



## British Dietetic Association ARFID Sub-Group

### Impact Report

March 2024 – February 2025

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## Overview

The British Dietetic Association (BDA) Avoidant Restrictive Food Intake Disorder (ARFID) Sub-Group is a community of registered dietitians.

ARFID is a heterogenous and complex condition treatment for which there is a need for an array of skills, experiences and backgrounds, within our own dietetic profession as well as across the whole MDT. To respond to this identified need, our committee includes clinical expertise which spans the age range, clinical complexities and service settings. Our committee brings together expertise from different home nations as well as an understanding of private and NHS practice. Our committee includes award winning media representatives as well as those holding strategic implementation positions. Several of our committee hold dual volunteering roles across other BDA groups and we host dedicated committee positions to link with other key BDA groups. For example, our committee includes named autism specialism representation as well as a student member. Lived experience participation is central to our group outputs and developments.

Our mission is to support those living with ARFID by building dietetic expertise and knowledge through the provision of a nationwide network of resources, education and forums for dietitians working with ARFID.

The group endeavours to provide a friendly, welcoming, and creative space which fosters learning, innovation and critical thinking. We strive to create a group where difference is both celebrated and harnessed to improve the way we think and treat those struggling with ARFID.

The ARFID Sub-Group was made an official BDA group on 20<sup>th</sup> June 2024. This report therefore represents the first part BDA financial year for evaluation. To robustly evaluate impact, our group identified a named 'impact officer' with the dedicated purpose of evaluating the groups impact on its members, and on the wider clinical and strategic community.

Prior to official BDA status, the group operated as an unofficial specialist interest group from 21<sup>st</sup> October 2020. This arose following an identified need to create a BDA ARFID position statement. This paper subsequently won the Clinical Nutrition Resource of the Year Award in 2023: cementing the groups commitment and dedication to clinical innovation. Given the credible and impactful activity of the group prior to BDA status, this report will also cover and evaluate prior outputs. These will be clearly identified.

At present, the BDA ARFID sub-group boasts 860 members achieved in 8 months.

### Key Aims

- To support dietitians working with ARFID, through communication, sharing knowledge and providing networking opportunities
- To contribute to the limited and growing evidence base through collaboration
- To champion and promote the essential role of dietitians within ARFID care
- To put dietitians front and centre of practice and policy developments

### Impact evaluation of the members meetings

The BDA ARFID Subgroup hosts members meetings every 2 months for 2 hours. They cover a range of clinical presentations, clinical and strategic updates and critical thinking reflections and discussions. Meetings are hosted by Microsoft Teams and there is a dedicated website space to host members meeting resources. Each meeting is typically attended by over 100 individuals.

Members meetings have had 88% positive impact on our members confidence to work with ARFID with 89% using what was learned from these in their clinical practice and 93% rating the meetings as valuable and applicable to their work. Over-all the members meetings have a higher clinical impact (demonstrated above) than a strategic impact with 21% feeling there has been no workforce impact from the content shared at these meetings (fig.1).

### Member Quotes:

*“The webinars on ARFID have been most useful to me”*

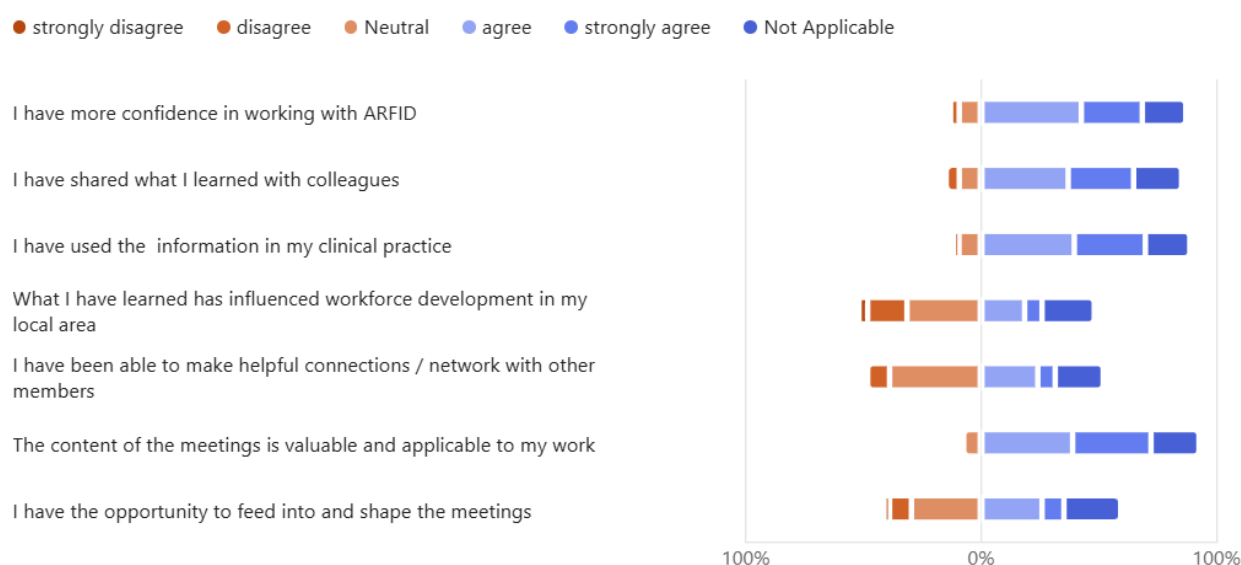
“The CPD meetings have been the most useful part of my learning this year.”

