



Frequently Asked Questions – Meeting the Needs of Children with Sensory Differences

December 2020

1) What are sensory differences, and who has them?

Sensory differences happen when the brain finds it difficult to do its most important job, which is that of organising and responding to the information it is receiving.

A person with sensory differences finds it difficult to process, and act upon, information received through their senses. This can create challenges in everyday tasks.

Sensory processing is the way that a person feels and organises the information that they get through their senses – hearing, sight, touch, smell, taste as well as the vestibular system (balance and movement) and proprioceptive system (feedback from joints and muscles).

Your sensory experiences including hunger, are also a sense. These are called your ‘interoceptive’ sense. Interoceptive sense is a lesser-known sense that helps you understand and feel what’s going on inside your body.

Children who struggle with the interoceptive sense may have trouble knowing when they feel hungry, full, hot, cold or thirsty, or the urge to go to the toilet

These can also impact on your emotions.

This sensory information comes from your own body and the environment around you, our ability to respond and cope with the changes fluctuates during the day and from day to day

Studies show that between 69% and 95% of individuals with an Autism diagnosis experience sensory processing that is nontypical, and can therefore be described as a sensory difference.

2) Can sensory differences be assessed?

Yes sensory differences can be assessed.

Things that affect the way a child attempts activities in different settings can be assessed. This may include environmental and internal factors that are triggers for their behaviours.

Environmental factors might be: the room they are in, or the sounds from outside the window.

Internal factors might be: how excited or worried they are feeling, or if they are hungry or tired.



The skill of an Occupational Therapist is to assess the impact of a child's sensory differences on their ability to carry out activities of daily living. This might include washing, dressing and using cutlery, as well as school skills.

The activities of daily living are also called functional skills e.g. skills that help you manage your life on a day to day basis such as getting out of bed, choosing clothes, washing and going to the toilet.

Sensory differences can also affect a child's ability to pay attention and listen. This in turn affects how they take part in activities

Waltham Forest OTs may assess your child's needs by talking to you, and school staff and through observations of your child at home/school or outdoors.

3) How will a Waltham Forest Occupational Therapist assess my child?

The OT will look at different triggers for your child .g. hair dryers, noise in hallways, lights in the classroom, and what can be done to manage the sensory needs. This is to help your child feel more comfortable, and better able to learn and take part in activities. They will also look at how your child attempts a task e.g. how they hold their spoon, or try and put on their shoes.

The OT may recommend some of the following things to help:

- changing the environment
- changing the task the child is trying to attempt into smaller steps
or
- developing strategies for children to help them manage their own needs.

4) How will this assessment help my child?

The recommendations that the Occupational Therapist makes may be strategies to support your child to be included in day to day activities, and also how to develop their skills.

Examples of how the Occupational Therapist makes changes to the environment are:

- Moving a child's seating
- Changing the lighting
- Taking out the hand dryers in a toilet and replacing them with towels

Examples of how the Occupational Therapist makes recommendations that allow your child to take control of their own needs (also called self advocacy) are:

- Letting people know that they need a break from a classroom
- Suggesting they wear ear defenders in noisy settings that cannot be avoided



Examples of how the Occupational Therapist makes recommendations that will allow your child to gradually learn a task over time are: learning to fasten shoes.

- they may suggest this is learnt in small steps
- or achieved in a different way e.g. using Velcro fasteners on their shoes

All of the above are examples of changes that can be made at home and school for your child.

For some children, the level of 'self advocacy' that a child can manage often increases as they get older. This means that they can try to go to places that might have been challenging for them when they were younger e.g. on buses and in restaurants.

It can be helpful to carry information to encourage support and understanding of young Autistic people's needs e.g. national autistic society cards

5) Why ask an occupational Therapist to assess the impact of a child's sensory differences?

Paediatric Occupational Therapists are trained in child development, with additional knowledge and training in the development of the senses, and different ways of breaking down tasks.

