



Human Impact Assessment

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Examples of advance assessment in the social welfare and health care sector in Finland

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Eastern Häme: Health centre emergency duty arrangements

Need for human impact assessment

The eastern Häme sub-region health care project (September 1, 2002 to December 15, 2003) was a national health project. Its aim was to identify the social welfare and health care functions where combined production or procurement would result in financial savings, reinforce competence and guarantee local people equitable access to services at a sufficient level of expertise.

The project team decided to proceed primarily by examining forms of cooperation based on the needs of the sub-region and the goals of the national health project. It was found that several local authorities had the same improvement needs: health care emergency duty, care services for the elderly, and opportunities for sharing specialist employees. Having learned of the Stakes cooperation option, the project team decided to use HuIA to examine the joint emergency duty arrangements at health centres.

According to the emergency duty report, all the local authorities in eastern Häme find it difficult to provide emergency duty services using only their own medical staff. Issues of personnel burn-out have also come up. The solution has been to use temporary (temp) doctors. The municipality of Hartola has had to patch up its medical staff with temp doctors even during normal opening hours. There are altogether 25 health centre physicians' positions in the municipalities of eastern Häme. In March 2003, 17.5 of these were permanently filled. Emergency duty visits mainly occur between 16.00 and 18.00 at all health centres. After this period, the occurrence of visits is considerably less, particularly after 20.00. At weekends, the number of patients at the joint emergency duty surgery for Sysmä and Hartola averages two per hour. The figure in Heinola is two or three per hour. The occurrence of visits decreases significantly after 15.00.

The process and its participants

The participants in the eastern Häme health project were the City of Heinola, the municipalities of Hartola, Sysmä, Pertunmaa, Luhanka and Joutsa, the Eastern Häme Association, the Päijät-Häme Hospital District and the Rheumatism Foundation Hospital. The HuIA was managed by a project team appointed for the project, consisting of members representing five municipalities: two directors of medical services, a director of nursing, a basic security manager, a senior medical officer, a social services manager, and a project leader and special expert from the intermunicipal authority of Päijät-Häme Hospital District.

The HuIA was begun in February 2003. It was mainly processed at meetings of the project team. The authors of the present report attended three of these meetings. The purpose of the HuIA was to examine the impacts of the selected emergency duty model and to find ways to alleviate and strengthen selected impacts. The threats and opportunities of the model were charted through interviews with the project leader, and an initial identification of impacts was made. A draft table with impacts and ways of alleviating or strengthening them was drawn up (Table 1). This table was discussed and augmented at meetings of the project team. The HuIA was completed in summer 2003 and included in the final report on the eastern Häme health project.

Table 1. Extract from the summary table detailing impacts and ways of alleviating them.

IMPACT compared with present situation	WAYS OF ALLEVIATING/STRENGTHENING IMPACTS
Individual's point of view	
Better availability of services during emergency duty hours	Centralization of emergency duty
Longer journeys, different connections	
Discretion on whether to seek treatment ('open house' no longer available)	Information campaign to influence attitudes
Sense of insecurity increases	Launch phone counselling service
Employee's point of view	
Doctors less tied up with emergency duty More free time, better capacity to cope with work Emergency duty more feasible	Centralization of emergency duty
Longer commutes with the emergency duty ring model	Transport pools?
More time spent by nurses in counselling and advising patients on the phone	Launch phone counselling service
Loss of income as emergency duty time decreases	Personnel rotation?
Municipality's point of view	
Easier to ensure availability of medical services for public	
Rationalization of use of emergency duty services, reducing number of 'unnecessary' visits	
Lower need for manpower in emergency duty	Allocate manpower elsewhere to combat unemployment. Work organization, optimization of personnel resources
Patient transportation costs increase in small municipalities, challenges to transport capacity	Draw up comprehensive instructions on how to manage patient transportation in various situations
Changes in the image of the municipality, loss of specialized medical care, health centre as a place for treating chronic patients	
Increased need to provide information, requiring more resources	Launch phone counselling service
Changing visit flows (increase or decrease in business environment)	
Easier to fill positions in small municipalities	
Additional need for physical space in Heinola	
Busy hours in Heinola between 16.00 and 18.00	
Increased need to transmit information between health centres	Examine any legal issues involved in transferring medical case histories
Local authority billing increases; revenue increase in Heinola	

The model examined and its impacts

The HuIA examined the impacts of the model proposed by the project team. In this model, emergency duty services are arranged as follows: Sysmä has emergency duty on Mondays and Wednesday up to 18.00. Hartola has emergency duty on Tuesdays and Thursdays up to 18.00. Hartola and Sysmä refer people to emergency duty at the Heinola health centre between 18.00 and 21.00, after which emergency duty is managed by Päijät-Häme Central Hospital. At weekends, Hartola and Sysmä manage emergency duty alternately until 15.00, at which time emergency duty is taken up by Heinola and later, for the night, by Päijät-Häme Central Hospital.

This model was assumed to fulfil the goals set for emergency duty arrangements, so attainment of the goals was not assessed separately. The project team considered the impacts of the model from the point of view of the individual, the employee and the municipality. Ways of strengthening positive impacts and of alleviating negative impacts were also discussed. Information on actual impacts was gathered through surveys during the emergency duty experiment. The survey was distributed both to patients using the experimental joint emergency duty services and to personnel.

Use and benefits of HuIA

The experimental joint emergency duty arrangement between Hartola, Heinola and Sysmä was implemented between September 1, 2003 and February 28, 2004. The experiment involved emergency duty services in Hartola and Sysmä. Residents of Heinola experienced no changes in emergency duty services at this time. HuIA was used to gather information on the impacts of the experiment and on ways of strengthening and alleviating selected impacts.

