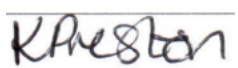


Policy/Procedure Name:	SCHOOL FOOD POLICY		
Last Update:	August 2024	Next Update Due:	January 2027

Author	Alex Smythe
Signature of Authorised Individual	
Signature of the Director	

Introduction

The School Food Standards do not apply to independent schools but Willow Park School values the need for a school policy promoting the general health and safety of all staff and pupils with the purpose of ensuring that children have access to a wide variety of healthy and nutritious foods, to protect those who are nutritionally vulnerable and to promote good eating.

The policy applies to all pupils on and off site and to any other person on the school premises.

The policy references **ARFID** and **PICA** (which is a non-food issue related to ASD) as these are ASD related eating and drinking displayed displayed by some pupils at Willow Park.

Whole School Food Policy

As well as a clear understanding of our pupils' individual relationships with food (as described above), the directors and staff at Willow Park actively support healthy eating and drinking, and food education, throughout the school day. We are committed to demonstrating consistent messages about healthy eating as we believe that a healthy lifestyle should be encouraged at all times.

The policy is overseen by the Head Teacher. Implementation of the policy is the responsibility of all members of school staff and is incorporated into curriculum planning.

- We do not have the facilities at Willow Park to provide hot school meals on site.

Our aim is to ensure that all aspects of food provision, food education and nutrition contribute to the health, educational benefits and wellbeing of our pupils, their families and the whole school community across the school day. We will achieve this via our health snacks and food education.

Our objectives are to:

- Be valuable role models to pupils and their families, in order to contribute to the improvement of children's health and wellbeing, behaviour, concentration and learning outcomes, by promoting a whole school approach to food education and healthy eating.
- Enable pupils to make healthier choices by increasing knowledge, challenging attitudes and developing and promoting healthy eating.
- Provide accurate information about nutrition in relation to personal health and help enable pupils to understand that a balanced diet is beneficial.
- Make parents aware that lunch is part of the education process and that learning to enjoy a balanced diet is treated in the same way as any other lesson.
- Create and sustain a whole school approach to our lunchtimes, healthy eating and food education within our school community;

- Monitor school meals to ensure they are healthy, nutritious and tasty;
- Actively encourage healthy lunches;
- Ensure all children sit down at a table at lunchtime;
- Promote the importance of hydration to children's health and education, recommend water as the drink of choice for all children and ensure all children have access to free drinking water throughout the school day;
- Encourage staff to lead by example and eat and drink healthily throughout school. In doing so staff will model good behaviour and social skills at mealtimes;

We will meet our objectives by:

- Including school food in our curriculum planning
- Showing awareness of each individual child's relationship with food and provide a supportive and nurturing environment that aims to overcome any negative impacts of this.
- Discouraging the use of food as a reward within school and pointing parents towards different forms of treat (for example whole class birthday/Christmas treats) such as stickers, rather than sweets and cakes;
- Ensure children have a healthy snack at breaktime such as fresh fruit or vegetables. These snacks are provided for all of our children and take into account individual preferences;
- Educating pupils, school staff, governors and parents on the links between healthy eating and the educational benefits, health and wellbeing of children;
- Ensuring that all children have the opportunity to learn about food, nutrition and age appropriate practical food preparation skills;
- Encouraging children to try new foods (bearing in mind individual needs and preferences);

ASD related eating and drinking disorders

Every autistic person is different, with individual needs. However, there are some factors common to mealtimes.

What difficulties do autistic people often experience with eating and drinking?

See also, paragraphs on PICA and ARFID

Food related sensory processing – Autistic people can often struggle to tolerate different tastes, textures, appearances, and smells of food. Sometimes, there may also be a fear of swallowing or choking. Example: "Raj hates soup but loves crunchy cornflakes".

Environment related sensory processing – Autistic people can be particular about what they use for eating and drinking and which aspects of the environment they can tolerate. This can make a difference in how comfortable and safe they feel. For example, the table, crockery, and cutlery – does it meet sensory preferences, e.g. does it feel and look right? Is it the same as yesterday? Consistency is often key! Consider the environment around you as lighting, sounds and the amount of people in the room can all cause sensory distress for an autistic person. Example: "Jane will only use one particular knife, fork and plate".

