The Challenging Behaviour Foundation

making a difference to the lives of people with severe learning disabilities

Pica: supporting someone with severe learning disabilities who ingests non-food substances

Contents

Case studies are fictional but based on real life situations and the Family Support Service’s casework.

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Acknowledgements

Thank you to everyone who has contributed to this information pack and checked its accuracy:

Prof Peter McGill, for commenting on previous versions of this information sheet.

Peter Baker, Tizard Centre University of Kent for commenting on drafts of this resource.

Vivian Cooper and Kate Sanger for developing the Pica Support Plan.

Louise for sharing her experience.

Understanding, Supporting and Responding to Pica

This information sheet may be useful for families who are looking to:

- Support someone who ingests non-food substances
- Understand possible reasons for pica
- Understand the risks of pica
- Feel confident in their understanding of pica
- Be able to advocate for their relative with pica

What is pica?

> ***"Pica is the act of ingesting non-food substances that lack nutritional value"***
>
> Sturmey & Williams, 2016

If your relative engages in pica they may eat stones, coins, fabric, shampoo, clothing or cigarette ends.

They may eat or drink one specific inedible object or substance, or lots of different ones. Pica may emerge at any point from childhood to adulthood and can be associated with other diagnosis or conditions. Many episodes of pica are missed or not taken seriously.

ALL pica behaviour is high risk and can have serious implications.

Research into the causes, assessment and strategies for pica is very limited. This information sheet is based on the available research and current clinical practice.

All our information sheets are available to download free of charge because we believe that money should not be a barrier to getting the information you need when you need it.

Please see the end of this information sheet for details of how to support us.

We want to make sure our resources are helpful. Please spend a few minutes giving us some feedback: Feedback form

What causes pica and how common is it?

The specific causes of pica are not well understood, but some conditions can increase the chance that a child or adult will develop pica. These are:

- Diet lacking in iron or zinc
- Learning disabilities
- Autism
- Pregnancy

Studies show that people with a learning disability are 3 to 10 times more likely to display pica. The more severe your relative's learning disability, the more likely they are to display pica. Possible reasons include difficulties understanding the difference between edible and non-edible items; sensory feedback from texture, taste, or smell; communicating dental pain or hunger or an attempt to communicate an unmet need.

The reasons for pica vary from person to person, and there is often more than one factor involved. A helpful starting point for understanding what may be driving the behaviour is to keep a record of when it occurs.

This can be done using ABC charts:

A **Antecedent:** what happened immediately before the pica behaviour?

B **Behaviour:** what was ingested (or what the person attempted to ingest)?

C **Consequence:** what happened immediately afterwards (including how other people responded)?

ABC charts and recording behaviour is explained in more detail on page 7 *Assessing Pica.*

Health checks

Pica can be associated with mineral deficiencies, particularly iron and zinc. Undiagnosed illness or pain can also trigger pica behaviour.

A full general health check should be conducted by the individual’s GP. Tests to rule out iron and zinc deficiencies should be considered. The health check should also consider current medication and any history of constipation, reflux, pain or vomiting. A dental check should also be carried out to assess if there are any problems with the teeth or gums or damage to the inside of the mouth.

If your loved one struggles with medical appointments, remember reasonable adjustments are a legal right. For information on reasonable adjustments at the medical practices please click here.

There is some evidence which associates pica with mental health problems. This especially may be the case if the individual is using ingestion of inedible objects as a calming or regulating behaviour.

A psychiatric assessment to rule out mental health problems should be considered. Mental health conditions do not cause pica but can increase the chance that pica is developed.

What are the risks?

Whilst some objects pass through the body without harm, pica can be life threatening. Risks include vomiting, constipation, infections, blockages in the gut and intestines, choking and poisoning. Sometimes surgery is needed to remove objects from the gut or to repair damaged tissue.

As a result of pica, in one study of 48 people 75% needed surgical intervention.

- Some reported complications as a result of surgery
- A small number died

Where pica has not been noticed cause of deaths include:

- Haemorrhage before surgery
- Gastric ulcer caused by blockage from plastic glove
- Tear in oesophagus

The study highlights that pica is serious and can have fatal consequences (*Willians F, Gibbs S, Addo AS, 2022*).

Objects that are life-threatening and if swallowed require special medical input include:

- Batteries (toxic)
- Razor/other blades (risk of internal injury)
- Thread/fabric (material is often not passed and builds up causing blockage)
- Gloves/bags/plastic items (can collect food, expand, and block the gut)

If you are worried about a child or adult who has eaten an inedible object it is vital that you contact their GP or your nearest accident and emergency department for medical advice immediately as the consequences could be life threatening.

Assessing pica

To try to determine the causes of pica, professionals (including clinical psychologists and behavioural nurse specialists) generally use a functional assessment. This usually involves the professional interviewing the child or adult's main carer. They also include recording charts which are used to establish why an individual is eating inedible objects. You may want to share any records you have collected yourself with the professional. This can help produce a wider more in-depth picture.

A functional assessment can support family carers and staff to understand the reason for the behaviour and identify risks, learn from mistakes and prevent recurrence. Incidents with potential harm (near misses) are crucial to record as they identify hazards before someone gets hurt, helping prevent future incidents. You can find a template letter to obtain a Functional Assessment here. Information from a functional assessment is used to form a behavioural support plan, aimed at reducing pica behaviour and identifying the conditions or reasons pica can occur. A behaviour support plan is a live document and should be regularly reviewed. The plan will look at triggers, de-escalation methods and safer alternatives. It will contain proactive and reactive strategies.

Please see the Challenging Behaviour Foundation Information sheet Finding the Reasons for Challenging Behaviour for detailed information on functional assessment and Positive Behaviour Support Planning for information about behaviour support plans.

Challenging behaviour displayed by individuals with learning disabilities is usually for one of the following reasons (or 'functions'):

1. **Social attention:** Does the child or adult receive lots of attention after eating inedible objects? If so, they may have learned that this leads to being rewarded with lots of attention. Even negative attention (e.g. shouting "no") can be rewarding. The natural reaction to pica behaviour is concern and care. Being rewarded with attention, concern and care may increase the likelihood that the pica behaviour will be repeated again in the future.

2. **To obtain a favourite activity, object, food or drink (tangibles):** Does the child or adult receive a favourite object, activity, food or drink after eating an inedible object? If so, they may have learned to associate this with getting a favoured item. This may lead to the behaviour being repeated again in order to get the favoured item. Additionally, aspects of going to a hospital or doctor's surgery may be rewarding for the child or adult (e.g. the ride in an ambulance/car).