Further information

Chief Medical Officer, Internal Medicine Esko Hussi, South Carelian Central Hospital
Project leader Leena Valtonen, Päijät-Häme Hospital District

Jyväskylä: Ensuring social integrity through land use planning

Need for social impact assessment

The purpose of the project was to explore opportunities and ways of ensuring social integrity in the City of Jyväskylä and its environs through land use planning. From the latter point of view, ensuring social integrity involves creating a framework for urban development in which the fundamentals of people's well-being are not jeopardized through geographical segregation or the emergence of depressed areas.

Three main points were addressed:

1. To further develop social impact assessment to better meet the needs of the operating environment in terms of content and methods.
2. To find methods and tools for depicting the social integrity of the City of Jyväskylä and its environs by developing living environment monitoring.
3. To use information gained from social impact assessment and living environment monitoring as a basis for land use planning to ensure social integrity.

The process and its participants

The SIA project assessing the social impact of town planning was launched in autumn 2001. Its first phase ended at the end of 2002, with a final report published in 2003 (Mäkäräinen 2003a). The second phase, the *Securing social integrity through land use planning* project, was launched at the beginning of February 2003 and is continuing in 2004. Along with the Centre for Social and Health

Services and the City Planning Office, participants included Housing, the Environmental Office, the Education Department and the Department of Sports and Physical Activity Services.

The project employs a full-time project secretary whose salary is covered by the City of Jyväskylä, the Ministry of Social Affairs and Health and the Ministry of the Environment. Experiences gained from this project were passed on to the Terve Kunta (Healthy Cities) network.

The social impacts of various types of town plan in ongoing town planning processes were examined in the project. For example, the social impacts of the town plan for the low and dense housing area of Korteniitty in Jyväskylä were assessed. Regional actors were involved in the assessment throughout the planning process. A separate interim report was issued on the social impact assessment (Mäkäräinen 2003b) when the draft town plan was put on public display in early 2004.

Similarly, the protection town plan for Viitaniemi in Jyväskylä progressed to the draft stage in spring 2004. In August 2003, thematic walks were organized to gather data for social impact assessment and other purposes. A meeting on the social dimensions of the plan, with particular reference to the viewpoint of senior citizens, was held in January 2004.

The project proposals concerning the social integrity of the City of Jyväskylä and its environs and the discussions on them in various groups were important tools for incorporating the social integrity dimension into urban planning. Efforts were made to use the studies extensively in the programming and design of town planning, well-being policy and housing policy.

Impacts assessed

The social impacts of the various town plans were examined separately for the plan area and its impact area. The impacts of the various town plans were identified using the following thematic analysis:

Social impacts on services

- availability of and demand for neighbourhood services
- availability of other important services
- availability of public transport
- equitable access to services

Town plan impact on social conditions

- demographic diversity
- taking age groups and special groups into account
- potential for social interaction and community
- existing social problems
- possible future social problems
- area image and potential for various functions and ways of life
- area balance

Social dimensions of other impacts and impact on enjoyability

- traffic safety and transport functionality
- social dimensions of impacts affecting recreation opportunities
- social dimensions of noise, pollution and environmental impacts
- social dimensions of the landscape and cityscape

Use and benefits of SIA

The studies and high-quality impact assessments served as planning tools in town planning. They added to information available on the plan site and its environs. One function of the SIA was to promote interaction by rendering the draft town plans and their impacts tangible to the people involved. Impact assessment ensured the quality of the plan and incorporation of the assessment results into the decision-making process.

The conclusions and the descriptions, analyses and indicators of social integrity monitoring gained from the project as the result of impact assessment were used at various stages of community construction in order to ensure a socially integrated city and environs.

Further information

Project secretary Jouni Mäkäräinen, City of Jyväskylä

Kajaani: Execution of the welfare strategy

Need for human impact assessment

Kajaani's welfare strategy was introduced in 2001. Since then, the working group promoting welfare and health thought about how to continue the work on the welfare strategy. At the same time, a plan for starting a regional administration was made in Kainuu region. The working group promoting welfare and health felt that it needed to be involved in realization of the regional administration experiment and to prepare itself for a change. The working group thought that in spite of the changes, the city anyhow needed to work on the issue of promoting welfare. In spring 2003, the group decided that HuIA would be applied in execution of the Kajaani welfare strategy.

The process and its participants

The diverse group working on promoting welfare and health included a director of Social and Health Services, a health promotion planner, a planner for the technical sector, a labour protection delegate and representatives from the Education and Cultural Services, the Sports Council, the Council for the Elderly, the Advisory Council for Children and Youth Affairs, the Kajaani Polytechnic and the Research and Development Centre of Kajaani. In executing the strategy, the Human Impact Assessment was started in March 2003, when a regional seminar on welfare policy was held. Later HuIA was discussed at the working group meetings and within the group members' organizations. The working group acted as a core collecting views from each organization represented by the members. A report was written on the execution of the welfare strategy and the Human Impact Assessment.

Models examined and their impacts

Several different execution proposals were produced for the welfare strategy. They were created by identifying threats and possibilities. The first models were dissimilar in their approaches to regionality, networking and sickness/family. Out of four optional models, three different models were created after combining similar models. The content of these models was described using

critical success factors set by the city (impact, service supply, staff, processes and structures, and financing).

Model 0, a sectored legislation-based model, in which services required by law are offered in sectors divided into areas of expertise

Model 1, a sector-based combination model, in which services required by law are offered mainly in areas of expertise or on the basis of the community's needs

Model 2, a client-based model, in which special services required by law are offered on the basis of the community's needs

In the working group's work the impacts of the models on different groups were analysed within the members' own organizations (e.g. with the representatives of the Council for the Elderly and with the Advisory Council for Children and Youth Affairs). The group secretary compiled the results (see Table 1).

