Food and children with Autism Spectrum Disorder

Children with Autism Spectrum Disorder (ASD) are commonly known for being “picky” about their food. Food preferences and sensory issues impact on the food intake of children with ASD. Often, parents struggle to work out the most appropriate food to provide children with ASD, given these issues. This resource provides practical tips to improve the nutrient intake of children with ASD. It aims to minimise the battles and stress often experienced during family mealtimes.

Parents decide what to offer, children decide what to eat

Knowing your child's food preferences

- Respect your child’s food preferences.
- Never force your child to accept a food item. Encourage your child to learn about the food over at least 10 exposures. Let your child see, touch, and smell the food.
- Record your child’s eating habits. Note the types of foods that are eaten and those that are not.
- Note any trends in the properties of foods eaten by your child (e.g. taste, texture, colour, and smell). Record specific details for each food property (e.g. salty, dry crispy, orange-coloured foods, odourless foods).
- Knowing your child’s favourite foods allows you to better talk with your child about food choices when planning meals. This will reduce the chance of food rejection at mealtimes.

Understanding your child's senses

- Our senses involve: seeing, smelling, touching, tasting, hearing and moving.
- Extreme sensitivities towards certain sound, smell, touch and light are often reported in children with ASD.
- Sensory sensitivities and food preferences, can affect what your child eats during mealtimes.
- The mealtime environment can also influence the success of food intake.
- Understanding your child’s food likes and dislikes allows you to offer healthy food choices that will be more likely accepted and eaten by your child.
- It is important to set up a mealtime environment that is practical for your family and suitable to your child. For example, check your child’s seating position.
(i.e. ensure the chair is at an appropriate height for the table, maybe through the use of a booster seat). Consider if there are any distracting noises (reduce the background noise from the radio/TV), lighting, and smells.

**Children’s mealt ime practices**
- Expect some mess when children are learning to eat by themselves. The younger the child, the more likely there will be a mess.
- Always talk with your child and provide meal options in a calm manner.
- Encourage your child to try all the food by using positive statements. Example: “I know YOU CAN take a bite of this carrot.”

**Interchanging and modifying foods**
- The rejection of many foods is a common problem amongst children with ASD. If your child selects foods based on colour and/or texture, then you can try to include foods high in nutrient values that match their colour and texture preferences.
- Depending on your child’s age, engage your child in menu planning so that food preferences can be accommodated – See Food Selectivity by Texture sheet; Food Selectivity by Colour sheet; and Suggestions for Modifications sheet.

**Understanding your child’s nutritional needs**
- Children require different energy needs based on their gender, age and activity level.
- The more active your child, the more energy required.
- Use your child’s palm size to measure a serve of meat and alternatives.
- For children aged under 5 years, one tablespoon of cooked vegetables is approximately equal to one serve of vegetables.
- Let children serve themselves. Allow them to judge their fullness. You do not need to ask your child to finish all food items served at mealtimes.
- Set regular meal and snack times. Consistently monitor the type and amount of food eaten by your child.
- Children with ASD are more likely to consume nutrient supplements. Consult your dietitian to determine if nutrient supplements would improve your child’s health.

Please contact your dietitian or occupational therapist for further advice if you have concerns about your child’s mealt ime behaviours, food intake of sensory issues.
References: