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Autistic young people and healthy eating: A photo-elicitation study

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ABSTRACT

Autistic individuals are commonly reported within the literature to experience eating difficulties, such as restricted diets and ritualised eating behaviours. Yet qualitative studies exploring the eating experiences of autistic adolescents remain absent. It is therefore unclear how to effectively support autistic young people in making healthy eating choices and developing essential skills that will benefit them in adulthood. This study explored autistic young people's experiences of healthy eating using photo-elicitation. Seven participants, aged 11–17, took part in semi-structured interviews. Interviews were audio-recorded, transcribed and analysed using reflexive thematic analysis. Three participants additionally attended a participatory workshop to discuss the research findings. Three core themes were developed: *a) Sensory experiences influence eating behaviours; b) Family members play a crucial role within healthy eating;* and *c) Eating… "you know it's a spectrum"*. The findings illustrate that the eating profiles of autistic young people are varied and individual. Whilst some may stick to specific food routines or eat a smaller range of preferred foods due to sensory preferences, others display a willingness to try new foods and bold flavours. Some autistic young people view their food routines and eating preferences not as obstacles, but as adaptive and functional strategies to navigate eating-related challenges. Additionally, family members are fundamental in providing opportunities for healthy eating and expanding food variety. Family-centred interventions are strongly recommended to promote healthy eating, with tailored support for autistic young people that acknowledges and respects individual eating behaviours.

Introduction

Many autistic individuals are reported to have eating difficulties across their lifespan, typically restricted diets and ritualised eating behaviours (Bandini et al., 2017; Vissoker et al., 2015). Such difficulties present physical, mental and social consequences (Doreswamy et al., 2020), and autistic individuals are perceived to be at a higher risk of being overweight or obese (Croen et al., 2015), or underweight (Westwood & Tchanturia, 2017). In addition, autistic individuals' eating behaviours are often associated with common autistic characteristics such as sensory sensitivity and cognitive rigidity (Chistol et al., 2018; Nimbley et al., 2022; Page et al., 2022) and these eating patterns are frequently classified as 'abnormal' within the literature (Demartini et al., 2021; Li et al., 2020; Margari et al., 2020; Råstam, 2008). Furthermore, feeding difficulties are five times more frequent within autistic children compared to their neurotypical peers (Sharp et al., 2013). Commonly reported feeding difficulties include selective eating, food neophobia (fear of trying new foods), disruptive mealtime behaviours and persistence for specific food (Baraskewich et al., 2021). These eating difficulties also often persist into adolescence with autistic adolescents being more likely to display reluctance trying new foods and presenting heightened food-related sensitivities (Bandini et al., 2017; Kuschner et al., 2015).

Adolescence is an important time for young people as they increase independent food choices and begin preparing their own meals (Green et al., 2021; Reicks et al., 2015). Correspondingly, food choices during adolescence strongly influence eating patterns that continue into adulthood (Christoph et al., 2019; Dorn et al., 2019). Typical approaches to healthy eating may not be accessible or effective for autistic young people and it is currently unclear how to successfully support autistic young people to make healthy eating choices and learn essential skills that will transfer into later life (Esposito et al., 2023). In addition, research often lacks involvement of autistic people (Pellicano et al., 2014) particularly autistic adolescents (Harrington et al., 2014; Warner et al., 2019). It is therefore essential to gain first-hand understanding of autistic adolescents' eating preferences and perspectives of healthy eating to inform future interventions.

Autistic individuals can face communication differences, including

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interoceptive difficulties such as recognising and interpreting internal bodily signals and alexithymia including challenges identifying and communicating their own emotions to others (Donnellan et al., 2013). This can make it more challenging to communicate their experiences, potentially rendering qualitative methods that rely primarily on verbal communication inaccessible to some autistic individuals (Haas et al., 2016). Photo-elicitation is a participatory research method which encourages engagement through photography (Howe et al., 2023). It can help support social, communication and self-awareness skills, as photographs act as a concrete and visual aid for autistic individuals who may struggle to discuss abstract concepts (Courcy & Koniou, 2024). Photo-elicitation has previously been used in research studies with autistic young people to explore health behaviours such as physical activity (Lamb et al., 2016; Obrusnikova & Cavalier, 2011), however has not yet been used to explore healthy eating.

The present study aimed to partner with autistic young people as co-creators of knowledge using photo-elicitation to understand their definitions of healthy eating and explore how these are translated into their everyday choices. This research study explores *"what are autistic young people's experiences and perspectives of healthy eating?"*

Methods

Recruitment

Families that had previously visited a national UK charity based in Staffordshire for an autism assessment and had consented to be contacted for research purposes were emailed an invitation for their child to take part in the study. Young people were eligible if they were aged between 11 and 17, had a diagnosis of autism and did not have experience of an eating disorder or medical condition significantly impacting their food choices. Young people were offered a £ 15 shopping voucher for their participation. Each parent was required to give consent for their child to take part, with each young person providing assent. Ethical approval was obtained from the University of Staffordshire Health, Education, Policing and Sciences ethics committee.

Seven young people assented to take part (Participant demographics are presented within Table 1). Participants were based in different regions of England, United Kingdom. The seven interviews generated rich and detailed accounts that provided substantial information relevant to the research question. As data collection progressed, clear similarities and recurring topics were observed. Therefore, seven participants were considered sufficient in providing an information-rich dataset to develop the research findings for this study (Braun & Clarke, 2021; Malterud et al., 2016).

Procedure

Families were emailed a letter of invitation to take part in a research study, with separate information sheets for young person and parent. If interested in taking part, parents were asked to complete a consent sheet, and young people were asked to complete an assent sheet alongside an eligibility questionnaire online via Qualtrics. Eligibility was screened by the lead researcher. Families were then sent a brief demographics questionnaire asking for the child's date of birth, sex, education provider (mainstream or specialist provision) and ethnicity. Interested participants were also asked their preferred method of contact (in-person or online video call) and whether they would like to use their own camera phone or preferred to be provided with a digital camera to take photographs. All documents were created using concrete language, easy-to-read font and removed language that could be deemed as confusing (Nicolaidis et al., 2019). Further adaptations were made following suggestions from an expert in autism research. Young people were invited to individually attend two sessions alongside their parent. The first meeting was to meet the lead researcher and learn about the project. The second meeting was to discuss the photographs they had taken.

