

Each of the numbered sections below must be completed  
Please state if the IIA is interim or final: INTERIM

**1. Title of proposal**

Ending Poverty-Related Hunger in Edinburgh

**2. What will change as a result of this proposal?**

The strategy, which is under development, will provide a framework for the City of Edinburgh Council, EVOC and local organisations to continue their collaboration to co-ordinate services to ensure citizens experiencing food insecurity have access to quality fresh food, and that this serves as a gateway to the wider support many will need. It will provide a shared vision, outcomes and principles to underpin the delivery of food support across the city, while recognising and respecting the value of local responses.

**3. Briefly describe public involvement in this proposal to date and planned**

The development of this strategy is one of the asks of the Edinburgh Poverty Commission, whose findings were informed by research into the experience of citizens living on low incomes and attitudes to poverty across the city and in total heard from more than 1,000 individual participants ([Citizen's perspectives on poverty in Edinburgh](#)).

Engagement so far to support the development of the Ending Hunger in Edinburgh strategy has been with the End Poverty Edinburgh (EPE) Citizen's Group and third sector organisations:

- Stakeholder workshop led by EVOC in November 2021 which included input and involvement from EPE
- Stakeholder Reference Group with input and involvement from EPE

Feedback and learning from these sessions has informed the development of the consultation document, which will support the further development and completion of the strategy.

Engagement planned:

- Consultation via the Council's Consultation Hub (aiming for August to October 2022)
- Research to be commissioned to engage with hard to reach/priority groups
- Engagement sessions to be arranged by EVOC and third sector providers (to be confirmed)

**4. Is the proposal considered strategic under the Fairer Scotland Duty?**

YES

**5. Date of IIA**

16 June 2022

**6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Eleanor Cunningham	Lead Policy Officer	May 2018
Molly Page	Poverty Prevention and Transformation Project Manager	Pending
Daniel Greig	Senior Policy and Insight Officer	March 2022
Suzanne Lowden	Planning and Commissioning Officer	November 2018
Laura Nisbet	Development Officer – Food and Health	Pending

