ABGPHT Healthy Eating in Schools Consultation Response

As a Marmot Region, Gwent is committed to reducing health inequalities by addressing the wider determinants of health from the earliest stages of life (Marmot et al., 2023). Good nutrition during early childhood is essential for physical growth, cognitive development, emotional wellbeing, and long-term health (Cusick & Georgieff, 2017). Establishing healthy eating habits must begin well before school and continue consistently through the early years and into education. Schools play a crucial role in reinforcing these behaviours to help children thrive.

This consultation response is shaped by the *Well-being of Future Generations (Wales) Act 2015* which requires public bodies to work collectively to improve the health and wellbeing of current and future generations; making school food a vital area for long-term, preventative action. Equally, the *United Nations Convention on the Rights of the Child* establishes children's rights to the highest attainable standard of health (Article 24) and to have their voices heard in matters affecting them (Article 12). These principles must guide the development of school food standards.

As highlighted in Gwent's *Our Future, Our Voice* 2023–24 report, children themselves associate being healthy with "eating fruit and vegetables," "drinking water," and "being outside and active." Meaningful engagement with children is therefore essential, not only as a legal obligation but to ensure that healthy food is accessible, appealing, and embedded in everyday school life.

As such, any changes to the nutritional standards and statutory guidance for school food must be grounded in evidence, aligned with children's rights and public health goals, and designed to deliver long-term impact. This consultation response provides a key opportunity to ensure that food provision in schools supports Gwent and Wales' ambition to enable ***EVERY*** baby and child to have the best start in life and thrive.

Lunch in primary schools

1. **To what extent do you agree or disagree with the proposals that relate to increasing the provision of fruit, vegetables and starchy carbohydrates?**

Fruit and Vegetables

We strongly support the proposed increase in fruit and vegetable provision in primary school lunches. Ensuring at least two portions of vegetables per day (with six varieties across the week) and maintaining daily fruit portions (with a minimum of four varieties weekly) is a positive and necessary step towards improving the nutritional quality of school meals in Wales.

This proposal aligns with the *Eatwell Guide* (Public Health England, 2016), which recommends that fruit and vegetables make up over a third of our daily intake. Increasing access and exposure to a variety of fruit and vegetables through school meals can help normalise these foods, supporting the development of long-term healthy eating habits. Fruit and vegetables are key sources of

essential nutrients such as vitamins A and C, folate, potassium and magnesium, and provide antioxidants that support immune function and overall health. When combined with starchy carbohydrates, they also contribute to fibre intake and help maintain energy levels throughout the school day (NHS, 2022; British Nutrition Foundation, 2022).

Children's food preferences develop early, and repeated exposure to a variety of fruits and vegetables, through sight, smell, taste, and texture, can significantly increase acceptance over time (Cooke, 2007; Coulthard, Harris & Emmett, 2010). Additionally, it is important to emphasise the quality and presentation of fruit and vegetables in schools. If produce is poorly prepared, overcooked or unappealing, children are less likely to eat it, reducing its nutritional impact (Cooke, 2007). The appearance of food influences expectations around taste and palatability, which directly affects consumption (Hurling & Shepherd, 2003). Ensuring fruit and vegetables are well-prepared and visually appealing is vital to support uptake and establish positive eating habits.

We strongly support the use of locally sourced and seasonal produce where possible. This complements initiatives such as the Welsh Veg in Schools Scheme, by Food Sense Wales, which supports local food system resilience, contributes to climate goals, and creates opportunities to connect children with where their food comes from. However, providing that they are appropriately incorporated into recipes and menus, and that there is a good balance of fresh and frozen, tined and dried, we also support the inclusion of frozen, tinned (without added ingredients), and dried options within the definition of fruit and vegetables. These are often more affordable and accessible for schools and reflect what is available in many children's home environments, supporting the development of realistic, sustainable eating habits.

The 2023/24 *Secondary School Children's Health & Wellbeing Survey,* by School Health Research Network (SHRN), showed only 44% of secondary-aged learners across Gwent reported eating at least one portion of fruit or vegetables daily. The proportion in Blaenau Gwent was even lower at 35%, reflecting an association between areas of deprivation and fruit and vegetable consumption (StatsWales, 2019). In contrast, Monmouthshire, one of the least deprived areas in Gwent, had the highest reported intake, with 56.7% of learners consuming at least one portion daily, further illustrating the link between socioeconomic status and dietary habits. Children from less affluent families are less likely to consume fruit and vegetables at home and are more reliant on school meals to provide essential nutrition (The Food Foundation, 2024).

The *Gwent Parents Early Years Food* Survey (May 2025) found that over a third of parents (35.3%) said it was difficult or very difficult for their children to eat healthily at home, with cost and fussy eating, especially with vegetables, being the most common barriers. Strengthening fruit and vegetable variety and provision in schools is a practical and equitable way of supporting families to overcome these challenges.

Starchy Carbohydrates

We support the continued inclusion of starchy carbohydrates in school meals. However, we would suggest that the proposed minimum inclusion of three times per week may not go far enough to ensure nutritional adequacy or consistency.

Starchy carbohydrates are an essential part of a balanced diet, contributing key nutrients such as fibre, B vitamins, iron, and calcium. According to the *Eatwell Guide* (Public Health England, 2016), they should make up just over a third of what we eat daily. These foods support sustained energy release, cognitive performance, and mood regulation, critical for concentration and learning throughout the school day (British Nutrition Foundation, 2022).

We therefore recommend that starchy carbohydrates be included in every school meal. This would provide a consistent source of energy and help reduce fluctuations in concentration and alertness. A daily offering also aligns better with current dietary guidance and reflects what many parents would aim to provide at home.

For children from lower-income households, school meals may represent the most reliable opportunity to consume a balanced meal. Ensuring a consistent inclusion of affordable, nutritious staples such as potatoes, rice, and pasta helps support dietary stability and reduces health inequalities (The Food Foundation, 2021). Including wholegrain options like brown rice, wholemeal pasta, and wholegrain bread can also help establish healthy eating patterns from an early age.

