

Olga Tennison Autism Research Centre
School of Psychology and Public Health

OLGA TENNISON AUTISM RESEARCH CENTRE

Feeding Difficulties in Young Children: A Policy and Practice Framework

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ENQUIRIES

Dr Asmita Mudholkar
Senior Lecturer Occupational Therapy
La Trobe Rural Health School and OTARC
La Trobe University
Victoria, 3086
E a.mudholkar@latrobe.edu.au

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EXECUTIVE SUMMARY

La Trobe University's Olga Tennison Autism Research Centre (OTARC) is the premier autism research centre in the southern hemisphere. The centre welcomes the opportunity to share the most up-to-date evidence about the unique needs of young children experiencing eating difficulties, their caregivers, and the medical professionals that support them.

Feeding difficulties affect 20–50% of typically developing children and are even more common in Autistic children (44–89%). These difficulties rarely resolve on their own and, without timely support, can lead to malnutrition, poor growth, developmental and cognitive delays, and higher levels of caregiver stress. These challenges can be amplified in Autistic children, where feeding difficulties are more common and complex.

Feeding difficulties rarely resolve without support. The 'wait-and-see' approach commonly used by medical professionals and caregivers can delay the identification and support of children experiencing these difficulties. A reliance on growth charts rather than behavioural signs such as restricted food preferences, sensory sensitivities, or pocketing food and barriers such as food insecurity, service access, and outdated beliefs further delay identification and support.

Our research shows that healthcare professionals tend to recognise feeding difficulties only after the age of two, when the difficulties are well established and more difficult to support. Our **Feeding Difficulties Conceptual Framework** highlights the child, caregiver, practitioner, cultural, and system factors that shape feeding challenges. The framework promotes early identification, multidisciplinary collaboration, and family-centred, culturally responsive care. Early, evidence-based, individualised support can transform feeding into a foundation for better health, development, and child and caregiver wellbeing.

We recommend:

- **Training:** Build workforce capacity to identify feeding difficulties early, engage families, and recognise co-occurring conditions such as autism.
- **Guidelines:** Review and develop national clinical guidelines to ensure accessible, consistent assessment and management.
- **Support:** Strengthen post-partum care with culturally safe education, home-based support, tailored resources, and a routine nine-month check.
- **Research:** Fund new, evidence-based screening tools and decision-making guides for holistic clinical practice.

Feeding difficulties are common, complex, and can have wide-reaching consequences—but they are also addressable. With evidence-based frameworks, timely identification, and coordinated supports, we can improve outcomes for children, reduce caregiver stress, and protect long-term health and development.

RECOMMENDATIONS

Drawing on both existing evidence and new findings from our research, we propose the following policy recommendations to strengthen early identification and support for feeding difficulties.

WORKFORCE TRAINING AND CAPACITY BUILDING

Recommendation 1: Provide professional development and practical skill building for **early childcare workers**, to identify and respond to early signs of feeding difficulties, ensuring timely referral and family support.

This capacity building should include:

- a. training to observe and recognise potential feeding challenges in everyday settings,
- b. confidence to engage caregivers in constructive conversations about feeding concerns,
- c. awareness of how neurodevelopmental conditions such as autism can influence feeding behaviours, caregiver experiences, and mealtime dynamics, and
- d. integration of inclusive, culturally sensitive practices that respect family traditions and food preferences.

Recommendation 2: Provide comprehensive training for **healthcare professionals** to enhance their capacity in the early identification, assessment, and management of feeding difficulties. The training will:

- a. promote the use of evidence-based clinical guidelines that integrates anthropometric, behavioural, sensory, and developmental and culturally sensitive measures,
- b. strengthen awareness and practical skills to recognise diverse presentations of feeding difficulties, including those associated with co-occurring conditions such as autism,
- c. build capacity to initiate timely, supportive and non-stigmatising conversations with caregivers to foster understanding and collaboration
- d. provide guidance on reviewing and applying age-appropriate feeding guidelines in ways that are practical, contextually relevant, and culturally responsive.