### Challenges to work on for 2025/2026:

Although members are actively encouraged to participate and to share ideas, the evaluation demonstrates that 11% of members do not feel that they have opportunity to participate in meetings and 9% do not feel they provide a networking opportunity (fig.1). Unfortunately, technology issues have prohibited meeting recordings. These remain a membership request, and all exhaustive options need to be considered to support this.

**Figure.1**

3. How have the ARFID members meetings (held every 2 months for 1.5 hours) impacted your continuing professional development?



### Impact evaluation of the BDA ARFID Study Days

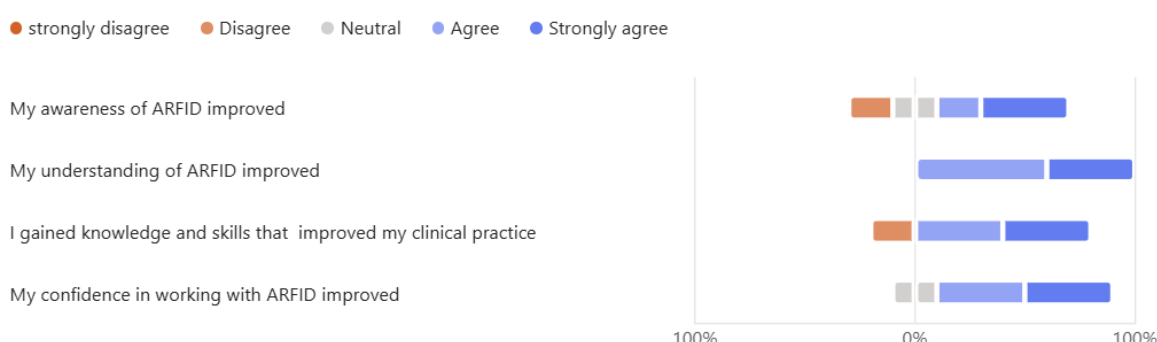
In response to educative needs for a reliable, evidence-based and dietetically applicable ARFID course, we successfully launched our first BDA ARFID study day in May 2024. This was hugely successful, with the course being re-run two more times within the impact report period. Four more dates have been added across 2025, and even extending into 2026, at BDA's request. The study days were facilitated across face:face and virtual offers to improve accessibility for the UK-wide footprint: both have

been equally well received. Attendees rate it highly, with 100% agreement that it improved ARFID knowledge and 80% agreement that it improved clinical confidence (fig.2).

The BDA ARFID Study Day received a 4.2/5 total impact score across knowledge, skills, confidence, and clinical practice.

**Figure.2**

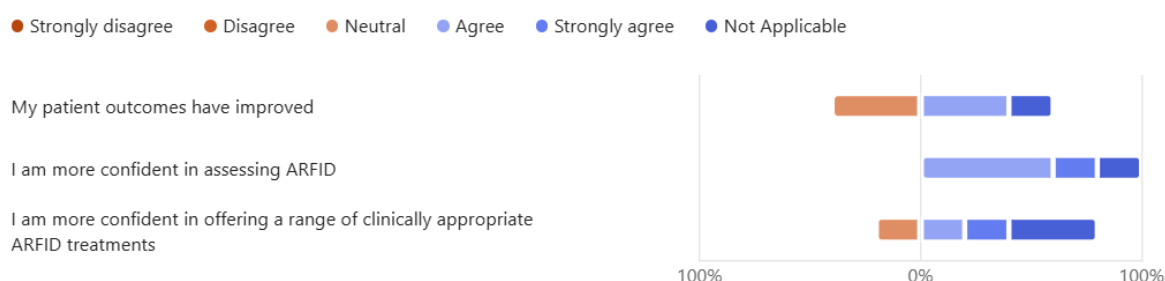
1. Please rate the following statements regarding the impact that the BDA ARFID study day had on your knowledge of ARFID [Mc](#)



