

Optimising Eating Occasions at School: How to Support Selective Eaters

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Outline

1. **HOW** common is selective eating?
2. **WHAT** is selective eating?
3. **WHAT** is normal?
4. **WHY** is the eating environment important?
5. **HOW** can schools help?



Prevalence



Worldwide, approximately $\frac{1}{4}$ to $\frac{1}{3}$ of children will struggle with some kind of feeding and/or growth issue at some time during the first 10 years of life.

Ranges from 15% - 50% depending on the definition.

Only $\frac{1}{3}$ to $\frac{1}{2}$ of these children will “out grow” their picky eating within 2-3 years.

3-10% of infants and children have significant or persisting feeding +/- growth problems over time.

Wide prevalence is due no diagnostic criteria that unifies the medical, nutritional, feeding skill, and/or psychosocial concerns associated with feeding disorders.

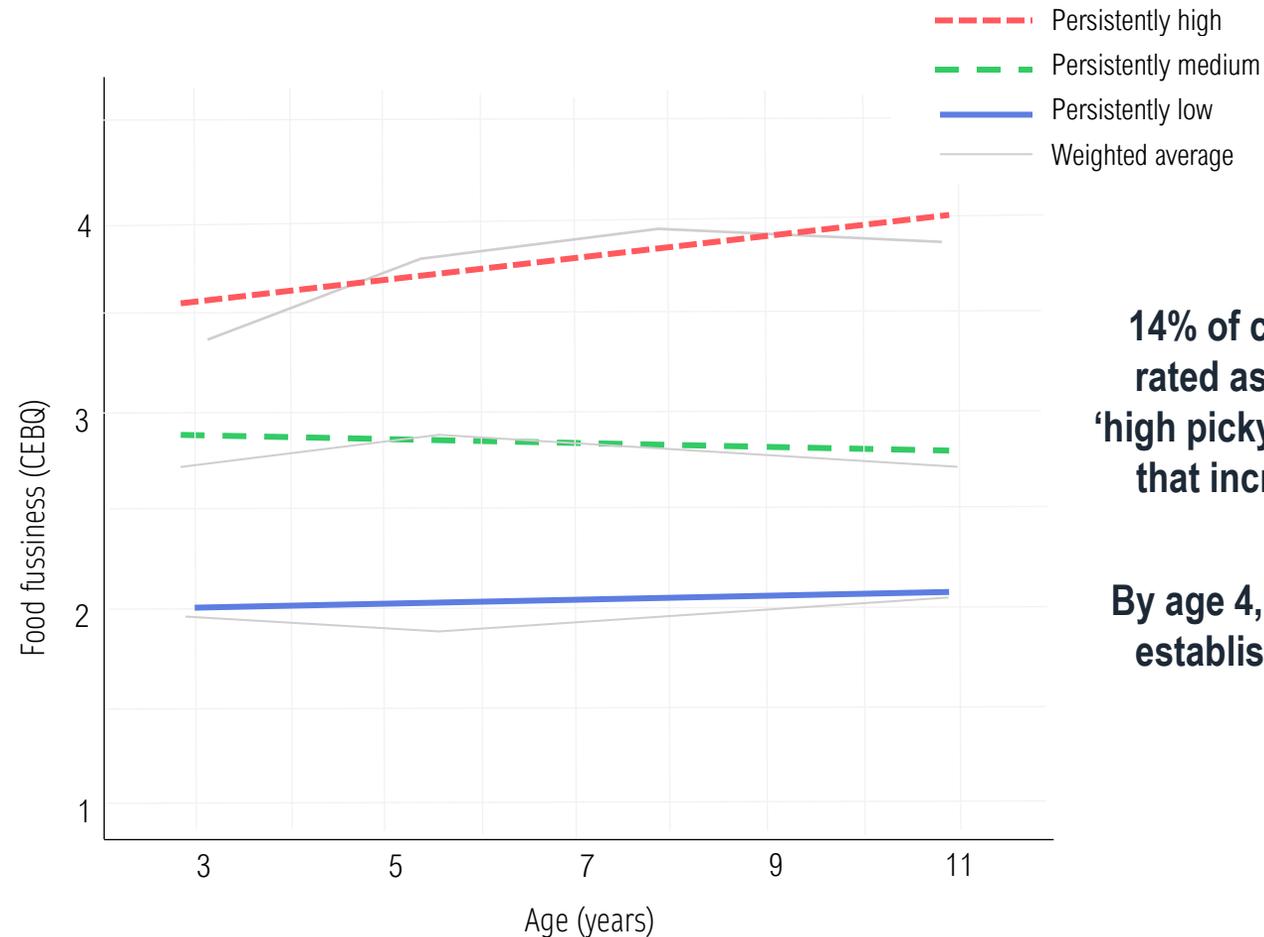
Definitions

Picky Eating

Children who demonstrate transient or more extended challenges (≤ 2 years) with feeding/eating.

