A WHOLE-DAY GUIDE FOR PARENTS AND CARERS

Supporting Your Child Through the Whole Day, Not Just at the Table

ARFID can become the thing everyone notices at mealtimes, while much of the effort around it stays out of sight. A child may be thinking about lunch before leaving home, worrying about a party or trying to work out which adult will understand. Supporting that child means looking at the day around eating as well as the meal itself.

Avoidant/restrictive food intake disorder can involve sensory sensitivities, fear of consequences such as choking or vomiting, and low interest in food. These patterns can overlap. It can affect children at any body size, and a child's appearance alone does not show whether their nutritional needs are being met. [1] Understanding their individual experience is a starting point for support.

Begin with the child, not a performance target

Ask what they want adults to understand, using words, pictures, gestures or another familiar form of communication. A child may be unable to explain a difficulty neatly. Where you are interpreting behaviour, describe what you observed rather than presenting your interpretation as their feelings. "They moved away when the food arrived" leaves room for understanding; "they wanted attention" assumes a motive.

Make the morning less uncertain

Think about what needs organising before everyone is rushed: familiar containers, appropriate food and drink, travel arrangements and who will respond if something changes. Where a clinical eating or drinking plan exists, use it. This guide does not set meal times, quantities, supplements or food targets. Practical preparation should help the family use their agreed plan, not create a competing one.

> **One useful question:** "What is one thing we could organise differently before the next difficult moment?" Choose an action someone can take, rather than a demand that your child should try harder.

A familiar or "safe" food means manageable to the child. It is not a guarantee about allergens, food hygiene or nutritional adequacy. Keep allergy precautions and individual care advice in place.

SCHOOL, SOCIAL LIFE AND COMING HOME

Let support travel with your child

Agree arrangements with school or childcare

Ask who will coordinate support and what will happen when that person is absent. Discuss access to manageable food and drink, an appropriate eating environment and how concerns will be shared privately. CNTW NHS guidance emphasises working with families and clinicians, avoiding pressure and punishment, and preparing for food-related activities. [2] Agree practical arrangements rather than assuming each new adult will know what helps.

A short handover can say what support is needed, who will provide it and what to do if the plan changes. Include only information that is useful for that setting. Involve your child in how their needs are explained, as appropriate to their age and communication. Support should preserve dignity and belonging, including when their food looks different from someone else's.

Keep participation broader than eating

For a birthday party, club, visit or outing, consider the journey, unfamiliar setting, social attention and food arrangements together. Contact the host beforehand where helpful. Discuss a manageable option and a backup without turning the occasion into a public explanation of your child's eating. An agreed shorter visit may support participation. What works will depend on your child and any care advice.

If a planned food or arrangement is unavailable, explain the change honestly. Avoid hidden substitutions. A backup might involve another agreed option, a different arrangement or contacting the responsible adult for advice. A child should not be left to negotiate an unexpected problem alone.

Leave room for reconnection after school

Coming home can be a moment to settle before answering many questions. Offer a familiar way to reconnect. If there are concerns about eating, drinking or health, obtain relevant information from the adults responsible and act on it. Reducing immediate questioning does not mean ignoring risk; it means choosing a more supportive way to communicate while ensuring concerns reach the right people.

A practical team note: "Here is what helps in this setting. Here is who will respond. Here is our agreed backup. Please tell us privately if something changes." Keep it alongside, not instead of, the child's current care arrangements.

EVENINGS, CHANGES AND SHARED CARE

A child is more than a difficult meal

Family life needs room for interests, ordinary conversation, laughter, rest and connection. Avoid making every evening a verdict on what was eaten. Warmth, play and belonging should not depend on food performance. If reflection helps, keep it optional and specific: “Was there anything that made today easier?” Talking later, drawing or not discussing it that evening may be more manageable.

Daily support and treatment belong together

Making the day more predictable does not replace assessment or treatment. Medical and nutritional concerns need appropriate professionals. Treatment is tailored to the individual and may involve physical-health care, dietetic support and psychological approaches. [3] Do not start supplement changes or food-based treatment exercises from a general guide. Use the plan agreed with your child’s team.

Notice changes and seek help

Speak to the GP or existing team if intake is falling, manageable foods are disappearing, growth or nutrition is a concern, or there is new pain or swallowing difficulty. Do not wait for your child to look underweight before raising a concern. Prepare brief notes about what changed, when it began and what remains manageable.

Seek urgent GP or NHS 111 advice for possible dehydration, such as passing much less urine, unusual drowsiness or few tears. Call 999 for an emergency such as difficulty breathing or being difficult to wake. [4] If your child has an urgent-response plan, follow it and seek appropriate medical help. The planner must never delay care.

Parents and carers need support as well

Coordinating adults, organising food and advocating for your child can be demanding. Identify one task another adult could take on. You may need someone to listen, practical help or support communicating with services. Beat provides ARFID family-support information; check current availability for your area. [5] You do not have to solve every part of the day at once.

Start small: choose one part of the day, agree one helpful adjustment and identify who will act. Review whether it helped your child feel supported and made care more consistent.

Sources: [1] Beat: understanding ARFID. [2] CNTW NHS: ARFID support at school. [3] RCPsych: ARFID. [4] NHS: dehydration. [5] Beat: ARFID family support. Checked November 2026.

Psychoeducational information, not a diagnostic checklist or a substitute for individual medical, dietetic or mental-health advice. The accompanying planner supports communication and organisation, not clinical monitoring.