Health Inequalities - Early Years

Food Standards Agency

The Scottish Parliament Health and Sport Committee call for written evidence: health inequalities – early years

Thank you for your invitation to provide a written submission of evidence on health inequalities in the early years.

The Food Standards Agency (FSA) is a non-ministerial UK government department operating at arms length from Ministers and governed by a Board appointed to act in the public interest. The FSA’s food safety and standards remit is one which is wholly devolved in the context of the provisions of the Scotland Act, and it is equally accountable to the Westminster and Scottish Parliaments. The FSA in Scotland (FSAS) also has a remit relating to nutrition which includes both monitoring the diet of the Scottish population and the provision of evidence based advice on healthy eating.

More specifically with reference to early years, the FSA has policy responsibility for the legislation of infant and follow on formula milk and for processed cereal based foods and baby foods for infants and young children. As part of its role to develop and implement strategies to reduce foodborne illness in the Scottish population, FSAS works extensively with Scottish Government Public Health Division, Health Protection Scotland, NHS Scotland and the Care Inspectorate to ensure food safety guidance and messaging aimed at those responsible for the care of infants and young children is evidence based. Examples of the FSAS’s work in this area include the promotion of guidelines on food safety management for registered child minders, the provision of consumer advice on food safety risks for pregnant women which is published on NHS Inform, and support for the development of NHS guidance on safe bottle feeding. With respect to its remit in nutrition, FSAS recently contributed expert nutrition advice on healthy eating for Setting the Table: Nutritional guidance and food standards for early years childcare providers in Scotland which is due to be published shortly by NHS Health Scotland.

To answer your question “Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?”, we offer the following evidence from the FSAS dietary monitoring programme which indicates that there are links between diet and deprivation at a population level in Scotland which are echoed in the intakes of children, including the early years. While there is a need to improve diet across the whole population, it is of concern that children and young people growing up in the most deprived households in Scotland are likely to have the poorest diets.

Data from FSAS dietary surveillance gathered from the Living Costs and Food Survey between 2001 and 2011 demonstrates that there are persistent inequalities in dietary intake. Households in the most deprived areas, as measured by the Scottish Index of Multiple Deprivation, consume fewer fruit
and vegetables and less brown/wholemeal bread, breakfast cereals (all types and wholegrain/high fibre only), white fish and oil-rich fish than in the least deprived households. Added sugar intake, particularly from sugar containing soft drinks together with energy dense foods such as confectionery, chips and meat products are highest in the most deprived. Furthermore, where a difference exists between the least and most deprived, there is no evidence to suggest that the gap in intake has decreased since 2001. Market research data from Kantar Worldpanel from 2010 to 2013 supports the findings above, with respect to lower purchases of fruit and vegetables and oil-rich fish observed in the most deprived.

To date, FSAS has commissioned two comprehensive surveys (in 2006 and 2010) to assess the dietary intake of children and young people aged between 3 and 17 years. Overall, these surveys indicate that intakes of added sugars in children living in Scotland are above recommended levels, with those in the more deprived areas consuming the most. As observed in the population level data obtained from Living Costs and Food Survey, the link with deprivation was particularly marked for sugar containing soft drinks. Also in line with population level data, intakes of fruit and vegetables, oily fish and wholemeal bread were lowest in the most deprived children and young people. In contrast to the 2006 Children’s Survey, the 2010 survey also showed an association with body weight; the prevalence of overweight including obese increased with deprivation, from 25% in the least deprived quintile of SIMD to 38% in the most deprived SIMD quintile. The FSAS Children’s dietary survey reports can be accessed by the links below:


There are fewer data available to link diet with deprivation in the early years in Scotland. However, a Scottish boosted sample of the UK_Diet and Nutrition Survey of Infants and Young Children does provide some information about nutrient intakes of children of aged 4 to 18 months living in Scotland. Of the 616 children in the Scottish sample, 19% were in receipt of Health Start (HS) vouchers. HS vouchers may be spent on milk, plain fruit and vegetables and infant formula milk and are available to those on benefits and those who are pregnant and under 18. The Scottish data from this survey reveals similar findings to the population and children’s surveys in that those in receipt of HS vouchers had significantly lower intakes of fruit and vegetables than the sample as a whole.

I hope the information provided will assist the Committee in its deliberations. FSAS would be happy to provide further detail if required.

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