They are able to carry out this analysis as part of a wider assessment of a child's ability to carry out activities of daily living.

Other professionals also have a role to play in meeting the needs of children with sensory differences.

Teachers with specialist knowledge about Autism are able to observe how a child functions in the classroom, and make suggestions about what can be changed. An example of this is the Autism Education Trust Checklist.

Educational Psychologists may also use a similar checklist and make general recommendations that aim to support the child being included.

6) Do you need to have sensory integration training to assess the impact of a child's sensory differences?

No. All Occupational Therapists are trained to adapt the environment, modify a task the child is trying to attempt, or develop strategies for children to self manage their sensory needs.

Some Occupational Therapists choose to be trained in sensory integration modules to help inform themselves on ~~different~~ *this* approach. *It is one of many OTs can use in their work.* Full sensory integration training, however, is not necessary to be able to assess and provide strategies to support a child's function at home and at school.



7) What is the difference between Sensory Integration Therapy and the assessments described above?

Sensory Integration Therapy is therapy that is carried out intensively in a clinic. It involves challenging a child's senses to try and improve a child's sensory processing skills. It might involve swinging a child for instance, whilst also practising throwing and moving around.

As a therapy approach it is not shown to carry over to school and home, and reliably improve a child's processing skills. The Royal College of Occupational Therapists states that there is evidence for a range of approaches to meet children's needs, and that there is more evidence for other approaches, such as a programmes that targets a child's functional skills in a day to day environment. As a result, Individual Sensory Integration Therapy is not provided in Waltham Forest or in many London Boroughs, due to the lack of research evidence that shows it works.

The Occupational Therapy Service uses a functional approach to help your child at home and at school.

8) I want to make sure that my child is fully integrated at school, will Sensory Integration (SI) Therapy do that?

No. Sensory Integration Therapy is not carried out in school. It is not a practical programme which will help a child with adapting to their environment or supporting school staff to do that.

It is the role of all the professionals working with your child to help support your child's integration at school. The Occupational Therapist is able to recommend strategies for supporting the development of your child's functional skills e.g. skills that help you manage your life on a day to day basis such as getting out of bed, choosing clothes, washing and going to the toilet, and reduce the impact of their sensory differences on their activities at school.

9) Can sensory differences be cured?

No, there is no evidence that sensory differences can be cured. However, the sensory needs of a person change with time, and a child's sensory processing will therefore also change over time. Sensory processing is usually very different from person to person.

You may see improvements for your child as they learn coping strategies for managing their reactions to things they don't like.

10) I have heard the term 'sensory diet' - what does this mean?

To an Occupational Therapist a 'Sensory Diet' may mean Sensory Integration based interventions. These are carried out in strict way for a specific length of time e.g. brushing against a child's skin. These are the type of interventions suggested in Sensory Integration Therapy.



The term 'sensory diet' tends not to be used by Occupational Therapists employed by Local Authorities or health services as it refers to sensory integration approaches.

Schools and other professionals may use this term differently, however, to mean making alterations to a child's classroom or using movement breaks.

As the use of the term may cause confusion, in Waltham Forest we prefer to use 'sensory strategies and adaptations' for the child. We will also be using the term 'sensory passport' instead.

The Sensory Passport looks like a one page profile. It will help strategies to be used consistency at school/home/and in the community with your child. The Occupational Therapist may write a Sensory Passport, or add strategies to your child's existing communication passport or programme.

This passport will describe the type of triggers to be aware of, and adaptations that help your child function at their best.

11) Will my child be seen for a one to one session with a Waltham Forest Occupational Therapist?

If there are functional concerns for a child in multiple areas as seen in the referral information e.g. washing, dressing, organising their school equipment, co-ordination, Waltham Forest OT will assess your child.

This will be done with reference to yours, your child's and your child's school's key areas of concern. The Occupational Therapist will offer you a series of appointments to work with you and your child. These will be to demonstrate strategies to help your child.