The first meeting included a PowerPoint presentation discussing the purpose of the research and provided project guidelines. Participants were given simple instructions to take as many photographs as they wanted of anything they related to the topic of '*healthy eating*' in their daily lives over two weeks. It was suggested this may include objects, people or places however participants were assured there would be no 'right' or 'wrong' photographs. Ethical issues surrounding taking photograph of others were discussed as participants were asked not to take photographs of anyone without first gaining their consent (Lapenta et al., 2011). Participants were asked to choose between five to eight photographs to send to the lead researcher by email prior to the second meeting. The number of selected photographs for interviews follows previous photo-elicitation studies (Danker et al., 2017; Green et al., 2021). Examples of photographs were not provided to ensure participants were led by their own experiences. Following Green and colleagues' (2021) photo-elicitation study, an additional 'Things to Remember' handout was provided to the young person and parent reiterating the project guidelines. This handout emphasised that the participant was the expert in this project, and we were interested in hearing their thoughts and experiences of healthy eating (see supplement 1). Once participants had emailed their chosen photographs to the lead researcher, an accessible interview guide was emailed to families (see supplement 2). Questions included within the interview guide were developed following an extensive review of the literature and were adapted in relevance for the autistic population (Green et al., 2021). Providing the interview guide in advance allowed participants to review the interview questions, to provide transparency and reduce anxiety (Nicolaidis et al., 2020).

The second meeting involved each participant discussing their photographs in an interview with the lead researcher. A semi-structured flexible interview technique was followed, with questions dependent on the participant's responses to elicit greater depth. Example questions included *"Can you tell me more about this photograph?", "How do you make healthy food choices?" and "Do you think autism affects your eating or food choices? If so, in what ways?"*. Each of the participant's photographs were discussed in turn. All interviews were conducted by the lead researcher (face-to-face at the charity's Staffordshire-based centre or online via video-call) and were audio-recorded using Microsoft Teams. Interviews ranged from 60 min to 85 min and were transcribed verbatim, with identifying information removed. Participants could choose their own pseudonym or have one allocated by the researcher. All participants were provided a certificate following completion of the interview alongside a debrief form and a £ 15 gift voucher. Initial

Table 1
Participant Demographics.

Pseudonym	Age	Gender	Ethnicity	Education Provider	Interview Format	Camera	Accompanied by Parent During Interview
Andrew	12	Male	White	Mainstream	Online	Camera phone	Yes
Butterfly	13	Female	White	Specialist provision	Online	Camera phone	Yes
Toriko Derous	15	Male	White	Specialist provision	Online	Camera phone	Yes
Blossom	11	Female	White	Mainstream	Online	Digital camera	Yes
Stella	17	Female	White	Specialist provision	Face-to-face	Digital camera	Yes
Ruby	12	Female	White	Mainstream	Face-to-face	Digital camera	No
Liam	13	Male	White	Preferred not to say	Online	Camera phone	Yes

meetings and interviews were conducted between May and July 2024.

Data analysis

An experiential critical-realist approach to reflexive thematic analysis (TA) was implemented, following a six-phase framework (Braun & Clarke, 2021). Reflexive TA offered flexibility to explore and interpret the individual's experience whilst identifying patterns of shared meaning across the dataset. This provided an opportunity for analyses that went beyond the 'surface', allowing for personal insight into young people's lived experiences of healthy eating.

The lead researcher initially read through each transcript twice, familiarising themselves with the dataset to gain a sense of each young person's experience, alongside keeping a written reflection outlining thoughts about the individual's 'story', frequently revisiting these throughout theme development. The data were then coded following an inductive approach, marking similar ideas from each narrative. This was completed once electronically using NVivo software and once manually by-hand to fully immerse themself in the dataset, with the transcripts being re-read in a different order to reduce risk of an unevenly coded dataset (Braun & Clarke, 2021). Reviewing both electronic and hard copies of the transcripts led to different insights and interpretations, alongside prioritising breaks to reflect on the broader research question and ensure reflexivity was integrated throughout the analysis (Braun & Clarke, 2021). The lead researcher then generated themes by manually grouping codes together, re-reading written reflections and using mind-mapping techniques to aid construction of developing themes. The lead researcher presented preliminary themes to the research team. Themes were then reviewed in relevance to the research question and across the whole dataset.

Quality

Participants were offered to meet for a final participatory workshop to discuss the research findings. Three participants (Stella, Ruby and Liam) attended the final workshop which was incorporated to enable and empower participants to be actively involved in the research, whilst doing so in a fun and collaborative way. Inviting participants to reflect on the resulting analyses is a strategy recommended by Braun and Clarke (2021) to ensure quality. In this study, the researcher sought 'participant validation' as an appropriate technique to check whether data analyses were recognisable to participants' accounts of their own experiences (Ryan & Bernard, 2003).

The workshop incorporated accessible and creative participatory techniques to encourage engagement (Gratton & Beddows, 2018). The workshop began with an ice-breaker exercise, before the lead researcher outlined the schedule and aims for the workshop *1) Share your thoughts and opinions of the research themes* and *2) Discuss how the findings can be distributed*. Preliminary developed themes were presented to participants by the lead researcher. Participants were asked to consider each theme and subtheme and use an interactive two-sided paddle and hold up whether they agreed or disagreed, presenting their views discreetly.

Young people were then invited to work together in small groups and divide anonymised quotes to the preliminary themes, before discussing the relevance of the researcher's interpretations in relation to their individual experiences. Young people then ranked themes prioritising their importance in relation to the research question. Young people were additionally asked whether they wanted to change or modify any of the preliminary themes. At this stage participants believed two preliminary subthemes ('tolerating textures' and 'separating foods') would be better suited if combined into one collective subtheme (see 1.1.). Young people explained separating foods was a strategy they employed to tolerate difficult food textures, therefore 'separating foods' should be subsumed by 'tolerating textures'. Otherwise, participants agreed with each theme and subtheme, expressing that the theme names the lead researcher proposed were appropriate and they did not want to change these.

Workshop attendees expressed that all the preliminary themes presented to them during the workshop should be retained and incorporated into the research results. They believed each theme provided valuable insight into their experiences and answered the research question. All quotes presented within this paper were chosen by young workshop attendees to represent each individual theme or subtheme. Finally, participants took part in a focus group discussion about how the findings could be creatively disseminated, before providing feedback about the whole research process.

