



When is it
not just

FUSSY EATING?

A booklet for primary schools

NHS

Lancashire and
South Cumbria
Integrated Care Board



ARFID[®]
AWARENESS
UK

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Most young children can be a bit fussy about their food, especially in the toddler years.

Many children will have a few foods that they cannot easily eat (usually vegetables).

Most fussy or avoidant eating is caused by the sensory aspects of the food... The way it looks, the way it tastes and smells, how the texture might feel in the mouth.

But there are some children who can only accept a very small range of foods and food textures.





ARFID is a recognised eating disorder –
it can be seen in both children and adults.

There are different subtypes

1. Early onset – those with sensory issues and poor appetite – usually starting before the age of 3 years.
2. Later onset – those with just a fear of choking, being sick or not being able to swallow (see booklet 3).

Early onset/sensory subtype. How would you recognise it? How do we manage it?

1. Very few foods in the diet; usually less than 10.
2. This restricted diet would not be due to any medical conditions or neglect.
3. The foods are mainly dry carbohydrates; biscuits, crisps, cakes, cereals, toast. There might also be some yoghurt and some chocolate.
4. Mixed, wet, and 'slimy' foods will be avoided and found disgusting – such as most fruit and vegetables.
5. Accepted foods will be brand and flavour specific – e.g., Walker's salt and vinegar crisps.
6. New foods will always be refused on sight and when offered will result in a disgust or anxiety response.
7. Refusal is based on the sensory properties of the food; the taste, smell, appearance, and texture.
8. Refusal is not just 'dislike', it is a fear/disgust response.



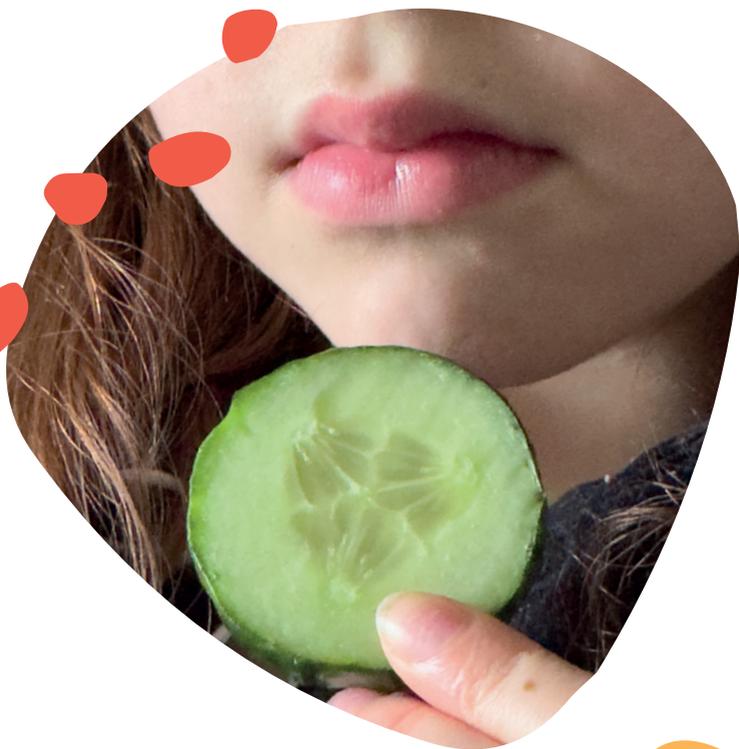
Health implications

- This limited diet can cause poor intake of the essential vitamins and minerals, such as iron or vitamin C.
- There might not be enough protein in the diet.

BUT – if the child is allowed to eat those few foods that they can easily accept then they will grow as expected.

- Children with ARFID are not necessarily underweight.
- They could even be overweight.





Social implications

Children and adults with ARFID find it difficult sometimes to:

- Be around other's food;
- Be near others when they are eating.
- They might not be able to eat with other children in the dining hall.

They will:

- Avoid mealtimes;
- Not eat very much when at school;
- Not be able to touch foods that they cannot eat.



Who is at fault?

NO-ONE!

The parents have not caused this problem by:

- Not offering foods; or
- Not providing the 'correct' diet at home.

Parents do not want their children to eat 'nothing but crisps and biscuits'.

Many of these children might have another condition which contributes to anxiety and pain around food, such as:

- Early reflux;
- Food allergies and intolerances.

They might have been very difficult to feed from early infancy.

Quite often children (and adults) with ARFID will also have a diagnosis of:

- Autism spectrum disorder (ASD), and/or-
- Attention deficit hyperactivity disorder (ADHD).

They will all have sensory processing difficulties; these are more likely to be seen in ASD and ADHD. They will also be rather anxious, especially in social situations.