The therapist may also visit your child's school to observe them in different environments, and demonstrate activities to class staff.

The therapist will not recommend weekly visits for longer periods in school or out of school. The service bases all therapy decisions on evidence based practice that shows activities done frequently by a trained staff member or parent have more impact than weekly sessions.

If after your child has had a programme established, you do not feel this has helped, or there are new concerns within a year of last being seen, you can ask to be seen again by the OT service by calling the Occupational Therapy number on: 0208 430 7960. You will not need to wait to be seen and will be booked for an appointment as soon as one is available.

However the service does run training sessions for schools and parents. You can find out about these by contacting the Occupational Therapy Service on the above number.

If your last appointment is within a year of your child's last visit, you will not go back on the waiting list.



12) My child has melt down's at school and at home, and sometimes their behaviour can be very challenging to me. Would the Waltham Forest OT service help with this?

Possibly.

Different professionals share common skills sets around how children respond to their environment. A range of professionals can work with your child to identify what may be triggering a response from them, including Advisory Teachers at school (SENDSuccess)/Child and Adolescent Mental Health Service (CAMHS), and Educational Psychologists.

Contacts for these professionals, and their role in supporting children, are at the bottom of this paper.

The Occupational Therapy service may not be the key service to consult in the first instance. However, if the difficulties described above have an impact for your child in multiple areas of function and activities of daily living, then the Paediatric Occupational Therapists are able to contribute to the assessment of your child's needs. They will make suggestions about what adjustments could be made.

13) My child is undergoing an autism diagnosis, will my child be seen by an Occupational Therapist as part of this assessment?

No. This is currently not routinely part of the Autism Diagnostic pathway. If you are concerned about your child's functional/ability to participate in Activities of Daily Living you will need to have a separate referral.

14) My child is undergoing an Education Health and Care needs assessment. Will they have an Occupational Therapy appointment as part of this assessment?

If your child is already known to Occupational Therapy, and on the caseload a report will be written.

If you are worried about your child's needs in this area, and they are not already referred at the time of the assessment, you can refer or ask the school to make a referral to Occupational Therapy so the services can understand the request for advice more fully. Please refer to the service referral criteria for more information (appendix 1).

References:



Activities done frequently by a trained staff member or parent have more impact than weekly sessions, in the long term (Hoy et al, 2011).

There is research to show that **out-of-class improvements do not easily generalise** to school life'. (Dancza K, et al, 2017).

Fact Sheet Sensory Processing Autism Spectrum Australia 2017

Practice Briefing Sensory Integration Therapy Royal College of Occupational Therapists 2015

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Glossary:

- **Activities of daily living (ADL's)** - Activities of daily living (ADLs or ADL) is a term used in healthcare to refer to people's daily self-care activities. Sidney Katz et al first came up with the term in the 1950s and the term has been revised since. Physiotherapists and other health professionals often use a person's ability or inability to perform ADLs as a measurement of their functional status, particularly in regard to people post-injury, with disabilities and the elderly. **Walking**, or otherwise getting around the home or outside. The technical term for this is "ambulating."
- **Feeding**, as in being able to get food from a plate into one's mouth.
- **Dressing and grooming**, as in selecting clothes, putting them on, and adequately managing one's personal appearance.
- **Toileting**, which means getting to and from the toilet, using it appropriately, and cleaning oneself.
- **Bathing**, washing one's face and body in the bath or shower.
- **Transferring**, which means being able to move from one body position to another. This includes being able to move from a bed to a chair, or into a wheelchair. This can also include the ability to stand up from a bed or chair in order to grasp a walker or other assistive device.



Advisory Teacher - A specialist teacher who visits schools. They advise other teachers on curriculum developmental and adaptations within a particular subject area. In Waltham Forest the teachers are provided by an organisation called 'SENdsuccess' and are managed by Whitefield Academy Trust.