Table 1. Extract from the summary table on assessment of the welfare strategy implementation models (draft, November 11, 2003). The table covers the impacts of models from the point of view of children, families with children, citizens of working age and senior citizens.

Kajaani	Model 0 (No action)	Model 1	Model 2
	<p>A model sectored according to the law</p> <p>The system offers special services required by law in sectors divided into areas of expertise</p>	<p>A sector-based combination model</p> <p>The system offers services required by law mainly divided into areas of expertise or on the basis of the community's needs</p>	<p>A client-based model</p> <p>The system offers special services required by law on the basis of the community's needs</p>
<p>Impacts on children</p> <p>working-age people</p> <p>the elderly</p>	<p>Services are divided according to a sector-based approach; services are spread throughout the system</p> <p>Care guarantee difficult to implement; services more difficult to access</p> <p>More special expertise</p> <p>A small-scale network</p> <p>A chain-like organization system; different levels of services are governed by the special areas of expertise</p> <p>Does not encourage preventive actions</p> <p>Does not encourage actions that support coping</p>	<p>Services are divided/a "one-stop-principle", a sector-based/broad approach</p> <p>Care guarantee probably easier to implement; services easier to access</p> <p>A little less special expertise/ a few special experts less than in model 0</p> <p>Networking is the basic model for working</p> <p>Some chain-like quality in the organization system; some special fields are governed by field of expertise and on the basis of the community's needs; a low, broad organization</p> <p>Encourages preventive actions and actions that support coping to some degree</p>	<p>Services follow a "one-stop-principle", broad approach; the client is an entity</p> <p>Care guarantee probably easier to implement, client can decide where to get the services needed</p> <p>Fewer special experts</p> <p>Networking is more real</p> <p>Special expertise is organized on the basis of the community's needs; a low, broad organization</p> <p>Encourages preventive actions</p> <p>Encourages actions that support coping</p>
Impacts on staff
Other impacts/ impacts on other fields (technical/education etc.)?
Cost effects

Use and benefits of Hula

The goal was for analysis of the models and their impacts to:

- supplement the welfare strategy
- come into operation in the project for the elderly and in the update report on the welfare of children and youth, and in the welfare model
- support planning of the management model for Kainuu region

The welfare and health promotion working group discussed execution of the welfare strategy at its meetings in December 2003. The group decided to ask the committee working on the Kainuu region

administration experiment model for an opportunity to present the models created for execution of the welfare strategy with an eye to their implementation in realization of the administration model experiment and preparations for change. It was also decided that the material would be sent to all the members of the steering group in Kajaani.

Further information

Health promotion planner Annikki Aitoaho, City of Kajaani
 Director of Social and Health Services Kalevi Yliniemi, City of Kajaani

Kerava: Developing the work of the employment unit

Need for human impact assessment

Based on the decision made by the Kerava preventive work committee, HuIA was implemented in advance assessment of the effects of the Kerava employment unit's operations.

In the Employment Unit, several issues arose as motives for implementing HuIA:

- First, how to convince decision-makers about employment actions when the employment rate is high. When the employment situation is good, employment issues tend to be given less attention because everything seems to be under control. Employment should, however, be given constant attention to avoid corrective action later. We are now more prepared and can concentrate on the structures of employment.
- Second, how to change our own actions so as to serve larger client groups can and at the same time improve the effectiveness of our activities. How to find new ideas at work and achieve something other than is already the case.
- Third, how our example could affect other areas in Finland. How could other municipalities benefit from the Kerava HuIA? How well could it be incorporated into employment policy?

The process and its participants

Six meetings were arranged with the Employment Unit, held between January and April 2003. The director of the Employment Unit, the employment coordinator, the secretary of the preventive work committee and the contact person of the Finnish Healthy Cities Network participated in the HuIA activities. Also, the unit's work trainer was present at one of the meetings. Members of the working group carried out the HuIA project. A draft report was written on the HuIA in spring 2003, and a final report will be completed in autumn 2003.

Models examined and their impacts

Development of the Employment Unit was analysed from the standpoint of resources (funds, staff and other resources) and working methods. In the analysis of employment resources, no action - model meant keeping staff resources and financial contributions as they were. The reduction model analysed the impacts of reduced resources, and the addition model analysed the impacts of added resources.

1.0. No action model

- Staff: 3 permanent employees
- Employment funds approximately 271 000 euros/year (net)

1.1. Resources reduced

- Funds are decreased

1.2. Resources increased

- Staff resources increased
- Funding for employment increased

It was concluded that the models for organizing resources had an impact on clients, society, the environment, the image of Kerava and the Employment Unit itself (Table 2). Impacts on society were even more closely analysed; the analysis included the effects on attitudes and values, as well as on social and health care costs.

Table 2. Extract from the summary table on assessment of changes in employment unit resources

