



RCPCH The Paeds Round

Food Insecurity

Transcript of podcast – March 2026

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Greta: When you look at the eating habits of those people who are food insecure, they're not healthy. They can't be healthy because of the cost of food.

Emma: I don't think people realise that obesity is a disease of poverty.

Greta: And I saw a little boy putting toast into his pockets and into his backpack.

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Emma: Welcome Greta Defeyter. I'm really excited to welcome you to The Paeds Round podcast, and it's really, really, exciting to have different people to talk to us. And I believe your work is so important that all paediatricians should know about what you do.

Greta: Well, thank you so much. I'd love to speak to paediatricians. So, thank you for this opportunity to speak to you today, Emma.

Emma: I think that many people in paediatrics, but not in the wider world, may not know who you are and what you do. So, you're a Professor of Developmental Psychology in The Department of Social Work and Education and Community Wellbeing in Northumbria University, and the founder and Director of the Healthy Living Lab. And you've been awarded all sorts of exciting medals. You're a food hero. You are a Fellow of the British Psychological Society, and I think you've just won an OBE - is that correct?

Greta: Yes, that's correct.

Emma: Tell me how did you get interested in what you're doing now? How did it all happen?

Greta: Okay, so it's a kind of strange story, in a way, because I was in the Department of Psychology at the time, and I had a PhD student looking at the effects of breakfast cereal on children's cognition. And these are very controlled experiments where we go into schools or we used to bring children into the lab, and we'd weigh out all of the food, we'd

look at all the ingredients in the food, and then we'd measure children's cognition on a variety of different cognitive tests. And one day, she was conducting this research in a school, and I just happened to see a school breakfast club operating in the corner of the school hall. This was now nearly 22 years ago, so quite some time ago, where not many people knew about school breakfast clubs, and I definitely didn't know about them. And I asked the head teacher, what's going on over there. She just looked at me like I was really stupid, and said, it's a school breakfast club Greta. And I said, 'well, why are you doing that?' And she said, 'well, some of our children live in poverty, and they come in to school, and they haven't had breakfast', I said, 'could I go across and have a look?' Typical psychologist and a woman very nosy.

So, we went across and had a look, and I saw a little boy putting toast into his pockets and into his backpack. And I thought, that's strange behaviour. So, I asked the head teacher, obviously, for child safeguarding whether I could go and talk to the young pupil and she came across with me. I said, 'you're not in any trouble, but can you just tell me why you're putting toast in your backpack?' And quite matter of fact, in a matter of fact, he said to me, 'I'm taking toast home for my baby sister, as there's no food in the house', and it was the way he said it as a practical solution that his child had thought of to address what we now call household foods insecurity.

It's spoken about quite widely, but that was the first time I'd ever come across it. And the image of that little boy putting that toast in his backpack has stayed with me right to this day and that just overnight, I changed my whole kind of, like, course of my research, so to speak, to say, this is out there. I can see it. I've just seen it. I've seen it right. So, I started to look at what research has been done with children and young people in the UK about food insecurity, and found there was very little.

Emma: Greta, that's an amazing story, and it's such a stark reminder of what life is like for many children and young people these days. So, tell me about food insecurity and how it affects children and young people.

Greta: In the UK, we currently have about four and a half million children living in poverty. Poverty is associated with food insecurity. So, food insecurity can be through lack of access to food. So it could be, for example, for elderly people in particular, they can't get to shops, and they haven't got access to food in their communities, but that's a small proportion of those families that we classify as being food insecure. The majority of families who are food insecure is because they live in poverty.

When you look at the eating habits of those people who are food insecure, they're not healthy. They can't be healthy because of the cost of food. So, you find that families have what we call food insecurity with hunger. And I don't mean just mean feeling a little bit peckish, I mean, feeling hungry and there's no food to eat. It's a very different understanding of it. And we also have families who are classified as low to moderate food

insecurity. What you typically find in those families is that they either downgrade in terms of the quality of the product of food they are buying, the value ranges, or typically, they have diets that are high in salt, sugar, saturated fat, and often it is classified now as ultra process food.

Emma: That is shocking, shocking statistics, when you look at the millions of children and young people living in poverty today in the UK, because we are a developed world country and we have the resources, that is actually a terrible statistic. What I want to ask you is, you've described how many children don't have food at all, so they're hungry and they can't get any food, or if they can get food, the quality of the food that is available to them is poor. And as a paediatrician, access to healthy food and fruit and vegetables and milk and calcium is so important to wellbeing and growth. So, what difference does it make? What are the health outcomes for these children and young people who can't get the food they need?

