

2025

Food and Healthy Eating



**Woolgrove School,
Special Needs Academy**

Live, Laugh and Learn
Together

Owner: Headteacher

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1. Aims and objectives

Obesity is a major health concern in Britain today and affects a sizeable number of children. Our objective is to provide our pupils with the ability to make healthy food choices by educating them about nutrition. We aim to:

- ensure that children have a healthy midday meal by maintaining the high quality of the catering and general lunchtime experience;
- have a consistent and co-ordinated approach to teaching and learning about food;
- ensure that appropriate messages about food and nutrition are reinforced and that the whole school is engaged in promoting healthy eating.

All children in Reception and KS1 are entitled to Universal Infant Free School Meals. We strongly encourage all children to take up their free entitlement.

2. Food in School

We promote the message that there are no 'bad' foods, but that some foods should only be eaten sometimes. Our children cook and work with food as part of the life skills curriculum. Good hygiene is always stressed and reinforced in these sessions.

Children are taught that, normally, nuts are an important part of their diet but that they are extremely dangerous for some people and that some of the children at the school have severe nut allergies. In order to keep these children safe, we endeavour to eliminate entirely from the school site all foods containing traces of nuts (e.g. biscuits, cakes and spreads); this includes items for consumption at lunchtimes, school events and extra-curricular activities.

3. School and food provision throughout the school day

Breakfast is offered every day as part of the Magic Breakfast scheme. The food offered is healthy and is consistent with a healthy diet. We provide toast, bagels, crumpets, baked beans and a range of low sugar cereals. For some classes all of this is available to choose from, for others one item is offered for the breakfast session.

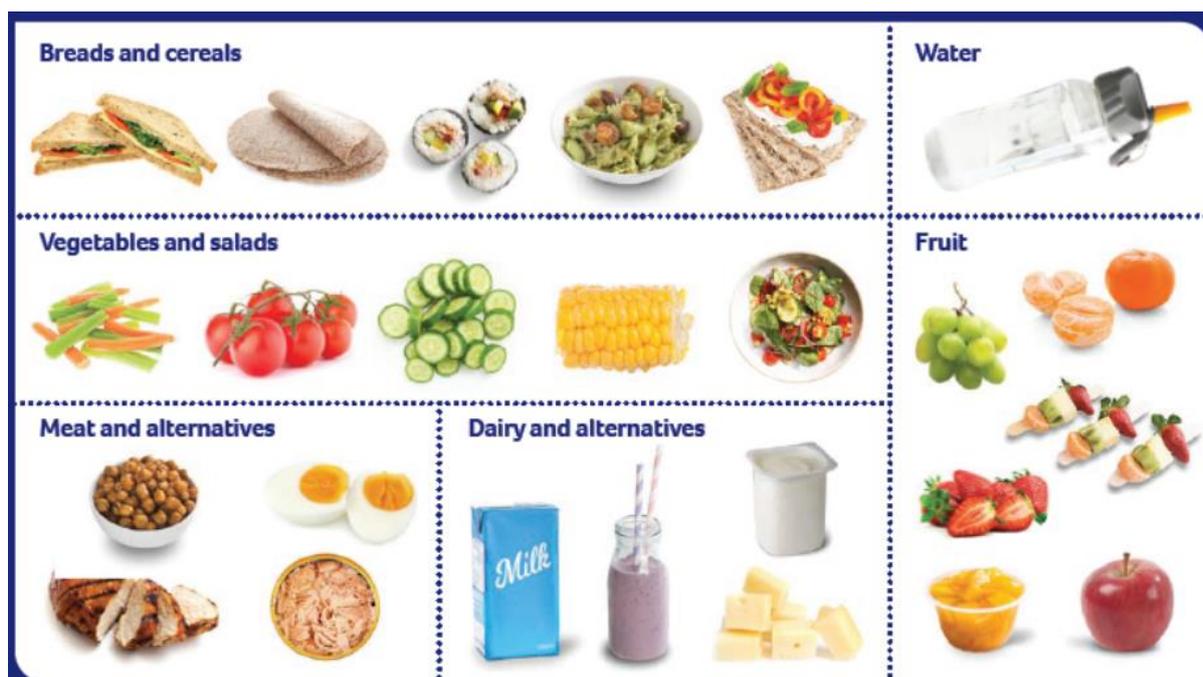
Some of our children have milk daily which is available at a small cost. Also, the school participates in the Government initiative to provide all Foundation and Key Stage 1 children with free fruit and vegetables during the day. For children in Key Stage 2 a daily piece of fruit is available to be purchased for a small cost. All children are encouraged to bring fruit to school – healthy snacks are encouraged.

