

# Selective Eating in Children

## A parents and carers self-help guide

**This leaflet contains some information needed to support children with selective eating.**

**Please seek medical advice if your child is losing weight or looking unwell.**

### Introduction

Many children experience stages of refusing meals or avoiding certain foods. This can leave parents and/or carers feeling frustrated and concerned. Food selectivity can be a normal part of child development, but it can also be worrying when it appears to be impacting on a child's health and growth.

When a child appears to lose interest in food, it is natural to presume something must be wrong, but often children grow out of this stage and learn to accept a wider range of foods. Focussing on your child's overall weekly intake rather than daily intake may help reassure you. Studies have shown that young children tend to eat the right balance of nutrients across the week to support healthy growth.

Sometimes, however, an underlying issue may be causing a child to eat selectively and further investigations are required. Current and past medical history can impact a person's relationship with food and their willingness to try new foods, for example, if they have had experience of reflux, constipation, or food allergies.

If you think your child has growth or gastrointestinal concerns, or if your child appears weak or lethargic, please contact your GP and seek medical advice.

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# Check if your child eats foods from the main food groups

Does your child eat...? *(Please tick the box if it applies to your child)*

## 1. Carbohydrates

- Potatoes, pasta, rice, chips, waffles, couscous, bread, bagels
- Breakfast cereal
- Biscuits, cakes, pastries


## 2. Protein

- Dairy products (milk, yogurts, cheese, kefir)  
Milk-substitutes such as pea/soya/oat milks
- Meat (includes chicken)
- Soya-based meat substitutes (e.g., tofu, quorn)
- Fish
- Eggs
- Lentils, beans, legumes, hummus
- Nuts and seeds (e.g., peanut butter, tahini paste, hazelnuts etc.)


## 3. Fats

- Oils, butter
- Cream, cheese, whole dairy products
- Cakes, biscuits, puddings
- Oily fish, avocado, nuts, sesame
- Fried foods


## 4. Iron

- Meat, liver, pate, ham, bacon, salami etc.
- Eggs
- Fish, particularly sardines
- Breakfast cereal or porridge, chapatti
- Lentils, beans, legumes, tofu, soya-based products
- Nuts and seeds


## 5. Calcium

- Dairy products (cheese, milk, yogurts, kefir)
- Calcium-fortified milk-substitutes
- Sardines, mackerel, fish fingers
- Tofu (only if set in E 509 or E 516 – check label on pack)
- Eggs
- Bread or calcium fortified breakfast cereals (check labels)


## 6. Fruit and vegetables

- Fresh, tinned, or frozen fruit or vegetables
- Smoothies
- Soups


## 7. Fluid intake

Water

Milk

Juice

Smoothies

Other

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**If your child eats foods from each of these groups** (whether a wide variety or a limited amount within each group), they are likely to get most of the nutrients they need from their food.

**If they only eat specific food groups** and very little to none of others, then giving them multivitamins and minerals supplements will help them to get key micronutrients they may be missing.

**Gathering up-to-date growth measurements** (weight, height) and plotting these measurements in their red book or on a growth chart will also give a clear indication of how your child is growing and whether there are medical causes for concern.

Children who grow and follow their lines on their charts are very likely to be getting enough protein and energy overall, even with a restricted diet.

## Multivitamins

If you are concerned your child is not eating a balanced diet, a daily multivitamin will help. There is a huge variety of over-the-counter supplements to choose from.

Choose one that is age-appropriate and in a formulation your child is more likely to take, for example, chewable, liquid, capsules, sprinkles. Some are gluten-free, vegan, or organic. Some may be more acceptable to your child in terms of flavours or colours.

Do not choose a chewy or a tablet form if your child is under 3 years. In that case, chop a gummy into tiny pieces to prevent any choking hazard.

## Iron

If you noticed your child eats very few foods containing iron, ensure you choose a supplement that contains iron or an over-the-counter iron supplement for children. We have listed some in the table below. Also check our downloadable iron information sheet on the Kingston Hospital website (under the Paediatric section). This provides information on iron-rich dietary sources.

