

## Equality Impact Assessment Results

<b>Title of Policy</b>	The Welfare Foods (Best Start Foods) (Scotland) Regulations 2019
<b>Summary of aims and desired outcomes of Policy</b>	<p>Section 27 of the Scotland Act 2016 devolved the powers in relation to the Welfare Foods schemes. Welfare Foods policy includes Healthy Start Vouchers, Healthy Start Vitamins and the Nursery Milk scheme. This EQIA focusses on the scheme that will replace Healthy Start Vouchers in Scotland, Best Start Foods.</p> <p>Best Start Foods will begin replacing the UK Healthy Start Voucher scheme in Scotland Summer 2019. It will continue to provide financial support for pregnant women and families with children under 3 years old, on certain benefits, to purchase affordable nutritious foods. This policy was established to support healthy eating patterns in the earliest of years and to tackle health inequalities faced by low income families.</p> <p>Promoting the health of children and their families fits in with one of the Government's five strategic aims which seeks to help people to sustain and improve their health, especially within disadvantaged and vulnerable communities.</p> <p>Best Start Foods policy also supports the Government to achieve the following national outcomes:-</p> <ul style="list-style-type: none"> <li>• We are healthy and active.</li> <li>• We tackle poverty by sharing opportunities, wealth and power more equally.</li> </ul>
<b>Directorate, Division, Team</b>	Children and Families: Improving Health and Wellbeing: The Welfare Foods Team

## **EXECUTIVE SUMMARY**

The public sector equality duty requires the Scottish Government to pay "due regard" to the need to meet its obligations under the Equality Act 2010. The Scottish Government, therefore, undertook an EQIA as part of the process on the policy changes to the Healthy Start Voucher scheme (to be called Best Start Foods) following the devolution of Welfare Foods powers under the Scotland Act 2016.

This policy will directly affect children and their families. It will be designed to have a positive effect on individuals and families, particularly those who are vulnerable, disadvantaged and in receipt of certain benefits.

## **BACKGROUND**

The broader policy of Welfare Foods was originally introduced as a wartime measure in the 1940s to ensure an adequate diet during rationing. Benefits were originally universal but have become targeted over the years as the nation's diet improved.

Currently, Welfare Foods are delivered through two schemes:

- The Healthy Start scheme which provides vouchers (direct financial support) to pregnant women and families on low incomes to purchase affordable nutritious food; and vitamins, for children and women (during pregnancy and after birth). We have already delivered a separate vitamin scheme (free vitamins for all pregnant women) and this will continue to evolve separately from the Best Start Foods scheme.
- The Nursery Milk Scheme, which entitles all children under five to receive a drink of fresh semi-skimmed or full fat cow's milk (1/3 pint) on days where they have spent two or more hours in early learning and childcare (ELC). This includes infant formula for children under the age of one.

The Healthy Start Scheme and Nursery Milk Scheme are currently delivered by the UK Government's Department of Health and Social Care. The Scottish Government does, however, fund the Scottish claims to both of these schemes.

## **Implementing the new Best Start Foods policy**

Having Welfare Foods devolved to Scotland provides the Scottish Government with the opportunity to address the bureaucracy associated with the current schemes and to introduce a number of improvements, including:

- Increasing the weekly payments to cover the costs of ensuring children can receive a healthy and balanced diet from £3.10 per week (current value of weekly payment in UK Healthy Start Voucher scheme) to £4.25 a week. Across the duration of the Best Start Foods payments, the amount recipients will receive for each child will increase by £112 (from £899 to £1,011).
- Expanding the range of foods to include not only fresh/frozen fruit and vegetables, cow's milk and first infant formula milk, but also tinned fruit and

vegetables, fresh/frozen/dried/tinned pulses and eggs to give families greater choice.