3 **To escape from an activity or situation:** Does the child or adult escape or avoid tasks they don't want to do, or situations that they don't want to be in, after eating an inedible object? If so, they may have learned to associate this with escape from disliked situations or tasks. This may lead to the behaviour being repeated again in order to escape or avoid things.

4 **Sensory feedback:** Are the textures, tastes, smells or sights of the inedible objects child or adult eats similar or unique in some way? They may have learned that chewing, tasting or eating particular inedible objects give them enjoyable or unusual texture/taste/smell. For example, sand or gravel are very crunchy and toothpaste has a strong flavour. Cigarettes (or cigarette ends) are sometimes eaten by individuals with a severe learning disability and research has shown that the nicotine in cigarettes reinforces the behaviour. It is important that people have things and activities in their life that they enjoy and that stimulate their senses, to ensure that boredom doesn't lead to pica behaviour.

Note that children and adults who engage in pica for any of the reasons above will not usually be deliberately or consciously seeking the consequence. Instead, in situations of need, they automatically behave in ways that have been successful in the past. Research suggests that pica in people with intellectual disabilities is most commonly maintained by automatic (sensory) reinforcement rather than social reinforcement (Matson & Bamburg, 1999.).

Constructing a risk assessment

A risk assessment helps to identify hazards, assess the likelihood and potential impact of harm, and put proportionate controls in place. It should be completed alongside the behaviour support plan, with the aim of keeping the person safe in the least restrictive way possible. Families and people who know your relative well should be involved in completing a risk assessment, excluding them increases the risk. Risk assessments should be live documents and reviewed for different and new environments. For more information, please see the Challenging Behaviour Foundation information sheet *Making It Happen*.

ALL pica behaviour is high risk

Pica risks in the environment

What do you need to think about?

- **Wider living environment:** Consider items in the home that your relative may try to eat, such as mattresses, bedding, cushions, curtains, furniture, and paint. Specialist equipment may help reduce the likelihood of ingestion (for example, toughened furniture or mattresses). Include both personal spaces and shared areas in your assessment.

You can click here to view our information guide on specialist equipment. In some situations, it may be safest to remove the risk altogether — for example, by replacing carpets with wooden or vinyl flooring.

- **Personal items:** Consider what your relative can access that they may chew or pull apart (for example, chewy tubes, ribbons, and toys). Make sure items are fit for purpose and are checked, maintained, and cleaned regularly. Where there are small parts, it may be helpful to count items in and out to make sure nothing is missing or has been swallowed. Aim to offer safer alternatives rather than only removing items, so the person can still enjoy meaningful activities and maintain a good quality of life.

Suggested questions to ask when assessing the environment:

1. Is the floor clear of items?
2. Do any toys/games/activities have loose pieces?
3. Do any toys/games/activities have small pieces that ingestions could happen?
4. Are pens, paper clips or similar within reach or unattended?
5. Are there any cupboards or closets that are unlocked?
6. Is there a rubbish bin?
7. Are you always present?
8. Is there any torn clothing?
9. Are any cleaning items within reach?
10. Are any other items within reach?

Strategies for pica

The following examples of support strategies are not an exhaustive list. They are examples of some of the ways clinicians and parents can work in partnership to try to eliminate or reduce pica behaviour.

Strategies based on the cause(s) of pica

1

Social attention

If pica is known to be motivated by gaining social attention, a strategy may include ignoring the pica (if it is safe to do so) or stopping the child or adult from eating the object with the least possible attention. This may include not giving any eye contact, keeping a 'neutral' facial expression and tone of voice, and only speaking to give instructions (no social chat). Giving the child or adult lots of positive social attention when they are not engaging in pica is vital. Trying to increase the child or adult's communication skills to give them a less dangerous way of requesting attention would be an important long-term goal.

Case study 1

After moving to a residential service, Samantha started to search out and swallow small objects around the house. The behaviour developed over the course of a year, from her picking up small items of fluff or paper from the floor and eating them, to swallowing coins, pen tops, and other larger items. This resulted in several trips to Accident and Emergency.

Staffing had been increased to monitor her continually and prevent the behaviour. Although this reduced the frequency considerably, she still managed to find small objects and swallow them and continually looked for opportunities to do this.

She was observed for a period of several weeks, and the recordings showed that she was more likely to engage in the behaviour when there were fewer staff present. Because of the risk, staff reacted to the behaviour with lots of attention. It was felt that the behaviour attracted and kept staff attention. It was thought to have developed because she had moved from a home environment where she had continual attention to one where she had to share the attention of staff with other residents of the house. She had learned that putting things in her mouth resulted in lots of attention.

A strategy was developed where staff responded as little as possible when she ate something inedible but gave her lots of attention at other times. The behaviour reduced significantly but still re-emerges occasionally when staffing levels are low.

2 To obtain a favourite activity, object, food or drink (tangibles)

If pica is motivated by getting a favourite activity, object, food or drink then a strategy may include making sure the child or adult can access their favourite activity or item without needing to eat an inedible item. Working on improving communication skills. Working towards increasing the individual's communication skills so they have another way to request their favourite activity or item (e.g. with a symbol or sign) would be an important long-term goal.

3 To escape from an activity or situation

If pica is motivated by escaping from an activity or situation, then a strategy may include looking for early warning signs that indicate that the child or adult wants to end an activity or escape from a situation. The signs can be any behaviours that tend to occur before the pica behaviour, such as a change in their expression or movement. If possible, try to end the task/move to a new situation before the individual engages in pica. It is also important to look at why the child or adult wants to finish the activity. Is it something they don't like?

Have they been doing it for too long? Is it too difficult? Increasing the child or adult's communication skills so that they have a less dangerous way of saying "no" or "finished" or "break" (e.g. signing "finished") would be an important long-term goal.

Case study 2

Susie shows a large number of repetitive behaviours that are associated with her autism. She tries to spend a lot of time on her own and away from other people. She had developed the behaviour of keeping small amounts of faeces in her hand after visiting the toilet and putting this in her mouth.

Clear records of the behaviour were kept, and it was found that because of the behaviour, she received far less interaction than other people she lived with. Carers openly said that they found it difficult to be with her because of the behaviour.

The observations suggested that she had developed the behaviour because she was unable to communicate to carers when she needed to spend time away from other people but had learned that the behaviour let her do this.

