

# School Food Resource

North East and Yorkshire Regional Mental Health Team





## Contents

Overview	3
Considerations	11
Tips for nutritional curriculum to prevent eating disorders	12
Possible Adaptations	16
General Considerations for Managing Eating Difficulties at School	18
Specific Sensory Differences /ARFID /Autism considerations	22
Useful Links and Resources	27
Appendix A	29
What is Avoidant Restrictive Food Intake Disorder (ARFID)?	29
Appendix B	30
Sensory Questions	30
Appendix C	31
Reasonable adjustment	31
Appendix D	33
Pilot Project	33



## Overview

### About the School Food Resource

The School Food Resource has been written by the North East and Yorkshire (NEY) Regional Mental Health Team, in consultation with eating disorder champions within the NEY Region, as well as with specialists in eating disorders, education, and mental health. The aim of the resource is to support staff in primary and secondary schools to provide a healthy and safe environment for all students to eat food at school. It does not seek to replace existing national policy or guidance, but to provide a useful regional resource to support schools.

It is of primary importance that pupils aim to eat regular nourishing food across the school day, to fuel their bodies and minds properly to remain healthy and maximise learning potential. The Eating Disorder Champions have reported numerous individual instances of young people who do not eat at school. This resource is designed to support schools in understanding and exploring the context for a young person not eating, and to provide practical guidance for staff in supporting them.

The school food resource should be implemented alongside the training materials

- [Eating Difficulties: what to look for](#)
- [Sensory eating difficulties in children](#)
- [Eating Difficulties: what to avoid doing/saying](#)
- [Next steps if you're concerned about a child and their eating](#)
- [Disordered Eating Checklist](#)

It is recognised that there are limits to the amount and depth of changes that schools can make, however, the resource aims to provide support for making those changes that are possible in a positive way. Where there are Mental Health Support Teams (MHSTs) working within schools, the resource and training videos should be used alongside and in collaboration with MHSTs.

## Why are pupils missing lunch?



Discussions with professionals working with Children and Young People in a school setting, and anecdotally from parents, found the main reasons to be:



**Food Availability.** Lack of food options. If the YP follows a specific diet i.e. Halal, vegan, allergen free, and availability of the suitable food is limited, there may be no other choice of meal for the YP. Running out of popular dishes or lack of choice e.g. a single meal offered.



**Culture.** It's not seen as 'cool' to eat at school, especially packed lunches.



**Timetables.** Preventing young people from having the time to eat e.g. punishments at break/lunchtime (i.e. detention, missed breaks), clubs during lunch times.

Young people have cited the main issues as being having to choose between queuing for the toilet vs queuing for food. The length of time queuing for food then impacted what choices could be made, i.e. people deterred from having a hot meal as they must sit down to eat, in comparison to walking around with a sandwich.



**Household Food Insecurity.** Parents not able to put money on ParentPay, no or little food to make a nutritious packed lunch. Inability for young people to share food with others (assuming no allergies). The expense of school meals is off-putting with cheaper options available in the supermarket/local shops. This can be off-putting even when the YP could afford the meals.



**Keeping Safe.** A way to avoid social situations/bullying.



**Avoiding Judgement.** The young person does not want others to judge their eating and/or food choices. The young person may feel watched by peers and adults.



**Sensory Reasons.** Dislike of crowds/ noise/ smell/ lights/ too much stimulus for children to concentrate on eating (sensory /autism/ Attention Deficit Hyperactivity Disorder (ADHD)/ Avoidant Restrictive Food Intake Disorder (ARFID)) resulting in avoidance (see list of questions to ask in Appendix C 1.1).



**Symptoms of Anxiety or Emotional Distress.** Too anxious to eat or drink, or there may be an unmet emotional need for example difficulties at home, changes in life circumstance, friendship difficulties, low mood or depression, exam worries or school stress. Restricted eating could also be used as a form of self harm.



**Weight Control.** Skipping lunch is perceived by young people as helping to control weight (see list of questions to ask in Appendix C 1.2).



**Social Reasons.** Eating is often a social activity at lunch and if young people don't have friends or their friends are busy (in detention, clubs, off sick, etc) they may not want to go into the dining hall to eat alone.



**Presentation of food.** If the food does not look visually appealing young people will be put off (i.e. if it looks under/over cooked, not nutritious).



**Food experiences.** If children eat processed food at home, they are unlikely to choose a salad or unfamiliar nutritious food at school. Similarly, if the child's parent/guardian has an issue with food, this can be passed onto the child.

## Changes in Behaviour

Changes that you may notice in a young person's behaviour around food or eating. Noticing these symptoms individually is not necessarily a sign of food distress but may indicate there is a need to find out more about the young person's relationship with food in a non-threatening conversation.

### Are there children in school who:

- Eat very few foods (not due to medical conditions).
- Always eat the same foods, of one texture. The preferred flavour group would usually be sugary or salty e.g. biscuits, crisps, cakes, white bread, etc.
- Only eat processed pre-packed foods rather than fresh e.g. crisps rather than fruit / vegetables.
- Do not like different foods to touch and will refuse 'safe' foods if other foods come into contact.
- May not eat if someone else touches their food.
- Always eat brand specific foods and are reluctant to try other brands e.g. Walker's salt and vinegar crisps.
- Appear to be a 'picky eater'.
- Have changed food rules (become vegan/vegetarian).
- Deny hunger/dieting.
- Have fluctuation in weight / cover up weight loss with baggy clothes.
- Claim a need to eat less.
- Lie about what and when food consumption has occurred.
- Visit the toilet frequently/hiding in the toilets, particularly after eating.
- Throw food away / give food to friends.
- Have an increased preoccupation with foods and/or recipes or have become obsessive about healthy eating and/or fixated with calories.