	1.0	1.1.	1.2.
	No action model	Resources reduced	Resources increased
CLIENT	<ul style="list-style-type: none"> - some people in the target group start working - affects about 50 clients per year 	<ul style="list-style-type: none"> - the number of employed decreases considerably or there is an increase in part-time and short-term employment 	<ul style="list-style-type: none"> - the number of people employed increases - the duration of work contracts and workdays can be increased, which helps in coping on one's own salary
IMPACTS ON THE SOCIETY			
Attitudes and values	<ul style="list-style-type: none"> - the general attitude towards employment actions is positive and preconceptions about the unemployed are reduced 	<ul style="list-style-type: none"> - the idea of having a certain number of unemployed is accepted, and the thought of doing something about it is considered unnecessary - more idle unemployed people, general attitudes stricter) 	<ul style="list-style-type: none"> - work done on employment is appreciated - the unemployed are given an opportunity to show their skills - professional reserves are put to use
Costs of social and health care	<ul style="list-style-type: none"> - costs of social affairs may at first increase e.g. because of eliminating problems re. employment, such as buying work clothes. - later on, when health and life situation have improved, costs will decrease 	<ul style="list-style-type: none"> - costs will increase in the long run - client's health/condition declines and financial problems increase, which in turn causes indifference and exclusion, and this further increases the need for social and health services. 	<ul style="list-style-type: none"> - costs will increase at first because the number of employed people grows (see section 1.0) - in the long run, costs are decreased, and the need for social assistance is reduced - as lifestyle improves the need for health services is reduced
IMPACTS ON ENVIRONMENT	etc.		
IMAGE OF KERAVA			
EMPLOYMENT UNIT			

In the analysis of methods of employment, the ways in which the procedures were carried out were studied; focusing on the clients, the system, the individual, mass action or education, through to performance, based on a soft or hard approach, etc. The following models were analysed as alternatives:

2.0. The objective is mainly to work with the client in mind; methods vary

2.1. Flexible, takes into account the client's personal needs and requests

2.2. Actions solely concentrate on employment

The impacts of these alternatives on the client's life situation, motivation, family members, relationships, income, health and self-esteem were analysed (Table 3).

Table 3. Extract from the summary table on assessment of employment unit procedures

	2.0. No action model	2.1. A more rehabilitative/ personal model	2.2. A model concentrating on employment
CLIENT			
Life situation	<ul style="list-style-type: none"> - client given as suitable a job as possible, taking into account his/her personal needs and resources - client given some support and aid in coping with working life 	<ul style="list-style-type: none"> - more time spent on getting to know the client, his/her strengths and weaknesses, and on how to choose a suitable job - enables solutions that are more personal and take into account the different areas of the client's life 	<ul style="list-style-type: none"> - the possibility of directing the client to an unsuitable job increases, e.g. the job is too demanding, causing stress and thus adding to the client's problems - the responsibility for coping in the job and problem-solving is left to the client - at first, things such as complying with working hours may present problems
Motivation	<ul style="list-style-type: none"> - clients who have experienced disappointments in job-seeking may be motivated again when they realize that they can find work - in addition, individual support in solving practical problems creates faith in one's own capabilities 	<ul style="list-style-type: none"> - more time and resources are invested in the issues mentioned in the previous section (No action model) 	<ul style="list-style-type: none"> - without any support, everyday activities may be too difficult to cope with alone, and motivation is lost
Impacts on one's family	etc.		
Relationships			
Income			
Health			
Self-esteem			

Use and benefits of HuIA

The HuIA report was given to decision-makers and various bodies. It was read by the Kerava social and special services management group, and was used to support applications for employment funds. The Employment Unit also used HuIA to organize itself and clarify its own working methods. The Unit's revised working method was added to the letter of intent signed with the Employment Office.

The group thought it important to continue with the report and to use it as basis for work in the long run: "This issue has no deadline. We can continue with it for years, ensuring that the change is not too great a leap from the current situation. So, let us proceed in small steps - the paper does not end with the budget hearing."

Further information

Head of employment unit Marjo Sormunen, City of Kerava
Health centre psychologist Pekka Heinonen, City of Kerava

Oulunkaari and Vaala: Regional well-being health centre

Need for human impact assessment

HuIA was used in the construction of a sub-regional model to promote well-being and health in social welfare and health care services for the Oulunkaari sub-region (Ii, Yli-Ii, Ylikiiminki, Kuivaniemi, Pudasjärvi, Utajärvi) and the municipality of Vaala.

The motivation for constructing a new model was the need to improve social welfare and health care services identified by the municipalities and the partial crisis with regard to cost control, securing adequate services, the availability of special competence, the use of temp doctors and the demands of health care management. Since the intermunicipal authorities for public health were dismantled in the 1990s, the municipalities have engaged in little cooperation in social welfare and health care services. In health care in particular, municipal resources and medical practices have focused on treating the sick. In the promotion of well-being and health, there are differences in competence and practices between municipalities. The large age groups will be retiring by 2010. A shortage not only of employees with special competence but of basic employees, too, is expected.

The purpose of the Hyvinvoinnin terveystakeskus (Well-being health centre) project financed by the Ministry of Social Affairs and Health and the municipalities was to:

- change the regional structure of social welfare and health care services, i.e. bring actors in the sub-region together to provide services jointly
- to develop the content of services from the point of view of promoting health and preventing illness

The process and its participants

Involved in the project were all the municipalities in the Oulunkaari sub-region and the municipality of Vaala. The health centre planning was carried out in 2003, following this structure:

- Municipality rounds (interviews with leading elected officials, local authority leaders, basic security managers, directors of medical services and directors of nursing)
- Service structure study
- Survey of social welfare and health care information systems
- Availability of private and third-sector services
- Constructing a model for the promotion of well-being and health in social welfare and health care services
- Regional level
- Local level
- Municipal level
- Training in preventive work
- Publicity

Human impact assessment was applied in the construction and selection of the model. The HuIA was implemented at two seminars during autumn 2003. These seminars were attended by leading elected municipal officials, leading local authority civil servants in the social welfare and health care sectors, and various partners, making a total of 49 participants. The HuIA method was presented at the first seminar. The second seminar involved group work on comparing the impacts of various models on the goals set by the municipalities. Then, a sub-regional well-being health

centre model was constructed based on the solutions that the municipalities considered good and feasible for implementation at the present time.

