A Family Services Guide

Restricted Eating and Diet in Autism

Understanding sensory-based food avoidance and ARFID

Supporting autistic children, young people, adults and their families across Barking and Dagenham, Havering and Redbridge

Restricted Eating and Diet in Autism

Many autistic children, young people and adults experience restricted or selective eating – eating a narrow range of foods, refusing entire food groups or textures, or finding mealtimes distressing.

This is genuinely common in autism, and for many families it goes well beyond ordinary "fussy eating". Understanding why it happens is the first step to supporting a child, young person or adult sensitively, without added pressure or conflict at mealtimes.

Why restricted eating happens in autism

Sensory sensitivities

The texture, taste, smell, temperature, colour, or appearance of a food can feel genuinely unbearable or even painful, not simply "disliked".

Fear of aversive consequences

A previous experience of choking, gagging, or vomiting can create lasting anxiety around new or specific foods.

Low interest in food or eating

Some autistic people have a limited appetite or do not experience hunger and fullness cues in a typical way (linked to interoception).

A need for sameness and predictability

Familiar foods, brands, or presentation can feel safe, while anything unfamiliar can feel threatening.

Difficulty with the physical processes of eating

Such as chewing or coordinating eating and breathing.

What is ARFID?

A recognised eating disorder

Avoidant/Restrictive Food Intake Disorder (ARFID) involves significant avoidance or restriction of food, leading to problems such as poor growth, nutritional deficiency, reliance on supplements, or difficulty taking part in everyday life because of food-related anxiety.

Unlike anorexia or bulimia, ARFID is not driven by concerns about body weight or shape – it is driven by sensory sensitivity, fear of a negative consequence such as choking, or a genuine lack of interest in food.

How common is ARFID?

ARFID is more common in autistic children, young people and adults than in the general population, though not every autistic person with restricted eating will meet the criteria for ARFID.

When to seek professional support

Ongoing weight loss, faltering growth

Or nutritional concerns.

A very limited range of “safe foods”

That is shrinking further over time.

Reliance on nutritional supplements

Or specific brands with no flexibility.

Significant distress, anxiety, or family conflict

Around meals.

Any concerns about choking, vomiting

Or fear connected to eating.

Who to speak to

A GP referral to a dietitian, speech and language therapist (for feeding/swallowing), or paediatric eating service is recommended – restricted eating linked to autism can be assessed and supported by professionals experienced in both autism and feeding difficulties.

Supportive approaches for home, nursery, and school

Take the pressure off

Avoid bribing, forcing, or pressuring a child to eat or try new foods; pressure typically increases anxiety and can make eating harder, not easier.

Respect "safe foods"

These provide genuine nutritional and emotional security and should not be withdrawn as a punishment or bargaining tool.

Keep mealtimes predictable

Familiar routines, seating, and crockery can reduce anxiety around eating.

Introduce new foods gradually and without pressure

This might mean simply having a new food visible on the table, or the child exploring it through play or touch, long before any expectation to taste it.

Separate foods on the plate

If mixing textures or foods touching is a source of distress.

Involve the child in food preparation

Where possible, at a pace that feels comfortable for them.

Work with, rather than against, sensory preferences

For example offering foods at a preferred temperature or texture rather than insisting on variety for its own sake.

What to avoid

Steer clear of these

- Do not force, bribe, or punish a child in relation to food or eating
- Avoid commenting on body size, weight, or shape in relation to a child's eating
- Avoid framing restricted eating as simply "being fussy", wilful, or attention-seeking
- Avoid removing all preferred/safe foods at once in an attempt to force variety

Remember

Restricted eating in autism is not a behaviour choice – it is most often a genuine sensory, physiological, or anxiety-based response. A calm, pressure-free, and individualised approach, alongside professional support where needed, gives the best chance of a positive long-term relationship with food.