



Sensory Processing Handbook

Guidance for practitioners
in Somerset



The right support
in the right place
at the right time





If you need further advice on special educational needs and/or disabilities (SEND) in Somerset, please contact:

Somerset's Local Offer

www.somerset.gov.uk/local-offer

Somerset Direct

Children's Services

0300 1232224

SENDIAS

Special Educational Needs and Disability (SEND) Information Advice and Support

01823 355578





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The Somerset Special Educational Needs and Disabilities (SEND) 0-25 Charter

How we work together to deliver SEND inclusion

Our vision

All SEND practitioners become leaders of SEND, working together to ensure that we consider and involve children and young people with SEND and their families in everything that we do and deliver excellent child and family centred provision across Somerset.

The SEND Charter is not about creating new structures or services, but establishing a cohesive, collaborative SEND provision delivered jointly by all partners. We will commit to providing **high quality SEND provision** by:

- Ensuring our services and staff are **accessible** and **approachable**, supporting the use of universal language wherever possible
- Working **collaboratively** in an **open, honest** and **transparent** way
- Nurturing and encouraging positive, flexible and solution focused attitudes.
- Working and thinking **creatively** in a **structured and organised** way

Our principles

Our approach to providing excellent SEND provision is based on a set of shared principles:

- First and foremost, ensuring that provision is **child and family centred** and that they are at the heart of everything we do and **involved in processes**
- All practitioners will be treated **respectfully** and professionally by one another in a blame-free, **supportive** environment offering **positive challenge** where appropriate
- Help will be provided **early and effectively** reducing the need for statutory or specialist intervention, **empowering families** to promote their **independence**
- Communication will be **clear and open**, ensuring **information is shared** effectively, helpful **signposting** is in place and clarity given over **roles and responsibilities**

Our impact

- The child's voice is heard and acted upon
- Stronger and more efficient partnerships
- Coherent service that meets the needs of families
- Clear and meaningful planning a guidance
- Consistent use and understanding of language
- Better experiences and increased confidence in services
- Holistic approach to achieve outcomes quickly
- Improved engagement with children and families
- Empowered families with increased resilience

Children and young people with SEND have the same rights and choices as all other children in Somerset

Introduction to the guidance

Somerset County Council (SCC) and its partners, including Somerset Foundation Trust, recognise the impact that sensory processing difficulties can have upon learning. Together, through multi-professional and multi-agency intervention, we are committed to supporting education settings, children, young people and their families.

Significant sensory processing difficulties must be identified by a medical professional. Whether a Paediatrician, Occupational Therapist, Speech and Language Therapist or Physiotherapist, these professionals have had experience and additional training in this field. The Diagnostic Statistics Manual-V (DSM-V) has not recognised 'Sensory Processing Disorder' as a standalone diagnosis.

This guidance document provides up-to-date information on the nature of sensory processing differences / difficulties, and the impact they can have on the lives of children and young people. It provides information on a number of safe interventions for individual children and young people, and groups. There are also recommendations regarding the creation of appropriate learning environments for those experiencing these difficulties.

This handbook, which has been written primarily for practitioners supporting school-aged children and young people, is a collaboration between the following:

- Occupational Therapists from the Children and Young People's Therapy Service,
- Educational Psychology Service,
- Autism and Communication Service,
- Special Education Needs Coordinators (SENCOs)
- Somerset Parent Carer Forum.

After publication, the handbook will be revised a year later. There will be opportunities for people to get involved and provide feedback.



What is sensory processing?

