

## Policy brief

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# Improving school food for children with SEND

Adapt-Ed study finds low uptake of free school meals in special schools – and identifies opportunities to address inequalities of access.

## What is Adapt-Ed?

Children with special educational needs and disabilities (SEND) in the UK are more likely to grow up in poverty and are almost twice as likely as children without SEND to be eligible for free school meals (FSM). With children with SEND at greater risk of being malnourished, school food can play a key role in addressing health and wellbeing disparities. However, many children with SEND experience difficulties with mealtimes and eating, finding it hard to access the school food they are entitled to, and schools can face challenges in meeting their needs.

There is a lack of evidence on what works best in providing school food for children and young people with SEND. Addressing this gap, the Adapt-Ed study, funded by the National Institute for Health and Care Research (NIHR) and led by University of Hertfordshire, is assessing whether special schools in England maximise healthy-eating opportunities for pupils and is exploring new approaches to providing nourishing and inclusive eating experiences for all.

## Key findings

- **1 in 4 FSM-eligible children** in special schools are not taking up their entitlement – some may not be eating at all during the school day.
- More than **1 in 5 infant children** in special schools are not accessing their **Universal Infant FSM**, compared with 1 in 8 children in mainstream schools – a striking finding given the importance of good food at a younger age.
- The study found **considerable variation** in how special schools implement whole-school food approaches; only four of the 16 responding schools had a written food policy and there was **limited evidence of 'recommended practice'** that schools could follow.
- Small changes to the food environment to accommodate sensory needs had a **direct impact on happiness and behaviour**, often transforming a child's ability to eat and enjoy food.
- Access to preferred or 'safe' foods can be **crucial for children's sense of security and mental health** even if these are not considered 'optimal' nutritionally, especially for those with highly restrictive diets for whom the stakes are high.
- Funding allocated for **free breakfast club provision** in special schools **is likely to be insufficient** to ensure children with SEND can benefit, given high staff-to-child ratios. There are logistical barriers (e.g. transport) too, increasing the risk of widening inequalities.

## Policy recommendations

These research findings highlight the need for additional support for school food provision in SEND settings. Therefore, the government should:

1. Develop **new, evidence-based guidance** on how schools can best meet the food and eating requirements of children and young people with SEND. **The Department for Education could**

**publish this guidance** as part of the resources it offers schools on applying the school food standards.

2. **Investigate why the use of free school meal entitlements is so low in special schools**, either as part of the existing Child Poverty Taskforce, or through a separate specialised taskforce.

3. Ensure the Department for Education **addresses a critical data gap on uptake of free school meals**. There are currently no published data showing how many children with SEND in mainstream schools are receiving their entitlement – and uptake in these settings could be even lower than in special schools.

4. In forthcoming plans to reform SEND provision, **review school food funding allocations for children and young people with SEND**, especially those in specialist settings, to ensure they are sufficient to meet a highly complex and diverse range of needs.

5. Guarantee children with SEND can **benefit equally from free breakfast clubs** and that support to access them is **included in Education, Health and Care plans**. To do so, greater flexibility around breakfast provision is needed. For example, a requirement to run these clubs before the school day increases specialist SEND staff costs and creates barriers to attendance for children with SEND, many of whom travel to school (often over long distances) on local authority-run transport, to fixed timetables.

6. Ensure vouchers as alternatives to school food **do not become the default approach** to school food provision for children with SEND. Only a small proportion of food brought from home meets school food standards and school food plays a vital role in promoting healthy eating and children's sense of belonging.

7. **Join the Adapt-Ed policy advisory board**. The scoping phase of Adapt-Ed has demonstrated a need and demand for a 'whole school' programme to improve school food for children with SEND. The research team is planning a larger-scale study to further develop, trial and evaluate this approach in special schools across England and would like to **embed input from the policy community – national and local – in its design and delivery**.

## Adapt-Ed aims

The NIHR-funded Adapt-Ed project examines what 'good school food' means for children and young people with SEND. Researchers carried out a scoping study to assess the usefulness and viability of adapting an existing 'whole school' approach used in mainstream schools to improve the uptake and impact of school food for children with SEND in special schools.

Working alongside School Food Matters, researchers from University of Hertfordshire and University of Essex explored the feasibility of adapting the charity's school food improvement programme – used to create healthier food environments in mainstream primaries and secondaries – to meet the unique needs of special schools. The programme puts young people's health and voices centre stage and involves everyone across the school community, from pupils and parents, to teaching and catering staff and school governors.

The Adapt-Ed team has spoken with more than 40 children and young people and a larger number of parents, carers, and people working in and with schools. They reviewed existing research, analysed publicly available data, surveyed schools across the East of England, and carried out 'deep dive' visits in three special schools.

Findings are shaping a funding proposal for an expanded study that will implement an adapted whole school food improvement programme in special schools in England and evaluate its effectiveness. The Adapt-Ed team is inviting the policy community to join its policy advisory board for this next phase and can be contacted at [adapt-ed@herts.ac.uk](mailto:adapt-ed@herts.ac.uk).