Greta: The podcast won't be long enough for me to list negative outcomes, but for the first time in decades, we're seeing things such as rickets, stunted growth, dental caries, so linked to poor oral hygiene, but also to the sugar content and food. We're seeing obesity and malnutrition sit side by side. We're seeing poor mental health, and we know that actually the food you eat, in terms of being absorbed into your circulation through the blood brain barrier, the amount of glucose in the food. So, the sugar conversion in the food affects how your cognition works, so your decision making. It also affects how well the children do at school. Not enough food actually doesn't allow the neurotransmitters to work properly, and so you have deficits and working memory, sustained attention, etc. So, food and the quality of food is important for children's health and development, but it's also important for their mood, their mental health and wellbeing and their cognitive processing.

Emma: Yes, it's very stark, isn't it? And I think it's a really important point. There are two things I want to talk about. I think it's a really important point that you need a certain type of food with complex carbohydrates, with fibre, with vitamins, and there's more and more work on your microbiome showing you need a big variety, and these ultra processed, cheap foods are not supplying that. And I just want to highlight something you said about obesity and poverty, because I think there's a misconception that people who are obese are eating too much. I don't think people realise that obesity is a disease of poverty.

Greta: Correct, and it's purely the fact that people don't have enough household income to buy a healthy diet. Poverty is also related not just to what you can purchase, but to where you live. So, if you live in poverty, you're more likely to live in poor housing. If you live in poverty, you're more likely to live in an area that actually doesn't have access to healthy food. I mean, I can share with everybody. I live in Blythe in Northumberland. I live in one of the poorest towns in Northumberland. We do not have a greengrocer. We don't have a bakers, we have lots of betting shops, we have lots of charity shops. I have a kind of a

discount broken biscuit store. But in terms of accessing fresh produce, local produce, it's just not available in Blythe. That's it. That's a really good example.

So, poverty determines where you live, what you have access to, and therefore, obviously it also determines your financial income, to your household. And when you start loading these factors onto one another, you can see the ill effects of poverty, but you can see actually that poverty, I always think of poverty is like a prison with no bars, because poverty affects what you have in terms of your choice. People living in poverty don't have the same choice. So, it's not an individual behaviour. It's a structural problem that we have with our society.

Emma: I think that is so true. It's really interesting. I went to Detroit, and the whole town had collapsed with the collapse of the automobile industry. And they actually had food deserts, so you couldn't get hold of any food, and the only place that you could get food was at the petrol stations, because the only thing that was available was petrol. So, if you could walk to a petrol station, you could get food, there was nothing else in between.

Greta: Yeah, and we have the same in the UK. We have what we call food deserts and food swamps, as I call them. So, food deserts is where you can't access food. Food swamps, and we've all seen it, right! It's where you have on a line Kentucky Fried Chicken, McDonald's, Burger King, Wendy's, all of them, right! And they're cheap and they're easy. If you don't have a car, and you can't get access, you can see exactly what happens. And that then becomes normative, because everybody's doing it in that community. And so, it's again, I'll say it's a structural issue that we have. And sometimes I look at what I call big food operating across areas where there is really deep poverty, and I kind of just have to sometimes shake myself to say, keep fighting the fight. Because we have to fight this. We cannot allow this to happen. It's been happening for years, and it's just not good. It's costing our health service. It's costing our education service, and more importantly, it's costing the life of children and young people.

Emma: And I think it's really important that people understand this is not a quick solution. You can't give people vegetables because, actually, they may not have a stove. They may not be able to pay the electricity bill for them to actually cook the vegetables. They may not have, not only the implements, like all the things that you need, pots and pans, but the knowledge about what to do with the vegetables, because they have lost out on their education, and they are literally just living day by day, just getting by. So, this is a complex problem. This is not a simple problem.

Greta: Correct? And I'm going to add a further thought to that, that even if you have the knowledge, even if you have access to a cooker, if you are in house of multiple occupancy, for example, even if you can afford the electricity, when you have to make food choices, when you are living in poverty and you have high food insecurity, every decision you make is riskier.