Characterised by:

- Strong preferences
- Limited variety
- Restricted (20-30 foods)
- Avoidance
- Refusal
- Behavioural
- Special meals 'short-order cook'



14% of children who were rated as being persistent 'high picky eating' had scores that increased over time.

By age 4, children could be established picky eaters.

Fernandez et al. *Pediatrics* (2020)

Definitions

Problem Feeders

Children who demonstrate **significant** or more extended challenges (>2 years) with feeding/eating.

Characterised by:

- Long duration (>2 years)
- Very restricted (10-15 foods)
- Very strong likes/dislikes
- Complete refusal (foods/textures)
- Growth/nutrition problems
- Skill deficit (motor/oral motor)
- Learned avoidance

WHY? ≥ 6 y. selective eating behaviours before 11 years of age may lead to persistence in picky eating.



Low: protein, dietary fibre, carotene, iron, zinc, selenium

Food groups:

Low intake of meat, fish, veg, fruit & savoury sauces.



Low: protein, fibre, retinol equiv, zinc, iron (*persistent picky eaters*)

High:

free sugar

Food groups:

15-49% lower mean veg intake.
10-37% lower intake of meat.



Low: protein

High: free sugars

Food groups:

10-43% lower mean veg intake.
34% lower intake of meat in late developing picky eaters

Taylor et al. *Nutrients*. 2019

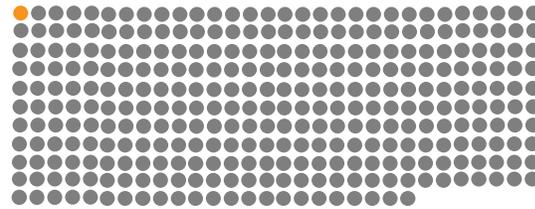
Definitions

Paediatric Feeding Disorders

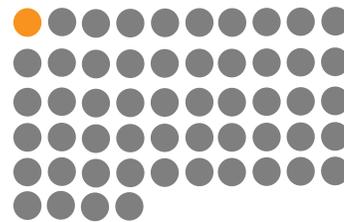
Disturbance in intake **inappropriate** for age (>2 weeks) AND ≥ 1 medical, nutrition, skill, psychosocial aspect

- Extreme selectivity
- Extreme refusal
- Limited appetite
- Poor weight
- Delayed/dysfunctional skills
- Requires assistance with eating
- Disruptive behaviours
- Eats differently in different environments
- Negative impact on family

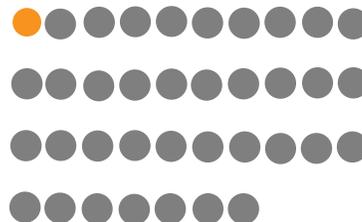
Goday et al. JPGN. 2019; 68: 124 – 29



1 in 323 children have Cerebral Palsy



1 in 54 children have Autism



1 in 37 children have a PFD



Definitions

ARFID

An eating or food disturbance manifested by persistent failure to meet appropriate nutritional or energy needs associated with 1 or more:

- Significant weight loss/faltering
- Significant nutritional deficiency
- Dependents on ONS or EN
- Marked interference with psychosocial functioning

Most practitioners who diagnose ARFID are not taking into account ANY of the exclusion factors ...



... resulting in a high proportion of children assigned an ARFID diagnosis with an underlying condition.

Exclusions

1

The eating disturbance is not explained by a lack of available food or cultural norms

2

The eating disturbance does not occur during AN or BN

3

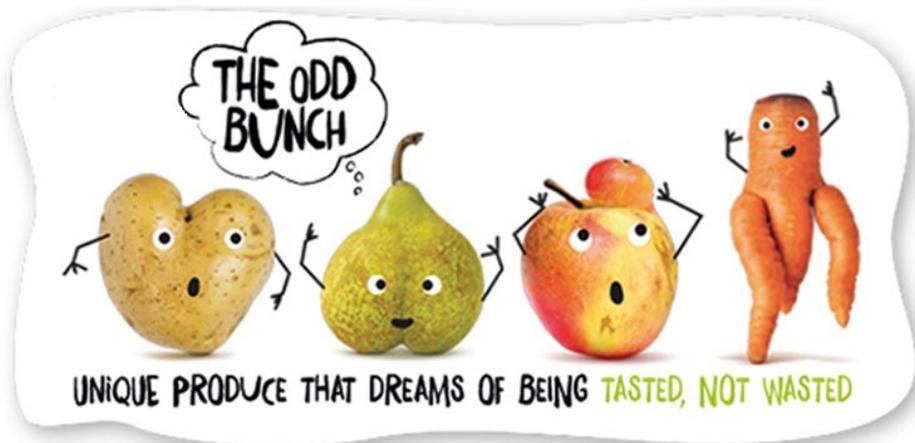
The eating disturbance is not attributable to a concurrent medical diagnosis (where severity exceeds that expected with the diagnosis)

Image: www.jennyfriedmannutrition.com

Why Beige?



... All the same?



#1 It is non-threatening: this stems from evolution. White foods are void of all colour, naturally looking safe.

#2 It is the colour of a lot of favourite kid's foods: e.g., popcorn, bread, chicken nuggets, fries, crackers, cheerios.

#3 They trust the colour: picky eaters struggle with certain elements of food. Once a child can eat a few 'white' foods, the colour is deemed safe and doesn't feel weird or hurt.

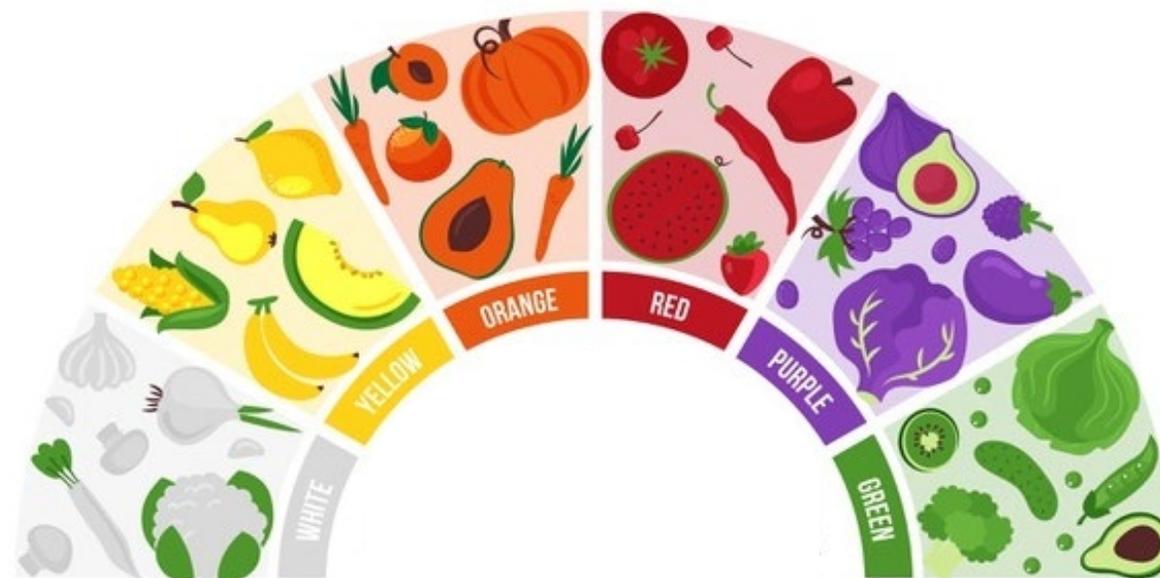
Image: Woolworths

Eating starts with LOOKING

We begin eating with our **eyes**. Some children have difficulties even looking at a certain food.



