

SAFE FOODS AT HOME

A practical, compassionate guide for parents and carers of children with ARFID.

Inside: understanding safe foods; recording sensory and preparation needs; organising reliable food access; handling changes; family communication; and printable planning pages.

Space to Breathe Therapy | Supporting Bright Minds and Sensitive Souls

This educational guide complements the Safe Foods at Home interactive resource. It is not a substitute for personalised medical or dietetic care.

1 | Why safe foods matter

Understanding reliability before asking for change

For a child with Avoidant/Restrictive Food Intake Disorder (ARFID), a safe food is one that currently feels manageable to eat. It may be safe because of consistent flavour, texture, smell, appearance, temperature, packaging or the setting in which it is served. Safety is personal: one child's dependable food may be another child's most difficult.

Safety is not the same as stubbornness

A child may feel hungry yet be unable to eat a food that looks, smells or feels wrong. They may accept a particular cracker but not a similar one, or eat pasta at home but not at school. A difference that appears tiny to an adult can create a genuine sensory or fear response.

Useful reframe: "What makes this food predictable?" rather than "Why won't they eat something else?"

Three patterns that may overlap

- **Sensory sensitivity:** texture, taste, smell, temperature or visual details make foods difficult.
- **Fear of consequences:** worry about choking, vomiting, pain or other adverse experiences.
- **Low interest in food:** reduced appetite awareness, early fullness or finding eating effortful.

Protect access while assessing health

Keeping reliable foods available can help prevent avoidable distress and inadequate intake. It does not mean ignoring restricted variety. If growth, hydration, nutrition, physical health or everyday functioning is affected, seek a GP and appropriately trained dietetic or specialist assessment. Children with very limited diets may have deficiencies even when their weight appears stable.

2 | The details that make food reliable

Food names alone are rarely enough. Recording precise details helps different carers prepare foods consistently and prevents avoidable surprises.

Characteristic	What to notice	Example
Brand / product	Brand, variety, recipe, packaging	Exact crackers, not “any crackers”
Texture	Crunchy, smooth, dry, lumpy, mixed	Crisp edges, no soft patches
Appearance	Shape, colour, marks, separation	No sauce touching pasta
Temperature	Hot, cool, room temperature	Served warm, not reheated
Preparation	Cooking time, utensil, plate	Same bowl, same cooking method

The sensory environment counts too

Strong cooking smells, cutlery noise, crowded tables, bright lighting, clothing discomfort or being watched can reduce a child’s ability to eat a normally reliable food. Capacity can change with tiredness, illness, anxiety, reflux or pain.

Try this: Choose one dependable food and write down everything that must stay consistent. Ask your child what matters if they can communicate this comfortably. Do not turn the conversation into a test.

Example: recording one food

Food: plain penne pasta. **Brand:** specified product. **Texture:** soft but not sticky. **Presentation:** separate plate, no sauce. **Changes to avoid:** different shape or reheating. **Backup:** agreed familiar alternative.

3 | Building a dependable home routine

Make food access predictable

• Keep an up-to-date list of foods that are currently manageable, including brand and preparation.

• Identify which items are essential to keep in stock and check supplies before they run out.

• Plan for days when usual routines change, such as appointments, travel or illness.

• Share simple preparation instructions with adults who provide care.

• Offer reasonable choices and avoid making eating a performance or reward.

A practical stock system

A two-level system can reduce last-minute stress: “everyday stock” for regularly used foods and “backup stock” for items that are difficult to replace. Check best-before dates, storage requirements and availability; avoid buying quantities that are likely to spoil.

Food / exact brand	Stock level	Where to buy / backup
_____	Available / Low / None	_____
_____	Available / Low / None	_____
_____	Available / Low / None	_____
_____	Available / Low / None	_____

Mealtimes without unnecessary pressure

Predictable seating, familiar utensils, appropriate portion presentation and freedom from public comments may make meals more manageable. Some children prefer to eat alongside others; others need a quieter space. Make adjustments collaboratively, without treating one arrangement as universally correct.

Remember: “Food exploration” should not replace adequate nourishment. If a child is not meeting nutritional needs, work with their healthcare team on a safe, individualised plan.

4 | When a safe food changes

A manufacturer may change a recipe, a shop may stop stocking an item, or a familiar food may be cooked differently. A child's refusal of the changed food is useful information, not evidence that they are being unreasonable.

A calm five-step response

• **Notice:** identify what changed—brand, shape, ingredients, smell, packaging or cooking method.

• **Acknowledge:** "This does seem different. I understand why that matters."