Researcher reflexivity

Throughout the data analyses, the lead researcher kept a reflective journal for ongoing reflection during each stage of the research process. Braun and Clarke (2021) emphasise the importance of reflexivity in high-quality analysis, describing it to be a process where researchers bring their own situated knowledge and perspectives to the dataset. The lead researcher is a non-autistic female doctoral student with experience directly working with autistic young people. Previous situated knowledge and experience of autism and eating behaviours will have actively shaped data collection and interpretation of the interviews (Braun & Clarke, 2021). However, regular supervision with the second and third authors (both health psychologists) and ongoing reflection ensured themes were grounded within the dataset. Using a lens of reflexivity allowed the lead researcher to additionally view the dataset from a critical realist perspective, allowing them to interpret participants' lived experiences whilst acknowledging them as contextually located (Holmes, 2020).

Results

Photographs generally consisted of meals, fruit and vegetables, food items, family members, or food activities such as fruit picking and cooking. During the interviews, participants provided insight into the topic of healthy eating and how autism impacts their food and eating behaviours. The three core themes developed were: 1) *Sensory experiences influence healthy eating behaviours*; 2) *Family members play a crucial role within healthy eating* and 3) *Eating… "you know it's a spectrum"*. Themes and subthemes are presented within Table 2.

1. Sensory experiences influence healthy eating behaviours

All participants experienced heightened sensory processing which influenced their healthy eating behaviours and dietary preferences. This affected how young people felt and acted towards healthy food and eating, presenting as over- or under-sensitive to different sights, sounds, smells, tastes and textures.

Table 2
Research themes and subthemes.

Themes	Subthemes
1. Sensory experiences influence healthy eating behaviours	1.1 Tolerating textures 1.2 Handling 'cleanliness' 1.3 Navigating eating environments 1.4. Noticing hunger and fullness
2. Family members play a crucial role within healthy eating	2.1 Encouraging and guiding healthy eating 2.2 Awareness of healthy eating education 2.3 Availability of healthy food 2.4 Learning through food activities
3. Eating… "you know it's a spectrum"	3.1 Routine, predictability and "knowing what to expect" 3.2 Taste preferences 3.3 Choice matters

1.1 Tolerating textures

Difficulties tolerating food textures was commonly reported, as all participants had aversions to some healthy foods due to texture. Most notably fruit, vegetables and meat. Texture was reported as the most important determinant of whether a participant would eat a food or not. Although many participants ate a variety of healthy foods, they were aware that they would not eat something if they didn't like the texture.

> *The texture, of, like normal melon and the flavour it's just ew… If I don't like something, it's mainly because of the texture, not the taste. (Liam, 13)*

> *If something has like a horrible texture then I can't really have it… Obviously, like, you know, eating healthy is important. For me, it's mostly… about how it tastes and how like the texture is. (Stella, 17)*

One young person (Andrew, 11) explained that having autism *"affects like textures"* and preferred having simple healthy meals with limited textures, stating his favourite food as noodles served on their own with soy sauce. Other participants disliked multiple textures within one food item or meal. Ruby (12) related this to confectionary: *"like certain chocolates and stuff, like the texture. That freaks me out a bit, like a Double Decker I really hate, because it's like a weird mixture of different things"*. In Ruby's example, the combination of different textures within the chocolate bar - crunchy cereal filling, soft chewy nougat, smooth milk chocolate – generated feelings of disgust as she struggles tolerating contrasting textures simultaneously.

Whilst all participants reported similar experiences of selective eating due to texture, some stated they overcame difficult textures by keeping food items separate, which allowed them to enjoy healthy balanced meals whilst accommodating for their sensory needs. For example, in response to his photograph of a bowl of chocolate hoops and spoon, Andrew (11) described how he eats his cereal dry each morning with a glass of milk on the side, due to the texture of the cereal changing when milk is added. For another participant, separating food items is a daily occurrence. In response to her photograph of a Sunday roast dinner, Ruby (12) explained this was not her plate of food, *"It was probably my mum's … [mine is] just laid out a bit differently"*. If the food is mixed on the plate, Ruby separates each food component out, preferring to control the layout and view the quantities of each food item, before she can enjoy her meal. By separating foods, Ruby can eat a wider range of foods without discomfort.

> *I wouldn't want [the food] all touching because I like my foods apart. So, like, if I have a roast dinner because obviously if you, if you like, are dishing it up quick, everything like goes everywhere. So, I separate it all and then I eat it. (Ruby, 12)*

1.2 Handling 'cleanliness'

Controlling the cleanliness of food and utensils was also reported as a sensory issue that impacted some participants when eating meals at home, school or dining out. Butterfly (13) described the appearance and condition of dishes and utensils as barriers to healthy eating. Butterfly explained that she refuses to touch anything she perceives as unclean, with even the smallest marks causing her anxiety or aversion. Avoiding any signs of contamination and maintaining a high level of cleanliness is essential for Butterfly to feel comfortable eating.

> *At school… I have to wash every single thing I get out… If I see a dirty plate or anything, I will not touch it… If we go to a like a restaurant or something and there's a dirty fork, I either nick mum's or ask for a new one… That's why I use wooden cutlery at school. Cause even if there are watermarks, I will not eat [with] it. (Butterfly, 13)*

Another participant shared a different perspective of cleanliness as a barrier to healthy eating. For Toriko Derous (15) the sensory experience of eating food with his hands can be uncomfortable due to heightened sensitivity of feeling food textures on his hands. This discomfort forces him to stop eating and clean or wipe his hands immediately. He explained that whilst he enjoys eating messy healthy foods such as eggs or sandwiches, he cannot tolerate the sensation of food messiness on his hands, and this affects the enjoyment of his meal.

> *Toriko Derous (15): I hate having my hands dirty…*
>
> *Interviewer: And so how do you overcome that?*
>
> *Toriko Derous (15): Wash my hands… yeah either a cloth or wash my hands. I get up mid-meal and wash my hands.*

1.3 Navigating eating environments

For autistic young people, choosing whether to dine at home or out in restaurants is further influenced by various sensory factors, which consequently impacts their eating experiences. Dining at home was the preferred option for most participants, as the environment can be controlled to accommodate sensory needs. At home, participants were more likely to feel relaxed and be open to trying new textures, flavours or healthier food options. Whilst eating out in restaurants provided the opportunity to try new and adventurous foods, it was frequently described to be more challenging due to participants' hypersensitivity to restaurant stimuli, such as crowds, loud noises and unpredictable surroundings. Instead, participants opted to dine in restaurants during off-peak hours to have a more positive and healthy experience eating out. Stella (17) explained how she manages to cope in noisy restaurants by reducing background noise wearing her headphones:

> *If it's, like, too crowded or too noisy… Sometimes I can deal with it, but it depends on the day… And also, I have my, like headphones and stuff, so that can help. If like I'm eating in a restaurant, and it starts to get too loud. I just put both my headphones in for a bit and like, I'll be fine pretty much. Usually. (Stella, 17)*

The sensory challenges of dining out in the UK, such as the overwhelming busyness of restaurants, led many participants to avoid such settings, limiting their opportunities to explore new food options. However, this was not the case for two participants when dining out in European countries. Stella (17) expressed enjoyment eating out whilst on holiday abroad, as it provided the opportunity to try new foreign cuisines, expanding her diet in a positive way. Similarly, Butterly (13) preferred dining in restaurants in Bulgaria as they were less crowded and quieter stating she enjoyed them "*because there's not a lot of people in them ones. And also 'cause they don't understand, like, my conversations"*. Butterfly felt less social pressure abroad, as the language barrier reduced scrutiny of her communication style, allowing her to focus upon trying new international foods and enjoying her meal.

