Bath & North East Somerset Council

Improving People's Lives

Equality Impact Assessment / Equality Analysis

(Version 4)

Item name	Details
Title of service or policy	BANES Food Strategy
Name of directorate and service	Public Health & Sustainable Communities
Name and role of officers completing the EqIA	Joe Dalloz (Public Health Registrar) Updated by Hannah Stott, Policy and Partnerships Manager
Date of assessment	14/09/26 Updated 06/10/26

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on people and different groups within our community. The main aim is to identify any adverse impacts (i.e. discriminatory or negative consequences for a particular group or sector of the community, and to identify areas where equality can be better promoted). Equality impact Assessments (EqIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EqIA) or Equality Analysis. **Not all sections will be relevant – so mark N/A any that are not applicable**. It is intended that this is used as a working document throughout the process, and a final version will be published on the Council's website following relevant service lead approval.

1.1 Identify the aims of the policy or service and how it is implemented

Key questions	Answers / notes
1.1 Briefly describe purpose of the service/policy e.g. • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes	The Bath & North East Somerset Food Strategy (2026–2031) sets out a whole-systems approach to improving the local food system. Developed collaboratively with communities and partners, it brings together evidence, local insight and practical action to create a food system that is healthier, fairer, greener and supports a thriving local food economy. Delivery is shared across the Council, local voluntary and community organisations, the business sector, the NHS, and landowners (including housebuilders). The strategy sets out system-wide priorities (Chapter 5) alongside a set of Council commitments and actions for the first two years (Chapter 6), recognising that long-term change depends on coordinated leadership and shared ownership. In the long term, delivery will be coordinated through a cross-sector Local Food Partnership. This partnership will provide shared leadership across key food issues, oversee delivery of the Food Strategy, and ensure it is refreshed at the end of each five-year cycle. It is intended to strengthen coordination and alignment across existing activity (rather than duplicating delivery), and to provide a collective platform for collaboration and future funding opportunities.

	Within the Council, governance of the Food Strategy sits with the Sustainable Economy Steering Group, reflecting the strategy's connection to the Economic Strategy. The longer-term intention is for the Local Food Partnership to report into this group. Alongside this formal route, the strategy will also feed into the Be Well B&NES Steering Group, Health and Wellbeing Board, and the Climate and Nature Partnership Group, which provide insight and challenge to ensure alignment with wider health, climate and nature priorities. The intended outcomes are reflected in the strategy's 11 priorities, aligned to the four objectives (healthier, fairer, greener and thriving): • Establish a framework and ways of working to support long-term, cross-sector collaboration on food in Bath and North East Somerset, enabling coordinated action across communities, organisations, and policy areas. • Strengthen children's opportunities to learn about, grow and enjoy healthy food. • Reduce structural drivers of unhealthy, commercialised food environments. • Strengthen the provision of community food partner activities across Bath and North East Somerset. • Strengthen local affordable food provision and support to those experiencing food insecurity. • Strengthen community food and growing infrastructure. • Reduce the local food-related carbon and nature footprint. • Promote food growing methods that restore ecosystems and build long-term soil and river health. • Increase opportunities for growers and food businesses to connect with consumers. • Align ethical, healthy, and sustainable sourcing practices across Bath and North East Somerset's key food partners. • Showcase local food businesses.
1.2 Provide brief details of the scope of the policy or service being reviewed, for example: • Is it a new service/policy or review of an existing one?	This work is a review and update of the previous B&NES Food Strategy (2014–2017), expanding its scope to reflect current local priorities and the wider national conversation around food systems. Although there is no statutory requirement for local authorities to produce a food strategy, many areas across

• Is it a national requirement?). • How much room for review is there?	the country are developing similar whole-system approaches, and this update ensures B&NES remains aligned with emerging best practice. There has been significant room for review and refinement, as the strategy has been co-developed with partners and is intended to evolve over its five-year cycle.
1.3 Do the aims of this policy link to or conflict with any other policies of the Council?	The aims and strategy align well with other B&NES Council strategies, including: • Economic Strategy • Health and Wellbeing Strategy • Greener Places Plan • Ecological Emergency Action Plan • Upcoming Climate and Nature Strategy • Council Waste Strategy • Be Well B&NES TOR • Food Equity Action Plan • Procurement Strategy • Children and Young People's Plan