CLINICAL AND PRACTICE GUIDELINES

Recommendation 3: Undertake a formal review of age-appropriate feeding guidelines with caregivers, and Autistic people to ensure accessibility, relevance and practicality reflecting diverse lived experiences and supporting inclusive, evidence-based practice.

Recommendation 4: Develop National Feeding Difficulties Clinical Guidelines for the assessment and management of feeding difficulties. These guidelines will:

FEEDING DIFFICULTIES: ACT EARLY, SUPPORT FAMILIES

- a. adopt a comprehensive, evidence-informed, and family-centred approach, integrating anthropometric, behavioural, and sensory measures with structured checklists, and
- b. embed cultural responsiveness and consideration of nutritional, developmental, and psychosocial determinants of health.

STRENGTHENING EARLY AND POSTNATAL SUPPORT

Recommendation 5: Improve post-partum care by:

- a. increasing culturally safe, accessible, family-centred education for first-time mothers on breast and bottle feeding,
- b. providing home-based education and support in the early weeks after maternity discharge, particularly in rural and remote communities,
- c. developing high-quality, up-to-date, culturally appropriate resources for families and communities, and
- d. introduce routine nine-month assessment by child health nurses.

RESEARCH AND INNOVATION

Recommendation 6: Provide dedicated research funding for the development of new screening tools and clinical reasoning guides. These will enable early identification and intervention for feeding difficulties, reducing long-term health, developmental, and psychosocial impacts to assist healthcare professionals to make more holistic decisions about feeding concerns.

BACKGROUND

Twenty to fifty per cent of typically developing children experience feeding difficulties, which commonly worsen with age¹.

Feeding difficulty prevalence is increasing due to medical advancements in caring for children born prematurely with low birth weights and with complex medical conditions². Little is known about how feeding difficulties develop in early childhood; however, their consequences for children and families are well-documented.

IMPACT ON CHILDREN AND FAMILIES

Persistent feeding difficulties in childhood have **significant consequences**³:

- a higher risk of malnutrition,
- poor growth,
- developmental and cognitive delays, and
- higher levels of caregiver stress.

Feeding also has a strong relational dimension between parent and child; it can be a source of joy or stress⁴. These challenges can be amplified in Autistic children, where feeding difficulties are more common and complex.

FEEDING DIFFICULTIES AND AUTISM

44% to 89% of Autistic children having feeding concerns

Autistic children have a fivefold increased probability of having feeding difficulties compared to non-Autistic children, with between 44% to 89% of Autistic children having feeding concerns⁵. Feeding difficulties often appear earlier and progress more rapidly than in typically developing children, and problems with sleeping and eating are often the first to emerge in young Autistic children, even before core autism traits⁶.

Professionals should be alerted to the possibility of underlying autism in children when they observe severe, atypical, or chronic feeding problems⁷.

Understanding the relationship between autism, early neurodevelopmental, and feeding difficulties in early childhood is necessary to mitigate long-term consequences, such as⁸:

- childhood obesity,
- mental health disorders,

¹ Benjasuwantep et al., 2013a; Dahl, 1987

² Kovacic et al., 2021

³ Sharp, et al., 2013; Sharp, et al., 2013b; Hyman et al., 2012

⁴ Baraskewich et al., 2021

⁵ Sharp, et al., 2013b; Seiverling et al., 2018

⁶ Ashley et al., 2020a; Dell'Osso et al., 2018

⁷ Keen, 2008b

⁸ Demir & Özcan, 2021

- nutritional deficiencies, and
- caregiver stress.

CURRENT CHALLENGES

Feeding difficulties rarely resolve without support; yet the common ‘wait-and-see’ approach delays diagnosis and treatment, allowing simple problems to become entrenched and resistant to support⁹.

