



SEND Supported
Embracing difference

Eating in Children with an Autism Spectrum Condition

Many children with an Autism Spectrum Condition have eating difficulties resulting in them having a limited diet. Each child will have their own unique set of challenges. Not all children with an ASC experience problems regarding eating and meal-times but it is more likely that families face additional challenges in providing food that a child with an ASC will accept and enjoy. This can place huge pressure on parents of children with ASC and the rest of the family and cause concerns about whether their child is getting enough nutritional value from the often limited diet they eat.

What might we see and why does it happen?

- Children with ASC may be slower at developing appropriate food and eating skills and tend to hang on to a restricted diet longer than other children (tolerating less than 10 foods, often with the same texture or substance would classify them as restricted eaters).
- Some children seem to be searching for particular food or drinks throughout the day or alternatively, do not seem to recognise when they are hungry.
- They may eat very quickly or extremely slowly and hate to be messy and be very particular about where the food is placed on the plate
- They may have heightened sensitivity which means the child may react more intensely to sensory stimulation. This could be a response to smell, texture, temperature, taste or visual stimuli which they either crave or repel.
- They may become distressed at the very thought of trying any new foods and only accept processed foods with familiar packaging; rejecting favourite foods when the packaging changes.
- They may only eat food that is presented in a consistent way such as always on the same plate.
- They may have difficulty chewing and swallowing foods with lumps and different textures.
- They may have a strong preference for foods of a particular colour such as only ever eating white foods.
- They may have difficulties with fine motor control, hand-eye coordination or muscle tone and therefore, develop feeding skills later or prefer to continue to have someone feed them.
- They may be reluctant to move through the stages towards eating independently; slower to accept 'weaning' from a favourite bottle / beaker or begin using cutlery preferring to be fed or to use their fingers.
- They may find sitting down at meal-times, waiting for food to arrive and understanding social expectations around eating difficult to accept.
- Sensory seeking behaviour may result in the child constantly chewing or sucking things for comfort. They may try to eat non-edible objects.
- Hypersensitivities, especially smells and the feel of lumpy textures in the mouth.
- They may have difficulty making choices when asked what they would like to eat.
- The environment and the social aspects of eating may be overwhelming for the child – the additional noise and social expectations that come with eating with others.
- Lack of desire to imitate others and copy what others are eating.
- A resistance to change - difficulties moving on from the security of a known range of foods eaten in specific environments in particular ways, preferring to stick with familiar favourites (prepared in the same way each time) from which they never seem to tire (often

demanding the same brands). Change results in heightened levels of anxiety when offered anything new, including new foods.

- Difficulty generalising. Children may recognise foods visually by the packaging and not accept the food if the wrapper is changed.
- Constipation and medication can interfere with appetite.

What does not work?

- Avoid labelling the child as picky or speak critically about his or her eating, making them the focus of attention.
- Hiding or disguising food. This may result in the child rejecting the food that is used to disguise the new taste and distrust the adults in relation to the food they prepare.
- Responding with lots of emotion and attention – avoid praising or criticising what the child is eating. This increases the child's anxiety and resistance to trying new foods.
- Withholding favoured foods until they try a new food.
- Insisting the child eats a 'healthy' diet.
- Star and reward charts as this is not a behavioural problem.
- Using food to punish or reward.
- Expecting the child to be influenced by or imitate others.

What may work?

- Getting help with any underlying medical issues that may be making eating problems worse – including dental or gut problems, such as painful teeth or constipation; changing medications that are known to reduce appetite; and help with physical difficulties eating or swallowing from speech and language, occupational or physiotherapists.
- Identifying an individual's specific anxieties and devising a slow step by- step programme for overcoming them. This should include creating a calm, comfortable eating environment.
- Fostering a positive family food ethos. Eating together as a family, trying to maintain a predictable and consistent routine of activity both before, during and after the meal.
- Making mealtimes predictable by having a structured eating routine, using visual timetables detailing when and where to eat and what will be eaten, or visual schedules detailing behaviour expected at meal time, or foods to be tried at a meal time. Individuals with ASC often respond better to visual instructions - i.e. single words, picture symbols, photographs, signing – rather than verbal cues alone.
- Managing distractions such as the television, pets, mobile phones, ipads, etc.
- Schedule in and manage snacks.
- A relaxed pressure free approach to dealing with the anxiety or phobia about foods may allow the fear of new foods to decrease. Stay calm and upbeat, keeping frustration and anxiety away from the dinner table.
- Accept and avoid drawing negative attention to the child's preferred food range.
- Introduce new foods that are similar to a favourite food - think about texture, smell and colour.
- Making any new food available to everyone at the dinner table and model eating it without cajoling, reasoning, incentivising, comparing the child to others, or indirectly pressurising.
- Be imaginative in finding an approach to motivate more varied eating e.g. devising a board game where specific squares instruct to try a different food, writing special stories about eating, keeping a visual list of foods liked, and foods to try next.
- Introducing new foods when the child is relaxed – making the new food available and accessible to all the family, perhaps a plate on the middle of the table.
- Encourage the child to explore new foods with their fingers, smell.
- Make changes slowly and positively – small steps. There may be perceived inconsistencies as the child may accept a different flavour of the same brand yogurt but not a different vegetable because there is little similarity between vegetables, e.g. colour, texture, the look.