

**JRF Programme Paper**  
**Austerity in the UK****ASSESSING THE SOCIAL AND  
COMMUNITY RISKS OF COUNCIL  
SPENDING CUTS IN SCOTLAND****Darinka Asenova and Bill Stein****August 2014**

This paper:

- explores how councils in Scotland can adequately consider social and community risks when making cuts to services;
- identifies barriers to better risk assessment and how to overcome these;
- considers opportunities to promote assessment through new policies on joint working in health and social care, and community planning partnerships.

**The Joseph Rowntree Foundation (JRF) commissioned this paper as part of its programme on austerity in the UK, which aims to explore how public spending cuts and policy changes are affecting poor people and places in the UK.**

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# **Executive summary**

## **Cuts may lead to unforeseen and costly consequences**

Local councils in Scotland continue to face severe challenges and hard choices in reducing expenditure on services in line with UK public spending cuts. Cuts pursue short-term financial benefits – negative impacts may take longer to be revealed. In addition to the immediate effects on vulnerable groups and communities of a withdrawal or a cut in service, there may be uncertainty (or risk) of unforeseen consequences in future. Social and community risks are evolving.

Potential social or community risks may extend beyond a conventional understanding of poverty and deprivation, and into more subtle social impacts including loss of opportunity, social injustice, anti-social behaviours, and new vulnerabilities such as loneliness in old age brought about by the disintegration of family and social networks or the lack of capacity in families to step in to fill the gaps caused by service withdrawal. This report explores ways to ensure that councils take proper account of the social and community consequences when determining when and where to make budget cuts.

## **Understanding and overcoming the barriers to effective impact assessment**

A key finding of an earlier Joseph Rowntree Foundation report *Managing the social risks of public spending cuts in Scotland* (Asenova *et al.*, 2013) was that Scottish councils' impact assessment of the social risks created by austerity cuts was generally underdeveloped and heavily reliant on an equality impact assessment (EqIA) process that largely ignored social and community risk. This new study attempts to identify, by direct contact with practitioners through interviews, the barriers to more, and better, social and community risk assessment and how best to overcome those barriers.

## **The direction of public policy increases the need for effective impact assessment**

Multiple strands of public policy in Scotland have relevance for how social and community risk is assessed now and in the future. The scope of the Equality Act 2010, and the omission from it (by the UK Coalition Government) of a socio-economic duty, places a form of legal boundary on the ambitions of assessment. On the other hand, there is widespread acknowledgement of human rights principles and legislation, while new public policies, including community

planning and engagement, single outcome agreements (SOAs), and the integration of health and social care, all provide reasons and opportunity to promote wide-ranging social and community risk assessment in the planning process on a joint basis with councils, the NHS, other public agencies and third sector partners. Put simply, government hopes that new partnerships (mainly community planning partnerships) will think and act as though they were a single public service in terms of what they deliver, how they deliver it, and how much it costs. Joint planning is at the heart of this policy and of our study.

## **Integrating assessment of equality, social and community, health and environmental risks**

Rather than creating additional bureaucracy with multiple tools or processes, integrating social and community risk into the EqIA process appears to offer a pragmatic way forward. Yet although the case for an integrated approach appears compelling, many of the undesirable impacts of adverse 'social risks' are complex to assess and have multiple impacts affecting different public bodies and agencies. Integration of social and community risk into EqIA would be in line with the Scottish and UK Governments' policy of better 'joined-up' working in the provision of public services. There are different ways this could be achieved.

Step One might be to integrate social and community risk with existing EqIA. Step Two might be to extend the integration to include health by integrating the long-standing health impact tools. Step Three would then be to include environmental impact assessment. Is complete integration going too far? This view is taken by most of our interviewees who emphasised the difficulties while acknowledging integration to be a worthy aim. In addition, the greater the complexity of assessments, the more highly skilled the personnel facilitating the assessments are required to be. But as we discuss later under the heading of 'Workforce resources' in Section 4, there are indications that such costly council jobs may already have been a prime target for voluntary release and retirement schemes, and even for redundancies, meaning that a shortage of workforce skills can be an issue.

## **Impacts are often assessed at the end, rather than the beginning, of the option-forming process**

In terms of when to assess social and community risk, services departments will typically be asked to propose budget items to be cut. These will then be discussed at a broader group of service departments – standard templates may be used and reviewed by this services group. The next stage is some form of 'corporate round table', at which point the final list is agreed. In many cases, the

full impact assessment is only done for that 'round table' stage. Many interviewees admitted that impact assessments were often done after a decision was taken, almost as a 'loose end' to be tidied up. Getting creative brainstorming, scenario planning and public deliberation into the earliest option-forming stage might be more effective in planning to take account of social and community risk. Good practices do exist and we found evidence of innovative approaches designed to lessen the impact of budget cuts and to lay the groundwork for service changes to come. But a 'box-ticking' culture does appear to exist. The inhibiting effect of compliance with the Equality Act came through strongly in our interviews, being summed up in one case as the 'fear factor'.

### **Simple, challenging questions may be more effective than extensive guidance and toolkits**

There may be good reasons to consider learning from the NHS experience of EqIA in Scotland. Council officers interviewed for our study reflected that the NHS have been procedurally and culturally ahead of councils as regards EqIA and extending it into active consideration of social and community risk. Given the integration of health and social care, it would seem sensible to give consideration to what councils can learn from NHS experience. For example, the concept of a two-stage assessment is a tried and tested way of coping with demand (Scottish Health Impact Assessment Network, 2009a and 2009b). In all cases a 'rapid' (or brief) assessment is made (but this need not be superficial – it could involve a group of relevant people and a half day of discussion). To that extent, the NHS are a model for use of a sophisticated and well-resourced process (NHS Lothian, 2012). But a strong view from council interviewees was that while tools, templates and guidance manuals will bring discipline and consistency to the assessment process, strong motivation and simple, challenging questions will prove more effective than yet more tools.

### **Overcoming barriers to implementation of social and community risk impact assessment**

Would re-introducing plans for a 'socio-economic duty' help? The draft Equality Bill contained a proposed duty to address socio-economic disadvantage and inequality. This was not brought into force by the current Coalition Government. Our research suggests that many hold the view that only some form of legal obligation will truly embed social and community risk impact assessment.

Leadership is as important as the assessment process. An emerging theme from our interviews is that the issue is as much about leadership as it is about the impact assessment process itself, meaning that an integrated process of impact

assessment would be incomplete without some form of integrated or shared leadership too.

Ideally, the democratically elected decision-makers (councillors) will have some input into considering budget options throughout the process – from brainstorming ideas in service departments right through to voting in the council chamber. But, realistically, councillors tend to be very busy people and many will rely much on the groundwork done by the council officials. At the very least, councillors ought to have confidence that the social and community risk impact assessment process has fully explored every option, every possible social and community impact, and every possible mitigation.

Is there a role for councils' risk management professionals? The concept of 'enterprise-wide risk management' is not as strong as in the private sector – with risk professionals in the public sector having a sometimes narrower remit, and a strong focus on health and safety, asset protection, minimising legal liabilities, and claims administration. By implication, they may not always be well geared up to becoming involved in the subtleties of linking policy decisions to social impact risks.

## **Summary of findings and conclusions**

- Although some impacts may currently be captured as a part of general social considerations, particularly in councils with advanced leading practices, not all potential impacts and opportunities will be captured unless they are explicitly articulated as 'social and community risks' and considered early as part of the planning process and linked clearly to creative risk mitigation.
- There is some momentum towards expanding the scope of impact assessments but there is a need for greater leadership, education and the promotion of good practice examples.
- Whether motivated by the social argument (a moral or a Human Rights case) or by the economic argument (create social ills and it will cost us in the long run) there are good reasons to promote social and community risk impact assessment.
- Offsetting cuts with some investment in reconfigured (and even improved) services can mitigate risks and help support hard decisions about cuts.
- Simple, challenging questions early in the planning process may be better than producing new extensive guidance.

