A Parent's Guide to Supporting a Child with ARFID

Understanding your child, protecting nourishment and building safety around food

When food becomes much more than food

ARFID can make ordinary family life revolve around food in ways that are hard to explain to people who have never lived with it. Breakfast before school, packed lunches, birthday parties, restaurants, holidays, sleepovers and even a change in supermarket stock can become complicated. Parents often find themselves doing invisible work all day: checking ingredients, keeping safe foods available, negotiating with school, preparing food separately, explaining ARFID to relatives, planning travel around food availability and trying to stay calm when they are frightened about nutrition.

ARFID - Avoidant/Restrictive Food Intake Disorder - is an eating disorder in which food is avoided or restricted for reasons that are not driven by weight or shape concerns. The restriction may be connected with sensory sensitivity, fear of choking or vomiting, pain or another aversive consequence, low interest in food, weak hunger signals, or a mixture of these experiences. Some children eat a very narrow range; others eat a reasonable variety but not enough volume. Some manage at home but struggle in school, restaurants or unfamiliar places.

ARFID is not ordinary picky eating, bad behaviour, attention-seeking or a parenting failure. A child who appears stubborn may actually be frightened, overwhelmed, nauseous, unable to tolerate a sensory experience, or simply not receiving a strong enough internal signal to eat. The most helpful starting question is not 'How do I make my child eat?' but 'What is making eating difficult for my child, and what would help their body and nervous system feel safer?'

Common misconceptions

MYTH	'If they were hungry enough, they would eat.' Fear, sensory distress or weak hunger cues can override hunger. Waiting for extreme hunger can increase distress and reduce intake.
MYTH	'Safe foods are the problem.' Safe foods may be what is currently keeping your child nourished. Recovery usually works better when safety is protected while flexibility is built gradually.
MYTH	'Parents created this by giving in.' ARFID is complex. Sensory processing, fear, appetite, interoception, gastrointestinal experiences and neurodivergence can all contribute.

Understanding the ARFID pathways

For some children, sensory properties are the main barrier. Texture, smell, taste, temperature, appearance, colour, mixed textures, food touching, packaging, brands and utensils may all matter. A reaction can be intense: gagging, nausea, freezing, retching, panic or an immediate feeling of being unable to swallow. Sameness often creates safety, and a change in recipe, packet or preparation can make a familiar food feel completely different.

Some children avoid food because they fear choking, vomiting, pain, allergic reactions or another frightening consequence. The fear may follow a real event or develop gradually. Once the brain has linked food with danger, avoidance can feel protective. Reassurance alone may not switch off the fear because the body can remain in a threat response.

Some children rarely feel hungry, become full very quickly, forget to eat or experience eating as tiring and effortful. Hunger may not appear as a clear 'I need food' signal. Instead the child may become irritable, tired, headachy, shaky, nauseous or dysregulated. Many children have mixed presentations, and stress, illness, puberty, sensory overload or burnout can change what is manageable.

A USEFUL QUESTION	Instead of asking 'Why won't you eat it?', try 'What feels difficult about this food or this moment today?'

Sensory needs, neurodivergence and interoception

Become a sensory detective. Does your child prefer dry foods to wet foods? Crunchy to soft? Cold to warm? Do foods need to be separate? Is smell the strongest trigger? Is eating easier in a quieter room or after cooking smells have dispersed? These details can help you build a sensory map and communicate more clearly with school or clinicians.

Autistic children may experience differences in sensory processing, routine, predictability, interoception and anxiety that interact with eating. ADHD can affect planning, remembering to eat, shifting attention away from an absorbing activity and staying seated long enough to finish. Communication differences can make it difficult to explain what is wrong with

a food. Good support should respect neurodivergence rather than treating every difference as something to remove.

PRACTICAL SUPPORT	Predictable preparation, divided plates, familiar cutlery, reduced cooking smells, quieter eating spaces, consistent brands and visual meal routines can all reduce unnecessary distress.

INTEROCEPTION	Use regular eating opportunities, visual timetables, alarms or adult prompts when hunger cues are weak or confusing.

Protect nourishment before pushing variety

When parents are frightened by a restricted diet, variety understandably becomes the focus. But a child who is not eating enough needs reliable nourishment. Safe foods may currently be doing an essential job. Removing them to force variety can increase anxiety, reduce intake and damage trust. A specialist dietitian may need to review nutritional adequacy, growth, possible deficiencies, supplements, protein, fibre, energy intake and hydration.

SEEK ASSESSMENT	Seek advice if intake or range is shrinking, safe foods are being lost, growth or weight is concerning, your child is dizzy, weak or dehydrated, gastrointestinal symptoms are significant, or school and everyday life are increasingly disrupted.

Keep a short record if it helps: current safe foods, foods recently lost, drinks, supplements, typical eating times, how long meals take, gastrointestinal symptoms, fears, sensory triggers, energy levels, school impact and what happens when a meal becomes difficult. This is information for care, not a way to police your child.

Mealtimes: before, during and after

Before the meal, reduce uncertainty. Tell your child what food is available, how it will be prepared and whether a safe option will be present. Consider sensory load: cooking smells, noise, bright lighting, fatigue after school or a stressful day can all reduce capacity to eat.

During the meal, avoid turning the table into a surveillance zone. Reducing pressure does not mean ignoring nutrition; it means following the plan without adding shame, bargaining or constant commentary. Try 'I can see this is hard' or 'What would make this a little safer?' rather than 'Just one bite for me' or 'You ate this last week.'