A communication system was developed where Susie could clearly indicate to others when she wanted to be alone, and staff would respect and help her do this. Susie learned to use this system very effectively and the eating of faeces disappeared. Observations were continued, and the amount of time she interacted with others actually increased. It was thought that this was because once she had a reliable way of isolating herself, she felt more in control of situations.

4

Sensory feedback

If pica is motivated by sensory feedback (e.g. the smell, colour, or texture of the object) then a strategy may include giving the child or adult items that provide the same type of sensory feedback without being harmful. The alternative would need to give the person as strong a sensation, so it is important to be creative when finding safe alternatives to offer the person. Once an effective alternative has been identified this could be scheduled in as an activity for certain times of the day to reduce the impact on the child or adult's daily routine. Increasing the number of structured activities and levels of engagement with other people has also been shown to reduce pica behaviour. It is important to look at how many structured daily activities the child or adult takes part in and consider whether this should be increased to reduce boredom.

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Case study 3

Ever since his family and carers could remember, Jimmy picked up cigarette ends in the street and from ash trays and would chew them and keep a ball of chewed tobacco in his hand. It had been thought that this was to get attention from others who spent a lot of time trying to prevent the behaviour, and in getting him to give them the chewed tobacco. The behaviour had significant health risks and prevented Jimmy from participating in a number of ordinary day to day activities.

He was closely observed over a period of two weeks, and one of the important observations was that the behaviour happened when he thought he was on his own and he would often put the tobacco that he had in his hand back into his mouth. It was also noted that Jimmy had a lot of sensory behaviours, e.g., he liked playing with water, running his hands over different textures etc. Following these observations, one idea was that the behaviour was sensory (that he liked the very strong taste). Another was that he might be addicted to nicotine.

Further observations suggested that even when he was unable to engage in the behaviour that he did not show withdrawal symptoms. A programme was devised to give him access to small amounts of very strong-tasting foods (anchovies, marmite), especially when he was more likely to eat tobacco. Over a period of time, Jimmy replaced the cigarette eating behaviour in favour of accessing the strong-tasting food.

Proactive strategies

Ways to prevent pica behaviour

- **Environment:** Mitigating risk where possible. Ensuring environment is clean and tidy. Making adaptations where possible to ensure a safe environment
- **Skills:** Working on improving communication skills. This allows the individual to communicate if they are in pain or hungry. Rather than relying on their pica behaviour to get the attention of others. Using the PBS plan, the plan should be person centred and focus on how to support the individual effectively

1 Identifying incompatible or alternate behaviours

Identifying behaviours that are incompatible with eating inedible objects and rewarding the child or adult for using these alternate behaviours can reduce pica. This is called differential reinforcement. For example, if a child eats inedible objects when they are moving from one room to another you could tell them to keep their hands in their pockets when walking and reward them for doing so. As keeping hands in pockets is incompatible with picking up inedible objects and putting them in the mouth, this may be an effective strategy.

2 Providing alternative forms of stimulation

Chewing gum, Thera tubing (cylindrical rubber tube which can be used to bite) and popcorn have been used to reduce pica. It is thought that they act as an alternative source of oral stimulation. Different tastes and textures may need to be tried before a suitable alternative is found.

A 'pica box' can be used, containing items that are safe for the child or adult to chew, mouth and/or ingest. It provides a supply of safe items on hand as an alternative to non-edible items. Items should resemble the appearance or texture of the items the person has shown a preference for in the past. Initially the pica box should always be available. The amount of time the pica box is available for can then be reduced over time.

3 Discrimination training

Does the child or adult think that everything is edible? Discrimination training involves explicitly teaching the ability to discriminate between food and non-food items. For example, a sorting task can be used, and the child or adult can be asked to sort objects into edible and non-edible items. This could then be turned into a visual chart displaying edible and non-edible items. It is important to try different methods of communication and assess which is the most effective for the individual.

Reactive strategies

How to respond to pica behaviour if you see it happening

1 Interrupt

Stay calm. Consider ways to distract and redirect the person if they see or reach for an item to eat. These strategies are unique to each person and depends on what gets and hold their attention.

2 Respond

Remove the object or access to the object in a safe manner.

How to respond if your relative has ingested something inedible:

1 **Seek medical advice**, giving detailed information about what has been ingested or what is suspected.

- Call 999 immediately if your relative is choking, vomiting or you suspect they have ingested a poisonous substance.
- Call 111 or go to A& E if your relative appears well but you know they have ingested something.

You or your relative's carers may need to be assertive when speaking to health professionals, as they may not have come across pica behaviour before, so may not understand the risks or extent of the behaviour.

What to tell hospital staff

- Explain the risks of pica as they must be taken seriously, they include:
    - choking and suffocation
    - internal damage, e.g. to the mouth or throat
    - blockages or rupture of the gut
    - poisoning
    - infections
- Alert the hospital that you are on your way and ask them to make reasonable adjustments to create a pica safe environment. Make the hospital aware of any diagnoses and health needs your loved one has
- Tell hospital staff that there is a flag on your relative's medical records and so they find out what reasonable adjustments they need, past episodes of pica and how it was treated
- Share information about their pica history (e.g. what they are known to ingest, any past visits to hospital or surgeries)
- If your relative is non-verbal, explain the ways they communicate. Take a copy of their communication passport and any devices they use for communication
- Highlight the need for vigilance and supervision whilst in hospital. Share risk assessments and point out the risks in hospital eg small items left unattended, bedding, hospital gowns. Explain the ratio of care your loved one has, for example 2:1 at all times and that they cannot be left alone even outside of visiting hours

2 **Your relative should be x-rayed or scanned** to confirm what they have ingested and whether it is passing through the digestive tract even if they are not showing any symptoms. It is discriminatory to not offer this because it is 'too difficult' or 'too distressing'. Note: if someone needs an MRI scan to check for swallowed objects, they should have an x-ray first to check it is not made of metal.

3 You may be advised to **monitor your relative** for signs of internal damage or blockages and should be told what to do if you are concerned or symptoms begin or worsen.

4 If the items eaten do not pass safely though the digestive system (blockage) or pose a risk of poisoning or internal damage your relative may need to **have surgery to remove them**.

Scans → Monitoring → Surgery → Aftercare

For information about supporting your relative in hospital please see our information resource here.