- A ‘fear factor’ inhibits the impact assessment process: officials worry about breaching the Equality Act.
- Many council officials may need education and greater empathy to understand urban and rural poverty, modern vulnerabilities, and the health and well-being of a community in its widest sense.
- There are opportunities to share knowledge and promote integrated impact assessment through joint working in health and social care, community planning partnerships, and the Community Empowerment (Scotland) Bill.

Our findings and conclusions have wide relevance. For service managers in councils we emphasise the value of simple solutions and the sharing of practitioners’ ideas. For senior managers and ‘elected members’ we highlight potential synergies between the promotion of social and community risk assessment and the development of community planning partnerships, joint resourcing with partner organisations, and SOAs – all being major planks of Scottish Government policy. We point the way for our democratically elected councillors to base hard decisions on the widest possible range of options and outcomes. We believe our findings and conclusions will also be welcomed by equality and policy managers in councils, and the many voluntary sector partners in service delivery, for highlighting the issues and opportunities surrounding social and community risk assessment.

# 1. Introduction

Local councils in Scotland continue to face severe challenges and hard choices in reducing expenditure on services in line with UK public spending cuts (Asenova *et al.*, 2014a; Audit Scotland, 2013). This report explores ways to ensure that councils take proper account of the social and community consequences when determining when and where to make budget cuts.

Research suggests that if the UK Coalition Government's proposed cuts are fully implemented, public service spending will not return back to the 2004–2005 levels in real terms until 2016–2017 and to return to its 2000–2001 level as a proportion of national income (IFS, 2012), the cuts in local government funding look set to continue for many years thereafter (Whittaker, 2013). Scottish Government estimates indicate that when fully implemented, welfare reform will take more than £1.6 billion out of the Scottish economy each year with the councils in most deprived areas being most affected. Over time, these reforms will have a substantial impact on local economies (Audit Scotland, 2014).

The austerity measures are on a scale unprecedented in the UK during the last 60 or more years and so public service providers have no experience of such a substantial retrenchment ('consolidation'). Cuts in the total UK public spending will accumulate to a reduction of a fifth over seven years. For councils, excluding schools, police, fire and housing benefit, real spending will fall by 29 per cent, but by even more in deprived authorities by 2015 (Hastings *et al.*, 2013) and so will exacerbate their disadvantaged groups' vulnerability to cuts in other public services.

In its overview of local government in Scotland for 2014, the Accounts Commission highlights that 'to date they [Scottish Councils] have balanced budgets mainly by reducing staff numbers' but that 'this alone is not sustainable in the longer term' (Audit Scotland, 2014, p5). The Commission's overview report also warns that demand for public services will increase and expectations of quality will grow. In terms of finding workable solutions, the Commission highlights the influence of strong political beliefs and competing interests – emphasising the need for rigorous appraisal of alternative courses of action and hard evidence that will ensure decisions are transparent.

The scale and aggregation of cuts creates considerable social risks for individuals, disadvantaged and vulnerable households, pensioners, the unemployed, low-income groups and for communities more generally (Asenova *et al.*, 2013; Asenova *et al.*, 2014a and 2014b; Hastings *et al.*, 2013; Milne and Rankine, 2013). In addition to the immediate effects of a withdrawal or a cut in

service, there may be uncertainty (or risk) of unforeseen consequences in the short, medium and long term. Ignoring such risks may store up future problems and costs for the councils concerned, and for the public sector more widely e.g. the NHS, police, neighbouring councils, and voluntary sector services supported by the public purse.

### **What is ‘social risk’ or ‘community risk’?**

We regard the two terms as largely interchangeable but with ‘social’ risk (or impact) found more readily in published literature and ‘community’ risk perhaps more accurately reflecting the widest potential impact of cuts. There is no universally accepted definition of ‘social’ impacts of policy decisions (Brewer, 2011) but it is clearly possible for cuts in services to lead directly (and quickly) to increases in poverty and deprivation. Cuts may also have unintended or unexpected consequences that also have that effect – it is those uncertain impacts that introduce an element of risk. Potential social or community risks may also extend beyond a conventional understanding of poverty and deprivation, into more subtle social impacts of which our understanding is limited. Deterioration in physical or mental health is a serious harm but potential harms go wider, including loss of opportunity, social injustice, loss of economic output of part of the population, apathy, disaffection and disrespect for community and institutions, ‘incivility’, anti-social behaviours, further polarisation of society between rich and poor, prospects of poverty and low pensions in old age, new vulnerabilities such as being preyed upon by payday loan firms, loneliness in old age, and unfairness in access to resources (World Bank, 2002).

### **Assessment of social and community risks is generally underdeveloped**

A key finding of the JRF report *Managing the Social Risks of Public Spending Cuts in Scotland* (Asenova *et al.*, 2013) was that Scottish councils’ impact assessment of the social risks created by austerity cuts was generally underdeveloped. A further finding was that even when there was intent to assess some aspects of social risk, councils tended to be reliant on an EqIA process. EqIA largely ignores social and community risk because it is designed to identify impacts on groups possessing any of the so-called ‘protected characteristics’ defined by the Equality Act 2010. A stakeholder workshop carried out as part of that earlier study identified a demand from the representatives of the public sector organisations present for help in addressing social risk in decisions relating to cuts or reconfiguration of services. This prompted the study described in this report.

## **Public policy context**

Multiple strands of public policy have relevance for how social and community risk is assessed now and in the future. The scope of the Equalities Act 2010, and the omission from it of a socio-economic duty, place a limit on the ambitions of assessment. On the other hand, widespread acknowledgement of Human Rights principles and legislation, and new public policies (including community planning and engagement, single outcome agreements (SOAs), and the integration of health and social care), all provide reasons and opportunity to promote wide-ranging social and community risk assessment into the planning processes on a joint basis with councils, the NHS, other public agencies and third sector partners. The public policy context is covered in detail in Section 2, given that its relevance and complexity go beyond what can be summed up in this Introduction.

## **Aims and objectives**

The aim in this study has been to move on from merely identifying an issue. That has already been done – as explained above, our earlier study (Asenova *et al.*, 2013) identified a need for a more specific focus on the social and community risks that can flow from council cuts or reconfiguration of services. Working within the existing policy framework, we use this present study to attempt to identify, by direct contact with practitioners, the barriers to more, and better, social and community risk assessment – and how to overcome those barriers.

## 2. Public policy context

The public policy background to social and community risk is complex and changing. Legislation on equality has been the dominant influence on approaches to risk assessment within the context of equality impact assessment (EqIA) (Asenova *et al.*, 2013) yet it has only peripheral relevance to social and community risk. But new policies of integration in health and social care, joint working and partnerships, and moves to promote community empowerment, all have the potential to sharpen the focus on social and community risk.

### Equality

The Equality Act 2010 requires that people are not discriminated against, harassed or victimised on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief (including lack of belief), sex, sexual orientation. These are called ‘protected characteristics’. The subject matter of the Equality Act 2010 is reserved (i.e. to the Westminster Parliament), and for the most part applies to England, Wales, and Scotland (Scottish Parliament, 2011). This means that Scottish councils must advance equality of opportunity between those who share a relevant protected characteristic and those who do not.

### *Socio-economic duty*

A draft Equality Bill put forward by the last UK Labour Government contained a proposed duty to address socio-economic disadvantage and inequality. This was not brought into force by the current Coalition Government. However, some councils have committed to identifying and addressing wider impacts on health and other inequalities in their policies, plans and services as part of their EqIA process, for example Glasgow City Council (2014, Section 10, p26). This is one of the areas where local leadership, initiative and discretion can play a significant role.