Furthermore, there were no negative responses to impact questions posed to attendees 4 months after the course relating to resultant post-attendance clinical impacts (fig.3).

**Figure.3**

2. Please rate the following statements regarding the impact that the BDA ARFID study day had on your clinical practice (select 'not applicable' if this does not apply to your clinical setting - for example you do not work with patients with ARFID) [Mor](#)

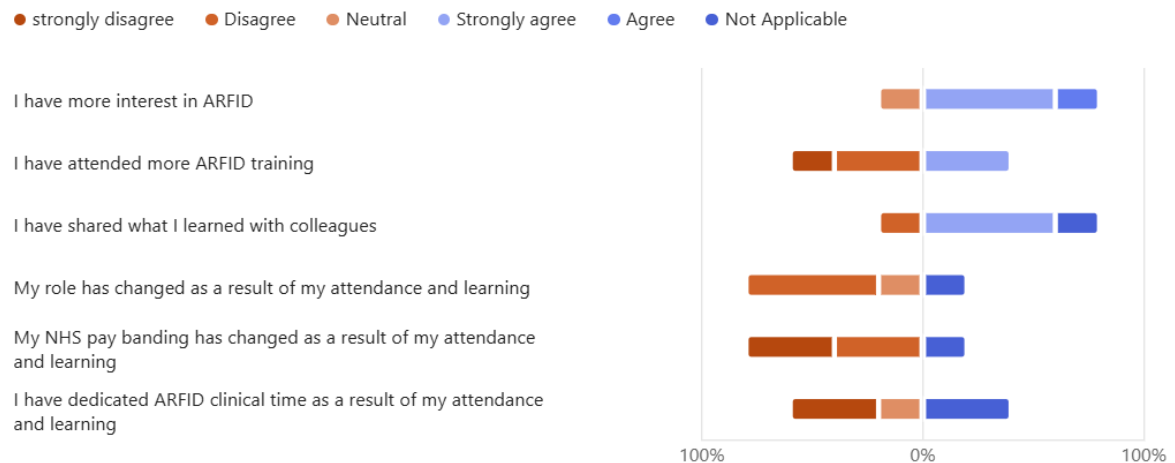


Whilst the course positively affected personal attributes (interest and dissemination), it had little impact on strategic developments and service planning (fig.4 and fig.5).

**Figure.4**

3. Please rate each of the statements regarding how the ARFID study day has impacted your continuing professional development

[Mo](#)

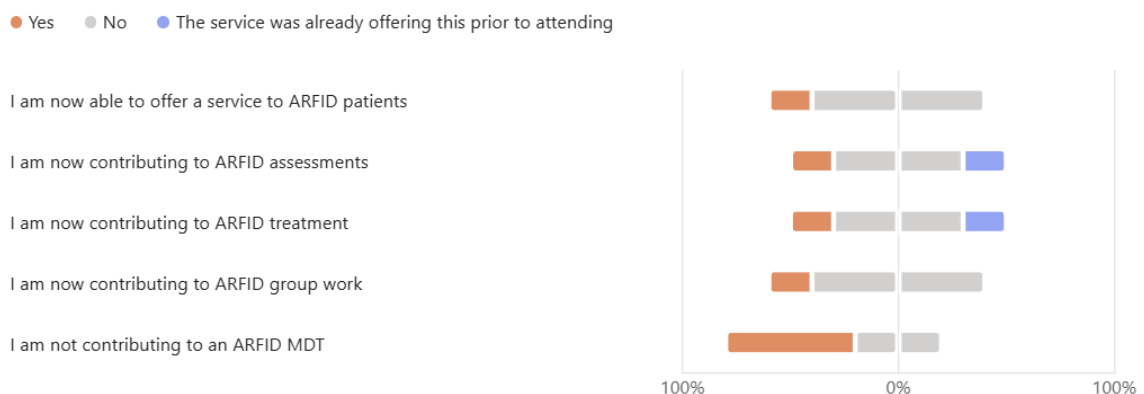


**Figure.5**

(note: positive responses are now seen in orange)