All our school meals are provided by Herts Catering Limited (HCL). Children are offered a choice of meals including a meat option, vegetarian option, jacket potato or plain pasta with/without cheese. Salad and bread are also offered as part of the meal. Menus are displayed on the school website for parents and carers to view. We are committed to ensuring that healthy food and drink options are available and promoted throughout the school and to ensuring that the school-based food standards for school lunches are adhered to. Whilst promoting our view that ‘no foods are bad foods’, we encourage children to eat healthier options to maintain a balanced diet. School staff encourage children to try the fruit and vegetables on offer.

All children who have a school meal are taught about having a balanced plate of food following the NHS Eat Well guide.



Many children bring a packed lunch to school. We have guidance on what children should include for a healthy and balanced packed lunch.



The school regularly monitors the contents of lunch boxes and offers help and support to children and families to expand on their food choices and to make informed choices about what is healthy / less healthy to eat.

Every child needs to bring in a bottle to have their water or sugar free squash in. Children may drink at any time. All children have access to water at lunch time.

We encourage our children to follow the Government food standards including the guidance for Early Years Foundation Stage and NHS Eat well guide, to eat a broad and balanced diet [School food standards: resources for schools - GOV.UK](#) [The Eatwell Guide - NHS](#)

[Early Years Foundation Stage nutrition guidance](#)

4. Special dietary needs

Hertfordshire Catering Limited (HCL) offer a vegetarian option at lunch every day.

We are committed to providing alternative food for pupils with medically proven food allergies. Parents/carers must inform the school of any food allergies in writing and provide evidence, e.g. letter from GP or hospital. Children with allergies have an Individual Health Care Plan (IHCP) These document symptoms and adverse reactions, actions to be taken in an emergency, and emergency contact details, along with any particular food requirements. Parents/carers need to apply for a Special Diet in order for the catering company to provide a meal. This can be completed online at <https://www.hcl.co.uk/allergy-overview> The child's photograph and medical evidence will need to be added to the application.

The children are photographed and their picture is kept in the kitchen and classrooms with their exact dietary requirements.

In the event of a child being taken ill due to a food allergy, first aid procedures are detailed in their IHCP.

Appropriate food safety precautions are taken when food is prepared or stored. These vary depending on the food on offer and include ensuring that adequate storage and washing facilities are available. Any food safety hazards are identified and controlled. Information is cascaded to everyone who is involved with food related activities in school.

Midday supervisors help to ensure a safe, enjoyable experience at lunchtime and are able to encourage healthy eating.

If staff have any concerns relating to a pupil's health and eating habits, such as over-weight pupils or those not eating, the matter is discussed with the parents/ carers. We recognise that some pupils may require special diets that do not allow for our food policy to be exactly met. In this case parents are asked to make us fully aware of this. Some children with diagnosed conditions may find eating a balanced diet more difficult to do. This can include children with a diagnosis of an Autistic Spectrum Disorder (ASD), ADHD, Pica and ARFID.

Children with ASD

Eating a varied diet is good for your health, but many people don't achieve this. Some autistic people have a restricted diet, eating only a limited range of food. Others may over-eat.

Problems to look out for

There's no need to be too concerned if the person is eating foods from each of the main food groups, and if a child, is growing well. We work with parents to get advice from medical professionals if children are:

- accepting fewer than 20 foods
- refusing all foods from one or more food groups
- constipated which can have a huge impact on appetite and may require medication
- suffering from tooth decay as a result of their diet
- losing weight or not growing well
- gaining weight excessively
- displaying behaviour, e.g. tiredness or pica (eating non-edible items) that might indicate a vitamin or mineral deficiency (e.g. iron deficiency)
- missing school due to eating problems
- coughing and choking while eating, or have recurrent chest infections, especially if they have physical disabilities
- missing out on social opportunities, e.g. if they and their family can rarely go out due to the eating problems.

Finding the cause

A food diary can be used to record what a person eats this could include:

- What time of the day did they eat? – 11.05
- What did they eat? – Salt and vinegar crisps
- Where did they eat? – In the living room
- How much did they eat? – Two bags
- Who was there? – Mum, brother
- How did people around respond to the person eating the particular food? – Mum praised, brother had no reaction
- Were there any environmental factors? – Radio was on in the background

This could reveal some causes of the eating difficulties, whether over-eating or restricted eating. Try to work out whether it is the amount, type or range of food being eaten which is the core issue, and then what underlying problems, or sensory differences, may be involved.