Examined models and their impacts

The models were created on the basis of municipal interviews and service structure studies conducted by the expert hired for that purpose. Comparison of the models was based on national recommendations (national health project, national social project and the Health 2015 public health project). The municipalities had differing ways of solving identified problems.

The models examined were:

‘Municipal solution model’ The municipality produces social welfare and health care services itself, with occasional local deals with other actors (third sector, entrepreneurs). Difficulty in finding employees with special competences and problems in the availability and quality of special services.

‘Local solution model’ As above, but more joint action initiatives with neighbouring municipalities. Joint competitive tendering for privatized services. Networking and division of duties between employees with special competences. Provision of special services is agreed on jointly.

‘Sub-regional solution model’ Each municipality provides its own community services. Special competences are distributed among central communities. Provision of special services is agreed on jointly. Networking and division of duties between employees with special competences. Companies and organizations participate actively in the service network.

‘National health project model and the recommendations of the national social programme and the Health 2015 programme’ Basic health care is provided in sub-regional units with a population of 20,000 to 30,000 each. Local conditions are taken into account; geographical distance must not hinder access to services. A survey of sub-regional cooperation in the welfare sector should be conducted nationwide by 2003.

The impacts of the models were examined and compared with reference to these factors:

- Securing access to high-quality services for local residents
- Promoting the well-being and health of local residents
- Organizing, producing and jointly using specialist services
- Division of duties in special competences, specialization and consultation possibilities
- Role of companies and organizations in the service system
- Social welfare and health care services management and its development
- Service productization, improvements in cost calculation and statistical competence
- Social welfare and health care service information systems
- Design and introduction of online services and telecommunications applications
- Developing smoothly flowing service structures and care chains
- Developing the division of duties between doctors and nurses
- Strengthening an attitude to work that promotes health and prevents illness
- Well-being and competence of employees at work

Use and benefits of HuIA

HuIA was used to select a model for the sub-regional health centre concept. The aim of the model was:

- to harmonize and network municipal social welfare and health care services and to sort out their division of duties
- to improve access to social welfare and health care services sub-regionally, to diversify the range of services and to improve their quality
- to promote well-being and health in the sub-region

The matter proceeded to the sub-regional council and the municipal councils for decisions in December 2003.

Further information

Special adviser Kirsti Ylitalo, Oulunkaari sub-region
Municipal manager Kyösti Juujärvi, Utajärvi municipality

Turku: Cabin in Runosmäki

Need for human impact assessment

Runosmäki, the largest housing estate in the City of Turku, Finland, was built on a forested site in the 1970s. Situated some 6 km north of the city centre, the area was previously totally unbuilt. The number of inhabitants is today just over 10,000. Runosmäki is a housing estate with an ageing population: 10% of the local people are 50–54 years of age. The unemployment rate is 20%.

Mustalampi lake in Runosmäki is an important recreational area for local inhabitants. In its natural state Mustalampi was originally a swampy forest lake. The deterioration and littering of the area in the early 1980s mobilised several local actors. A wide variety of opinions were expressed as to what should be done with the area. During 1984, the Mustalampi area was cleaned up and a playground and a cabin were built by the lake.

Although the cabin was built for the use of all local inhabitants, it was primarily young people who used it from the very beginning. In addition, the cabin acted as a picnic place for children and a leisure place for older people. At the beginning of 2002, however, the cabin had to be demolished as it was in bad repair.

Planning for the building of a new cabin was begun soon after the old one had been demolished. Both young people in the area and the interdisciplinary area working group in Runosmäki submitted a proposal as to a location for the cabin. As the Turku Polytechnic was seeking a suitable subject for a HuIA student project, the area secretary and working group hit on the idea of applying HuIA to the cabin construction project.

The process and its participants

The human impact assessment was conducted as a HuIA course student project at Turku Polytechnic in spring 2003. The students worked in pairs, investigating the impacts of various

placement options on people in the area, making use of community analysis methods. The assessment was conducted from the viewpoints of urban structure, living environment, residents of the neighbourhood, children, schoolchildren, young people, the social welfare and health care sector, the police and the Real Estate Department.

The Runosmäki area secretary participated in the HuIA by familiarizing the students with the area and with past debate on the cabin. The student pairs were then given a task list, with instructions on how to conduct the assessment. This task list can be used for launching other assessment projects later.

The students began their assessment by gathering background information on the Runosmäki area. They studied existing material such as statistics and maps. They further identified impacts, for instance through interviews, observations and drawing assignments. The student pairs studied the impacts of alternative solutions through a chosen viewpoint (e.g. children). Each pair wrote up a brief description of the impacts they studied and filled in their portion of the summary table. The editorial team compiled the final HuIA report. The teams presented their work at the final briefing.

Examined models and their impacts

The following alternatives for the placement of the cabin were examined in the HuIA:

- Alternative 0: Not everyone feels that building a new cabin is important or even desirable. Therefore, one alternative is to not build a cabin.
- Alternative 1: The location proposed by the young people of the area is beside Mustalampi pond along the jogging track.
- Alternative 2: The location proposed by the area working group is slightly more remote and further from Mustalampi pond (about 50 m away).

The advantages and disadvantages of these alternatives were compiled in a summary table (Table 5)

Use and benefits of the HuIA

The human impact assessment was used to launch public debate. Who benefits from the building of the cabin? Who suffers? Where will young people in Runosmäki meet now and in the future? If the cabin is not there, where will they meet? Can the cabin also support the work of the social welfare and health care sector? Can the cabin promote health and well-being? Can it contribute to a high-quality environment? The HuIA report on Mustalampi cabin (Kangas & Koivisto 2003) was distributed to all the interviewees.

Table 5. Extract from the summary table on the alternatives for building a new cabin.