- Have a new or increased exercise regime.
- Feel cold (unseasonably).
- Complain of feeling dizzy / faint / weak / tired.

### Behaviours you might see:

- Not eating very much in school.
- Avoiding mealtimes.
- Not being able to touch foods that they cannot eat.
- Being very anxious at mealtimes, chewing food very carefully, taking small sips and bites.
- Sensory differences e.g. dislike the smell of other people's food, dislike the noise in the dining hall, etc.
- Slow eating, small mouthfuls.
- Eating a lot of food very fast.
- Change in eating, e.g. stopping certain food groups.
- Reduced social eating / eating in secret.
- More compulsive and ritualised behaviour.
- Developing rigid rules of eating.
- Struggling to concentrate, lack of energy and/or low in mood.
- Regular body checking and increasing negativity about body / shape / size.
- Walking a lot in between lessons and at lunch time to get rid of what they've eaten.

### Eating Disorder

A range of mental health conditions where there is a persistent disturbance of eating behaviour and impairment of physical and/or mental health. Often accompanied by body image disturbance. This applies to all genders and there is known to be a higher prevalence and incidence of eating disorders in the LGBTQ+ population.

### Disordered Eating

People who experience a disturbance in eating patterns, who do not have a diagnosable eating disorder but who might have other mental health difficulties or psychosocial challenges.

*Do not assume all young people who have a disturbance in eating are experiencing an eating disorder.*

## How to Raise a Concern

### DO SAY:

I've noticed some things and just want to check that you're ok ...

Explain why you're worried, these may be things they're particularly sensitive about. At their roots, eating disorders are about what the person is feeling rather than eating food. Mention things that have concerned you, but try to avoid listing too many things as they may feel like they have been "watched".

Use a gentle approach, try not to back them into a corner or use language that could feel accusatory

I wondered if you'd like to talk about how you're feeling?

**DON'T** be put off if there's denial

They may be angry and defensive. Try to stay calm, and don't be disheartened or put off. Reassure them that you'll be there when they're ready, and that your concern is for their wellbeing.

Don't wait too long before approaching them again. It might feel even harder than the first conversation, especially if they didn't react well, but if you're still worried, keeping quiet about it won't help. Remember, eating disorders thrive on secrecy.

I have noticed some things which has made me worry over the past few days. I want to ensure everything is OK as I want you to be safe.

You seem quite cold in lessons and always wear a big jumper, even on hot days. The other day I saw you struggling to run. I think it would be good to share these concerns with your parents/carers and get you to a doctors appointment.

Offer to support a conversation with parents/carers or speak to them and share concerns.

Eating disorders are complex, and it often isn't possible to tell exactly what someone is experiencing and how they feel. Talking about it can be hard, so it's important that people feel safe to say how they're feeling.

## DO:

### Be non-judgemental

It's so important to listen and not judge the person... students tell us that they are always scared to say that I had a problem for fear of being judged, not taken seriously or fear of feeding back to parents/authorities.

### Be open

It is so important to be open, ask questions, and let the person know that they are supported. Even if you don't fully understand what is happening. Consider offering to ask 'yes or no' questions if the child is unable to/having trouble speaking about their difficulties.

### Listen

Just listen to begin with, so students are able to explain without feeling pressured by responses/questions. Letting the student speak without passing judgement or interrupting and asking questions to understand the situation as best as possible.

### Be gentle but persistent

It is helpful to be gentle but persistent, not allowing the student to brush their concerns away. Be clear and direct e.g. say what you can see happening, express concern and ask how to help. Ask broad questions, don't nudge towards a specific.

### Consider lesson content

Task involving food, healthy eating and exercise, weighing or measuring the body in any way, or discussion of eating disorders is best avoided. Or allow the student to opt out of the lesson if this is not possible.

## What to do now

It is important to observe over a short time, such as a week, and if you notice 2 or more behaviours / signs in a child please raise your concerns with the designated staff member (record below):

If you are at all unsure, mention your concerns to the staff member as it is better to be overly cautious.





It is very important **not to**:

- × Withhold accepted foods
- × Offer new foods
- × Pressure the child to eat / complete their meal
- × Comment on accepted 'safe' foods eaten by the child
- × Focus on weight
- × Assume the child is lying about everything
- × Raise the issue in front of others, choose a private moment
- × Speak to the parent/guardian before raising concerns with the child (secondary school)
- × Ask their friends about it. The child may not want them to know.



## How can school play a role in helping to prevent eating disorders ?

- Take a balanced approach to school nutrition messaging.
- Have a balanced school food policy.
- Offer a whole school approach to eating disorders prevention rather than targeted at specific vulnerable populations.
- Create a body inclusive school environment.
- Tackle appearance targeted bullying.
- Ensure staff are trained on early identification of signs of eating disorders.
- Have an eating disorder policy in place at school.
- Present information in a factual way without judgement and highlighting the role of each nutrient in the body.
- Teach students the skills to analyse and assess nutrition information presented in the media or online.
- Teach about nutrition for different life stages and why this differs.
- Teach practical food skills (taking a whole system approach).
- Teach about the health needs of different diets (vegetarian and vegan as these are increasing in popularity).
- Don't force children to eat during lessons, for example taste tests in food technology.

## Considerations



### CONSIDERATIONS Access to Nutritious Food



Consider the timing of lunch. Staggered breaks would allow queues to move/go down before the next group of children are on break.



Is there sufficient choice? Ensure a balance of food options are available and that the caterer monitors choice to ensure students on the late sitting have equitable choice.



Work with anxious children to ensure they are accommodated in an appropriate way without introducing stigma



Consider whether there is sufficient time on lunch break. Children cite the length of time given to eat and go to the toilet as a cause of anxiety.