So, if, for example, you cook, I can think of my own household if I cook jacket sweet potatoes instead of a normal potato. And my family tried them and they don't like them. You know what? I can go and cook something else, when you're looking at it in the terms of the risk of trying to do that sweet potato, the risk is tenfold when you live in poverty, to somebody like myself who can afford to cook something else. And it's an important thing, because poverty then changes the decision and risk making process, so that cognitive process of how much you take a risk. Okay? And that applies to food. It applies to gambling. It applies to whether you take a loan from a loan shop. Things that don't look rational for somebody that has money are completely rational when you live in poverty.

Emma: It is a really important thing that doctors and people in the medical profession who are looking after all these children with these effects of poor diet, which we know are huge, so obesity, diabetes, hypertension, malnutrition, and you're absolutely right. We've seen rickets. We've seen diseases of the Victorian age come back, which we have not seen in years. And it's really important that doctors understand the life that their patients lead.

Greta: Correct. So, I have examples where I've been working with children and young people, and they've been discharged from hospital, and they've been given a diet sheet. I mean, I have to laugh. I can absolutely appreciate what the clinician is trying to do. But I look at it, and I look at what I know the family can afford, there's a Red Sea. There's a there's an ocean between us, right! Because it's fine saying yes, you should eat according to the Eat Well Plate as one guide, for example, around food groups and nutritional standards. But the families I work with can't afford to eat an Eat Well Plate type of diet.

So, it then undermines, in a way, what the paediatrician, for example, is trying to do. And it also means that from the recipient point of view, that then starts to have a lack of trust, because it looks like the paediatrician doesn't understand the kind of home environment in which that child or young person live or you ask parents or carers to do something that maybe they can't do. Maybe they don't have access to a cooker. Maybe they have a refrigerator, but the food is stolen from the refrigerator. It's very difficult to try and match the two.

So, we have to think about how we reach out and how we work in a kind of, what I call a linking arms type of way to make people or support people, rather in having a better diet, but being really aware of the constraints on the situation in which young people live. Somebody will come out from hospital with a diet sheet, and the person that's taking care of that child or young person will say things like, we'll have a treat and we'll stop at McDonald's on the way home. There we go. And it's become a cultural treat, if not a normative everyday situation, and so we need to work with families to change that, but we need to work on the food system as well, and we need to work on the social welfare system, and we need to work on poverty. And all these levers have to work cross sectoral in terms of programmes, isn't it!

You can't just fix one programme. People's lives aren't like that. So, it is a complex problem, but it's something that both sides, having that greater understanding for both sides of the equation will go a long way to helping and supporting children and young people.

Emma: Yeah, I think it's really interesting what you say. It's so true about the McDonald's as a treat. What are treats? And I know from my children just going to the local state school, and they tell me that they actually don't like people looking in their packed lunch, because that makes them stand out. Their packed lunch doesn't have crisps; their packed lunch doesn't have biscuits. Their packed lunch has homemade food. One of my children doesn't like sandwiches, so I'll just take rice and lentils and things that are culturally appropriate for them. But that's very unusual. And children come to my house, and they sit down and they look on the table and they say, 'what is that'? We were originally talking so we've talked about how food poverty and food insecurity leads to poor health. But what about the effect on your schoolwork? Because we are talking about children and young people here.

Greta: Yeah. So, we know when we look at studies that have looked at cognition and schoolwork, we know it is actually not just the fact of not having food, but the type of food you eat that affects your cognition. And the main processes that are affected are sustained attention and working memory. So, if you think about it in terms of schoolwork, well, you need to pay attention and you need to have a good working memory. So those processes are affected by default. Your educational attainment is going to be affected. And the government has been quite good and quite active in the last few months around school breakfast clubs. So, in England now we have a slow roll up, a good roll out of National School Breakfast clubs. And of course, we have the extension of free school meals to an additional 622,000 pupils come next September. So, both of those are really good programmes that the UK Government has introduced to try and combat both food insecurity, dietary intake and, also educational attainment.

Emma: Greta, what happens in the holidays because there's no school?

Greta: Well, so in the in the holidays and in days when children aren't in school, so children typically in state schools are in schools for about 190 days. But there are 173 days where children are not in school. So, you know, if you want to have an intervention, you have to think of the whole child, the whole system, the whole family. And so, I was very lucky that the All Party Parliamentary Group on school food gave me permission to conduct some research on their behalf. And we mapped the holiday clubs across England. We had over 400 organisations delivering but there was no governance, no quality assurance, and we spent the next five years collecting evidence about the impact of these clubs. And in 2017 Frank Field, actually presented a bill called the School Holidays, Food and Activities Bill to Parliament, and luckily the bill passed. It was a brand-new social

policy, and after a few years, we got funding. And currently the government in England funds what they call the Holiday and Activities Food Programme, which I helped co design.

