

ANNEX D

EQUALITY IMPACT ASSESSMENT (EQIA) – RESULTS

Title of Policy	Food Standards Scotland Strategy 2021-2016
Summary of aims and desired outcomes of Policy	This is an over-arching strategy document which sets out Food Standards Scotland's purpose, its priorities, and how it will deliver over the next five years.
Directorate: Division: Team	Food Standards Scotland Executive Leadership Team

Executive Summary

Food Standards Scotland (FSS) has undertaken an EQIA to assess how protected characteristics will need to be taken into account in the development of new policies and interventions that are developed from its new Strategy for 2021-26. The strategy is an over-arching document which sets out FSS's strategic direction, organisational values, and ambition for the next five years. As it does not describe a specific policy it is difficult at this stage to assess the full impacts on different population groups in Scotland. However the EQIA has enabled us to identify the protected characteristics that are relevant and which we will need to take account of when developing future work from this strategy.

Background

FSS was established on the 1 April 2015 as the new public sector food body for Scotland, with three objectives set under the Food (Scotland) Act 2015.

The 2015 Act gives FSS three objectives:

- to protect the public from risks to health which may arise in connection with the consumption of food;
- to improve the extent to which members of the public have diets which are conducive to good health;
- to protect the other interests of consumers in relation to food.

FSS's first five year strategy was published in 2016 and was concluded on 31 March 2021. We have developed a new Strategy for 2021-26 titled '*Healthy, Safe, Sustainable: Driving Scotland's Food Future*' based on learning from our first five years as Scotland's food body, the impacts of EU Exit, COVID-19, and changes to public health delivery in Scotland. The Strategy also takes account of stakeholder and consumer engagement undertaken early in 2020 and a 9 week public consultation which ran from 19 October to 21 December 2020.

The Strategy is framed around a high level vision, and a mission statement, outlining FSS's purpose, ambition and how it will deliver. The document sets out how FSS has developed as Scotland's food body, and the external factors that will have an influence on its future role in the food and public health landscape. The Strategy highlights five aspirational outcomes: Food is

Safe and Authentic, Consumers have Healthier Diets, Responsible Food Businesses are Enabled to Thrive, Consumers are Empowered to Make Positive Choices about Food, and FSS is Trusted and Influential. It describes how FSS will work towards achieving these outcomes through a set of overarching core values and guiding principles and the delivery of six key goals. These goals will frame the activities that FSS will undertake over the next 5 years through its Corporate Delivery Plan.

The FSS Strategy Outcomes are linked to the following National Outcomes:

Food is Safe and Authentic, Consumers have Healthier Diets:

- We are healthy and active
- We value, enjoy, protect and enhance our environment

Responsible Food Businesses are Enabled to Thrive:

- We have a globally competitive, entrepreneurial, inclusive and sustainable economy
- We have thriving and innovative businesses, with quality jobs and fair work for everyone

Consumers are empowered to make positive choices about food, FSS is Trusted and Influential:

- We respect, protect and fulfil human rights and live free from discrimination
- We respect, protect and fulfil human rights and live free from discrimination
- We are open, connected and make a positive contribution internationally

The Scope of the EQIA

An initial framing exercise has been undertaken based on evidence already generated by FSS and previous experience in developing EQIAs to support the delivery of our work. This has taken account of public health impacts of diet and foodborne illness on particular population groups, and the socioeconomic factors that are known to affect consumer choice in relation to food. This has identified that consideration will need to be given to the following protected characteristics during the development of this strategy:

- Age
- Sex
- Pregnancy and Maternity
- Race
- Religion or Belief

Key Findings

1. Age

Foodborne Illness and Food Hygiene Behaviour

Research undertaken by Food Standards Scotland (FSS) (2020) has identified that people in older age groups (those over 65) are more likely to suffer serious illness and hospitalisation as a result of foodborne illness including *Campylobacter* infections¹.

¹ [HPS - Campylobacter Data Linkage Report.pdf \(foodstandards.gov.scot\)](#)

FSS Food in Scotland Tracking Survey Wave 11 (2020) found that younger adults (16-34) and adults aged 65 years and older were more likely than other age groups to adopt unhygienic food preparation practices. However, there is limited data on reasons for food hygiene practices among younger adults and older adults (65 and over)².

Diet and Nutrition

A number of studies have found that younger adults (particularly 16-24, but also up to 34 years) consumed less fruit and vegetables than older people and more likely to eat cakes, snacks, confectionary, pre-packed sandwiches, ready meals and burgers than older adults (FSS 2021, SHeS 2019, FSA 2019b)³.

Older men living in institutions are especially likely to have lower intakes of a range of vitamins and minerals, including low levels of Vitamin D compared to men in the same age group living in the community (British Nutrition Foundation 2016)⁴.