Promotion of Healthy Lunch Boxes. For various reasons young people may have a restricted diet or sensory differences and may simply not like eating things such as fruit, vegetables etc. These restrictions can lead to young people not eating/drinking at school.



Ensure that various forms of non-meat proteins are on offer.

### Environment



Allocate a set amount of time to sit in the dining hall, this encourages more time to eat and not skipping food to get more play time.



Consider the table lay out in the dining room, i.e. how many tables are joined or grouped together. Larger table sizes (e.g. 2 x 6 seaters joined together) encourages shouting to friends at the opposite end and therefore higher volumes of noise.



Allow students to go to the toilet when needed- due to queues this can cut significantly into lunch.



Allow children to choose a place for lunch for a set period of time, to create routine and predictability.



Enable those having school dinners and packed lunches to sit together to allow children to sit with their friends.



Allow access to drinking water (and toilet breaks) during lessons.

### School food policies/lunch box policies have been shown to:

- Positively increase fruit and vegetable intake and lower intake of saturated fats.
- Make no improvement in the prevalence of overweight/obesity when compared with a control group.
- Be effective in making short term changes (<1 year) but less effective at long term change.
- Ensure consistency across school food policy and policy for lunch boxes.
- Ensure messaging around healthy eating is consistent with school lunches provided.
- Highlight within the policy that certain groups may need to be exempt from this and to speak with staff.

## Tips for nutritional curriculum to prevent eating disorders

The following recommendations demonstrate how to fulfil the nutrition curriculum without causing harm.

### Do...

Use reliable sources of information:

- [Food a Fact of Life](#)
- [Food a Fact of Life 7-11 years](#)
- [Food a Fact of Life 11-14 years](#)

Schemes of work (KS1-4) to meet curriculum requirements whilst considering eating disorders/do no harm approach <https://www.bodyhappyorg.com/teaching-resources>

Keep language neutral e.g. people with larger bodies/obesity, not overweight/obese people

- [Weight stigma](#)
- [Talking to children about weight](#)

### Try to...

Use vocabulary that avoids implicit or explicit value judgements about food or lifestyles.

- Focus on diet addition, not removal. Shifting the focus from restriction to addition promotes a more positive and mindful approach to eating e.g. how can students meet their protein, Iron, Omega-3, calcium, zinc, selenium needs? But be mindful that rigid, rule bound or over focus on healthy eating can lead to an obsession around healthy eating (sometimes known as Orthorexia), which can lead to other eating disorders.
- Promote regular eating as better for managing blood sugars, hunger and fullness, performance, and concentration.
- Adopt an "everything in moderation" approach to food.
- Emphasise that all foods fit within a healthy balanced diet.
- Take care with traffic light labelling messaging to avoid scaremongering. Balance is key not just cutting out everything with a red label e.g. ensure more foods have green labels than red. Portion, frequency, and balance are key.
- Encouraging learning about food growing, exploring tastes and textures in a descriptive way.
- Consider why some people cannot eat all foods e.g. allergy, medical conditions, sensory differences.

- Use a range of images of people in lessons that are diverse in size and cultures.
- Discuss the role of food in celebration, culture, socialising, and mental health, rather than just for physical health.

### Avoid...

- The use of communication techniques and terminology that is likely to be scaremongering.
- Asking students to weigh/measure themselves or work out their BMI.
- Encouraging calorie counting or calorie counting apps. Calories are only an average. Many young active people need considerably more than the average recommended amount, and some less. Calorie requirement varies considerably with children's age, stage of development, activity, height, and genetics.
- Encouraging students to "earn" or "deserve" food through burning calories.
- Encouraging the use of exercise to influence shape or weight.
- Bringing personal beliefs or food choices into the classroom e.g. I do not eat carbs with dinner.
- Using black and white language e.g. "good" vs "bad" foods, "healthy" vs "unhealthy". Instead focus on balance.
- Labelling food as "junk". The debate around ultra- processed foods can be critically discussed with older children.
- Asking children to categorise "healthy" vs "unhealthy" foods. Instead focus on balance e.g. what's missing from this lunch to make it balanced?

### Take care

- To stick to science and not demonise foods e.g. although supermarket bread is processed, it is also an important source of Iron, calcium, folic acid, and fibre.
- To acknowledge food poverty. Take care to emphasise cheaper healthy alternatives e.g. frozen and tinned vegetables, beans, lentils.
- To acknowledge neurodiversity and sensory differences that affect food choices and tolerance of fruit and vegetables.

- Focus on regular fuelling and examples of healthy nutritionally dense snacks but additions e.g. adding humous to crisps, adding an apple to have with a chocolate biscuit, etc.

### For older children - critical thinking

- Limitations of BMI:
  - BMI is easy to calculate and useful for population studies, however, BMI alone cannot tell us if someone's weight is unhealthy. It does not distinguish between excess fat, muscle mass or bone.
  - Factors such as age, sex, ethnicity, genetics and muscle mass can influence BMI and are not considered by the measure.
  - BMI cut offs work on a normal distribution curve. This means the healthy BMI range will be correct for ~68% of people but not for everyone. Naturally ~32% of people will fall either above or below this curve and this is healthy for them.
  - Weight is ~80% related to genetics so is almost as genetically predetermined as height.
  - Fat distribution and lifestyle factors have been shown to be better health predictors than BMI/ weight alone.
  - BMI data was developed for European populations and may not be accurate in some ethnicities.
- Encourage online safety. Consider if diet and celebrity influencers on social media are a reliable source of information. Are they qualified? Do they know that nutritionist is not a legal protected title so anyone can call themselves a nutritionist. Dietitian is a protected title.
- Where else can you go for reliable information?
- Think in shades of grey – not black and white.
- The role of ultra processed food. Is an occasional can of baked beans ok? Is all ultra processed food inherently damaging to health? Consider portion and frequency e.g. if you have a good family diet but love supermarket bread or vegan cheese, is that the same as having takeaways and fizzy drinks all the time?