Healthcare professionals and caregivers may find feeding difficulties **challenging to assess and manage** due to their variable progression and complexity, which can make it difficult to distinguish between feeding difficulties and typical patterns of development¹⁰. For example, feeding difficulties can occur at any level of the feeding process (oral motor and sensory skills, dietary & nutritional intake, and caregiver–child interaction). They can show up as¹¹:

- significantly limited food preferences,
- hypersensitivity to food textures or temperatures, and
- pocketing food without swallowing.

Despite these early warning signs, which medical professionals often overlook during child health check-ups, the focus remains on growth charts rather than feeding behaviours¹². This narrow focus contributes to delayed referral and limits opportunities for early, effective support.

THE AUSTRALIAN CONTEXT

In Australia, General Medical Practitioners (GPs) and Child Health Nurses (CHNs) are generally the first point of contact when parents/caregivers are concerned with their child's feeding development. GPs and CHNs observing children with more complex feeding difficulties refer them to a paediatrician. With more than 45% of children aged 0–5 years attending childcare in Australia¹³, early childcare workers are well placed to notice early feeding concerns and support the child and caregiver in promoting healthy eating.

OUR RESEARCH

As part of an Australian–first PhD study led by Dr Asmita Mudholkar, we investigated the knowledge, attitudes, and practices of paediatricians, GPs, CHNs, and early childcare workers in identifying feeding difficulties in infants and young children (0–2 years). Our findings show that Australian healthcare professionals tend to rely heavily on growth measures, with feeding difficulties often not recognised until after two years of age.

⁹ Taylor & Taylor, 2021; Suarez, et al., 2014; Bahr & Johanson, 2013; Sharp, et al., 2013b

¹⁰ Baraskewich et al., 2021; Ashley et al., 2020a; Kerzner et al., 2015

¹¹ Mayes & Zickgraf, 2019

¹² Sharp, et al., 2013b

¹³ AIHW, 2022

Additionally, barriers such as food insecurity and limited access to services constrain effective management¹⁴.

Recruitment for this study also showed that many young children are not referred or diagnosed during the critical early years, underscoring the persistence of the “wait-and-see” approach in Australian practice¹⁵.

THE SOLUTION

Our **Feeding Difficulties Conceptual Framework** offers a structured approach to identifying concerns early, understanding the multifaceted nature of feeding challenges, and delivering tailored, evidence-based support.

Establishing healthy feeding practices early in life can promote healthy eating patterns later in life and protect from multiple chronic diseases¹⁶. Understanding the basis of feeding difficulties in early childhood and developing appropriate approaches to addressing them will promote age-appropriate feeding skills, preserve nutrition and growth, enhance overall child development, and positive family relationships¹⁷.

We designed the **Feeding Difficulties Conceptual Framework** to understand the multifactorial basis of feeding difficulties, so that medical professionals can design tailored supports that:

- strengthen age-appropriate feeding skills,
- preserve nutrition and growth,
- enhance overall child development, and
- support positive, stress-free family relationships.

Early identification and support transform feeding from a source of risk and strain into a pathway toward **better health, development, and wellbeing**.