Brand name	Type
Boots A-Z	Chewable
Health4AllKids tablets	Chewable
Wellkid range	Chewable or liquid
Feroglobin liquid	Liquid
Spatone	Liquid sachets
Nature's Aid iron mini drops	Drops
Vitamixin	Sprinkles

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## Calcium

If you are worried about calcium and your child eats less than 3 dairy or calcium-fortified dairy substitute portions per day, then consider a supplement that contains calcium (we have listed some for you in the table below). Check our calcium information sheet on the Kingston Hospital website to ensure your child gets enough calcium for their age. Remember that some breads and cereals are fortified with additional calcium (such as Kingsmill 50/50 vitamin boost, Hovis Best of Both).

Brand name	Type
Haliborange Calcium & Vitamin D	Chewable
Osteocare	Liquid
Wellkid calcium	Liquid

## Vitamin D

During the autumn and winter months (October to March), a 10 microgram (or 400 IU) vitamin D supplement is recommended for the whole population. Children with pigmented skin, who often play indoors, or who are covered in sunscreen are more at risk of low vitamin D levels.

Brand name	Type
Baba west Vitamin D	Drops
Boots Baby Vitamin D3	Drops
Cytoplan	Drops
DaliVit Vitamin D	Drops
Holland & Barrett Baby Vitamin D3	Drops
Natures Aid Vitamin D3	Drops
Nature & Nurture	Drops
Wellbaby Vitamin D	Drops
Better You Dlux infant Vitamin D	Spray (comes in various strengths)

## Strategies for introducing new foods

### “Food chaining”

Take an accepted food and gradually make subtle changes to this food until a new food is accepted.

- Start off by identifying characteristics your child likes about the accepted food – colour, shape, texture, smell, or taste. Then, think of foods that contain similar properties

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**Example 1:** Fish fingers - try alternative breaded proteins such as turkey dinosaurs, Quorn, or chicken goujons. Try removing the breadcrumbs. Offer the same shaped pieces of plain cod.

**Example 2:** Muffins – add cinnamon. Then add shredded carrots. Use pureed carrot and cinnamon for icing on the muffin. Offer roasted carrots and season with cinnamon.

- You may wish to start off with very small changes, such as cutting their toast into a different shape such as triangles or squares.

## Take foods out of their packaging and place them in clear food containers

This is so that your child does not become fixated on certain packaging. Also, rotate brands as much as possible.

## Encourage your child to play and explore new foods outside mealtimes

For example, run a pretend restaurant, look through cooking books, use carrot sticks as bingo pieces, make necklaces out of pasta.

You can also involve your child in food shopping by asking them to choose 2 new foods to try during the week (or it could be 2 new vegetables, or 2 different cheeses, for example).

## Strategies to help children to have a better feeding experience

- **Keep a food diary.** This might help you identify what, when, where, and how your child will and won't eat certain foods or food groups
- **Categorise food.** Group foods into those that are 'always accepted', 'sometimes accepted' and 'never accepted'. Identify any preferred sensory characteristics, such as mashed, lumpy, crunchy, soft, spicy, salty, beige, red, hot, cold, separates, sauces. Present your child with a food from each food group at mealtimes
- **Present new foods in a separate bowl or on a separate plate.** This is so the new foods don't touch the 'safe' foods your child already eats. Do not introduce too many new foods at once or it will be overwhelming for your child (offer 1 or 2 new foods maximum per meal)
- **Serve family-style meals.** Offer individual meal components in separate serving dishes and allow your child to choose which foods they wish to eat and serve themselves (try not to prepare 'rescue meals' if they do not eat what is served)
- **No foods should be limited.** Avoid limiting certain foods or labelling foods as 'good' or 'bad', 'unhealthy' or 'healthy'

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- **Avoid using food as rewards.** For example, offering sweets if your child sits at the dinner table. Instead, you could use a sticker chart or offer extra play time or an activity they enjoy
- **Describe new foods using their physical properties.** For example, say 'it's crunchy, it tastes sweet' rather than 'it's sooo good'
- **Offer a 'spit bowl'.** Our Speech and Language Therapy colleagues recommend using a bowl into which they can spit out any new food they have tried but not liked. This helps reduce the pressure associated with trying new foods
- **Let your child feed themselves and make a mess.** Feeding your child yourself takes control away from them and can lead to food refusal.