2. Consideration of available data, research and information

Key questions	Data, research and information that you can refer to
2.1 What equality focussed training have staff received to enable them to understand the needs of our diverse community?	The project manager for the Food Strategy is a qualified public health professional with a Master's in Public Health, trained in community-participatory methods, asset-based approaches, and the co-development of strategies and plans. This training includes working with diverse communities, understanding structural inequalities, and ensuring that engagement and decision-making processes are inclusive, accessible, and reflective of a wide range of lived experiences. The work has been joint sponsored by a Consultant in Public Health and the Head of Place-Shaping, who have experience and skills that relate to understanding the needs of our diverse community. A priority for the Food Strategy process was for strategy development to be collaborative and including through outreach engagement with disproportionately affected and lesser heard groups. Equality and Diversity Training is mandatory for all B&NES council officers

2.2 What is the equality profile of service users?	This strategy relates to all BANES residents and multiple key partners. It takes into account groups and communities that experience food-related inequalities such as those that are disproportionately affected by food access and affordability.
2.3 Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?	NA – not a customer satisfaction survey though a food strategy survey was undertaken to better understand food related needs and challenges from B&NES resident's perspectives (see below).
2.4 What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	The B&NES Food Strategy has been co-developed with a wide range of community and system partners. Engagement included two large in-person workshops with key stakeholders such as NHS representatives, local food businesses, voluntary and community sector organisations, and community members. Resident engagement was carried out through a district-wide survey exploring a broad range of food-related issues. To ensure inclusion of lesser-heard voices, targeted qualitative outreach was undertaken with groups more likely to experience food insecurity or barriers to participation, including food bank users, young families and children, and older residents. A summary of the engagement process and results is available here.
2.5 If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equality considerations within this?	NA

3. Assessment of impact: 'Equality analysis'

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or could help promote equality in some way.

- Could have a negative or adverse impact for any of the equality groups

Key questions	Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1 Issues relating to all groups and protected characteristics	Significant co-production of the strategy with a wide range of parters and stakeholders. This included in person workshops with key partners including those who support our most vulnerable residents, a resident survey and semi structured interviews with residents from specific groups: • Older people • Those experiencing food insecurity • Those living with disabilities • Families with younger children	
3.2 Sex – identify the impact/potential impact of the policy on women and men.	Autistic girls and women have a higher risk of developing restrictive eating disorders[1] and girls with ADHD are more than three times as likely to have an eating disorder compared to their peers[2]. Whilst not directly referencing these experiences, the 'Healthier' and 'Fairer'	

[1] https://www.ucl.ac.uk/brain-sciences/pals/research/clinical-educational-and-health-psychology/research-groups/eating-disorders-research-group/our-research-and-current-projects/study-eating-disorders-autistic-females-sedaf
[2] https://www.ovid.com/jnls/jrnldbp/abstract/10.1097/dbp.0b013e3180327917~are-girls-with-adhd-at-risk-for-eating-disorders-results?redirectionsource=fulltextview

	principles of the Food Strategy look to improve support systems that could help address them.	
3.3 Pregnancy and maternity	During pregnancy and maternity, people can be particularly vulnerable to food-related challenges such as food insecurity, limited access to healthy options, and higher exposure to unhealthy food environments. The Food Strategy takes a whole-system approach designed to improve health outcomes for pregnant people by increasing the affordability, availability and accessibility of healthy, sustainable food. By addressing structural barriers and supporting those most at risk, the strategy contributes to reducing health inequalities experienced during pregnancy and early parenthood.	
3.4 Gender reassignment – identify the impact/potential impact of the policy on transgender people	There is limited research in the UK on the risk of food insecurity of trans people specifically[3]. Evidence from the US shows that during the COVID19 pandemic, 20% of transgender adults experienced food insecurity compared to 8% of cisgender adults[4] Whilst not directly referencing these experiences, the 'Healthier' and 'Fairer' principles of the Food Strategy look to improve support systems that could help address these challenges and benefit residents of all genders.	