1.4 Noticing hunger and fullness

Many autistic individuals can experience interoception difficulties. This can impact their ability to recognise internal bodily signals indicating when they are full or hungry, which can lead to health risks due to regularly over- or undereating. Toriko Derous (15) perceived this to be a substantial barrier to healthy eating. He explained alongside the support of his parent that he struggles to know when to stop eating, typically relying on his parent to intervene. Toriko Derous explained that he often continues to eat beyond his fullness levels, eating large amounts until he feels unwell. This occurs with both healthy and unhealthy foods, indicating that the issue is not about the food type itself but rather a difficulty with self-regulation.

> *It is fruit as well. Like, when I have cherries and stuff… [my parents have to say] "stop it"… I also like hummus. And, like, pitta bread… Yeah, that's definitely something you have to tell me to stop eating. I could just sit and eat a pot of hummus. (Toriko Derous, 15)*

This insight was based upon the experiences of Toriko Derous, who raised the topic with the support of his parent. While not explicitly raised by participants themselves, two other parents of participants noted that they believed their child struggled to recognise their fullness

levels, which impacted their ability to maintain healthy eating behaviours. Similarly, Toriko Derous explained that he struggles to prioritise signs of hunger, particularly when he is engaged in activities he enjoys. In these moments, his focus is absorbed on the task at hand rather than acknowledging his body's internal signals of hunger. This can lead to missed meals or delayed eating, consequently affecting his ability to maintain a regular healthy eating routine.

> *If I'm hungry, like if I know I'm hungry, but I'm focused on something, I don't really care about eating. I don't really feel, like I know I'm hungry, but so if I was focused on something, like looking for a Lego piece or something, then I'd know I'm hungry, but I wouldn't like, really register properly that I was hungry until I had found that thing which I was looking for. (Toriko Derous, 15)*

2. Family members play a crucial role within healthy eating

During interviews, it was evident that close family members significantly influence young people's everyday healthy eating. This was demonstrated as family members continually shape the young person's perspective and experience of healthy eating through support, education and activities.

2.1 Encouraging and guiding healthy eating

For many participants, their relationship with healthy food was influenced by their parents' attitudes to food. Parents modelling healthy eating had a significant influence on their child, encouraging the young person to adopt similar behaviours, making healthy eating a natural part of their routine. This was recognised by one young person, Stella (17). As her parents provided daily meals for her and modelled healthy eating, she consequently enjoyed nutritious food as part of her everyday eating.

> *The stuff mum and dad make, it's just healthy food. So, it's just what I like… I think I'm really lucky that they're, like such great cooks because otherwise I probably would be like if you saw people [say] like 'ew healthy food tastes gross' or whatever, you know what I mean, but it's like no, it's healthy and it tastes lovely. (Stella, 17)*

Family members also encourage young people to try new foods. Whilst trying new foods can be challenging for some autistic young people, Andrew (11) shared that his older sisters support him by introducing new healthy foods and encouraging him to taste them without pressure or consequences.

> *Interviewer: Do you think that your mum helps you to eat healthier?*
>
> *Andrew (11): Yeah, but my sisters help a bit more … They just say 'try this' or 'try that' and then when I do, I might like it sometimes, I might not, and they just say 'it's fine'… [Now] I eat more veggies.*

As a result of non-judgemental and 'safe' encouragement from his older sisters, without fearing any consequences, Andrew now eats a wider variety of healthy foods. Whilst encouraging food variety was the focus for some families, this was not relevant for all participants. Parental support was provided at varying degrees and for different reasons. Blossom (11) described herself as having a restricted and repetitive diet whose parents focussed less on expanding food variety within her diet, and more on ensuring her preferred foods are always available to her. Blossom receives healthy eating support from her parents by ensuring she is eating enough to sustain a basic level of nutrition. In response to a photograph of her mother, who Blossom perceives as healthy, Blossom explained her mother tells her what she should eat.

> *Interviewer: Is there anything that helps you to eat healthier?*
>
> *Blossom (11): Her! [points to mother]*
>
> *Interviewer: How does your mum help you eat healthy?*
>
> *Blossom (11): She tells me what to eat.*

Whilst Blossom appeared to struggle to eat a variety of different food groups, her mother supported her to eat healthily by providing foods she enjoys and attempting to incorporate small amounts of vegetables into her meals and providing encouragement to try new foods.

2.2 Awareness of healthy eating education

Participants were aware of the various aspects of healthy eating including balanced diets, portion sizes and the importance of fruit and vegetables. Most young people believed that eating non-processed foods and homemade foods prepared by their parents was "*definitely healthier*" and "*100% tastier*" (Toriko Derous, 15). Eating a variety of foods as part of a balanced diet was viewed as the key to healthy eating. Participants shared that every food can be healthy when eaten in moderation and disputed the notion that certain foods can be 'unhealthy', explaining that no food is "*bad*" unless it is eaten in excessive quantities. Butterfly (13) provided a strong positioning on the topic, explaining that having "*one too many*" of one specific food, even a fruit or vegetable, can tip an individual over into an unhealthy amount.

> *Healthy is just not like salads and that because everything's technically healthy… spaghetti's healthy and other foods are healthy … but if you have one too many of it, it's not healthy… You want to have a balanced diet and also if you have too much vegetables, it's not healthy apparently… Because someone at school's child just kept wanting bananas and that. And apparently it was unhealthy because he had loads and loads and loads 'cause that's all they wanted. (Butterfly, 13)*

> *My teacher always says that certain foods are bad, but nothing's bad as long as you don't have too much or too little of it. She always says "yup chocolate's bad, crisps are bad, fizzy drinks are bad, oils and stuff are bad" but then, you have to have a bit of everything otherwise you'd get bored. (Ruby, 12)*

Labelling any food as "*bad*", particularly when communicated by an influential person such as a teacher can be confusing for a young person and have severe implications, inducing feelings of shame when a young person eats these foods. Particularly for autistic individuals, who often take language literally, these statements could be detrimental and lead an autistic young person to cut out the food entirely, generating food restriction and disordered eating.

