

Meal Planning When Planning Is Difficult

A flexible three-day system

Meal planning often asks for the exact abilities that are already under pressure: imagining future hunger, making several decisions, estimating time, remembering what is at home, shopping, starting and adapting when the plan no longer fits. A rigid seven-day menu can become another unfinished task.

A useful plan should reduce decisions later. If making the plan uses more energy than it saves, make the plan smaller.

Why planning can become inaccessible

Hidden demand	How it may show up	Helpful change
Future thinking	You cannot know what texture, smell or appetite will feel possible in five days.	Plan only three days; keep two choices rather than one fixed meal.
Working memory	You forget what is in the freezer or buy duplicates.	Use a visible food map, photographs or a short "already have" list.
Decision fatigue	Every meal feels like starting from nothing.	Repeat breakfast/lunch, rotate a small meal queue and limit choices.
Time blindness	A 20-minute recipe contains an unseen hour of preparation and clearing.	Plan by total demand, not recipe time; include opening, defrosting and clean-up.
Sensory uncertainty	The planned food becomes impossible on the day.	Protect a safe anchor and keep components separate or swappable.
Initiation	The food exists but the first action will not start.	Write the first physical action and use reminders or body doubling.
All-or-nothing rules	One disrupted meal makes the plan feel failed.	Treat the plan as a menu of support, not a contract.

The three-day plan

Day	Likely capacity	Main option	Lower-demand option	Emergency option
Today	What is true now?	One meal you can imagine making.	Same anchor with fewer steps.	Ready/no-cook safe food.
Tomorrow	Known demands?	One realistic option.	Convenience or leftover route.	Visible back-up.
Next day	More uncertain	Choose from a two-meal queue.	Freezer/cupboard route.	Restock trigger.

Three levels for every plan

Level	Meaning	Examples of the route
Fuller-capacity	Enough attention and physical energy for preparation.	A familiar recipe, one-pan meal, batch component or supported experiment.
Low-capacity	Food is possible if steps and washing-up are reduced.	Microwave bowl, ready ingredients, one tray, pouch plus topping, cold assembly.
Emergency	Starting, deciding or tolerating food is very difficult.	Ready-to-eat safe food, labelled ready meal, drink or personally appropriate supplement if advised, another person's help.

What counts as planning

Repeating the same breakfast, keeping three freezer meals, setting a reminder to eat, ordering familiar groceries, asking someone else to choose, or writing "soup or cereal" are all forms of planning. Planning is any support put in place before the moment of greatest demand.

Maggie's reflection

Repetition is often described as boring, but for an autistic or overwhelmed nervous system it can create safety. A repeated meal removes uncertainty and protects capacity for the rest of life. Variety can be available without becoming compulsory.

Build a plan that can bend

Meal queues, anchors and decision limits

Instead of assigning one meal to one date, create a short queue of meals that use what is available. Choose from the queue based on capacity, appetite and sensory needs. Move an option forward, freeze it, swap it or remove it without calling the plan a failure.

Six flexible planning systems

System	How it works	Useful when
Three-day view	Plan today plus two days, then review.	A full week becomes abstract or food preferences change quickly.
Meal queue	List three to five possible meals with no fixed day. Choose the easiest suitable one.	Demand and appetite fluctuate.
Anchor and options	Keep one predictable base or safe item, with two optional additions.	ARFID or sensory differences make entire mixed meals uncertain.
Theme without rules	Use a loose prompt such as bowl, soup, potato or freezer night.	A category helps starting but exact scheduling feels restrictive.
Repeat and rotate	Repeat reliable meals and rotate only one element when wanted.	Consistency supports eating and reduces shopping decisions.
Capacity match	Label options full, low or emergency rather than healthy/unhealthy.	Energy and executive function matter more than the calendar.

The five-step planning routine

Step	Keep it small
1. Look	Check only the fridge "use first" area, freezer meal list and safe-food stock. Do not inventory the whole kitchen.
2. Protect	Choose the safe/familiar anchors that must remain available. Put them on the shopping list first.
3. Map	Notice appointments, work, recovery time and likely sensory load for the next three days.
4. Queue	Choose up to three main options, their lower-demand versions and one emergency route.
5. Make visible	Place the plan where decisions happen; set reminders; move freezer items only when storage/thawing can be managed safely.