School meals that regularly include accessible, affordable staples support families by bridging nutritional gaps and modelling realistic food choices that families can sustain beyond the school setting.

2. **To what extent do you agree or disagree with the proposals that relate to meat, red meat and fish?**

We broadly support the proposed changes to meat and fish provision in school meals, especially the efforts to moderate red meat, while encouraging lean white meat and fish. These changes align with nutritional guidance and offer caterers flexibility to provide balanced meals. However, we would suggest further refinement in key areas to better support both health outcomes and equity.

Red Meat

Red meat provides protein, iron, zinc, and B vitamins necessary for growth and immune function, while oily fish offers omega-3 fatty acids vital for brain development and cardiovascular health (NHS, 2024). However, while limiting red meat to no more than two portions a week reflects health guidance to reduce associated risks of colorectal and other cancers (World Health Organization, 2015), the portion size of red meat served is equally, if not more, important than simply the frequency. Overly large portions (>90g per day – recommended guidance is no more than 70g of cooked red meat) can contribute to excess saturated fat intake, while overly small ones may not meet nutritional needs, particularly for iron, which red meat provides in a highly bioavailable form (NHS, 2024).

Iron is critical for oxygen transport and energy production; iron deficiency anaemia is associated with fatigue, poor concentration, reduced academic performance and behavioural issues in children (Scientific Advisory Committee on Nutrition (2010). Given that anaemia disproportionately affects children from

low-income households, where access to iron-rich foods may be limited (World Health Organization, 2025), including small but meaningful portions of red meat in school meals can help prevent nutrient gaps and support more equitable health outcomes.

Additionally, focusing solely on the number of meals containing red meat, rather than the total quantity served over the week, may unintentionally limit innovation and healthier menu planning. For example, in Torfaen Council the catering team has already reformulated all of their beef mince recipes such as bolognaise, lasagne, chilli) so that they are 60% beef mince, 40% Quorn mince. This work has included working in partnership with Edinburgh University to quantify the carbon emission reductions. These changes are already planned to be extended into Blaenau Gwent from September 2025. Placing a restriction on Quorn will impact the viability of this work. Offering 60/40 recipes 3 x per week would contain less red meat than having 100% beef recipes twice per week.

A more flexible and future-proof approach would be to define red meat provision in terms of total grams per week, allowing schools to meet nutritional requirements while supporting efforts to reduce saturated fat intake and improve sustainability. This would encourage innovation and development of recipes.

The flexibility around white meat provision may support cultural acceptability and practical menu planning, particularly when using lean poultry (British Nutrition Foundation, 2021). However, we are concerned that the absence of clear limits or guidance could unintentionally encourage an over-reliance on processed white meat products—such as breaded or coated chicken—which are already prevalent in some school settings. While the draft standard appropriately limits processed meat to once per week, it would be helpful to explicitly link this to the guidance on white meat. Clearer distinction between unprocessed, lean white meat and processed products is essential to avoid mixed interpretation and ensure alignment with the overall aims of the nutritional standards. From both a nutritional and sustainability perspective, it would be preferable to prioritise higher-quality meat served less frequently, in line with a whole diet approach. Although the standard promotes protein variety—including fish, lean white and red meat, pulses and beans—we recommend greater clarity on what constitutes "lean" white meat to support consistent and health-promoting implementation across schools.

Oily Fish

We are not supportive of reducing the required frequency of oily fish to once every four weeks. Oily fish, such as mackerel or salmon, is a valuable source of long-chain omega-3 fatty acids essential for brain development and heart health (NHS, 2022). UK dietary guidelines recommend at least one portion per week, yet intake among children remains significantly below this as indicated in the *National Diet & Nutrition Survey* (UK Gov, 2025). School meals may offer the only reliable opportunity for many learners to access oily fish, especially those from households where cost or cultural unfamiliarity limits its inclusion at home, or for those learners who do enjoy it. We would suggest that the rationale for reducing oily fish due to waste concerns be revisited. Food waste can be effectively managed through pre-ordering systems, which ensure only the

required number of portions are prepared, and by offering alternative choices, such as a vegetarian option.

We welcome the proposal to include sustainably sourced fish in the standards. This is a positive step toward aligning dietary health goals with environmental responsibility. However, we would suggest that the framework should clarify how sustainability is defined (e.g. Marine Stewardship Council or Aquaculture Stewardship Council certification) and ensure consistency across the food system, encouraging sustainable sourcing not only for fish, but also for meat, dairy and plant-based ingredients where feasible.

The proposed changes make important strides in balancing health, acceptability and sustainability. Further strengthening the focus on portion size, iron intake, equitable access to high-quality proteins, and maintaining exposure to oily fish would enhance the impact of these standards in supporting both nutrition and health equity in school-aged children.

3. **To what extent do you agree or disagree with the proposals that relate to processed meat?**

We agree with the proposed changes to limit processed meat or products containing meat to once a week. This is a proportionate and evidence-based measure that recognises the significant health risks associated with the regular consumption of processed meat.

It is recommended that no more than 70g (cooked) of processed meat should be consumed per day due to the high levels of saturated fat (NHS, 2024). While these risks accumulate over time and the direct evidence relating to children is more limited, childhood is a critical period for shaping long-term dietary habits. Reducing regular exposure to processed meat can help normalise healthier food choices and support long-term health.

Families in socioeconomically disadvantaged households are more likely to consume high levels of ultra-processed foods (Conway et al., 2024). Limiting processed meats in schools helps address this imbalance and reduce the widening gap in dietary health.

Findings from the *Gwent Parents Early Years Food Survey (n=437,* May 2025) reinforce this. Nearly half (48.5%) of parents and carers reported difficulty in ensuring children ate healthily when out, largely due to the dominance of processed food options. Many cited the quality of children's menus in restaurants, often featuring chicken nuggets, sausages, and chips, as a key concern. Reducing processed food in schools was a recurring theme when asked what support was needed to help children access a healthier diet.