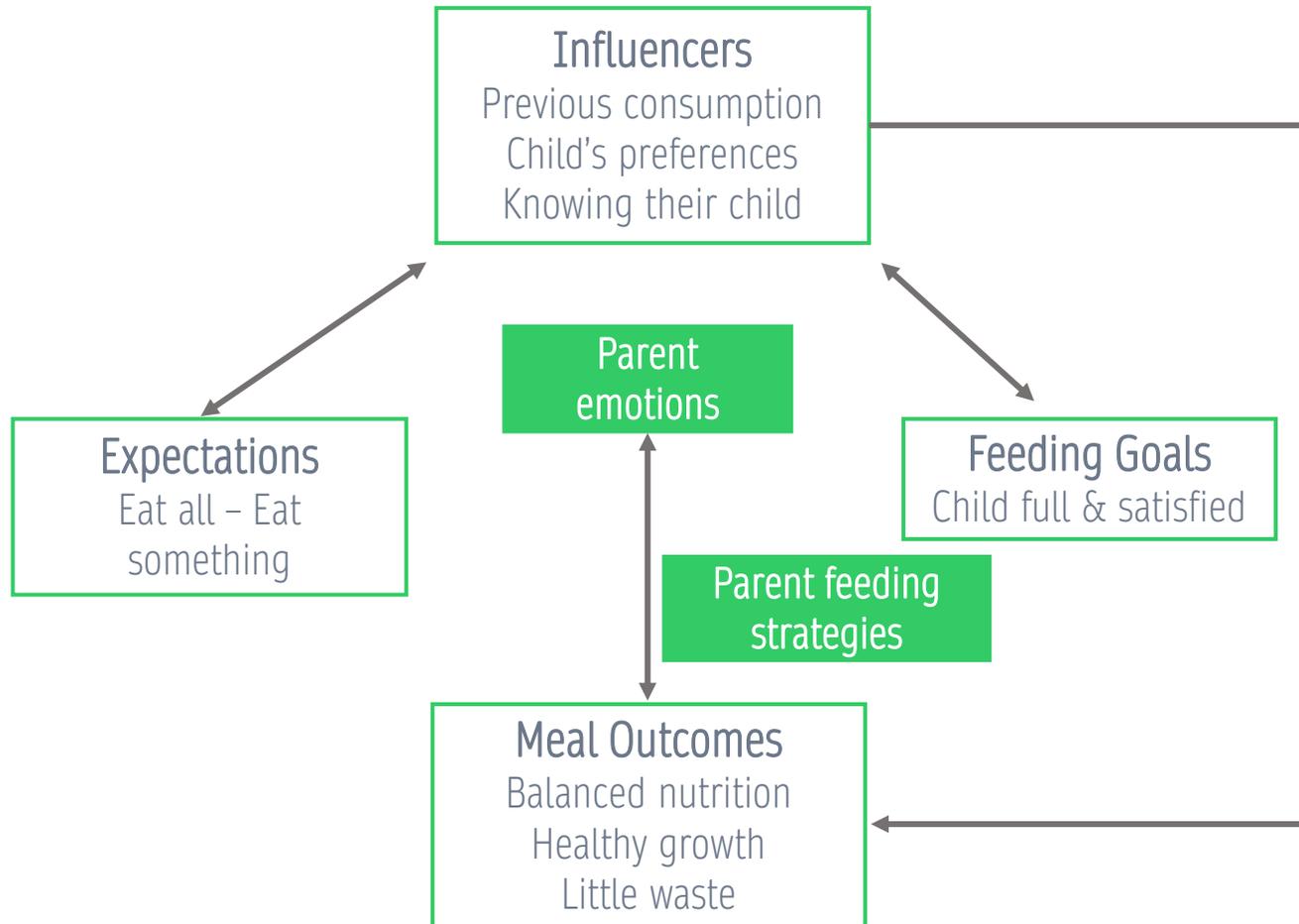
Image source: © stockfreeimages.com



Providing children with visual **VARIETY** as well as taste and textures to help build their sensory and oral motor skills. Aim for different tastes in every meal and snack – this can help prevent children from getting tired of foods.

Feeding Practices

Ensure children effectively self-regulate food intake and ultimately achieve & maintain healthy growth



Responsive feeding practices

- 🍏 Provide healthy foods, but let the child decide on how much to eat
- 🍏 Listen to hunger and satiety cues and trust the child
- 🍏 Encourage autonomy and self-feeding
- 🍏 Act as a positive role-model
- 🍏 Provide structure of mealtime environment