[3] https://www.trussell.org.uk/news-and-research/publications/report/hunger-in-the-uk-2025
[4] https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Food-Insufficiency-Update-Apr-2022.pdf

3.5 Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration of physical, sensory and mental health needs/differences)	The Food Strategy should positively impact disabled people by addressing structural barriers that can limit access to healthy, affordable and culturally appropriate food. Disabled residents may suffer from a range of challenges including food insecurity, reduced mobility, and challenges navigating complex food environments. By taking a whole-system approach, the strategy aims to improve the affordability, availability and accessibility of healthy and sustainable food across B&NES. Key elements of the strategy - such as strengthening local supply chains, improving community food provision, and supporting inclusive engagement can help reduce inequalities experienced by disabled people.	
3.6 Age – identify the impact/potential impact of the policy on different age groups	The Food Strategy aims to reduce age-related inequalities in access to healthy, affordable food. Evidence shows that both younger and older residents face distinct barriers, and the strategy's whole-system approach helps address these across the life course. Targeted engagement with older people, as well as children and families, ensured their needs shaped priorities.	
3.7 Race – identify the impact/potential impact on across different ethnic groups	The Food Strategy attempts to minimise health, social and economic inequalities across a range of areas related to food. Evidence highlights that across England there are inequalities seen across different racial groups, including the ethnicity pay gap, which this strategy will look to improve.	

	Community engagement highlighted the importance of culturally appropriate food provision and ensuring that people from ethnic minority communities are included in food-related activities and decision-making. The strategy commits to improving access to affordable and culturally appropriate food and promoting inclusive participation within local food initiatives.	
3.8 Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual, questioning people	LGBTQ+ people are more likely to experience financial hardship and other barriers, such as discrimination, insecure housing and limited support networks, which can increase vulnerability to food insecurity.[5] In 2024, one in three (34%) people from the LGBTQIA+ community experienced food insecurity in the previous year. This was double the rate for people who were not LGBTQIA+ (15%)[6] LGBTQIA+ people were also far more likely to have experienced homelessness: a key driver of hunger. 18% of people from the LGBTQIA+ community have experienced homelessness, and young people from the community are twice as likely to have experienced homelessness compared to heterosexual people[7]	

[5] https://www.sciencedirect.com/science/article/abs/pii/S0277953626009160
[6] https://cms.trussell.org.uk/sites/default/files/2025-11/hunger_in_the_uk_261125.pdf
[7] https://cms.trussell.org.uk/sites/default/files/2025-11/hunger_in_the_uk_261125.pdf

	Whilst not directly referencing these experiences, the 'Healthier' and 'Fairer' principles of the Food Strategy look to improve support systems that could help address these challenges and benefit LGBTQ+ residents.	
3.9 Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	Married and civil partnered people that experience food insecurity may benefit from the strategy.	
3.10 Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	Food plays an important cultural and religious role for many communities. The Food Strategy recognises these differences and aims to ensure that diverse dietary needs, traditions and preferences are respected and supported. By improving the availability and affordability of a wider range of healthy and culturally appropriate foods, the strategy helps reduce inequalities experienced by faith groups and supports inclusive access for people of all religions and those with no religion.	
3.11 Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors like family background, educational attainment, neighbourhood, employment status can influence life chances	Evidence shows that lower-income households face greater barriers to accessing healthy, affordable and sustainable food, and the strategy directly targets these inequalities. An estimated 14% of B&NES households struggle to access foods they want to eat, or enough food[8]. Twerton West, Whiteway and Combe Down are now within the most	

[8] https://www.bathnes.gov.uk/sites/default/files/Strategic%20Evidence%20Base%20Main%20Document%20%28July%202023%29.pdf

(this is not a legal requirement, but is a local priority).	deprived 10% small areas nationally[9] . In 3 areas, over half of school pupils are eligible for free school means in September 2026. The Food Strategy is designed to reduce the health, social and economic inequalities that disproportionately affect people experiencing socio-economic disadvantage. Two of the strategy's core pillars -Healthier and Fairer - focus explicitly on improving access to affordable food for those most affected by socio-economic disadvantage, including strengthening our food banks, and Holiday Activity and Food Programme. Increasing the resilience of our local food system will also protect our most economically vulnerable residents from global food system shocks and price rises Specific outreach was undertaken with key food affordability partners, including voluntary sector organisations running food banks, as well as with residents using food insecurity services.	
3.12 Rural communities* identify the impact / potential impact on people living in rural communities	Rural communities can face distinct challenges around food access, transport, affordability and local supply. Evidence shows clear differences between rural and urban areas across England, and the strategy is designed to address these disparities. This	