## Timetable



Consider introducing protected mealtimes or allowing young people to take their lunch to any clubs/extra teaching which take place over lunch or break times.

Consider the implications on young people's ability to eat when using punishments, such as missed breaks.



## Other considerations



Use a variety of rewards, rather than sweets or foods.



Take the 'Eatwell guide' out of student planners or remove the calories section. Some young people become fixated on getting the 'right' numbers.



## Young People's voice

What do young people want in a policy? Do they have ideas/suggestions for how things could be improved?



Use anonymous surveys with open questions (e.g. what worries you?).



Contextualise the food policy in an assembly to the school.



Support pupil reps to gather feedback through focus groups, appreciative inquiry etc.



Get students involved (do you have a school council/wellbeing ambassadors?) in helping to come up with solutions that will work for your school.



Consider having an anonymous mechanism for young people to report concerns around eating.



A "You said We did" resource would show voices have been listened to.



Implementation of "things I wish my teacher knew" / "what's on my mind" boxes in classrooms and digital drop box for suggestions/ comments.



Close the feedback loop via school communications with students and parents/carers.

## Possible Adaptations

School survey feedback has been collated and themed to learn from existing environments and situations that are working well and utilise negative experiences to suggest potential adaptations.



### THINGS THAT WORK WELL



Calm • Relaxed • Happy • Fun • Efficient  
Clean • Orderly



Kind, helpful, dinner ladies • Staff around to ensure no trouble



Wide range of Food / Variety • No labels on food e.g. 'healthy option' so people don't feel judged (labels such as halal, allergy information is still required)



Reasonable adjustments made • Somewhere to sit and eat if not comfortable with canteen e.g. classroom with trusted adult



Time to eat • Not rushed • Staggered times • Ability to have an early lunch • If running late, teacher for the next class emailed to explain child will be late



Able to sit with friends • Plenty of space to sit • Ability to choose where to eat (including outside) • Tables big enough to sit with friends • Different spaces for different age groups



### THINGS THAT DON'T WORK WELL

Suggested changes that might work for your school



Lack of seating in the school dining room • Different queues for different foods - difficult to change mind



Being judged about food choices • Staff comments about amount of food eaten or food choices



Lack of a quiet space where pupils can eat out of sight of others



Rushed meal times



Noisy, busy, messy eating environment • Overwhelming environment

Simplify queue system - single line for all food

Avoid making any comments about students' food choices / eating. See page 12 of the resource and training video 'Eating Difficulties: what to avoid doing/saying'.

Make other areas available for students to eat away from large groups • Put up screens/dividers in the canteen to create smaller sections

Stagger lunches where possible

Staggered lunches • Make other areas available for students to eat away from large groups





## Child Food Insecurity

- Pupils reported some cases in which canteen staff denied pupils access to school meals because of a lack of money in their Parent Pay account. In some cases, friends may pay for the meal, or the young person may not eat at all.
- A number of schools have introduced a 'buffer' so that canteen staff are able to provide a child with a low cost, basic meal if they don't have enough money on their account e.g. a jacket potato with beans or sandwich and fruit. However, this system needs to be stigma-proofed so that embarrassment is not caused at payment points.
- Over the last few years there has been a sharp increase in the number of schools reporting school dinner money debt.
- Designated lunch time staff/midday supervisors to inform a staff member of young people who are regularly not eating at lunch time e.g. often has no money on their account to buy food.

## Overeating/Eating 'Ultra-Processed Food'

As well as a restricted diet, there may be some students who overeat.

There could be different reasons for this, including, but not limited to, those below:

- Emotional distress and using food to cope with these feelings.
- Social problems. Some children manage emotions and regulate feelings via large quantities of food. Therefore, it can be a sign of underlying difficulties.
- Dieting and restricting food intake, leading to binge eating when the young person does eat.
- Undiagnosed ADHD/Autism. The neurodiversity can result in either impulsiveness when eating or sensory differences and not recognising the signs of hunger and/or fullness.
- Skipping breakfast or not having food at home.
- Ultra-processed foods are easy to overeat. Consider options available at school.

Ensure that food option selection can be viewed by parents/carers through Parent Pay.

## General Considerations for Managing Eating Difficulties at School

### Identify key adults to support in school.

It is helpful to identify a key person/s who is a source of support in school for students who are experiencing eating difficulties. This may be a designated person in school, see examples below or self-selected trusted adult for that young person:

- *Designated Mental Health Lead*
- *Learning Mentors*
- *Emotional Literacy Support Assistant*
- *Special Educational Needs Coordinators*
- *Pastoral / Safeguarding Lead*
- *Education Mental health Practitioner (if local MHST in place)*

Ideally, ask the young person who they would feel most comfortable with, it may be someone in a role listed above, or someone else, like a member of the lunchtime support staff. It may be helpful for staff to eat in the dining room with children/young people so that they can be seen eating. Furthermore, staff could be encouraged to eat nutritious snacks whilst on breaks. Schools may wish to incentivise this by providing staff with a free lunch on these occasions.

Always bear in mind that everyone is different, and therefore different methods of support will prove successful for different pupils. If possible, it is always best to work closely with the pupil to decide what methods of support are proving most helpful and adapt your practice accordingly. Revisit your support strategies with the pupil regularly as the type and amount of support they require can often change quite quickly.

If it is necessary to support a child about their eating difficulties during lesson time, be mindful that taking them out during a class will draw attention to them and may lead to the child feeling “different”. It would be better to avoid lesson times where possible or for the child to miss the whole lesson.

If the difficulties are ongoing the child may need an EHC plan.

