



## Association between fussy eating and vision impairment in children and practical strategies for overcoming mealtime challenges

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# Can:Do 4Kids



## Who is Can:Do 4 Kids?

- Blind, have low vision, Deaf, Hard of Hearing or have sensory needs. Also support other developmental delays and diagnoses
- Funding models: National Disability Insurance Scheme (NDIS), Medicare, Private Health and State-Based funding
- Visit clients in naturalistic environments
- Services 0-25 years
- Multi-disciplinary team



## Can:Do 4Kids Mealtime Service

- Trained Speech Pathologists and Occupational Therapists supporting children with feeding and mealtime difficulties
- Assessment and intervention
- Services offered:
  - Individually in home + education settings
  - Group based support





## Prevalence of fussy eating

- 34.1% of children aged between 1 and 5 years old in Australia
- Further research required for low vision population
- There is an association between ASD and vision impairment. 70% of children with ASD are selective eaters



## Why won't children eat?

- Pain or discomfort
- Immature motor skills, oral motor or swallow skills
- Sensory processing difficulties
- Learning / behaviour processing
- Environmental factors



# Mealtime Activity





**Why are mealtimes more challenging for children with low vision/blindness?**

**What parts of mealtimes may be more effected?**

# Practical strategies to use when working with fussy eaters who are blind or have low vision:



- Use other senses- be descriptive and support touch
- Allow children to explore foods with their bodies first – messy play, food shopping and preparation
- Preparation and warning- always!
- Allow control, reduce emphasis on ‘eating’ the food and instead encourage learning
- No tricking
- Have fun



# Can:Do 4Kids



## Practical strategies to use when working with fussy eaters who are blind or have low vision:

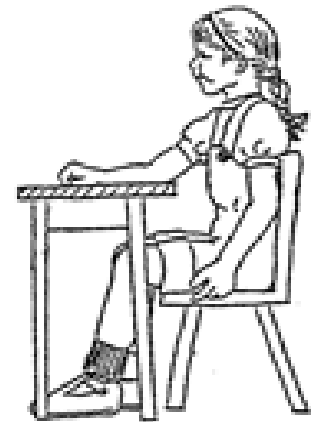
- Adapted cutlery and utensils





## Practical strategies to use when working with fussy eaters who are blind or have low vision:

- Environment and routine – consistency is key!
- Where possible, referral for a multi-d mealtime assessment
- If have concerns surrounding nutritional needs being meet, referral to dietician
- Seating and posture – 90/90/90





## EATING

- chews and swallows whole bolus independently
- chews, swallows whole bolus with drink
- chews, swallows some and spits some
- bites, chews "x" times & spits out
- bites pieces, holds in mouth for "x" seconds & spits out
- bites off piece & spits out immediately
- full tongue lick
- licks lips or teeth

## TASTE

- tip of tongue, top of tongue
- teeth
- lips
- nose, underneath nose
- chin, cheek
- top of head
- chest, neck
- arm, shoulder
- whole hand
- fingertips, fingerpads
- one finger tip

## TOUCH

- leans down or picks up to smell
- odor in child's forward space
- odor at table
- odor in room

## SMELLS

- uses utensils or container to serve self onto own plate/space
- uses utensils or a container to stir or pour food/drink outside of own space
- uses utensils or a container to stir or pour food/drink for others
- assists in preparation/set up with food

## INTERACTS WITH

- looks at food when directly in child's space
- being at the table with the food just outside of child's space
- being at the table with the food ½ way across the table
- being at the table with the food on the other side of the table
- being in the same room

## TOLERATES

# STEPS TO EATING



## Thank you

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