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

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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
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
**STEPS TO EATING**

**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**
Thank you

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