General ways to help

We work with parents/carers to ensure a consistent approach to food between home and schools.

A social story could help someone to understand why we eat and the function of food, e.g.:

- food provides us with fuel/power, which enables us to do things we enjoy
- eating food from all the food groups gives us energy
- missing out food groups can make us tired

Presenting information visually can also help. We will:

- produce clear daily and/or weekly menus of foods – display the time of next meal in a prominent position
- provide visual tools to help the person express and recognise their needs, feelings and preferences, such as zones of regulation and hunger and fullness scales
- have a food group chart, with a rule that they must have at least one food from each group each day

We will not to categorise foods into healthy and unhealthy, or good and bad. This can sometimes be taken too literally and can cause further problems.

We will try to be very specific when talking about food, or using pictures of food. For example, apples look and taste different, but we call them all apples. It is possible that the person

likes Golden Delicious apples, and dislikes Braeburns, but is confused by you showing them a picture of a green apple, then bringing them a red one.

Exercise

We will encourage activities which involve movement and exercise. This can help with weight loss (if that's needed) and reducing stress, which may have contributed to over-eating or under-eating. If the person is reluctant, think about whether there could be any underlying reasons, e.g. difficulty with balance or socialising.

Modelling

Adults can model the behaviour we are trying to encourage. For example, taking part in exercise, or modelling eating foods such as fruit and vegetables

Common food issues and ways to address them

Below are some examples of possible underlying problems – including sensory differences, illness and food presentation – and things we could try to address them.

What works for one person may not work for another.

Sensory experience

Many autistic people experience sensory differences; being over or under-sensitive to sights, sounds, smells, tastes and textures. This can affect a person's experience of meals and relationship with food, and cause anxiety around food.

Environment

The person might find it too distracting to eat in a noisy environment– find out if they could eat in a quiet room instead. The chair they sit on may be too hard – add a cushion.

Playing some favourite music or a story in the background can be relaxing, distracting the person from the usual anxiety around eating.

Food

People who are very sensitive to smells and taste may prefer to eat quite bland food, and may find strong food smells overpowering. Under-sensitivity to taste or smell may mean the person prefers stronger flavours. Particular smells and flavours may be a source of intense pleasure. Some people might find the feeling of hard food, or sloppy food, unbearable.

Try modifying food to improve the sensory experience, for example by puréeing, and introduce a new food or textures in small steps, for a gradual desensitisation.

First let the person just look at it, then touch it, then invite them to put the food on their plate, then smell it, lick it, put it into their mouth, bite it, chew it, and swallow it. Try not to react negatively to food being spat out. This is helping them to become comfortable with different foods being in and around their mouth.

These steps could take months to complete. Try to see the goal as learning about and being comfortable around different foods, rather than getting them to eat all of the different foods presented.

Discomfort and illness

Physical pain and discomfort can affect how a person eats. Gut pain could cause a person to over-eat for comfort. Constipation can dampen appetite. Heartburn can stop someone wanting to continue to eat. Toothache and mouth ulcers can make someone reluctant to put things in their mouth. Some medication can affect appetite (e.g. Ritalin) or cause stomach upsets (e.g. antibiotics). A bloated intestine could cause a person to feel full when in fact they aren't.

Support the person to communicate physical pain or discomfort, e.g. by using a visual stress scale, symbols, pictures of body parts, symbols for symptoms, or pain scales, pain charts or apps.

Food presentation

Attention to detail, and difficulty with change, is characteristic of autistic people. The way the food is presented or positioned on the plate, or the food's packaging, may dictate whether it is eaten or not.

Has the positioning of the food on the plate been altered? Is the food over- or undercooked? Are there 'bits' on the food? Has the packaging changed? Is the logo a different colour? Is the box damaged? Have you bought a different brand?

Social considerations

Some people eat better in the company of their family or peers. They may be more willing to try new foods if they see other people trying the same food and enjoying it.

For others, the social nature of mealtimes can be stressful. They might be more relaxed, and eat more volume or variety, if they ate alone in another room.

If a meal is not going to be at home, prepare the person in advance by telling them who will be there, who will they be sitting with or next to, what people might talk about, and what they could say to start a conversation.

Obsessions, special interests and routines

Many autistic people have obsessions. If certain foods, or calorie counting, is an obsession, this could lead to over-eating, under-eating or a rigid diet. Obsessions, or special interests, can also prove helpful.