¹⁴ Mudholkar et al., 2025

¹⁵ Taylor & Taylor, 2021

¹⁶ Craigie et al., 2011; Nicklaus & Remy, 2013; Schwartz et al., 2011

¹⁷ Gomez et al., 2004

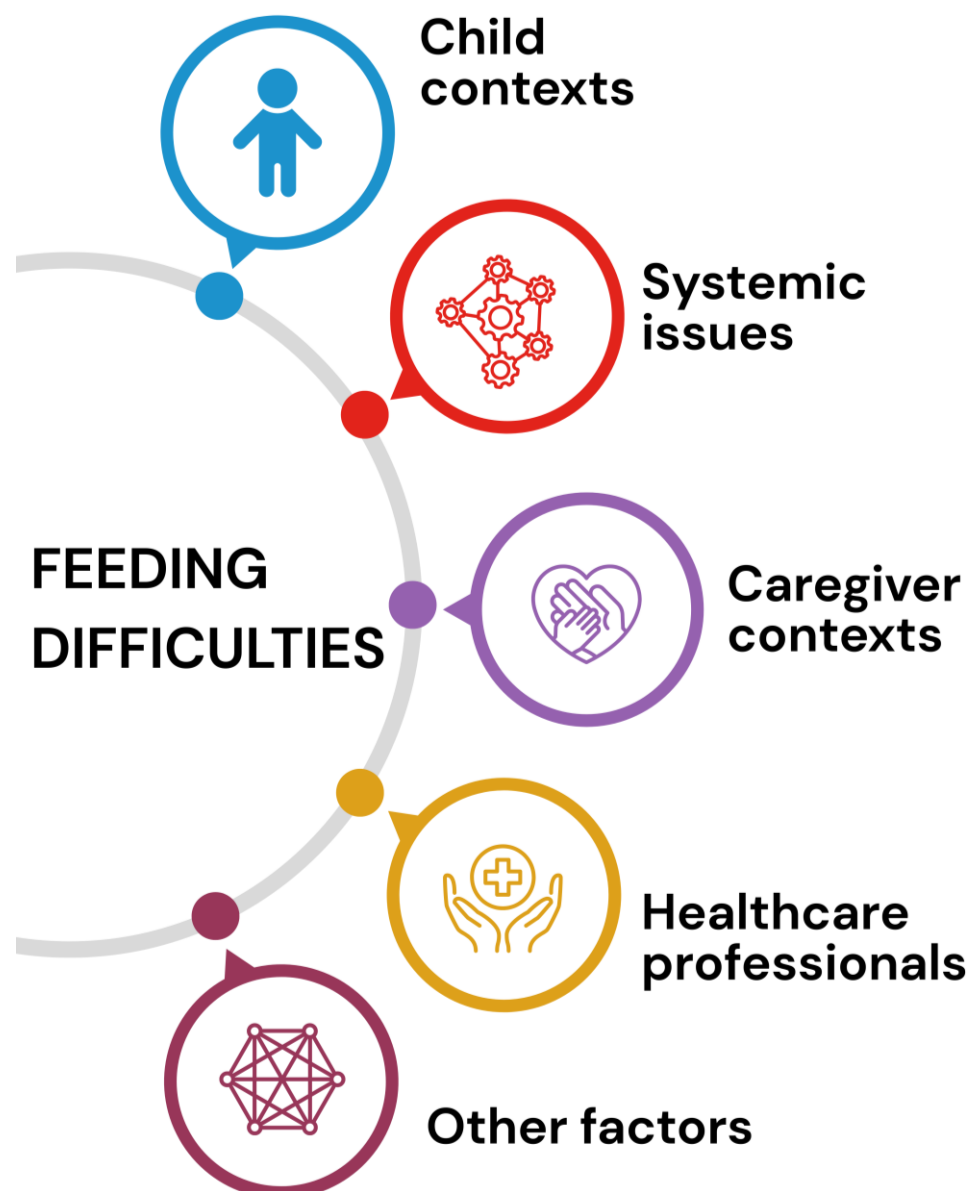
FEEDING DIFFICULTIES CONCEPTUAL FRAMEWORK

We have developed a conceptual framework that brings together the child, caregiver, practitioner, cultural, and system factors that shape feeding difficulties in young children (figure 1). We designed the framework to help healthcare professionals move beyond a narrow focus on the child alone and instead adopt a broader, more systematic lens to see the "whole picture." In clinical practice, this means recognising not only the obvious feeding behaviours but also the less visible factors, such as parental stress, family routines, access to services, practitioner attitudes, and cultural expectations around mealtimes, that can play a critical role.

The framework provides a structure for multidisciplinary collaboration, supporting individualised, context-sensitive, family-centred, and inclusive care. In this way, supports are responsive to the diverse realities of families, whether shaped by cultural diversity, geographic location, or systemic barriers.

Figure 1

Conceptual Framework





CHILD CONTEXT

Feeding difficulties in early childhood should be considered in relation to child contexts.