Autism – a developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behaviour. Under the DSM-5, autism is characterized by persistent deficits in social communication and interaction across multiple contexts, as well as restricted, repetitive patterns of behavior, interests, or activities.

Autism Diagnostic Pathway – The way in which each a local area identifies, assesses and supports children and their families, where the possibility of autism is being investigated for the child.

Autism Education Trust - The Autism Education Trust (AET) is a business owned and hosted by The National Autistic Society (NAS) and is not an official legal entity in its own right.

Child and Adolescent Mental Health Services (CAMHS) - NHS services. These services assess and treat young people with emotional, behavioural, or mental health difficulties. If you are worried about your child's mental health you can contact them for advice on: 0300 555 1247, between 9-5 and Mental Health Direct 0300 555 1000 outside of these hours

Clinical Commissioning Group - Clinical commissioning groups (CCGs) CCGs are groups of general practices (GPs) which come together in each area to commission the best services for their patients and population. CCGs buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations or private sector providers.

Communication Passport - a tool for supporting people who cannot easily speak for themselves, by making information from formal assessments easily accessible to all. A good **communication passport** clearly describes a person's communication strengths and needs.

Co-ordination - e ability to use different parts of the body together smoothly and efficiently.

Educational Psychologist - Educational psychologists work with schools and families to help them look at the needs of the whole child so they are able to be included fully in class, school and community life. They provide advice to head teachers and school staff where needed and provide training to help staff and families to develop skills to support children with specific needs and enhance all children's learning. In Waltham Forest the Educational Psychologists are based at Thorpe Hall Primary school and can be contacted by email at educationalpsychologyservice@walthamforest.gov.uk or by telephone on: 0208 496 1732

Intero-ceptive System - The interoceptive system **has special nerve receptors which are located throughout our bodies including internal organs, bones, muscles and skin.** These receptors send



information to the brain. The brain interprets this information and uses it to tell us how we feel. The interoceptive system helps our bodies stay in a state of optimal balance, which is known as homeostasis. It is sometimes called 'the eighth sense'. This helps regulate our vital functions like body temperature, hunger, thirst, digestion and heart rate.

National Autistic Society - The **National Autistic Society** is the leading UK charity for autistic people (including those with Asperger syndrome) and their families, established in 1962.

Occupational Therapist - Occupational therapists are skilled healthcare professionals who **promote participation, health, and well-being** through meaningful engagement in everyday activities. One of their main goals is to help their patients function effectively in their roles and routines in everyday life

Paediatric Occupational Therapists – a children's Occupational Therapist

Proprioceptive System - Proprioception is basically a **continuous loop of feedback between sensory receptors throughout your body and your nervous system**. Sensory receptors are located on your skin, joints, and muscles. When we move, our brain senses the effort, force, and heaviness of our actions and positions and responds accordingly

Referral criteria – the list of reasons when someone can be officially sent to a service that is qualified to deal with them

Sensory Integration - Sensory integration is the process by which we receive information through our senses, organize this information, and use it to participate in everyday activities. An example of sensory integration is: Baby smelling food as they bring it to their mouth.

Sensory Integration Therapy - There is a theory of sensory integration and a therapeutic approach based on the theory designed by Jean Ayres in 1960-1970. Jean Ayres proposed that using the therapy approach with children, would improve their sensory integration abilities.

Sensory Passport - a simple, at a glance document which explains the sensory and support needs of the individual carrying it. It is designed to be carried by adults and children who find it difficult to explain their needs. It can be combined with a communication passport.

Sensory Processing - the way the nervous system receives messages from the senses and turns them into appropriate motor and behavioral responses. The term 'sensory processing disorder' was first used by Lucy Miller in 2006.

Strategies - a plan of action designed to achieve a long-term or overall aim

Vestibular system - The vestibular system is a sensory system in your inner ear that is responsible for providing our brain with information about motion, head position, and spatial orientation; it also



is involved with motor functions that allow us to keep our balance, stabilize our head and body during movement, and maintain posture.