Emergency plans

When a child or adult has well established pica behaviour it is advisable to make an emergency plan in advance. The plan should be tailored to the individual and include:

- Information and history about their pica behaviour and what to look out for
- How to monitor them and what proactive and reactive strategies to use
- What carers should do and who to notify if it is suspected or known that the person has swallowed something inedible
- When to call 111 for advice, GP, minor injuries, or A&E
- How to support them to access healthcare (e.g. strategies to keep them calm and reasonable adjustments needed)
- How to support them to cope in hospital and with any aftercare needed

Who can help?

If the pica behaviour is frequent, additional support might be needed.

In school or support service:

- Pica behaviour must be documented in the child or adult's file in every service they are supported by. It should be noted as a high alert and a risk factor
- All support staff must be aware of the behaviour, understand what the risks are and what they should do

For a child: Make sure pica behaviour is included on the child's Education, Health, and Care Plan. As pica can be life threatening, insist that the child is supervised on a 1:1 staff ratio at all times. Details of hospital visits and medical appointments may be helpful evidence for this level of need, if obtaining additional support from the local authority or school is difficult. For more information see the CBF information sheet *Getting an Education, Health and Care Plan* or contact your local SEND Information, Advice and Support Service.

For an adult: Make sure pica behaviour is detailed in the individual's care and support plan, including the risks of the behaviour. If the adult needs 1:1 staff support (or more) for their safety, insist that they receive this and provide evidence from hospital visits and medical appointments. For more information on obtaining support see the CBF information resource *Adult Social Care*.

Other professionals and their roles in supporting your relative:

- **GP**
  - Ask the GP for a general health check to rule out medical causes of pica (and, where relevant, polydipsia), including gastrointestinal problems, medication side effects, and overall health
  - Ask the GP to arrange blood tests to check for iron and zinc deficiencies. If blood tests are difficult, discuss reasonable adjustments and a desensitisation plan
  - Ask the GP to refer to a clinical psychologist or behaviour specialist for a functional assessment and behaviour support plan to help reduce pica behaviour

- **Paediatrician** (children)
    - Assess for developmental or medical factors that may be contributing to pica

- **Psychiatrist / CAMHS**
    - Request a mental health assessment to explore whether mental health needs may be contributing to pica
    - Ask for a medication review, particularly if side effects may be relevant (for example, dry mouth or gastrointestinal changes)
    - Ask for referral (via the GP, CAMHS, or your social worker) to a clinical psychologist or behaviour specialist for a functional assessment and behaviour support plan
    - Ask about input from the Community Learning Disability Team (or LD CAMHS), where available

- **Learning Disability Liaison Nurse**
    - A specialist nurse that supports people with learning disabilities when they access healthcare services
    - Usually based in hospital
    - Ask for help to plan appointments and put reasonable adjustments in place.

- **Social worker**
    - Can support with safeguarding concerns, arranging best-interests meetings (where needed), and working towards a safer environment within the care setting

- **Behaviour specialist/Clinical psychologist**
    - Provide specialist behavioural input, including a functional assessment, to develop a behaviour support plan

- **Occupational Therapist**
    - Assess sensory needs and recommend environmental adaptations to reduce risk and support regulation

- **Nurse**
    - can support physical wellbeing, particularly where pica has medical causes or complications

- **Dentist**
    - Arrange a dental check-up to rule out pain, decay, or oral injury

- **Dietician**
    - Support nutrition and address any deficiencies identified through blood tests

- **Speech and Language Therapist**
    - Support communication in ways that work for the individual, helping them express needs safely

Remember:

- Treat pica as a serious, lifelong risk that needs ongoing management
- You play a crucial role in supporting your relative and keeping them safe; be vigilant and always act in the person's best interests
- Communicate and work collaboratively with colleagues, family, and other professionals
- If you are unsure what to do, follow the plan—and make sure there is a clear plan in place
- Be assertive and persistent with health professionals—pica is not always well understood, so you may need to clearly explain the risks
- Trust your knowledge of the person. If something feels unsafe or unmanageable, speak up and ask for support

What is polydipsia?

Polydipsia is a very serious condition; however, it is not the same as pica.

People with polydipsia may drink over three litres of non-alcoholic fluid in a day, and the most typical fluid ingested is water. However, individuals with polydipsia may also be at risk of drinking cleaning products, toiletries, or cooking liquids (for example cooking oil).

The aim of their behaviour is simply to drink, whenever there is an opportunity for it. This means individuals with polydipsia may also drink from inappropriate places, such as the toilet bowl or from a puddle of water.

This type of polydipsia is known as Primary Polydipsia, where excessive drinking is not caused by thirst.

However, there is a second type of polydipsia caused by excessive thirst, in other words, individuals drink frequently because they are constantly thirsty. This constant thirst may be due to acid reflux, medication, or may be a sign of diabetes. If an individual you support is constantly drinking because they're thirsty, you should contact their GP for advice.

For individuals with severe learning disabilities, primary polydipsia is more common.

For more information on Polydipsia please click here.

Is it polydipsia?

If someone with severe learning disabilities is asking for a drink a lot, think about whether it is really a drink that they want. It is possible that they know how to request a drink (using words or signs) but aren't able to ask for other things or start an interaction with someone, so they are using a drink request as a more general communication of their needs. This would not be polydipsia, and the best response would be strategies to improve the person's communication and other people's understanding of their communication.

When people take antipsychotic medication, the side effects can include a dry mouth that may make the person feel thirsty. Think about what could help to relieve their thirst. Their medication may need to be reviewed by the prescriber.

References

Matson, J.L., Bamburg, J.W. *A Descriptive Study of Pica Behaviour in Persons with Mental Retardation*. Journal of Developmental and Physical Disabilities 11, 353–361 (1999). Availsble at: A Descriptive Study of Pica Behavior in Persons with Mental Retardation | Journal of Developmental and Physical Disabilities | Springer Nature Link.

Sturmey, P., & Williams, D. E. (Eds.). (2016). *Functional analysis in clinical treatment* (2nd ed.). Academic Press.

Williams, F., Gibbs, S. and Addo, A.S. (2022) *The assessment and management of pica in people with intellectual disability*, BJPsych Advances, 28(6), pp. 383–392. Available at: The assessment and management of pica in people with intellectual disability | BJPsych Advances | Cambridge Core.

Template Letter Highlighting the Risks of Pica

To whom it may concern,

RE: Risks Associated with Pica Behaviour

The Challenging Behaviour Foundation is a registered charity supporting families of people with severe learning disabilities who may display challenging behaviour.

I am writing to specifically highlight the dangers associated with pica behaviour. Pica refers to eating objects which are not suitable to be eaten, such as stones, faeces and clothing. It is estimated that up to a quarter of children and adults with a learning disability display pica behaviour (Ashworth, Martin & Hirdes, 2008). The more severe a child or adult's learning disability, the greater the chance that they will display pica behaviour.