Medical complexities and co-occurring conditions

Medical complexities that impact feeding may include:

- dysphagia,
- choking and aspiration,
- excessive crying and pain on feeding,
- frequent vomiting,
- profuse diarrhea,
- prematurity, and
- failure to thrive.

Co-existing conditions that may impact on feeding development include¹⁸:

- chronic cardiac or respiratory symptoms,
- congenital anomalies, and
- neurodevelopmental conditions, such as autism and Down Syndrome.

Feeding skills

A difficulty in feeding skill attainment may pose challenges with appropriate feeding development¹⁹. For example:

- Poor postural control and oral motor skills,
- difficulty using age-appropriate feeding utensils,
- sensory sensitivities, and
- difficulty with self-feeding.

Temperament

Child temperament is associated with challenging mealtimes and refusal to eat food in young children²⁰. Temperament traits commonly associated with feeding difficulties include:

- Unsociable or demanding²¹.
- A shy or emotional child may have an unwillingness to try new foods²².
- High negative affect (the experience of sadness, discomfort, frustration, fear, and difficulty to soothe)²³.

¹⁸ Kerzner et al., 2015

¹⁹ Kerzner et al., 2015; Ramos et al., 2017

²⁰ Farrow & Blissett, 2006

²¹ Hagekull et al., 1997; Pliner & Loewen, 1997

²² Pliner & Loewen, 1997

²³ Martin et al., 2000

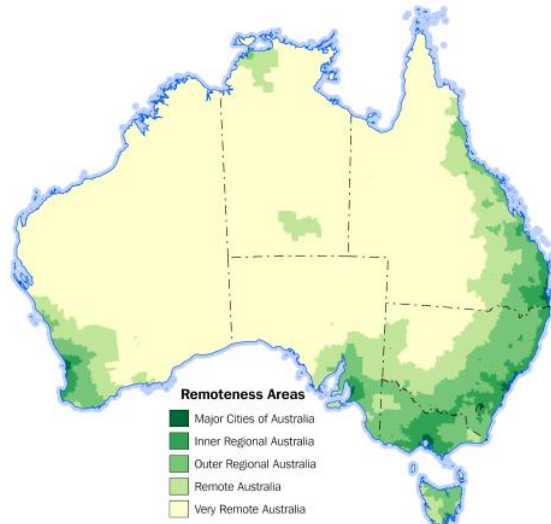


SYSTEMIC ISSUES

Our research supports the existing evidence-based literature that barriers contributing to poor access to services contributes to delays in identifying and treating feeding difficulties in early childhood. Barriers include:

- remote geographic locations,
- poor availability of staff,
- increased waitlists, and
- poor post-partum care, especially for first-time mothers.

Access to services and specialised care is challenging for people living in rural areas due to limited workforce availability and geographical barriers²⁵. It is particularly challenging for families to access expert assessment and treatment for feeding difficulties due to lack of trained clinicians and limited availability of interdisciplinary clinics²⁶.



CAREGIVER CONTEXTS

To fully understand feeding difficulties, medical practitioners must consider not only the child but also the experiences and circumstances of caregivers. Caregivers of young children often have limited time and competing household responsibilities and may have additional challenges in managing mealtimes if they have a child with feeding difficulties²⁷. Caregiver factors include:

- Unbalanced work-lifestyle is associated with less healthy meals and eating more packaged foods²⁸.
- Restrictive parental feeding practices are reported to negatively impact children's food²⁹.
- Parental picky eating is associated with picky eating behaviours in children³⁰.
- Parental anxiety and depression symptoms are prospectively associated with picky eating in pre-schoolers³¹.

²⁴ Image Australian Bureau of Statistics <https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas>

²⁵ Keane et al., 2011

²⁶ Clark et al., 2019

²⁷ Bauer et al., 2019

²⁸ Swyden et al., 2017

²⁹ Chilman et al., 2021

³⁰ de Barse et al., 2017b

³¹ de Barse et al., 2016

- Increased pressure on caregivers to be a ‘perfect parent’ may result in reduced parental competence and co-parenting relationships³².