You could try to channel an obsession with eating, or with weight loss, into something positive such as cooking and writing recipes. You could use a special interest to encourage them to eat more volume or variety, e.g. by eating from a Thomas the Tank Engine plate, cutting food into rocket shapes, or exploring foods from the country or region of their favourite singer or sports team.

Many autistic people rely on routine and sameness. To eat well, they may need to have meals at the same time every day, be seated in the same position at the table, or always use the same plate or cutlery.

This need for sameness could also explain a person's preference for processed foods. Processed foods are predictable, designed to look and taste the same each time. In contrast, there will always be natural variation in fresh food. Introduce new foods or textures in small steps.

Coping strategy

Sometimes, what appears as an obsession is in fact a coping strategy. Some autistic people say the world feels overwhelming and this can cause them considerable anxiety. Some people may over-eat, or avoid food, as a result of low self-esteem or anxiety.

Try to minimise any stressful things the food diary has revealed, or encourage a different coping strategy, such as spending time on their special interest.

Volume and variety

If over-eating is still a problem after looking for causes and ways to address them, you could try:

- reducing food portions, and using a smaller plate
- showing them the empty saucepan, confirming verbally that the food has all gone
- limiting access to food by keeping it out of reach, using locks or visuals such as no entry signs on fridges and cupboards, or not buying it at all in the case of snack foods like crisps and chocolate
- setting rules relating to restaurants and food shops e.g. if you have a starter you cannot have a pudding
- creating a food timetable, e.g. snacks at 10am, 3pm and 7pm, reducing the amount of food intake gradually
- providing visual hunger and fullness scales to help with expressing and recognising cues.

If under-eating is still a problem, you could try:

- increasing food portions, and using a bigger plate
- increasing the person's contact with food – making simple things such as sandwiches, fruit kebabs, little cakes or pizzas – to encourage positive associations
- providing visual hunger and fullness scales to help with expressing and recognising cues
- introducing a food book – place pictures or drawings of foods that the person likes in the front of the book, and those they don't at the back. As they try new food and expand their diet, the pictures can be gradually moved forward in the book.

Pica

Pica refers to eating or mouthing non-edible items, such as stones, dirt, metal, faeces.

The reason a person on the autism spectrum might experience pica could be medical, dietary, sensory or behavioural and include:

- not understanding which items are edible and inedible
- seeking out sensory input – the texture or the taste of the item
- relieving anxiety
- relieving pain or discomfort
- displaying a symptom of iron deficiency
- a continuing of infant mouthing behaviour, or a later occurrence of the mouthing phase
- seeking attention
- avoiding a demand.

You could try to:

- set up a sorting activity for the person to sort edible and inedible items
- use symbols to encourage the person to put appropriate items in their mouth and reward them
- replace the inappropriate item with an appropriate alternative of a similar texture, e.g. a crunchy carrot stick, a chewy bracelet, popcorn, chewing gum
- visit the GP or dentist to rule out any medical problems, oral pain or nutritional deficiencies, or to seek referral to an occupational therapist
- increase the amount of structured activities in the person's day
- respond as neutrally as possible when the behaviour occurs, giving a firm 'no' with little eye contact, reinforcing it with a symbol
- reduce demands placed on the person
- distract and divert their attention

Other conditions

Eating can be affected by a delay in physical development or low muscle tone. You could encourage activities that help to develop mouth and jaw movement such as using straws, blowing a whistle, blowing bubbles or using a toothbrush.

Some people over-eat because they aren't able to know when they are full. This is a symptom of Prada Willi syndrome, a rare genetic condition.

Professionals who could help

Your GP might refer you to one or more of the following professionals or places.

- *Dentist:* eating difficulties may result in, or be affected by, poor dental hygiene management or toothache.

- *Dietitian*: they offer assessment and treatment of dietary related health problems such as constipation, allergies and intolerances as well as practical advice on eating problems, weight gain and weight loss. Ask your GP or consultant to refer you to an NHS dietitian or find a private dietitian.
- *Eating disorder clinic*.
- *Clinical psychologist or psychiatrist*: if the problem is thought to be psychological, these professionals can help with behaviour strategies.
- *Paediatrician*: experts in child health issues who can help provide solutions to dietary issues and investigate underlying problems.
- *Occupational therapist (OT)*: may be able to offer advice on how you manage the situation at home. Use our Autism Services Directory to find an occupational therapist with autism experience, and other OTs in private practice.
- *Speech and language therapist (SALT)*: can advise on feeding issues and swallowing problems (dysphagia). Use our Autism Services Directory to find a speech and language therapist with autism experience, and other SALTS in private practice.
- *Counsellor*: trained to talk through a variety of issues. Use our Autism Services Directory to find a counsellor with autism experience.