More broadly, ultra-processed foods (UPFs) contribute to an obesogenic environment, one that promotes unhealthy eating behaviours and discourages physical activity (Public Health Wales, 2019). UPFs are energy-dense, nutrient-poor, and may interfere with the body's natural appetite regulation, making it easier to overconsume (Monteiro et al., 2019). The widespread availability and marketing of UPFs, especially in low-income communities, lead to an increase in their consumption.

The latest *Public Health Wales Child Measurement Programme* (2023/24) data shows a concerning increase in the proportion of children who are living with overweight or obesity across Gwent (nearly 1-in-5 children; 24.9%), with disparities in areas of deprivation (28.3% in the most deprived fifth and 19.4% in the least deprived fifth). In this context, school meals are uniquely positioned to help reverse these trends. They offer a structured, equitable opportunity to expose all children to healthier foods and balanced nutrition, regardless of their circumstances at home. Limiting processed meats helps to shift the norm towards more wholesome meals, while supporting broader public health goals.

School meals not only nourish children and support healthy child development they also shape food preferences and long-term dietary habits. Focus groups from the *Gwent Great Weight Debate* (Jan-March 2025) highlighted cultural concerns, particularly from ethnic minority families, who noted children shifting away from traditional home-cooked meals toward more processed options consumed by peers. Reducing processed meat in schools can help counteract this trend, reinforcing cultural food traditions and healthier norms.

4. **To what extent do you agree or disagree with the proposals that relate to non-meat options (specifically, restricting cheese-based dishes and processed meat and fish alternatives)?**

We partially agree with the proposed changes. While we welcome the intention to improve the nutritional quality of vegetarian and plant-based options in schools, we are concerned that the rationale used to justify restrictions—particularly around plant-based alternatives, is overly simplistic and may risk reducing both quality and inclusivity in school food provision.

We support the recommendation to limit cheese-based dishes to no more than twice per week, as excessive reliance on cheese can lead to elevated saturated fat and salt intake. This is consistent with national dietary guidance, which recommends consuming dairy in moderation and opting for lower-fat, lower-salt varieties (NHS, 2023). However, we would caution against focusing solely on the frequency of cheese-based meals. Portion size, preparation method, and how cheese is integrated into a meal all matter. Small amounts of cheese used alongside vegetables or wholegrains can contribute positively to a balanced diet by providing calcium and protein. Additionally, other dairy items such as milk and yoghurt remain important sources of calcium. In populations at risk of vitamin D deficiency, including some ethnic minority groups and those with limited sun exposure, maintaining adequate bone health through dietary sources of calcium and vitamin D remains essential (NHS, 2020).

Local data, using the ABUHB Admitted Patient Care database, shows that while hospital admissions for rickets among babies, children and young people (aged 0–18) were extremely low (fewer than five cases) between 2019 and 2024, their presence highlights the continued need to sustain bone health messaging and ensure appropriate dietary support from early childhood. However, as with white meat, it is important that the guidance provides sufficient clarity to prevent unintended defaults to less healthy or processed cheese alternatives, particularly where vegetarian or culturally appropriate substitutions are needed.

Vegetarian sources of iron-rich protein such as pulses and dark green vegetables (e.g. lentils and spinach) are also important to include; however, the iron in plant-based foods (non-haem iron) is less readily absorbed than that in animal-based foods, particularly without the presence of vitamin C (NHS, 2022; British Nutrition Foundation, 2023). These options may also be less popular among children, requiring thoughtful menu planning and culturally sensitive adaptations to ensure acceptability and nutritional adequacy. Ensuring a varied and inclusive menu is vital to meeting the needs of diverse school populations, particularly in areas where dietary practices are influenced by cultural or religious considerations.

We agree that school menus should not rely heavily on highly processed plant-based alternatives. However, we challenge the proposal to restrict "industrially produced processed non-meat and fish products" to just twice per week, while making exceptions only for soya mince. This approach conflates production method with nutritional value. Not all plant-based products are highly processed or nutritionally poor.

We would welcome clarity on the reason soya mince is permitted, while nutritionally comparable plant-based alternatives, such as pea or Quorn mince, are not. For example, some plant-based alternatives are high in protein and iron, minimally processed and have less environmental impacts in comparison to animal-based products (WWF, 2022). With the public sector committed to decarbonisation targets, excluding such options could conflict with wider sustainability goals. Furthermore, limiting access to suitable plant-based alternatives could reduce choice, inclusion, and appeal for learners who are vegetarian, vegan, or from cultures with lower meat consumption. In practice, this may lead to less diverse options, such as a reliance on jacket potatoes and beans, which do not always meet the nutritional requirements of growing children.

We would suggest that these proposals require greater nuance and flexibility. Industrially produced alternatives should not be excluded based solely on where they are made but rather assessed against robust nutritional criteria. This would support the development of varied, appealing, and healthy non-meat options that are also environmentally sustainable and practical for use in school settings.

The *Gwent Parents Early Years Food Survey* (2025) not only demonstrated strong parental support for reducing processed food content in school meals and increasing access to diverse, healthier options, but also parents' desire for learners to be taught about processed food within the curriculum.

Limiting access to these products may also conflict with broader education goals around environmental sustainability, healthy eating, and inclusion.

In summary, while we support the intent to improve the quality of non-meat school meals, the current proposal lacks the nuance needed to support balanced, inclusive, and sustainable food provision. A more effective approach would:

- Limit reliance on cheese-based meals while promoting portion control and preparation quality
- Encourage the use of minimally processed plant proteins (e.g. pulses), with a specific standard to promote their use

- Introduce nutritional criteria for plant-based meat alternatives, rather than excluding them based on production method

This would align better with public health priorities, support dietary variety, and enhance the appeal and inclusivity of school food across Wales.

