Position Statement –
The 2026 Schools White Paper and SEND Reform Consultation

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By: The Feeding Trust (transitioning to The Children's F.E.D. Foundation)

1.1 Summary

We welcome the ambition behind the Schools White Paper *Every Child Achieving and Thriving*, published on 23 February 2026, and the SEND reform consultation that closes on 18 May 2026. A more inclusive, nationally consistent SEND system — with earlier identification, earlier support, and a meaningful role for mainstream schools in the lives of children with additional needs — is overdue. The statutory Individual Support Plan, the "Experts at Hand" investment, and the commitment to retain Education, Health and Care Plans for the children with the most complex needs all take the system in a direction we support.

The SEND reforms do not sit on their own. A parallel reform agenda is reaching the same children from another direction: the School Food Standards consultation, which opened on 13 April 2026 and closes on 12 June 2026. For SEND pupils in mainstream schools — where most children with feeding differences are educated — both reforms will land at once, and both will shape the same daily experience: whether school food is accessible to them, whether they can eat enough during the school day to learn well, and whether feeding develops over time as a skill rather than stalling as a problem. This position statement reads the SEND reforms with that intersection in mind.

Even so, for children whose additional needs include feeding development, the reforms as currently written do not yet see them in full. The consultation document references mealtimes in limited, practical ways — an "Early Access to the Dinner Hall" example, and lunchtime calm clubs — but feeding development, paediatric feeding disorder, avoidant/restrictive food intake disorder, dysphagia, and sensory-based feeding differences are not recognised as named SEND support domains. The Experts at Hand programme, which will deploy speech and language therapists, educational psychologists, and occupational therapists into mainstream settings, does not explicitly name paediatric feeding specialists. The four-tier support model does not name feeding development as a target area at any tier. The parallel School Food Standards consultation does acknowledge SEND, allergies and cultural needs at a high level, but it does not operationalise what that means for children with clinical feeding differences who cannot access standardised menus.

We are asking for feeding development to be recognised as a named domain of SEND support, for Individual Support Plans to include mealtime and feeding provisions, for the Experts at Hand programme to be broadened to ensure children with clinical feeding

difficulties can reach the workforce their needs require, and for the two consultations to be read together rather than apart.

1.2 What the reforms propose

The Schools White Paper sets out a four-tier model of SEND support — Universal, Targeted, Targeted Plus, and Specialist — designed to bring earlier, proactive help to the largest number of children. Every child identified with SEND will, under the proposals, have a statutory Individual Support Plan (ISP), digital and co-designed with families. Education, Health and Care Plans will be retained, but narrowed to children at the Specialist tier whose needs meet nationally defined Specialist Provision Package categories.

Investment is substantial. An "Experts at Hand" service, funded at £1.8 billion, will deploy speech and language therapists, educational psychologists, and occupational therapists into mainstream schools, nurseries, and inclusion bases. A further £1.6 billion Inclusive Mainstream Fund will support mainstream settings, and tens of thousands of additional specialist places are planned under the government's wider education estates strategy. The reforms are consultation proposals: nothing is expected to be law before September 2029.

At the same time, a second reform is open for consultation. The Department for Education, working with the Office for Health Improvement and Disparities, opened a parallel consultation on 13 April 2026 that runs until 12 June 2026 on updated School Food Standards — a policy package that will change what schools in England are required to serve from September 2027. The two reforms are not formally connected, but for SEND pupils in mainstream schools, both will apply at the same time. Food during the school day is part of the SEND school environment, and what the School Food Standards require schools to serve will interact, daily, with how the SEND reforms ask schools to support pupils with additional needs. For a child whose eating skills are still developing, the two reforms are not separate policy questions.

The intention is to shift the system away from binary thresholds — "SEN Support" or "EHCP" — and towards graduated, earlier support inside mainstream schools. That shift is widely welcomed across the SEND sector. The Disabled Children's Partnership, Contact, the Council for Disabled Children, the National Autistic Society, nasen, and IPSEA have all offered qualified support while flagging detailed concerns about legal enforceability, the narrowing of EHCP eligibility, and the workforce needed to deliver on the promises. We share some of those concerns and defer to those organisations on the specifics of their sector expertise.

Our own concern, and the focus of this statement, is narrower and specific to our area of clinical expertise: feeding development is not explicitly recognised in the reforms.

1.3 What the reforms leave out

We have read the consultation document and its supporting communications closely. On 16 April 2026 we checked the published consultation text for references to feeding, mealtimes, paediatric feeding disorder, avoidant/restrictive food intake disorder, sensory feeding, and dysphagia. None of these terms appears in the consultation document.

The only adjacent reference is a mention of "sensory needs" as one example of a difficulty addressed at the Targeted tier. This is a welcome inclusion, and sensory needs are indeed frequently part of the feeding difficulties we see. But "sensory needs" in the consultation is not tied to eating, to mealtimes, or to the skills children learn (or do not learn) in order to eat under school conditions. It does not prompt schools to document feeding support in an ISP, or to seek feeding-specialist input, or to consider mealtimes as part of the structured support a child is entitled to under the new framework.