## Managing Eating Disorders in School



**Do not discuss food and weight concerns over lunch.** If the student instigates a conversation about difficult feelings, or their weight or food, then acknowledge that it's an important conversation and arrange a time to speak about it later.

**Consider the location and who the young person will eat lunch with.** For example, it may be appropriate to offer a quiet, separate, place to eat. Or in some instances, it may be appropriate to offer supervision at lunchtime or invite a pupil's parent into school to support them through lunch. Where the child has a diagnosed eating disorder, and this is part of their recovery plan.

**Make a school care plan** (template on the [SAPHNA website](#)).

**Be aware of times of high stress (Christmas/ Easter/ exams/ summer).** Offer additional support to the young person as needed.

**Think about lessons** for example, discussing in advance classes that will cover nutrition topics or include cooking practical. The young person should also be exempt from school nutrition policies.

**Support from the Specialist Eating Disorder Team** that is treating the young person may be beneficial in terms of making appropriate accommodations during and post-treatment.

**After lunch matters too.** After they've eaten, pupils recovering from eating disorders will often feel panicked, depressed, guilty, or ashamed and some may try and purge themselves of the calories they've consumed, for example, by vomiting, using laxatives or exercising. At this moment, they are also at high risk of self-harm. For these reasons it's helpful to make sure that the pupil is kept busy for half an hour after they've finished lunch and not left alone with their feelings.

**School uniform sizes.** It can be difficult for some young people with an eating disorder to get a good fit in school uniforms. A wide range of sizes should be available where possible.

**Safe participation in physical activity.** The physical activity department need to be involved in the recovery of any pupil with an eating disorder who is malnourished. Exempting a pupil from physical activity quickly marks them out as different from their peers, which can feel stressful for them and lead to questioning and sometimes teasing but maybe necessary, short term. A compromise could also be considered e.g. eating a substantial snack before participating in physical activity. If the pupil is in some form of treatment, it is a good idea to approach their health providers to discuss what would be an appropriate level of physical activity for them to be participating in.

Determine which types of activities are most acceptable as well as the amount of exercise to be taken, there should be some discussion around the type of exercise that is appropriate. If, for example, a student has been obsessively using gym equipment or cross country running in a quest to lose weight, this form of exercise may have extremely unhealthy associations for them, and they may struggle to undertake this activity in a measured way. It can often make sense to avoid 'trigger sports' during the early days of recovery.

PE teachers/ coaches have a key role in creating a positive environment around food and sports, encouraging a culture of snacks before sport and educating the students on the importance of fuelling their body and nutrition as a key element of performance. Discuss the increased energy needs of active teenager's (especially if engaging in multiple sports or <2 hours sport per day).

**Sports Competitions.** In some cases, it may be inappropriate to allow a student to participate in a sport at competition level as their perfectionism and drive to succeed can make it difficult for them to avoid over-exercising and they may not be psychologically ready to be put into a highly competitive situation. Additionally, sports which have weight category requirements are likely to be inappropriate until the student is recovered. Again, their healthcare practitioner will be able to offer guidance on these points.

Any sports coach or physical education teacher working with the student, either within school hours or extracurricular, should be made aware of their eating disorder so that they can help the student to exercise in a healthy way, and ensure they eat enough to take part in the sport. It is paramount that they do not make comments about the student's physical appearance or weight, even if they perceive their comments to be positive. Lower-impact options which also have a wellbeing focus, like yoga or pilates, are well worth considering.

Consider that changing rooms may be a struggle for young people with an eating disorder. Where possible make another area available for changing, which is more private.

## Escalation

It is recommended in the National Eating Disorders Guidance (currently awaiting the publication of the revised guidance) that school staff are trained in recognising the signs of eating disorders/ disordered eating, so that they can identify anyone at risk, recognise signs when behaviour changes and understands pathways to follow for referral to the appropriate agency e.g. GP, Community Eating Disorders Service, Children and Young People's Mental Health Service, etc. Children will be seen by eating disorders services within a maximum of 4 weeks, within 24 hours for urgent cases.

There should be clarity in school policies around managing eating disorders/emerging eating distress, how they are identified and screened in school, and who this responsibility sits with, whether it is an individual in school such as the Pastoral or Mental Health Lead, or by working closely with a School Nurse or Mental Health Support Team.

The first action is to let the parent/guardian know of any concerns and seek consent for any onward referral to a mental health service due to a suspected eating disorder or disordered eating, linking with this, consideration of consent, confidentiality and Gillick competency for high schools (Gillick competence outlines whether a child (under 16) can consent to their own medical treatment without their parents having to know or give permission).

Training can be accessed online via Beat Eating Disorders Schools Professionals Online Training [SPOT - Online Training for Schools - Beat \(beateatingdisorders.org.uk\)](https://www.beateatingdisorders.org.uk). This guidance recommends that training should be supported and supervised by Community Eating Disorder Services (CEDS) and/or the local CYP Mental Health Services.

Eva Musby's [Connect before you Direct](#) video could be a useful guide in how to approach young people in times of conflict and/or distress. Eating Disorders often stem from difficult circumstances and distress in other areas of the child's life, consider asking the child or

young person how they are overall and whether they'd like to talk about any difficulties/stresses they're dealing with.

## Safeguarding: Nutritional wellbeing

Young people with an eating disorder do not have to be a low weight and some of the most physically compromised young people can be above a healthy weight range.

When the child develops problematic thoughts or behaviours around food and makes decisions that are not in their best interests e.g. skipping meals, eating very little, over-exercising etc, family/carer networks often take over the decision making. Children with increasing independence around food and exercise need to demonstrate they are responsible and can make choices in line with their best interests. Working closely with parents/carers and mental health support teams to support/inform and co-develop a plan of action.