Non-responsive feeding practices

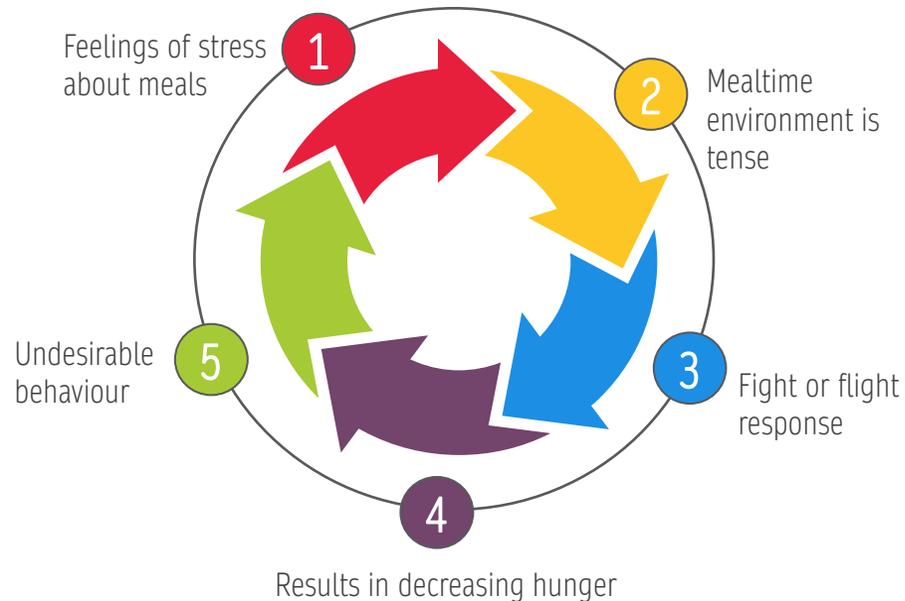
- 😞 Applying pressure to eat
- 😞 Instrumental and emotional feeding practices
- 😞 Restrictive feeding practices

Adapted from Johnson et al. 2014

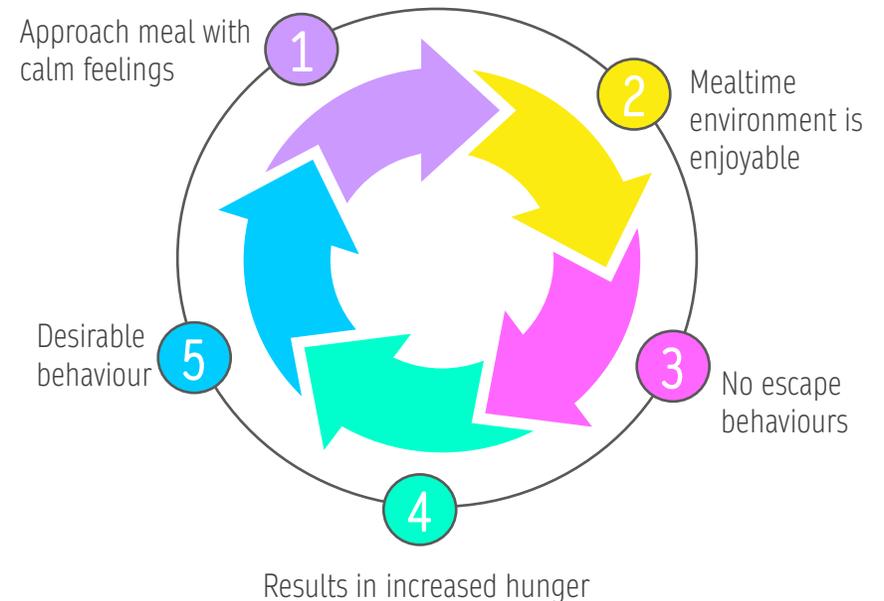
Positive meals and competent eating

- Allows children to choose which and how much of the healthy foods offered they will eat
- Encourages children to listen to their hunger and fullness cues
- Avoids the use of food as a reward or punishment
- Can support a child's healthy food preferences

