SECTION 5

Language, Body Image and Responding to Eating Concerns



Language, body image and responding to eating concerns

Supporting Children's Individual Food Journeys

Picky/Fussy/Selective

These terms are often used to describe when a child isn't eating enough variety. However, these terms tend to frame a child's eating as a problem, rather than part of normal development. Most children between one and five years old go through phases of preferring familiar foods, refusing new ones, or showing strong opinions about what's on their plate.

There are several reasons why a child may be eating less variety:

- They are learning about new foods. Providing opportunities for children to explore new foods through sight, touch, listening and smell, before tasting are important steps to becoming familiar with food and growing a child's confidence to try new foods.
- Recognising children's appetites change day to day as they grow and develop. They may be more likely to try new foods one day, or they may feel tired the next, making them less interested in eating.
- They may be distracted by the environment around them.
- They may be uncomfortable. Children eat best when they are sitting supported.

In terms of food learning, showing children how different foods are prepared is key. E.g. a potato may be mashed, made into fries or presented as a baked potato. Children need to learn this.

EARLY YEARS LEARNING FRAMEWORK	NATIONAL QUALITY STANDARD
Outcome 3, Outcome 4	**QA1**

Food Explorers

Instead of using the terms picky or fussy, educators can describe what they see, without judgement. Educators may also like to use the term 'food explorers' to describe all children, recognising that every child has a different comfort zone when it comes to learning about new foods.

For example:

- "They explored how peas balanced on their spoon today"
- "They are exploring how orange food smells before they are ready to taste it"
- "They're still exploring food and learning which foods they like"
- "It took me a while to learn to like asparagus too, so I'm excited that we can explore a new asparagus dish together."

For some children, particularly neurodivergent children, sensory preferences and sensitivities play a significant role in how they experience food. These experiences are valid, and educators can support children by respecting these preferences and offering pressure-free opportunities to explore food at the child's own pace and within their own comfort zones.

Outside of the early childhood setting, 'selective eating' may be used as a clinical term in health or research contexts, particularly when discussing children with feeding difficulties or avoidant/restrictive food intake disorder (ARFID).

For more information about eating and neurodivergence, visit:

https://nedc.com.au/eating-disorders/types/neurodivergence

EARLY YEARS LEARNING FRAMEWORK	NATIONAL QUALITY STANDARD
Outcome 1	**QA2, QA5**

Good eater

Adults often say this as a form of praise or encouragement. It's meant to celebrate the child's willingness to try new foods, eat a full meal, or follow instructions at mealtime. It comes from a genuine place of wanting to recognise a child for making positive choices or showing helpful behaviours.

However, praising children for how they eat can make them focus on external approval rather than internal cues like hunger and 'had enough'. When 'good' eating is praised, eating differently can feel 'bad,' leading to pressure, shame, or anxiety at mealtimes for some children. It can also cause children to override their bodies' natural signals that they have had enough to please adults. Over time, this makes it harder for the child to know when they have had enough.

Educators don't need to compliment children on the way or amount that they eat, or to share these opinions with families. Instead, educators can focus on the skills that children are building, for example, "Wow, you balanced the peas on your spoon so well", or "You're listening to what your body needs", "What did the pasta sauce taste like?"

The vignettes below show how common "fussy eating" concerns and everyday mealtime language can unintentionally add pressure, and how educators can respond with calm, food-neutral support that protects children's autonomy and body trust.



VIGNETTE 3

Playing 'too full'

During free play, a group of three-year-olds are 'cooking' in the home corner. One child joyfully serves pretend meals to an educator over and over. After several helpings, the educator laughs and says, "No more for me, I'm full!" The child pauses, then imitates a phrase heard at home: "You need more exercise!"

Reflection

Children absorb language and ideas about food, bodies, and exercise from adults. This child has learned to equate fullness with a need to 'make up for' overeating. In this moment, the educator can gently steer the play towards body trust and curiosity: "I like to move my body sometimes! But my tummy has had enough, so I'll rest it now. I'll feel hungry again later." This helps to cue the child to their own bodily sensation of hunger and satiety and avoids reinforcing judgement calls about eating 'too much.'



