeholder workshop and that for one using a 'carousel' approach

The main differences between the basic structure for a participatory stakeholder workshop and that for one using a 'carousel' approach are as follows:

- in general, less time is required for the carousel approach (3 hours versus 3.5 hours)
- the number of people in each workgroup (10-12) will probably be higher for the carousel approach than in those for the basic structure workshop (see Task 4.1), depending on the number of themes explored
- owing to the pressure of time available, a simple method of prioritisation will probably be used

Figure 1.1

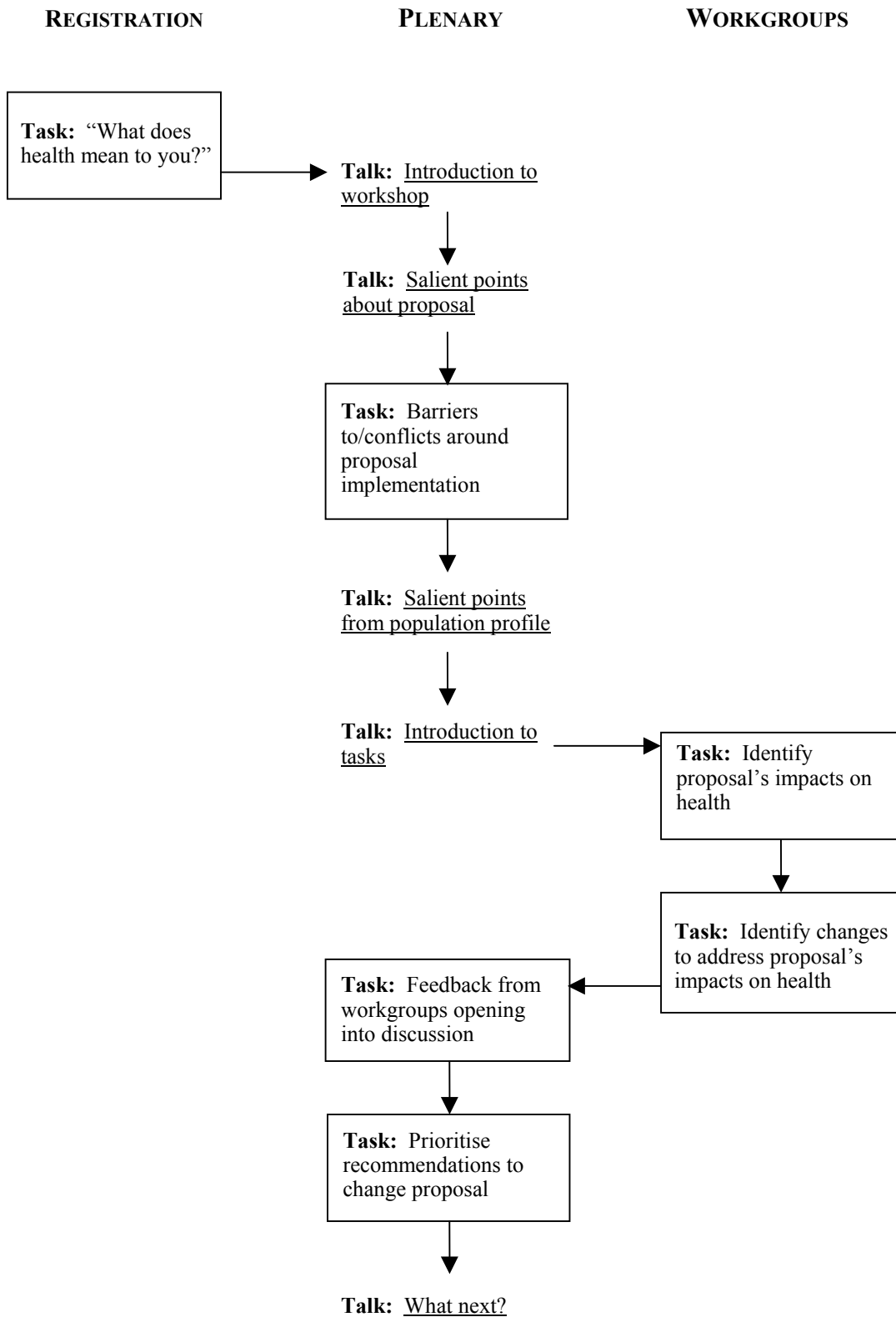
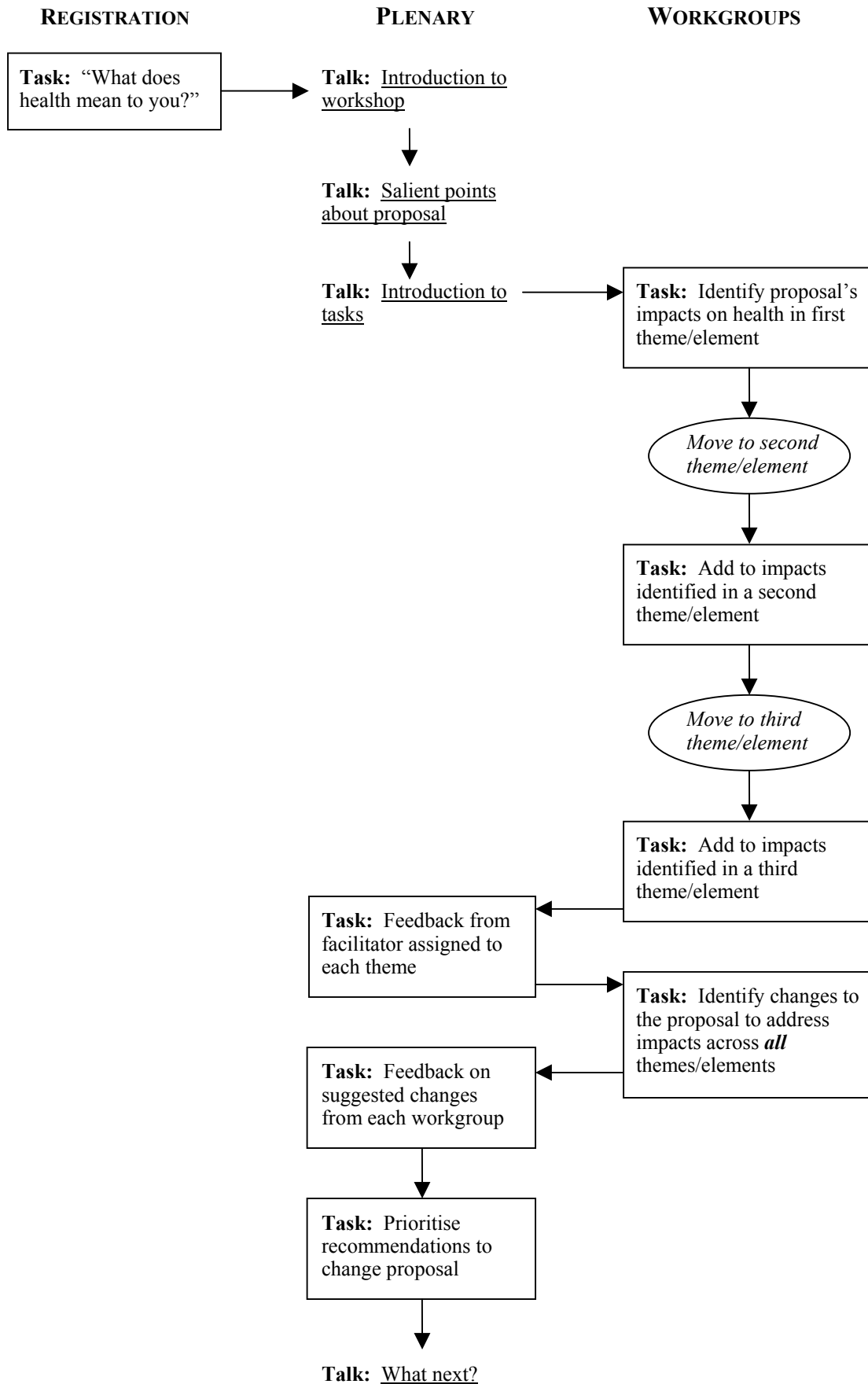