4. Please answer the following statements regarding the impact that the BDA ARFID study day had on your service provision

[M](#)



### Attendee Quotes:

*“Genuinely the best and most informative BDA study day I’ve ever been to”*

*“The cherry on the cake for me has to be the face-to-face ARFID session. Really helpful. And the practical was really impactful”*

*“The class based ARFID course has had the biggest impact on me! but I’d prefer it over 2 days”*

## **Impact evaluation of ARFID sub-group resources**

### **Strategic Developments**

#### **World-First ARFID Dietetic Competency Framework**

Through a Modified Delphi Process, we developed the first ARFID Dietetic Competency Standards. These differentiate skills across bands 6 to 8a while incorporating home-nation variations. This framework not only supports clinical self-development but also promotes dietetic skill into strategic service development. Currently undergoing formal publication, early feedback shows 38% of members found it helpful in workplace development (fig.6). This feedback is likely to improve as the document is formally launched with more guidance and publicity.

#### **BDA ARFID Position Statement**

The first ARFID position statement for children and young people, published in June 2022, won the Clinical Nutrition Resource of the Year Award in 2023 in acknowledgment of its substantial impact. Likewise, 62% of members rate it as having a significant or helpful impact on their professional and workplace development (fig.6). We have started work on the revisions to this document and, in-line with member feedback and requests, have set out to make the second edition all-age. In doing so, we expect to see further positive impact from this work into 2025/2026.

**Figure.6**

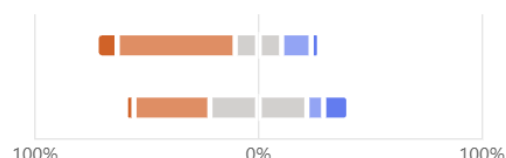
**2. Have the following strategic resources impacted your professional / workplace development?**

[M](#)

- This had a significant impact in my organisation / workplace
- This has been helpful to my organisation / workplace
- I am aware of these documents but haven't used them yet
- These documents had little-to-no impact in my organisation / workplace
- I am not aware of these documents

The BDA ARFID Position Statement

The draft competency standards for dietitians



## Therapy Outcome Measure (TOM) for ARFID

We developed the first TOM specific to ARFID, improving our ability to measure the dietetic specific treatment impact (rather than whole team) for both clinical and research purposes. This tool has been accepted into the updated TOMs Manual being published in March 2025 and is expected to shape future practice. Members are positive about this practice development, with many actively involved in its' validation process. The ARFID committee received TOM training, with funding from the Mental Health Specialist Group, in January 2025. The committee will now consider how it can be meaningfully used in clinical practice and/or research and will continue to monitor its impact during 2025/2026.

## Clinical Developments

### ARFID Severity Matrix

In response to diagnostic ambiguity co-existing with variable service access and barriers to service development, we developed our ARFID severity matrix in 2023. This world first all-age ARFID risk classification tool, which is now used by 48% of members (fig.7). Its' impact extends beyond dietetics, earning endorsement from the Statewide Eating Disorders Service Development Coordinator in Queensland, Australia as a "fantastic resource."



A scoping-validity paper is currently underway and expected in 2025 in co-authored support with a student from Imperial College London.

**Figure.7**

1. Are the following BDA ARFID resources (or BDA ARFID Sub-Group endorsed resources) used in your clinical practice? [Mc](#)



### Membership quotes:

*“The risk matrix has been invaluable in team discussions and patient assessments.”*

### Comprehensive vitamins and minerals guide

In response to membership requests, we developed a detailed ready-reckoner for vitamin and mineral supplementation across all-ages, utilising student support and a CPD opportunity to do so. Crucially, for impactful use in clinical work with ARFID, this resource includes comprehensive information to support sensory introduction and each of the listed supplements are categorised by sensory preference. Over 80% of members use this resource in daily practice (fig.7). Following requests from dietitians to be able to add their own frequently-recommended products, we proactively developed a supplementary resource to share with members.