VIGNETTE 4

'Finish your plate'

At lunch, an educator notices that a toddler has eaten only part of their meal and starts encouraging them to eat more: "Come on, finish your plate! You need to eat enough to get big and strong." When the child reaches for more of a favourite food, the educator hesitates: "No, you've had enough of that one. It's not healthy."

Reflection

Allowing children to make food choices helps them learn about food, eating and their body. This includes letting them choose when to stop eating and which items to eat from the meal provided. Mixed messages about 'good' and 'bad' foods or how much to eat can disrupt a child's ability to listen to their hunger and satiety cues. Instead, educators can say, "Let's check how your tummy feels. Does it feel hungry or like you have had enough?" Educators may also model their own awareness of their body sensations from eating, such as "My tummy feels rumbly, I think I'm still hungry."

Reflective questions

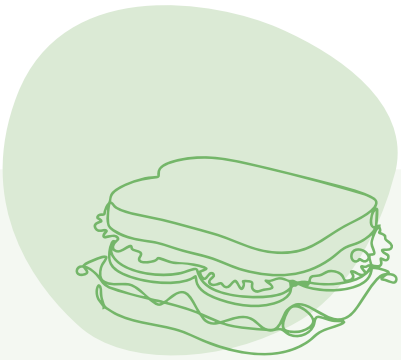
Educators

- *Were the concepts presented about mealtime language and body image in this section new to you? With what you know now, what would you strengthen in your practice?*
- *Think of a time a family raised a concern about their child's eating with you? How did you approach this? Would you do anything differently?*

Any staff who wish to receive support for their own body image or eating concerns, or those who have questions on how best to support a child in their care, contact the Butterfly National Helpline 7 days a week, 8am–midnight (AEST/AEDT) by calling 1800 ED HOPE (1800 33 4673) or visit www.butterfly.org.au to chat online or email.

www.butterfly.org.au

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LET'S TALK eating disorders



VIGNETTE 5

'She only ate the bread'

At the end of the day, an educator greets a parent with concern: "She only ate the bread from her sandwich today. We tried to get her to eat the filling, but she refused." The parent responds, "That's OK, she eats well at home." The educator repeats the concern the next day, within earshot of the child.

Reflection

Repeated adult anxiety about what or how much a child eats can make the child feel they've done something wrong. When a parent signals comfort with their child's eating, educators can accept that reassurance and focus instead on creating calm, trusting mealtime environments. Not all children will eat the same foods every day. Flexibility and autonomy support children to develop body trust and positive relationships with food.



VIGNETTE 6

Parent concerns about 'fussiness'

At pickup time, a parent greets the educator with worry in their voice: "Did she eat her lunch today? She's been so fussy at home. I'm really worried she's not eating enough – she just picks at her food."

The educator checks the notes and replies, "She ate some of her rice and fruit. She seemed content and energetic all afternoon."

The parent sighs, "She just won't eat her vegetables. Maybe you could make her finish everything on her plate here before she can play?"

Reflection

Parents want their kids to be healthy and to grow up well. Some parents worry about what their children eat, but young children need time, patience and many exposures to some foods before they will be willing to try. It's normal for a child to have periods where they avoid certain foods, or for their diet to seem quite limited compared to the adults in their life. An educator can reassure parents calmly and share objective, neutral observations. They might say, "We see lots of variation at this age. She seems happy and active here, and she eats according to her appetite. We'll keep offering a range of foods and let her decide how much to eat." This can help reduce anxiety for both parent and child and reinforces that developmentally normal eating can look different for each child, each day.

Reflective questions

Service leadership team

- *How can you support your team to reflect upon the language they currently use at mealtimes with children and strengthen their practice?*
- *How might you support educators who encounter family concerns about their child's eating? How might you extend their skills in partnering with families?*

Body image

Body image is a combination of the thoughts and feelings that you have about your body. Body image starts to develop once children recognise themselves in the mirror or in pictures. Preschoolers start to be aware of body shape and size, and children may start to say things like "I'm very short" or compare themselves to others, "I want to be tall like you."[51]

Children and youth are sensitive to messages about body image and appearance shared by their families and other adults (including educators) around them. Research shows that children as young as three are worried about getting fat, this has been learnt from the behaviours and dialogue of adults and media around them.[52] Over time, this can have negative impacts on physical and mental health and development. We can model behaviours that can benefit our children's body confidence and self-esteem.