Interoception – This is your body's internal sense that tells you if you are hungry, thirsty, need the toilet or are in pain etc. Autistic people may have trouble interpreting these signals. This can result in autistic people eating infrequently, or even over-eating. Example: "Thomas will get upset and doesn't understand that it is because he is hungry"

Digestive issues – Many autistic people report a range of digestive issues like constipation, diarrhoea, and IBS (irritable bowel syndrome) etc. Example: "Priya avoids eating because she worries about getting diarrhoea afterwards".

Routine and predictability – For many autistic people, having structure and routine can reduce anxiety around eating and drinking. A takeaway burger or a specific brand of chocolate will always look and taste the same, whereas a piece of fruit will vary in taste, texture and size which can lead to food avoidance. Example: “Milo will only eat digestive biscuits and refuses all fruit and vegetables”.

Social factors – All of the above factors can contribute to social anxiety around eating with other people. This can sometimes lead to autistic people avoiding food related social situations. Some autistic people also find it distressing to see or hear other people eating or drinking – finding this overwhelming to the senses- and may therefore prefer to eat alone. Example: “Sandra worries she will look silly saying no to food and instead avoids going out”.

Emotional factors – We are mindful that some autistic people may have eating and drinking difficulties and can find hearing and seeing information about food stressful. Therefore, think we carefully about whether you really need to broach the topic – and if so, how to go about this sensitively.

All the above can affect an autistic person's eating and drinking habits. Whilst this can sometimes be challenging and stressful, it is usually manageable.

Many autistic people have favourite foods that they feel safe and comfortable eating consistently. When foods always look and taste the same, this can reduce food-related anxiety. It's OK to eat a lot of the same foods – and not so much of others, if the person's overall levels of nutrition and hydration are within safe limits. It is not helpful to just tell the person that they need to stop eating the same foods and eat different ones instead.

Over time, an autistic person may find they **increase the types of foods they are able to tolerate. This is the aim at Willow Park.** This is probably more likely to happen if others around them do not put them under any pressure to try different foods – although opportunities can be offered for them to try if the child so chooses.

However, in some instances, any combination of the factors listed above can potentially result in poor nutrition and hydration or other physical or mental health issues. When there are concerns about this possibility, there are some things that can be done to help.

What to do if you are worried about your child's eating and drinking?

One thing that can be extremely helpful for this is a food journal documenting overall eating and drinking habits. This will help to identify any changes you can make at home in the first instance.

If you still have concerns, contact your GP, who will ask for some more information and may arrange some tests.

Selective or restrictive eating

The eating problem most commonly associated with autism is selective eating. This is where a child consumes a very narrow range or number of food items. Food refusal can be based on their characteristics (e.g. texture), or presentation (e.g. placement on a particular plate). Eating selectivity can look different for every child. Below are some examples of specific foods a child may only eat:

- Room temperature food
- Certain brands of items, e.g. only Heinz beans
- Foods of a certain colour (e.g. beige)
- Foods of a certain texture
- Crunchy food
- Foods of a certain shape
- Only eating off certain plates using certain cutlery
- Not eating fruit or vegetables

Rumination

Rumination is voluntarily regurgitating already ingested food into the mouth and re-chewing and swallowing. It can have a big impact such as weight loss, malnutrition, dental damage, dehydration and gastric disorders.

Anorexia

Anorexia is an eating disorder where people try to lose weight by not eating enough food, excessive exercise, or both. It is typically connected with body image and health. This can have serious effects on a person's physical and mental health.

ARFID

Avoidant/restrictive food intake disorder (ARFID) is a fairly new eating disorder. Children with ARFID are extremely selective eaters and sometimes have little interest in eating food. They may eat a limited variety of preferred foods, which can lead to poor growth and poor nutrition.

ARFID usually starts at younger ages than other eating disorders and is more common in boys.

What Are the Signs of ARFID?

Children with ARFID fall within three main categories:

- Some children are very selective eaters who may have strong negative reactions to smells, tastes, textures, or colors of foods. They may be highly fearful of new foods, called "neophobia," and scared of negative experiences related to unfamiliar foods.
- Some children may have an overall lack of interest in eating and have a very low appetite or find eating minimally rewarding or not at all. These children often deny feeling hungry.
- Other children are afraid of what might happen when they eat; for example, experiencing pain, choking, or vomiting.

Some children with ARFID fall within just one of these categories, while others are in more than one.

Many children with ARFID are underweight. Others reach a normal weight but may eat such a limited diet that they don't grow, or it gets in the way of their school, family, and social lives.