The exact causes of pica behaviour are usually unknown. Some research suggests it can be related to minerals deficiency or other health related / sensory issues; however, the impact and risks of pica are well known for example in our information sheet on our website here we state the risks as:

> *"Whilst some objects pass through the body without harm, pica can potentially be life threatening. Risks include vomiting, constipation, infections, blockages in the gut and intestines, choking and poisoning. Sometimes surgery is needed to remove objects from the gut or to repair damaged tissue."*

The risks of pica must be taken seriously, they include:

- choking and suffocation
- internal damage, e.g. to the mouth or throat
- blockages or rupture of the gut
- poisoning
- infections

Pica is potentially life-threatening, and surgery may be needed to remove a harmful item or a blockage. The Challenging Behaviour Foundation would expect a person who engages in pica behaviour to be supervised on a 1:1 basis by skilled staff that know them well and are pica aware at all times to monitor their behaviour and promptly seek medical advice if an object is eaten. It may be necessary to modify and closely monitor the environment and count small items in and out to be sure that none have been eaten.

'Pica Behaviour and Positive Behavioural Support: Best Practice in assessment and intervention' (McKendry & Baker, 2018) concludes that 'behavioural interventions to reduce pica behaviour require high levels of supervision, controlled environments and trained and consistent carers'.

It is also advisable that an emergency plan is developed to prevent delay in seeking medical attention and to support staff to understand the risks and urgency of the situation if something is eaten.

For further information the Challenging Behaviour foundation can be contacted by email at support@thecbf.org.uk or by telephone on 01634 838739.

Yours faithfully

[insert name]

Developing a Pica Support Plan

Top tips

- Plans are based on an assessment process specific to the person and in collaboration with families and multiple professionals
- Plans should have specific information on how to prevent pica, keep the person safe and how to ensure the person has a good quality of life through proactive strategies
- You can refer to other plans like a communication passport or a health action plan
- Plans also detail what to do if pica does happen (reactive) this would include medical supports, reporting and recording of episodes of pica and what learning has taken place
- All pica support plans are individual to the person
- In your plan clearly state what pica is for the person, what they ingest and the dangers

Safety in pica support

- The key aim of the pica plan is to keep the person safe while enabling them to have a good quality of life
- Managing risk is at the forefront of all support. The aim is to balance/manage risk and ensure the person has a good quality of life
- Everyone in every environment has a role in managing the risk of pica and keeping the person safe. Include who needs to know about pica and why – be clear and specific that managing pica is everyone's responsibility
- Ensure there is a clear plan for missed opportunities: for example, if an item is missing and unaccounted for assume the person may have eaten it
- Keep the plan specific and on point, pica is life threatening so keep the plan easy read and useful

How to create a Behaviour Support Plan

Everyone involved with the person's care should be involved in creating a behaviour support plan.

Here are 8 key steps to make a plan:

1. Write a description of the behaviour(s)
2. Work out the reasons for the behaviour
3. Write '**proactive' "Green"** strategies to help the child or adult stay happy and calm. Think about what new skills the person may need to learn to help them in the future e.g. a sign for "finished", to wait for 30 seconds etc
4. Recognise the early warning signs of the behaviour (when a person becomes anxious) and think about how to respond when you see these. This is the **'active' "Amber"** part of the plan
5. Record the **'reactive' "Red"** strategies (what to do when the behaviour occurs) to keep people safe
6. Record the **'post reactive' "Blue"** strategies (what to do after the behaviour). We need to be careful here as there is a risk of the behaviour escalating again
7. Get agreement from all the key people in the person's life
8. Review the plan. Is it working?

Further information

SCAN HERE

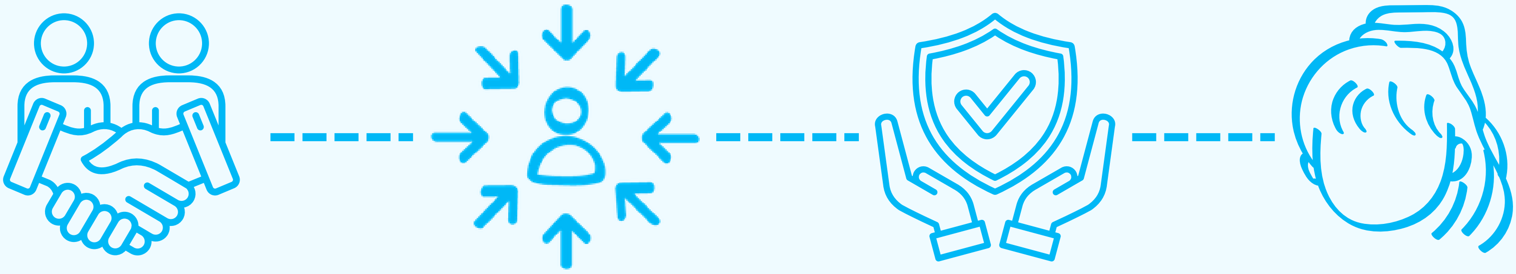
More information about pica can be found here: https://www.challengingbehaviour.org.uk/understanding-challenging-behaviour/specific-behaviours/pica-and-polydipsia/

SCAN HERE

A template letter highlighting risks of pica behaviour for professionals can be found here: https://www.challengingbehaviour.org.uk/wp-content/uploads/2026/04/Template-Pica-explanation-letter.docx

SCAN HERE

Information about Communication Passports, including examples and a template can be found here: http://www.mycommpass.com



Example Pica Support Plan

Poppy Fae

Pica and the dangers

Poppy has Pica which means that Poppy might try to eat inedible objects. Mostly:

- Materials
- Threads
- Bedding
- Bandages
- Plasters
- Glass

WARNING

Poppy has already had emergency surgery to remove a bandage which Poppy ate during a stay in hospital.

What is pica?

Pica is characterised by the habit of injesting inedible objects.

Risks include:

- Vomiting
- Constipation
- Infections
- Blockages in gut and intestines

Sometimes surgery is needed to remove the object from the gut or to repair damaged tissues.

Poppy will eat her bed linen, please check.

Poppy needs one-to-one support at all times. Never leave Poppy unattended as this puts her in

DANGER

Why does Poppy’s pica behaviour happen?