The £1.8 billion Experts at Hand programme will fund speech and language therapists, educational psychologists, and occupational therapists. These are important professions for children with SEND. The professions children with paediatric feeding disorder or clinical ARFID often rely on — paediatric dietitians with feeding specialism, speech and language therapists with dysphagia training, and occupational therapists with sensory-integration feeding experience — are narrower clinical roles within (or alongside) those wider professions, and are not explicitly named in the programme. The consultation does not yet specify how the new investment will distinguish between a generalist speech and language therapist supporting language development and a specialist dysphagia clinician supporting feeding skill acquisition. Children needing the latter may find the new pathway delivers the former.

The Specialist Provision Package categories that will, under the reforms, determine who is eligible for an Education, Health and Care Plan have not yet been set out in full detail. We do not know whether children whose primary presenting needs span medical, nutritional, feeding-skill, and psychosocial domains — as Morris et al. (2026) has shown is typical of children with confirmed paediatric feeding disorder — will meet the new threshold. Children whose needs cross several domains but fit neatly into none are a familiar population in feeding clinics. Whether they will be served by a category-based EHCP threshold is a live question, and one we urge the government to answer during the consultation.

There is a wider gap that becomes visible when these reforms are read alongside the parallel School Food Standards consultation. Food is part of a child's school day — nutritionally, socially, and developmentally. Whether SEND pupils can access food at school, whether they can eat enough during the day to learn well, and whether feeding continues to develop as a skill over time are not questions the SEND reforms ask in any depth. The School Food Standards consultation acknowledges that standards must be

flexible enough for children with SEND, allergies, and medical and dietary needs — but it does not set out what that looks like in practice for children with clinical feeding differences, and it does not prompt schools to connect their School Food Standards duties to the individualised support they provide through SEND arrangements. The children who need both reforms to speak to each other in detail — SEND pupils with feeding differences in mainstream schools — are not yet being addressed at an operational level by either. The cumulative effect is that daily food access, nutritional adequacy, and feeding development sit in the gap between the two consultations, rather than being addressed coherently by either. For a child with paediatric feeding disorder or ARFID in mainstream education, this is not a theoretical problem — it is their weekday lunchtime, the fuel they have for afternoon learning, and the pattern of food exposure that will shape their developmental trajectory through primary and secondary school.

1.4 The evidence

Feeding develops in sequence, under supportive conditions, over the first years of life. Most children acquire the skills needed to eat a wide range of foods without anyone having to think about it. A substantial minority do not — and for those children, the reasons are rarely only medical.

In the clinical literature, reviews have reported feeding difficulties in up to 80 per cent of children with developmental disabilities (Manikam and Perman, 2000; Goday et al., 2019). A 2025 meta-analysis of ARFID and autism (Sader et al., *International Journal of Eating Disorders*) found a pooled prevalence of approximately 11 per cent of autistic individuals meeting ARFID criteria, with a wide confidence interval reflecting methodological variation across studies. Our own published research (Morris et al., *Journal of Pediatric Gastroenterology and Nutrition*, 2026) applied the internationally agreed Goday et al. (2019) paediatric feeding disorder diagnostic criteria to 51 children referred to our specialist multidisciplinary feeding service. This is a specialist-referral clinical cohort and not a statement about every SEND child. Within that cohort, 96 per cent presented with a medical condition, 100 per cent had skill-based feeding deficits, 51 per cent had a psychosocial condition, and 20 per cent had a diagnosed nutritional deficiency. Skill-based feeding deficits — the dimension most likely to be missed by systems built around nutrition, behaviour, or mental health alone — were universal in our cohort.

A 2026 qualitative study of specialist schools (McSweeney and colleagues, *BMC Public Health*, 2026) examined exactly this intersection — school food standards as applied in SEND settings — and found that meeting individual pupils' needs within the current Standards framework is genuinely difficult, and that the provision of modified diets, texture-appropriate foods, and sensory-friendly mealtime environments is uneven in SEND settings. Crucially, the study found that challenges in meeting individual pupils' needs contributed to low uptake of free school meals among eligible SEND pupils, with a potential downstream impact on the nutritional quality of what SEND pupils actually eat

during the school day. This is the daily interaction between SEND provision and school food policy that neither consultation is currently examining. A 2025 oral-history case study of neurodivergent perspectives on the UK school meals service (Carter and Ellis, *Oral History Review*, 2025) documented — drawing on retrospective accounts from neurodivergent adults — that the sensory and social environment of the canteen was, in their experience, as significant as the nutritional content of what was served.

Together, this evidence tells us that when feeding difficulty is present, it is almost always a skill-based matter as well as a medical or psychosocial one. And it tells us that feeding is learned — which is what makes feeding difficulty a developmental and educational question, not only a clinical one. It also tells us that food access at school, day by day and year by year, is part of how feeding develops — or stalls — for children whose relationship with eating is not straightforward. For these children, daily food access and long-term developmental trajectory are the same question.

