SC6.27 Social and health impact assessment planning scheme policy

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1 Introduction

1.1 Relationship to planning scheme

This planning scheme policy:

1. provides information the Council may request for a development application;
2. provides guidance or advice about satisfying an assessment benchmark which identifies this planning scheme policy as providing that guidance or advice.

1.2 Purpose

This planning scheme policy provides the required information for a development application and guidance and advice for satisfying assessment benchmarks for:

1. the assessment of development that is:
2. likely to generate significant impacts on community wellbeing;
3. is not consistent with the purpose of a zone, zone precinct or neighbourhood plan;
4. the preparation of a social and health impact assessment and the response to impacts identified in the assessment.

1.3 Terminology

In this planning scheme policy unless the context or subject matter otherwise indicates or requires, a term has the following meaning:

social and health impact assessment: an assessment which identifies the potential positive and adverse impacts likely to arise from a development and provides guidance on responding to these impacts

2 Social and health impacts

1. Significant changes to people’s way of life, culture or community; for example changes to the built environment, can produce social and health impacts.
2. Table 1 sets out the scope of factors which are believed to impact on community wellbeing and that are influenced by changes to the built environment arising from development that is unintended or ahead of the planning scheme and that are not necessarily fully addressed by specific code provisions within the planning scheme.

Editor’s note—Further information about such impacts is available from Queensland Health: Young A, McKiernan, S, Copeland K (2005) Health, Wellbeing and the Urban Environment: A Summary of Known Relationships, Statewide Health Services Planning, Queensland Health, Brisbane (28/9/07).

Table 1—Scope of social and health impacts relevant to development

|  |  |  |
| --- | --- | --- |
| Impact category | Relevance | Scoping questions |
| Population change | The location, size, rate and type of population change have implications for social infrastructure planning, urban design and community cohesion. | Would the development result in a change to the age structure, household composition or permanence of the resident population?  Would the development result in the displacement of current residents, visitors and/or workers?  Would the development increase the size of the population significantly in a short period of time?  Will these changes have implications, for example, for community services and facilities, urban design and community cohesion? |
| Healthy lifestyle | Urban design influences participation in physical activity, such as walking, cycling, children’s play and other activities (including walking to public transport), promoting healthy lifestyles and reducing the risk of disease and mortality.  A range of parks and open spaces as well as the public domain provide important venues for physical activity and social interaction; these need to be well distributed across catchments. | Would the development encourage walking and cycling as convenient, safe and appealing forms of access?  Do the location, proximity, design, range and management of open space cater to the needs of all user groups?  Would the development be likely to alter existing physical activity, or future opportunities to participate in physical activity?  Will the development contribute to the neighbourhood’s walkability, particularly in terms of connectivity, density and land use mix? |
| Social cohesion and sense of belonging | Community connectedness, established through social networks and friendship groups, helps people access the emotional and practical resources they need. A sense of belonging and cultural association with ‘place’ makes people feel valued and is a major contributor to strong communities and good health.  Perceived trust along with shared values have a direct and positive effect on health and wellbeing.  The absence of physical and social barriers promotes social interaction, social cohesion and belonging. | Would the development impact (positively or adversely) on the strength of the community’s social networks, capacity for self help, identity or resilience?  Would the development impact on an area or item of value or importance to the community?  Would the development create or alter any physical or social barriers within or between communities?  Would the development promote integration with adjacent communities (e.g. through design, access to facilities, co-operative action)?  Would the development ensure public access to the public domain (including privately owned and managed public domain such as shopping centres)? |
| Housing | Housing conditions impact on community health and wellbeing in a number of ways. Housing affordability and security are key factors in overcoming poverty, and influence access to employment and training opportunities. Housing stability helps maintain stable social networks.  Housing mix encourages social diversity, stimulating social interaction and inclusion. Concentrated social disadvantage is associated with poorer health outcomes.  Design of both housing and the neighbourhood influences the extent to which different groups’ needs are met. | Would the development result in a mix of housing types and sizes?  Would the development be appropriate to meet local needs and the needs of special groups?  Would the development result in the displacement of existing residents, or alter the availability of affordable housing or boarding housing?  Would the development be likely to result in or alter concentrated social disadvantage?  Does neighbourhood design promote inclusion of different social groups and promote social interaction? |
| Accessibility | The location of housing, education, employment and community services and facilities in proximity to public transport, cycling and walking networks enhances their accessibility. | Is the development appropriately located to maximise accessibility to public transport, pedestrian and cycle networks? |
| Access to employment and training | Access to employment and education are key factors in influencing a community’s ability to function effectively, to be resilient, and to enjoy good health outcomes. Costly travel expenses can be a barrier to people on low incomes accessing work and/or education. Diverse local employment opportunities reduce the risk of unemployment and income disparity, which both result in poorer social and health outcomes. | Would the development alter the number or diversity of jobs available to the local community?  Will employment and education be readily accessible from the development? |
| Civic participation and empowerment/sense of control | Draft discussion of matters relevant to a development proposal. | Would the development alter the capacity for people to participate in community affairs or other social interactions?  Would the development alter people’s sense of being in control in their local community?  Would the development cause anxiety or reduce trust?  Will the development integrate or conflict with the surrounding community? |

3 Social and health impact assessment process

The social and health impact assessment process is as follows:

1. Phase A – Initial review: a review of potential impacts to determine the required assessment. If no impacts are identified, no further social and/or health assessment is required. Proposals with only minor adverse impacts progress directly to Phase C to respond to and mitigate these impacts.
2. Phase B – Completion of a social and health impact: only for proposals identified in Phase A as having one or more major adverse impacts.
3. Phase C – Response to impacts: mitigating and/or enhancing impacts identified in phases A or B, such as imposing conditions or amending the proposed development.

4 Phase A – Initial review

4.1 Initial review checklist

1. An initial review checklist is prepared to identify potential impacts and their level of significance. When a proposed development triggers the need for social and health impact assessment, it is recommended that prelodgement discussions are held with Council to identify relevant issues and assist with the checklist.
2. With reference to Table 1, the initial review checklist is formulated based on the impact categories and scoping questions identified. A minimum content for this checklist is:
3. Column 1: Impact category and scoping questions – Nominate the impact category along with a series of scoping questions to guide the assessment of impacts arising from the development proposal (refer to Table 1).
4. Column 2: Identification of impacts – Provide a brief description of potential impacts using the scoping questions as an enquiry framework. The questions are not exhaustive and are provided as a guide only. Not all questions will be relevant to each proposal. It is necessary to thoroughly consider the implications of the development in response to the questions.
5. Column 3: Assessment of significance of the likely impacts – Record the significance of the impacts assessed according to the scales provided. A guide to determining the level of significance is provided in Table 2.
6. Column 4: Proposed responses to mitigate or enhance likely impacts – Describe the proposed responses or actions to mitigate the impacts identified (it is acceptable to nominate ‘not known’ as a response). Responses can be related to the design of the development as well as to works, processes or management.

Table 2—Assessment of significance of the likely impacts

| Assessment benchmark | Major positive impact | Minor positive impact | Neutral (neither positive or negative or no impact) | Minor adverse impact | Major adverse impact |
| --- | --- | --- | --- | --- | --- |
| The degree of change likely to arise relative to existing circumstances | High level of positive change | Some low- level positive change | Insignificant/ no change | Some low- level adverse change | High level of adverse change. |
| The number and nature of people likely to be affected | A large number of people (e.g. neighbours, local community, groups with special needs) likely to be adversely affected | A small number of people in the general community (e.g. immediate neighbours) likely to be positively affected | Very few or none. No effect on groups with special needs | A small number of people in the general community (e.g. immediate neighbours) likely to be adversely affected | A large number of people (e.g. neighbours, local community, groups with special needs) adversely affected  Adverse impacts on disadvantaged people |
| Whether the impact will be direct or indirect | Direct positive impact | Indirect positive impact | No impact | Indirect adverse impact | Direct adverse impact |
| The duration of the impact | More than a year | Less than a year | N/A | Less than a year | More than a year |
| The level of expressed or anticipated community concern | High level of support from the people affected (may include local community or wider communities) | Low level of support from the people affected | Very little or no support / reaction | Low level of reaction from the people affected | High level of reaction from the people affected (may include local community or wider communities) |
| The potential for cumulative impacts | High likelihood of an accumulation of positive impacts over time | Low likelihood of an accumulation of positive impacts over time | Very little or no potential for cumulative impacts over time | Low likelihood of an accumulation of adverse impacts over time | High likelihood of an accumulation of adverse impacts over time |

4.2 Assessment of checklist

1. From the information provided in the initial review checklist the Council will consider the following:
2. the accuracy of the information provided, including the impacts identified and their suggested level of significance;
3. whether any identified adverse impacts can be mitigated to an acceptable level by the proposed responses;
4. what amendments or appropriate conditions can be imposed to further reduce adverse impacts or enhance positive impacts; or
5. if further investigation, by way of a social and health impact assessment report is required.
6. For development that is considered to have only minor adverse, neutral or positive impacts, Phase B of the social and health impact assessment process will not be required.
7. For development that has one or more major adverse impacts, Phase B of the social and health impact assessment process will be required.
8. There may be occasions when highly positive impacts in some types of impact category will need to be weighed against adverse impacts in other impact types. In these instances, a Phase B assessment is likely to be required.

5 Phase B – Preparing a social and health impact assessment report

5.1 Introduction

1. A social and health impact assessment report is required for any development application that is identified in Phase A as likely to have one or more major adverse impacts.
2. The impacts to be investigated in the report will, as a minimum, be those specified in prelodgement discussions with the Council, and will usually relate to the impacts identified in Phase A that are outside of the scope of the codes in the planning scheme to effectively address. The level of detail to be reported will be influenced by the scope of impacts specified and their level of significance. Additional impacts to those identified in Phase A may emerge in the process of preparing the report and should also be investigated where not adequately addressed via the criteria within codes in the planning scheme.
3. In preparing the report, consultation with the community appropriate to the scope of impacts is required. The Council may also nominate relevant stakeholder groups that should be consulted. Refer to the Consultation planning scheme policy for guidance on how consultation should be undertaken.

5.2 Social and health impact assessment report

1. The social and health impact assessment report is intended to investigate the effect of potential social and health impacts, and how they can be managed to mitigate adverse impacts, and enhance positive impacts. This will also include preparation of an impact management plan.
2. The social and health impact assessment report is concise, conveys a sound understanding of the impacts predicted, and a clear rationale for the recommendations.
3. The social and health impact assessment report is to include the following information:
4. a completed impact assessment findings summary outlining type and significance of impacts and the proposed response to mitigate or enhance likely impacts;
5. a brief description of the site and surrounding areas;
6. a project description, summarising the project objectives, proposals for the construction and operational stages, and any associated infrastructure developments;
7. the outputs from each stage of investigation;
8. the competency of the author.
9. The assessment is to have regard to likely impacts at each stage of development: the construction stage and the operational stage, as well as impacts on existing and future communities.

Table 3 sets out the main steps for preparing a social and health impact assessment report and reporting the findings.

Table 3—Steps in preparing a social and health impact assessment report

| Step | Activity | Reporting guide |
| --- | --- | --- |
| Scoping and profiling | Define the study boundaries or catchment.  Establish a baseline demographic profile of the community against which subsequent changes and impacts arising from the proposed development can be assessed, including the review of existing circumstances, including historical trends, relevant to the issues identified in the initial scoping exercise (refer to Table 4).  Identify the community groups and stakeholders likely to be affected and scope the ways in which stakeholders may be affected.  Identify and collect other existing data relating to relevant community values, existing infrastructure, and other local proposals.  Establish a community engagement process that involves all relevant stakeholders (refer to the Consultation planning scheme policy).  Collect any necessary data that are not already available or could not be derived from the community engagement process.  Use technical and consultative methods to establish the required data (and accordingly the Consultation planning scheme policy is likely to apply). The range of information that could be relevant is outlined below. This is not an exhaustive list, and judgment is needed to ensure that only information relevant to the proposal is provided. | Document existing conditions.  Document consultation process and findings. |
| Predicting and assessing | Use the baseline data to consider the general trends that are occurring in the locality based on past or comparable experience.  Predict the likely impacts of the development proposal not addressed through the criteria in the codes in the planning scheme, and alternatives to the proposal, including a 'no development' scenario and how the proposed development will negatively and/or positively alter or influence the trends and social conditions in the locality. The likely impacts that may occur will differ for different development types.  Use the baseline data to compare social conditions before and after changes resulting from the development and enhancement/mitigation strategies.  Assess the significance of each predicted impact and the potential for cumulative impacts.  Identify and compare possible alternatives (including the 'no development' option) and their advantages and disadvantages for different stakeholders. | Document likely impacts and their rationale.  Summarise findings for each alternative, including:   * the nature of the impact; * who is affected; * significance of the impact. |
| Evaluating and recommending | Identify strategies that may enhance positive impacts and mitigate negative impacts.  Evaluate alternative enhancement and mitigation strategies in terms of their acceptance by stakeholders, the likelihood of implementation and ongoing management, their costs and benefits, and their effect on project viability.  Make recommendations about:   * whether positive social impacts generally outweigh negative social impacts; * whether negative impacts and risks can be satisfactorily mitigated to acceptable levels; * the likely effectiveness of strategies to enhance positive impacts. | Report recommendations and their rationale. |
| Management and monitoring | Develop an impact management plan to:   * define strategies required to mitigate adverse impacts and enhance positive impacts; * develop contingency plans to identify and respond to potential future problems; * develop monitoring and response plans (where relevant); and * outline community engagement programs relevant to the proposed strategies. | Impact management plan |