### *Human Rights Act*

The Human Rights Act 1998 makes it unlawful for a public authority (such as a local council or a court) to act, or fail to act, in a way that is incompatible with a right under the European Convention on Human Rights (European Court of Human Rights, 2014): summed up on the website of the Scottish Human Rights Commission (SHRC) (2014a) as: “...all public authorities must look through a lens of human rights when they are interpreting the law”. Groups in poverty or deprivation do not benefit from any specific form of definition or protection in the

Convention but there are links e.g. cuts that impact on the adequacy of a child's education might be related to poverty and deprivation. Other international treaties on human rights such as the United Nations' International Covenant (United Nations, 1966) on Economic, Social and Cultural Rights are relevant and the SHRC's website section *About Human Rights* includes rights to an adequate standard of living and to adequate food and housing (Scottish Human Rights Commission, 2014a).

### *Equality and Human Rights Impact Assessment Project*

The SHRC and Equality and Human Rights Commission (EHRC) Scotland have developed a project with two partner organisations (Fife Council and Renfrewshire Council) with the following objectives: (1) To advance a better understanding of equality and human rights and how to achieve better equality and human rights outcomes in policy and practice; and (2) To develop, in partnership, practical support for good practice approaches to equality and human rights impact assessment. The SHRC website states that in addition to taking account of the duties of the Equality Act 2010, the project will 'also draw on international and human rights best practice in the area of impact assessment and respond to what is practically feasible' (Scottish Human Rights Commission, 2014b). Thus it may be reasonable to say that the direction of travel is increasingly moving upwards towards the high principles of the international declarations on human rights.

### **Community planning in Scotland**

Community planning in Scotland is a process that helps public agencies to work together (with each other, and with the communities they serve) to plan and deliver better services. The statutory framework for community planning is set out in the Local Government in Scotland Act 2003, which requires Scottish councils to initiate, facilitate and maintain community planning through new organisations called local community planning partnerships (CPPs). There are 32 CPPs, one for each local authority area. As well as the statutory partners (NHS, fire, police etc.), a wide range of other organisations such as Jobcentre Plus, Further and Higher Education institutions and Scottish Natural Heritage are involved in CPPs, as are the third and private sectors (Scottish Government, 2014a).

### *The prevention agenda*

The Scottish Government's 'prevention agenda' is one of preventing social problems from occurring rather than trying to fix them once they have happened. This is viewed as one of the government's pillars of public service reform and

aims to 'promote a bias towards prevention, help people understand why this is the right thing to do, the choices it implies as well as the benefits it can bring' (Scottish Government, 2014b).

### *Community engagement*

Effective engagement with communities is at the heart of community planning. There is no restriction on the type of community to be consulted, they can be linked to a place or can be a community of interest, for example young people. Information from engagement feeds in to the planning and delivery of public services, making them more responsive to the needs of users and communities. Partnerships should work together to coordinate community engagement activity and the information gathered. They can draw information on community views from a number of sources, for example, the experience of service users, specific consultations, visioning exercises etc. (Scottish Government, 2014a). Of potentially major relevance to community engagement is the new Community Empowerment Bill (Scottish Government, 2014c), which proposes new policies and tools to support communities to do more things for themselves. The philosophy underpinning this approach is that better community engagement and participation lead to the delivery of better, more responsive services and improved outcomes for communities. A key element of this is people having their voices heard in the planning and delivery of services – community engagement and participation. Measures of success will include: local democratic participation boosted; increased confidence and skills among local people; higher numbers of people volunteering in their communities; and more satisfaction with quality of life in a local neighbourhood.

### *Single outcome agreements (SOAs)*

In November 2007, national and local government in Scotland signed a concordat which committed both to moving towards SOAs for all 32 of Scotland's councils and extending these to CPPs. SOAs are an important part of this drive towards better outcomes. They are agreements between the Scottish Government and CPPs which set out how each will work towards improving outcomes for the local people in a way that reflects local circumstances and priorities (Scottish Government, 2014d). Considering that the Concordat was agreed seven years ago, and the significant changes in the socio-economic environment over this period of time, it is obvious that an updating of this agreement is long overdue. SOAs are, however, updated more regularly and linked (albeit indirectly) to the national performance framework.

## *Statement of ambition*

Public services in Scotland face unprecedented challenges to improve outcomes for the people of Scotland. The Christie Commission (2011) on the future delivery of public services was tasked with looking for solutions to those challenges. As part of the government's response to Christie, it agreed to undertake a review of community planning. In March 2012, following that review, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published a shared *Statement of ambition* (Scottish Government, 2014e). This put community planning at the heart of an outcome-based approach to public services in Scotland and made clear that effective community planning arrangements will be at the core of public service reform.

## *The integration of health and social care*

Integration of health and social care is the Scottish Government's programme of reform to improve services for people who use health and social care services (Scottish Government, 2014f). The aim is to ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long-term conditions and disabilities, many of whom are older people. The Scottish Parliament passed the Public Bodies (Joint Working) Bill on 25 February 2014. This now completes the legislative process and the detailed work on regulations now begins. Integration of health care and social care is a simple idea but there are clearly many issues to sort out to make it happen. For the purposes of this project, the point is that integration is set to happen and this seems an obvious driver for, at the least, integration of council and NHS approaches to impact assessment. It is also a potential catalyst for entirely new and creative approaches to impact assessment to be attempted.

## **Summary of public policy context**

An instrument of policy that comes close to consideration of social and community risk assessment is the Equality Act 2010. But the Act stops short of protecting groups on the grounds of poverty or deprivation, or other social or community discrimination. A socio-economic duty was planned by the previous UK Labour Government but withdrawn by the current Coalition Government.

Widely accepted principles of human rights, and the obligations of European Union membership, exert some pressure in the direction of social and community risk assessment; this is not yet explicit, though it does offer motivation for change.

CPPs, SOAs, and the integration of health and social care, are all pushing councils and other public sector organisations (plus private and third sector partners) to think and act as though they were a single public service in terms of what they deliver, how they deliver it, and how much it costs. Joint planning is at the heart of this. This presents a great opportunity for a joint approach to advancing social and community risk assessment, but our findings will show that this could be challenging in terms of combining cultures and practices.

### 3. Method

Our initial research plan was to develop practical guidance (for use by council service teams and policy planners) on understanding social and community risk and how to assess it. A practical element was to be introduced by working closely with a collaborating council. We modified this plan in response to views from our preliminary interviews that an existing bureaucratic burden for councils, coupled with diminishing workforce resources, meant there would currently be little appetite for a form of guidance or tool. In addition, we encountered a reluctance on the part of councils we approached, to permit us to engage fully with their officials in a way that would be necessary for a meaningful collaboration. Reasons quoted by the council representatives for this stance included time pressures, political sensitivity and lack of workforce capacity. We replaced our intended collaborative development of guidance with a practitioner interview approach that identified current practices, barriers and opportunities for new and effective drivers to promote social and community risk assessment.

We sought to ensure the ongoing currency of the findings of the earlier study by examining the websites of Scottish councils to check for content on social and community risk assessment. Some, for example Glasgow City Council, have very detailed content on this topic on their web pages (e.g. Glasgow City Council, 2014). Some councils make specific, though basic or even vague, reference to 'other' groups beyond the protected characteristics of the Equality Act (e.g. North Ayrshire Council, 2014). Some appear to focus solely on those protected characteristics (e.g. Moray Council, 2014). The information available from council websites varies in format, making a precise and systematic comparison difficult to create, but we can say with confidence that there is a spectrum of approaches.