- Ensuring dignity and respect for BSFs recipients, through the introduction of a pre-paid payment card system to replace the paper voucher system. This will help to reduce stigma and simplify administration for both recipients and retailers.
- Aligning with broader Scottish policies including the increased number of hours for universal Early Learning and Childcare (ELC) provision for children aged 3 to 4, which will include a free meal, drink of milk and a healthy snack. Payments for BSFs will be made up to when a child turns three, which is a change from the UK scheme, where it pays up until a child turns four. We will protect against any negative impact for those children aged two or over by providing transitional protection – the continuation of payments until a child turns 4 - for those children aged two or over, when they re-apply to BSFs.
- Adding Housing Benefit, Pension Credit and Child Tax Credit (when combined with Working Tax Credit) to the eligibility criteria for BSFs. More low income families who are in need of this benefit will qualify for it, and it more closely aligns the eligibility of BSFs with the eligibility criteria for two-year old places in Early Learning and Childcare.
- Integrating the administrative systems of BSF with Best Start Grant (BSG). BSG replaces the Sure Start Maternity Grant (SSMG) in Scotland and provides eligible families with a one-off payment at three significant life events (pregnancy, early learning and school age). BSG and BSF is being delivered by Social Security Scotland. Service users will only be required to complete one application form to apply for both the BSF and BSG, which supports income maximisation by allowing for a full assessment to be made for all aspects of the application process. In addition, BSF will mirror the responsibility and dependency test of the Best Start Grant Regulations. This ensures consistency across the two benefits and ensures that the person responsible for the child is the person who can receive the benefit.
- Removing the requirement for a health professional to sign an application form for BSF ensuring pregnant women can access the payments as soon as they know they are pregnant.
- Raising awareness initiatives to embed healthy eating messages and to increase uptake of the scheme, ensuring families can access affordable, nutritious food at the point of need making sure that no one is disadvantaged.

Establishing good nutrition and healthy dietary habits in infancy is also important as good practices can be taken forward into childhood and throughout adult life. Maintaining a healthy weight is key for both physical health and mental wellbeing. These changes will help encourage BSF beneficiaries to introduce more fruit, vegetables, eggs and milk into their diets which will help establish good nutrition and healthy eating practices, which can be continued throughout their lives. BSF is

targeted towards children and pregnant women from the most disadvantaged and low income families, which aims to help reduce inequalities.

### **Who was involved in this EQIA?**

As part of this work we have consulted and engaged with a wide range of stakeholders:

We utilised the experience of third sector organisations and health professionals who support low income and vulnerable groups. To do this we established a Healthy Start Short Term Working Group (STWG) which comprised of: healthcare professionals, NHS Boards Healthy Start Leads and representatives from Scottish Local Government Partnership, COSLA, Welfare Rights and Third Sector organisations. The group's role helped to inform the most appropriate ways to shape the Best Start Foods policy.

We have used a wide range of research and engagement techniques including focus groups, interviews and co-design workshops, to which a wide range of stakeholders were invited to understand people's experiences and what they need, want and hope for from our new system. This includes designing and testing the business processes needed to allow people to access and receive BSF, including the application form and payment card design.

Parents told us that they would prefer a single application process for the new BSF and BSG. This will reduce the number of different applications parents need to make and keep track of. On-going contact will allow us to prompt people to apply for what they are entitled to and ensure they are accessing the benefits to which they are entitled.

Health professionals also advised us that a single administrative process will provide opportunities for combining promotion of these schemes and will help increase uptake and reduce duplication.

### ***Consultation***

Between 5 April 2018 and 28 June 2018 we undertook a public consultation on Welfare Foods (including Best Start Foods) and asked for opinions on how the changes will affect Scottish citizens and how to ensure the best options for supporting children in families with low incomes to purchase healthy foods. The consultation also asked how we can work with retailers and support families to establish healthy eating patterns and increase uptake of BSF entitlement. Prior to the consultation, we held discussions with representatives both internally and externally that have connections with or that support recipients of the HSV. This helped us identify key issues and improve the new BSF policy. We will continue to liaise with stakeholders to ensure the policy continues to be well informed and fit for purpose in delivery.

## ***Consultation outcomes***

Overall, respondents were supportive of the proposals included in the consultation document. No significant differences were observed between the positions of individuals and organisations, or between those of different types of organisations. In relation to BSF the responses point to areas that could be explored further by the Scottish Government. These include:

- How to involve frontline staff and retailers – both are seen as key points of contact with families – in both promoting awareness of BSF and supporting families establish healthy eating habits
- How to include retailers without card payment facilities in the payment card system
- How to coordinate existing campaigns and projects aimed at supporting families to establish healthy eating habits

A common theme was the possibilities offered by technology and how to best harness them. The move from paper vouchers to a payment card was viewed positively by respondents. Social media and smartphone technology also featured prominently in responses – as a way of engaging parents and families, collecting feedback and impact data, or even as a means to make and manage BSF payments.