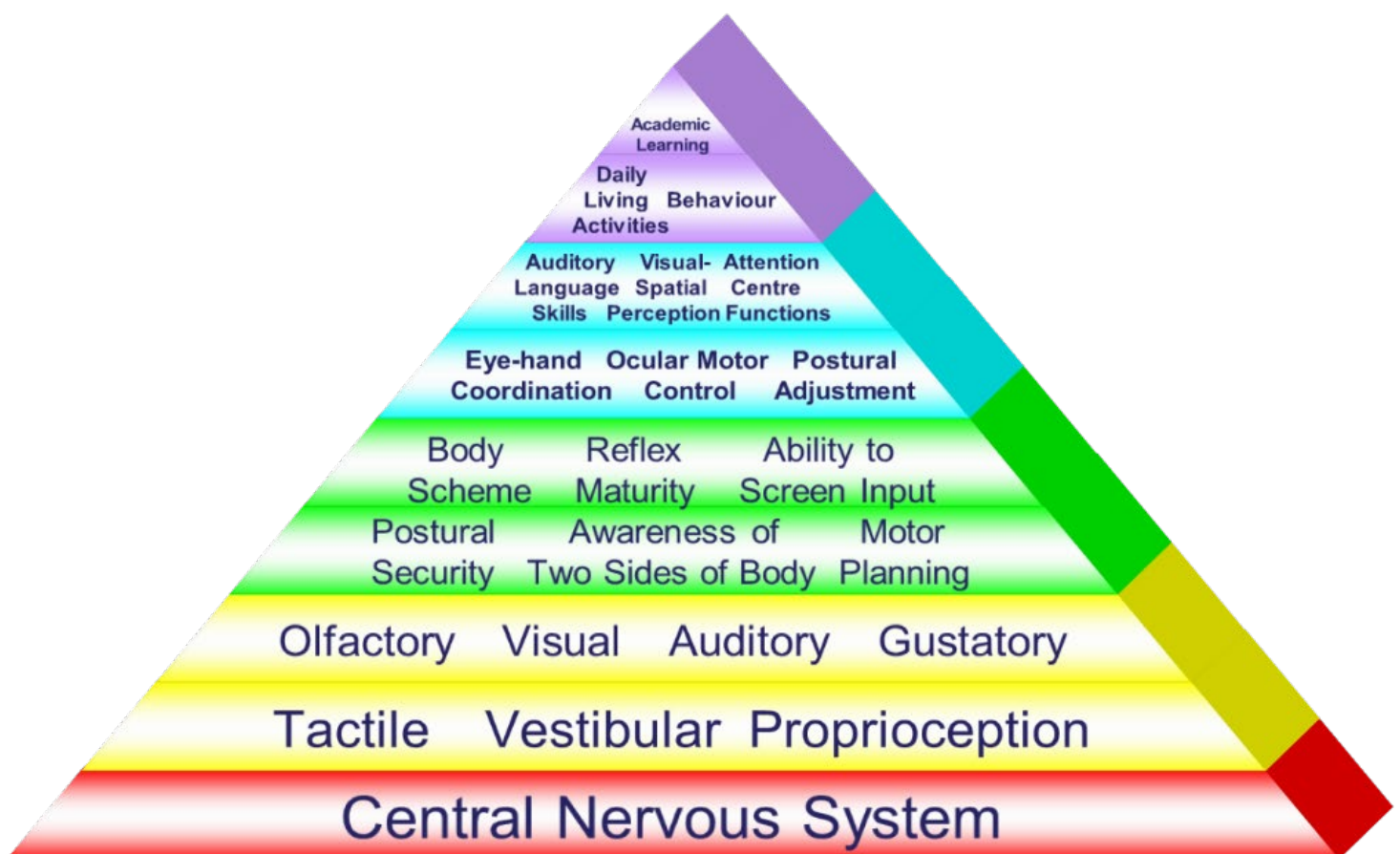
Sensory processing refers to the brain's ability to organise information received from the senses, and to make appropriate responses. This process of making meaningful responses will be dependent upon prior knowledge stored within the brain.

We are all familiar with the five senses: touch, taste, smell, sight and sound. In addition to these, the body also senses movement, the force of gravity and the position of our body through our muscles and joints. This is referred to as **proprioception** – the ability to sense our position in relation to the space around us.

The body also senses where the head is in relation to gravity and how it is moving. This keeps us upright and balanced. This sense is known as **vestibular**.

These two senses both give us information about the physical condition of our body and the environment.

The brain must organise all of these sensations to be able to make sense of what is around us to respond appropriately. These sensory processing mechanisms also provide a crucial foundation for more complex learning and behaviour.