5. To what extent do you agree or disagree with the proposals that relate to potatoes cooked in oil, fried foods, sweetened baked goods and desserts, and pastry?

We agree with the proposed changes to reduce the frequency of fried foods, sweetened baked goods, and pastry-based desserts, and support these as positive steps towards improving the health of children and young people in Wales. However, we believe there is scope to go further in refining and strengthening these proposals to ensure they are aligned with Wales' broader public health goals, particularly those relating to childhood obesity, dental health, and inequalities.

Food high in saturated fat and sugar are major contributors to excess calorie intake and associated with poor dietary quality. These include fried and pastry-based items and sweetened baked goods, which are often energy-dense and nutrient-poor. Their routine inclusion on school menus may displace more nutritious options that promote growth, concentration, and long-term health. Evidence shows that diets high in these foods are linked to increased risk of overweight, obesity, type 2 diabetes, and dental caries, conditions which disproportionately affect children in more socioeconomically deprived areas (Large et al., 2023).

Where potatoes and similar carbohydrate foods are served, healthier cooking methods, such as boiling, baking without added fat, or air frying, should be prioritised. Deep frying and flash frying should be used sparingly. The proposals to limit fried and pastry items to once per week are welcome; however, when combined with the continued allowance for sweetened desserts, there remains a risk that children could be served energy-dense foods high in fat or sugar up to 4–5 times a week. This frequency is not consistent with the shift toward creating healthier dietary habits and may inadvertently reinforce unhealthy food preferences.

From a population health perspective, we support a longer-term ambition to shift school food provision further away from foods high in saturated fat, sugar, and refined carbohydrates. In line with this, we recommend:

- Phased reduction of fried and flash-fried products over time, with support for schools to invest in healthier cooking equipment and remove deep-fat fryers where feasible.
- Limiting pastry-based dishes beyond the proposed once-per-week maximum, with an aim to phase them out or reformulate them to reduce fat content and increase nutritional value.
- Reducing reliance on sweetened baked goods and desserts, encouraging the use of naturally sweet ingredients such as fruits, vegetables, or wholegrains, and offering fruit and plain yoghurt as standard options. Desserts should be positioned as occasional menu items rather than routine features.

- Clearer guidance to support innovation and reformulation among caterers and suppliers, in line with evolving nutritional standards and food procurement goals.

Findings from the *Gwent Parents Early Years Food Survey* (2025) reinforce these recommendations. Parents expressed a strong preference for fruit-based desserts and healthier alternatives and called for school meals to consistently reflect the health messages taught in classrooms. These preferences align with the *Eatwell Guide* (Public Health England, 2016) and with efforts to reduce health inequalities by improving the nutritional quality of food provided in schools.

Drinks in primary schools

6. To what extent do you agree or disagree with the proposals that relate to providing only plain water, plain milk and plain plant-based drinks in primary schools?

We strongly agree that only plain water, plain milk, and unsweetened plant-based drinks should be provided in schools. Sweetened drinks, including fruit juices, squash, and energy drinks, are a major source of free sugars and unnecessary calories. These contribute significantly to poor dental health, obesity, and increased risk of type 2 diabetes, particularly among children from lower-income households who may have limited access to healthy alternatives at home (NHS, 2023; WHO, 2016). Reducing availability of sugary drinks in school is a critical and evidence-based step toward addressing these health inequalities and promoting lifelong healthy habits.

Hydration plays a vital role in supporting concentration, cognitive function, and overall health. However, recent SHRN data portrays some concerning trends. Of those learners aged 11-16 years in Gwent, 19.4% consume at least one soft drink daily, while 5.7% consume at least one energy drink daily. Only 66.4% of learners in this cohort report drinking water daily, with Blaenau Gwent reporting the lowest water consumption and highest soft drink intake in the region. Providing only plain water, plain milk, and unsweetened plant-based drinks in primary schools will support and encourage the development of healthy behaviours early in children's lives in relation to drinks consumption.

Dental decay among children remains a significant concern in Gwent, with 32.2% of five-year-olds having decayed, missing, or filled teeth (PHW Oral Health Intelligence Report, 2023). Nearly 1-in-5 (19.2%) parents/carers reported that their child's oral health had impacted their child's or their family's quality of life. Excessive consumption of sugary drinks is a major modifiable risk factor contributing to tooth decay among children.

Findings from the *Gwent Parents Early Years Food Survey (2025)* highlight further concerns. Among parents who reported challenges in helping their children eat and drink healthily, 7.3% identified hydration difficulties. Some noted their children frequently rejected water, leading them to offer squash instead. There was also concern that schools were not actively encouraging regular water consumption during the day.

By restricting drink choices in school to only plain water, milk, and unsweetened alternatives, the new standards can help normalise healthy hydration habits, protect children's oral and general health, reduce health inequalities, and alleviate long-term costs to the healthcare system.

Portion sizes in primary schools

7. **To what extent do you agree or disagree with the proposals aimed at providing more appropriate portion sizes in primary schools for those in nursery to Year 2 and Year 3 to Year 6?**

We agree with the proposed changes to portion sizes, and we strongly welcome the move to provide more age-appropriate portions for infants (Nursery to Year 2) and juniors (Year 3 to Year 6). Differentiating portion sizes based on age is a positive step that better reflects children's varying nutritional requirements during early and middle childhood.

The proposal to move away from suggested portion ranges to specifying minimum or maximum quantities is sensible, particularly in supporting learners with larger appetites. Encouraging meals based on starchy carbohydrates and plenty of fruit and vegetables, as recommended by the *Eatwell Guide* (Public Health England, 2016) is vital. We welcome:

- The use of maximum portion sizes for foods that should be limited (e.g. those high in saturated fat, sugar, or salt).
- The inclusion of minimum portion sizes for foods that should be promoted (e.g. fruit, vegetables, and wholegrains).
- The proposal to include supplementary bread, with at least 50% wholemeal content, as a flexible and fibre-rich addition to meals.
- The ability to use average nutritional values over a 1–4-week menu cycle, which supports menu planning and reduces administrative burden.