### Member quotes:

*“The vitamin and mineral resource is in near-daily use here!”*

*“I’ve recently been using the vitamin and mineral guide – very helpful!”*

## Food Frequency Questionnaires

Membership surveys and interaction guided the identification and development of all-age food frequency questionnaires. There are 3 developed iterations of these: routine, vegan diet and one for use in cognitive behaviour therapy food introductions and exposures. Although only 2% of members thought they lacked clinical value, these tools did not collectively score highly for impact (30%, 6% and 10% rating a positive impact respectively). A lack of awareness (average of 50% being unaware of the tools across all 3 resources) appears to be the biggest barrier to impact (fig.7)

## Refeeding Guidelines for Sensory-Restrictive Acute Admissions

Our all-age refeeding guideline (2023) integrated expert MDT collaboration, and lived experience, and has been widely adopted across national clinical pathways. It has directly influenced the award-winning PEACE Pathway in Scotland who integrated learning from it into a regional PEACE seminar. Additionally, Dr. Rachel Bryant-Waugh, in delivering NHS England's national multi-disciplinary team training for eating disorders and autism, highlighted the resource as an excellent best practice example.

Despite this wide impact into national clinical practice it scores only 24% for significant or helpful impact amongst members. This may indicate that fewer members directly support acute admissions, however this is hard to clarify given that there is a 40% lack of awareness about the resource (fig.7).

## '5-a-Day-a-Different-Way' leaflet

This resource was co-developed with the Learning Disability Sub-Group, ensuring accessibility for neurodivergent individuals. Although an all-age resource, members felt that the graphics were prohibitively childlike for an adult audience which limited its use.

## Member quote:

*“I love the diet sheet but am reluctant to use it as the pictures on the front are very childlike and my patients are adults. I was so happy that the resource itself is inclusive of adults but just struggle with this detail”*

## **Nutrition and Diet Resources (NDR) ARFID Leaflet**

We collaborated with NDR-UK to develop a clinically robust ARFID resource. This was so popular amongst members that it sold out.

However, given that there is an associated purchase cost for NDR resources, it was excluded from the 2024/2025 members impact survey. This has limited our wider evaluation of impact for it.

### **Members Quote:**

*“I love the NDR resource!”*

### **Challenges identified to improve for 2025/2026:**

Our biggest limitations to impact for our strategic and clinical resources is a demonstrable lack of awareness about their existence and availability (fig.6 and fig.7). Our newly developed members website will help raise awareness of these resources alongside changes to our standing items on members meetings.

## **Impact Evaluation of Digital Resources**

### **Members Website**

Our newly developed ARFID members website, created in July 2024, is a streamlined resource hub, improving accessibility to dietetic tools and best-practice documents as well as extensive signposting to support patients across the age range. The website includes 10 support tabs covering FAQs, lived experience perspectives, national guidance, external resources, and comprehensive members-only materials. It is routinely updated and under a comprehensive programme of annual review to ensure it's ongoing relevance and applicability.

### Members Quote:

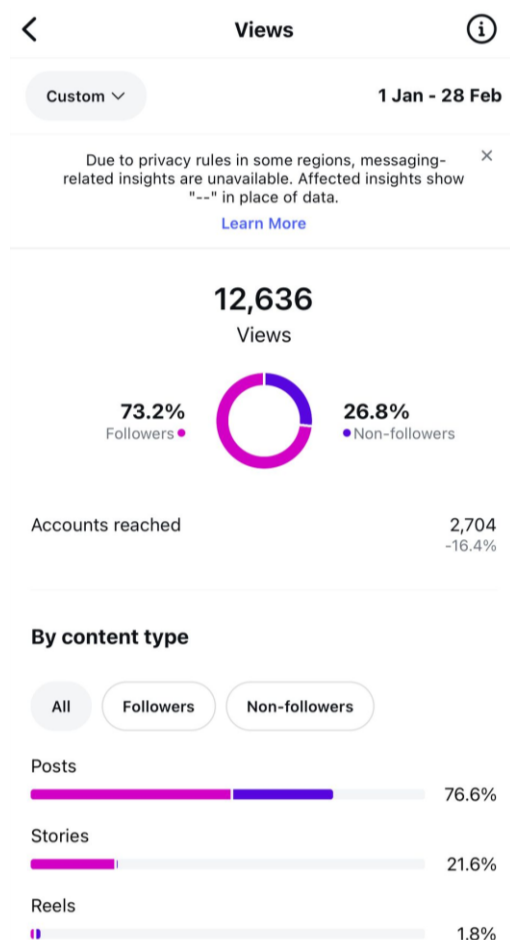
*“The signposting of ARFID resources on the webpage has been incredibly useful.”*

*“The resources page of the website is amazing!”*

### Social media presence

With the creative support and passion of our social media officer (student role) the group has developed a strong social media presence across Instagram, X and email communication. Our Instagram account now boasts 582 members with metrics from January 2025-February 2025 showing that posts garnered 12,636 views and reached 27% of non-followers (fig.8) with 80 new followers in that month.

