Written by the Inclusive Developmental and Therapy Center therapy team · **medically reviewed by Dr Muhammad Suffyan**, MB BS (**GMC 8023727**) · Last reviewed July 2026

Can I help my child at home?

Yes, you really can. Take the battle out of mealtimes and gently help your fussy eater feel relaxed enough to try new foods — without force, bribes or chasing them around with a plate. This free program breaks it down into simple weekly steps, built from proven therapy techniques — things any parent can do at home, in everyday moments, at no cost. It doesn't replace a professional assessment where one is needed, but for a lot of children it makes a real difference, and it never does any harm.

- Go at your own pace — a new, gentle focus each week.
- Download the whole program as a printable PDF to keep.
- Includes the signs that mean it's worth getting a bit of extra help.

Fussy eating is one of the most common worries parents bring to us, and it is also one where small, calm changes at home usually help most. If your child eats the same five or six foods, refuses whole groups like vegetables, and every meal ends in tears, you are not doing anything wrong and your child is not being naughty. For most children, picky eating is a stage — and a relaxed, no-pressure table is the shortest way through it.

This free program walks you through five gentle stages: calming the meal itself, letting a new food simply be in the room, exploring it with hands and nose, then tiny tastes, then keeping it going. Underneath all of it sits one rule that changes more than any recipe — you decide what food is offered, when and where; your child decides whether and how much to eat. It is one of our free **step-by-step home programs for parents**, so work through it at whatever pace suits your family.

1

Week 1 · Calm the meal

Set times, no coaxing, no chasing

2

Week 2 · Share a table with it

New food nearby, nobody has to eat it

3

Week 3 · Touch and smell

Look, sit near, touch, smell, lick

4

Week 4 · A tiny taste

Always beside a food they already like

5

Week 5 · Keep it going

Re-offer calmly, stay neutral either way

If the sentence in your head is bacha khana nahi khata — my child just does not eat — the first change is almost always to stop coaxing, chasing and force-feeding. Zabardasti nahi, sabr chahiye: not force, patience. A child who feels no pressure at the table eats more, not less, and starts to notice their own hunger again.

This program is for everyday fussy or picky eating only. It is not for medical feeding or swallowing problems. If your child coughs, gags or chokes on food or drink, struggles to swallow, is losing weight or not gaining, or eats so little that their health is affected, please seek prompt medical and professional help — those needs are beyond what this home program can support. If that sounds more like your child, read about **feeding and swallowing difficulties** and get an assessment first.

Who this program is for

- ✓ Children who will only eat a small, familiar set of foods
- ✓ A child who refuses whole groups, like most vegetables or all meat

- ✓ Mealtimes that regularly end in tears, shouting or a chase around the room
- ✓ A child who backs away or gags at a new smell, texture or colour
- ✓ A child who fills up on milk, juice or biscuits and then will not eat a meal
- ✓ A child who eats reasonably at school or at a relative's house, but not at home
- ✓ Parents worn out by the daily struggle, and tired of being told to just make him eat

Important — when to get professional help

This is a supportive home program — it isn't a diagnosis, and it doesn't replace a proper assessment. Please speak to a professional soon if:

- Coughing, gagging, watering eyes or a wet, gurgly voice during or after eating or drinking
- Any pain or difficulty swallowing, or food that seems to get stuck
- Losing weight, or not gaining weight as expected
- A diet that is shrinking month by month, or is so narrow it is affecting your child's health
- Sudden refusal of foods your child used to eat happily
- Your child is under two, was born very early, or has a medical condition affecting feeding — please get professional advice before starting anything at home

Getting help where you live

Everything here is free to use **anywhere in the world**. If you'd like a professional to take a closer look, the best next step is someone local to you:

- **Work with us online, from anywhere.** We offer **online sessions and parent coaching** worldwide — book an online consultation and we'll guide you and your child directly.
- Talk to your child's **doctor, paediatrician, GP or health visitor** — share what you noticed.

Ask about **free early-childhood or early-intervention services** in your area — many countries offer them for young children (e.g. Early Intervention in the US, NHS referrals in the UK).

Search **“child speech & language therapist near me”**, or ask your doctor for a referral.

Near Multan, Pakistan? You’re also warmly welcome in person at our centre — **contact us here**.

☆ Your step-by-step roadmap

Move at your child’s pace, not the calendar’s — the “weeks” are just a gentle order, not a race. Feel free to repeat any stage for as long as it’s helping.

Week 1 — Calm the mealtime

Take the pressure and stress out of eating together.

Serve meals and snacks at roughly the same times each day, with a gap in between so your child arrives at the table hungry.

Sit and eat the same food together where you can, with no phones, screens or toys at the table.