[9] https://deprivation.communities.gov.uk/maps?type=imd&geog=lsoa#9.97/51.3783/-2.7583

	can be seen in our Indices of Deprivation 2025[10]. Rural stakeholders, such as farmers were actively involved in shaping the strategy, including representation from the National Farmers Union on the steering group. One of the guiding principles of the strategy is recognising the differing needs of rural and urban communities and ensuring that actions are responsive to the specific challenges faced by each.	
3.13 Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law to pay due regard to the Armed Forces Community when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	Some veterans may experience food insecurity; isolation; mental health challenges. The strategy may therefore offer indirect benefits through affordable food and community food initiatives.	
3.14 Care Experienced *** This working definition is currently under review and therefore subject to change:	Research shows care-experienced children may face distinct food-related challenges linked to previous experiences of neglect,	

10 https://app.powerbi.com/view?r=eyJrIjoiODdjMmY0MzktZTdkZC00M2I5LTkwZGYtMDI2ZWU5ZGNhZGU5IiwidCI6ImM1NjJjMGNlLWQ5MjUtNGRmZC04ZDk5LWM5NDE2ZWIwM2ViOSJ9

In B&NES, you are 'care-experienced' if you spent any time in your childhood in Local Authority care, living away from your parent(s) for example, you were adopted, lived in residential, foster care, kinship care, or a special guardianship arrangement.	trauma and adverse childhood experience[11] as well as socio-economic challenges which increase their risk of food insecurity. At least one third of care-leavers are reported to experience homelessness within the first two years of leaving care. 25% of the homeless population are estimated to have been in care[12]. Whilst not directly referencing these experiences, the 'Healthier' and 'Fairer' principles of the Food Strategy look to improve support systems that could help address them. For example, community food, cooking skills, food education and supportive social networks may have particular benefits for care-experienced young people transitioning to independent living.	

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Bill (which came in on 22 Nov 2022) introduces a requirement to pay 'due regard' to make sure the Armed Forces Community are not disadvantaged when accessing public services.

***The Equality Act does not cover care experienced people. B&NES adopted this group as a protected characteristic in March 2024 alongside over 80 other Local Authorities. Although we have data for care leavers and children/young people who are currently in the care of B&NES we do not have wider data on disadvantage experienced through being in care.

[11] https://www.sciencedirect.com/science/article/abs/pii/S0195666325000996
[12] https://basw.co.uk/articles/spotlight-poverty-care-leavers-and-care-experienced-people

4. Bath and North East Somerset Council
Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Reliance on multiple organisations and sectors to deliver The Strategy may create coordination and implementation risks, especially without dedicated resource.	Prioritise securing resource for the longer term. Establish effective governance arrangements through the Local Food Partnership and maintain clear accountability for delivery of priority actions.	Resource secured; Partnership established; reporting arrangements agreed; annual progress reports produced.	Partnerships and Policy Manager	March 2027
Despite best efforts, engagement will not have captured the input of all affected communities and there will be many varied personal experiences.	Continued engagement with communities through various Council services, communities and partners; Develop a monitoring and evaluation framework for the Food Strategy, including measures relating to equality and inclusion where feasible.	Ongoing engagement; Monitoring framework agreed; baseline indicators identified; annual reporting schedule established.	Partnerships and Policy Manager	Ongoing
Despite best efforts, risk that food-related inequalities continue to affect socio-economically disadvantaged, disabled or rural residents.	Ensure equality considerations are embedded in delivery plans and projects and maintain community engagement to gather feedback. Develop equality monitoring measures as part of the Food Strategy monitoring framework	Complete EQIA process for major projects to assess impacts; report engagement and updates in annual reporting process Monitoring Framework includes equality indicator/s	Partnerships and Policy Manager	Ongoing

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equality Team (equality@bathnes.gov.uk), who will publish it on the Council's website. Keep a copy for your own records.

Signed off by: Amy McCullough, Consultant in Public Health and Interim Director of Public Health

 (Divisional Director or nominated senior officer)

Date: 7th October 2026