I kept a diary to see:

1. When Poppy’s pica behaviour occurred
2. When it was at its worst and
3. What was happening when she didn’t engage in Pica

- Anxious, frustrated, bored, sensory issues
- Over expectation of Poppy’s abilities
- Group dynamics
- Low-mood
- Feeling unwell, pain
- Carers attitude and experience
- Carers approach, tone of voice and body language

What is Poppy doing when she doesn't engage in pica

- Poppy is happily engaged in the task at hand and shows no sign of anxiety

- Poppy will be chatty and engage with her peer group

- Poppy's body language will present as relaxed and not chewing furiously on her beads

- Poppy will use her I-PAD and sing happily to herself

- Poppy will lay her weighted doll with chewy beads aside and appear relaxed in her task

Why vigilance is important for supporting Poppy

- Poppy may see an opportunity where you may not and she is very quick

- Poppy will eat a range of inedible objects

- Because you didn’t see her do it, don’t assume it didn’t happen

- Poppy can be persistent at removing small threads

- If you ask Poppy ‘where is the….? She will point to her mouth to indicate she has eaten it

- Poppy doesn’t understand the consequences of her Pica; therefore, it is up to all those involved in her support to ensure her safety but still allowing her the chances to lead a fully engaged happy life

How symptoms of pica can present for Poppy

Poppy may present as quite well even though she is ill, in trouble or needs medical attention. Symptoms to be aware of are:

- Quiet, less active
- Loss of appetite/weight loss
- Constipation/diarrhoea
- Vomiting (severe continuous retching)
- Hiccups
- Body language - something has changed in her demeanour that gives cause for concern
- Blood in stools
- Physical/behaviour change, agitated, frown lines
- Reaction to pain
- Distended abdomen
- Sleep problems

Remember all pica behaviour is HIGH RISK

Proactive strategies

Everyone involved in Poppy's support is aware of her Pica Behaviour, and has read her **Communication Passport**.

All staff involved in Poppy's support must read and ensure they understand the importance of her **Pica support plan**.

Follow the information in her Passport about **keeping Poppy in your vision** whilst not crowding her.

Read Poppy's **body language**, see her anxiety or boredom.

Make sure Poppy has her **weighted doll** with the **chewy beads** attached as this helps her regulate her anxiety. Make sure the beads are sterilised and replaced as necessary.

Reactive strategies

Always **report near misses** or if you suspect she has eaten something she should not have.

If you think she is about to put something in her mouth, **use distraction, never shout** as this will lead to her eating it.

If you think or know she has eaten something and she is showing signs of being unwell (as described in her plan) **seek medical help**.

If you have attended hospital, **do not be fobbed off** by medical staff not seeing the seriousness of Pica.

Make sure hospital staff read her **MEDICAL ALERT** page in her Communication Passport.

All staff please read Poppy's **Pica Support Plan**.

IMPORTANT! If there are threads or material coming out of Poppy's bottom, **NEVER pull them out**, run a bath and sit Poppy in the bath.

If they are still visible dry Poppy carefully and put her nappy back on and seek advice from Mum or a Nurse at the surgery.

Pica Support Plan

Name:*****************************

Add image

Pica and the dangers

……………………………. has Pica which means that ……………………………. might try to eat inedible objects. Mostly:

- …………………………….
- …………………………….
- …………………………….
- …………………………….
- …………………………….
- …………………………….

WARNING

What is pica?

Pica is characterised by the habit of injesting inedible objects.

RISKS include:

- Vomiting
- Constipation
- Infections
- Blockages in gut and intestines

Sometimes surgery is needed to remove the object from the gut or to repair damaged tissues.

……………………………. needs one-to-one support at all times.

Never leave ……………………………. unattended as this puts them in

DANGER

……………………'s pica behaviour

keep a diary to see:

1. When pica behaviour occurs
2. When it is at its worst and
3. What is happening when not engaging in Pica

When does …………………'s pica behaviour happen?

- ……………………………………………………………………………………………………
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What is ………………… doing when not engaging in pica

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Early warning signs for ………………….’s pica behaviour

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- ………

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- ………

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………………… doesn’t understand the consequences of their Pica; therefore, it is up to all those involved in their support to ensure their safety but still allowing ………………… the chances to lead a fully engaged happy life.

How symptoms of pica can present for ....

.... may present as quite well even though they are ill, in trouble or need medical attention.

Symptoms to look for are:

- ....
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- ....
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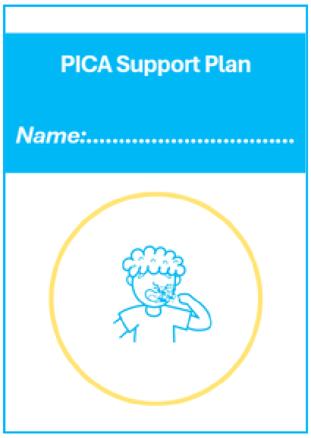
- ....
  ....

Remember all pica behaviour is HIGH RISK

Proactive strategies

Everyone involved in ………………..'s support is aware of their Pica Behaviour, and has read their **Communication Passport**.

All staff involved in ………………..'s support must read and ensure they understand the importance of their **Pica Support Plan**.



PICA Support Plan

Name:…………………………

Follow the information in ………………..'s Passport about:

………

………

………

………

………

Make sure ……………….. has the following **things to keep them happy and calm**:

………

………

………

………

………

………

Reactive strategies

Always **report near misses** or if you suspect ………………… has eaten something they should not have.

If you think ………………… is about to put something in their mouth, **use distraction, never shout** as this will lead to them eating it.

If you think or know ………………… has eaten something and are showing signs of being unwell (as described in this plan) **seek medical help**.

If you have attended hospital, **do not be fobbed off** by medical staff not seeing the seriousness of Pica.

Make sure hospital staff read their Communication Passport.

Please read …………………'s **Pica Support Plan**.

IMPORTANT INFORMATION

………………………………………………………………………………………………

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Post-reactive strategies

Use the following **post-reactive** strategies for ....

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- ....
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- ....
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Useful contacts

- **Hospital**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **GP Surgery**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **Learning Disability Liaison Nurse**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **Social worker**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **Behaviour specialist/Clinical psychologist**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **Occupational Therapist**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **Dentist**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **Dietician**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………
- **Speech and Language Therapist**
  - Name: ……………………………………………………………………
  - Tel: ………………………………………………………………………

Case Study

Lived experience of pica: a parent and sister's perspective

My Daughter Erin, aged 6, who has autism, severe learning disability, global developmental delay and is non-verbal
My Brother David, aged 36, who has autism, severe learning disability and is non-verbal

Pica is not a behaviour we can switch off, it's not a phase, it is not just sensory. It is a constant life-threatening reality that follows us into every room, every outing, and every moment of the day. As a mother, I do not relax, I do not sit down and assume my child is safe, because everyday objects - things most families never think about - can become life-threatening within seconds. Soil, Blu Tack, coins, cleaning products, magnets, puddles, plants, ice, anything within reach.