It is essential that portion sizes are designed with nutritional adequacy, not just calorie requirements, in mind. Ensuring sufficient intake of fibre, vitamins, and minerals is crucial to support healthy physical development, cognitive function, and concentration, particularly for children who may be experiencing food insecurity and rely on school meals as their main or only hot meal of the day.

To maximise the impact of these proposals, we recommend that Welsh Government provides clear, consistent guidance for caterers, including:

- Pictorial guides showing appropriate portion sizes for each age group.
- Practical tools to help staff accurately implement and monitor portion standards in daily practice.
- Clear messaging for school staff and families to build understanding and trust in the changes.

We also support the recommendation that nutritional analysis be required for junior meals only, to minimise burden on catering teams while ensuring that meals served to infants remain compliant through appropriate portion scaling.

This proposed change represents an important and evidence-based advancement in improving the quality of school meals. By aligning portion sizes with the *Eatwell Guide* (Public Health England, 2016) and embedding consistency

across settings, the new standards will support the development of healthier lifelong eating habits and help address inequalities in childhood nutrition and health outcomes.

Breakfast in primary schools

8. **To what extent do you agree or disagree with the proposals relating to breakfast provision?**

We strongly agree with the proposed changes to breakfast provision in primary schools. The removal of fruit juice from the fruit and vegetable category is an evidence-based decision aligned with UK dietary recommendations on reducing free sugar intake to no more than 5% of total energy (PHE, 2015). Fruit juice, while often perceived as healthy, is a significant source of free sugars and lacks the fibre content of whole fruits, contributing to dental decay and excess calorie intake without providing the same satiety or nutritional benefits.

We also support the requirement that all bread served must be at least 50% wholemeal. This change is important given that most children in the UK are not meeting their daily fibre needs. The latest *National Diet and Nutrition Survey 2019 to 2023: Report* (2025) shows that children aged 5–11 are consuming, on average, only 14.5g of fibre per day, well below the recommended 20g. Increasing fibre at breakfast through wholemeal options can help address this gap, supporting healthy digestion, satiety, and overall nutritional intake.

Separate portion sizes for infants and juniors in statutory guidance is a welcome step that better reflects the differing energy and nutrient requirements between age groups. This helps to avoid both under-and over-provision, promoting healthy growth and establishing positive eating patterns early in life.

Data from 2023/24 *Secondary School Children's Health & Wellbeing Survey* highlights the importance of encouraging regular breakfast consumption. In the Gwent region, only 42.8% of 11–16-year-olds report eating breakfast every day, with the lowest daily breakfast intake in Blaenau Gwent (39.9%) compared to the highest in Monmouthshire (50.9%). These figures suggest the need to promote consistent, nutritious breakfast habits from a younger age.

We also recommend an emphasis on balanced breakfasts that include complex carbohydrates, fibre, and protein to support concentration and behaviour in the classroom. As breakfast clubs are a crucial point of access to food for children from low-income families and those experiencing food insecurity, it is vital that the food provided is high-quality, minimally processed, and aligned with the *Eatwell Guide* (Public Health England, 2016).

The primary regulations guidance

9. **Is the draft statutory guidance supporting primary school food caterers to implement the draft regulations sufficiently clear?**

We welcome the draft statutory guidance's clear articulation of the roles and responsibilities of Local Authorities, governing bodies, and caterers (sections 2.1–2.5). This clarity is vital for ensuring accountability, consistent implementation and a shared understanding across schools.

However, to ensure effective implementation, especially in schools with fewer resources or those serving disadvantaged communities, the guidance could be strengthened in the following key areas:

1. Practical Implementation Tools
We recommend the inclusion of additional tools and resources to support catering teams and school staff in translating the standards into practice. This could include:

- Sample menus tailored to age groups and dietary needs.
- Portion size charts, including pictorial guidance.
- Allergy-safe recipes and substitution ideas.
- Compliance checklists for school self-assessment and quality assurance.

These tools would reduce variability across schools and assist those with limited access to specialist nutrition expertise.

2. Whole-School Food Environment
The guidance would be significantly enhanced by adopting a broader systems approach. In addition to lunch provision, the document should address:

- Packed lunches brought from home.
- Breakfast and after-school club food provision.
- Tuck shops and fundraising activities.
- Vending machines and celebratory food events.
- The physical and social eating environment, including guidance on creating welcoming, inclusive dining spaces that support social development, routine, and positive food relationships.
- The timing and length of school lunchbreaks, ensuring that they are sufficient length to enable all learners to enjoy a school lunch.

3. Equity & Inclusion
The draft guidance would benefit from more explicit consideration of vulnerable and disadvantaged learners, including:

- Children with special educational needs and disabilities (SEND), who may require adapted textures, portion sizes, or support at mealtimes.
- Learners experiencing food insecurity, for whom school meals may be the primary source of nutrition.
- Culturally diverse populations, requiring examples of inclusive, culturally appropriate meal options.

4. Training and Capacity Building
To ensure successful implementation, the guidance should include expectations or recommendations around:

- Staff training, covering nutrition standards, safe food preparation, portion control, inclusivity, and positive mealtime practices.
- Learner and family engagement, encouraging schools to involve children and parents in menu planning and food policy development to enhance relevance and uptake.

5. Monitoring, Evaluation, and Accountability
We support calls for a clear framework for monitoring and evaluation, including:

- Tools to assess compliance at school and Local Authority levels.
- Measures of impact on learners' health, wellbeing, and food behaviours.
- Mechanisms for feedback and continuous improvement.

6. Sustainability and Public Health Alignment
The guidance could better support alignment with broader public health and environmental goals through:

- Promotion of plant-based and seasonal options.
- Strategies to reduce food waste and promote efficient sourcing.
- Messaging aligned with climate action and sustainable food systems.