Emma: Tell me what the Holiday and activity Food Programme is?

Greta: The Holiday and Activity Food Programme is a programme that's funded by the Department for Education. It's funded at 200 million pounds a year, and it goes across every higher tier local authority in England. The programme itself is designed to offer free food and enriching activities for children aged 5 to 16 who are in receipt of free school meals.

Emma: I think that's so important. I would remember a friend of mine saying to me, I had 100% attendance at school because it's the only place I knew I would eat. I never missed a day of school. And as you said, like 173 days a year there is no school. So, this is a very, very basic need for people, and young people and children to have food. We've talked so much. There are so many things I could ask you, but I want to ask you something very specific. What is your ask to paediatricians when they see children and young people in their clinics or in their emergency departments, what do you want them to think about?

Greta: I suppose what I would ask them is try and put yourself in the shoes of your patients and think about them as people that may well live in a different environment or different household to your own. And the other thing I would ask them to do is to ensure that their hospital or their practice or their clinic has contacted the local authority and knows of the actual resources that are available. So whether you look at the HAP programme, whether you look at food pantries, whether you look at Citizens Advice numbers, whether you look at schools that are running breakfast clubs be aware of what's happening in your local vicinity, so that yourself or your social prescribers can actually direct and support families into those actual areas of help.

I think one of the things that's really difficult is keeping abreast of it for clinicians, but local authorities have that information, so the social prescriber has a really good link with the right person in the local authority. It's then quite easy to keep up to date with what's happening in your local area, and to think of some of the programmes, like the holiday activity programme, not as a deficit programme, but as an asset-based programme. And it doesn't have to be big things, even small things that we often take for granted, a trip to the park, for example, well, maybe it's buying a lollipop, or maybe it's taking a picnic. Well, if you don't have money and you don't have access to food, those things now become a problem, right! Or it may be something like going and playing football, but if you can't afford the football boots, then there's a problem. So, you're not engaging in the physical activity. So when you're thinking about food insecurity, remember that's just one part of that family's life, that life is affected by, especially if you're looking at poverty multiple factors so, damp housing, poor ventilation, can't afford the heating in the winter, clothes, school uniform, meals and the content in a packed lunch. I could go on and on, but

hopefully you'll see it is complicated, but having that empathy, I think, and then setting realistic goals that that family can achieve, I think, is really important.

Emma: Yeah, I think the first thing I want people to do is just ask the question in a sympathetic manner. Very recently, I've been in clinic, and I was asked to see a baby who wasn't growing very well, and I said to the mother, you know, 'what are you feeding?' 'What's happening?' And she said, 'at the end of the month, I can't afford formula milk. I can't afford milk for my baby'. It's just, if I hadn't asked the question, I could have gone down a whole route of investigation and taking bloods when I just needed to ask a simple question in a way that she felt safe to talk about this. As a result, there are the formula milk vouchers, and also the family might be eligible for warm home benefit and understanding, as you say, knowing that this is available, knowing that people can access it, you don't have to do it yourself. You just need to sign post them to the right place.

Greta: Yeah, and talking about it in a way that's normal, so you normalise it. Families trust paediatricians and school teachers much more than they trust academics so we're further down the list. Okay, but actually thinking about it in a normal way, if you're discharging a child or young person, or you're taking care of them, then actually, surely, you know, forgive me if I'm saying something out of term here, but surely you're taking care of the whole child, and a whole child isn't just in hospital. The whole child is going to go home to an environment there's no point in treating a child to me in hospital to send them home to, like a damp home or a home that's got mould coming down the wall or home that has got no food in the cupboards or the fridge, right! Because the child is just going to end right back with you again. So, it's thinking about how we as a whole society support what I call whole children, whole people.

Emma: Absolutely, there's no point in prescribing loads and loads of asthma inhalers when actually the root of the problem is poor housing.

Greta: Correct, and likewise there's no point in giving a diet sheet if the root of the problem is food insecurity,

Emma: Absolutely, and I think that, there's lots of ways that people can do small things. So, a good example is that we've started collecting for the children's clothes bank. I collect children's clothes that have been passed down from any of the staff in our hospital and secretaries, and every single time I tell people, if you don't give those clothes, children can't go to school, they can't go out of the house. There are people who don't have shoes. Tell me what we can do to make things better.