A positive body image is when a person is able to accept, appreciate and respect their body. This is not the same as body satisfaction, as you can be dissatisfied with aspects of your body, yet still be able to accept it despite these aspects.[51]

By role-modelling an appreciation of what our bodies can do, rather than what they look like, we can build body satisfaction and protect against appearance pressures.

RECOMMENDATION STATEMENT

Avoid using words that convey a relationship between a specific food and body weight, shape or size (e.g. fattening).

'Fattening' has long been used as shorthand for foods that are high in energy and/or fat content. Adults often use it in an attempt to promote 'healthy choices.' Other similar words or phrases include "that will make you fat", or "that will make you put on weight." These terms are usually not intended to shame, but to teach children to be careful about some foods.

However, when children hear that a food is 'fattening,' they learn to connect eating with weight, guilt, badness or fear. This can lead the child to believe that food is something that needs to be controlled, when in fact it is very important in early childhood to allow children to attune to their own hunger and satiety cues to meet their energy requirements.

This language also suggests that fatness is something bad or to be avoided. In the early years, children are forming foundational beliefs about food and bodies.

RECOMMENDATION STATEMENT

Avoid commenting on a child's body size or shape using words like 'chubby'.

'Chubby' is often used affectionately to describe young children's roundness or 'baby fat.' Many adults use it as a term of endearment, without any intent to criticise or harm. It can also reflect cultural norms that view chubbiness as a sign of health in early childhood.

Even affectionate comments teach children that adults are noticing and commenting on how their bodies look. This can make children self-conscious and aware of body differences before they're developmentally ready. As they grow, they may interpret 'chubby' as something negative or something to change. Drawing attention to size – positively or negatively – can contribute to body dissatisfaction and weight bias, which is seen in kids as young as three.

In addition, comments that connect being 'chubby' with being a 'good eater' can reinforce an unhelpful message for children about what you eat directly impacting how you look. There are many other factors which influence a child's growing body shape and size. Most of them are things like genetics, which can't be controlled, or socioeconomic status, which the child can't do anything about.

Instead, educators should avoid commenting on appearance. Body-talk can focus on what bodies do and how they feel. For example: "Let's do some belly breaths and feel our bodies fill up with air."

The vignettes on the next page highlight how body talk and weight-based messages can surface in play and mealtimes, and how educators can respond in ways that promote respect, inclusion and positive body image for all children.

Reflective questions

Cooks/Nominated supervisor

- *How might your role contribute to responsive, inclusive approaches that support children's autonomy, belonging, and positive relationships with food?*



VIGNETTE 7

A child calls another child 'fat'

During outdoor play, two four-year-olds are climbing on the playground. One child points to another and says, "You're fat!" The other child looks surprised and goes quiet. The educator steps in and says gently, "We don't talk about people's bodies." The first child responds, "But my dad says being fat is bad."

Reflection

Children quickly absorb the language and attitudes they hear about bodies – at home, in the media, and in the community. When children use words like 'fat', it's often curiosity or repetition, not intentional unkindness. In these moments, educators can respond in ways that build respect, inclusion, and body acceptance.

Instead of shutting down the conversation, the educator might say, "Bodies come in all shapes and sizes, and all bodies are good bodies." They can then redirect the focus to what bodies *can do*, rather than how they look: "Our bodies help us run, climb, and play." This helps children develop empathy, body respect, and positive social understanding.

Services can also convey this message to children by including diverse toys and books that reinforce that all bodies are good bodies.



VIGNETTE 8

'That will make me fat'

At morning tea, a four-year-old looks at the muffins on the table and says, "I don't want to eat that – it will make me fat." The educator pauses, then gently replies, "It sounds like you've heard that word before. Can you tell me more about what you mean?" The child shrugs and says, "My grandma said she doesn't eat muffins because they make you fat."

Reflection

Even very young children can internalise ideas about food, bodies, and weight from the people around them. When a child labels a food as something that 'makes you fat,' it can signal that they've learned to link food choices with body size or value.