7. Mental Health and Wellbeing
We recommend that the guidance explicitly acknowledges the importance of the mealtime environment for supporting children's mental wellbeing and emotional regulation. Calm, social, and inclusive eating spaces help to foster positive food associations and readiness to learn.

While the draft statutory guidance provides a solid foundation, we recommend expanding its scope to include practical implementation tools, equity-focused measures, whole-school environment guidance, and clear accountability mechanisms. Doing so will enhance its utility, support consistency across schools, and ensure that all children in Wales benefit from the improved nutritional standards, regardless of background or setting.

Special diets

10. Is the draft statutory guidance on the provision of medically prescribed dietary requirements and other dietary requirements sufficiently clear?

The draft statutory guidance provides a strong foundation by effectively covering medical, cultural, and religious dietary needs, with clear definitions and a dedicated section on special diets (Annex 3). It also appropriately outlines the planning and record-keeping responsibilities for caterers and governing bodies, which is essential for consistent and safe delivery of tailored meal provision.

To enhance clarity and practical support, it would be beneficial for the guidance to include explicit examples of medically prescribed diets, making clear that conditions such as eating disorders, including Avoidant/Restrictive Food Intake Disorder (ARFID), are encompassed. This inclusion would raise awareness among schools and caterers about the spectrum of dietary needs and help ensure no child's requirements are overlooked.

The *Gwent Parents Early Years Food Survey* (2025) highlighted the importance of this issue, with 32% of parents reporting that their child finds it difficult / very difficult to eat healthily when out due to medical reasons. This underlines the need for schools to receive adequate support to manage medically prescribed diets while maintaining adherence to the nutritional standards set out in the guidance, ensuring equity without compromising overall meal quality.

Practical measures to strengthen support for schools could include:

- Simplified Workflows and Protocols: Step-by-step guidance for managing common medical diets (e.g., coeliac, diabetes), religious diets (e.g., halal, kosher), and ethical diets (e.g., vegan), which would reduce ambiguity and enhance consistency.
- Allergy Management and Cross-Contamination Protocols: Clear best practices to safeguard learners with allergies while maintaining inclusive meal provision.
- Communication Support: Tools and templates to assist schools in communicating sensitively and effectively with parents and carers about dietary provisions and any necessary adjustments, ensuring transparency and partnership.
- Case Studies and Best Practice Examples: Sharing real-world examples from diverse and low-resource settings would help schools and caterers adapt guidance to their local context.

However, concerns regarding the section on reasonable adjustments for disabled learners, particularly as outlined in section 5.11, have been noted below.

The guidance appears to place unnecessary restrictions on reasonable adjustments by requiring them to comply simultaneously with the Regulations, including limits on food types and frequencies. This conflicts with primary legislation, notably the Equality Act 2010, which grants disabled learners a right to reasonable adjustments based on individual needs, regardless of secondary legislation such as these Regulations. In practice, many disabled learners, including those with autism spectrum disorders or ARFID, have restrictive or repetitive eating patterns that require flexible and tailored meal options. The current guidance's requirement for a "medical diet prescription" to access such adjustments is unrealistic and risks excluding many learners who cannot easily obtain such documentation. Requiring medical prescriptions places an undue burden on families and healthcare services and risks learners going hungry or being disadvantaged compared to their peers.

We recommend the guidance explicitly acknowledges that:

- Caterers should engage directly and flexibly with parents and carers to understand and accommodate individual learner needs, recognising these may change frequently.
- Reasonable adjustments may sometimes mean that strict compliance with the Regulations is not possible, and this should be explicitly stated. The primary obligation of caterers is to ensure all learners, including those with disabilities, have access to appropriate, safe, and acceptable meals without discrimination or disadvantage.
- Caterers should be aware that disabled learners often face poorer health outcomes and additional challenges relating to eating. They should take a common-sense, flexible approach when considering reasonable adjustments, including consulting parents and relevant professionals where possible.

This approach will ensure meals are accessible and suitable for all learners and prevent unnecessary barriers caused by rigid interpretation of the Regulations. This guidance should promote an inclusive, practical, and rights-based approach to supporting disabled learners.

Regulatory and wider impact assessment

11. What challenges, if any, do you feel should be further recognised within the draft regulatory impact assessment?

The draft regulatory impact assessment would benefit from greater recognition of:

- the challenges faced by disabled learners and their families in accessing medically prescribed dietary adjustments. Unless there is guaranteed free and timely access to health professionals who can provide such prescriptions, the guidance risks restricting disabled learners' rights to reasonable adjustments, potentially leading to unmet nutritional needs and inequitable access to school meals.
- the wider determinants of health, including socio-economic and environmental factors that influence children's dietary habits outside school. School food provision plays a critical role in mitigating these wider influences by offering a consistent, nutritious, and supportive environment where children can develop a healthy relationship with food that supports lifelong wellbeing.
- Budgetary pressure on schools: healthier ingredients (fresh produce, wholegrains) are more expensive, yet school meal budgets have not increased relative to this, meaning that some settings (especially those in high-poverty areas) may face additional strain on implementation.
- Maintaining uptake in deprived groups: the RIA notes that if free meal uptake falls due to unpopular new menus, lowest-income families may lose out, potentially widening dietary inequalities. Additional support to boost uptake (e.g., through engagement and taste testing) should be considered.
- Catering capacity and training gap: the assessment mentions monitoring standards, but little is said about the resources needed for caterer training or recipe development. This is vital to avoid disadvantaging under-resourced schools.
- Introducing new standards, more vegetables, wholegrains, special diets, may challenge procurement systems in remote or economically disadvantaged areas. The financial implications for supply chain adaptation should be considered.

12. What positive effects, if any, do you feel should be further recognised within the draft regulatory impact assessment?