We have considered the findings from the consultation throughout the policy development process and will continue to evaluate any further evidence that becomes available. We have also:

- Actively engaged with retailers to help inform the policy development and to make sure we have a more cohesive approach in delivering BSF successfully.
- Engaged with individual retailer stores seeking further input into how we can best deliver BSF both in the retailer and user context.
- Procured a payment card supplier to help deliver the prepaid payment card, which will help address any stigma currently associated with the current HSVs in the way of use and presentation.
- Undertaken a range of engagement with HSV recipients, pre and post consultation. Feedback has helped to shape the Best Start Foods scheme, including increasing the value of the payment to cover the costs of buying food, introducing a prepaid payment card to help make the scheme simpler for users and to reduce the stigma associated with the current paper vouchers. Users have fed into the design of the payment card and application process and we are running a small scale pilot exercise, to look at the use of the payment card and to highlight any unforeseen issues prior to BSF going live.

## **KEY FINDINGS**

The evidence in respect of BSF and the potential impact on particular groups are laid out for the following groups:

## Age

### Key facts:

- Parental age has a significant impact on child poverty rates. In 2014/15 - 2016/17 (combined years) 50% of children in households where the mother was under 25 were in poverty, compared with 22% where the mother was 25 or over.
- The Scottish Government's Pregnancy and Parenthood in Young People Strategy highlights that young mothers are considerably more reliant on state benefits and tax credits than older mothers – a position that remains the case as children age.
- Pregnancy rates for women aged 15-19 were five times higher in SIMD1 than SIMD5 (58.9 compared with 11.8 per 1,000 population for the year of conception 2016). Teenagers from deprived areas are also more likely to deliver, while those in the least deprived areas were more likely to terminate their pregnancy.
- In 2017/18, children living in more deprived areas were less likely to have a healthy weight (72.8% of children living in the most deprived areas, 81.8% least deprived).
- Under-consumption of fruit and vegetables is an issue in the earliest of years. In 2017, only 14% of children aged 2-4 ate the recommended five portions of fruit and vegetables per day, whilst 53% of 2-4 year olds eat less than the recommended three portions of fruit or veg a day.
- In 2017, 12% of children aged 2-15 from the most deprived areas had the recommended 5 portions of fruit and vegetables the previous day, compared to 21% in the least deprived areas.

### Summary

Younger families on low incomes are more likely to benefit from Best Start Foods, particularly young mothers who are more reliant on benefits and tax credits. BSF is open to women who are pregnant and families with children under the age of three if they are in receipt of qualifying benefits. Under 18s will qualify for BSF during their whole pregnancy, even if they do not receive benefits. BSF will also now include universal eligibility (doesn't require a qualifying benefit) for under 18s up until their child turns one. Carers/legal guardians who are responsible for a child who is eligible for BSF will also benefit from this scheme.

The increase of payments from £3.10 to £4.25 will allow for an increase portion size meeting the recommended intake of fruit and vegetable for pregnant women. Increasing the types of foods eligible for purchase using the payment card and working closely with all stakeholders including retailers will allow us to target increasing awareness and uptake of the scheme to ensure all those who are eligible for BSF can easily access and benefit from it, which will help create healthier eating habits. Particularly as we know under-consumption of fruit and vegetables starts at such an early age.

We will be amending the age of eligibility for BSF from 4 years to 3 years of age, but providing more support over the lifetime of the benefit. Across the duration of the

BSF payments, the amount recipients will receive for each child will increase by £112 (from £899 to £1,011). There will also be transitional protection for children who previously qualified for support up to age of four (for children aged two or over when re-applying for BSF).

## **Disability**

Key facts:

- In 2014-17, the poverty rate after housing costs for families with a disabled person was 24%. This compares with 16% of people in a family without a disabled person who were in poverty.
- 40% of disabled children in the UK are living in poverty, the additional costs these families face as a consequence of disability will be partly a result of the additional costs involved in raising a disabled child.

## **Summary**

With evidence showing that disabled people are at a higher risk of living in poverty and experiencing financial difficulties we expect BSF to have a positive impact on these families through BSF being specifically targeted towards low income families on certain benefits.

