FEEDING & EATING DIFFICULTIES: GUIDELINES FOR ASSESSMENT & MANAGEMENT

DOMAIN	PFD/Developmental	ARFID
MEDICAL		
Primary gastro diagnosis (gastro oesophageal reflux, GORD, functional constipation).	☐	
Coughing / choking on food/drink (dysphagia).	☐	
Recurrent upper respiratory tract infections.	☐	
Congenital neurological / heart / airway disorder.	☐	
NUTRITION		
Nutritional deficiency (limited dietary diversity).	☐	☐
Growth outside of expected parameters (under or over).	☐	☐
Growth within expected parameters.	☐	☐
Need for oral or enteral nutritional supplements.	☐	☐
FEEDING SKILL		
Di iculty drinking, biting, chewing & manipulating food / drink in the mouth.	☐	
Holding food in mouth / overstu ing mouth / swallowing partially chewed food.	☐	
Delayed self-feeding.	☐	
Di iculty maintaining sitting position / upright posture.	☐	
Need for adaptive feeding strategies, positioning or equipment.	☐	
PSYCHOSOCIAL		
Food avoidance based on: Sensory sensitivity to specific foods / food groups.	☐	☐
Lack of interest in food / eating.	☐	☐
Anticipatory anxiety of aversive consequences of eating.		☐
Di iculty with mealtime participation across all social contexts	☐	☐
Behaviours of distress at mealtimes, need for distraction or rewards.	☐	☐

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Key Principles for Good Practice:

Think "Why is this child struggling to eat?" – rule out food insecurity > medical drivers >skill-based deficit > psychological drivers.

Intervene early – delays lead to entrenched behaviours.

Work collaboratively – single-discipline input is rarely su icient.

Support families – guilt, confusion, and stress are common.

Use your local networks:

Speech & Language Therapy (SLT), Occupational Therapy (OT), Nutrition & Dietetics, Paediatrics & Gastroenterology, Child & Adolescent Mental Health (CAMHS), Eating Disorder (ED) services, local charities, school nurses, health visitors and family support workers.

1. Recognise Feeding Di iculties Early

PFD (Paediatric Feeding Disorder) = Include medical / nutritional / feeding skill / psychosocial factors. Medical and skills-based factors play a significant role.

ARFID (Avoidant Restrictive Food Intake Disorder) = Nutritional and psychosocial factors play a significant role.

2. Initial Clinical Assessment (Primary Care Level) - RED FLAGS – Urgent referral needed:

Dysphagia, choking, coughing on fluids, aspiration or recurrent chest infections

Severe food refusal / dehydration / feeding aversion

Growth faltering or faltering weight trajectory, nutrient deficiencies or anaemia, missing whole food groups

3. Early Actions for ALL Professionals - Initial checks:

Growth chart review (weight, height, BMI centiles) and dietary history (variety, quantity, feeding environment)

Feeding development history (textures, milestones, skills) and screen for oral-motor and self-feeding issues - refer to SLT/OT if needed

Provide foundational feeding advice to families: Mealtime routines, build trust, modelling and food exposure, pressure free approach

Stabilise nutrition: Refer to community dietitian for assessment & supplementation

4. MDT Referral & Management Pathways - Escalate if no improvement after 6-8 weeks or complexity is identified:

SLT – Oral-motor dysfunction, dysphagia and mealtime communication

Dietitian – Growth/nutritional concerns and mealtime routines

OT – postural management, self-feeding, sensory responses and mealtime participation (regulation)

Paediatrics / Gastroenterology – Medical issues (e.g. reflux, allergies, constipation)

CAMHS / ED Services– ARFID features, anxiety, family stress, eating-related trauma

Clinical Psychology / Psychiatry – For comorbid mental health issues

5. ARFID Pathway – When and Where to Refer: If restrictive eating is severe, persistent, and NOT due to medical/skill-based issues → suspect ARFID.

Refer to local CAMHS or ARFID pathway if:

Marked food avoidance due to anticipatory fear / persistent low intake despite parental e orts / significant distress around mealtimes

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This guidance was co-produced by people with lived experience of feeding & eating di iculties, and a panel of experts representing medical, nutritional, skill based and psychosocial domains, following a nine-month consensus process (PFD Community of Participation CoP 2025).

It should be used alongside the CoP 2025 Position Paper:
Bridging Diagnostic Grey Areas in Early Childhood Feeding Di iculties: Towards Needs-Led, Developmentally Informed Care