Children with ARFID are more likely to have:

- anxiety or obsessive-compulsive disorder (OCD)
- autism spectrum disorder or attention deficit disorder (ADHD)
- problems at home and school because of their eating habits

What Problems Can Happen with ARFID?

ARFID may lead to problems from poor nutrition. Children with the disorder may:

- not get enough vitamins, minerals, and protein
- need tube feeding and nutrition supplements
- grow poorly
- have delayed puberty

The lack of nutrition associated with ARFID can cause:

- dizziness and fainting due to low blood pressure
- a slow pulse
- dehydration
- weakened bones (osteoporosis) and muscles

What Causes ARFID?

The exact cause of ARFID is not known. Many experts believe that a combination of a child's temperament, genes, and triggering events (such as choking). Some children with ARFID have

gastroesophageal reflux disease (GERD), eosinophilic esophagitis, allergies, or other medical conditions that can lead to feeding problems.

How Is ARFID Diagnosed?

If a doctor thinks a child might have ARFID, they'll do an exam and ask about the child's medical history, eating and exercise habits, and emotional issues.

Doctors and mental health professionals will look for:

- significant weight loss or failure to grow
- serious nutritional deficiencies
- poor appetite, lack of interest in food, or food avoidance

Symptoms should not be because of a lack of access to food (food insecurity), another eating disorder (anorexia), or other medical problems. Children with ARFID are also not concerned about or afraid of their weight.

Doctors may order blood tests, urine tests, or an electrocardiogram (ECG) to check for problems.

If you think your child may have ARFID, talk to your doctor. Dealing with the condition early on is the best way to successfully treat it.

How Is ARFID Treated?

ARFID is best treated by a team that includes a doctor, dietitian, and therapist who specialize in eating or feeding disorders. Treatment may include nutrition counseling, medical care, and feeding therapy. If choking is a concern, a speech-language pathologist can do a swallowing and feeding evaluation.

The main goals of treatment are to:

- Achieve and maintain a healthy weight and healthy eating patterns.
- Increase the variety of foods eaten.
- Learn ways to eat without fear of pain or choking.

Doctors might prescribe medicines to increase appetite or treat anxiety. If anxiety is a concern, the therapist will teach children and families ways to handle worries around food.

Most children with ARFID can be treated at home, but some will need to go to a more intensive hospital-based program. Someone with severe weight loss and malnutrition or serious health issues will need treatment in a hospital. Some children with ARFID will need tube feeding or nutrition formulas to get the calories and vitamins they need.

ARFID can be hard to overcome, but learning about healthy eating and addressing fears helps many children and teens feel better and do well. When the whole family works together to change mealtime behaviors, a child is likely to have continued success.

How Can Parents Help?

ARFID is linked to strong emotions and worries around food. Be supportive and encourage positive attitudes about exercise and nutrition at home. Try these tips:

- Be a role model. Serve and eat a variety of foods.
- Schedule regular meals and snacks.
- Have regular family meals. Keep the mood at the table pleasant and avoid struggles during mealtimes.
- Encourage your child to try new foods, but do not force them to eat.
- Reward positive eating behaviors.
- Find ways to manage anxiety and stress around food. Taking a couple of deep breaths can help your child relax. Yoga, meditation, music, art, dance, writing, or talking to a friend can help manage stress.

- Stay calm and avoid blaming or criticizing your child for their eating struggles.

How will Willow Park help a child with ARFID?

- **We collaborate with families and clinicians:** working closely with the families/carers and clinicians involved with the child can provide valuable insights and support. This collaboration helps create a wider support system, ensuring that no one faces the difficulties of ARFID alone.
- **We avoid putting pressure on the child:** we avoid pressuring or forcing children with ARFID to eat. This approach rarely yields positive results and may exacerbate food restriction behaviors, leading to further challenges in the classroom.
- **We treat the children with kindness and compassion:** we approach children with ARFID with kindness, compassion, and without criticism. Actively listen to their difficulties in an open and non-judgemental manner, providing a reassuring and predictable environment with clear boundaries.
- **We have sensitive mealtime discussions:** When discussing mealtime experiences with the child, we choose a calm and private setting away from others' ears. We respect the child's readiness to talk about it and consider involving the family for additional insights.
- **We maintain predictability and communication:** We maintain predictability in school routines, including mealtimes, and we communicate any changes effectively to parents. Children with ARFID often struggle with unpredictability, so clear communication helps them feel safe and heard.
- **We avoid punitive actions:** We do not punish children for their food behaviours, as this may escalate unhelpful behaviours at school. We focus on supportive approaches rather than punitive measures.
- **We provide consistent support:** Each child is assigned a key person to support them with ARFID, fostering consistent and predictable relationships. This helps staff better understand the child's challenges and provides continuous support to the child and their family.
- **Our observations of pupils are subtle:** We are subtle and supportive in observing mealtime behaviours, avoiding overt scrutiny. If sudden changes are noticed, we discuss concerns with the key worker and involve the family discreetly and supportively.
- **We accommodate food preferences:** Support children with ARFID by accommodating their preferred foods in school settings. This helps prevent negative impacts on their health, behaviour, and education.
- **We create a safe meal environment:** We consult with the family to create a safe and welcoming meal environment tailored to their needs. We consider alternative solutions to accommodate their preferences discreetly.
- **We plan in advance for food education:** We prioritise communication with the family before any food-related activities to collaboratively consider alternatives and provide preparation time.