2. Sex

Foodborne Illness and Food Hygiene

Research undertaken for FSS by HPS (2020) found that infection caused by Campylobacter in Scotland (the most important cause of foodborne illness) is consistently higher in males than females across all age groups⁵.

FSS Food in Scotland Wave 9 (2020) and FSS Food in Scotland Wave 11 (2020)⁶ found that men were more likely to adopt unhygienic food preparation practices. Studies conducted in other parts of the UK have found women to be more likely to have safer food handling practices than men (FSA 2019)⁷.

Diet and Nutrition

Contrary to trends in previous years, the Scottish Health Survey (SHeS) (2019) found that there was no significant difference in the consumption of the recommended five-a-day portions of fruit and vegetables between men and women⁸.

3. Pregnancy and Maternity

Foodborne Illness and Food Hygiene

It is established that pregnant women are at increased risk of certain foodborne illnesses e.g. Listeria which has been linked to miscarriage (NHS 2020). Data on incidence of food hygiene behaviour among groups experiencing pregnancy and maternity in Scotland is unavailable⁹.

Diet and Nutrition

Dietary intake of energy and nutrients is particularly important during pregnancy. Data on diet and nutrition among groups experiencing pregnancy and maternity in the UK is inconsistent and suggests that pregnancy in itself may not be the key factor in dietary behaviours. However,

² FSS (2020) Food in Scotland Tracking Survey Wave 11 [on eRDM]

³ [Food in Scotland Consumer Tracking Survey Wave 5 | Food Standards Scotland Food and You - Wave Five | Food Standards Agency: FSS Consumer tracker Wave 11 \(2021\) file:///C:/Users/U448557/Downloads/FSS%20Consumer%20Tracker%20Wave%2011%20Report%20for%20Publication%20-%20March%202021%20\(2\).pdf](#)

⁴ [Older adults - British Nutrition Foundation](#)

⁵ [HPS - Campylobacter Data Linkage Report.pdf \(foodstandards.gov.scot\)](#)

⁶ FSS Food in Scotland Wave 9 (2020); FSS Food in Scotland Wave 11 (2020) [available on eRDM]

⁷ [Food and You - Wave Five | Food Standards Agency](#)

⁸ [Scottish Health Survey 2019 - volume 1: main report - gov.scot \(www.gov.scot\)](#)

⁹ <https://www.nhs.uk/conditions/listeriosis/>

when combined with other protected characteristics, pregnancy may be a risk factor, for instance among younger women on lower incomes and with lower levels of educations may be at higher risk of less healthy diets (Boyle et al 2016)¹⁰.

4. Race

Foodborne Illness and Food hygiene

There is some evidence for higher rates of foodborne illness in certain ethnic minority groups. Failure to take ethnicity into consideration might mask important risk factors for infection and limit understanding of disease transmission processes, enhancing inequality of access to preventative measures¹¹.

Data on food hygiene behaviours among ethnic groups in Scotland is unavailable, although a survey carried out in the other parts of the UK (FSA 2019) found people of white ethnicity were more likely to have safer food handling practices than other ethnic groups¹².

Diet and Nutrition

Data in Scotland suggests that there are different dietary practices among different ethnic groups in Scotland (Scottish Government 2015), although evidence for some groups is limited. More evidence was available for South Asian minorities because this group is larger than others in the UK and some findings indicate that diets of South Asian UK population are higher in saturated fats and sometimes low in fruit, vegetables and fibre. However, there are a wide range of dietary practices between different ethnic minority groups and variations within groups by origin, class, religious and cultural beliefs and migration¹³.

5. Religion or Belief

Foodborne illness and food hygiene

Data on incidence of foodborne illness and food hygiene behaviours among groups of different religion or belief in Scotland is unavailable.

Diet and Nutrition

Religion and belief can influence dietary choices and consumer interests relating to food, but data in Scotland or elsewhere in the UK is limited and there is also likely to be links between race and religion and beliefs¹⁴.

6. Disability

Foodborne Illness and food hygiene

Data on incidence of foodborne illness and food hygiene behaviours among disabled groups in Scotland is unavailable.

