

A Parent's Guide to Supporting a Child with ARFID

Understanding their experience, protecting nourishment and building support together

A starting point for parents and carers

A child who cannot manage a particular food is not necessarily refusing to cooperate. ARFID can make eating frightening, uncomfortable, exhausting or simply very difficult. Support begins with curiosity, safety and listening.

What is ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID) is an eating disorder involving restriction or avoidance of food that can lead to inadequate nutrition or energy, reliance on nutritional supplements or feeding support, or substantial disruption to everyday life. Unlike anorexia nervosa, the restriction is not primarily driven by a wish to change body weight or shape. ARFID can affect children at any weight and may occur alongside autism, ADHD, anxiety or medical conditions.

Three patterns are commonly described, and they can overlap: sensory sensitivity to taste, smell, appearance, temperature or texture; fear of unpleasant consequences, such as choking, vomiting or pain; and low interest in food or eating, sometimes associated with limited hunger cues or early fullness. A child may have more than one pattern, and their needs may change over time.

What parents might notice

A small or narrowing range of accepted foods; distress when a brand, recipe or packaging changes; gagging or panic around unfamiliar foods; long or disrupted meals; difficulty eating at school or social events; fatigue; gastrointestinal complaints; or anxiety before meals. None of these signs alone proves ARFID, but persistent difficulties warrant assessment.

Important: A child can have serious nutritional deficiencies without appearing underweight. Growth, hydration, physical symptoms and day-to-day functioning matter as well as weight.

Start by understanding, not testing

Ask gentle questions when your child is calm: "What feels difficult about this food?" "Is it the smell, texture, worry or something else?" "What helps you feel safer?" A younger or non-speaking child may communicate through pointing, pictures, gestures, facial expression or behaviour. Notice patterns without turning every meal into an assessment.

Make safe foods reliably available

Familiar foods may be essential to meeting immediate nutritional needs. Avoid withholding them in the hope that hunger will force a child to eat something else. Keep preparation, presentation and packaging predictable where possible. If availability changes, tell your child early and help plan an alternative. A clinician or dietitian can advise when intake is insufficient or nutritional gaps need addressing.

Reduce pressure without withdrawing support

Pressure can include “just one bite”, bargaining, hiding ingredients, rewarding a clean plate, comparing siblings or discussing portions in front of others. Instead, offer a predictable opportunity to eat, remain emotionally available and avoid making your relationship depend on what gets eaten. Reducing pressure does not mean ignoring medical risk: children with inadequate intake still need timely professional support.

Consider the environment

The dining space may be as difficult as the food. Strong cooking smells, clattering cutlery, bright lights, crowded tables and other people watching can increase distress. Consider a quieter place, comfortable seating, preferred utensils, foods served separately and enough time. Ask which adjustments help rather than assuming.

When a child fears choking, vomiting or pain

Take the fear seriously and ask what happened before it began. A choking episode, illness or painful experience can affect later eating. Seek medical assessment if swallowing is painful or difficult, there is recurrent choking, coughing with meals, persistent vomiting or unexplained pain. Psychological approaches may be useful, but should be coordinated with appropriate medical advice.

Try saying: “I believe that this feels hard. You do not have to prove it to me. We will work out what support you need.”

Helping your child feel involved

Offer age-appropriate choices about where to sit, which familiar food to have, how to communicate discomfort and who should know about their difficulties. Explain any proposed change before it happens. Progress might mean staying near a family meal, naming a worry, communicating a need or accessing enough nourishment - not necessarily tasting a new food.

Supporting eating at school

Ask school to agree a practical plan with your child and family. This may include permission to bring familiar foods, adequate time to eat, access to water, a quieter eating space, a trusted adult, predictable routines and discreet communication. For a disabled pupil in England, reasonable adjustments may be required under the Equality Act 2010. A SENCO and healthcare team can help where needs are complex.

A useful school plan specifies who is responsible, what happens if lunch is not eaten, how the child can request help and when the plan will be reviewed. Avoid public monitoring, food-related punishment and comments from peers or staff.

Family occasions, friends and eating out

Social connection should not depend on eating the same food as everyone else. For birthdays, holidays or restaurants, plan ahead: check menus, ask about bringing familiar food where permitted, identify a quiet place and agree an exit or pause option. Explain to relatives that unsolicited comments about food are unhelpful. Protect siblings from blame while recognising that family routines may need to adapt.

What treatment and professional support can involve

A GP or paediatric clinician can assess growth, hydration, medical symptoms and nutritional risk. Depending on needs, support may include an ARFID-informed dietitian, psychologist or therapist, occupational therapist, speech and language therapist, or specialist eating-disorder service. Treatment should address the reasons eating is difficult, not simply demand a broader menu. Any planned food exploration should be collaborative, appropriately paced and safe for allergies or swallowing concerns.

Ask professionals: What are the immediate nutritional priorities? Which symptoms need medical investigation? How will my child communicate consent or distress? What support can school provide? How will progress be assessed without shame or pressure?

When to seek help promptly

Contact a healthcare professional promptly if your child is eating or drinking too little, losing weight unexpectedly, not growing as expected, becoming increasingly fatigued or distressed, or showing signs of nutritional deficiency. Seek urgent medical assessment for fainting, severe weakness, signs of dehydration, inability to keep fluids down, or acute swallowing/breathing concerns. Call 999 for an immediate emergency.

Looking after yourself as a parent

Parents may feel anxious, isolated, guilty or exhausted. ARFID is not evidence of failed parenting. Share practical tasks where possible, ask for professional guidance, and make space for support that is not focused solely on food. You are allowed to need reassurance, information and rest. Family wellbeing and a child's nutritional safety can both be priorities.

A simple family conversation

1. Notice: "I can see lunchtime has been difficult."
2. Validate: "I believe you, even if I experience food differently."
3. Ask: "Would quiet, a familiar food or some help communicating make this easier?"
4. Agree: "Let us choose one thing to change together."
5. Review: "Did that help? What should we do differently next time?"

From My Table to Yours

Every child deserves to be understood as a whole person, not measured by the contents of a plate. There may be difficult days and small, meaningful changes that other people cannot see. Start with safety, listen carefully, and seek support when you need it. Your child does not have to navigate food difficulties alone - and neither do you.

Would you like some extra support?

Space to Breathe Therapy offers support for families navigating ARFID, food anxiety, sensory differences and related challenges. To explore individual support or book a consultation, visit the website and use the appointment calendar: spacetobreathetherapy.co.uk.

Further reading and support

NHS: [nhs.uk](https://www.nhs.uk) - eating disorders and help for children.

Beat Eating Disorders: beateatingdisorders.org.uk - UK eating-disorder information and support.

National Autistic Society: autism.org.uk - information on sensory differences and autism.

Clinical context: NICE guideline NG69, Eating disorders: recognition and treatment; DSM-5-TR diagnostic framework for ARFID.

This article is educational and does not replace personalised medical, nutritional or psychological advice.