If you are concerned your child may have an eating disorder, call your doctor for advice. The doctor can recommend nutrition and mental health professionals who have experience treating eating disorders in children and teens. You also can find support and more information online at:

[The National Eating Disorders Association \(NEDA\)](#)

PICA

As part of their ASD, some of our pupils suffer from a condition known as PICA.

What is Pica?

'Pica' comes from the Latin word for 'magpie', a bird which is known for indiscriminate eating. There are various definitions of pica but the most commonly used is the repeated consumption of non-edible items or items with no nutritional value. Children younger than 18-24 months might try to eat non-food items, and this is not necessarily considered abnormal at that age - they are simply exploring new objects. In some cultures (India, Africa and South America) pregnant women have been known to consume various substances e.g. clay and mud, in response to cravings.

Pica and ASD

There are many reasons why a person with an Autism Spectrum Disorder (ASD) might experience Pica and these may include; seeking out sensory input, not being able to distinguish between edible and inedible items, vitamin deficiency, to soothe anxiety and avoid demands.

Does my child have Pica?

In children, Pica can become a problem if the behaviour is present for at least a month and no longer seems consistent with the developmental stage of the child. Here are some examples of non-food items that children might eat:

- Soil, clay, glass, sand, chalk
- Ice
- Hair, fluff
- Paint chips, plaster, glue
- Fluff
- Buttons, paperclips
- Paper
- Baking soda
- Pencils, pencil shavings
- Coffee grounds
- Toothpaste, soap
- Faeces

How common is Pica?

It is estimated that as many as 9-25% of children with developmental difficulties including autism may develop Pica.

Who is affected?

Pica is found across all cultures, ethnic groups and socio-economic backgrounds.

What causes Pica?

The causes of Pica are unclear. There are many theories about what might cause the behaviour and some of these may overlap:

- Nutritional factors: iron and/or zinc deficiency has been found to be associated with
- cravings for non-food items, in an attempt to correct the mineral balance.
- Developmental factors: it might be that the individual has not moved on from the
- early developmental stage of mouthing items giving comfort/satisfaction. Children
- with autism and other learning difficulties might be more susceptible to developing
- Pica.
- Environmental factors: stressful events, lack of active participation in activities (e.g.
- boredom) and limited social interaction

- Sensory factors: children may be drawn to eating objects with certain sensory characteristics that they find satisfying e.g. smell, taste, texture.
- Mental health factors: Pica has been observed in people with obsessive-compulsive disorder, depression and anxiety.

What are the risks?

Although some of these items are harmless (e.g. ice, baking soda), some clearly pose risks to the health and safety of the child. Pica-related behaviours might be perceived as strange and/or unusual by peers, leading to social isolation.

Advice for Parents

If you are worried about your child's eating habits, the first point of call will be your GP or health visitor. They might be able to give you some information about the behaviour and suggest some initial tests to check for mineral deficiencies. They may also suggest a referral to a local specialist service e.g. CAMHS (Child and Adolescent Mental Health Service) and/or Integrated Disability Service. In an emergency i.e. if your child has taken a harmful substance or if they are choking on an object, seek medical care immediately.

What treatment might be offered?

When a child presents with Pica, they will be assessed individually to try to understand what may be causing the condition. It is useful for parents to keep a record of items the child eats, where and when they eat them and characteristics of the items. It is quite common that behavioural strategies might be recommended to manage the Pica at home and in school settings.