Reduce the hidden steps

Barrier	Design the plan around it
Choosing	Two options maximum; let another person choose; use a randomiser only from pre-approved safe choices.
Shopping	Saved list, repeat order, delivery/click-and-collect, aisle order, or support person. Apps such as Mealime may create grocery lists, but check suitability, cost, privacy and allergens yourself.
Putting away	Plan recovery time; buy fewer items; ask for help; place safe and urgent foods where visible.
Preparation	Pre-cut, frozen, tinned, ready-cooked, single portions and one-container methods.
Remembering	Named phone alarms, visual cue, food beside an established routine, or body doubling.
Cleaning	Line trays when permitted, use microwave-safe serving containers, soak immediately, or choose no-cook.

Plan for sensory needs before hunger

Need	Planning prompt
Predictable texture	Which brand, cooking point, temperature and food separation must stay the same?
Lower smell	Which meals are cold, covered, microwaved or suitable for another person to prepare?
Quiet preparation	Which options avoid frying, blenders, extractors or several alarms?
Food not touching	Are divided containers or separate components ready?
Safe back-up	Is it visible, in date and protected from being used for somebody else's meal?

Money and waste without blame

Buy the amount you can realistically store, see, prepare and eat. A larger pack is not better value if it becomes invisible or unusable. Frozen, tinned, single-serve and pre-prepared foods may reduce waste and support access. Use-by dates concern safety; best-before dates usually concern quality, so follow current official guidance.

Myth and reality

Myth	Reality
"A good plan includes seven different dinners."	A good plan makes eating more likely and can contain repetition.
"Convenience food means I failed to prepare."	Convenience can be an accessibility adjustment.
"I must follow the plan because I bought the food."	Safety, capacity and sensory needs can change. Revise the plan and store/discard food safely.

My flexible three-day meal map

Plan enough to support yourself - not enough to trap yourself

Day	Capacity / demands	Main option	Low-capacity version	Emergency back-up
Today				
Tomorrow				
Next day				

My meal queue

Possible meal	Anchor / safe component	Total steps	Use-first ingredient	Ready?
1.				
2.				
3.				
4.				

Safe-food and back-up check

Check	My answer
Safe foods that need to remain available	
Two emergency meals / no-cook routes	
Shopping or preparation step I need help with	
Sensory support to prepare now	
Reminder or body-double plan	

When the plan changes

What happened	Flexible response
The planned texture or smell is impossible	Keep the safe anchor, separate components, use another queued meal or choose the back-up.
Capacity fell suddenly	Move immediately to the low/emergency level. Turn off heat safely before solving the rest.
A food is going out of date	Use only if safe and acceptable; freeze according to instructions, offer to someone else or discard without shame.
Shopping did not happen	Use the cupboard/freezer finder, reduce the time window and create a short essential list.
The plan has become pressure	Cross it out. Choose one next eating opportunity rather than repairing the whole week.

Safety, sources and books

Food Standards Agency: [food.gov.uk/safety-hygiene](https://www.food.gov.uk/safety-hygiene) - storage, date labels, allergens, cooking and leftovers.

NHS Eatwell Guide: [nhs.uk/live-well/eat-well/](https://www.nhs.uk/live-well/eat-well/) - general guidance on food groups and balance across time.

Books: *Cook As You Are* by Ruby Tandoh; *The Autism-Friendly Cookbook* by Lydia Wilkins; *How to Keep House While Drowning* by KC Davis; *How to ADHD* by Jessica McCabe.

Clinical note

This guide is educational, not individual medical or dietetic advice. Seek qualified support when eating is severely restricted, weight or hydration is changing, there are physical reactions or swallowing difficulties, or planning and food distress are increasingly affecting health.

A message from Maggie

Make the plan smaller. Repeat what works, keep back-up food visible and ask for help with the step that blocks you. Eating something manageable matters more than completing an ideal plan. The plan belongs to you; you do not belong to the plan.

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