Stressful mealtime environment



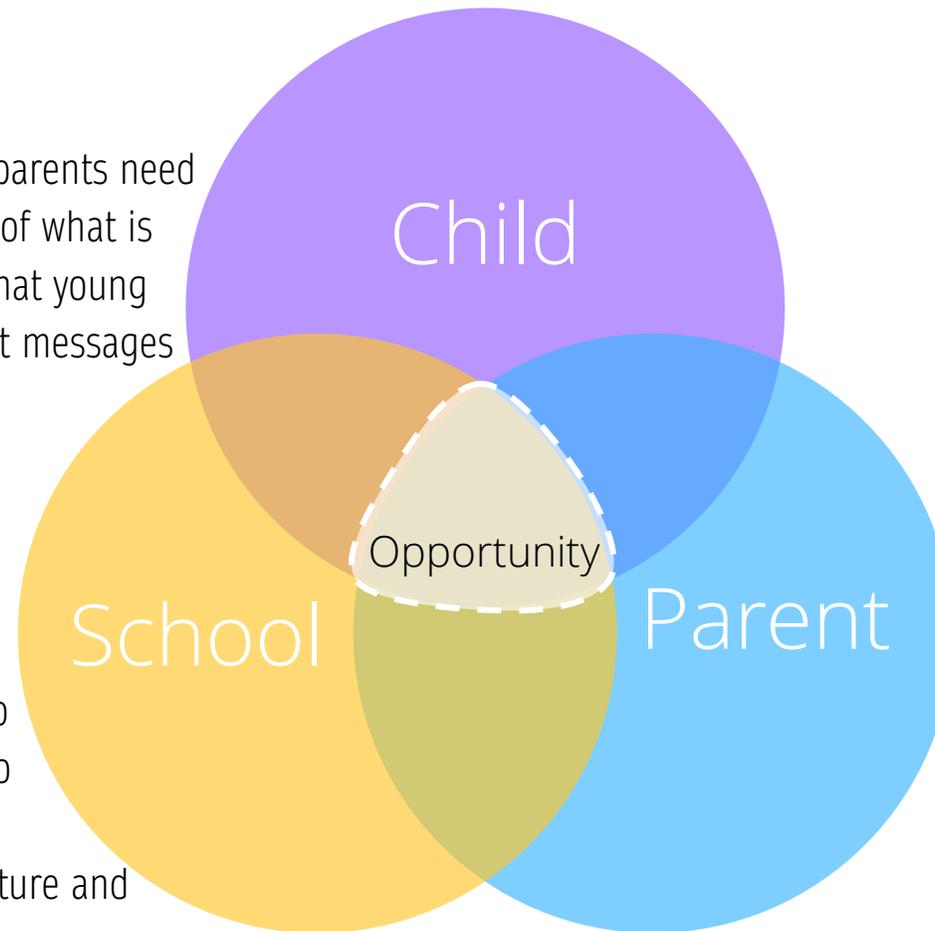
Optimal mealtime environment



Optimising the eating environment

Teachers, students, and parents need a **shared understanding** of what is expected. This ensures that young people receive consistent messages from adults.

A **whole school approach** to healthy eating is required to integrate healthy eating into planning a curriculum and developing a supportive culture and environment.