Figure 1.2 Using the Carousel Approach to Explore 3 Themes/Elements during the Workshop



Task 1.11: Establishing the requirements for reporting the results

Why	If the report of the participatory stakeholder workshop is to be read and acted upon, it is vital for the Steering Group to be clear about the different target audiences to whom it will be disseminated. The nature of the target audiences will determine the reporting requirements for the HIA. It is likely that for some HIAs there will be different reporting requirements for the different stakeholder audiences.
What	<p>A general list of stakeholder audiences is shown in Box 1.7. For each of these stakeholder audiences, there are three main considerations when deciding upon the requirements for reporting the results:</p> <ul style="list-style-type: none">• the level of detail in, and length of, the report• the format of the report• the style of language and the use of specialist terminology
When	The requirements for reporting the results can be established at a second meeting of the Steering Group.
Who	The Steering Group is responsible for establishing the requirements for reporting the results.
How	Once the stakeholders for an HIA have been identified, it is possible to group those stakeholders into target audiences with respect to reporting the results of the appraisal. Once the target audiences have been identified, it is necessary to define their needs with respect to the level of detail, preferred format, and style of language when reporting the results. Suggestions about various target audiences and the needs they might have with respect to reporting the results are presented in Table 1.7.

Box 1.7: Stakeholder audiences for the report of the HIA

- The community
- Community organisations
- Community representatives
- Public sector professionals at both strategic and operational levels
- Private sector professionals at both strategic and operational levels
- Voluntary sector personnel, both professionals and volunteers
- Steering or Management Group for HIA
- Decision-makers with respect to the proposal
- Proposal developer(s) or proponent(s)
- Personnel responsible for monitoring and evaluation

Table 1.7: Suggestions about the reporting requirements for various target audiences

<i>Target Audience</i>	<i>Reporting Requirements</i>
Steering Group	Full account of impacts on health, and recommendations to change the proposal, in clear, concise language but use of specialist terminology allowed
Those responsible for decision-making about the proposal	An executive summary, plus a full account of impacts on health, and recommendations to change the proposal, in clear, concise language - if any specialist terminology is used, it must be explained
Proposal developer(s) or proponent(s)	Full account of the impacts on health, and recommendations to change the proposal, in clear, concise language - if any specialist terminology is used, it must be explained
Personnel responsible for monitoring and evaluation	Full account of the impacts on health, and recommendations to change the proposal, in clear, concise language but use of specialist terminology allowed
The community/community organisations and community representatives	Summary of the impacts on health, and recommendations to change the proposal, in clear, concise language avoiding the use of specialist terminology
Professionals in the public, private and voluntary sectors	Summary of the impacts on health and recommendations to change the proposal, in clear, concise language - if any specialist terminology is used, it must be explained (because the range of professionals in this audience will cross many disciplines)