Avoidant/Restrictive Food Intake Disorder (ARFID)

Understanding ARFID

ARFID is characterised by severe selective eating, where children may avoid foods due to;

- Sensory sensitivities
- Fear of choking
- Anxiety

This can lead to nutritional deficiencies and impact their overall health and development. We will aim to provide a supportive, understanding and accommodating environment and use the following strategies to support children and families.

Key Strategies for Schools

- **Collaboration with Families and Clinicians**: Schools should work closely with the families and healthcare providers of students with ARFID. This collaboration can provide valuable insights into the child's specific needs and preferences, ensuring a tailored approach to support.
- **Avoiding Pressure to Eat**: It is essential not to pressure or force children with ARFID to eat. Such pressure can exacerbate their anxiety and lead to further food restrictions. Instead, schools should foster a non-judgmental atmosphere where children feel safe to express their food preferences.

- **Creating a Safe Mealtime Environment:** Providing a quiet and comfortable space for students to eat can help reduce anxiety. Schools should consider allowing students to bring their own safe foods and avoid mixing them with other foods that may cause contamination fears.
- **Sensitive Communication:** When discussing food and mealtime experiences it is important to approach the subject in a calm and private setting, away from mealtimes. This helps students feel more secure and less pressured.
- **Education and Awareness:** Educating staff and students about ARFID can foster a more inclusive environment. Understanding the challenges faced by students with ARFID can lead to greater empathy and support from peers and educators.
- **Policy Considerations:** Schools should be flexible with food policies to accommodate students with ARFID. This may include allowing students to eat their packed lunches in a separate area or providing options that align with their dietary needs.

5. Healthy eating in the curriculum

Aims and Objectives:

- To encourage all children to be responsible for their own health and choices
- To contribute to the healthy physical development of all members of our school community
- To give our pupils the information they need to make healthy choices
- To promote health awareness
- To ensure that we are giving consistent messages about food and health

There are a number of opportunities for pupils to develop knowledge and understanding of health, including healthy eating patterns and practical skills that are needed to understand where food comes from such as preparing and cooking food. It is essential that nutrition education is embedded in the curriculum.

All of the children partake in cooking activities. Some classes also will do food exploration sessions.

Food exploration works through a hierarchy of food and actions. The actions are as listed below.

1. Look at the food
2. Touch the food item (try a utensil to touch if child is unwilling to touch with their hand / finger)
3. Smell the food
4. Lick the food
5. Suck the food
6. Bite the food (child can spit food out if necessary)
7. Chew the food (child can spit food out if necessary)
8. Swallow the food

The different food types are:

1. Dry crunchy foods – breadsticks, crackers, rice cakes, crisps
2. Crumbly foods – crumble, shortbread, cakes, pastry
3. Soft – bread, banana, marshmallow, pasta
4. Moist – jelly, mashed potato, fruit, butternut squash
5. Wet – yoghurt, soup, porridge, custard
6. Sticky – syrup, popcorn, jam, sweets
7. Mixed – cereal and milk, toast and jam, carrots and dip, sweetcorn

Children can also do food exploration with a variety of fruit and vegetables. Children who are EYFS and KS1 age will be able to complete this activity with the fruit and Universal Free School meal that is provided for them. For children in KS2 who may need to complete food exploration sessions, they can be referred to the school’s Pastoral Support Worker for individual or group sessions.

In PSED children learn about a healthy diet. In PE the children look at how to stay healthy and the importance of a healthy lifestyle.

During Play and Learn sessions food exploration and taste safe sensory activities may be provided in the EYFS, Pre-Formal and Semi-Formal 1 classes

6. Sustainability

This policy is closely linked to the government’s ‘Sustainable Schools’ guidelines on how schools can achieve the long-term goal of sustainability.

In order to develop aspects of sustainability within the school, we recycle our food waste from snack times and lunchtimes.

7. Training

As well as all our catering staff, several other members of staff hold Food Hygiene Preparation certificates.

8. Monitoring and review

We seek the views of pupils, parents/carers and staff through discussion and surveys and monitor the uptake of school meals, food choices, packed lunches and the healthy eating curriculum.

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Policy ratified: (Signature) (Date)

Review due: October 2028