## Other mealtime considerations

- **A regular mealtime routine** can be helpful so that your child knows when to expect food. A bedtime snack, particularly if you worry your child is not eating sufficiently at breakfast, lunch or dinner, may also be useful
- **Timetables or weekly menus** displaying the time of the next meal and what will be served (these can be stuck on the fridge with magnets)
- **Sign-post mealtimes** with a pre-meal routine to help them transition (change) from another activity to a meal. This will help to promote self-regulation (managing their own moods and anxieties) when they need to move from one activity to the next:

For example, tell your child 10 minutes prior to the meal that they need to finish what they are doing. Then ask them to wash their hands or sing a song, blow bubbles, set the table and so on (the activity depends on their age and interests, of course).

- **Environment.** Eating together at the dinner table supports your child via modelling (encouraging them to copy what you do)
  - If your child is reliant on screens, start by having them sit at the table for one minute before getting the screen out. The aim is to gradually increase the time spent at the table with no screen. They may wish to bring a teddy or a toy to the dinner table with them instead
  - If your child requires noise, try playing music or the radio in the background
  - Family members always sitting in the same seats can minimise pressure associated with mealtimes and help with routine
  - If your child has some sensory issues (such as being sensitive to noise or smells), they may find it easier to eat in a different environment
  - Whatever you choose to do, avoid running behind your child with a spoon to feed them. They should be able to sit down and self-feed

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## Steps to eating

It may take a lot of attempts before a child accepts a new food. A food declined now may be re-visited in a few weeks. Your child may want to try it by then, so don't avoid declined foods forever.

**Step 1** – Put the new food on the table

**Step 2** – Put the new food on their plate

**Step 3** – Encourage them to touch it

**Step 4** – Encourage them to lick it

**Step 5** – Encourage them to put the food in their mouth (keep a spit bowl nearby!)

**Step 6** – Encourage them to swallow the food.

## Remember...

- Unfortunately, there are no quick fixes to getting your child to eat
- Patience and strong routines are essential
- Don't expect them to eat new foods right away
- Be realistic with your mealtime expectations. Your child may not eat a lot of different foods, but if they have foods from each food group or take an appropriate vitamins/minerals supplementation, this may be the best that you can achieve at this time
- The more your child feels your own anxiety around eating, the less likely they are to want to eat
- Forcing a child to eat never works and can be traumatic for them
- If you are concerned about their growth, measure and weigh your child so you can monitor this and discuss it with the GP who will decide whether to refer them to a dietitian for nutritional support

## Remember fluids

**Not drinking enough is a major cause of constipation in children.**

Constipation can make children feel full and suppress their appetite. Ensure your child has easy access to fluids throughout the day.

Equally, filling up too much on fluids, especially before a meal, can make a child feel too full to eat.

Try to avoid offering drinks approximately half an hour prior to mealtimes.

If a young child does not eat some or all of a meal, do not give them milk. This can stop them from eating solids and cause low iron levels (iron-deficiency anaemia).

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# Resources

## Websites

- [www.weightconcern.org.uk/tinytastes](http://www.weightconcern.org.uk/tinytastes)
- [www.infantandtoddlerforum.org](http://www.infantandtoddlerforum.org)
- [www.bda.uk.com/resourceDetail/printPdf/?resource=autism-diet](http://www.bda.uk.com/resourceDetail/printPdf/?resource=autism-diet)

If your child has a diagnosis of autism spectrum disorder or has been referred for a possible diagnosis, you can find useful information about selective eating, sleep, toileting, and behaviour on the National Autistic Society website, [www.autism.org.uk](http://www.autism.org.uk).



You can find out about training courses for parents of children and young people with a diagnosis of autism and other special educational needs on the Kingston Local Offer website or your own Local Authority's Local Offer website if you do not live in Kingston.



## Apps

- Learn Play Eat App – <https://learnplayeat.com> helps your child overcome food phobias and selective eating
- Dr Panda Restaurant 3 App is a fun interactive food app for preschool children



## Books

- ARFID Avoidant Restrictive Food Intake Disorder: A Guide for Parents and Carers (2019). Rachel Bryant-Waugh. Taylor & Francis: Abingdon, Oxon.
- Helping your child with extreme picky eating: a step-by-step guide for overcoming selective eating, food aversion and feeding disorders (2015). Katja Rowell and Jenny McGlothlin. New Harbinger publications.
- Food Refusal and Avoidant Eating in Children, including those with Autism Spectrum Conditions: A Practical Guide for Parents and Professionals (2018). Gillian Harris and Elizabeth Shea. Jessica Kingsley Publishers: London.