Interestingly, two participants took photographs of the 'Eat Well' plates in their homes to discuss during interviews. This plate is split into sections and displays the recommended amount for vegetables, carbohydrates and protein to guide food portioning. The plates (bought by the young person's parent) serve as an educational tool; although not always used as intended, they were a reminder of healthy foods and the importance of a balanced diet. Young people observed that the 'food sections' were helpful to recognise what is 'healthy' in relation to their own eating. Blossom (11) articulated that the plate containing the five food groups was "*things you need to eat every day*" explaining "*you need a balanced diet, 'cause, if you have too much of one food then you might get poorly 'cause you don't have everything you need*".

2.3 Availability of healthy food

Having healthy food readily available and provided by parents was a regular occurrence for participants. When nutritious foods were easily accessible, individuals were more likely to make healthier choices. For some parents, this included directly preparing and providing home-cooked and healthier versions of their child's preferred foods. For Stella (17), this involved her parents incorporating vegetables into the meal itself, as an effective and efficient way to gain additional nutrients. In response to a photograph of her family's evening meal, which her mother had prepared, Stella explained:

> *We always put like grated carrots and like courgettes in [burgers] … I feel like a burger and like, chips is like, well and like BBQ sauce, isn't*

something you typically see as like, very healthy, it's all like a healthier version of that. (Stella, 17)

For another young person, Ruby (12), her parents always ensured there were various fresh fruits available in the kitchen fruit bowl to prompt healthy eating. If she was feeling hungry, the fruit was visible and ready to eat and encouraged her to opt for a healthy snack over a less healthy option.

We have a big fruit bowl at home, and it's always got stuff in. So, whenever you want a snack, if I'm like "mum, I'm hungry", but like we're not having tea yet, she's like "have some fruit" and I'm like "ok", so then we've always got fruit in. (Ruby, 12)

Another approach parents implemented to provide young people choice during mealtimes was to place the food dishes out in the centre of the dining table, allowing them to 'help themselves'. This encouraged autonomy when choosing a variety of different foods (e.g. protein, carbohydrates and vegetables) and to decide upon their preferred portion size. This also provides the option to go back for 'seconds' if they are still hungry. One young person, Toriko Derous (15), photographed his evening meal four times; each meal included a side salad as a key component on his plate. This initiated a conversation that his parent encourages healthy eating by having a salad bar within the kitchen. This allows Toriko Derous and his siblings to independently choose their preferred salad items. He explained *"I just [choose] stuff I like… I really like olives… [and] I love lettuce"* as this 'nudges' him to easily add nutritious fruits and vegetables to his meals.

2.4 Learning through food activities

Many participants enjoyed the process of preparing meals, especially cooking. Cooking was viewed as an engaging and educational opportunity for young people to build a healthy relationship with food. Ruby (12) described cooking for her family every week, using technology to help her. Ruby recorded her father's instructions and listens to them as a step-by-step guide to cook the family meal. Another participant, Butterfly (13), acknowledged her love for cooking during her interview. Three of her chosen photographs were of her cooking at school, which initiated a conversation around her enjoyment of mixing tastes and textures to create big flavours. Butterfly stated *"I like making paella… and I make curries. [I cook] all the time"*. Butterfly also frequently cooks with her grandparents, as they support her to incorporate healthy foods and try new recipes. Butterfly however explained that she likes to control the cooking and enjoys following the recipe precisely. If others take over this leads to her feeling annoyed: *"If someone messes up the recipe, I'm not happy and I will tell them"*.

Additionally, four participants took photographs of local produce and homegrown fruits and vegetables, which initiated a conversation around natural unprocessed foods. Stella (17) described fruit picking at a local farm as an interactive way to learn and taste new foods. Other participants also expressed enjoyment learning about fresh locally grown produce and discovering where their food comes from. A few participants grew their own fruit at home with the support of their parents, and believed it tasted even better because of the effort they had invested.

It tastes better because it's homegrown… it feels like there's love in it… Last summer, we grew this massive tomato plant, and it was huge, and we had loads of different types of tomatoes… They were the best tomatoes I've ever had. (Ruby, 12)

Supermarket shopping served as an additional food exposure activity, where young people could join their parents to discover the different healthy food options on offer. Stella (17) shared how her parents were preparing her for independence by encouraging her to shop for ingredients on her own in the supermarket. This experience was viewed as a valuable opportunity to develop practical life skills that will benefit her in the future. Stella believed this to be an excellent way to understand meal planning, shopping, buying and cooking, valuing the entire process as preparation for when she eventually moves out of the family home.

Recently I've been, we've been doing a thing where like [my parents] sort of give me like a little mini shopping list of some of the stuff we need to buy on it. I just walk around the store and get them, which has been quite fun and like good practice for when I'm older…, you know, going out, shopping and buying ingredients and actually, like, making stuff, I feel like I'm quite like, prepared in terms of aspects of, like, I feel like when I eventually move out one day, I'm not going to be even like, "what am I doing? Help!" (Stella, 17)

3. Eating… "you know, it's a spectrum"

Many participants wanted to address the misconception that having autism inevitably leads to a restricted 'unhealthy' diet, as they highlighted their diverse food preferences and openness to trying new foods. Additionally for some participants, predictable food routines appeared to facilitate healthy eating.

3.1 Routine, predictability and "knowing what to expect"

For some participants predictability around food routines is vital to healthy eating practices within their daily lives, as they find comfort having the 'same food' meals. This may include having the same breakfast every day or going through phases of eating preferred foods. A common feature within autism is that individuals can find change difficult. Therefore, sticking to a predictable and healthy eating routine can reduce distress and lessen endless choices, which can be overwhelming. Liam (13) noted that until recently he had eaten the same brand of cereal every day for breakfast. Similarly, Andrew (11) reported having the same breakfast cereal, from a specific bowl, every day before school as part of his routine.

Interviewer: How often do you have chocolate hoops?

Andrew (11): Every five days… School days, yeah.