A plan might include:

- A temporary reduced programme of sports, PE, or activities. Joining in the non-movement aspects only.
- Monitoring food intake, walking/pacing, visiting toilet after meals etc.
- Insisting a snack is eaten before taking part in sport or a competition.

## Specific Sensory Differences /ARFID /Autism considerations

### What is Avoidant/Restrictive Food Intake Disorder (ARFID)?

Some children develop eating difficulties that are sensory driven. Signs may include:

- A lack of interest in food.
- Rarely appearing to be hungry or asking for food.
- Avoiding / refusing to sit down for meals.
- Turning away, pushing the spoon away etc.
- An over-developed disgust response - gagging or vomiting at the sight/smell of food.
- Eating very small amounts or a very narrow range of foods.
- Refusing to self-feed.
- Quickly complaining of being full/tired during meals.
- Spitting out food.
- Eating a very restricted range of foods (selective eating). We usually refer to these foods as the child's 'safe foods'.
- Eating a restricted range of food textures e.g. no lumps, dry crunchy only, smooth puree only etc.
- The refusal of fruit and vegetables is largely texture related.
- Sensory difference leading to a narrow range of foods (usually 'beige' foods, see Figure 1. below) being eaten. See ARFID section on page 19 for more information.



Figure 1. 'Beige' food examples

Some CYP with ARFID will find the return to school after holidays anxiety-provoking which can result in a reduction in the range of foods that a child with ARFID will accept. This anxiety can increase sensory reactivity and hyper-vigilance to detail and leads to food rejection.

This 'regression' is likely to be worse:

- where this is the first time at school.
- where child is returning to school after a long break (Summer).
- where children are changing schools.
- when children have / suspected traits of autism.
- when children have contamination fears.
- with disruption e.g. Christmas play, sports day, etc.

Remember that growth is more important than dietary range for some malnourished children. They may need to eat cake, chocolate, crisps, biscuits, dry cereal to maintain enough calories over the day. A dietitian can give guidance here.

The school lunch hall or cafeteria can be a difficult place for someone with emotional/sensory eating difficulties to spend time in. Even if it is your school's usual policy to eat meals in the hall/cafeteria, insisting the young person eats there may heighten their symptoms.

Many children with sensory differences only eat a set of safe foods at school as part of a packed lunch. The safe foods rarely meet School Food Standards as they are often carbohydrate-based, may contain sugar and rarely include vegetables. Under such cases, exceptions may be required as denying them access to safe foods may mean they eat nothing during the school day. Allow children to bring in their own cutlery/utensils if they would like to.

**Flexibility in timing or location could be helpful** e.g. if your school has more than one lunch sitting, the student may feel comfortable eating when their peers aren't there, or perhaps there is somewhere different the student could eat, for example in a classroom or sensory safe location in the canteen. For older teens it may also be an option to leave at lunchtime to access food locally if they are old enough to do so and parents agree. Make different options available while being careful not to isolate the young person. Allow them to bring a friend if they would like to.

### Things the primary/nursery school should know

It is of primary importance that a child eats and drinks throughout the day.

- Reasonable accommodations should be made to allow them to do this.
- A child can bring their own packed lunch, snacks and drinks into school where necessary.
- If a child with sensory differences will not drink water, cordial may be needed.
- If the child cannot eat the fruit snack provided, they should not be pressured to eat this. An alternative should be provided, possibly out of sight of others.
- Although the child's packed lunch and snack may seem unbalanced, avoid commenting on this (foods might be lost from their dietary range). If you are concerned escalate this to the designated contact, see [Next steps if you're concerned about a child and their eating](#) for further details.
- A child might not be able to be near other children when they are eating. Reasonable accommodation should be made to allow them to do this.
- Children are often more prepared to eat 'new foods' in the nursery/school context, where they have not already built-up routines and expectations. Such children clearly benefit from being included in school meals, eating alongside others, but they may need to have a smaller selection of food on their plate. Start with safe foods, and place one "new food" on a separate plate saying "here's some ..., you eat it if you want to".
- Also consider smaller portions to account for sensory difficulties - but remain vigilant of social isolation.
- Children with sensory needs may want to bring in fidget toys, iPad, ear defenders/headphones to lunch and this should be assessed on an individual basis.
- Many children who are unable to eat what is offered receive most of their attention at mealtimes for undesirable behaviour (refusal) e.g. coaxing, bribery, threats etc. Be mindful of this and try to limit such attention.
- Monitoring or visual prompts /charts may be helpful to encourage consistency e.g. if drinking enough fluid is a problem, a chart giving a realistic target (slightly less than on a good day, and slightly more than on a bad day) can be created. If the child achieves a certain number of ticks e.g. 3 cups a day on 5 out of 7 days, s/he can earn a reward. The reward should be set in advance (with a picture of it on the chart) so the child knows what s/he is working for. *\*Please note this does not work for children with Foetal Alcohol Spectrum Disorder (FASD), and reward charts can be harmful for these children.*
- Any activities which use food e.g. for messy play or food preparation might be difficult to handle and children may need gloves or tongs to touch food or messy items.



## Things the secondary school should know

It is of primary importance that the child eats and drinks throughout the day.

- Reasonable accommodation should be made to allow them to do this.
- Children can bring their own packed lunch and snacks into school where necessary.
- Choosing food from a cafeteria style display is stressful.
- Allow water/cordial during lessons.
- The child might not be able to sit in the dining hall because of the smell. This may also be an issue for food preparation lessons which take place in a cooking environment.
- They might not eat their lunch because they are slow and want to get outside with their friends.
- Any food preparation courses that are on the curriculum might be difficult to handle.
- Make the school dinner menu available in advance, including substitutes for usual meals.
- Make a small number of dinner options available where children are known to be overwhelmed with too much choice.
- Ensure extra planning for times when the usual routine will be different, e.g. school trips.