Object of impact	Impact	Alternative 0 (no new cabin)	Alternative 1 (proposal by the young)	Alternative 2 (proposal by the working group)
People other than local inhabitants in Runosmäki	Public image of the area	Public image of the area will become less positive.	Public image of the area will improve.	Public image of the area will improve.
Children (under school age)	Tidiness of the playground	The playground will be less littered, but there will probably be more littering around the children's day-care centre	Increased littering around the playground	Increased littering around the playground
Young people	An out-of-the-way place for young people to gather in the evenings	The situation will remain unchanged; greater numbers of young people will gather in the "centre" of Runosmäki when the Youth Centre is closed.	The new cabin will be situated as proposed by the young. All will be well, the cabin will be used actively by the young.	No major difference was seen between this alternative and Alternative 1. The only minor disadvantage is the cabin's location somewhat deeper in the forest.
Social sector work/services	Social problems from young people's point of view Social problems from local inhabitants' point of view	Ill-being among the young will increase without suitable places for them to gather. May increase the need for social services. Possibly perceive their environment to be more peaceful, cause fewer conflicts in the area.	A common place for the young to gather may help to prevent social problems. May cause a feeling of unease in local inhabitants and indirectly slightly increase the need for social services.	A common place for the young to gather may help to prevent social problems. May cause some feeling of unease in local inhabitants. No major impact on social services.
Health sector work/services	Accidents	No impact	No impact on the absolute number of accidents, but the geographical focus will be closer to the cabin.	No impact on the absolute number of accidents, but the geographical focus will be closer to the cabin.
Police	Disturbances	The situation remains unchanged. The young will look for a new place to gather, and disturbances may occur there.	The cabin will be used by the young. Others will avoid the jogging track and the Piiparinpolku pathway.	The cabin will not be used by the young. The situation will remain unchanged / the cabin is used by the young, fewer disturbances.
Real estate department	Repairs and related costs, construction	Cost savings, but there may be more mischief elsewhere, as the young have no place to meet each other.	The cabin can be built after finding an alternative that will satisfy both the inhabitants and the young. The place also has to fulfil technical requirements.	Approval by the Environmental and Land-Use Planning Committee, if the cabin's situation differs essentially from the previous one.
Maintenance company	Maintenance of the near environment	No impact	Possible reports by local inhabitants of disturbances	Possible reports of disturbances by local inhabitants

Further information

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Province of Southern Finland: Programme on disability policy

Why the HUIA was conducted

The purpose of the disability policy programme of the Province of Southern Finland is to promote preventive well-being policy and to make the impacts of disability policy decisions tangible to individuals and communities. One of the aims of the programme was to encourage disability policy actors to assess the impacts of proposed decisions at the planning stage. Advance assessment was in keeping with the future-oriented viewpoint of the programme.

The process and its participants

The programme was prepared by a disability policy working group appointed by the Southern Finland State Provincial Office to assist the Department of Social Affairs and Health of the Province. The working group includes 15 members representing municipalities, disabled people's organizations and the State Provincial Office.

Drafting of the programme began in autumn 2001. Description of the impacts of the programme began in spring 2002 with surveys, regional meetings and expert evaluations. During the summer and autumn, information was gathered on cost impacts and impacts on individuals. In autumn 2002, a preparatory group described future alternatives and defined the measures needed to achieve the goals set. The programme proposal was circulated for comment to disabled people's organizations and the National Council on Disability. The programme was submitted to the Governor in January 2003.

Viewpoints and impacts

The goal of the disability policy programme is to promote the well-being of the disabled. General objectives were set for the attainment of this goal, involving support for the equality, independency and empowerment of the disabled. In addition, the preparatory group defined nine more tangible objectives. These and their impacts were assessed more closely using 'task cards'.

The structure of the 'task cards' was such that the objective is printed at the top and an example of what this objective could signify in practice underneath. A statute or regulation pertaining to the example is then cited, followed by a description of the present situation, its extent and its problems. Two parallel boxes present the impacts of decisions from the individual's and society's point of view.

Example of the comparison section of a task card

OBJECTIVE EQUALITY AND INDIVIDUALITY	
Example: Potential for independent mobility for the disabled	
<p>NOT ATTAINING THE OBJECTIVE FROM THE INDIVIDUAL'S POINT OF VIEW</p> <p>A man of 40 suffers a cerebral haemorrhage, as a result of which his mobility and functionality are drastically reduced. Previously active in his free time, he is now virtually a prisoner in his own home. This prompts feelings of loneliness, uselessness and depression. His disability is so severe that he can no longer drive a car because of medical limitations (visual field alterations). Without transport and an escort service, he is completely dependent on home help and on whatever transport and escort help his family can provide him. He would like to meet his friends, go to the shops and pursue hobbies independently, but without adequate transport this is not possible. Rehabilitation is slower when independent movement is constrained.</p>	<p>NOT ATTAINING THE OBJECTIVE FROM SOCIETY'S POINT OF VIEW</p> <p>Providing transport services improves equal opportunities for the disabled to lead their lives and contributes to the requirement of equality enshrined in the Constitution. Inadequate transport services translate into further costs for local authorities and central government through increased use of services. An immobilized person requires home help and home care. The need for mental health services and rehabilitation will increase. Doctors and medication will be required more frequently. Reduced capacity to act may lead to a need for more expensive services (e.g. service housing). If a transport service in a medium-size city costs EUR 111.90 per year and the cost of 24-hour service housing is EUR 134,550 per year, it is obvious that investments in preventive transport services are financially viable.</p>

In addition to the comparisons on the task cards, the programme also outlined future developments. The scenario descriptions showed how different the life of a disabled person could become, depending on what the future brings. The importance of disability policy decisions for the outlook was highlighted.