For some autistic individuals, routine and food familiarity can contribute to healthier eating habits by promoting regular, balanced meals whilst minimising the stress that comes with new food experiences. Ruby (12) explained that she prefers to stick to a predictable routine and enjoys the simplicity of having the same foods every day, *"knowing what to expect"*. Ruby continued that she would rather eat food prepared at home, as eating out creates unpredictability that she may be served an unfamiliar food within her meal. If Ruby does go out for a meal, she sticks to a healthy meal she knows she will enjoy.

I tend to have something that's like quite simple and I stick to a routine. So, I have the same thing every day… Because it's easier because I know what I'm, I know what I'm expecting. There's no surprises of what it'll be and what I'll have… It's kind of like with trying new foods, I don't really like that that much. Yeah, so if I find a food that I like, like pasta from this one place when we go out to eat. I always have the same thing because I know that it's something I like… I just stick to one thing because I know that I like that forever. (Ruby, 12)

For one young person, their food choices were more restrictive and repetitive as they opted for specific brands of foods. Blossom (11) stated she would only eat specific foods such as Heinz spaghetti hoops and Aldi pizza subs as she explained that other brands were the *"wrong flavour"*. Eating the same food repetitively offered a safe and predictable option for texture, taste, smell and look of a food item.

Predictable food routines not only offer a sense of stability but can support healthy eating practices by ensuring meals are scheduled and regular. This reduces the risk of overeating or undereating, as well as providing structure to consume a well-balanced diet. Liam (13) related

this to his family's weekly meal planning routine. Liam stated that his mum *"does her weekly plan at the start of the week"* creating a meal timetable, which he enjoys as he knows exactly what to expect for each meal. Structured eating routines not only support healthy eating habits but can also contribute to emotional wellbeing by reducing stress associated with food unpredictability. During the interview, Liam mentioned feeling distressed about an upcoming holiday, as the uncertainty of travelling and the unpredictability of not knowing where, when or what he would be eating was causing him concern:

> *It's a pain when we're travelling, innit? … We've got to have lunch on the ferry… Tea before we get to the hotel. Breakfast in the hotel and then on the way down at like a service station. So, it's like not going to be the best, is it?… Not knowing what you're having, yeah. (Liam, 13)*

3.2 Taste preferences

There is a common stereotype that autistic individuals eat a 'bland, beige diet'. This is often associated with hypersensitivity of sensory aspects of foods. Sensory differences within autism lie within a spectrum, with individuals typically falling into the hypersensitive or hyposensitive categories. Stella (17) explained the sensory differences associated with autism and healthy eating with a comparison between herself and her brother, who is also on the autistic spectrum. While Stella often seeks out more intense flavours because of hyposensitivity to sensory input, her brother can have a completely different response to foods and avoid certain flavours due to heightened sensory sensitivities.

> *(laughs) Beige food. Which I mean It's not like its entirely untrue, like, no autistic people like that kind of thing. My brother loves it. But, like, I think it's just like if what my mum says for, like… either you prefer much, like, more milder flavours or you prefer much more intense flavours. And me and my brother, like, we're the exact opposites of our spectrum… you know, it's a spectrum. The autistic spectrum! (Stella, 17)*

On the other end of the spectrum, some autistic individuals are hyposensitive to foods, requiring bold flavours to enjoy their eating experience. Many participants displayed sensory-seeking behaviours when eating, reporting their love of strong and spicy flavours.

> *Interviewer: What would you say your favourite foods are?*
>
> *Stella (17): Spicy stuff… Curry is, like probably like the number one…*
>
> *I like spicy stuff now. I love spicy. If my dad has chillies on his plate, I'll eat them. (Butterfly, 13).*
>
> *Interviewer: So, what do you like about Nando's?*
>
> *Blossom (11): 'Cause they have spicy sauce… Hot is my normal… My nose starts to run. I just like the taste. And it feels spicy…*

Liam (13) believed it was important for people to recognise that autistic people don't just eat bland food, *"I'm the opposite… I don't like bland foods!"*. For many of the participants within this study, sensory-seeking eating behaviours appeared to play a role in healthy eating, as they appeared motivated to explore and try a wider variety of foods that offered bold and distinct tastes. However, as Stella (17) previously mentioned, for some the opposite is true, highlighting the fact that autistic young people have varied tastes.

3.3 Choice matters

Encouraging young people to try novel foods whilst respecting their choices is suggested by participants as the most helpful way to encourage healthy eating. This approach includes offering the young person a variety of food options whilst understanding that each person's level of comfort trying new foods is different. Some participants like Butterfly (13) enjoy experimenting and tasting a wide variety of foods, such as sushi, caviar, squid and offal, indicating that some young people are naturally open to trying new foods. However, Butterfly admits she can *"still [be] picky"*, highlighting that whilst trying new foods can be exciting for some, they won't necessarily enjoy the novel food. Similarly, Liam (13) demonstrates an instinctual eagerness to try new foods, stating *"I just do it. I just do it automatically. I want to try new stuff. I don't have to make myself try any stuff"*. His experience demonstrates that for some young people, their desire to try new foods is a natural and effortless process. For other participants, trying new foods is a much more challenging experience. Family members providing a young person the option to try a new food was seen to be helpful, however one participant explained they don't always feel 'ready' to try new foods, this depends on how they are feeling at the time.

> *[My family will] encourage me to try [new foods] but then if I'm like no I really don't want to eat that they're like 'yup that's fine you don't have to'… Because some days I'll be like, oh, yeah, I'll try that… but then some days I just don't want to try that because sometimes I like the comfort of just having stuff that I like instead of trying something new. (Ruby, 12)*

When family members do offer new foods, participants emphasise the importance of providing a non-judgemental and supportive approach, adopting a 'no consequences' attitude creating a safe environment. Similarly, Stella (17) recommends that those involved with autistic young people need to be patient when asking them to try new foods: *"Don't put like too much pressure on them because, like, they'll like what they'll like and if they want, if they want and do end up wanting to try new things, they'll do it at their own pace"*.

Discussion

The objective of this study was to use photo-elicitation to facilitate conversation and provide novel insight into autistic young people's experiences of healthy eating. To the authors' knowledge, this is the first photo-elicitation study to explore healthy eating with autistic adolescents.

