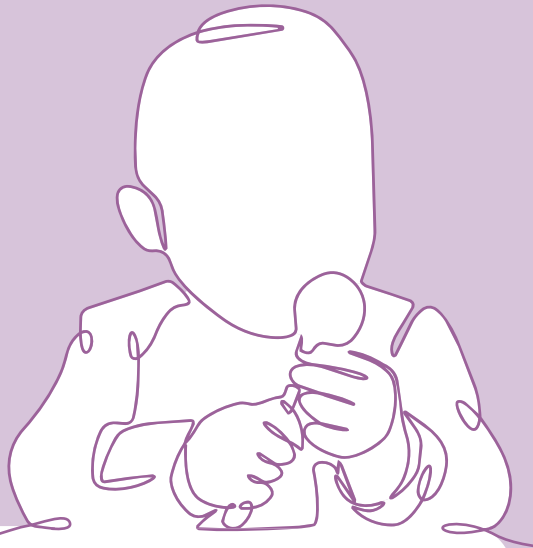
Development of Feeding, Eating and Drinking Practices



Mealtimes provide opportunities for connection and learning within family and cultural contexts. Caregiver responsiveness and attunement can support positive mealtime participation.

Feeding is the term used to describe the process of bringing food to the mouth, sometimes called self-feeding.

Eating and drinking are defined as keeping and manipulating food or liquid in the mouth.

Swallowing is moving food from the mouth to the stomach.

Child development is linked with the occupations of feeding, eating and drinking

Understanding child development helps families create safe, developmentally appropriate mealtime experiences. Table 1 outlines key developmental milestones from birth to five years, focusing specifically on skills that relate to feeding, eating, and drinking.

This information provides guidance that supports families to match food textures, utensils, seating, and mealtime expectations to each child's emerging capabilities, while recognising that every child develops at their own pace and not always in a linear fashion.

Vignettes: Seeing practice in action

The following vignettes illustrate how mealtime principles and strategies come to life in ECEC settings. Each scenario demonstrates responsive, inclusive approaches that support children's autonomy, belonging, and positive relationships with food. These examples might be useful for families too.



VIGNETTE 1

Food refusal

The following vignette gives an example of how educators may respond to food refusal at ECEC.

Liam is a three-year-old attending an ECEC service. During mealtimes, he often refuses foods with mixed textures, such as pasta with sauce or fruit salad, turning his head away or pushing the plate aside. Although Liam can sit at the table independently and use a fork or spoon, he often becomes upset when encouraged to try new foods.

At mealtimes, Liam may watch others eat but keeps his distance, occasionally tapping his fork on the plate or exploring the food with his fingers instead of eating. Liam can carry his own plate to the table. Educators have placed a 'tasting plate' in the centre of the table at each meal, offering a range of foods and textures for children to explore together.

Response

The use of a shared tasting plate and getting Liam to place this on the table each meal is an example of non-pressurised, more positive food exploration that is age-appropriate. Following this approach, educators can put words to what children are doing or gently copy their actions to show interest and connection. With Liam, educators follow his lead in how he chooses to interact with the tasting plate.

For example, you might put words to what Liam is doing:

- "You're looking at our shared plate"
- "You are touching the banana slice on the shared plate"

Or you might model it and talk to it:

- "I am touching the banana on the shared plate too"