In this moment, the educator can respond calmly and factually: "Muffins are one of many foods that give our bodies energy. All foods help our bodies in different ways." Avoiding moral language ('good' or 'bad' foods) and shifting the focus to nourishment and enjoyment supports children to develop a positive and relaxed relationship with food.

Later, educators can reflect on how mealtime environments and casual comments from adults and peers shape children's developing attitudes toward bodies and eating. Creating spaces where all foods and bodies are respected helps children feel safe and confident in their own choices.

The ECEC may also send resources to families via the childcare app that supports families' knowledge of using body-neutral language for growing minds.

Guidance for responding to eating concerns

In some instances, children will experience feeding and eating problems that go beyond developmentally normal changes and stages. These children may need additional support from a health professional, and some parts of their healthcare plan may need to be upheld in the early childhood education service.

The steps below outline what an educator can do if they believe that a child's feeding or eating needs to be looked at.

1. Know your role and scope of practice

Educators play an important part in supporting children's positive relationships with food and eating, but they are not responsible for diagnosing or treating eating and feeding difficulties.

An educator's role is to:

- Create an enjoyable, trusting mealtime environment.
- Observe and record patterns that may affect a child's well-being.
- Share factual, non-judgemental observations with the appropriate person (for example, the service leader, nominated supervisor, or a child's parent or guardian).

Some educators or Educational Leaders may also:

- Support the family to access professional advice when needed.

2. Understand typical eating in early childhood

It's common for young children to:

- Eat small or inconsistent amounts.
- Prefer familiar foods.
- Go through stages of refusing certain textures or flavours.

However, concerns may arise if a child:

- Shows distress, fear, or frequent gagging around food.
- Has difficulty chewing, swallowing, or sitting at mealtimes.
- Experiences slowed growth or low energy.
- Is becoming increasingly restricted or anxious about eating.

These signs don't necessarily mean the child has a diagnosable illness or problem, but they do need attention and follow-up.

3. Communicate with families

As educators cannot make direct referrals to health professionals on behalf of a child, it is important that they raise any concerns with the child's family so that they can follow up. Educators can:

- Approach the conversation with a sense of partnership.
- Choose a private, calm time to speak with the family, rather than trying to quickly discuss the issues at drop-off or pick-up.
- Use descriptive, neutral language: "I've noticed that Jordan often seems uncomfortable at mealtimes. Is this the same at home?"
- Avoid labels or assumptions (e.g., "I think they have ARFID").
- Emphasise support: "We want to make sure Jordan feels comfortable and enjoys mealtimes here."

If the family expresses concern or wants guidance, educators can suggest that they speak with their GP, child health nurse, or a paediatric dietitian.

4. Observe and document

Educators may be asked by the family or by the child's care team (e.g., doctor, nurse, dietitian) to track what a child is eating during their time in care. In line with service policies, educators can keep objective records over time, such as:

- What was offered and what was eaten.
- The child's behaviour and mood around food.
- Any physical or behavioural symptoms (e.g., fatigue, irritability, difficulty with toileting).

Educators should avoid making judgements like 'fussy', 'refusing', or 'poor eater.' Instead, describe what you see (e.g., 'ate one bite of sandwich, appeared to lose interest,' or 'looked uncomfortable when offered yoghurt').

5. Escalate if there are ongoing or serious concerns

If:

- The child shows ongoing distress or avoidance around food,
- There is visible weight loss or slowed growth, or
- The family is unwilling or unable to seek help despite concerns,

Educators should follow their service's child wellbeing or safeguarding procedures, discuss with the nominated supervisor and document the steps taken.

Educators should not attempt to manage or correct the eating behaviour themselves, for example, by requiring the child to eat, removing food choices, or making comments about health, size, or nutrition.

6. Continue providing a safe and inclusive food environment

Regardless of any concerns or assessments underway, all children should continue to experience:

- Regular, predictable mealtimes.
- Neutral language about food, bodies, and eating.
- Opportunities to explore food without pressure.
- Respect for their hunger and satiety cues.

This consistency helps reduce anxiety and supports trust in both food and relationships.

EARLY YEARS LEARNING FRAMEWORK	NATIONAL QUALITY STANDARD
Outcome 1, Outcome 3	**QA6**