The needs of disabled applicants have also been considered as part of building a system which meets accessibility standards. For example, simplification of the application process to ensure that support, particularly for those who are visually impaired and with language and literacy issues, is made available and that no one is disadvantaged. Applicants will have more choice in how they apply in comparison to the existing HSV scheme. For example, they will be able to apply in writing on a paper form, online and by telephone, and be able to use their payment card online if they register with a mobile number and email address. We have been user testing with people who have a broad spectrum of needs, including those affected by dyslexia and visual impairments, to ensure that the service is accessible.

Increasing BSF payment from £3.10 to £4.25, per eligible person, per week, will ensure that those disabled people living in deprivation will benefit the same as all who receive BSF in accessing healthier foods for their families. Increased awareness and easy accessibility of shops at a local level is particularly important to those who live in remote and rural areas and for those who may be disabled. It will mean that payment cards can be used in a wider range of locations and retailers that sell food, including small local shops.

## **Sex**

Key facts:

- Of the over 170,000 single parents in Scotland with 281,000 children, 92% (156,000) are female, and therefore gender / sex is a key defining characteristic. By 2033, the number of single parents is projected to rise to

238,000 (24% to 38%). Because of the additional barriers they face, single parents are more at risk of being in poverty.

- 22% of men living in more affluent areas are obese compared to 28% living in deprived areas.
- 21% of women living in more affluent areas are obese compared to 37% living in deprived areas.
- Women and children in the most deprived areas are particularly affected by more extreme obesity.

## **Summary**

With more single parent households being headed by women and single parent households more likely to experience higher poverty rates, they are more likely to benefit from the changes implemented through BSF. In addition, information about BSFs is more likely to be directed first and foremost towards pregnant women, for example when they attend appointments with their midwife.

However, given that a significant minority of men are the main carer of a child and should therefore be able to receive a payment, we have introduced a responsibility test (which mirrors the current BSG responsibility test) to ensure that whoever has responsibility for the child is able to receive the BSF payment on behalf of the child. Whilst a high proportion of those receiving BSF will likely be female, males and others with responsibility for the child, such as partners and grandparents will also now be able to claim BSF for the child that they have responsibility for.

The data indicates that females eligible for BSF are more at risk of being obese and caring for a child, they will all benefit from the healthier diet and in turn potentially create healthier eating habits for their children. To help assist with key messages of healthy eating we will raise awareness of BSF and the benefits associated with the scheme and are working with all relevant stakeholders such as women and family groups to ensure a broad and consistent approach.

## **Pregnancy and Maternity**

Key facts:

- There is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group, a teenage female living in the most deprived areas is five times as likely to experience a pregnancy as someone living in the least deprived.
- More pregnant women are overweight or obese than are of healthy weight, in 2017/18, fewer than half of women, (42%) of pregnant mothers had a BMI within their healthy range at their weight when they booked for antenatal care and almost half (49%) were overweight or obese.
- There were 225 stillbirths (4.2 per 1,000 live and still births) and 176 infant deaths (3.3 per 1,000 live births) – representing the third and second lowest rates ever with the lowest rates being observed in 2015.
- The number of terminations in Scotland was at a five year high in 2017. There were 12,212 terminations of pregnancy in Scotland in 2017.



- Miscarriage is the most common cause of pregnancy loss. It is estimated that around one in five known pregnancies end in miscarriage (The overall figure is difficult to quantify due to many miscarriages happening before women know they are pregnant).

## **Summary**

This policy will increase payments, widen eligibility, increase healthy foods choices and ensure pregnant women can access BSF sooner, through removing the requirement of a healthcare professional's signature on the application form. Due to the link between deprivation and teenage pregnancy, all teenage mothers under the age of 18 will be able to benefit from this policy. In addition, we are extending the under 18 universal eligibility to those with a child under the age of one, so under 18s will continue to benefit from BSF for longer without having to be on a qualifying benefit. This is particularly important throughout the first year of the child's life as the BSF payment doubles from £4.25 to £8.50 per week, to ensure that breastfeeding mothers and their babies benefit from the additional support for their nutrition in the first year of the child's life. For mothers who do not breastfeed, the double-payment can support the additional costs associated with providing first infant formula milk.

In the unfortunate event of a stillbirth, miscarriage or termination we will not seek to reclaim any overpayments made, as this could cause more stress for those who have experienced a loss. The payment will cease on the date the agency is made aware of the loss i.e. mother notifies. The Social Security Agency has worked with organisations which specialise in working with parents who have experienced a loss and agency staff have been trained to ensure they deal sympathetically and appropriately with those who have experienced a loss.