## 7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Data on populations in need	<p>National Records of Scotland, mid- year population estimates 2020  <a href="https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/city-of-edinburgh-council-profile.html">https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/city-of-edinburgh-council-profile.html</a></p> <p><a href="#">Scottish Index for Multiple Deprivation (SIMD) 2020</a></p> <p>City Plan 2030: Monitoring Statement</p> <p><a href="#">End Poverty in Edinburgh Annual Report, October 2021</a></p> <p>Cost of Living Crisis, Report to CLT, 01/06/2022</p> <p><a href="#">Scottish Health Survey 2020</a></p>	<p>Population growth: in 2020, the number of households in City of Edinburgh was 239,364. This is a 0.5% increase from 238,269 households in 2019.</p> <p>The average age of the population of City of Edinburgh is projected to increase.</p> <p>Between 2018 and 2028, the 75 and over age group is projected to see the largest percentage increase (+24.8%).</p> <p>Deprivation: the SIMD shows that many of the top 25 (out of 597) most deprived communities in the city, accounting for just under 19,500 people, are in the peripheral areas of the city (e.g. Granton, Pilton, Niddrie, Saughton and Wester Hailes) furthest from the City Centre. These areas tend to have access to fewer public transport options and grocery stores.</p> <p>An estimated 78,900 people in Edinburgh were living in relative poverty after housing costs in the period to 2020, including 16,100 children. The number of people in severe poverty – estimated to be around £11k - is expected to increase via increases to the cost of living, taxation and benefit changes, and low wage growth.</p> <p>The most recent estimates available are that around 37,700 adults in Edinburgh have been worried that they would run out of food because of a lack of money or other resources, while 30,950 have eaten less or had run out of food because of a lack of money or other resources.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
	<a href="#">Fuelled up in school?</a>	One-third of secondary school pupils report never eating breakfast before they come to school; only one-half of pupils report eating breakfast on 'most days' or 'every day' of the week.
Data on service uptake/access	Cost of Living Crisis, Report to CLT, 01/06/2022	<p>Council Advice Shop</p> <ul style="list-style-type: none"> <li>• Advice lines receive up to 300 calls per week</li> <li>• c20% increase in call volumes in last quarter</li> <li>• Significant increase in web hits for 'food advice'</li> <li>• Higher volume of calls seeking advice with energy costs</li> <li>• Other pressures <ul style="list-style-type: none"> <li>• Rent arrears</li> <li>• Welfare rights</li> </ul> </li> </ul> <p>Note that stigma suppresses demand</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<a href="#">Menu for Change</a> <a href="#">Socioeconomic factor</a> <a href="#">Disability</a> <a href="#">Financial risk factors</a> <a href="#">General risk factors</a> <a href="#">Child poverty</a>	<p>Inadequate and insecure incomes from work and social security are the key triggers for food insecurity; failures of existing social security and wider public services leave people with adverse life experiences acutely vulnerable to food insecurity; people with ill health and caring responsibilities are particularly vulnerable to food insecurity</p> <p>Groups with higher rates of poverty and poverty-related hunger are:</p> <ul style="list-style-type: none"> <li>• Lone parent families</li> <li>• Families with 3 or more children</li> <li>• People with a disability</li> <li>• People from certain BAME backgrounds</li> </ul>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Data on equality outcomes	<a href="#">Higher risk of food poverty</a>  <a href="#">Fuel poverty</a>  <a href="#">Digital exclusion</a>  <a href="#">Non-financial barriers</a>	<p>1. Groups with higher rates of poverty and poverty-related hunger are: • lone parent families • families with 3 or more children • people with a disability • people from certain BAME backgrounds</p> <p>2. Groups more at risk of fuel poverty/having high fuel costs, impacting on cooking, are: • older people • lone parents with dependent children • families who are unemployed or on low incomes • children and young people • disabled people • people with existing illnesses and long-term conditions (physical and mental) • single unemployed people.</p> <p>3. Digital exclusion is more likely to be faced by those on low incomes, people over 65 and disabled people</p> <p>4. Many people, especially older and disabled people, experience non-financial barriers to food including physical and digital barriers and issues around the availability of food and the resilience of local food systems to meet diverse nutritional and cultural needs.</p>
Research/literature evidence	<p>1. <a href="#">Food Insecurity and Learning Loss Pilot Evaluation Report (2020)</a></p> <p>2. <a href="#">Menu for Change</a></p>	<p>1. The evaluation found that factors such as education, experience, confidence and family circumstances contribute to food insecurity and other issues with food. For example, low levels of literacy and numeracy affected the extent to which families can budget, plan meals and follow recipes.</p> <p>2. The research findings include: shame is a key barrier to those seeking help in a crisis</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Public/patient/client experience information	<p>Members of the End Poverty Edinburgh Citizens group contributed to the stakeholders' workshop in November 2021 and attended the first Reference Group meeting to provide input on their experiences.</p> <p>Further public engagement will be carried out via a public consultation and through commissioned research.</p>	Their input is reflected in the principles set out in the draft strategy.
Evidence of inclusive engagement of people who use the service and involvement findings	Further public engagement will be carried out via a public consultation and through commissioned research	Pending
Evidence of unmet need	<p>The stigma that some people experience in needing/seeking support is likely to suppress demand.</p> <p>Monitoring information on people seeking/getting support is not readily available.</p> <p>Commissioned research will target groups of people who may not engage through other means (e.g. people in BME communities, older people)</p>	Commissioned research – pending – this will inform the final strategy.
Good practice guidelines	<p><a href="#">Dignity: Ending Hunger Together in Scotland</a></p> <p><a href="#">Edinburgh Poverty Commission final report</a></p>	<p>Dignity Choice</p> <p>Early intervention and support to move beyond a crisis</p>
Carbon emissions generated/reduced data	Not applicable	

<b>Evidence</b>	<b>Available – detail source</b>	<b>Comments: what does the evidence tell you with regard to different groups who may be affected?</b>
Environmental data	Not applicable	
Risk from cumulative impacts	NA	Need to close alignment/co-ordination with the Advice Services Review is recognised
Additional evidence required	Engagement with specific groups of citizens is needed, as noted above	Pending