What can you do?

Children with ARFID can only eat their accepted foods:

- They will usually have to bring lunch and snack foods from home.
- They might need to take supplemental drinks.
- They might need to eat in a space where they feel comfortable – this might be away from other children.

They will refuse their foods if:

- They don't 'look right' – they are broken or marked in some way.
- If something is added to change the taste.
- If the food packaging is different from usual.
- If their food is touched by a new food; a food that they cannot accept.

They often do not feel hungry:

- They will need snacks scheduled throughout the day.

Educational sessions which concentrate on healthy eating will cause a problem.

- Children with ARFID can usually only eat foods that others think of as unhealthy – snacks, biscuits, chocolate, crisps – because of the sensory properties of these foods.
- If the child starts to think of these foods as unhealthy then they will often stop eating them.
- These snack foods may well be the foods contributing to the child's adequate growth.



Reasonable adjustments will often need to be made to meet these children's sensory needs.

What not to try

What we know doesn't work – negative strategies:

- Withholding accepted foods.
- Putting new foods on the child's plate next to accepted foods.
- Sitting the child in front of new foods.
- Making the child feel guilty for eating unhealthy foods – they can't help it!!
- Any pressure to eat new foods, such as prompting or coaxing.
- Trying to reward the child for eating a new food.

These strategies will cause anxiety in the child.

- Anxiety decreases appetite and willingness to try new foods.
- Anxiety increases sensory reactivity and decreases food intake.

Very occasionally the child will try a food:

- If the new food is just on a plate where they can see it.
- Perhaps if other children, or you, are eating it and enjoying it.
- If it looks like food that they already accept.
- If the child is allowed to approach the food as and when they want to.



Working with a child

This is a sensory based disorder, which will need sensory desensitization.

Foods are refused because of their sensory properties – taste, smell, appearance, texture.

They might:-

- Dislike getting food on their hands and face.
- Not want to get involved in messy play.
- Need to keep their hands clean, and frequently wiped.
- Not like food smells.
- Have problems with different food textures.

With younger children

- If you do try messy play – start from those things that the child can touch (usually dry textures) and gradually move on to the more difficult and wetter textures.
- See what the child is happy to handle but don't use foods to begin with, use non-foods that don't leave a residue (Play-Doh) .

With older children:

Take care with any food preparation or education sessions, they might find these difficult to tolerate – if they can take part in them.

- Use pictures of foods.
- Use packaged food for them to handle.
- Prepare food with them – but they might just want to watch at first.

Some children, however, might have problems with any session which involves food or food packets.

Supporting the parent

Parents often feel worried and guilty; they think their child's eating behaviour is due to something that they have, or haven't, done.

- Other family members might be giving conflicting advice.
- Other health professionals might be giving conflicting advice.



- Reassure parents that weight gain and growth should be a priority.
- Reassure – it is not their fault and the child is not being deliberately awkward.

The child needs their calories for the day wherever these come from. Parents often worry about the effect of an 'unhealthy' diet.

- Ask about vitamin and mineral supplementation – do they have advice from a dietitian?

Signs of autism spectrum disorder are often seen in those with ARFID. You may already have concerns that a child has additional needs.

- If so is there a SEN plan in place?
- Do parents need additional support to get a referral for a diagnosis?

Sometimes – but not often – children with ARFID might accept a food at school – that they will not eat at home

It will only be one or two foods that are accepted in this way. This is usual and doesn't mean that the parents aren't doing it right!

11 key points

1. ARFID; isn't down to bad parenting!
2. Foods eaten may seem unhealthy, but they are necessary to keep the child growing.
3. Weight gain and growth is the priority in young children.
4. They might not all be underweight but they will have nutritional deficiencies which will have an impact on their health.
5. 'Negative' strategies at mealtimes; trying to coax a child to eat – will increase their anxiety and reduce their food intake.
6. Foods are refused because of their sensory properties, taste, smell, appearance, texture.
7. These children might not be able to eat school dinners or snacks. They will have to bring their own foods from home.
8. They might find it too difficult to eat in the dining room with other children because of their sensory needs.
9. They will usually have difficulties joining in with food preparation or food tasting sessions.
10. These children should have the option of being excused from 'Healthy eating' sessions.
11. Anxiety and changes in routine will lead to a reduction in intake.

Resources

ARFID Awareness.UK

A charity supporting those with ARFID or those who think they or their child might show signs of ARFID

www.arfidawarenessuk.org

Infant and Toddler Forum. A panel of experts who produce fact sheets which can be freely downloaded, giving information on picky and avoidant eating

www.infantandtoddlerforum.org

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