The full Adapt-Ed research report, published by NIHR, is available at: ..... **(to follow)**

# Appendix

## Further research insights

### Importance of preferred or 'safe' foods

Some children experience sensory processing difficulties, which can make the texture and taste of some foods challenging, or may have a diagnosis of Avoidant Restrictive Food Intake Disorder – an eating disorder characterised by limited food intake and the avoidance of certain foods. Research by disability charity Contact found that 60% of disabled children who are eligible for free school meals cannot eat school food due to health conditions, dietary requirements or sensory processing difficulties. Access to preferred or 'safe' foods is vital for children's sense of security, mental health and emotional regulation, even if these may not be considered 'optimal' nutritionally. Children, parents and staff all reported that children who eat well at school are happier, have fewer behavioural incidents, are better able to concentrate, and are less hungry and eat better when they get home.

*"Mental health goes along with having a full tummy doesn't it."*  
– Headteacher at a special school.

### A flexible food environment

Small changes to the lunchtime environment can change a child's entire experience and ability to eat and enjoy food. Highlighting the diverse needs that schools are trying to meet, some children asked for quiet zones, others preferred music. Above all, there is a need for 'enabling spaces' for children to explore foods and to eat where they are comfortable. Parents and carers had seen the positive impact of therapy dogs to assist with trying new foods and help children feel safe.

*"Making sure there is always a quiet place to eat when it becomes too much for me."*  
– Young person, school council member in a special school.

### Sensitivity to sensory needs

People in schools emphasised the benefits of using sensory methods to introduce new foods and doing this gradually, outside of mealtimes, to remove anxiety and to prevent children refusing to eat altogether. 'Tooth-friendly' snacks are important due to the high number of children with SEND experiencing dental issues. Training and awareness-raising is needed within schools to encourage a whole-school approach, as well as better communication between school and home, using food profiles for each child, so that similar methods are used across both settings.

*"One bad experience with school food has a lasting impact on diet at home as well as at school."*  
– Young person, SEND youth group.

### The value of choice

Children and young people with SEND and their parents or carers want to be involved in making decisions about school food and can help design the delivery of mealtimes and give feedback to make ongoing improvements. Parents recommended having different versions of meals, for example always offering a plain version, or providing a choice between raw and cooked vegetables.

*"Having choices is important."*  
– Young person, SEND youth forum member.

### No surprises

Some children like variety, but many like to know exactly what to expect. A recurring message was around the opportunity to pre-order, allowing children time to think about food options and avoid 'queue anxiety' about whether their preferred food will be available. Additionally, the pressure to eat should be removed from mealtimes, to enable more positive eating experiences.

*“It makes playtime happier because you haven’t got children still indoors in crisis because they didn’t get what they wanted for dinner.”*

– Headteacher at a special school.

### **Language with care**

The language around food and eating was particularly important to parents and carers. They recommended avoiding binary terms such as ‘healthy’ vs ‘unhealthy’ or ‘good’ vs ‘bad’ that can be a sensitive topic for children with eating and drinking difficulties – and taken literally by some children with SEND who may feel foods labelled ‘unhealthy’ should not be eaten at all.

*“I think it’s the language around food that needs to change. You know it’s not ‘this is healthy’ and ‘this is bad for you’ - it’s food.”*

– Parent-carer, online stakeholder workshop.

### **Free breakfast clubs: opportunities and challenges**

Schools with specialist provision often have large catchments, meaning children may travel long distances to school and be hungry when they arrive. Breakfast time can therefore be a good time to introduce a variety of foods. However, arriving at school to attend breakfast club before school starts could be difficult for children who are already leaving home very early, whilst transport provided by local authorities at set times may mean this is not possible.

*“Offering a breakfast club is difficult as the majority of pupils travel to school on (provided) transport.”*

– Headteacher at a special school.

### **Progress in school, progress at home**

Parents, carers and teachers talked of the benefits of a ‘slowly, slowly’ approach with ‘room for growth’. One special school headteacher described offering ‘tasting plates’ to a boy with a very restricted diet. By gradually introducing new foods at school, he could eventually eat school meals and parents felt the impact at home.

*“Once they (the parents) saw some success at school, that gave them some confidence to try different things at home.”*

– Headteacher at a special school.

### **A guidance and confidence gap**

Some children who brought food from home were also given small servings of food from the kitchen, known as tasting plates. There were contrasting views about whether this was useful, and approaches varied within, as well as between, schools. One school nurse commented that she would like access to specialist dietetic advice on whether and how to introduce new foods.

*“While a wide range of views reflects the mix of children and need for personalised approaches, this also reflects differences in the availability of and access to authoritative guidance, and confidence in exactly how the introduction of novel foods at mealtimes should be approached.”*

– Adapt-Ed study team.

## **The research team**

The Adapt-Ed study is led by a multidisciplinary team that understands food as vital to health and social participation, encompassing its material, social and psychosocial dimensions.

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Doi: <https://doi.org/.....> (full DOI reference to follow)

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