The RIA correctly highlights benefits, but further positives could be emphasised:

- Improved health & education outcomes: nutritious meals are known to support concentration, attendance, mood, and academic performance, offering long-term public value.
- Strong prevention of health inequalities: universal access to healthier meals contributes to reducing disparities in obesity and related diseases that are more prevalent among children in low-income areas.
- Environmental benefits: aligning with the Well-being of Future Generations Act, healthier, more plant-forward food provision supports sustainability by lowering food-related emissions.

- System-wide collaboration: the need for coordinated efforts across stakeholders involved in school food to support successful implementation, compliance and monitoring.

13. What comments, if any, do you have on the draft impact assessments, particularly the impact of the draft regulations on children, families living in socio-economic disadvantage and people with protected characteristics (including evidence you feel should be considered)?

The draft impact assessment rightly highlights the potential for the revised regulations to support health equity. However, further consideration is needed around how children and families from disadvantaged or minority backgrounds engage with and perceive these changes, particularly when it comes to unfamiliar foods such as wholegrains, plant-based proteins, or reduced sugar and salt options.

Traditional consultation methods, such as written feedback forms or parental letters, may not effectively capture the views of all families, especially those with language barriers, lower health literacy, or limited involvement with school governance. As a result, key voices from socio-economically deprived or ethnically diverse communities' risk being overlooked.

To ensure inclusive engagement, more practical and interactive consultation approaches, such as taste testing, food demonstrations, and learner-led feedback, should be prioritised. These approaches help children develop positive associations with new foods through direct experience, rather than relying solely on written descriptions or names.

Consultation efforts must also be culturally sensitive and inclusive of dietary preferences, restrictions, and familiar staple foods. Involving local community and faith-based organisations can help build trust and ensure more representative feedback, especially from under-reached groups.

Additionally, the impact assessment would benefit from a clearer focus on the wider determinants of health, such as socio-economic status, family circumstances, and food security, which influence children's dietary behaviours and overall wellbeing. School food provision plays a critical role in mitigating these broader inequalities by offering consistent access to balanced, nutritious meals.

Addressing these considerations more explicitly would strengthen the impact assessment and help ensure the proposed regulations achieve their full potential in reducing health inequalities and supporting all children and families in Wales to thrive.

14. What comments, if any, do you have on how costs would be impacted on (including evidence you feel should be considered)?

Implementing the revised proposed standards will have cost implications, particularly in the short term. These may include increased food costs (e.g. for

fresh produce, plant-based proteins, and wholegrain products), staff training, kitchen equipment upgrades, and adjustments to menus to meet the new standards, particularly in smaller or resource-limited settings.

A more detailed and up-to-date cost analysis is required to fully understand the financial implications for Local Authorities and schools. Current modelling should be reviewed to reflect inflation and sector-specific pressures, such as workforce costs and supply chain disruptions.

However, these upfront investments should be viewed within the context of long-term public health and educational benefits. Given the benefits of healthier school meals (outlined above), there is also a reduced demand on health and social services over time which will help narrow health and educational inequalities. Additionally, costs should not only be considered in terms of financial outlay but also potential savings from reduced childhood obesity, improved mental health, and reduced inequalities. The Well-being of Future Generations (Wales) Act provides a valuable framework for evaluating these broader economic and societal returns.

To support successful implementation, we recommend:

- Targeted financial support for schools in areas of higher deprivation or those with limited infrastructure.
- National procurement solutions to help manage costs and ensure equitable access to compliant ingredients and equipment.
- Ongoing investment in workforce development, including catering and school staff training, to build capacity and maintain quality.
- Consideration of social return on investment, using the Well-being of Future Generations Act to guide spending decisions aligned with long-term health and sustainability goals.

Promoting healthy eating statutory guidance: primary and secondary schools

15. Is the draft statutory guidance, aimed at supporting Local Authorities and governing bodies to deliver their duties to promote healthy eating and drinking, sufficiently clear? (Feel free to provide examples of anything you think is missing.)

While the draft guidance is a welcome step toward supporting schools and Local Authorities, there are several areas where it requires strengthening to ensure clarity, consistency, and practical value.

Strengths:

- The guidance makes a useful attempt to outline responsibilities across the system and reflects the wider policy context, including the Well-being of Future Generations Act.
- Its emphasis on creating a whole-school approach to food is aligned with public health priorities and the promotion of equitable nutrition.

Key Areas for Improvement:

1. Clarity on status and accountability:

- The statutory status of the guidance remains unclear. It is not evident who is responsible for monitoring implementation, what happens if the guidance is not followed, or how consistency across schools and Local Authorities will be ensured.
- The role of the Welsh Network of Health and Wellbeing Promoting Schools Coordinators is not well-defined; clarity is needed on whether they are advisory or have oversight responsibilities.
- Welsh Government's own role in promoting and supporting delivery of the guidance is not clearly described.

2. Language consistency:
   - The inconsistent use of "should" and "could" throughout the document creates ambiguity and risks weakening expectations.
   - Clear, directive language would improve accountability and support implementation.
   - Incorporating positive, behaviourally informed messaging (e.g., "choose this because…" rather than "don't choose that") could improve acceptance and reduce resistance. Clear 'why it matters' statements and encouraging tone would motivate stakeholder buy-in.

3. Omission of Estyn's role:
   - The guidance does not reflect how Estyn currently assesses healthy eating promotion, what steps they take to do so, or how their findings are reported to Welsh Government.
   - Greater transparency is needed around inspection processes and their impact on driving improvement.

4. Lack of practical support and examples:
   - The guidance lacks a 'so what?' and 'how?' – particularly for under-resourced schools.
   - Schools would benefit from more hands-on guidance, such as templates, case studies, inclusive menu ideas, and examples of good practice. These would help translate policy into practice and support consistency across diverse school settings.

5. Equity and inclusion:
   - Better reflection of the needs of children with protected characteristics, including dietary restrictions, sensory preferences, and cultural or religious food practices.
   - Inclusive guidance, such as pictorial menu guides, texture modifications, would help schools provide a more equitable food environment.