After a difficult meal, regulate first. Avoid an immediate post-mortem while everyone is distressed. Protect the next planned eating opportunity. Later, ask what made the situation harder: smell, fatigue, portion size, an unexpected change, social pressure, fear, nausea or sensory overload. Use the information to adjust.

> *A successful meal is not only measured in bites. Staying at the table, communicating distress, using a coping strategy, tolerating a food nearby or returning after a difficult moment can all be meaningful steps.*

Food exploration and food chaining

Many children move through stages before eating a new food: tolerating it in the room, having it on the table, looking, touching, smelling, bringing it near the mouth, licking, tasting and eventually eating a larger amount. A full portion does not have to be the first goal. Exploration is usually more useful when separated from pressure to eat.

Food chaining starts from similarity. If a child accepts one cracker, the next step may be a very similar cracker rather than a completely different meal. Similarity might involve shape, flavour, texture, colour, brand, coating or preparation. Keep changes small enough to create manageable anxiety rather than panic.

FOUR PRINCIPLES	Change one variable at a time. Keep the step small enough. Repeat manageable steps. Do not hide ingredients or trick the child, because trust matters.

Progress may be tolerating a new packet on the table, smelling a food without gagging, sitting in a cafe while eating a safe food, managing a different shape, eating enough more consistently or recovering more quickly after a difficult experience. ARFID recovery is not a race through a food list.

School, trips, restaurants and wider family

Lunch halls can be noisy, busy and full of strong smells. Packed-lunch rules may accidentally remove safe foods. Staff may use praise, rewards or 'one more bite' approaches that increase pressure. Meet with the setting and explain that ARFID is an eating disorder, not defiance.

POSSIBLE ACCOMMODATIONS	Safe food from home, a quieter eating space, extra time, no public food commentary and a consistent plan for what happens if lunch cannot be managed.

For trips, restaurants and holidays, look at menus in advance, identify nearby shops, bring safe food where appropriate and tell relatives not to comment on eating. Social participation while eating something different can still be meaningful progress.

Siblings may feel the child with ARFID receives special treatment. Explain that fair does not always mean identical. Protect siblings from becoming food coaches. With grandparents or relatives, a useful boundary is: 'We are following an ARFID support plan and we are not going to debate or comment on what they eat.'

Working with professionals and advocating

ARFID can sit across eating-disorder, paediatric, gastrointestinal, dietetic, neurodevelopmental and psychological services. Depending on your child, care may include a GP or paediatrician, specialist dietitian, psychologist or eating-disorder clinician, with other professionals where feeding, sensory, developmental or communication needs are relevant.

QUESTIONS TO ASK	What physical and nutritional risks are being assessed? Which ARFID pathway seems strongest? Are sensory and neurodivergent needs being considered? Who coordinates care? What should we do if intake worsens? What can be shared with school?

You know your child in a way professionals do not. Your observations about fear, disgust, sensory overload, appetite, safe foods and changes after illness matter. Advocacy is not being difficult; it is helping the system understand the child in front of them.

Looking after yourself as a parent or carer

ARFID can be exhausting for the whole family. Parents may feel frightened, guilty, angry, helpless or judged. Some begin to dread every meal or feel they cannot leave their child with anyone else. Your wellbeing is not an optional extra. Share the load where possible, protect parts of the day where ARFID is not the topic, set boundaries with relatives and consider peer support or counselling if you are becoming depleted.

Beat offers information and carer support, including ARFID-specific services in some areas as well as wider carer support and HelpFinder. You deserve support as well as your child.

Books and websites

Books: ARFID: A Guide for Parents and Carers - Rachel Bryant-Waugh; Food Refusal and Avoidant Eating in Children - Gillian Harris & Elizabeth Shea; Helping Your Child with Extreme Picky Eating - Katja Rowell & Jenny McGlothlin; The Autistic Teen's Avoidant Eating Workbook - Elizabeth Shea; The Picky Eater's Recovery Book - Jennifer J. Thomas, Kendra R. Becker & Kamryn T. Eddy.

Websites: Beat - www.beateatingdisorders.org.uk; ARFID Awareness UK - www.arfidawarenessuk.org; British Dietetic Association - www.bda.uk.com; Great Ormond Street Hospital - www.gosh.nhs.uk; Space to Breathe Therapy & Support Hub - www.spacetobreathetherapy.co.uk.

A message from Maggie

As a parent, you may feel enormous pressure to fix your child's eating. Please remember that ARFID is not a parenting failure. Your child needs you beside them, not perfect. Protect nourishment. Stay curious about what food feels like for them. Advocate when people misunderstand. Celebrate progress that may be invisible to everybody else. And please look after yourself too.

Your child is so much more than what they can or cannot eat.

Warmly, Maggie
Space to Breathe Therapy

My Child's ARFID Support Plan

Use this page to capture what helps your child and share it with school, family, nursery, clubs or professionals. Update it as things change.

Reliable safe foods

Sensory triggers / fears

Signs hunger / low energy may be building

What helps at mealtimes

What makes things harder

A small food-exploration step

People / professionals supporting us

Safety, nourishment, trust and connection matter more than somebody else's timetable.

This guide is educational and does not replace individual medical, dietetic or specialist eating-disorder assessment or treatment.