• **Protect:** offer other reliable foods if available; do not secretly swap ingredients.

• **Explore choice:** the child may wish to inspect a replacement, or may not be ready.

• **Plan:** contact suppliers, document alternatives and seek professional support if intake becomes unsafe.

Scenario: the only accepted yoghurt is discontinued

Rather than presenting a new yoghurt as identical, explain the change plainly. Check whether any remaining stock is available, record what made the original acceptable, and identify other reliable foods. If yoghurt was a major source of nutrition, consult a dietitian about how to maintain nutritional adequacy.

Scenario: a familiar meal suddenly becomes difficult

Consider changes in appetite, illness, stress, temperature, smell or presentation. Ask what feels different without repeatedly questioning the child. Persistent nausea, pain, coughing or swallowing difficulty warrants medical assessment.

Do not use surprise substitutions. Trust and predictability are particularly important for children who have experienced fear or distress around food.

5 | Family communication and support

Families may be balancing genuine health concerns with the wish to avoid conflict. It is possible to be calm and compassionate while also pursuing necessary treatment.

Instead of saying	Consider saying
“You ate this yesterday.”	“Something feels different today. What might help?”
“Just try one bite.”	“You can tell me what is difficult. We can make a plan.”
“It is exactly the same.”	“It looks similar, but I hear that it feels different.”
“Everyone else eats it.”	“People experience food differently.”

Sharing information with others

Give relatives, childminders and school staff clear, practical information: what foods are reliable, which details matter, what to avoid saying, what early signs of overload look like, and who to contact when a difficulty arises. Ask the child how much personal information they want shared, where appropriate.

For parents and carers

Managing supplies, separate preparation, appointments and social occasions can be tiring. Divide responsibilities where possible. Make space for family activities that are not organised around eating. Siblings may also need reassurance and attention.

A family agreement: We will not compare plates, hide ingredients, shame food choices or make participation in family life dependent on eating the same food.

Reflection

Which food-related conversations increase tension in our home? What one change could make them calmer?

6 | Printable safe food profile

Complete one copy for each reliable food.

Food name and exact brand / product

Where to buy it / packaging details

Preferred texture, taste and temperature

Preparation instructions and utensils

Presentation, portion and foods touching

What makes this food feel safe?

Changes that make it difficult

Agreed alternative or contingency plan

7 | Printable sensory and home checklist

Tick or write notes on areas that appear relevant. A preference can change over time and may vary by setting.

Area	What helps	What is difficult
Texture	_____	_____
Smell	_____	_____
Taste	_____	_____
Appearance	_____	_____
Temperature	_____	_____
Noise / surroundings	_____	_____
Preparation / routine	_____	_____

Our home stock and preparation checklist

- We know which foods and brands are currently reliable.
- We have recorded the preparation details that matter.
- We check stock and storage dates regularly.
- We have a realistic plan for shortages or travel.
- Other carers know how to respond without pressure.
- We know who to contact if intake becomes unsafe.

Our three most useful adjustments

8 | Our personalised home support plan

Child’s name or initials (optional)

Reliable foods and exact details

Sensory triggers and early warning signs

Mealtime environment that helps

Communication that feels supportive

Stock shortages: our agreed response

School, relatives and other carers: what to share

Professionals involved and questions to ask

One achievable next step

9 | Knowing when to seek help

Safe-food planning can make everyday life more manageable, but it is not a replacement for assessment or treatment of ARFID. Seek professional help if food restriction affects nutritional intake, growth, weight, hydration, physical health, emotional wellbeing, school attendance or family functioning.

Who may help?

• **GP or paediatrician:** assessment of growth, health, swallowing or gastrointestinal symptoms and referrals.

• **Registered dietitian:** review of nutritional adequacy and safe, realistic ways to meet needs.

• **ARFID-informed mental health clinician:** support with fear, avoidance, distress and family responses.

• **Speech and language therapist:** assessment when swallowing or feeding skills are a concern.

When to seek urgent advice

Dehydration, fainting, marked weakness, rapidly deteriorating intake, repeated choking, or difficulty swallowing need prompt medical advice. In the UK, NHS 111 can advise about urgent concerns; call 999 in a life-threatening emergency.

Further reading

Beat Eating Disorders: www.beateatingdisorders.org.uk
NHS: www.nhs.uk
NICE: www.nice.org.uk

Final thought: Reliable foods can offer stability. The aim is to understand your child's needs, protect access to nourishment and build an appropriate support network—not to make every meal a test.

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