¹⁰ [Determinants of dietary patterns and diet quality during pregnancy: a systematic review with narrative synthesis | Public Health Nutrition | Cambridge Core](#);
[Do women change their health behaviours in pregnancy? Findings from the Southampton Women's Survey - Crozier - 2009 - Paediatric and Perinatal Epidemiology - Wiley Online Library](#)

¹¹ [https://www.journalofinfection.com/article/S0163-4453\(03\)00072-0/fulltext](https://www.journalofinfection.com/article/S0163-4453(03)00072-0/fulltext);
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3774461/>

¹² [Food and You - Wave Five | Food Standards Agency](#)

¹³ [Healthy eating and minority ethnic households final.pdf \(shu.ac.uk\) Healthy eating in UK minority ethnic households: Influences and way forward – Race Equality Foundation](#)

¹⁴ [Active Scotland Outcomes: Indicator Equality Analysis](#)

Diet and Nutrition

The limited data that is available indicates that those with a limiting long-term health condition may have less healthy diets (Scottish Government 2015)¹⁵. There has been some research that found diets among examining adults with learning disabilities to be less healthy (Emerson et al 2011). Data on diet and nutrition among people other disabilities, including mental health conditions, is limited¹⁶. As part of the strategy consultation, stakeholders highlighted the need for FSS to consider sensitivities around eating disorders and weight stigma in its policies and communications aimed at improving Scotland's diet.

Recommendations and Conclusion

FSS has access to a body of evidence on the breakdown of the population of Scotland by some equality groupings. We have also identified the key issues for equality groups raised by our new strategy for 2021-26 and have proposed ways in which we will be able to address these issues.

The Strategy provides a positive framework that identifies broad general principles, such as 'Understanding Behaviours' and 'Food Chain Sustainability' which provide the foundation to address issues faced by equalities groups within the context of food safety and dietary health. The EQIA has provided an opportunity to identify more specific recommendations within the framework of the Strategy.

Recommendations based on the EQIA include:

Foodborne Illness and Food Hygiene Behaviour

The FSS Food in Scotland tracker survey reports results based on age and gender but not by other equalities groups. It is recommended that a review of the survey is carried out to establish:

- What equalities data is already collected?
- What equalities data is being reported on?
- For equalities groups where data is not collected or reported, is it feasible and/or worthwhile to collect/report on these groups? (for example, reporting on ethnicity may be problematic because of small sample sizes)
- Is it possible to carry out further analysis examining differences in food hygiene practices between sexes, in particularly looking at intersectionality with age?

The FSS Food in Scotland tracker survey has found that younger adults (16-34), adults aged 65 years and older and men are more likely to have unhygienic food handling practices. However, the reasons why are unclear. A more in-depth literature review and/or further in-depth research focusing on understanding behaviours is recommended.

Diet and Nutrition

The main source of information on diet and nutrition in Scotland is via the Scottish Health Survey (SHeS). There is potential for further analysis of the survey in order to examine diet and nutrition patterns for:

¹⁵ [Active Scotland Outcomes: Indicator Equality Analysis - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/active-scotland-outcomes/indicator-equality-analysis/pages/active-scotland-outcomes-indicator-equality-analysis.aspx)

¹⁶ [IHAL2012-11HealthInequalities \(1\).pdf](#)

- Different ethnic and religious groups
- Disabilities
- Gender differences looking at intersectionality with age and other equality characteristics

FSS are establishing an additional component within the SHeS to collect more detailed information on nutritional intake called 'Intake 24'¹⁷. This potentially offers the opportunity for more detailed analysis by equalities groups.

A review of the surveys (including Food in Scotland survey which collects some limited diet data) generated within FSS could be carried out in order to establish:

- What equalities data is already collected?
- What equalities data is being reported on?
- For equalities groups where data is not collected or reported, is it feasible and/or worthwhile to collect/report on these groups? (for example, reporting on ethnicity may be problematic because of small sample sizes)

There is scope for an in-depth review of diet and nutrition practices among equalities groups. This might include for instance:

- examining diet and nutrition among younger adults and older people in different settings (e.g. including institutions).
- Examining diet and nutrition among disabled groups in different settings
- Looking at intersectionality between equalities groups and socio-economic status
- looking at different practices around food and diet among different groups, 'food cultures'

It will also be important for FSS to continue to engage with organisations with appropriate expertise in mental health support to ensure sensitivities around eating disorders and weight stigma are taken into account when developing dietary health interventions throughout this strategy.

There is a scarcity of evidence (or even discussion) about the actual or potential links between food hygiene behaviours and dietary behaviours. This is an area where the expertise within FSS is uniquely placed to make a positive contribution. It is recommended that further exploration is undertaken to scope the potential of developing this as an area of work. For instance, examining varied 'food cultures' of different groups and how these impact on diet, nutrition and food hygiene behaviours.

As the Strategy is a high level document which sets to lay out FSS's over-arching strategic direction, values and outcomes and does not describe a specific policy, it is not possible to articulate specific impacts on protected characteristics at this point. However, at a general level, the Strategy's aims include that '*Consumers have healthier diets*' and '*Consumers are empowered to make positive choices about food*' which clearly have the potential to impact on inequalities.

¹⁷ FSS (2020) Pilot of Intake 24 in the Scottish Health Survey [Report template long \(foodstandards.gov.scot\)](https://www.foodstandards.gov.scot)