Figure.8



We have our lowest membership engagement on X with only 88 followers.

### Members quote:

*“The insta page is a highlight! It’s visually fab and provides evidence-based resources, updates and handy links and connects us to others in the field”*

### Evaluation of overall group impact

Collectively, the group received a 4.25/5 rating for total impact and effectiveness (fig.9) demonstrating significant value for members.

### Figure.9

4. Please rate the overall impact that you feel the BDA ARFID sub-group (resources, meetings and social media) has had on your knowledge, skills and practice:



### Member Quotes:

*“Just grateful for the group and that the support is there for future patients”*

*“Excellent resource, especially for someone new to practice”*

*“Brilliant group - thank you for all your hard work”*

*“It has been really informative and a great opportunity to ask questions about developing an ARFID service”*

*“Thank you for all you are doing, we do not have an ARFID service where I work and it is a starting point!”*

*"It is very helpful, there is lots to keep up with re new resources and publications, making time for this can be challenging"*

*"Recently joined group - so glad it exists and the work already done and shared"*

*"As a relatively new sub-group I think you have made a big impact quickly in highlighting the need to improve dietetic management of people with ARFID and have created an amazing selection of resources"*

*"I haven't got to attend or use any resources as yet, but knowing there is help and support available when you don't work in an MDT is very helpful and reassuring"*

*"I love this group. It has supported me and my team in a community setting with no ARFID service. I am not able to make the meetings on Thursdays but I really value the group resources and contacts"*

## **Committee Impact**

The groups impact on its committee volunteers is of equal importance. The committee meet monthly and have a private Whatsapp communication group. Our chair has hosted team-building exercises so that we can better understand our complimenting personalities, team cohesion, vision and values. This supports our ability to share workloads according to interest, skills, experience and capacity. The team uphold a culture of kindness and genuine care for one another – regularly extending offers of help, gratitude, sympathies, and celebration, as well as genuinely supporting taking breaks from the demands of volunteering if/as needed. The group offers our committee members a host of personal and professional opportunities and benefits. Since forming our official group the committee has expanded, with no attrition or vacant posts – a testament to the groups positive impact on its' volunteers.

## **Committee Member Quotes:**

*"...a surprisingly rewarding experience, for my own personal growth and development. To be part of a committee where members are truly supportive and caring of each other makes me want me to continue volunteering".*

*“Being on the Committee has given me space to connect with passionate, likeminded dietitians who are committed to raising awareness and developing practical tools and resources to support others in this area. It is a wonderfully supportive group who are always willing to share ideas and peer review work, ensuring we deliver a consistent message across all four nations. I am proud to be part of such a dedicated and inspiring team and call them my colleagues and my friends”.*

*“Being on the ARFID committee has been very rewarding. I love learning from the talented members of the committee about the latest research, pathways and resources for ARFID. It’s empowered me to share the work of the ARFID group with my local dietetic service and at a national level. Career wise being on the ARFID Committee has provided some wonderful opportunities for both personal and professional development”.*

*“The ARFID committee has had such a massive, positive personal impact on me over the last few years”*

*“I have never been involved with such a fast-paced, dedicated and passionate group before. Incredibly, it doesn’t feel overwhelming and I think that’s because it has such a caring and compassionate leadership and culture. I really love working with like-minded people on goals we all care about!!”*

*“I have found the amazing drive, expertise, passion and friendliness of the group something to be proud of as I have started out within my ARFID role. The resources being developed are essential to good practice and have been assimilated into daily practice. The committee feel incredibly approachable and clearly wants to enable and support growth in this area of dietetic practice with their inclusivity”*

## **Looking towards 2025/2026**

Our group is set to continue its pace across ARFID developments in order to best support our members, contribute to the wider research base and continue to push

forwards dietetic expertise in ARFID. In 2025/2026 we plan to maintain our mission statement objectives with the following held on our business plan:

- Publish our 100-page, peer-reviewed ARFID Dietetic Toolkit to improve knowledge, standardise practice, and enhance professional and patient care. The toolkit was developed through a unique membership-led approach, with each chapter authored by a member and supported by expert committee guidance. This design fostered professional development and ensured robust quality control.
- Develop a robust Percutaneous Endoscopic Gastrostomy (PEG) Feeding Protocol to support dietetic care and management in ARFID
- Explore wider promotion opportunities including regular updates in the mental-health subgroup newsletter
- Work with further university students to support research projects
- Share ARFID specific transition advice
- Publish the ARFID Severity Matrix and ARFID Dietetic Competencies in peer reviewed journal publications
- Develop and disseminate the revised 2<sup>nd</sup> all-age edition of the BDA Dietetic ARFID Position statement
- Run more BDA ARFID study days
- Consider the strategic role of ARFID TOM and its meaningful use in clinical and/or research to capture data on the impact of dietetic input for patients with ARFID

### Group recommendations/actions required

We routinely ask for membership feedback and use this to inform our business planning and strategy for the year ahead. On closing 2024/2025, key areas to address as highlighted by members were (fig.10)

### Figure.10

Note: representative member quotes (where applicable) are written in blue below the actions

| Points Requiring Action | Action |
|-------------------------|--------|
|-------------------------|--------|



|   |   |
|---|---|
| Recording members meetings  | Exhaust all available options for file sharing with webmaster support   |
| Develop resources which include care aim principles   | Identify a committee project lead and add to the 2024/2025 business plan  |
| <i>The practical resources are amazing. More of those are always brilliant - perhaps some including care aims principles?</i>   |   |
| Promote ARFID Forum   | The development of another WhatsApp space is currently not sustainable. Therefore, ensure the website forum is promoted, as well as the eating disorder WhatsApp group and any other helpful engagement spaces. |
| <i>It would be really helpful to have a ARFID WhatsApp group. ARFID questions tend to get lost in the ED WhatsApp group</i>   |   |
| Share further clinical practice ideas   | Encourage more membership case study sharing within the ARFID members meetings, including younger ages. Explore in seminar series development.  |
| <i>I would like additional treatment progression for specific cases and BMIs, and weaning onto whole foods</i>  |   |
| Publicise non-diagnostic resources  | Remind members at the start of each meeting about how the groups developed resources have been developed to support ARFID (diagnosed) and ARFID-like presentations, and include this statement on website.      |
| <i>Not so useful for those of us working on community paedS and seeing loads of non-diagnoses ARFID pts. Group seems very focussed on the minority of pts that access diagnoses. Which is a skewed sample and skewed lens</i> |   |
| Support participation   | Ensure all members know about any forthcoming volunteering or participation/co-production opportunities.  |
| <i>Keep up the good work, I'd love to get more involved in the future</i>   |   |
| Support 4-nation active involvement   | Scottish representative due to join the committee in 2025 and further opportunities to be shared across the nations.  |
| <i>I would like for some opportunities to be more involved from the Scottish dietitians</i>   |   |
| Consider patient resource audience  | Ensure all resources are suitable for all-ages with specific consideration given to which resources need a dedicated approach. Increase link with LD dietitians sub-group and development opportunities.        |
| <i>Adult only resources would be really helpful</i>   |   |

|   |   |
|---|---|
| <i>I work with adults with learning disabilities. A mix of child and adult resources etc would be useful. Also any learning disability perspectives related to ARFID would be valuable.</i> |   |
| Update members about resources  | A slide to be shared at the start of all members meetings highlighting key resources and maximised use of 'chair's updates' for dissemination in meetings |
| <i>I want a regular update on resources</i>   |   |

## Summary

The ARFID Sub-Group continues to pioneer the development of impactful dietetic resources, research, and clinical strategies that benefit both patients and professionals. Our dedication to high-quality, evidence-based practice ensures that dietitians remain at the forefront of ARFID care with service users and co-produced lived experience at the centre of all that we do. We remain committed to driving progress, strengthening collaboration, and ensuring equitable access to dietetic support for all individuals affected by ARFID.

Our group is keen to uphold the data presented in this report and improve upon it. We are pleased that the findings provide us with evidence of effectiveness alongside providing helpful development objectives which will add further value and impact within the ARFID space.