Strategies we can employ at home and/or at Willow Park might include:

1. De-Pica and make safe the immediate environments (e.g the house, garden etc)
2. Discrimination training – teaching the child to discriminate between edible and nonedible items and making them aware of the dangers some substances present to them. Pictures can be a helpful way to present this information to children. Encourage the child to pause and think about what they are putting in their mouth. This might help the child to consider the nature of the selected item and whether to eat or throw it away.
3. Pica Box – offering the child alternative edible food items with a similar texture to replace inedible ones. Replacement foods might include rice/apple paper, edible sand and mud, and liquorice wood (recipes available on the Internet). One can also try acceptable items to chew such as 'chewies' if children are looking for sensory stimulation - chewable T shaped rubber items designed so they cannot be swallowed. Seeds of different kind are popular, too - sesame seeds, pumpkin seeds, to replace the texture of dirt.
4. Positive reinforcement - developing a reward system for when the child successfully resists eating a non-edible item.
5. Environmental protection – taking steps to remove items that present a health and safety risk from the child's home and school settings. This might include carrying out an audit of all areas used by the child, e.g. poisonous plants in the playground and/or garden being removed, and then setting boundaries restricting the child's access to areas of high risk.
6. Social Environment - it may be necessary to consider the child's social environment at home and at school and whether they have sufficient levels of social interaction. This might include thinking about involvement with peers, participation in physical activities and sensory stimulation (e.g., safe sensory toys).

Will my child get better?

It may be that the pica behaviours reduce or even stop as the child gets older. When pica occurs alongside a developmental disorder such as autism, it can be a more prolonged concern but progress can be made with appropriate education and management.

Further information about PICA

- The National Autistic Society - www.autism.org.uk
- The West Midlands Autistic Society. (WMAS) – Tel: 0121 426 4225
- Information about other services will be available from your GP.

Prader-Willi syndrome

Prader-Willi syndrome is extremely rare and, at the time of writing, we do not have any pupils at Willow Park with this condition.

Typical symptoms of Prader-Willi syndrome include:

- an excessive appetite and overeating, which can easily lead to dangerous weight gain
- restricted growth (children are much shorter than average)
- floppiness caused by weak muscles (hypotonia)
- learning difficulties
- lack of sexual development
- behavioural challenges, such as emotional outbursts and physical aggression

Causes of Prader-Willi syndrome

Prader-Willi syndrome is caused by some missing genetic material in a group of genes on chromosome number 15. This leads to a number of problems and is thought to affect part of the brain called the hypothalamus, which produces hormones and regulates growth and appetite. This may explain some of the typical features of Prader-Willi syndrome, such as delayed growth and persistent hunger.

The genetic cause happens purely by chance, and boys and girls of all ethnic backgrounds can be affected.

It's extremely rare for parents to have more than 1 child with Prader-Willi syndrome.

Diagnosing Prader-Willi syndrome

Prader-Willi syndrome can usually be confirmed by carrying out genetic testing.

Genetic testing may be recommended if a child has the symptoms of Prader-Willi syndrome. Babies who are very floppy at birth may also be tested.

Managing Prader-Willi syndrome

There's no cure for Prader-Willi syndrome, so treatment aims to manage the symptoms and associated difficulties. This includes managing the person's excessive appetite and behavioural challenges.

One of the most important parts of caring for someone with Prader-Willi syndrome is to try to maintain a normal weight. They should have a healthy, balanced diet, avoiding sweet treats and high-calorie items right from the start. We would support this approach at Willow Park School.

If someone with Prader-Willi syndrome is allowed to eat as much as they want, they'll quickly become dangerously overweight.

Someone with the syndrome can eat much more than other people and still feel hungry.

Limiting food intake can be very challenging. People with Prader-Willi syndrome may become frustrated when they want extra food, and their hunger can make them hide or steal food.

Equality Statement

At Willow Park School, we actively seek to encourage equity and equality through our teaching and our employment practices. As such, we seek to advance the equality of opportunity between people who share any of the following characteristics:

- age
- disability
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

The use of stereotypes under any of the above headings will always be challenged.

Inclusion

Our school is an inclusive school. We aim to make all pupils feel included in all our activities. We try to make all our teaching fully inclusive. We recognise the entitlement of all pupils to a balanced, broadly-based curriculum. We have systems in place for early identification of barriers to their learning and participation so that they can engage in school activities with all other pupils. We acknowledge the need for high expectations for and of all children.