Our home is not a normal home, it is a controlled environment. Things are locked away, toys are restricted, rooms are locked and checked constantly, and freedom is replaced with supervision. This is not how families imagine raising their children, but it is the only way to keep them alive.

We have explained the same condition over and over to professionals who have never heard of severe pica. And too often we are handed a ‘fact sheet’. No pathway, no specialist, no plan. We are just told to “*manage it at home*”, but we are already managing it, every minute of every day. What families like mine need is not sympathy. We need understanding. We need professionals who listen. We need a clear medical pathway. We need practical support, not just information. Because pica is not rare to the families living with it. It is our everyday life. And when services don't understand it, families don't just feel unsupported, they feel invisible.

> ***“Because pica is not rare to the families living with it. It is our everyday life. And when services don't understand it, families don't just feel unsupported, they feel invisible. ”.***

Pica is often described clinically as the ingestion of non-food items. That definition does not come close to capturing the reality of living with it. For our family, pica is not a behaviour we can manage. It is a constant, life-threatening risk that shapes every moment of our life. Erin’s pica is severe and persistent. She does not distinguish between what is safe and what is dangerous. Stones, soil, plastic, foam, paper, wood, fabric, paint, faeces, hair etc. Small objects are all potential hazards. Outdoor spaces, which should be places of freedom and joy, are environments of extreme risk. Erin cannot be left unsupervised, not even for a second.

We cannot rely on verbal instruction, reasoning, or redirection alone. By the time something is seen, it may already be in her mouth.

Every outing requires scanning the ground, the walls, furniture, and other people's belongings. There's no mental rest. The fear is not abstract. There's ongoing anxiety about bowel obstruction, intestinal perforation, toxic ingestion, emergency hospital admission. Symptoms such as abdominal pain, constipation, or changes in behaviour are never just minor. They are potential red flags.

What makes this even more concerning is when you are dealing with a child or adult like Erin and David who are unable to communicate and have extremely impaired understanding and capacity.

This creates a constant background of hypervigilance that is exhausting and isolating. Pica strips away normal parenting assumptions. Simple things like playing outside, visiting a park or being in a garden become risk assessments. Social settings are stressful because other people don't understand the speed or seriousness of the danger. There is guilt for restricting freedom, constantly saying no, or for having to physically intervene. There is fear of missing something, of what might happen next and of what adulthood will look like. And then there is grief for the ease and safety other families take for granted.

David's experience of pica is different to Erin's but no less impactful. As a sibling, I grew up in an environment where attention was often crisis-led. Vigilance was normalised and risk was always present. Living alongside pica affects siblings in quiet ways; through increased anxiety, hyper-awareness of danger and a sense of responsibility beyond my years.

> ***"Pica is not just about ingestion, it is about fear, vigilance, restriction, exhaustion and love"***

Pica does not only affect the individual, it shapes the emotional climate of the whole family.

It is about relatives doing everything possible to keep someone safe in a world full of hazards and often without understanding, resources or support. Pica is not just about ingestion, it is about fear, vigilance, restriction, exhaustion and love.

Magnet ingestion

David had a medical emergency at the age of 17 whereby he ingested 32 magnets. Further to x ray examination at A & E, there was debate amongst 3 clinicians to determine treatment pathway - operate or wait for magnets to pass. The invasive nature of such an operation needed to be carefully risk assessed as David would not tolerate medical intervention nor would he be compliant with post-surgery aftercare which placed him at even greater risk of further health complications. The phrase, we will wait for the magnets to pass, sounds clinically calm. For families like ours, it was anything but. Each day involved ongoing fear of bowel perforation or obstruction, repeated imaging and monitoring, constant vigilance for subtle changes, living with the knowledge that surgery could become necessary at any moment. The risks did not feel reduced with time, it felt prolonged.

Multiple magnets represent a medical emergency, yet awareness of this risk was inconsistent across health, education and emergency pathways. Our experience highlights why earlier recognition, clearer escalation, and stronger professional awareness are critical.

This medical emergency was not immediately obvious. There was no dramatic choking episode. This reflects a key issue with pica-related ingestion. It is often silent. It may be discovered late, and symptoms can be non-specific at first. By the time ingestion is suspected, harm may already be incurred internally.

Multiple magnets do not behave like single foreign objects inside the gastrointestinal tract. Magnets can attract across bowel walls, trap tissues between them, cause pressure, lead to perforation, create fistulas, cause bowel obstruction, sepsis, or death. These injuries can develop rapidly, sometimes before severe symptoms appear. This is not widely understood outside of specialist paediatric or surgical teams.

From a family perspective, the medical pathway felt uncertain and reactive rather than clearly defined. Key challenges included delays in recognising the severity of multiple magnet ingestion, initial underestimation of risk due to the lack of acute distress, reliance on symptoms rather than known ingestion risk, and anxiety caused by waiting for decisions while knowing the potential consequences. For families, like ours this was terrifying.

in recognising the severity of multiple

> ***“From a family perspective, the medical pathway felt uncertain and reactive rather than clearly defined”***

What this revealed about professional awareness

This experience showed us that pica-related ingestion is not always treated as high-risk by default. Magnet ingestion is sometimes viewed through the same lens as coins, metal or small objects. Families' concerns may not be fully weighted against clinical presentation and pathways are not always clear, consistent, or communicated. This places children and young people at avoidable risk.

The ongoing impact on families

After an incident like this, every abdominal symptom becomes a red flag. Families live with long-term anxiety about internal damage. Hypervigilance increases, not decreases. And for families already managing severe pica, this compounds exhaustion and trauma.

What professionals need to know - key learning points from lived experience

Professionals need clear awareness that multiple magnet ingestion is a medical emergency, even in the absence of symptoms. If the ingestion is suspected, not confirmed ingestion may be ongoing, quantity may be unknown, timing may be unclear, parental concern is clinical information.

I feel there should be a treatment and clinical pathway for ingestion of magnets specifically, as a high medical risk.

