

## **Equality and Social Justice Committee's virtual Focus Group: Access to Healthy, Nutritious and Affordable Food, 02 February 2026**

**Purpose of session:** To meet with providers and dieticians to discuss access to healthy, nutritious and affordable food.

### **Committee members present:**

Jenny Rathbone MS (Chair), Jane Dodds MS, Julie Morgan MS, Altaf Hussain MS and Sian Gwenllian MS, substituting for Sioned Williams MS.

Apologies were received from Mick Antoniw MS and Sioned Williams MS.

### **Stakeholders present:**

<b>Name</b>	<b>Organisation</b>
Alison Westwood	Baobab Bach CIC
John Westwood	Baobab Bach CIC
Andrea Basu	Service Lead for Public Health Dietetics, Betsi Cadwalader University Health Board
Deri Reed	Cegin Hedyn CIC
Sabine Goodwin	Independent Food Aid Network
Lisa Williams	All Wales Nutrition Training Facilitator Cardiff and Vale University Health Board
Nicola Osgood	FoodShare
Lisa Owen	St Giles Trust
Anya Stafford	Policy and Advocacy Lead, St. Giles Cymru
Rebecca Hughes	Willowtown Community Primary School

### **Introduction**

Jenny Rathbone, Chair of the Committee, welcomed everyone and explained that the Committee wanted to hear about the direct work happening to support people to access and learn about healthy food in their community, the challenges they face and what can help to improve access to good quality food.

The group then split into two smaller groups to discuss key issues, followed by a brief feedback session on key issues from each group.

## **Key messages**

### **1. Adequate income**

Within both discussion groups participants emphasised that while community food initiatives are making a tangible difference, structural inequalities, stigma, and gaps in food education continue to undermine families' ability to consistently access healthy, nutritious and affordable food. A central theme was that income related barriers remain the primary driver of food insecurity, with the Independent Food Aid Network emphasising that *"we need to tackle the systemic problems... [so] people have adequate Social Security payments and wages."*

### **2. Stigma, dignity and access**

The importance of dignity and respect was a central theme. Participants recognised that there is stigma about accessing food banks and food provision. Several project shared examples of how they try to address this. We heard examples of food pantries which have been redesigned to be more attractive and welcoming places to shop. Others emphasised that customers pay for the food. As one participant summarised, *"they pay £5 for their shop, and they get to choose their items... it's not just a handout"*. Organisations stressed that they intentionally avoid means testing, with one noting that *"nobody knows why anybody else is coming... everybody is treated exactly the same."* Some operate a pay-what-you-can-afford model, based on trust. *"There's no referral, anyone can walk into our place, and they can pay whatever they can afford, and there's no questions asked."* This dignity first approach was repeatedly described as critical to increasing engagement, especially for older adults who often find it *"really scary to come and ask for help."*

Reference was made to the [DWP's Family Resources Survey](#) which states that 84% of households reporting severe food insecurity do not access a food bank. Participants emphasised the importance of improving data, broken down by local authority area, to improve understanding of the barriers and the challenges to inform future strategies and approaches. But ultimately, increasing incomes would reduce both food insecurity and the need for charitable food aid.

### **3. Food literacy, skills and confidence**

The discussions also revealed low levels of food literacy and skills, affecting children, parents and grandparents alike. A participant shared that *"one of the biggest issues... is a lack of knowledge and skills"* around cooking and storing fresh food. Many families rely heavily on ready meals and ultra processed foods, a pattern participants linked to time pressures, low confidence and a lack of food literacy. Community cooking sessions, school based programmes and hands-on workshops were described as highly effective interventions. The transformative impact of providing meal kits and practical cooking classes through the school was shared. The programme in Willowtown school *"empowered people who thought 'I can't cook'"* and helped families rediscover shared mealtimes. Dietitians noted that programmes such as Come and Cook have strengthened food literacy and boosted parental confidence in preparing meals from scratch.

#### **4. Access to healthy food**

Despite efforts to increase choice and access to fresh fruit, vegetables and healthy meals through provision in pantries and community kitchens, increased visibility in pantries and offering free fresh produce as part of the weekly shopping, it continues to be challenging. Increasing cost of living, inadequate income and the marketing and availability of ultra processed food and takeaways are significant barriers. The dietitians referred to the findings of the National Diet and Nutrition Survey (UK), which is clear the population *"do not eat enough fruit and vegetables, fibre, or enough variety in the diet, and relying too much on those high-fat, high sugar, high-salt foods in the diet."* Concerns were also raised about the number of takeaways, particularly in areas of deprivation.