The experience of participants in this study indicate that autistic young people's sensory experiences influence their healthy eating behaviours. Participants noted that sensory aspects related to texture, cleanliness, environmental stimuli and interoception affected their healthy eating behaviours in some way. Participants' experiences of selective eating due to food textures highlight the important role sensory factors present for autistic adolescents when engaging in healthy eating. Strategies to overcome food textures, such as separating out foods, demonstrate how individuals manage healthy eating by adapting food presentations to accommodate sensory preferences. These adaptations support healthy eating as individuals can eat a broader variety of foods and meet their dietary needs. A strong finding from this study was that the majority of young people reported food texture to be the deciding factor whether they would eat a food or not, regardless of the taste. These findings resonate with existing research, including parent-report studies identifying food texture as the primary cause of food refusal amongst autistic young people (Hubbard et al., 2014; Mayes & Zickgraf, 2019; Nadon et al., 2011).

Further findings from participants highlight that the assumption that autistic individuals dislike strong flavours, preferring 'beige, bland' food and display reluctance to try new foods is not applicable for many autistic young people, contradicting previous research (Kuschner et al., 2015). Whilst autistic individuals present more food-related sensory sensitivities in comparison to their non-autistic peers, taste preferences likely lie on a spectrum. Many participants within this study presented sensory-seeking eating behaviours, preferring strong and spicy flavours. This finding corresponds to previous research within autistic adults (Stephenson et al., 2024) and similarly suggests that autistic young people have diverse sensory preferences and may seek out intense flavours presenting hyposensitivity, while others may avoid them due to hypersensitivity.

Toriko Derous (15) raised the issue of interoceptive difficulties

having a significant impact upon his healthy eating behaviours, as he struggled to recognise hunger and fullness cues. Whilst Toriko Derous was the only participant to independently raise interoception challenges, two additional parents discussed during the interview and workshop stages that they believed their child struggles to recognise their fullness levels. Research examining the association between autism and interoceptive difficulties and how these directly impact healthy eating behaviours is scarce (Trevisan et al., 2021). Furthermore, interoceptive challenges may not be easily recognisable for autistic individuals (Fiene & Brownlow, 2015). Future research exploring interoceptive processes within autistic individuals' eating practices could provide invaluable insight and reduce disordered eating. Meanwhile, clinical guidance to support young people and families to navigate interoception challenges could help to alleviate over- or under-eating.

Additionally, some participants highlighted the importance of predictable food routines, which provided comfort and stability in their everyday lives. For some autistic young people, familiarity with meals, such as having the same breakfast every day or repeatedly eating preferred foods, helps minimise anxiety and avoid the overwhelming task of making food choices or trying novel foods. This preference for routine is often linked to the difficulty many autistic individuals have with adapting to change (Martins et al., 2008). Additionally, predictable food routines are associated with healthier eating habits through regular, balanced meals (Sharp et al., 2019; Selman & Dilworth-Bart, 2024). Structured mealtimes may additionally benefit autistic young people who struggle with interoception difficulties and may reduce the risk of over- or undereating due to unnoticed signs of satiety or hunger (Kinnaird et al., 2021). Establishing a routine with consistent mealtimes could help autistic young people to eat balanced meals on a regular basis.

The study findings highlight that family members play a crucial role in promoting healthy eating habits among autistic young people through encouragement, education and providing healthy food options. Families within this study were supportive and accommodated their children's diets, whether that included encouraging young people to try new foods or making sure they were eating a suitable amount of food. Both were understood to be 'healthy eating' presented in alternate ways. The findings in this study indicated that autistic young people are influenced by their parents' approach to healthy eating and that close family members can also have a positive influence on participants' eating behaviours. These findings equally correspond to research undertaken with non-autistic youths (Mahmood et al., 2021). This is somewhat expected as participants' parents typically decide upon which foods are available within the household, model healthy eating habits and establish ground rules for meal quality and quantity for their children. Additionally, the way in which a parent communicates with their child impacts their eating (Norton et al., 2023). Therefore, when family members introduce new foods, participants stressed the importance of providing non-judgemental and supportive encouragement, allowing the young people to try new food without fear of judgement or shame. This approach additionally fosters autonomy and enables the young person to make their own food choices, a technique commonly used within feeding interventions with autistic young people (Cosbey & Muldoon, 2017).

Furthermore, some participants' parents implemented 'nudging' techniques at home. This is a behaviour change strategy used within interventions to promote healthy eating behaviours (Broers et al., 2017; Bucher et al., 2016). This was applied by displaying available healthy foods within the young people's environment, simultaneously encouraging autonomy (Lycett et al., 2017). By subtly altering the home environment and positioning healthy food (such as a fruit bowl or salad bar) within direct view of the young person, this positively prompts the young person to opt for healthy food choices. Additionally, offering self-serving meals at the dinner table allows young people to decide how much food they want, and can be beneficial when introducing portion control as they transition into adulthood and begin making more independent food choices. These subtle yet important changes gently encourage young people to select healthier food options independently under parents' guidance. Through nudging techniques, parents are setting up participants to develop lifelong healthy eating habits. Future eating interventions involving autistic young people should aim to incorporate and target family-level behaviours.

Participants additionally expressed their enjoyment of preparing and cooking meals, frequently preparing their own breakfast or lunch, or cooking for their family. This involvement in food preparation and cooking enhanced their relationship with food in a positive way, boosting self-efficacy and advancing their culinary skills. Engaging in hands-on food activities such as cooking and fruit picking generates a positive association with food for young people and enhances nutritional knowledge and the importance of healthy eating (DeCosta et al., 2017; Hartmann et al., 2013; Jarpe-Ratner et al., 2016; Lavelle et al., 2016; Woodruff & Kirby, 2013). Cooking teaches practical life skills and encourages sensory exploration of new foods, as it allows the autistic young person to become more comfortable with different textures and smells. Stella (17) was additionally encouraged by her parents to enhance her daily living skills and independently shop for food ingredients, boosting her executive functioning skills. Often, autistic individuals can face difficulties with executive functioning skills and may require additional support around meal planning, grocery shopping and cooking meals (Kinnaird et al., 2019). Enhancing executive functioning skills from an early age could be invaluable long term as adolescents begin to choose and prepare their own food.

Whilst all participants in this study described experiencing autism-related eating behaviours (sensory sensitivities, specific food-based routines or aversions to new foods) and acknowledged that their eating patterns were different, for most participants they did not perceive these to be problematic. This concurs with previous research with autistic adults that although autism affects eating behaviours, some autistic individuals do not want to be unnecessarily pathologised (Kinnaird et al., 2019). It may be instead important to recognise that many autistic individuals adapt and develop coping strategies to manage their eating difficulties, and these can be positive and functional. By reconsidering what constitutes healthy eating for an autistic young person and building understanding of atypical eating patterns, we can more efficiently care for autistic young people who require support to overcome food-related challenges.

