

Understanding, Naming and Responding to Hunger and 'Had Enough' Cues

Why is it important to notice, name and respond to hunger and 'had enough' cues?

The number one reason is **connection**. Naming out loud what a child feels shows the child you acknowledge them and builds connection between the adult and child.

Other reasons:

- **Health:** Naming cues helps children to stay in touch with their own hunger and 'had enough' cues. Children are very good at following their own cues, and it is important to support them to continue to keep this ability throughout childhood and into adolescence and adulthood. Supporting children to eat because of hunger (not other reasons, such as being bored or upset) and stopping eating when they have eaten enough, supports continued growth and a confident relationship with food.
- **Learning:** Just as we talk to children about all kinds of objects, scenarios and emotions to support language and social development, mealtimes and eating are another setting to do this.

Recognising hunger cues across development

What helps and what gets in the way?

Children are born with a very good ability to recognise and follow their hunger and 'had enough' cues.

This begins in the newborn period when families are encouraged to pay attention to and respond to their infant's feeding cues, offering a milk feed whenever the infant shows signs they are hungry, and allowing them to feed for as long as they desire.

When infants start to eat solid foods, the process of eating and feeding becomes more complex as the infant develops a new set of skills.

Young children should be given the space to learn to eat when they are hungry and stop when they have eaten enough.

Growth is not linear – children do not grow or gain weight at the same rate every day. Because children grow in spurts, they will be hungrier on some days (and eat more) than on other days to meet their needs for growth. This also means that children may eat more at some mealtimes than others – some children might eat more in the morning, then less in the afternoon. Some children will eat sparingly in the morning but eat more in the afternoon and evening.

Recognising and responding to hunger cues

Adults may not always understand or feel confident reading children's cues, or they may override cues because they are worried the child is not eating enough or eating too much, or they are worried the child is too small or too big.

These responses are often shaped by adults' own upbringing, cultural norms, and previous experiences, rather than a lack of care or concern.

Non-responsive feeding practices

We can inadvertently train children out of following their natural hunger and satiety cues by using non-responsive feeding practices (sometimes called coercive feeding).

For information on responsive feeding practices, see *Factsheet 2: Responsive Feeding.*

Examples of non-responsive feeding practices include:

- pressuring a bottle fed infant to finish all of the breastmilk or formula in their bottle,
- encouraging a child to eat more because we don't think they have had enough, or they have not finished all of the food on their plate,
- using food as a bribe to eat a less-preferred food or as a reward for good behaviour, or
- using food to soothe a child who is upset.

Types of food and hunger cues

The types of foods children are offered may also mean they ignore their own cues.

Children are born with a preference for sweet food because breast milk and infant formula is sweet, and they will naturally choose these over more bitter foods such as vegetables.

The biological drive to eat sweet foods can outweigh the other part of our brain that is telling us we have had enough. It may not happen for everybody all the time, but it is an important factor.

Food insecurity

It is important to note that for children who have experienced not having enough to eat, they might eat whatever amount is available to them whenever they have access to food. It is important to ensure that children and families with previous or current experience of food insecurity have appropriate support in place to stabilise their access to food as much as possible.

It is important to understand that some ECEC staff may themselves be experiencing food insecurity. Educators may be under financial stress themselves, and some report giving children food from their own lunch or going without food during the day so children can eat. While this comes from deep care, it is not sustainable or fair and can add to educator stress, fatigue and burnout. Educators or other staff should not be expected to meet children's food needs from their own lunch or wages; food security is best addressed through service-wide policies, budgeting and, where relevant, advocacy for improved funding and standards.

Self-regulation

What are the components, and how can this be developed in young children with varying abilities?

Appetite self-regulation is knowing when you are hungry and to start eating; when you have eaten enough during a meal and to stop eating; and knowing between meals that you are not yet ready to eat again. Many factors influence our ability to tune into and follow these internal cues.

Emotional dysregulation is a nervous system response that can lead to ight, flight, or freeze responses. In some children (e.g. those who have lived through maltreatment, violence, significant fear events), this type of dysregulation can be severe and can impact behaviour and engagement while attending ECEC. Children can feel unsafe, may not trust the relationships within ECEC, and may readily emotionally dysregulate.

If this happens around mealtimes, individual considerations and informed responses are vital – to do no further harm. Certain fight or flight responses (e.g. yelling, throwing food, aggression) or freeze responses (e.g. refusing to come to the table, or eat, or talk) can be interpreted as deliberate and defiant – when they are actually neurobiological survival responses to toxic stress.

However, when there is an understanding of what a dysregulated nervous response is – why it happens, and what we can do to help – these vulnerable children can be assisted back to a regulated state where they can engage, eat, and play.

How are young children's developmental eating practices influenced by disability or neurodivergence?

Although not all families are directly impacted by disability or neurodivergence, it is important to understand that each child attending ECEC requires different levels and kinds of support from educators to flourish.

For example, children with disability may express hunger and 'had enough' cues in different ways (e.g. non-speaking). As adults, we should behave the same way as we would with any child, i.e. notice, name and respond to cues, and use responsive feeding practices.

> Adults may need to make more modifications to the environment to support children with disability to recognise and respond to their own cues.

Occupational therapists and speech pathologists can provide support with identifying what is needed.

Neurodivergence includes areas of disability such as developmental delay and autism, but also can include the neurodevelopmental impact on nervous systems of children who have lived through maltreatment and violence.

Individual developmental and/or emotional and/or sensory issues that might impact appetite regulation need to be considered and addressed. This can include attention to food aversions, anxieties that stem from a range of sources (including trauma, food insecurity, medical procedures and concerns, allergic reactions, disability, etc.), and timeframe requirements that might not suit all children. Most children will be okay with generalised procedures, but there needs to be general staff awareness and acceptance that particular children will need an individualised and informed approach.

It is important that staff understand that hyperarousal or hypoarousal of the nervous system can impact digestion and toileting, and therefore appetite and even the capacity to engage in eating. Dysregulated children need help with emotional co-regulation before their bodies and brains are settled enough – so that they can feel hungry and want to eat, and can eat.

Enteral feeding

For some children, medical or enteral (tube) feeding (such as gastrostomy tubes) will also shape how they participate in mealtimes. Children who are tube-fed can, and should, be fully included in the social and relational aspects of mealtimes. Managing mealtimes inclusively like this can improve children's nutrition, energy, and broader participation in play.

This could include seating tube-fed children at the table with everyone else eating, offering safe opportunities for sensory participation (e.g., smelling, handling, or serving food), and using Augmentative and Alternative Communication (AAC) or visuals to support communication.

Further, for children who are partially tube-fed, they should be offered foods that are appropriate for their needs with no pressure to eat. Respect for the child's dignity, autonomy, and right to participate should be at the forefront of how mealtimes are approached.

This information has been sourced from the Best Practice Guide for Early Childhood Education and Care Food Environment.

EDITH COWAN UNIVERSITY
GOVERNMENT OF WESTERN AUSTRALIA
healthway

A project funded by Healthway and delivered by Edith Cowan University.