Check your child can sit comfortably with their feet supported — dangling legs and a wobbly chair make eating hard work, and our gross-motor home program builds the steady core that calm sitting depends on.

Stop coaxing, bribing, rewarding and force-feeding — offer the food, then talk about anything except eating.

Keep the meal to around 20 to 30 minutes, then clear it away kindly and without comment.

Try this: Decide what is offered, when and where; let your child decide whether and how much they eat — pressure almost always backfires, and a chased child eats less, not more.

Week 2 — Make new foods safe to be near

Let your child get comfortable with new foods, no eating required.

Put a very small amount of one new food on the table, not on your child's plate.

Let them look at it, name it and talk about it — nobody is expected to eat it this week.

Eat it yourself calmly, and say nothing at all about what your child does or does not do.

Serve family food deconstructed — roti, rice, salan, vegetables and yoghurt in separate bowls, so nothing is mixed by surprise.

Try this: A child usually needs to meet a new food many times before they will try it. Sharing a table with it is real progress, and it is the stage most families skip.

Week 3 — Explore with the senses

Build friendly, playful contact with new foods.

Explore foods away from mealtimes — sorting, stacking, printing shapes, making faces on a plate.

Work up the ladder in order: look at it, sit near it, touch it with one finger, smell it, lick it, then a tiny taste.

Let your child wash, tear, stir, roll or serve food in the kitchen. If jobs like these, and coordination generally, look unusually hard for their age, it is worth reading about dyspraxia and developmental coordination disorder.

Let the mess happen. Wipe hands at the end of the game, not after every touch.

Try this: Touching, smelling and licking all count. A child who will kiss or lick a food is far closer to tasting it than a child who has never touched it.

Week 4 — Tiny, gentle tastes

Offer small, no-pressure chances to taste something new.

Always serve at least one food you know your child will eat, right there alongside the new one.

Offer a “no-thank-you” portion — a crumb-sized piece — and make it completely fine to spit it out into a napkin.

Link a new food to an accepted one: a familiar dip with a new cracker, a familiar sauce on a new vegetable.

Praise the trying, not the swallowing — “you smelled it, that was brave” works better than “good boy, you ate it”.

Try this: Keep one safe food on the plate every single time. A safe bite is what makes a brave bite possible.

Week 5 — Keep it going

Build lasting, relaxed habits around food.

Keep offering variety, and keep re-offering foods that were refused weeks ago.

Stay neutral either way — no celebration, no disappointment, no running commentary.

Expect wobbles when your child is ill, tired or unsettled; drop back a stage and carry on.

Once a month, write down every food your child accepts, so you can see slow progress you would otherwise miss. If that list has not grown at all after about two months of calm, no-pressure meals, book a developmental assessment and bring the list with you.

Try this: Keep gently re-offering rejected foods — tastes change slowly, and “no” today is often “yes” a few weeks on.

Little tricks that make it work

- ✓ Never force, bribe, punish or chase your child with a plate — it makes fussy eating worse. If refusals regularly tip over into a full meltdown, our guide to handling tantrums calmly works well alongside this.
- ✓ Offer a new food again and again; giving up after two or three tries is the commonest mistake.
- ✓ Keep portions of new foods tiny so they never look overwhelming.
- ✓ Cap milk, juice and biscuits between meals — a full child has no reason to be brave.
- ✓ Let your child see you and others eating a range of foods, without any comment on theirs.
- ✓ Feed at the table, not in front of a screen or while walking around the house.
- ✓ Hiding vegetables in a paratha or smoothie is fine for nutrition, but serve the visible version too.
- ✓ Involve your child in shopping, choosing and cooking so food feels friendly before it reaches the plate.

How you'll know it's working

- → Calmer mealtimes, with fewer battles and less crying
- → Your child willing to sit at a table that has a new food on it
- → Touching, smelling and licking unfamiliar foods without distress
- → Tiny tastes of foods that were refused before
- → A slowly widening list of foods your child will accept and keep eating

Is this based on real methods? This program follows two well-established feeding approaches. The first is the division of responsibility, described by dietitian Ellyn Satter — the parent decides what food is offered, when and where; the child decides whether and how much to eat. The second is graded, repeated, no-

pressure exposure, where a child moves at their own pace from seeing a food, to touching and smelling it, to tasting it. Neither is a treatment for a medical feeding or swallowing difficulty.

Educational information, not a diagnosis. Our guidance follows standard, research-based practice (CDC, NHS, ASHA and WHO), is written by our therapy team and **medically reviewed by a GMC-registered doctor**. Every child is different, so we can't promise specific results — always use your own judgement and speak to a qualified professional about your child. **Read our full disclaimer**.

FAQ

Happier Mealtimes: questions parents ask