Helping families overcome eating difficulties through play picnics

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For many children eating is a pleasurable and social experience that also provides the nutrients needed to maintain health. Conversely, for many families in our community, supporting their child to eat is extremely challenging.

Aims: Play picnics (PP) provide a positive food experience in a supportive and social setting for children and their families where the child has an identified difficulty around their oral intake or comfort around food and mealtimes. Children involved in the PP are encouraged to explore food and food utensils in their own way; they are not expected to eat.

Methods: Adapted from the Early Autonomy Training (EAT) Program developed by the Graz Hospital for Sick Children in Austria, PP were facilitated by a multidisciplinary team (speech pathologist and occupational therapist) in the Early Learning for Families (ELF) team at Southern Fleurieu Health Service with support from a therapy assistant. Additional support from the ELF physiotherapist and psychologist was also provided as required. PP were held for one hour once a week over a four-week period, with an expectation that parents would provide play picnics at home. Parents/carers were interviewed using a semi-structured interview pre- and post-program (at program end and 6 weeks post). Using qualitative methods the pre- and post-program interviews were themed into the following categories: food intake (FI), food variety (FV), food exploration (FE) and parents perceived stress around meal times (PSMT).

Relevance: There is increasing demand on regional health services to support children with complex eating issues following discharge from metropolitan hospitals, thus assisting to avoid traumatic and costly re-admissions.

Results: Under the FI theme parents reported an increase in their child’s general willingness to consume food at meal times and an increase in the amounts of food their children ate at mealtimes. Parents reported an increase in the types and variety of food their child was willing to attempt (FV). Parents also reported that they felt less stressed and anxious and felt more confident to follow their child’s cues around meal times (PSMT). In addition, they also reported that their child appeared more relaxed and happy and showed more pleasure and willingness to explore new foods during the eating experience (FE) after completing the PP program.

Conclusions: This model has provided successful and long-lasting results. It can be easily replicated and has been manualised. Further it can be facilitated by a variety of multidisciplinary combinations. Programs such as PP reduce the demand on services provided by metropolitan acute settings.