**8. In summary, what impacts were identified and which groups will they affect?**

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Good communication and messaging, targeted to priority groups (e.g. disability, young people, pregnancy/maternity/ethnic group etc) leads to access to more targeted and relevant support.</li> <li>• Provision which takes account of the needs of the range of protected characteristic groups</li> <li>• Increased access to supports including income maximisation, employment, wellbeing, as well as companionship through food being used as a way to bring people across the threshold and gain access to other services</li> <li>• Stigma free approach to food poverty and so increased access crisis services.</li> <li>• Increased knowledge and skills around food and nutrition and increased access to affordable, good quality, nutritious food will lead to: <ul style="list-style-type: none"> <li>○ Decreased obesity</li> <li>○ Decreased malnutrition due to less fatty and sugary foods being main diet</li> <li>○ Improved maternal nutrition</li> <li>○ Achieving P1 healthy weight targets</li> <li>○ Improved health associated with a healthier diet and longevity of life (ie reduced risk of diet related cancers)</li> </ul> </li> <li>• Breakfast clubs in secondary schools- improves attendance and readiness to learn as children are not going to school hungry – helping to close the</li> </ul>	<ul style="list-style-type: none"> <li>• People with identified protected characteristics - disability, young people, pregnancy/maternity/ethnic group</li> <li>• People experiencing poverty</li> <li>• Complex mental health problems or elderly (not necessarily in poverty)</li> </ul>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
attainment gap and positive destinations and employment	
<p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Increased demand due to stigma free approach could be hard to meet.</li> <li>• Lack of funding and resources to meet need.</li> <li>• Location – if support is provided in schools, households without children in schools may be excluded</li> <li>• Any reliance on digital communication risks excluding groups who cannot access this</li> </ul>	<ul style="list-style-type: none"> <li>• All</li> <li>• Parents, including lone parents</li> <li>• Households without children at school</li> </ul> <p>People without access to IT/connection</p>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Reduced need for transport: <ul style="list-style-type: none"> <li>○ Local production and supply of food</li> <li>○ Being able to access food support where you are- flexible and not restrictive</li> </ul> </li> <li>• Reduction of food waste and surplus food</li> <li>• Developing cooking skills reduces takeaways and packaging for those that can afford takeaways and do not understand the importance of healthy cooking and eating</li> </ul>	<ul style="list-style-type: none"> <li>• All</li> </ul>
<p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Local provision may prevent people accessing support (stigma)</li> </ul>	<ul style="list-style-type: none"> <li>• All – older people may be at particular risk of not accessing support because of perceived stigma</li> </ul>

<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• All of the benefits to health and wellbeing apply to people experiencing socio-economic disadvantage</li> <li>• Wider employment opportunities linked to learning food and nutritional skills ie entering the catering industry for employment.</li> </ul>	<ul style="list-style-type: none"> <li>• People experiencing socio-economic disadvantage, including priority groups at risk of child poverty</li> </ul>



<b>Economic</b>	<b>Affected populations</b>
<b>Negative</b> Raising expectations when there is increasing demand and reducing resources	All people at risk of or experiencing poverty

**9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

The strategy and its implementation plan will be developed by the Council and city partners identified in the strategy. As part of the Council’s terms and conditions of contract, any external contractors will be required to comply with equal opportunities and the public sector equality duty.

**10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

Changes will be communicated using methods that are considered appropriate to the range of audiences, as well as being proportionate. The Edinburgh (City of Edinburgh Council and Health and Social Care Partnership) British Sign Language (BSL) plan demonstrates commitment to improve services for BSL users with actions across a range of themes and services. The Council’s Interpretation and Translation Service is also available for those who require materials in different languages and can also offer an audio, Braille, large print and various computer formats on request through Happy to Translate.

**11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

**12. Additional Information and Evidence Required**

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

The impacts identified in this IIA, and any others identified through the consultation and research will inform the development of the final strategy and the implementation plan.

13. **Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Ensure that accessibility meets the needs of everyone ie language, platforms for communication and non IT comms.	This will be determined as part of the implementation plan (tbc)	TBC	TBC
Ensure there is choice for distribution and availability for those who do not want to access in their local area due to stigma	This will be determined as part of the implementation plan (tbc)	TBC	TBC

14. **Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

Mitigation/actions will be addressed through the strategy's implementation which will take account phasing of actions/communications with businesses/people affected and specific actions required. Monitoring will be undertaken to mitigate against negative impacts as the plan is implemented.

15. **How will you monitor how this proposal affects different groups, including people with protected characteristics?**

The governance framework and measuring success sections of the strategy will describe how progress will be monitored. Any gaps or barriers emerging will be identified and addressed through this process.

16. **Sign off by Head of Service**

**Name:** Paula McLeay

**Date:** 8 July 2022

17. **Publication**

Completed and signed IIAs should be sent to:

[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

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