TABLE 1: *Mastery of key developmental milestones from birth to five years*

Age	Social/emotional development	Language/communication development	Motor skills
2 months old	• Begins to smile at people	• Coos and turns head toward sound • Recognises people	• Can hold head up
4 months old	• Likes to play	• Cries in different ways to show hunger, pain or being tired and calms to a familiar voice	• Brings hands to mouth and reaches • Uses hands and eyes together and grasps
6 months old	• Responds to other people's emotions	• Responds to own name	• Begins to sit without support and rolls over in both directions
9 months old	• Has favourite toys and may be clingy with familiar adults	• Understands no and uses fingers to point at things	• Sits without support • Grasps food with hands • Removes food from spoon with lips • Begins to crawl
1-year-old	• Repeats sounds or action to get attention and responds to name	• Uses simple gestures like shaking head 'no'	• Walks holding onto something • Drinks from a sippy cup
18 months old	• Temper tantrums may begin	• Says and shakes head 'no' • Points to show what they want or to pictures in response to words • Can follow one-step commands	• Eats food that requires chewing
2 years old	• Shows more defiant behaviour, such as tantrums	• Says sentence with two to four words • Follows simple instructions	• Begins to run • Climbs onto and down furniture without help • Might use one hand more than the other • Able to use a spoon without spilling much
3 years old	• Shows a wide range of emotions • Gets upset with major changes in routine • Increased awareness of feelings of others and understands consequences	• Talks well enough for strangers to understand most of the time • Can follow three-step commands	• Climbs and runs easily • Can pour own drink • Can unscrew jar • Can use fork effectively without spilling much
4 years old	• Talks about what they like and are interested in • Starts to understand temporal relations for everyday events, like mealtimes	• Tells stories and understands subtle cues, such as turn-taking in a conversation	• Mashes own food and pours self a drink
5 years old	• Shows more independence • More likely to agree with rules • Capable of self-regulation • Knows about things used every day, like food	• Speaks clearly	• Uses a fork and spoon and sometimes a table knife • Oral motor milestones for eating met

Note: The ages provided in this table are a guide only, all children develop at different rates and in their own time – and may meet these milestones earlier or later than the ages suggested.

VIGNETTE 2

Feeding trauma

During lunch, four-year-old Sophie suddenly throws her spoon and pushes her plate away. The food lands on the floor, rice goes everywhere, and Sophie begins to cry. This is the second time she has done this in the past week. The educator feels frustrated and instinctively says, "That's not nice! We don't throw our food." Sophie becomes withdrawn.

Later, the educator learns from her parent that she has been becoming increasingly fearful of eating foods with grainy textures following a recent choking incident and now reacts strongly to the sight or texture of foods like rice, oats and grainy bread.

Reflection

Food refusal, throwing, or gagging can be signs of distress, sensory overload, or past trauma related to eating. These are not "naughty" behaviours. For some children, mealtimes are emotionally or physically triggering, and their reactions are driven by fear and the need to protect themselves. Correcting or disciplining in the moment can escalate fear and shame.

Supporting a child who has experienced food-related trauma requires patience and attunement. The goal is not to "fix" their eating quickly, but to rebuild a sense of safety and autonomy so that positive experiences with food can build over time.



Educators can:

- Stay calm and neutral. Gently move the food away and reassure: "You're safe. We can take a break."
- If practical, invite the child to assist with cleaning up the spilt food once they have become regulated again: e.g., "Would you like to help me clean up the rice? It's okay if you need more time."
- Avoid commenting on behaviour as 'bad'. Focus on comfort and safety first.
- Observe and record patterns (which foods, settings, or triggers are involved) and share this information with the parent or supervisor.
- Collaborate with families to maintain consistency and support. If they have strategies that are working well at home, try to incorporate these into mealtimes at ECEC services.
- Maintain predictable, low-pressure mealtime routines, e.g. giving advance notice before meals, allowing the child to serve themselves, offering familiar/safe foods alongside new ones.

Additional support for mealtimes

When families observe ongoing concerns at mealtimes, it may be worth speaking with a GP, maternal and child health nurse, or paediatrician.

Families can also work with allied health professionals to assist in providing additional support for ongoing mealtime concerns. Many families find it helpful to chat with a professional about these concerns.

The following provides an overview of the roles of allied health professionals involved with mealtime support:

- **Occupational therapists:** Focus on mealtime participation, sensory processing, and family routines.
- **Speech pathologists:** Address oral-motor, swallowing, and feeding skills to ensure safe and effective eating.
- **Dietitians:** Assess and manage nutritional intake, monitor growth, and provide dietary modification and meal planning advice to support the development of age- appropriate feeding patterns, dependent on the child's needs, these could be specialist Dietitians. Manage and support children requiring enteral feeding.
- **Medical practitioners:** Identify and treat underlying medical or developmental issues contributing to feeding difficulties.
- **Psychologists:** Support behavioural and emotional aspects, reducing mealtime anxiety and stress for the child and family.
- **Nurses:** Provide feeding support such as enteral feeding, monitor child health and growth, and assist families in implementing professional recommendations.
- **Physiotherapists:** Support seating, posture, gross motor readiness, safe positioning, participation, fatigue and physical comfort.

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

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