This event left our family in a state of sustained anxiety, with no sense of control or certainty. We experienced repeated cycles of hope, fear, and emotional exhaustion rather than relief. For families, it is not possible to switch off when the potential consequences include sepsis, bowel injury, or death.

For a child with additional needs, a prolonged hospital stay brought disruption to routine and regulation, increased distress and confusion, sensory overload and difficulty understanding why they were confined and monitored.

Hospital environments are not neutral spaces for neurodivergent children. They can amplify distress and risk, impacting siblings and family life. During the admission, our normal family life stopped.

Thankfully, with 2 admissions to hospital, repeated imaging, and medication to assist, David successfully passed all 32 magnets - I use our real life example to raise awareness and create a space for shared learning purposes only.

For many people with pica and sensory processing differences, the drive to ingest is not about hunger or flavour; it is about sensory feedback and regulation. Swallowing certain objects can give intense oral and internal sensory feedback that helps them feel regulated or calmer. David did not swallow magnets because he wanted to be harmed. Erin does not seek items or objects because she doesn't understand rules. Their nervous systems are seeking regulation and doing so in unsafe ways, because safe alternatives are not providing equivalent input.

What families need and what needs to change?

To prevent harm, I believe the following are essential:

- Recognition of the physical toll on families and acknowledgement of the psychological toll. Families want professionals to recognise the cumulative trauma of constant risk, the exhaustion of long-term vigilance, and the impact on siblings and family dynamics.
- Pica carries real immediate medical danger, especially where ingestion is unwitnessed or repetitive. Parents and carers are expert witnesses and their knowledge should be treated as clinical information. When a parent says that this is not normal for their relative and that something is wrong, this insight is based on constant lived observation and should raise concern, not be reassured away. Symptoms may lie behind injury.
- Professionals who understand that pica is not a phase, it is not a mild sensory behaviour, and it is not a risk that can be judged solely on presentation.
- Professionals who recognise that serious internal injury can occur before visible symptoms. Waiting for distress, vomiting, or acute pain may be too late, and early imaging and escalation can prevent catastrophic outcomes.
- GPs, Teachers, Social Workers and Clinicians who understand pica are essential, as pica champions or leads within teams.
- Professionals who listen to lived experience. This helps professionals to understand not just what happened, but what it felt like and why improvement matters.

- A partnership approach. From a family perspective, good care feels like being listened to without having to fight, being taken seriously from the outset, and decisions made clearly. Alongside shared responsibility for safety, and respect for lived experience together with clinical expertise. Families living with pica are not over-anxious, they are informed. They are not exaggerating risk, they are managing it every day. Healthcare professionals who listen, escalate appropriately, and communicate clearly can reduce not only physical harm but long-term trauma for entire families.
- Families should not be blamed for access issues.
- Families need practical support in relation to home safety advice, environmental adaptations, specialist equipment, respite and safe environments outside the home. Parents need schools and services trained in pica, safe outdoor and sensory spaces, and places where their child can participate without constant fear.
- Training on pica-related risk, not just ingestion events.
- Clear, consistent medical pathways matter. Families need clear protocols for pica-related ingestion with consistency across GP, emergency department, paediatrics, ambulance, and surgical teams and no reliance on families to explain risk at every point of contact. Clear clinical pathways exist for other serious, potentially life threatening, conditions (i.e. heart attack, stroke, epilepsy etc) and the same should apply for pica. A pathway for witnessed and unwitnessed ingestion, for consumption of actual life threatening materials like batteries, metal, lead, magnets or sharp objects, and non-life threatening materials that still remain dangerous to health.
- Families need honest explanations of risk, clear reasoning for decisions, to be involved, not side-lined, and to feel believed and supported during waiting periods. Uncertainty increases trauma and clarity builds safety. Therefore communication is as important as clinical action. Silence or vagueness increases fear.
- Risk Assessment pathways i.e. imaging, benefits versus risks, a traffic light approach. I have had requests for x-ray declined, despite ongoing cumulative concerns relating to my daughters health, because I have not witnessed her swallowing an item or object which could pose as life threatening, and she isn’t presenting as extremely clinically unwell. I have been told the risks outweigh the benefits in terms of exposure to radiation and to continue to monitor bowel motions with laxatives and anti-reflux medications. There needs to be more certainty around what triggers the need for x-ray or scan.
- There needs to be a clear referral route from GP to named specialist clinic with joined-up multidisciplinary care, practical home and school safety support, regular medical monitoring, and emergency protocol for high-risk ingestion.
- Annual or twice-annual pica clinics for clinical monitoring and oversight with regular testing (BM samples, urine analysis, bloods analysis etc.), a person-centred approach and imaging if necessary.
- In the absence of any other associated medical diagnosis young people with pica cases should be jointly managed between a Social Worker and a Lead Nurse.
- Assessment should be holistic in nature and include nutritional deficiencies, gastroenterological complications, dental issues, triggers for pica, sensory needs, anxiety or emotional regulation, and environmental aspects (i.e. home safety, school safety, and access to safe outdoor spaces).

- As with epilepsy and other complex medical diagnosis, there should be a person-centred care plan and referral to specialist services. The GP should refer to relevant teams depending on need, including an urgent medical response if dangerous ingestion has occurred (if the young person is eating magnets, batteries, sharp objects, chemicals) with immediate A&E attendance, x-ray imaging, and surgical or medical intervention.
- An after diagnosis follow-up pathway is needed. In my own family's case we weren't specifically and formally told Erin had pica. Instead I found it in her paediatric review notes and it was only obvious to me because of my prior experience with my brother.
- Recognition of Polydipsia within the framework or pathway, so it does not become forgotten, bearing in mind the risks associated with liquids which could be hazardous to health or life threatening (e.g. cleaning materials, alcohol, topical creams, wipes etc.) and risks associated with drowning (e.g. bath water, puddles, toilet water, outdoor environments etc.). My daughter needs liquids restricted and monitored and more awareness needs to be spread in relation to this condition alongside pica.
- I strongly feel pica should be included in inspectorates and regulatory bodies. It is a significant health and safeguarding risk. Pica is not a minor behavioural issue and should be incorporated into Inspection standards.
- A specific focus on high-risk ingestion, behaviours, environmental considerations, safety checks and individualised risk plans and staff should receive mandatory awareness training where relevant.
- In addition, an understanding of medical and sensory aspects, care planning, protocols for monitoring, prevention and emergency response, safeguarding Frameworks and policy and procedures are needed.
- Recognition of pica as a significant health risk and a factor in neglect or unsafe care environments.

Louise, family carer