Task 1.12: Clarifying the process for decision-making about the proposal

Why	<p>The fundamental reason for undertaking an HIA is <i>to effect change</i>, that is, to change a proposal in such a way that its implementation does not compromise the public health, or the health of a particular community. For this reason, it is important to clarify the process by which the results of the participatory stakeholder workshop will be considered by those responsible for decision-making about the proposal.</p> <p>In the absence of such a process, which has been agreed by all relevant parties, there is a danger that the results of the appraisal will be ignored. This can result in:</p> <ul style="list-style-type: none">• The demotivation of stakeholders/participants.• The ghetto-isation of HIA, and its dismissal as ineffectual.
What	<p>It is best to integrate HIA into established planning processes within an organisation or partnership, and address the health impacts of specific proposals within a defined framework for action. Some proposals for assessment, however, may fall outside the regular cycle of planning and development.</p>
When	<p>The process for decision-making about the proposal should be clarified at the first meeting of the Steering Group.</p>
Who	<p>It is the responsibility of the Steering Group to clarify, or negotiate, the process for decision-making about the proposal such that the results of the appraisal can be considered.</p> <p>In some cases, the Steering Group will be responsible for decision-making; in others, it will not.</p>
How	<p>Factors that must be taken into account when clarifying or negotiating the process whereby the results of the appraisal will be considered include:</p> <ul style="list-style-type: none">• The framework for a proposal's ratification (from planning and development through to final implementation).• Opportunities in the planning and development process during which the proposal can be changed, e.g. periods of public consultation, or during annual policy review.• The timeframe available to influence a proposal's development.• Willingness on the part of decision-makers to consider a proposal's impacts on health and the ways in which they can be addressed.
Advice	<p>If the Steering Group is <i>not</i> responsible for decision-making about the proposal, it is helpful if at least one person responsible for decision-making about the proposal is a member of the Steering Group for the HIA. This has the following advantages:</p> <ul style="list-style-type: none">• The Steering Group will have access to someone's working knowledge of the decision-making process/mechanism.• The decision-makers will gain an understanding of the process of HIA, and the potential benefits of assessing a proposal in this way.
Tip	<p>If none of the decision-makers responsible for a proposal are members of the Steering Group, ensure that they are invited as participants to the participatory stakeholder workshop. This will</p>

give them an insight into the HIA process, and might have a direct influence on which recommendations to change the proposal they subsequently decide to adopt.

Examples from pilots

Decision-making processes or frameworks in which the results of some of the pilot HIAs were considered are shown in Table 1.8.

Table 1.8: Examples from Pilots ~ Decision-making processes or frameworks in which the results of the appraisal were considered

<i>Pilot</i>	<i>Decision-making Process/Framework</i>
Food and Health Strategy	Coronary Heart Disease National Service Framework (CHD NSF)
Housing Estate ~ Retrospective	Planning and development process for new estate; Council's undertaking to remedy problems on existing estate
Healthy Living Centre	Development of bid to attract funding
Air Quality Management Plan	Part of the overall assessment (economic, social and environmental) of options for inclusion in the Air Quality Management Plan

Task 1.13: Establishing the basic requirements for monitoring and evaluation

<i>Why</i>	<p>If the fundamental reason for undertaking an HIA is to change a proposal to protect and improve the public health, it is essential to incorporate elements of monitoring and evaluation into the process in order:</p> <ul style="list-style-type: none">• To determine what effects the proposal (as implemented) will actually have.• To identify ways in which the process of HIA can be improved. [Although good process does not necessarily lead to good outcomes, good process will help to achieve good outcomes (Gray, 2001).]
<i>What</i>	<p>The Steering Group should establish the following requirements for monitoring and evaluation:</p> <ul style="list-style-type: none">• Evaluation of the process.• A process to monitor whether recommendations accepted by decision-makers are implemented.• Monitoring trends in indicators and health outcomes following proposal implementation.• Evaluation of trends in indicators and health outcomes following proposal implementation.
<i>When</i>	<p>The basic requirements for monitoring and evaluation can be established at the second meeting of the Steering Group.</p>
<i>Who</i>	<p>The Steering Group is responsible for establishing the basic requirements for monitoring and evaluation.</p>
<i>How</i>	<p><i>Evaluation of process</i></p> <p>Process evaluation is fundamental to the development of HIA not only in a given locality but also to the methodology as a whole. It is an important source of information about what works, and where there is a need for improvement.</p> <ul style="list-style-type: none">• Identify criteria for evaluation of the process (see Box 1.8).• Appoint an evaluator. This person may or may not be independent of the HIA. Appointment of an independent evaluator will guard against bias in the evaluation; however, this option may require extra resources. Non-independent evaluator(s) will probably have a greater understanding of the process on a specific HIA because they are involved as participants.• Identify a process whereby learning points can be incorporated into the conduct of subsequent HIAs. <p><i>Monitoring the implementation of recommendations</i></p> <p>This is an essential pre-requisite for the monitoring and evaluation of indicators and outcomes because it provides a record of the proposal as implemented against which the actual impacts of the proposal can be judged.</p> <ul style="list-style-type: none">• Identify, in consultation with the proposal developer(s) and those responsible for decision-making about the proposal, a process by which the implementation of the proposal is monitored. This process should include systems for recording the results, and disseminating those results to the personnel responsible for monitoring and evaluation and to the Steering Group responsible for the particular HIA.