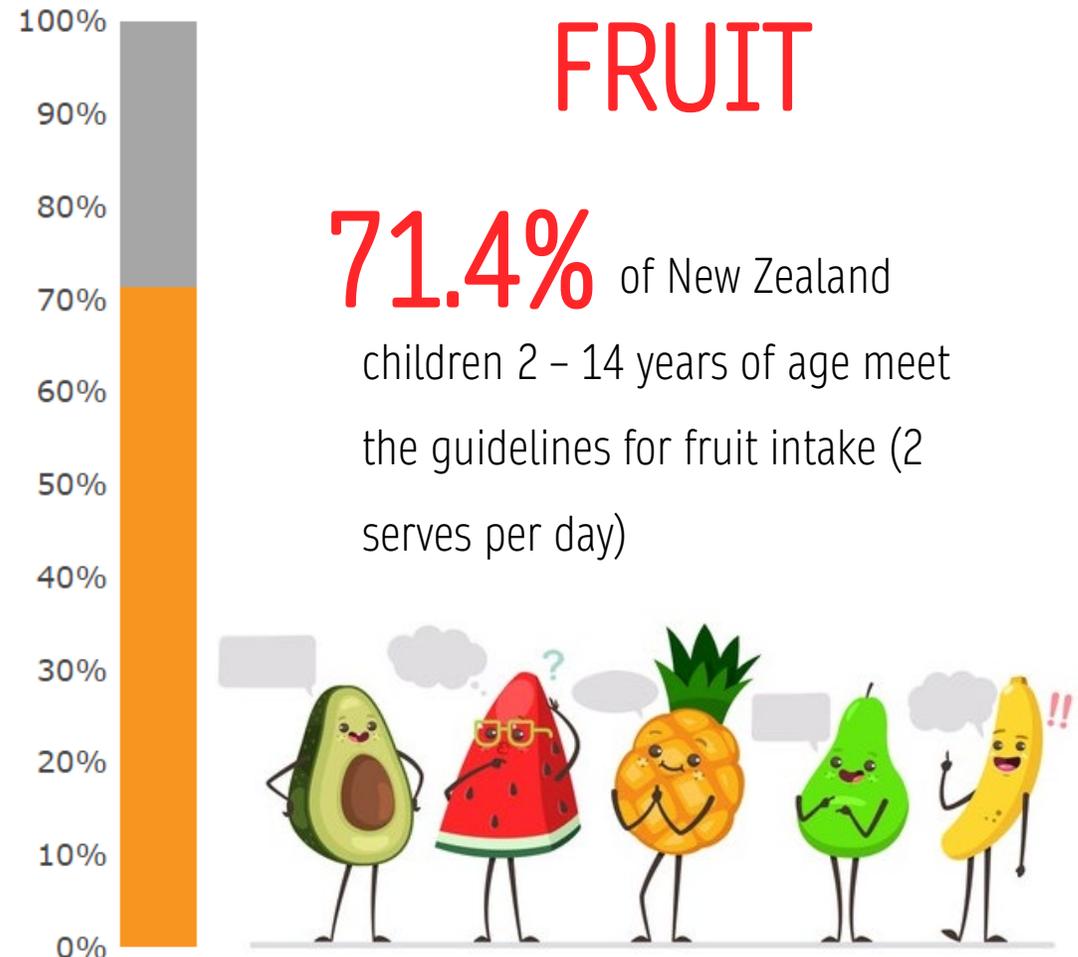
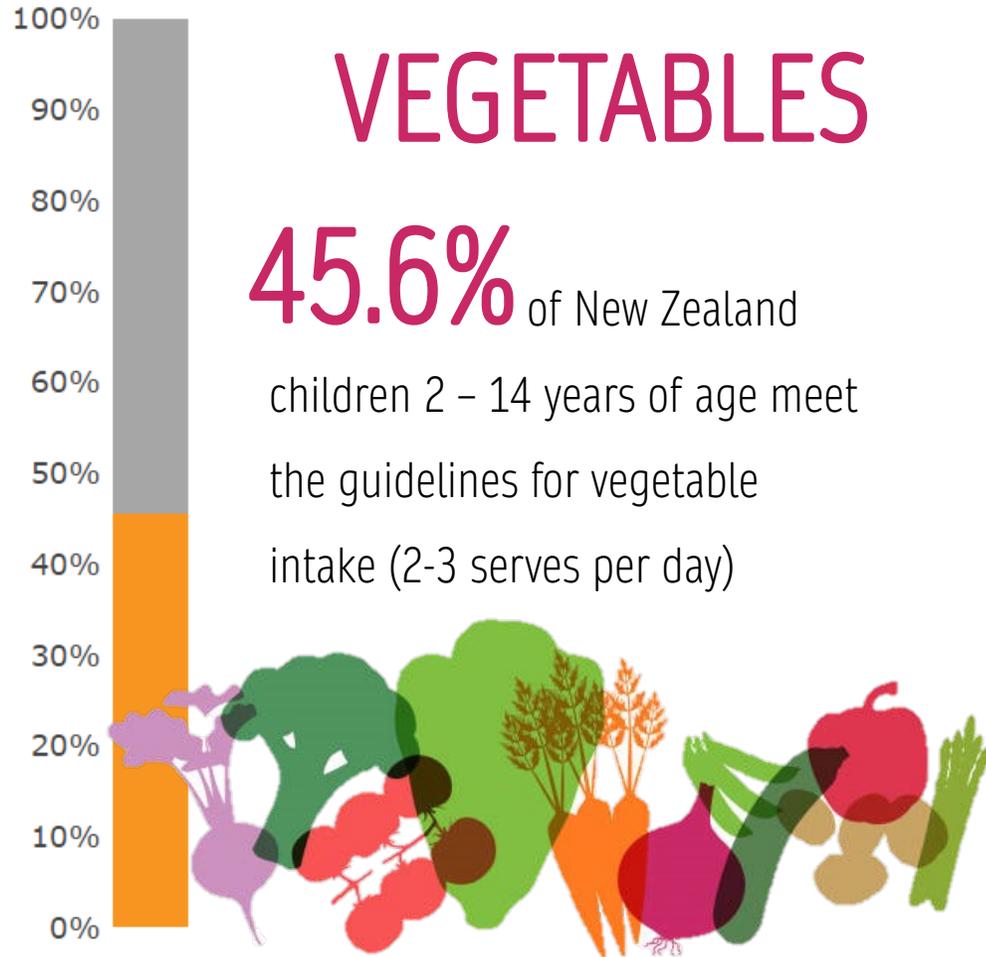
School policies, plans, guidelines and practices.