Although the focus of the study is on Scottish councils, NHS organisations were included on account of the opportunities that might be presented by the Scottish Government's policy of creating joint NHS and Council care planning and delivery (Scottish Government, 2014f). The selection reflected a balance of urban, rural and mixed in terms of physical geography and of population density and characteristics. In total we interviewed eight officials across five geographical areas, with the relevance and the balance of roles indicated by the following job titles:

Council 1 Head of Policy and Performance

Council 2 Corporate Policy Officer (Community Planning)

Council 3 Policy Officer

Council 4 Policy Manager

NHS 1 Head of Community and Health Improvement Planning

NHS 2 Equality and Diversity Manager

NHS 3 Deputy Director of Public Health

NHS 4 Director of Delivery

The interviews were conducted either by telephone or face-to-face. A 38-page 'consultation document' was prepared, capturing a wide range of facts and issues collected in the initial desk-based phase of our study. This document was sent to the interviewees in advance of the pre-arranged interview to encourage reflection on the topic in advance of the interviews.

## 4. Findings and discussion

### A new name for an old idea?

A good starting point in setting out our findings is a reminder from one of our interviewees (quoted below) that policy-makers do have a history of caring about the poor and disadvantaged in our communities and planning accordingly. But the world has changed and policy-making needs to adapt to that new world, as the quotation goes on to concede:

[On experience in councils] “Thinking back many years ago, when we put together policy options, it was standard practice to look at the data and look at how policy changes would have an impact on areas marked for priority treatment. Admittedly at that time it was very much a ‘place or area based’ approach to improving the life of folks who were more vulnerable.”  
NHS 1

We may conclude that while social and community risk impact assessment is not entirely a new approach, it does still require some development work to make it fully fit for purpose.

### Social and community risks are evolving

Section 1 provided an introduction to the concept of social and community risk. Our findings from the literature and from interviews emphasise that such risks are evolving and that they are also becoming better understood. A factor highlighted by Draxler (2006) is the increasingly complex nature of socio-economic relationships, which weakens the personal ties and networks that could have been used for risk mitigation. This may occur, for example, as a result of increasingly unstable family and neighbourhood relationships, simultaneously with increasing mental and physical ill-health that may be associated with long-term unemployment and feelings of social exclusion. The simultaneous occurrence of public sector austerity and economic recession clearly has the potential to create very strong interlinkages between these characteristics, exacerbating the resulting social risks arising from the speed, scale and aggregation of cuts in public spending.

### *Groups and individuals – urban and rural*

Much of the theoretical literature emphasises a central government perspective of impact assessment rather than a local government one, and makes a distinction between ‘individual’ risk (confined to individuals and small groups) and

'social' risk (affecting large groups). Draxler (2006), for example, noted that the purpose of social protection is the public management of social risks and highlighted factors that can lead to the metamorphosis of individual risks into social risks. For example, one factor Draxler identifies is the aggregation effect when large numbers of people are affected in a similar, negative way and the resulting spatial spread of deprivation magnifies social disadvantage and vulnerability to adversity. But at a local government level, our interviews certainly emphasise a concern for individuals rather than merely abstract groups. This is regardless of urban or rural setting, even when more hidden in the latter.

“Sometimes poor people in rural areas are just not identified and yet their poverty can be just as severe. So you have 'dispersed' poverty, not concentrated poverty. It's harder to spot and also harder to deal with.”

Council 1

### *Cuts pursue short-term financial benefits – negative impacts may take longer to be revealed*

The potentially enormous impacts of many social risks may not become apparent immediately. For example, the adverse social impacts of higher unemployment are most strongly associated with long-term (especially youth) unemployment and include a 'social malaise' in depressed areas, leading to a decrease in educational attainment, reduced health and well-being, increased alcohol and drug abuse, and increased criminal activity in the longer term (Phau, 2011). There is a clear need to take account of such new vulnerabilities and forms of disadvantage. A short-term focus on immediate cost savings may therefore ultimately lead to higher costs if cuts exacerbate social inequality and social exclusion.

“Police Scotland has withdrawn funding from the road safety education post and that is going to have an impact. The fear is that, ultimately, it will impact on social outcomes.”

Council 2

While it remains unclear to what extent (if at all) health services have been reduced, it can be argued that the relative protection of social care for older people is to the detriment of other adults (below age 65) who need social care, thus potentially creating an age-related form of inequity.

### *Link between health and 'social risk'*

The link between health and poverty/economic status is firmly established in the literature (Haan *et al.*, 1987; Secretary of State for Health, 1999). Health Impact

Assessment (HIA) has an established record over many years – internationally, and here in Scotland (Lock, 2000). It owes its origins to the most obvious of health impacts e.g. fluoride in the public water supply, immunisation campaigns, breast screening programmes, availability of particular drugs or therapies, and so on. The literature indicates that thinking has broadened over time to encompass some aspects of social risk, in particular, poverty-related policies which impact on physical and mental health less directly e.g. relating to alcohol and drugs, anti-smoking policies, cycling lanes, anti-obesity campaigns, and health counselling of various forms (World Health Organisation, 2008).

## **What to assess?**

Our interviews suggest a growing realisation, at least in relation to the planning process, that risk management is least effective when done as a rigidly linear process from risk identification to risk assessment and, finally, to risk mitigation. It may be more useful to combine scenario planning and brainstorming of possible adverse outcomes along with actions that might eliminate or reduce the possibility of these adverse outcomes.

### *Creative mitigation can balance cuts with investment in new ideas*

London's local authorities offer examples of recent efforts to understand how policy decisions to withdraw or change services in order to balance budgets might affect parts of the community. They go beyond the legal duty on equalities and explicitly include socio-economic factors. Case studies are cited (London Councils, 2013) where service withdrawals are linked to mitigating actions and selective additional spending. Case study examples relate to: reducing infant mortality; improving school attainment; provision of one-stop services; access to public transport and youth support.

Research relating to England and Wales published by the think tank Demos exposes the impact that local budget cuts are having on disabled people and indicates that some councils are making cuts to disabled people's services without sufficient knowledge of the number of disabled people in their area or their needs (*Coping with the cuts*, Demos, 2011). This is relevant to our current study as an example of a social impact not being properly thought through. But the main reason for citing the Demos report is that they found variation in local authorities' efforts to mitigate the impact of cuts – some were good at it, others were very poor at risk mitigation. The Demos report makes the point that if cuts have to be made then a) the facts relating to impact ought to be taken into account, and b) innovative and creative approaches can mitigate likely adverse impacts (Demos, 2011, p121). Our findings concur with that. We found evidence

of innovative approaches designed to lessen the impact of budget cuts and to lay the groundwork for service changes to come. For example:

[On a project to subsidise web access to broadband for housing tenants]  
“We are trying to help them overcome some of the challenges of distance and access to services – and also because it is very likely that, as an organisation, we are going to be reducing some of our face-to-face contact in that area.”

Council 1

We also found evidence that the notion of spending now to save in the future has gained wide acceptance as an idea. Here we find one NHS official applauding the actions of a council:

“Glasgow City Council are offering to give £10 to each secondary school child [at a certain age] in order to open a Credit Union account – as a means of promoting good habits and financial education for the future. This may not be quite so obviously linked to health but it is certainly interesting as an example of ‘spend now, save on costs in the future’ reasoning. The Council are spending £40,000 on this initiative.”

NHS 4

Admittedly this example represents long-term thinking and is not directly related to withdrawal or changes to services. In that sense, it is quite far away from the concept of investing in proven risk-mitigation approaches. But poor budgeting and a spiral into debt (and possibly recourse to expensive payday loans and similar) have relevance to the creation or potential exacerbation of poverty.

### *Integrating assessment of equalities, social and community, health and environmental risks*

Rather than creating additional bureaucracy with multiple tools or processes, integrating ‘social risk’ into the EqlA process appears to offer a pragmatic way forward. This would be in line with the current ideas in environmental studies literature (Mahmoudi *et al.*, 2013). Integration could offer a holistic approach to the implementation of austerity measures in relation to the protection of vulnerable and disadvantaged groups. It would be part of a cultural change in terms of understanding and responding to social risk. It would strengthen the process by which senior officers make their decisions and upon which they can justify their recommendations to the executive, without (at least in theory) adding a significant number of new bureaucratic procedures. It offers the chance to go beyond an emphasis on immediate cost savings to look at the implications for

social provision in the future, to address concerns relating to a reduced capacity for preventative spend and early intervention policies.

Yet, although the case for an integrated approach appears a simple one, many of the undesirable impacts of adverse 'social risks' are complex and have multiple impacts affecting different public bodies and agencies (as well as creating more misery for individuals).

### *Integration with health impact assessment*

Integration of social and community risk into EqIA would be in line with the philosophy of better 'joined-up' working in the provision of public services. A gradual move to integrated assessment seems likely to be the most realistic way forward. Step One might be to integrate social and community risk with existing EqIA. Step Two might be to extend the integration to include health impacts (as in the next interview quotation). Step Three would then be to include environmental impact assessment.

“We certainly saw it as a gradual step forward by expanding the scope of the Equality Impact Assessment to include poverty. That is now incorporated in our guidance and our template.”

Council 3

The NHS guidance is, for example, very much aware of the merits of integration. See the extract below from *How to do health impact assessment: a guide for practitioners*:

“Combining the various assessment processes can reduce the burden on policy-makers, prevent duplication and make any trade-offs between different development areas explicit. There is now growing interest in integrated assessments, which include environment, health, equality, economic and other impacts as appropriate. Including health within broader assessments can ensure it is considered as part of a wider framework and reduce duplication of assessment. It is important when doing this to ensure that health is properly considered and that the range of relevant health impacts is identified and assessed.”

Scottish Health Impact Assessment Network, 2009a, p.16

Most HIA have a focus on clinical services e.g. changing a clinician appointment system, implementing a new care pathway, reducing (or increasing) clinician appointments, merging two or more clinical units, and so on. The health service focus and responsibilities are thus different from local authorities, but there is (increasingly) some overlap, especially around social care. NHS impact

assessments have been conducted for central and local government policy decisions including transport, housing and 'greenspace' initiatives. But of particular relevance to our current study may be the Integrated Assessment developed by NHS Lothian and the NHS Health Impact Assessment Network (NHS Lothian, 2012). Poverty and socio-economic status are explicitly addressed in their health impact assessment tool on the stated basis that they are established determinants of physical and mental health and well-being. This form of assessment has found its way into established organisational practice and is included routinely in papers supporting policy decisions at board level in NHS Lothian (NHS Lothian, 2014).

### *Is complete integration going too far?*

Academic literature indicates that the disciplinary challenge of integrating health and social impact assessment may be considerable: "Each discipline and its practitioners became ever more committed to and dependent on its specific ideologies and methodologies. As a result, thought within each disciplinary field was effectively biased by its abstractions and assumptions." (Rattle and Kwiatkowski, 2003, p.101). This view is borne out by our interviews, which emphasise the difficulties while acknowledging integration to be a worthy aim:

"It's surely a sensible thing to do. But then of course you get into each partner having a different budgetary timescale and different levels of discretion about the budget."

Council 1

In addition to the problem of different timescales, the greater the complexity, the more highly skilled the personnel need to be – bearing in mind that costly council jobs may already have been a prime target for voluntary release and retirement schemes, and even for redundancies. This issue is emphasised in the following two quotations:

"I think that a big issue is the capacity (in terms of time) that council officers have to be able to go through the assessments. If we start to build in all the 'integrated' elements on top of the protected characteristics, it could become quite a tiresome process that council officers dread getting involved in. It's a challenge to get the balance right."

Council 2

"It's quite a minefield really. One of the things that has caused us problems is the Environmental Impact Assessment – meeting the legislative requirements for equalities and environment is a significant task

– never mind the adding social impact agenda on top of that.”  
Council 4

We did find some positive views about the viability of integration (see the quotation below) but even they were tempered with a sense that much work would have to be done first:

“I think it would be very good if somebody sat down with the Health Impact Assessment and turned it into an Integrated Impact Assessment that met ‘equalities’ and ‘environmental’ impact assessment requirements.”  
Council 4

### **When to assess? At the earliest option-forming stage**

In terms of when to assess social and community risk, the procedure outlined in the interview extract below is an organised and seemingly logical way:

“Services departments were told that they had to come up with options. These were discussed at service department meetings. There the forms are filled in and the Services Round Table reviews them. Then they move to the next stage – the Corporate Round Table – at which point the final list is agreed. They were all fully ‘impact assessed’ for the Corporate Round Table.”  
Council 3

While community engagement has not been included in this quotation, the emphasis is on getting the thinking into the earliest option-forming stage. This might be a more effective way of planning to take account of social and community risk; a view that is supported by the following quotation:

“I am not entirely certain that the impact assessment work is carried out before the policy is finalised. That might not be the case every time but I do see some of these conversations taking place.”  
NHS 1

The timing of impact assessment may become more critical in the context of ‘partnerships’ (outlined in Section 1) and the increased complexity of possible reconfigurations of services and facilities that partnerships might bring. In that case, it would appear to make even more sense to explore impacts and mitigations as early as possible in the joint-planning process, though the amount of community engagement in the model of efficient joining-up across public services may be questionable.

## **How to assess? Guidance, templates, toolkits? Or keeping it simple?**

### *Learning from NHS Scotland*

In 2005, the (then) Scottish Executive, under an initiative to develop better policy-making and better service delivery, produced for the NHS Scotland a nearly 70 page long *Equality and diversity impact assessment toolkit* (Scottish Executive, 2005). The Scottish Executive Health Department (SEHD) served Scottish Government Ministers and acted as the national headquarters for NHS Scotland. As an executive arm of the Scottish Government, the SEHD was required to inform the development of national policy by assessing its impact on individual members of the public. As the national headquarters of NHS Scotland, it must offer services in line with national policy (provided by an organisation of separate Health Boards) and ensure they are accessible to and meet the needs of the public. Given that the development record of HIA is mature, plus the accepted relationship between poverty and health, a case can be made for drawing from the experience of the NHS. HIA is a well-developed field, both internationally and at home in Scotland.

Council officers interviewed for our study reflected that the NHS in Scotland have been procedurally and culturally ahead of the councils as regards active consideration of social and community risk. But that acknowledgement is qualified by a sense that the councils face a more complex task, as can be seen in the following quotation:

“I think the NHS have probably moved faster as a profession in terms of impact assessment, much faster than the councils. Because where do you start with a local authority? There is such a broad delivery of services. In contrast with the NHS, health promotion is a known role and the impact on individuals, families and communities is understood and Impact Assessment is a known tool.”

Council 4

Given the integration of health and social care, it would seem sensible to at least give consideration to what councils can learn from NHS experience. For example, the concept of a two-stage assessment is a tried and tested way of coping with demand (Scottish Health Impact Assessment Network, 2009b). In all cases a ‘rapid’ (or brief) assessment is made (but this is not superficial – it could involve a group of relevant people and a half day of discussion).

“We do not see the Rapid Equality Impact Assessment (EqIA) Checklist as anything other than a proper impact assessment – it is not a watered down EqIA. It’s more a way of thinning out the easy policy changes from the difficult ones – the ones that simply do not need the time and effort involved in a Full EqIA.”

NHS 2

Cases that merit it are then escalated to a ‘Full’ impact assessment involving as much time and resources as are required. This learning has already been adopted by Glasgow City Council (2014) from the work done by the Scottish Health Impact Assessment Network (2009a and 2009b). But councils and the NHS are different in terms of aims and culture. If there is common ground, it must surely be in the organisations that are being established for joint working in health and social care.

### *Simple, challenging questioning may achieve more than complex guidance and templates*

While tools, templates and guidance will bring discipline and consistency to the assessment process, our findings are that the professionals currently engaged with assessments believe that motivation and simplicity will prove more effective than yet more tools. The following two quotations emphasise this point:

“Decision-makers in service departments probably know enough about equalities, the process and the questions to ask. Often it is about powerful questioning – so that you are developing thinking and you are broadening thinking – thinking about wider impact, rather than people being focused solely on the activity/service/change/redesign they are trying to achieve.”

Council 4

“The standard EqIA questions are very powerful – if they are followed up properly and there is evidence to back up the answers.”

NHS 2

Nor is it something to be left to experts alone:

“I know that one of the issues with EqIA was, for some managers, that it belonged to the equalities function and therefore was not important to them in their main role of managing a service.”

Council 1

## *Hearts and minds*

An opinion expressed by most interviewees was the need to move to a point where council officials ‘automatically’ turn their thoughts to social and community risk impact assessment. Not because of a requirement in guidance to do so or following a step in a template process, but rather because it is the natural thing to do. This is demonstrated in different ways by the following quotations:

“I think that no matter how good the guidance is, it’s still up to the individual councils how they deal with it.”

Council 3

“Just change ‘hearts and minds’. The impact assessment process is not rocket science – it’s getting contributors to have the motivation and the insights into lives that is difficult.”

Council 3

“So I personally feel that the effort that was put into the NHS Health Scotland revision of their equalities tool was 90 per cent a waste of time because it has not changed ‘hearts and minds’. They have simply done what anyone sitting in a backroom office would do.”

NHS 1

## **Barriers to consideration of social and community risk impact**

### *A ‘fear factor’ and ‘box ticking’*

The inhibiting effect of compliance with the law came through strongly in our interviews, being summed up in one case as the ‘fear factor’. Council heads of service and the most senior officers will quite reasonably place a priority on compliance with the Equality Act. Imagine yourself in the shoes of a service manager contemplating service cuts and it is not hard to conjure up the dilemma being faced. The following interview extracts highlight this but also reveal that lack of knowledge and insights may increase the worries. So, in effect, a wider approach used to exist and it has been replaced by compliance.

“Some time before the Equality Act, we looked at a more integrated approach to build in the health considerations and environmental considerations – as well, of course, as the mainstream equalities ones. But about three or four years ago, with the advent of the Equality Act, the Council took the decision corporately to focus on getting ‘our own house in

order' first and ensuring that we were legally compliant with the Act. This was seen as a priority."

Council 2

"I think one of the reasons is that some people are quite fearful of the process. They are frightened they will make a mistake or that they are not 'politically correct' enough to understand the issues and that they will embarrass themselves."

Council 1

When anxieties exist, either from lack of knowledge or insight, or about compliance with the law, a box-ticking behaviour is a possible result – and senior management must know that this might happen. This is the case in any industry – we only have to reflect upon the massively, albeit poorly-regulated financial sector and the banking crisis. This is the experience of our interviewees in the following quotations:

"In my experience it [Impact Assessment] is very much a tick-box exercise. It's about avoiding legal action rather than genuinely taking into account the wider consequences."

NHS 1

"There is almost a standardised thinking. "We can show you what we did. We did this, and this, and this." And the outcomes often seem secondary to the process in some respects."

NHS 3

### *Workforce resources*

An emerging theme from the interviews is a shortage of relevant skilled manpower – possibly another unforeseen consequence of the cuts. This therefore translates into low priority for hard-pressed council officials in terms of the possibilities of voluntarily widening the scope of impact assessments.

"I was interested to look at the Glasgow City Council guidance<sup>1</sup> in the Consultation document. To us here in a small council, that Glasgow approach is simply dreamland. Absolutely we should be facilitating workshops the way the Glasgow guidance says, but no, we just don't have the resources. It never did happen and it is less likely to happen now because we are losing so many colleagues as a result of the cuts."

Council 3

Interestingly, the NHS are seen to be better resourced, which serves as a further argument for an integrated approach that maximises the use of available expertise.

“The NHS locally is still seen to have a reasonable number of people at the centre supporting this process. So if we combined our skills we could probably make a better job of it.”

Council 3

## **Overcoming barriers to implementation of social and community risk impact assessment**

### *Would re-introducing plans for a ‘socio-economic duty’ help?*

The draft Equalities Bill contained a proposed duty to address socio-economic disadvantage and inequality. This was not brought into force by the current Coalition Government. However, some councils have committed to identifying and addressing wider impacts on health and other inequalities of its policies, plans and services as part of their EqIA process (Glasgow City Council, 2014). Our research suggests that many hold the view that only some form of legal obligation will truly embed social and community risk impact assessment:

“We actually need a direct line from Government – it’s not really about culture and guidance. The mind-set already exists and the essentials of social risk impact assessment are simple at heart – it just takes time and a willingness to do it in a meaningful way. What will make it happen is the Government saying “You will do an Integrated Impact Assessment on decisions and do it in a meaningful way”.”

Council 4

### *Leadership is as important as the assessment process*

An emerging theme from our interviews is that the issue is as much about leadership as it is about process, meaning that an integrated process of impact assessment would be incomplete without some form of integrated or shared leadership too. So there are issues about organisational change as well as culture change. There are also issues about making it normal for officials at all levels in councils to be thinking not in terms of producing a ‘service’ as though it were a factory product. Rather, the mind-set needs to focus on the end-users that are the communities and the people in them – illustrated in the following quotations:

[On explaining and promoting a cut linked to a new way of delivering a service] “It was a good thing to say to folks in our organisation “look at the difference the EqIA made”. It took away the prejudice that I think exists about what doing an EqIA is generally about and changed “OK doing an impact assessment now means we cannot make that decision” to “OK, we might still have to make that decision but if we do it in a bit more of a thoughtful way then we can deal with some of the potentially adverse impacts”.”

Council 1

“What we have been trying to do is to have discussions with managers so that they understand the poverty and isolation agenda. If you are not used to working in that area i.e. if your focus is solely on setting up and accounting for capital project planning and spending, then understanding poverty and isolation issues can actually be quite difficult. So our approach is trying to get in amongst people rather than saying, “You’ve got to do this”.”

Council 4

The thinking of interviewees extended beyond simply changing attitudes and towards how best to equip our decision-makers through training and personal development:

“We need to influence how decision-makers think over X number of years, we need to build that into their professional development to begin with. How are people taught how to make decisions? Is there an opportunity to influence future leadership programmes across the public sector with this kind of thinking?”

NHS 4

### *Political aspects*

Are elected members (the councillors) a barrier or a solution? Most interviewees were silent on this. But the politicians (the democratically elected members of councils) do sit at the end of the decision-making process. Ideally they will have some input to the consideration of budget options from brainstorming ideas in service departments right through to voting in the council chamber. But, realistically, councillors are likely to be very busy people and may have to rely much on the groundwork done by the council officials. At the very least, councillors ought to have confidence that the process has fully explored every option, every possible social and community impact, and every possible

mitigation. Another note of realism is sounded in the following quotation, in that many councillors will not unnaturally be preoccupied by short-term issues:

“Impact assessment has been predominantly a management process, but with some community engagement. Councillors have also been briefed throughout the process. Now that the proposals have been finalised, it’s over to the politicians to decide if it’s reasonably ‘palatable’ or not. This reminds me that in the budgeting risk assessment matrices it’s ‘reputation risk’ that tends to get scored high!”

Council 3

### *Is there a role for councils’ risk management professionals?*

New research from the Chartered Institute of Internal Auditors (IIA) suggests that well over a third of public sector organisations still do not have effective mechanisms in place to manage risk. The Heads of Internal Audit of 42 per cent of central government departments and 37 per cent of local government organisations rated their own organisation’s awareness of the risks facing it and the effectiveness of its processes to manage them as ‘in the early stages’, ‘in development’ or even ‘non-existent’ (Chartered Institute of Internal Auditors, 2013). Risk management in some councils is not yet as mature as in many private sector organisations of similar size. The concept of ‘enterprise-wide risk management’ is not as strong as in the private sector – with risk professionals in the public sector having a sometimes narrow remit, going little beyond health and safety, asset protection, and minimising legal liabilities. By implication, they may not always be well geared up to becoming involved in the subtleties of linking policy decisions to social impact risks:

“...they [the risk management team] say the corporate risk assessment software and process already does everything needed for impact assessment. There is an essence of truth in that view but although they try to implement their risk tool, it gets bogged down in the detail. And I think that’s a difficulty with things like impact assessment and tools. In their risk tool it will have our corporate priority and people will have to link what their risks are against the current priorities. And that does not seem to mean anything in relation to poverty issues.”

Council 4

But to their credit, risk managers (and risk management) do appear to have put risk firmly on the map in a useful way:

“The main thing is looking at how risk assessment and risk awareness is woven through all management competences regardless of professional

background. The word 'risk' makes managers, especially senior managers, sit up and take notice because a lot of their job is about managing different risks, whether it's reputational, political or whatever. So if you put the word 'risk' in you prick up the ears of managers. Whereas with EqIA, a lot of senior managers think that it's really all to do with the Equalities Officer.”

Council 1

## **New policies can increase the focus on social and community risk**

New public policies in Scotland will have relevance for how social and community risk is assessed in the future. As discussed earlier, these include community planning and engagement, SOAs, the prevention agenda, joint working and the integration of health and social care. The following quotations evidence each of those points:

[On the prevention agenda] “Because if people do not buy in to there being a problem with inequality – and let's face it there are people with that view out there – there is still the persuasive argument that people who are most deprived are more likely to be using services more often. They are more likely to have not only bad outcomes for themselves but they are very high-cost customers to the public purse. And the whole prevention agenda is about getting costs down as time goes on.”

Council 1

[On partnerships] “Perhaps by doing this thinking as a partnership we could have some dialogue around things like "well, maybe we could provide your service from this facility of ours where we have the capacity...rather than you closing down your service completely. And we can have some other reciprocal arrangement elsewhere which would still be some service provision spread across the area rather than having none.”

Council 1

[On collaboration and partnerships] “We had an announcement from the Scottish Government about the introduction of universal school meals for primary school children in Scotland. It's quite an expensive thing for them to do as a local authority, isn't it? But in a collaborative conversation about public money (i.e. council and NHS) as an investment in future health outcomes, i.e. 'shared preventative spend', it might have called for

a new way of financing that policy.”  
NHS 4

### *Audits of community planning partnerships (CPPs)*

As a result of the review of community planning held in early 2012, the Scottish Government asked the Accounts Commission to lead work on how external audit and inspection might hold CPPs to account for their performance and help them to deliver better outcomes.

Aberdeen, North Ayrshire and the Scottish Borders CPPs agreed to participate in three early audits to help the Accounts Commission and the Auditor General for Scotland test the CPP audit framework. For the first time, these audits focus on the impact and effectiveness of individual CPPs, rather than community planning as a national process. The reports were published in March 2013 along with an overview report on *Improving community planning* (Audit Scotland, 2013a). The overview report contains both criticisms for problematic areas and praise for good practice. Examples of partners working together and delivering good results at local level have been largely based on one-off project funding, rather than from involvement of CPPs. Overall, the reviews conclude that the partnerships have not been able to show significant impact in terms of delivering improved outcomes across Scotland.

While the separate reports for each of the three pilot councils are not framed in a way that links projects directly to austerity cuts and budget planning, they do show the potential for joint working which also includes a strong element of community engagement as well as involving public and third sector partners. For example, in the separate report for North Ayrshire Council, the audit found “many examples of good partner working in North Ayrshire, including aspects of preventative practice, and services sharing staffing and facilities” (Audit Scotland, 2013b, p.26). One example relates to campus police officers, based in schools, working to improve links between the police force and communities through learning activities and programmes such as the ‘No knives, better lives’ campaign.

### *The Community Empowerment Bill as a driver*

The Community Empowerment Bill (Scottish Government, 2014c) does not go as far as saying that there will be a socio-economic duty but the thrust of the Bill is about giving communities more power to challenge and more power to own and manage community assets. It is highly topical, with some controversy about the rather limited nature of the Bill and potential lack of resources to support its

implementation. For example, giving communities a legal ‘right to inquire’ or ‘right to bid’ only extends permission – it does little to build capacity to take on and enhance assets. The whole thrust of it is about supporting communities to be able to do more for themselves. Social and community risk impact assessments would appear to sit very well with the aspirations of that Bill.

### *COSLA /SOLACE/The Improvement Service*

Local authorities in Scotland co-operate through, and are represented collectively by, the Convention of Scottish Local Authorities (COSLA). The Society of Local Authority Chief Executives (SOLACE) is the representative body for Chief Executives and senior managers working in the public sector in the UK. SOLACE has a Scottish Branch. The Improvement Service works with councils and their partners to help improve the efficiency, quality and accountability of local public services in Scotland by providing advice, consultancy and support. All three organisations have some potential to complement the various government policy initiatives and to facilitate the unified leadership that was available to the NHS in Scotland and allowed it to invest in national guidance well ahead of the Scottish Councils (Scottish Executive, 2005).

### *Competing policies handed down from central government*

Reflecting upon the number of laws and policies is a cautionary note on which to conclude this Findings and Discussion section. Several interviewees expressed concerns:

“The government tells us we need to work with the third sector and to support them. But now we need to cut that support!”

Council 3

“Welfare reform cuts are going to affect the poorest people the most. And the parts of the welfare reform policy about people having to move to smaller accommodation, they may have to break their social ties locally, their children may have to move schools too. It is an example of a national change to spending that can have quite a significant impact locally.”

Council 1

This consideration of the unintended consequences of policy decisions is an appropriate ending to this presentation of the findings of our study, as the next stage was to present these findings to a stakeholder workshop, as described in the next section.

## 5. Stakeholder workshop

### Background

The JRF workshop was hosted by the Glasgow School for Business and Society at Glasgow Caledonian University (GCU) on 23 April 2014. There was a strong representation from the third and voluntary sectors given that a) we had concentrated on the councils and the NHS in the interviews and b) the research emphasised the role of the third/voluntary sector in partnerships in delivering services, despite views that it is often marginalised in CPPs, lacks power and capacity and is subject to significant budget cuts as local authorities protect statutory services (White, 2014). Those attending the workshop (18 in total) included community stakeholders, representatives from Scottish local authorities, NHS, voluntary/third sector and from across the wider public sector. Ten voluntary/third sector participants represented organisations of varying size and focus, with the remaining eight participants divided between councils and NHS.

The workshop's objectives were to discuss the research findings with the audience to address the **barriers** (cultural, organisational and policy) to effective social and community risk impact assessment and reflect on the **opportunities** that are emerging to increase the skills and motivation underpinning social risk impact assessment. This included discussion on innovative thinking on balancing cuts with investment in reconfigured services, smarter working, slicker impact assessment processes and brainstorming, the integration of health and social care, joint working and partnerships, and moves to promote community empowerment.

The workshop lasted from 10.30am to 1pm and was split into two morning sessions. Following the presentation from the research team, attendees were split into three discussion groups to consider the extent to which the research results corresponded with policy and practice in their own organisations, in particular if the proposed model is a practical and feasible approach to mitigate social risk arising from the public spending cuts. Each group then reported the results of its discussion and the workshop was completed with a summary of the discussions and arrangements were made to develop future work with several attendees and their organisations. The main points from the feedback provided by participants are outlined below.

## **Agreement with our findings and conclusions – and a desire to see them disseminated widely**

*Attendees were not surprised by our findings. They commented that approaches to risk mitigation within their own organisations were similar to the experiences of those interviewed.*

Workshop participants recognised value in our findings and conclusions and stressed a desire to see our report disseminated widely to people and organisations well placed to influence the improvements in practice we recommend – the Scottish Government, CPPs, Scottish councils, their senior managers and their elected members, audit and inspection bodies, and organisations with an influential role in facilitating change such as CIPFA, SOLACE, COSLA and the Improvement Service.

### **‘Community impact’ preferred to ‘social risk’**

Attendees agreed that choice of language is an issue as it can be a barrier to the uptake of ideas. ‘Social risk’ was seen by some participants as tending to be slightly negative and ‘community impact’ as a more useful way to frame the range of old and emerging problems associated with austerity cuts and for engendering creativity in finding new ways to do ‘more with less’ by new ways of working. In saying so, there was some uncertainty about the most appropriate terminology and no clear preference for any of the suggested wordings.

### **Practical guidance – what does best practice look like?**

Attendees were unconvinced that the NHS in Scotland is the ideal exemplar in terms of assessing community impact and as a model for related guidance documents and practices. Rather, there was a general desire for something more akin to a guidance manual that would major on examples of good practice, and thus emphasise roles (especially that of elected members) and the need for early timing of community impact assessments and the need for wider dialogue.

The following points reflect some suggestions from workshop participants which should be considered in the implementation of a model/guidance including:

- A more explicit role for elected members;
- It is necessary to consider who should be involved in the risk assessment process. For example is there a role for local communities and elected members to engage in a dialogue?

- Guidance could be targeted towards CPPs in addition to Councils to provide a *total approach* to risk mitigation. This is particularly relevant given the policy direction of joint resourcing;
- With local authorities being constrained by legal requirements related to the delivery of statutory services, it was suggested that non-statutory services are becoming ‘bottom of the pile’;
- Alongside a tool for assessment of social risk, participants were interested in having evidence for ‘what works’. In other words, they would like to have some evidence available about the impact of spending cuts, which could be supporting decision-making processes and resource allocation. This reflects the forthcoming Economic and Social Research Council and Scottish Government proposals for *What works Scotland* and its aim to deepen the impact of the emergent Scottish approach to public service delivery and reform, by evaluating evidence in delivery of that approach (ESRC, 2014);
- In terms of the barriers to implementation, workshop participants felt that there was an issue with a lack of sufficient accountability when tough decisions are taken. In many ways, the Concordat and SOAs were seen as reducing accountability as the risk is transferred to communities;
- More evidence and accurate, up-to-date information is required to support any model or guidance for assessment; and
- Decision-making and risk mitigation are linked to political imperatives and decisions are often taken which reflect the policy direction, while less popular decisions are not considered due to fear of losing electoral votes.

Workshop participants appreciated that full engagement by local authorities and elected representatives requires a culture shift which may be enabled through external scrutiny. For example, there is a role for audit to include social risk mitigation in the Code of Corporate Governance (CIPFA). It was suggested that this type of approach may encourage senior management to take a more proactive stance, given the regulatory requirements.

Examples of bad practice were provided included ‘salami-slicing’ service cuts, late timing of impact assessments and disproportionate cuts which have adverse impact upon the voluntary sector and service users. Workshop participants were of the view that there should be a process whereby consideration is given to the practice of decision-making rather than just cutting small funds across all services to achieve savings.

It was also suggested that any assessment should be carried out before the actual decision has been taken. Yet one group suggested that a cautious approach should be taken in that assessment should not be too early in the process to avoid exposing communities to decisions which cannot be delivered.

As explained earlier, the original plan for our research method was to work with a partner council to generate useful findings by working with officials and elected members (along the lines of an embedded reporter) and might have come nearer to that desire of workshop attendees for 'guidance' than we were able to achieve. On the other hand, being obliged to look more widely than one single partner council has enabled us to speak with more authority about the issues and how to address them.

## **Summing up**

All parties present agreed that something has to be done to reflect the awareness of the newly emerging issues and risks, but there is also considerable reluctance to impose more detailed layers of assessment and formal procedures to be observed when concerning service budget cuts. On balance, forms of impact assessment that encourage wider debate and reflection on social and community concerns were favoured. These approaches need not be unstructured as proven tools are available for deliberative public involvement to assist with decision-making. Overall, there is an appreciation of the need for increased awareness as a part of a culture change for all service organisations involved, not only for councils. Indeed, in relation to dissemination of our findings, the stakeholders present impressed upon us that we should target all partner organisations and not just councils.

## 6. Conclusions

Overall, councils have displayed an uncoordinated and disjointed approach to social and community risk impact assessment. Although some impacts may currently be captured as a part of general social considerations, particularly in councils with advanced leading practices, not all potential impacts and opportunities will be captured unless they are explicitly articulated as 'social and community risks' and considered as part of the planning process and linked clearly to creative risk mitigation. It may be setting the bar rather high to suggest all potential impacts can be captured, and perhaps more feasibly the main ones could be weighted/prioritised and approached more creatively. There is some momentum in that direction, but there is a need for greater leadership, education and the promotion of good practice examples. Our key conclusions are:

- Whether motivated by the social argument (a moral or a Human Rights case) or by the economic argument (create social ills and it will cost us in the long run) there are good reasons to promote social and community risk impact assessment.
- Social and community risks should be considered early in the planning process and linked clearly to creative risk mitigation. This will present democratically elected councillors with the widest possible range of options/outcomes on which to base hard decisions.
- Offsetting cuts with some investment in reconfigured (and even improved) services can mitigate risks and help support hard decisions about cuts.
- Simple, challenging questions early in the planning process may be better than producing new extensive guidance.
- A 'fear factor' inhibits the impact assessment process: officials worry about breaching the Equality Act.
- Many council officials may need education and greater empathy to understand urban and rural poverty, modern vulnerabilities, and the health and well-being of a community in its widest sense.
- There are opportunities to share knowledge and promote integrated impact assessment through joint working in health and social care, CPPs, and the Community Empowerment (Scotland) Bill.

## **Who could make use of our findings?**

The report should have appeal at service manager level in councils because we emphasise the value of simple solutions and the sharing of practitioners' ideas. The report should also have appeal at senior manager and 'elected member' levels because we highlight potential synergies between the promotion of social and community risk assessment and the development of CPPs, joint resourcing with partner organisations and SOAs – all being major planks of Scottish Government policy. We believe it will also be welcomed by equalities and policy managers in councils for highlighting the issues and opportunities surrounding social and community risk assessment and providing further ammunition with which to stir council colleagues into more determined action on social risk.

## Notes

1. See Glasgow City Council, 2014. This was supplied as an Appendix to our consultation document sent to interviewees in advance of interview.

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## **Acknowledgement**

The authors would like to acknowledge the contribution made by Claire McCann through many insightful discussions.

This paper was commissioned as part of the JRF programme on [austerity in the UK](#), which aims to explore how public spending cuts and policy changes are affecting poor people and places in the UK.

The Joseph Rowntree Foundation has funded this research paper as part of its programme of research and innovative development projects, which it hopes will be of value to policy-makers, practitioners and service users. The facts presented and views expressed in this paper are, however, those of the author and not necessarily those of JRF.

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ISBN: 978 1 90958 640 6 (pdf)

Ref: 3031

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