Editor’s note—This table has been adapted from Department of Families’ Social Issues in Development Assessment: A Resource Guide (2002) and Social Impact Assessment in Queensland (2000).

Table 4—Baseline information on existing social and health conditions

| Condition | Relevant baseline information on existing social conditions |
| --- | --- |
| Accessibility | * existing patterns of access and mobility * vehicular, bike and pedestrian movement * public transport provision * private vehicle ownership |
| Demographic profile and change | * age distribution * nature of households and families * income and employment * growth forecasts |
| Healthy lifestyle | * levels of physical activity * availability of cycling and walking routes, and their connectivity to public transport * accessibility to indoor and outdoor recreation spaces * availability of spaces for social interaction |
| Community issues | * perceptions of amenity * cohesiveness of the community * crime and safety levels/ perceptions of safety * places of local significance/ local landmarks * type and location of relevant community organisations * existing cultural/social values |
| Cultural heritage and Indigenous issues | * significant places * cultural belonging, characteristics, events and practices * cultural values |
| Development trends | * description of location * nature of surrounding development * effects of similar types of development in the area * past development activity and trends |
| Economic trends | * employment/unemployment (current status and trends) * nature and location of employment * nature of skills/level of education * income * local business development (current status and trends) |
| Housing | * housing supply and type * housing affordability * tenure of housing (ownership/ rental, private/public) * housing to meet particular community needs, e.g. boarding houses, emergency housing, housing for older people |
| Services and facilities | * availability/capacity of existing community infrastructure e.g. community centres and halls, recreation facilities, education, child and youth services and facilities, health, cultural facilities * opportunities for co-locating services/facilities, e.g. existing services/facilities, land availability * planned or proposed community infrastructure including Queensland Government facilities |
| Exposure to health risks | * levels of psychological stress |
| Groups with special needs | * availability/capacity of services required to support people with special needs, e.g. older people, people with disabilities, people from non-English speaking backgrounds, workers, visitors |

5.3 Impact management plan

1. An impact management plan is prepared as part of the social and health impact assessment report and forms an integral part of social and health impact assessment, and identifies strategies for responding to the identified impacts. This can include mitigating anticipated adverse effects and enhancing positive effects. The impact management plan may also include an ongoing monitoring program to monitor impacts and the effectiveness of the relevant response strategies.
2. The impact management plan is to contain:
3. proposed responses to mitigate adverse impacts and enhance positive impacts;
4. a monitoring regime (where relevant) for assessing and reporting the performance of the proposed responses;
5. strategies for dealing with divergence from the desired outcomes;
6. procedures for periodically reviewing and updating the impact management plan (if relevant).

6 Phase C – Conditions and amendments to respond to impacts

6.1 Introduction

1. The information provided in the impact management plan will assist the Council in determining and/or mitigating the impacts of the proposed development.
2. This can include the following actions:
3. seek an amendment to the development to modify the development to address social and health impacts;
4. impose a condition of approval of the development;
5. refuse the development application – if the Council considers that, on balance, the development is in conflict with the planning scheme due to major adverse social and health impacts which cannot be satisfactorily mitigated, it may refuse the application.

6.2 Mitigation of impacts

1. Initiatives proposed in the impact management plan or via conditions of a development approval to address social and health impacts may include, but are not limited to, the following attributes of a development:
2. changes to the site layout, development composition or scale of the development;
3. noise attenuation;
4. privacy;
5. hours of operation;
6. management of patron’s and employee’s movements to and from the development;
7. safety features;
8. accessibility features within or external to a development site;
9. access to public services and/or transport;
10. the location, design, use and management of the public domain;
11. community services and facilities provision;
12. community benefits such as access to employment, access to housing;
13. information;
14. community participation.
15. Conditions of a development approval may also include the need for regular monitoring and reporting as specified in the impact management plan or procedures for periodically reviewing and updating the impact management plan.