With over 1.6 million pupils on the SEND register in England (Department for Education, 2023/24 SEN statistics — 18.4 per cent of all pupils), and with feeding difficulties disproportionately present among children with developmental disabilities, the population of children who would benefit from explicit feeding provision in the new system is substantial. A conservative reading of the available evidence would place it in the tens of thousands.

1.5 Our position

The Feeding Trust supports the direction of the 2026 SEND reforms. A tiered, early-intervention, mainstream-inclusive system is, in principle, the right one — particularly for children with feeding difficulties, for whom early support prevents entrenchment of restricted eating and its downstream consequences.

Our position rests on a connection that neither consultation currently makes: for many children with SEND, feeding is a daily part of the school day, and food access during the school day is a daily part of their development. The SEND reforms decide how support is structured; the parallel School Food Standards reforms decide what schools must serve. Neither, on its own, decides how the two fit together for pupils who need both to work for them at once.

We are calling for five additions to the reform package. Each of the first four is specific to the SEND consultation; the fifth asks that the SEND reforms and the parallel School Food Standards reforms be treated as one policy for the children in the overlap.

First, feeding development should be named as a domain of support in the Universal and Targeted tiers.

Alongside language development and sensory regulation, which are already referenced, the reforms should include structured support for feeding skills, mealtime participation, and safe food access — recognising that food and eating are part of the school day and therefore part of the SEND environment the reforms are reshaping.

Second, the statutory Individual Support Plan should prompt schools to document feeding provision. Where a child's needs include feeding difficulty — identified through clinical referral, parent report, or school observation — the ISP should set out what the school is doing at mealtimes, what adjustments to the dining environment are in place, what adaptations are being made to the food served under the School Food Standards to support the child's safe food access, and what feeding skill goals the child is working towards across the school day.

Third, the Experts at Hand service should explicitly name paediatric feeding specialists. Specialist paediatric dietitians, dysphagia-trained speech and language therapists, and occupational therapists with sensory-integration feeding experience should be named in the programme, so that the investment is equally available to children whose barrier is a feeding skill deficit as to children who need language or behaviour support.

Fourth, Specialist Provision Packages should accommodate children whose needs span the four domains of paediatric feeding disorder — medical, nutritional, feeding-skill, and psychosocial. Children whose needs cross categories should not be forced to choose one. Our clinical cohort data, and the wider PFD literature, suggests that this crossing is the rule rather than the exception.

Fifth, the SEND reform must connect to the parallel School Food Standards consultation. Both consultations are open at the same time. Both touch the same population — SEND pupils in mainstream schools. Neither currently operationalises how the two reforms fit together for children with clinical feeding differences. The children in the overlap deserve policy that sees them whole: not only their clinical profile, but their daily experience of food at school, their ability to eat enough during the school day to engage with learning, the adaptation of school food to support their safe food access, and the cumulative effect of nutritional access on their developmental trajectory across primary and secondary years. Feeding development, nutritional access, and the sensory reality of school mealtimes belong, with operational detail, in both consultations; at present they are named in neither with the specificity these children need. We are calling on the Department for Education and the Office for Health Improvement and Disparities to acknowledge each other's work in each other's final consultation responses, and to set out how, in practice, the two reforms will work together for SEND pupils in mainstream settings.

1.6 What we are offering

The Feeding Trust will submit formal responses to both consultations — to the SEND reform consultation before 18 May 2026, and to the parallel School Food Standards consultation before 12 June 2026. Our responses will be written to be read together, and will draw the cross-consultation connections we believe are missing from the published documents.

We offer our **Eating as Learning Framework** as a developmentally-informed approach to feeding support that schools, inclusion bases, and specialist settings can build into Individual Support Plans — alongside, not instead of, the support already delivered by speech and language, occupational therapy, educational psychology, and dietetic colleagues. The Framework is currently used in community, SEND, specialist multidisciplinary, and early intervention settings, and is co-developed with parents, educators, and health professionals. It is designed to sit at exactly the intersection the two consultations currently leave empty: a developmental approach to feeding that schools, caterers, SENCOs, and clinicians can share, so that food access and feeding development are supported coherently across the school day — not split between two policy documents that do not speak to each other.

From October 2026, The Feeding Trust will become **The Children's F.E.D. Foundation**. We are moving from clinic to community, building national capability through four connected pillars: education and training, advocacy and awareness, research and evidence, and a digital platform giving schools, families, and practitioners easier access to evidence-based guidance. The transition is designed to put the expertise built over a decade of specialist clinical practice into the service of the many children whose feeding difficulties are currently unrecognised.

We welcome engagement with parents, SENCOs, school leaders, clinicians, and the many organisations working on SEND reform. We invite any organisation with shared interests — in paediatric feeding, in neurodivergent eating, or in the intersection of SEND and school food — to get in touch.

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Signed on behalf of the Trustees

The Feeding Trust
Natalie Raven Morris (Founder & CEO) and Dr Melissa Bujtor (Board Member)

1.7 Key references

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