- **MAINTAINING THE STATUS QUO:** No great legislative changes are made in disability policy. Resources allocated to disability matters remain scant, and public opinion does not favour increasing them. However, existing rights will not be taken away.
- **CRISIS SCENARIO:** The financial crisis in the public sector worsens, and inequality between municipalities deepens. Political resistance to the welfare state eats away at the resources provided for disability services and benefits. The universalism principle is abandoned in social policy, and social security and services diverge on the basis of client solvency and productivity. Social inequality increases.
- **IDEAL SCENARIO — DIVERSITY IS NORMAL:** Disability is a natural part of Finnish society. Disability is accounted for in all branches of government and all procedures. An obstacle-free environment, comprehensive basic services and special benefits enable disabled people to lead

independent, equal lives. Visible participation in working life and politics reinforces the status of the disabled as fully enabled citizens.

The impacts of these scenarios on individual disabled persons were assessed from various viewpoints: achievement of basic rights, attitudes towards disability, housing, education, work, participation, health, mobility, social security, hobbies and cost impacts.

Disability policy programme	Objectives attained in part	Objectives not attained	Objectives attained
DISABLED PERSON IN SOCIETY	STATUS QUO SCENARIO	CRISIS SCENARIO	IDEAL SCENARIO
Achievement of basic rights	Basic rights not wholly achieved.	Basic rights only acquired by disabled persons who have the cash to pay for them.	Equality on all levels. Basic rights are self-evident. Need for services acknowledged and accepted.
Attitudes towards disability	Discriminatory attitudes	The disabled are not productive citizens; political indifference	Visible participation by disabled persons helps integration and improves attitudes.
Housing			
Education			
Work			
Participation			
Health			
Mobility			
Social security			
Hobbies			
Cost impacts			

How the HUIA was used

The disability policy programme was aimed at decision-makers and people living in the Province. The programme aims to support disabled people's councils and municipalities in the implementation and development of disability policy. It supports municipal actors in decision-making, particularly with reference to impact assessment. The programme further highlights the points that should be taken into account in making any individual decisions.

Further information

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Luvia: Introducing the municipal supplement to child home care allowance

Advance assessment of the introduction of the municipal supplement to child home care allowance began in response to a citizens' initiative. Officials considered that there was no need to introduce the municipal supplement, either financially or with regard to day care provision capacity. On the other hand, it was known that decision-makers were strongly motivated to introduce the municipal supplement. Thus, a precise and wide-ranging advance assessment of its impacts was conducted.

The preparatory work to be submitted to the committee was done by the day care manager and basic security manager. The models examined involved children under the age of 2 and children under the age of 3 in the municipality. Statistics on the municipality were used as the basis for calculations, combined with case studies on other municipalities that had introduced the municipal supplement and other studies on the subject. The assessment included a cost comparison between day care and home care from the local authority's point of view. A questionnaire on the municipal supplement was not circulated to parents; rather, the information obtained and the list of recipients of child home care allowance demonstrated the number of children who did not attend day care.

The assessment focused on impacts of the introduction of the municipal supplement

- on the economy of the municipality
- on day care personnel
- on local tax revenue and government grants

The assessment also noted possible knock-on effects of the municipal supplement, such as the inflow of new citizens attracted by the municipal supplement and the subsequent increase in tax revenue. The impact of the decision on the municipality's general policy of being a child-friendly community was also considered.

Further information (In Finnish):

www.luvia.fi/kunnallishallinto/poytakirjat_perusturvaltk/poytakirja260203.html

(Referenced June 3, 2004)

Helsinki: Providing services and recreation activities for old people

Assessment of alternatives in providing services and recreation activities for old people arose as a result of the fiscal constraints of the City of Helsinki and its Social Welfare Department. With budget cuts looking likely, the purpose of the assessment was to find out whether it would be possible to obtain certain services that are not statutory municipal services from a third party. One such service consisted of the old people's service and recreation activity centres, which experience and studies have shown are considered an important part of services for old people.

An outside expert was commissioned to conduct the assessment. The brief included finding out what alternatives there were in providing these services and what the impacts of each alternative would be. As background material, the expert used:

- interviews with interested parties
- documents on the content and costs of existing operations
- a survey of the opinions of the personnel at service centres

The expert then drew up four alternatives in addition to the present scenario. However, the 'status quo' alternative does not involve everything continuing unchanged; rather, while the Social Welfare Department would still be providing the service, some small changes would be made.

- Alternative 1: Status quo
- Alternative 2: Managed by the Social Welfare Department

- Alternative 3: Managed by organizations
- Alternative 4: Managed by an educational institution
- Alternative 5: Commercial enterprise

The new alternatives involved mainly the third sector and the private sector as service providers. The alternatives were assessed from the point of view of the costs incurred in each by the Social Welfare Department. The assessment also addressed the impacts of the alternatives on personnel. The alternatives were widely discussed at meetings organized by users of the service centres. Citizens contributed another viewpoint as to how the number of users of the service centres would change in each alternative. Due to extensive public criticism, the committee decided not to pursue the plan, and no decision between the various alternatives was ever taken.

Further information (In Finnish):

www.hel.fi/sosv/soslk/031209/es_04.rtf (Referenced June 3, 2004)

Riihimäki: Introducing a municipal supplement to child home care allowance

The initiative for an assessment of the introduction of a municipal supplement came from the City Council. There were too few child day care places in the city in relation to demand, and the aim was to investigate whether the capacity situation could be improved by introducing a municipal supplement.