Children with ARFID, because of the potential co-morbid autism/traits, may not be as good at forward planning or problem-solving as a neurotypical peer. For instance, a non-distress and neurotypical child or young person may find it easier to know:

- What to do in a new situation.
- Where to go.
- Who to ask if we don't know, and we can think about what we did before in a similar situation.
- For these children it may be appropriate to allow a parent to collect or eat in a parent/carer's car to enable them to eat at lunchtime.

**Children with ARFID are less likely to be able to do this.** So consider, writing it all down, or planning with the child or young person in the way they would understand and appreciate. Possibly put the plan on the wall, on their phone, or in their pocket. Think about everything that will be new for the child, where to go what to expect, what they should do if they 'don't know'. When you have planned, then practice.

***The higher the uncertainty, the higher the worry > the higher the hyper-vigilance > the greater the panic > the lower the appetite.***

[www.arfidawareness.co.uk](http://www.arfidawareness.co.uk) is great place for resources and information.

## Simple Strategies

Think about simple strategies to support pupils to access food in different environments, for example:

- Access the canteen first before other pupils (although this makes the child stand out so may not be an acceptable option).
- A safe space to go to eat alone/with a friend, that is quiet and calm.
- To help identify areas where improvements could be made, it may be helpful for teachers to do learning walks at lunchtime, to fully visualise the environment.





**Eating with a friend** can make a lot of pupils feel more at ease. If you arrange for this to happen, you should ask specifically whether the friend should also be eating at the same time. Some pupils will not feel comfortable eating whilst their friend is not, whilst others will want to focus on their meal but would like their friend just to talk to them, usually about something entirely non-food related if possible. Ensure that this is agreeable to all pupils involved.

**Provide specific meals** if it's practical; you can agree meals ahead with the pupil and their parents and have the school provide them (or they may bring their own packed lunch). This will enable them to stick with foods they feel safe with and will also add some predictability to their meals which can help them feel safe.



**School lunches** some children may choose to eat one school meal per week, when certain food options are provided. In primary school, it is typical school practice for children to have a little bit of everything on their plate. However, this should not be enforced with children who have eating difficulties. Such children often have a strong 'contamination fear' – this is when safe foods are 'contaminated' by being on the same plate as unsafe foods e.g. chips can be eaten, but if a vegetable is put on the same plate, the chips maybe rejected.

**Avoiding offering new foods directly** It may sound counter-intuitive to not offer new foods to a child, but our experience suggests that the child needs to think that trying a food is his/her own idea. Offering new foods simply provides the child with further practice of refusal – something they are already rather good at. Instead, schools can make new foods available, often in the context of lessons, but without pressuring the child to try them.

**Don't 'watch'** Make sure that, even if you are supervising a meal, the pupil never feels like they're being overtly watched or spied upon as this will make them feel deeply uncomfortable. Sometimes it's necessary for you to supervise a meal (advised by health professional), in which case having a prop such as some marking or a book or similar to make it clear that you're not staring constantly at the pupil can help to make them feel a little more at ease.



**Do not talk about how much the pupil has eaten** This can be hard, especially if they've done well and you want to congratulate them, but it's generally not a good idea to pass comment. Praise can sometimes be counter-productive, it can bring unwanted pressure and expectations for future meals. Children think 'I'll be expected to eat this again next time'. If they volunteer that they are pleased with what they've eaten, a safe reply is something along the lines of 'well done, I realise that must have been really difficult for you.'



## Key Contributors

Ursula Philpot – CYP Eating Disorders Clinical Lead, Regional CYP Mental Health Team

Natalie Fox – Clinical Projects Manager, Regional CYP Mental Health Team

NEY CYP Eating Disorder Champions

Dr Markku Wood – Strategic Lead and Clinical Lead (MHSTs) Regional CYP Mental Health Team

Jenna Wallhead – Clinical Programmes Manager, Regional CYP Mental Health Team

Greta Defeyter – Northumbria University

A sincere thank you to all the young people who contributed to the Resource:

Keiron, Nothing About Us Without Us

Bethannie, Nothing About Us Without Us

Charlotte, (YP Consultant)

Clare (Parent and Programme Lead for Parent Carer Peer Support Worker Programme)

West Yorkshire Youth Collective



## Useful Links and Resources

### Charities

[BEAT](#) – BEAT is the national eating disorder charity. On their website, you will find information about eating disorders, along with links to services, training, and resources.

[SYEDA - South Yorkshire Eating Disorder Association](#) – SYEDA offer a range of support, resources, and training around eating disorders.

[SEED - Support and Empathy for people with Eating Disorders](#) – SEED is a local charity based in Hull and Easting Riding, however, there are helpful resources and support for people across the country. SEED also offer an educational toolkit for schools (cost involved).

[Eating Distress North East](#) – support for families in the North East, along with resources around eating disorders.

### Training, Education and Resources

Training on eating disorders/disordered eating can be found here;

[Be Body Positive](#) – training and support for young people, professionals, and families.

[SPOT Schools Professionals Online Training](#) – training for schools to help increase understanding of eating disorders.

[Dr Pooky Knightsmith](#) – key note speaker with resources on a range of topics including neurodiversity and disordered eating.

[Body Happy Org](#) – Examples of KS1 and “ schemes of work and helpful information around creating positive body image environments.

[Mentally Healthy Schools](#) – quality assured mental health resources, information and advice for schools and further education settings.

### Signposting for Young People and Families

[MIND](#) – information on how to access support along with self-care tips.

[Eva Musby](#) – support for parents/carers with loved ones with an eating disorder.

[Shout](#) – free confidential text messaging service for anyone needing support.

[Young Minds](#) – helpful information for young people, carers and those working with children on a range of mental health topics.