Caregivers are often unfairly blamed for their child’s feeding behaviours. Many caregivers feel that they have been looked down by the society for their parenting³³.

In reality, feeding challenges arise from a complex interplay of child, caregiver, and broader contextual factors. Understanding caregivers’ perspectives and supporting their wellbeing is therefore critical to improving outcomes for children.



HEALTHCARE PROFESSIONALS’ KNOWLEDGE, ATTITUDES, AND PRACTICES

The current evidence, including Dr Mudholkar’s PhD research, shows that early childhood practitioners rely on objective measures and rely on growth charts and blood tests to identify feeding difficulties. While these tools are important for children with medical complexity or failure to thrive, they are not sufficient for the majority of children. For most, it is the specific presentation and characterisation of feeding behaviours that provide the most useful information.

Unfortunately, many healthcare professionals miss or underestimate the severity of feeding challenges. Outdated views, that feeding difficulties are temporary³⁴, and children will “grow out of it”, continue to influence practice. This often results in a “wait-and-see” approach³⁵, where caregivers are reassured rather than offered timely support, leaving families without the help they need.



OTHER FACTORS: PSYCHOSOCIAL, SOCIETAL, TEMPORAL AND CULTURAL CONTEXTS

Feeding difficulties do not occur in isolation. They are shaped by the emotional, social, cultural and time-related contexts in which families live.

Emotional impact on caregivers

Caregivers of children with feeding difficulties often experience stress equal to or greater than those caring for children with other paediatric chronic conditions³⁶. Stress and frustration build over time as they attempt to manage persistent feeding challenges³⁷.

³² Coyne et al., 2017

³³ Holub et al., 2011; Zenlea et al., 2017

³⁴ Cardona Cano et al., 2015b

³⁵ Taylor & Taylor, 2021

³⁶ Pedersen et al., 2004

³⁷ Carruth et al., 1998

Feeling judged

Caregivers also report stress due to feeling judged by family members, friends, and society in general for their parenting style and being the cause of the child's feeding difficulties³⁸.

Timing matters

Healthcare professionals often reassure parents that children will “grow out of it.” However, children with developmental vulnerabilities usually do not improve without support³⁹. Our research has found that most families only seek help after age two—by which time difficulties are harder to address.

Cultural differences

Family mealtime practices are shaped by culture. For some, meals are structured and shared, for others, less so. Recognising and respecting these cultural differences is essential in providing effective support⁴⁰.

³⁸ Jansen et al., 2017; Zucker et al., 2015

³⁹ Suarez, et al., 2014

⁴⁰ Davis-McFarland, 2008

ACKNOWLEDGMENTS

OLGA TENNISON AUTISM RESEARCH CENTRE

OTARC is situated in the School of Psychology and Public Health at La Trobe University in Melbourne, Australia.

Founded in 2008 with the generous support of Mrs Olga Tennison AO, the Olga Tennison Autism Research Centre is Australia's first, and largest centre, dedicated to autism research. We're here to create real change for Autistic people. Our work brings together researchers, professionals, Autistic people and those who support them to turn our research into practical supports. We design and evaluate support programs, services and clinical tools, train professionals, and partner with communities and organisations across Australia and the world.

We would like to acknowledge our research participants whose invaluable contributions have made our work possible. Their commitment and willingness to share their time, experiences, and perspectives have significantly advanced our understanding of autism and the potential impact of our research.

Acknowledgement of Country

We acknowledge that we work on the unceded lands of many traditional Indigenous custodians in Victoria and across Australia. We recognise their ongoing connection to the land and value their unique contribution to our research, to La Trobe University and to wider Australian society. We pay our respects to Elders past and present and thank them for their ongoing care of this beautiful country's land, skies, and waterways.

Diversity

We are committed to embracing diversity and eliminating all forms of discrimination. We will develop and sustain a culture where access, diversity and inclusivity are recognised, valued and celebrated. We welcome all people irrespective of neurotype, ethnicity, lifestyle choice, faith, sexual orientation or gender identity.