6. Collaboration across the system:
   - There is a missed opportunity to emphasise the importance of joined up working across the school food system.
   - Stakeholders (such as catering teams, Local Authorities, school leadership, and learners) must collaborate to effectively implement, monitor, and sustain improvements.
   - Clearer guidance on partnership working would support this.

7. Monitoring and review:

- The absence of clear monitoring and evaluation processes limits the ability to assess whether the guidance is being followed or having the intended impact.
- Introducing baseline expectations and feedback mechanisms would help track progress over time.

The draft guidance has potential but requires greater clarity, stronger language, and more practical tools to support implementation. Strengthening the focus on accountability, inclusivity, and system-wide collaboration will help ensure it delivers meaningful improvements in children's health and wellbeing through school food provision.

Call for evidence: secondary schools

16. How can we achieve a nutritionally balanced and appealing food offer in secondary schools? (Feel free to provide examples of good practice or evidence that supports your response.)

Achieving a balanced and appealing food offer in secondary schools requires a whole-school approach that recognises food as central to health, learning, social development, and student wellbeing.

1. Prioritise Mealtimes as Key to Health and Development
   - Break and lunch periods should be recognised as essential, not solely viewed through a behavioural management lens.
   - School governors should be supported and held accountable for prioritising the timing, quality, and environment of food provision.

2. Improve the Nutritional Quality of the Entire School Food Offer
   - Regulations and statutory guidance should be updated to reflect current nutritional science and cover all food occasions, including breakfast, breaktime, and lunch.
   - Food-based standards must apply to all formats, including grab-and-go and vending options, ensuring consistent access to healthier choices throughout the day.
   - Schools should increase availability of high-quality vegetarian options and oily fish, while limiting ultra-processed foods high in fat, sugar, and salt.
   - Healthy vending machines can play a positive role if designed with nutrition standards in mind and monitored for compliance.

3. Address Food Access and Affordability
   - Free School Meal (FSM) allowances should be reviewed to ensure sufficient coverage across the full school day, including breakfast and mid-morning options.
   - Support inclusive pricing models that make healthier choices the most affordable and accessible; particularly for learners from low-income households.
   - Expand free or low-cost breakfast clubs and align them with adolescent eating patterns, offering a wider variety of culturally appropriate, balanced options.

4. Create Environments That Encourage Healthy Choices

- Improve school dining environments to be more welcoming, inclusive, and age-appropriate for adolescents, encouraging students to stay on-site and engage with school meals.
- Collaborate with Local Authorities and Planners to limit access to unhealthy hot food takeaways within 400 metres of secondary schools, reducing external competition and supporting a consistent food culture (see: Managing Takeaways near Schools: A Toolkit for Local Authorities).

5. Strengthen the Whole-School Approach
- Embed healthy eating across the school's ethos, curriculum, and policies—linking food to wellbeing, climate goals, and community resilience.
- All school staff should be trained and empowered to support healthy food policies and model positive behaviours.
- Engage students, families, and carers meaningfully in the design and monitoring of food provision to ensure it meets their needs and preferences.
- Continue to build on the work of the Welsh Network of Health and Wellbeing Promoting Schools to foster shared learning and collective leadership.

6. Strengthen Monitoring and Governance
Clear accountability structures should be established to monitor:
- Uptake of healthy meals
- FSM spending
- Impact on student health and attainment
- School leaders and Local Authorities need support to understand their roles within a whole-system approach and to embed sustainable change.

Mandatory questions

17. What, in your opinion, would be the likely effects of the legislation on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

- **Do you think that there are opportunities to promote any positive effects?**
- **Do you think that there are opportunities to mitigate any adverse effects?**

The legislation has the potential to positively influence opportunities to use the Welsh language, especially if guidance and materials related to school food regulations are made fully bilingual and culturally inclusive. Schools that operate bilingually or primarily in Welsh could see enhanced resources that support Welsh-medium education and Welsh-speaking learners, helping to normalise the use of Welsh in everyday school life, including mealtimes.

However, there is a risk that if the supporting guidance, communication tools, and training for caterers are predominantly in English or lack Welsh language versions, this could inadvertently disadvantage Welsh-speaking learners and staff, reducing opportunities to use Welsh and creating inconsistencies in language equality.

Opportunities to promote positive effects include:

- Ensuring all statutory guidance, communications, menus, and resources are fully bilingual and reflect Welsh cultural food traditions where appropriate.
- Encouraging schools and caterers to use Welsh language during meal provision and education around healthy eating, reinforcing language use in informal, social settings.
- Supporting Welsh-speaking caterers and school staff with training and materials in Welsh.

Opportunities to mitigate adverse effects include:

- Making bilingual resources a mandatory part of the implementation process.
- Providing funding or support for Welsh language training for catering staff and school personnel.
- Monitoring and auditing how Welsh language provision is integrated within the food environment in schools.

18. In your opinion, could the legislation be formulated or changed so as to:

- **have positive effects or more positive effects on using the Welsh language and on not treating the Welsh language less favourably than English; or**
- **mitigate any negative effects on using the Welsh language and on not treating the Welsh language less favourably than English?**

Yes, the legislation could be strengthened to have more positive effects on the Welsh language by explicitly requiring all aspects of the school food environment, including statutory guidance, menus, communications with parents, and educational materials, to be available bilingually and promote the use of Welsh in school settings.

Additionally, embedding Welsh language promotion as part of the healthy eating ethos can support children's bilingual development and cultural identity, aligning with Welsh Government priorities on the Welsh language.

To mitigate any negative effects, the legislation could:

- Require periodic reviews to assess Welsh language equality in implementation.
- Mandate Welsh language training and support for catering and school staff.
- Provide guidance that celebrates Welsh culinary traditions and encourages schools to incorporate these in meal planning.

Such changes would not only ensure compliance with the Welsh Language Standards but also foster an inclusive environment where Welsh is actively used and valued in schools.