[NHS Healthier Families](#) (previously Change for Life) – ideas to help families to eat well and move more.



## **Avoidant Restrictive Food Intake Disorder (ARFID)**

[Support for parents/carers](#) – includes links to resources and bitesize training.

[NEY ARFID awareness video](#) – a video developed by professionals in the North East to raise awareness of ARFID.

[Owl Blue Friends Support Group](#) – support group for families in the North East.

[PEACE Pathway](#) - PEACE is a Pathway for Eating disorders and Autism developed from Clinical Experience. The website contains helpful information for both carers and professionals.

## **Overseas Helpful Websites**

[Butterfly](#) – Australian website containing information about eating disorders, including research and resources.



## Appendix A

### What is Avoidant Restrictive Food Intake Disorder (ARFID)?

Some children develop complex feeding difficulties which cannot be explained having a swallowing or mechanical feeding problem.

Children with selective eating often eat only foods that are of a specific brand. This is because they crave predictability and sameness with regard to texture, smell and taste – something that is difficult to achieve in home cooking, even home-cooked versions of a child's safe foods. They may notice even small changes, particularly in 'new improved' recipes and a previously accepted food may be suddenly rejected. selective eating patterns, are very common in children with autistic spectrum disorders, but not all children with ARFID difficulties are autistic.

Many children with sensory difficulties also have other previous 'sensitivities'

- Dislike of teeth cleaning.
- Dislike of the face being touched/washed.
- Irritated by collars / labels in clothing.
- Fear of hair-washing cutting.
- Dislike of having messy hands.
- Dislike of bare feet.
- Unwilling to touch sand / paint / sticky substances.
- Other fears and strong reactions e.g. loud sounds, fluffy toys, animals, the dark etc.

Some strategies which may have been suggested by well-meaning family /school members, friends or even professionals who are not experts in this area, such as force feeding, long gaps between meals or withholding preferred/safe foods in the hopes that a child will eat healthy foods, almost never work. Reward systems are often unhelpful (as they increase anxiety in the children) unless used extremely carefully.



## Appendix B

### Sensory Questions

The following questions should be considered to help support the creation of an ideal eating environment for the young person and reduce their anxiety:

- 1) Do they prefer to eat with other people?
- 2) Do they like you to talk to them? Encourage their eating? Do they prefer to eat in silence?
- 3) Do they prefer to watch their favourite TV show, use a tablet device or listen to music whilst eating?
- 4) Does it help to wear noise cancelling headphones?
- 5) Does it help to eat alongside reading, puzzles or other distractions such as tablets and radio?
- 6) Does it help when the person with them models eating (eats the same food with them)? Or do they prefer to eat alone?
- 7) Do they prefer it when someone sits next to them? In front of them?
- 8) Does their chair have to face the door? Or a specific direction?
- 9) Can other people touch/prepare their food? Such as others removing lids from food pots.
- 10) Does it help to eat standing, or sitting on a physiotherapy ball for meals?
- 11) If possible do they prefer to eat with the lights off?

## Appendix C

Reasonable adjustment	Tick if 'Yes'
I would like to bring in and use my own plate / bowl / cutlery/ straw from home	
(if applicable) I would like my milk served separately from my cereal portion (breakfast club)	
(if applicable) I would like my beans served separately from my toast/Potato	
(if applicable) I would like my butter served separately from my bread/toast so I can add this myself	
(if applicable) I would like my sandwich filling to be served separately	
(if applicable) I would like my fruit cut up rather than served whole	
(if applicable) I would like any 'hot food' to be served cold	
(if applicable) I would like drinks to be served cold from the fridge	
(if applicable) I would like my jacket potato and filling to be served separately	
(if applicable) I would like my baked beans to be ( ) brand	
(if applicable) I would like my biscuits to be ( ) brand	
(if applicable) I would like my cereal to be ( ) brand	
(if applicable) I would like my bread to be ( ) brand	
(if applicable) where a meal has 2 items I would like these to be served separately rather than put in front of me at the same time. This may mean I have lots of 'eating episodes' but this helps me to avoid feeling too full and reduces my anxiety	
(if applicable) Where possible, I would like my parent to be in charge of bringing me my specified meals and snacks so that they can give me these at more consistent/precise times each day	
(if applicable) Where possible, within health and safety restrictions, I would like to request that my own preferred foods, are brought onto school	
(if applicable) I would like to request that all my foods remain separate and don't touch one another	



(if applicable) I would like to request a milk alternative e.g. soya/almond/oat/rice/pea/coconut/other (please specify: )	
---	--





## Appendix D

### Pilot Project

A pilot project was undertaken with 7 schools over the summer term of 2024 (April-July). A launch event was held in March 2024 for key stakeholders; including schools, MHSTs supporting pilot schools, and NEY Eating Disorder Champions to explain the rationale, provide a basic level of training, and to make arrangements for the pilot phase.

A survey for either primary or secondary pupils, a parent/carers survey, and a lunchtime supervisor survey was shared with each of the pilot schools to collect baseline data. Each survey was made available online on MS Forms. The surveys can be accessed here:

- [Primary School Pupil Survey](#)
- [Secondary School Pupil Survey](#)
- [Parent/Carer Survey](#)
- [Lunchtime Supervisor Survey](#)

An open offer of support was given to schools at the beginning of the pilot and during the pilot phase, via email. Schools were then asked to complete the feedback form which can be viewed [here](#), to provide their thoughts regarding the resource itself.

The School Food Resource has been shared with the NEY ED Champions, Office for Health and Disparities, and the NEY Children and Young People's Mental Health Clinical Lead for MHSTs for review/comment and has been updated based on feedback received. The next rollout of the School Food Resource will take place in the 2024/25 academic year.