Te Whare Tapa Wha

Child temperament, sensory sensitivities, allergies, previous eating experiences.

Parenting style, previous experiences, food security, food literacy, other household factors.

What's happening in New Zealand?



Ka Ora Ka Ako: Healthy School Lunches

WHAT: a universal approach to ensure those most in need accessed the provided food. This approach was favoured over a targeted approach, where providing food to specific learner would create stigma associated with 'free food'

Regular Access

To nutritious foods to reduce the risk of food insecurity and provide learners with nutritious foods every day who otherwise may not have adequate quantities available to them.

Availability of fruit & vegetables

Increase in availability of healthy food items and decrease in processed foods and snacks and sweets. More vegetables were available in lunchboxes, with no change in fruit availability.

For selective eaters

Anecdotally, having food provided can be overwhelming for children with PFDs and can set up a negative feeding environment. Work with schools if families feel their child isn't eating.



Vermillion Peirce, P et al. 2021. Ministry of Education.

Tikanga Māori and interactions with food



Image ©KidsEatInColor

Cultural responsiveness (tapu and noa) and increasing a child's interactions with food(s)

- Understand the tikanga of the organisation or centre that you are working alongside.
- Discuss the philosophy with whānau for agreement.
- Design all learning activities as 'Play with Purpose'.
- Separate kai used for play from kai for eating.
- Minimise food wastage.
- Modify steps to eating, with no food to be placed on, or pass over the head.
- These are learning opportunities that include concepts around food and drink.

Nutrition Education

The older child can understand that food makes us healthy and strong.

Education on what foods we need to eat to:

- Have energy to play (CHO, protein, sugars)
- Grow tall and strong (protein)
- Keep our bodies healthy (fruits and vegetables)

THEN education on what foods give us these.

Resource: ©DrAmyLovell using Canva Pro

RED FOODS



HELPS WITH...
Red foods give you a strong heart and bones, keeps your skin healthy, and generally keep you well.

FOODS



Tomatoes, red capsicum, red apples, strawberries, raspberries, watermelon, cranberries, red onion



ORANGE FOODS



HELPS WITH...
Orange foods are super foods for your eyes help you see in the dark!

FOODS

Pumpkin, carrots, sweet potato (kūmara), oranges, mango, orange capsicum



YELLOW FOODS



HELPS WITH...
Yellow foods keep your skin healthy and help you heal cuts. They also keep your heart healthy, and stop you from getting sick!

FOODS

Yellow capsicum, pineapple, corn, lemons



GREEN FOODS



HELPS WITH...
Green foods help you fight off sickness, keeps your blood healthy, gives you strong bones, and gives you energy!

FOODS



Broccoli, spinach, beans, peas, cucumber, kiwifruit, green capsicum, lettuce, zucchini, avocado, edamame beans

PURPLE/BLUE FOODS



HELPS WITH...
Blue and purple foods help give you a strong brain and stop you from getting sick!

FOODS



Blackberries, blueberries, purple grapes, plums, eggplant, beetroot, raisins, red cabbage, prunes

WHITE/BROWN FOODS



HELPS WITH...
White and brown foods help give us energy to play sports and learn at school.

FOODS



Cauliflower, onions, garlic, potato, mushrooms, parsnips

Nutrition Education



YOUNG CHILDREN

Simple explanations that are easy to remember.

Don't try to explain the science, tell them that "milk helps your bones grow" or "pasta gives you the energy to run faster" and helpful reminders like "eat the colors of the rainbow" to get the vitamins you need to stay healthy.

Avoid labelling foods as 'good' or bad'. **Food is just food.**



OLDER CHILDREN

Can process more detailed information.

Keep it engaging and focus on relevant everyday examples.

Try phrases like "chicken is packed with protein to give you the building blocks for muscle to help you on the soccer field" or "fruits and vegetables contains antioxidants that help your immune system, like when you have a cold".



Before looking at the **picky eater** as the problem, ask, “What is it about **the food that’s the problem?**”

- Dr. Kay Toomey -

Any questions?

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