The assessment was conducted by the basic security manager and the service area director. Initially, examples of alternatives in the matter of a municipal supplement to child day care allowance were gathered from various municipalities. Further information was sought on the Internet. From this, five different models for the payment of a municipal supplement to child day care allowance were constructed, and their impacts on the municipal budget and day care waiting lists were assessed. The cost and day care capacity calculations were performed in relation to the current situation. The basis for the calculations was the municipal supplement paid in Hämeenlinna, adjusted for the relative size of Riihimäki.

- Alternative 1: Municipal supplement paid to all families with at least one child under 3 where the children are cared for at home.
- Alternative 2: Municipal supplement paid to all families with at least one child under 2 where the children are cared for at home.
- Alternative 3: Municipal supplement allocated to families with a child under 3 where one parent defers his/her return to work.
- Alternative 4: Municipal supplement paid to families with at least one child under 3 where the children are cared for at home. The size of the supplement is determined by the family's income.
- Alternative 5: Municipal supplement paid to families with at least one child under 3 where the children are cared for at home. A family qualifies for a municipal supplement if its income qualifies it for a statutory care supplement.

The assessment also took into account what would be a sufficient municipal supplement in view of various surveys. The declining financial situation of families with children and the well-being of children were also advanced as arguments for introducing a municipal supplement, which was seen as a positive step towards supporting families with children and providing them with more choice.

Further information (In Finnish):

<http://kunta.riihimaki.fi/kaupunki/ptk/petula/2003/19081800.0/pyk108.htm>

(Referenced June 3, 2004)

Tampere: Introducing a Tampere supplement to child home care allowance

The initiative for assessing the introduction of a municipal supplement to child home care allowance came from a motion to the City Council. The motivation for this was to examine the veracity of the numerous claims contained in the motion. The advance assessment was intended to ensure that as many aspects of the matter as possible would be taken into account. Municipal day care capacity in Tampere was considered to be good.

The City day care working group (3 people) considered various alternatives. The assessment was based on the claims presented in the motion, with additional information gained from municipal statistics. A survey was circulated to the parents of children in municipal day care, canvassing their opinions as to how large a municipal supplement should be. At the request of committee members, the survey was also circulated to parents whose children were not yet in day care. Various sizes of municipal supplement were calculated and considered on the basis of the survey.

- Alternative 1: Tampere supplement FIM 1,000 per month
- Alternative 2: Tampere supplement FIM 1,500 per month
- Alternative 3: Tampere supplement FIM 2,000 per month

These alternatives were compared with the average cost of day care. The impacts of the alternatives were considered from the point of view of the day care budget and the day care capacity situation. Calculations were made on the cost effects of the Tampere supplement with reference to children under 2 and children under 3. The effects were assessed in comparison with the present situation. The calculations allowed for the alternatives' impacts on the number of day care workers that would have to be dismissed.

Further information (In Finnish):

www.stakes.fi/sva/esimerkit/tampere.htm (Referenced August 16, 2004)

Kerava: Advance assessment of maximum housing costs acceptable for social assistance

The initiative for assessment of the maximum housing costs acceptable for social assistance came from social workers in the field. They had noticed in their everyday duties that the current level of acceptable housing costs did not cover current rents, which had been rising constantly. Advance assessment was called for to enable a more comprehensive view of the situation. It was also believed that the matter would be processed more promptly by the city committee if there were alternatives already thought out and if the proposal included a note to the effect that raising the acceptable level of housing costs would not only add to social assistance costs but have other, positive, secondary effects too.

Advance assessment was pursued in cooperation with social workers on the ground and the social services manager. In discussions, a submission to the social welfare and health care board was drawn up. The assessment was based on the Decree on Social Assistance, on the guide published by the Ministry of Social Affairs and Health for those involved in applying social assistance, on the current situation and on a specimen calculation of the city's cost level used to determine maximum levels of housing costs.

The proposal detailed what it would cost the city to increase the maximum housing costs levels. Calculations on how to cover the extra costs were also provided. It was considered that in the long term an increase in maximum levels would decrease the costs incurred in evictions and halt the growth of temporary residency. It was mentioned in the proposal that the calculations did not allow for social costs, health costs or the costs of work done by various parties. It was also noted that the effect of extremely tight budgeting caused in families by housing costs on the long-term well-being of families is extremely difficult even to guess at.

Further information (In Finnish):

www.kerava.fi/paatoks/html/sosla/2002/26021800.0/htmtxt30.htm

(Referenced January 10, 2003)

Uusikaupunki: Change to the Tyynelä section of Merituulikoti old people's home

The initiative to consider alternatives in the operation of Merituulikoti old people's home stemmed from the decision made in the budget process of the City Council on converting some of the institutional care places at Merituulikoti into service housing. Considerable structural shifts have eroded the city's financial position recently, which in turn has necessitated cost-cutting. Another reason for conducting the advance assessment was the change in the city's service structure.

Commissioned by the City Council, the management group for the welfare of the aged considered various ways of organizing this section of the old people's home. On the basis of this discussion and of studies conducted, the social welfare and health care board was presented with three options besides retaining the current situation:

- VE0: Tyynelä section remains part of the old people's home
- VE1: Tyynelä section converted into service housing
- VE2: Tyynelä section turned into a private nursing home
- VE3: Tyynelä section turned into a municipal nursing home

The following were used as the basis for assessment:

- information on the number of people in institutional care in the city, and comparison between the city's situation regarding senior citizens and the national goals
- occupancy statistics on old people's homes
- cost calculations on the options
- introducing gradation in municipal care

The impacts of the various options were considered from the viewpoint of the city economy, the city's population of senior citizens and the employees. The individual's point of view was also taken into account. The capacity for individual senior citizens to transfer as per the various options was discussed.

Further information (In Finnish):

<http://kpi.uusikaupunki.fi/ptk/dynastia/kokous/KOKOUS-169-5.HTM>

(Referenced April 19, 2004)