## **Gender reassignment**

The Scottish Government currently does not have information on the experiences and position of transgender people in relation to income and poverty, however, the BSF will be payable to whoever is responsible for the child, regardless of gender. We therefore anticipate that this group will not be disadvantaged when receiving BSF and will benefit the same as all who receive this payment. When applying for BSF, the application form will only capture essential data. In relation to the joint application process for BSF and BSG, work has been carried out to look at inclusive forms of address and how those who have had their gender reassigned are recorded, whether it is needed and, if so, how the system(s) will manage this change.

## **Sexual orientation**

Key facts:

- In relation to the Scottish Index of Multiple Deprivation – Lesbian, Gay Bi-sexual and Other (as defined in the 2017 Sexual Orientation in Scotland, Summary of Evidence Base) a greater proportion of the LGBO group lived in the most deprived quintile (27 per cent compared with 19 per cent of heterosexual adults at 2015).

We therefore anticipate that this group will not be disadvantaged from receiving BSFs and may benefit with the improvements to the scheme, which will be payable to whoever is responsible for the child, regardless of their sexual orientation. When applying for BSFs the application form will only capture essential data. An Equality monitoring form will be offered prior to submitting the application form but is not required to be completed.

## **Race**

Key facts:

- There was a significant association between fruit and vegetable consumption and ethnic groups. White British respondents were the least likely to eat 5-a day (21%). Conversely, White Other (40%, 4.6 mean portions), Pakistani (48%, 4.8 mean portions), Chinese (49%, 5.2 mean portions), Asian Other (51%, 5.0 mean portions) and Other ethnic groups (46%, 5.0 mean portions) were all significantly higher than the national average (22%, 3.2 mean portions) in terms of their consumption of 5 or more portions per day.
- The highest prevalence of obesity was among African, Caribbean or Black respondents (35%) but this was not significantly different from the average.
- People from Asian and 'Mixed, Black and Other' ethnic groups were more likely to be living in relative poverty, both before and after housing costs, compared to those from the 'White – British' group.
- Ethnicity also impacts on family size, with Black, Asian and ethnic groups having larger families than white and Chinese ones.

## **Summary**

All ethnic groups can benefit from this scheme and for those groups who have an existing higher intake of fruit and veg the use of the payment card will then free up some of their household income for use on other essential items. In particular, Asian and Mixed, Black and Other groups that are living in poverty are more likely to benefit from BSF. To meet the needs of those groups where English is not their first language we will ensure that the application form is available in a choice of other languages and ensure that the contact centres support the requirement for a translation service if appropriate. UK Government policy is that Asylum Seekers cannot claim any benefits therefore are not eligible for BSF. If they are destitute they can apply to the Home Office for assistance but have no recourse to public funds (even those under 18 years of age) so would not be eligible for BSF. Refugees who are granted refugee or humanitarian protection status (after 5 years, can apply for indefinite leave to remain) and can claim benefits and therefore would be eligible for BSFs for their family.

## **Religion or Belief**

- In 2015-18, 41% of people who identified their religion as Muslim were living in poverty after housing costs. Those who identify their religion as Church of Scotland had a slightly lower poverty rate after housing costs (14%) than found for all individuals. All other religious groups and those with no religion had a

relative poverty rate after housing costs similar to that found for the whole population (19%).

- Families of certain religions or beliefs are also more likely to have larger families. A quarter of Muslim households contained three or more dependent children, compared with 14% of Sikh, 7% of Hindu and 5% of Christian households.
- About 1 in 4 Muslim women aged 16 or over are 'looking after home or family' – a remarkably high figure when compared with the overall population, where only 5.6% of women fall into this category.
- Organisations that work with Gypsies/Travellers believe Scotland's community comprises 15,000 to 20,000 people. Gypsy/Traveller families were more likely to be divorced or separated, live in lone parent households and have 3 or more dependent children; were more likely to have lower skills in English language and more likely to speak other languages at home; were more likely to have worse health than the population, despite a younger age profile.

## Summary

With Muslims being more likely to have larger families and to be living in poverty, it is likely that the positive changes from BSF will particularly benefit the Muslim community. In addition, with certain religions or beliefs being more likely to have larger families, they are also more likely to benefit from BSF, which provides a payment per child.