Greta: So, I think what we have to do is, as professionals, I think we have different roles to play at different levels. So, I think advocacy and campaigning around the issue, so that central government to look at policy. I think also locally, so thinking about how we work in the northeast, with our Northeast Mayor around interventions that she's putting in around

her child poverty strategy. So, both the local and the national coming together, thinking about even small things. So, for example, how hospitals could play a role in - I'm going to say it, it's probably controversial, but I'm going to say it, it will be no surprise to Emma that I'm going to say it probably. But thinking about food served in hospitals, okay, thinking about, is that food really healthy!

Emma: I couldn't agree more. I think it's important. I think it's the one place where we can not only nourish children, but we can actually give parents and families the opportunity to see what they could have. But I'm actually quite ashamed of what happens in hospitals. We have done a whole lot of work, which I know you're aware of, where we don't actually, we haven't been feeding parents who come to hospital. And we have stories where we ask the parents, what do you do? And the parents said, I wait till my child was finished, and then I eat the scraps off their plate so they can't afford to eat. Generally, the cost of coming to hospital, and the pressure that then puts on the family for unnecessary admissions is huge. So, I think it's a really important thing to think about. You know, does this child need to be here? Do they need to be admitted? Is this the best place for them? Could you deliver this care closer to home? So, you've talked about what you want paediatricians to know, how you want paediatricians to ask questions, how you want paediatricians to understand where their patients come from, but we haven't really talked about what you'd like hospitals, management and even universities and academics to do on this. I'm sure you have an opinion, Greta, because you always do.

Greta: I do have an opinion on this. Okay, so, and I'm going to give you my opinion for what it's worth, I think that we really need to review the quality of food in hospitals and universities. So, I'm going to talk about universities, but what I'm going to say, I think, will apply to hospitals. So, when I look at schools or holiday activities and food that are - what we call school food standards - that actually govern the quality, and the food groups served to children and young people. Now we know from the science that brain development occurs all the way to age 21 right! So, this is now university students are included in my zone of development. When I look at the guidance for the food served in universities, you may be surprised. It's a completely blank page. There is no policy or guidance whatsoever. **Emma:** None. **Greta:** None. When I look at hospitals, if there is guidance, they are probably breaching it. I was at a local hospital to me not long ago, and the offer at the cafeteria was chips, or double cooked chips, or a bag of crisps or a sandwich that had so many ingredients in whose name I couldn't actually pronounce, and yet, these are places of learning and health and wellbeing, in terms of getting as well,

Emma: Right! Well, there's two bits of that, the hospitals, I absolutely agree, and I think it's really interesting, because I think that we can learn from other places that do it well. So I worked as a VSO (Voluntary Service Overseas) volunteer in the South Pacific, and I was a paediatrician in a hospital in Vanuatu, and what we did is, we had a hospital garden, and anybody who was staying more than a couple of days, they would go in their spare time, because there's a lot of time when you're sitting around in a hospital where things aren't

happening and the garden was right below the wall, they would go to the garden, and they would help tend the garden, and they would pick the vegetables and food in the garden, and they would cook it all together for all the children and families on the ward. And it was such a good thing. It was such a sustainable thing, and it was fun, and it was an opportunity for the nurses and the children and the staff to do something together that wasn't just about immediate, I don't know, nasty things like giving injections and taking blood. So, it was a really positive thing. And I think something like that, we should be having things like that. So, there you go. That's what I think we should have.

Greta: So, I agree with that, but I think we should go further than that as well.

Emma: All right, Greta, it's been a huge pleasure. It's a bit like Desert Island Discs. You don't have 10 choices of discs, but you do get to give us your three top tips. So, we like to end on your three top tips. What would you like to say to all the paediatricians, all the healthcare workers who are looking after children and young people?

Greta: First thing I'd like to say is, thank you for all your hard work and professionalism. You saw us through Covid. You're still doing a grand job. You have my full support. That's the first thing I'd like to say. Second thing I'd like to say is, be aware of the whole child and young person, not just when they're in clinic or in your hospital but thinking about the environment that that child is going back to. And thirdly, is, have the conversation.

Emma: There we go, just like we are. It's been a great pleasure. Greta, it's just been so fun to talk to you, and you're right. We could have done this for a couple of hours, so we've just had to cut ourselves short.

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