Strengths and limitations

A key strength of the project was using photo-elicitation as a novel approach to facilitate conversations. It is important that research methodology is adapted to the needs and abilities of autistic individuals so that they can participate actively and meaningfully (Harrington et al., 2014). As autistic individuals have visual strengths and have a greater ability to process what is seen in comparison to what is heard (Carnahan, 2006; Lamb et al., 2016), this concrete method benefited participants who may have difficulties communicating their perspectives, to share experiences visually rather than relying solely on memory. The interactive nature of photo-elicitation allowed participants to capture their authentic voice and experiences. Photo-taking additionally allowed the young people to take the lead as a participant and reduced their reliance upon parents and was reported as enjoyable by many participants. During the final workshop participants were able to provide anonymous feedback about what they enjoyed during the research process. Participants expressed that they enjoyed the photo-elicitation element of the research project *"I enjoyed taking photos for the project because I find taking photos fun that's why I chose this"* and enjoyed *"having a little meeting to talk about the photos"*.

Often research lacks involvement of autistic people, particularly autistic young people (Lam et al., 2020). This research project prioritised young people's engagement by adapting communication to the

individual's needs. One of these methods was offering the option to take part online via video-call or in-person. Additionally, the interview process was designed to be flexible to reduce any communication anxieties and provide richer insight into their individual stories. The cross-checking workshop was another participatory method to ensure that the research findings were representative of the lived experiences of those who participated in the study. The study had a positive impact upon some participants as one young person stated they enjoyed everything about the research process and learnt *"how to be a researcher"*. Other comments included that participants had enjoyed *"learning about the various experiences of other autistic people"* and "*sharing my experiences and knowing they'll be used to help people"*. For one young person, involvement helped them to feel less alone saying *"I have learnt that it's not only me that has all the problems and lots of people are the same as me"*. Future research that values the inclusion of the autistic young community and adapts to neurodiverse needs is fundamental.

A potential limitation of the study is that a parent was present at six out of seven interviews. For some participants, communicating their experiences and perspectives during interviews was challenging. Some younger participants relied on their parents to scaffold the conversation surrounding autism and healthy eating. Danker and colleagues (2017) similarly recognised that whilst photo-elicitation can aid conversation, some autistic young people can present difficulties explaining why they have taken specific photos, or how it relates to the research topic. Having a parent present allowed the young person to feel more comfortable answering questions and recognises that eating behaviours in this age group are co-dependent and entwined with family attitudes and behaviours. Whilst parental support appeared necessary in a small number of interviews, it is important to note that this study focussed upon young people's views. Moreover, the themes that arose during interviews with parents present were not dissimilar from the young person who completed their interview independently.

Although it was not the focus of this present study, parents wanted their experiences to be heard and provided noteworthy comments during interviews. To name some examples, parents stated that having to cook separate meals at night proved difficult, health professionals often dismissed their child's eating challenges, and one parent shared that a schoolteacher previously forced food upon their autistic child, which had led them to struggle with certain foods ever since. This research presents views of autistic young people, but the presence of parents highlighted that they wanted to share their views too and should be an avenue for future research.

Another potential limitation is that the families who chose to participate in the research may have had greater interest in the topic of healthy eating compared to those who chose not to take part. Furthermore, the recruitment strategy specifically targeted parents. This may have led to more supportive parents who recognised healthy eating behaviours within their child to take part. It is acknowledged that healthy eating is not always straightforward, and encouraging young people to eat healthy food, can cause conflict between children and parents (Shaw et al., 2021). Despite this, participants and their parents noted that they became more aware of healthy and unhealthy eating habits through their involvement in the study. The research question generated conversations between parents and young people about healthy eating, as several realised they were unconsciously eating healthy food regularly.

Consideration of intersectionality is also important when examining representation, as autistic individuals have unique and complex experiences and identities shaped by factors such as gender, ethnicity, age, socioeconomic background and co-occurring conditions (Saleebey, 2015). The present study was conducted in England, United Kingdom with all participants of white ethnicity. There is undoubtedly a cultural and social influence within the topic of 'healthy eating', particularly within the use of language and the word 'healthy' (Cavanaugh et al., 2014). The Western ethos surrounding healthy food generally focusses upon balanced food groups, portion size, and optimising an individual's health (Braun et al., 2020), whereas the Eastern ethos of healthy food focusses upon a more holistic approach influenced by traditional practices, viewing food as medicine for the body and mind (Heinrich et al., 2021). It is important to note that the findings from this study correspond with Westernised views of healthy eating.

Conclusion

Photo-elicitation facilitated participant interviews and provided novel insight into autistic young people's experiences of healthy eating. The findings illustrate that eating profiles of autistic young people are varied and individual. While some may stick to specific food routines or eat a smaller range of preferred foods, many also display a willingness to explore new foods and flavours. Importantly, autistic young people often develop their own coping strategies to navigate any eating challenges. They view their food routines and specific food preferences not as barriers to healthy eating, but as adaptive responses to sensory and social challenges, ensuring that they still meet their nutritional needs. Social contacts, particularly family members, are influential in how well young people manage their diets. They play a crucial role in providing opportunities for healthy eating and expanding food variety. Effective support from family members requires a delicate approach, creating a safe and non-judgemental space where young people feel supported to try new foods at their own pace. Additionally, families are instrumental when developing life skills such as cooking and grocery shopping, which encourages life-long healthy eating practices. To encourage healthy eating in autistic adolescents, it is essential to involve family members, therefore family-centred interventions are strongly recommended to generate healthy eating outcomes. Furthermore, including autistic young people within research to understand their eating experiences offers invaluable insights into their perspectives and needs. These findings equip families, educators and health professionals with education and awareness of autism-related eating behaviours. This knowledge enables them to provide tailored and effective support and address individual eating challenges with empathy and understanding.

CRediT authorship contribution statement

Hayley Anderson: Writing – review & editing, Writing – original draft, Visualization, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Rachel Povey:** Writing – review & editing, Supervision, Investigation, Formal analysis, Conceptualization. **Amy Burton:** Writing – review & editing, Supervision, Methodology, Formal analysis.

Ethical statement

Ethical approval for the research study was obtained from the University of Staffordshire Health, Education, Policing and Sciences ethics committee (Ref SU_23_125). All participants and parents provided full and informed assent and consent to take part.

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Declaration of Competing Interest

The authors declare no declarations of interest.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.rin.2026.100070.

Data Availability

The research population demonstrate differences in social communication style, participants were therefore assured their full transcripts would remain confidential and would not be publicly shared.

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