We have not received any feedback to suggest there should be issues from a religious perspective in terms of using a payment card, particularly in relation to restrictions around ensuring that BSF is Sharia compliant. There is no lending element and therefore no interest related to the BSF scheme. You do not require a bank account to hold a BSF payment card, which will have a positive impact on people who do not hold bank accounts due to religion or belief.

To meet the needs of people where English is not their first language, we will ensure that the application form can be accessible in a large variety of languages (around 90) and make sure that the contact centre can cover the need for a translation service where required.

Since the public consultation we have had communication to suggest that Veganism should be treated as belief and therefore alternative vegan milks (plant based) be provided for within the BSF scheme. We have entered into a dialogue with stakeholders to ensure that any eligible foods for the BSF scheme is based upon clear scientific advice and in particular advice that follows the recommendations of the Scientific Advisory Committee for Nutrition (SACN) and their Subgroup on Maternal and Child Nutrition (SMCN). There is currently no suitable plant based alternative first infant formula milk on the market however, we will continue to engage with the relevant stakeholders to ensure that we consider any new evidence in relation to alternative vegan options.

## **Marriage and Civil Partnership**

The Scottish Government does not require assessment against this protected characteristic unless the policy or practice relates to work, for example HR policies and practices - refer to Definitions of Protected Characteristics document for details.

## **RECOMMENDATION AND CONCLUSION**

The BSF scheme will likely have a positive impact on a wide range of people with protected characteristics. This policy will provide an opportunity to reduce inequality around health especially for pregnant women and young children as well as those who are the responsible for a child. The scheme will provide an opportunity for health care professionals to make pregnant women aware that they should maintain a nutritious diet that will help optimise maternal health and reduce risks for their unborn child. Similarly, a balanced diet and good feeding habits are essential for the healthy growth and development of children during the early years of life. A child's nutritional status has been shown to have a significant impact on health in the present and in the future.

We have liaised through a consultation process including organisations who work with protected groups or with those who are vulnerable or disadvantaged. The aims of the discussions were to raise awareness of the scheme and encourage them to apply and to find out what the reasons are that stop them from applying.

The EQIA process did not identify indirect or direct discrimination through the policy intention. This EQIA analysis will be kept under regular review, with any new data or evidence analysed as it becomes available to monitor the on-going impact of the BSF on equality groups.

The EQIA has helped us to consider how we improve outcomes for children and families and to raise awareness of the BSF scheme (especially to those ethnic minority groups or to those who have literacy or language needs). It is anticipated that we will enable potential beneficiaries to be aware of the BSF scheme and the benefits to be gained from it.

We understand groups who share protected characteristics may face difficulties in accessing or understanding their entitlements due to language or other communication barriers. We will ensure information and advice on BSF is as accessible as possible and reaches the full range of people who could benefit from this support, through services used by parents, and in a range of formats.

Increased awareness and easy accessibility of shops at a local level is particularly important to those who live in remote and rural areas and for those who may be disabled. The payment card can be used in a wide range of locations, including small independent grocery shops or even online, this means that the payment card opens up access to all families on low incomes.

## MONITORING AND REVIEW

As part of the EQIA process, the following mitigations are being made to the BSF scheme.

- There have been discussions with ethnic minority representatives and potential applicants from ethnic minority groups from around the country to identify key hurdles why women from this cohort do not apply for the current HSV scheme.
- The application process will be made simpler to ensure delays are minimal and that support, particularly for those with disabilities (i.e. visual impairment), language and literacy issues, is available when appropriate.
- Increase awareness of the BSF scheme all round but particularly with retailer involvement.
- There has been liaison with policy colleagues from social security to enable BSF and BSG benefits alignment which will enable the implementation date for both these benefits to coincide. This dialogue will continue throughout.
- We will be amending the age of eligibility for BSF from 4 years to 3 years of age. The increase in the number of hours of Early Learning and Childcare (ELC) provision for children aged 3 to 4 means that all children in a registered ELC settings will receive a free meal, drink of milk and a healthy snack. We are working to mitigate against any negative impact for those affected by any gap in provision.

As the focus of this policy is prevention and early intervention we would expect to see positive impacts for some of the most vulnerable families in Scotland.

## AUTHORISATION

I confirm that the impact of the Best Start Foods has been sufficiently assessed against the needs of the equality duty:

<b>John Froggatt</b> Deputy Director Health and Wellbeing Division	Date this version authorised:  29 May 2019
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