Lived experience

Our research could not happen without the individual and collective contributions of those with lived experience of neurodivergence, and those who love and care for them. We acknowledge and value their unique expertise. Their perspectives are crucial to our mission to enrich the lives of Autistic people, their families and their carers through high-quality scientific research, innovation and translation and our vision for a world where Autistic people, their families and their carers thrive.

SCHOOL OF PSYCHOLOGY AND PUBLIC HEALTH, LA TROBE UNIVERSITY

La Trobe University's School of Psychology and Public Health fosters expertise across psychology, counselling, therapy, and public health. It is strongly committed to social equity, leading innovative, multidisciplinary research that addresses complex challenges

across the life course. It has extensive partnerships with industry, government, and community, particularly in regional and underserved areas, as well as real-world translation and policy relevance. The School supports researchers through robust mentoring, funding, and collaboration. Grounded in lived experience and informed by diversity, equity, and inclusion principles, the School delivers research that improves lives, informs practice, and supports the development of more inclusive, sustainable employment systems.

RURAL HEALTH SCHOOL LA TROBE UNIVERSITY

La Trobe's Rural Health School champions the health and wellbeing needs of rural communities, offering high-quality teaching and research programs to make rural health matter, locally, nationally and internationally. The Rural Health School makes a meaningful, sustainable difference in rural communities through the production of high-quality graduates and the impact of their research. Eighty-nine per cent of our health services and support undergraduates found employment within four months of graduation. Times Higher Education ranks the Rural Health School in the top 50 worldwide for advancing healthier communities and supporting health equity.

CONTRIBUTORS

Dr Asmita Mudholkar

Dr Mudholkar is a senior lecturer and researcher in the occupational therapy program at the La Trobe Rural Health School and a member of the Olga Tennison Autism Research Centre. Dr Mudholkar's doctoral research investigated the factors associated with the early onset of feeding difficulties in young children and explored practices for their identification and remediation. The findings provided insight into the importance of early identification of feeding difficulties to guide targeted supports.

Dr Kristelle Hudry

Dr Hudry is Associate Professor with the Department of Psychology, Counselling and Therapy, School of Psychology and Public Health, La Trobe University. Dr Hudry is a child development researcher with expertise in autism and related neurodiversity. Dr Hudry leads the Childhood Autism and Parenting Team (CAPTeam; website), a cross-unit group of formally-trained and trainee researchers—in Psychology, Speech Pathology—including members with relevant lived-experience. Together, Dr Hudry and CAPTeam members lead research and collaborate with national and international partners on range of child development and family wellbeing topics broadly focused on the birth to school transition period.

Dr Larissa Korostenski

Dr Korostenski is the Head of Neonatal Services within the Department of Neonatology, John Hunter Children's Hospital, Newcastle, New South Wales. Dr Korostenski is trained as a Neonatologist and Paediatrician.

Professor Alison Lane

Professor Lane is the Director of the Olga Tennison Autism Research Centre. Professor Lane is an occupational therapist and internationally recognised for her scholarship regarding sensory processing challenges in children, particularly as they relate to functioning in Autistic people. Professor Lane's work is grounded in 30 years' experience in paediatric clinical practice, health service management, research and teaching. Professor Lane Alison is the first in field to identify sensory subtypes in autism. Professor Lane's studies show that these subtypes relate to distinct neural profiles and patterns of functional distress and indicate that solutions to sensory challenges in daily life should be customised to context and the individual.

Alex Haschek

Alex is the Research Communications and Impact Coordinator at La Trobe university's Olga Tennison Autism Research Centre. Alex leads efforts in research dissemination, impact planning, and stakeholder engagement, ensuring that the Olga Tennison Autism Research Centre's work reaches and influences both academic and public audiences.

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UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS

At OTARC, our research aligns with the United Nations Sustainable Development Goals.⁴¹



⁴¹ <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

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