Monitoring indicators and health outcomes

Monitoring, and evaluation, of indicators and health outcomes is important to establish the effects on health the proposal actually has.

- Identify indicators that could be used to monitor the effects of proposal implementation. It is most practicable to select those for which data are collected routinely, otherwise there are resource implications.

NB: Participants at the workshop and/or the assessor(s) may make suggestions about appropriate indicators.

- Identify health outcomes that could be used to monitor the effects of proposal implementation. It is most practicable to select those for which data are collected routinely, otherwise there are resource implications.

NB: Participants at the workshop and/or the assessor(s) may make suggestions about appropriate health outcomes to use.

Evaluation of indicators and health outcomes

- Identify the point(s) in time after proposal implementation when indicators and health outcomes are to be evaluated.

These basic requirements will be built on and enlarged by the assessor(s) after the workshop, and the decision-makers following their consideration of the report and recommendations.

Suggestions about personnel who could be involved in the various types of monitoring and evaluation are shown in Table 1.9.

Box 1.8: Suggestions about criteria for the evaluation of the HIA process (those marked with an asterisk have been adapted from Fleeman, 1999)

Appropriateness

- Were the boundaries and management arrangements set by the Steering Group appropriate for the HIA?*
- Was the timing of the appraisal appropriate to the opportunities available to change the proposal?*
- Was the information prepared for the workshop participants appropriate to the proposal?
- Was the structure of the workshop appropriate to the proposal, and participants' knowledge/experience?
- Were the tasks set for participants appropriate for their level of knowledge and/or experience?
- Was the range of health impacts investigated appropriate to the proposal?
- Were the reporting requirements set by the Steering Group appropriate?
- Was the report of the appraisal submitted within an appropriate decision-making process/framework ?
- Were the processes for noting the recommendations accepted, and for the implementation of recommendations, appropriate?

Fulfilling the scope/requirements for the HIA

- Did the HIA meet the boundaries and management arrangements set by the Steering Group?*
- Did the report written by the assessor(s) meet the requirements of the Steering Group?

Comprehensiveness

- Were all relevant local circumstances surrounding implementation taken into account?*
- Were all relevant vulnerable, marginalised, or disadvantaged groups considered during the appraisal?
- Were all relevant determinants of health considered during the appraisal, i.e. those prioritised?

Inclusiveness

- Were all the relevant stakeholders invited to attend the participatory stakeholder workshop?

Feasibility

- Were the recommendations made to change the proposal practical and feasible?*

Impartiality

- Was the assessor impartial?*

Table 1.9: Suggestions about personnel who could be involved in the various types of monitoring and evaluation

<i>Type of Monitoring or Evaluation</i>	<i>Personnel Involved</i>
Evaluation of process	Evaluator in consultation with the Steering Group, and with the involvement of all stakeholder groups including decision-makers and workshop participants.
Monitoring the implementation of recommendations	Proposal developer(s) and/or the formal body responsible for proposal implementation.
Monitoring of indicators and health outcomes	Information management personnel.
Evaluation of indicators and health outcomes	Information management personnel.