The introduction of Big Bocs Bwyd in some schools has had a positive impact in providing food to the school community and beyond. The focus is on involving families, developing the children and parent's skills and confidence and providing meal packs and recipe cards for a reasonable sum. In Willowtown school parent volunteers prepare between 74 and 85 meal packs a week, encouraging families to cook and enjoy healthier affordable food together.

#### **5. Surplus food redistribution**

Another theme was the sector's heavy reliance on surplus food, widely acknowledged as helpful but fundamentally unstable. There was concern that *"relying on surplus food isn't sustainable"* and most organisations have developed relationships with local growers, support a community garden and purchase supplies in addition to the surplus food distributed. As one pantry lead explained,

their team routinely buys *"whole wheat pasta, brown rice... beans... to enable people to cook from scratch"* during weeks when surplus is inadequate.

## **6. Funding challenges**

The lack of sustainable, long-term funding is a challenge for all organisations. Participants emphasised that while project grants are common, *"we haven't got enough money to pay for our core costs"* such as staff, utilities and rent. This instability undermines staff retention, organisational resilience, and the ability to offer preventative, relationship based support. Participants advocated for funding models that recognise community food provision as essential public health infrastructure rather than as short-term pilots.

## **7. The role and value of community food provision**

Despite these barriers, the discussions showcased the power of community based, preventative approaches, including school holiday programmes, community kitchens, growing projects and intergenerational cooking initiatives. The Food and Fun programme received particular praise, with one practitioner describing it as *"amazing... what our communities need"* and emphasising its wide ranging benefits for children and parents alike. Dietitians provide training for school-based staff who cascade those messages and deliver nutrition education during the school holidays as part of that program. Many participants called for its extension to all primary schools in Wales.

Whilst the focus was on a longer-term sustainable approach to access healthy and affordable food, there was also a recognition that emergency support is needed. The importance of the Discretionary Assistance Fund was highlighted for those who get into difficulties.

Throughout the discussion there was emphasis on the importance of wider support including social connection, benefits advice or support with CVs, signposting and connecting people to appropriate services.

One example shared was a food pantry in Kenffig Hill which is the only community space in the village which enables people to come together, important for people's health and well-being.

There was a strong consensus that community food initiatives must be recognised, scaled and integrated within wider antipoverty, education and public health strategies. As one participant concluded, *"we need to normalise community food projects as preventative public health infrastructure."*

## **Focus group call to action by Welsh Government**

- 1. Provide long-term, sustainable core funding.**
  - Stop prioritising “new and shiny” projects over proven, established ones.
  - Prevent collapse of community services that are embedded and trusted.
- 2. Recognise community food projects as preventative public health infrastructure.**
  - Reduce pressure on crisis services.
  - Acknowledge their mental health, social cohesion and wellbeing benefits.
- 3. Support development of holistic community hubs.**
  - Designed with lived experience.
  - Co-locate food, wellbeing, financial advice, and social support.
  - Use food as a relational, non-intrusive entry point.
- 4. Embed dietetics/nutrition expertise into Flying Start and early years provision.**
- 5. Expand accredited community cooking and nutrition education programmes.**
  - Scale up models like Come and Cook / Get Cooking
  - Ensure they are co-produced with communities.
- 6. Train school catering staff and strengthen food literacy in schools.**
  - Improve alignment of school meals with the Eat Well Guide.
  - Provide firsthand opportunities: school kitchens, gardens, experiential learning.
- 7. Expand Food and Fun in primary schools.**
  - Recognised as effective, especially for low-income families.
  - Strengthens family engagement.
- 8. Introduce intergenerational food programmes.**
  - Grandparent-led cooking.
  - After-school family cooking clubs.
- 9. Promote dignity-first access.**
  - Remove referral requirements.
  - Encourage trust-based, open-access models.
- 10. Address food environments.**
  - Limit fast-food outlets in deprived areas through planning policy.
  - Reduce junk food advertising in public spaces.
- 11. Join up fragmented food and health strategies.**