ABUHB ARFID

(Avoidant and Restrictive Food Intake Disorder) Service
Supporting ARFID at School

Information for schools

If you are given this information by a professional it does not necessarily mean that your child has a diagnosis of ARFID. All children will benefit from these strategies.

Introduction to ARFID

ARFID is a feeding and eating disorder where children and young people have severe selective eating difficulties. They experience food in a different way which causes them fear and anxiety. They try to manage this by only eating foods that feel safe. It is important to rule out any body image disturbances and/ or other possible causes for a restrictive diet such as anorexia, physical illness, etc.

There are three main types of difficulties that people with ARFID can experience. Some experience one, two or all three of these difficulties:

- 1. Sensory sensitivity (e.g., texture, colour, taste, temperature)
- 2. Lack of interest in food
- 3. Fear of adverse consequences (e.g., choking, vomiting)

Characteristics of ARFID

- Significant weight loss or failure to gain weight/ faltering growth (contact the school nurse about how they can support with concerns about faltering growth)
- Significant nutritional deficiency
- Dependence on oral/enteral nutrition
- Interference with relationships and ability to engage in day-to-day activities

Signs to look out for:

- Extreme food selectivity e.g. short list of acceptable foods (<20)
- Eating foods of similar characteristics (dry/colourless) or avoidance/aversion of all foods based on sensory characteristics
- Food limitations negatively impacting on normal social behaviours such as being able to engage with peers at snack and lunch times
- Low/ no interest in food or eating

Managing ARFID in Schools

Schools are a really good place to support students' eating based on a number of factors:

- Providing a routine
- Establishing regular meal times
- Opportunities to explore new foods and meals
- Education



The Environment

Ensuring the student has a comfortable environment during mealtimes can have a significant impact on their ability to cope with and complete meals/ snacks.

- Consider the noise level, smells, other people, etc. Is the usual environment that snack and mealtimes take place in helping or hindering the student's ability to eat?
- Does the student have a member of staff they feel more comfortable seeking support from during mealtimes? Or a specific group of friends that make mealtimes feel more manageable for them?
- Other's beliefs and perceptions of food can be really influential on young people; is the student picking up beliefs about certain foods from friends, family members or staff?

Anxiety management

We know that anxiety plays a significant role in maintaining ARFID. Anxiety can impact upon eating by reducing appetite, increasing a sense of threat, and heightening sensitivity.

Ways that schools can promote anxiety management:

- School-based resources to support with general anxiety education and management
- More specialist interventions provided by school wellbeing teams, counsellors, or mental health services

Top Tips for Schools

Here are some top tips for supporting a student with ARFID in schools:

- Allow students to bring preferred 'safe' foods in their lunchbox
- Allow extra food/alternatives at snack-time, or after snack-time
- Use reward charts
- Establish a good line of communication between home and school, and professionals when appropriate
- Have realistic expectations, introducing new foods will take time
- Allow extra time if required

Following these tips should help students to feel safe and supported at meal times, so that they can continue to make progress at school as well as at home.

The strategies detailed in this leaflet can be beneficial to the eating development of all young people, not just those with a diagnosis of ARFID, and so following their guidance could be really helpful for everyone.

Things that are NOT helpful:

- Not offering alternative meals
- Refusing choice of preferred foods
- Excluding due to inability to eat
- Not allowing to go out to play until lunch is completed
- Letting children go hungry
- Hiding / mixing food
- Bribing
- Pressure
- The idea of 'good' and 'bad' foods





The new ARFID service will cover **120,000 children** across Gwent.



Level 1:

- Raising awareness of ARFID
- Development of clinical resources
- Training within primary care





Level 2:

- Specialist advice / consultations
- Collaboration
- Monthly 'drop in' sessions for professionals



Level 3:

- For highest level of risk and complexity, where levels 1 and 2 have not been successful
- Referral to specialist assessment clinic through SPACE or internally
- Specific criteria with screening tool / electronic referral form