Sensory processing differences / difficulties


For most of us, sensory processing occurs automatically and unconsciously without any effort. Sensory processing differences / difficulties occur when there are issues in the processing and organising of sensory information. When this happens, the world can be perceived very differently.

People with sensory processing differences / difficulties can present in quite a contrast to one another. Some can be 'over sensitive' to sensory information and will often aim to avoid certain sensory inputs. Others can be 'under sensitive' and will seek more sensory information to help them make sense of their world. There are also those who can appear to be both under and over sensitive at times. This indicates that they have difficulties with what is called 'modulation'.

A broad range of children and young people are known to experience sensory processing difficulties. This includes those who have no other known additional needs, to those with a range of learning needs and those who have severe neurological impairments. A high number of children and young people with Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) have additional sensory processing differences / difficulties. This is recognised when a clinician carries out an assessment for Autism, as the DSM-V lists sensory processing difficulty as part of the criteria of traits and behaviours that may be apparent.

Sensory needs are also experienced by some children and young people who have attachment difficulties. When there are difficulties in interactions between an infant and their caregiver, the development of pathways within their brain that make sense of their experiences can become hindered. Children can subsequently struggle to tune into the messages their body is giving them. For example, if an infant has had limited touch through cradling, then the development of neurological pathways regarding the sense of touch may become impacted and the body's way of understanding touch can be affected.

Our senses are very complex. Things may not always be as they seem, so making accurate judgements takes time. Individuals may appear to have sensory processing needs but the reality is that other underlying causes that best explain their difficulties. For example, children who have hypermobile joints often seek excessive movement to give them better feedback about where their bodies are and how they are move. They are therefore usually constantly fidgeting and 'on the go', which is due to their hypermobility rather than any sensory processing issue. Hypermobility means your joints are more flexible than other



people's, you may think of yourself as being double jointed. When this causes pain, it may be joint hypermobility syndrome. (NHS).

Additionally, children may appear to be 'sensory seeking' when in fact they are 'sensory avoiding'. For example, if the stimulations in the classroom are overwhelming their visual or auditory ability, they may appear restless and overly active. Children may also have a threshold for stimulation and will not register low to medium stimulation. These children will need high stimulation to learn new things. They will often appear to be very involved in small groups when the teacher ensures they follow by altering their tone for example. They are likely to get lost in the classroom as the stimulation is too much for them and they are working to avoid it. The profile of needs can often look very complex.

For further information and training on sensory processing please feel free to access CYPTS training videos used by schools and parents.

The link to access this training is found by scanning the QR code or following the link below.



www.youtube.com/playlist?list=PLwa9TeTbEo01298oVpVXH07PP14eVUGyr



Interoception – the eighth sense

A growing body of research is highlighting that we experience an eighth sense, which is called interoception. We will provide more detail about this sense as it is much less known about than the other senses.

Interoception is a sense that provides information about the internal condition of our body, how our body is feeling on the inside. Interoception allows us to experience many body sensations such as a growling stomach, a dry mouth, tense muscles or a racing heart. Awareness of these body sensations enables us to experience essential emotions including hunger, fullness, thirst, pain, body temperature, the need for the bathroom, relaxation, anxiety, sadness, frustration and safety.

Your body is filled with sensory receptors that tell you where your body parts are (proprioception). These receptors are in your muscles and joints. They help you to understand what is going on around you and how your body moves within its environment. Something similar happens with Interoception, except that the receptors are inside your body's organs and skin. All of these receptors report to your brain with information about what is happening inside your body. This all helps to regulate your body functions including hunger, thirst, bathroom needs, heart rate and digestion etc.

Interoception can also be tied to emotional regulation and your mood. A good example of this is the recent TV advertisement by Snickers®. A character is portrayed as being “hangry” or angry because they are hungry. We often experience an emotional response to what we are feeling inside our bodies. Some people may become angry or moody when they are hungry. When you begin to feel this way, most of the time you know you need to get something to eat and your mood improves.

For more information please visit: www.kelly-mahler.com

Sensory processing checklists and assessments

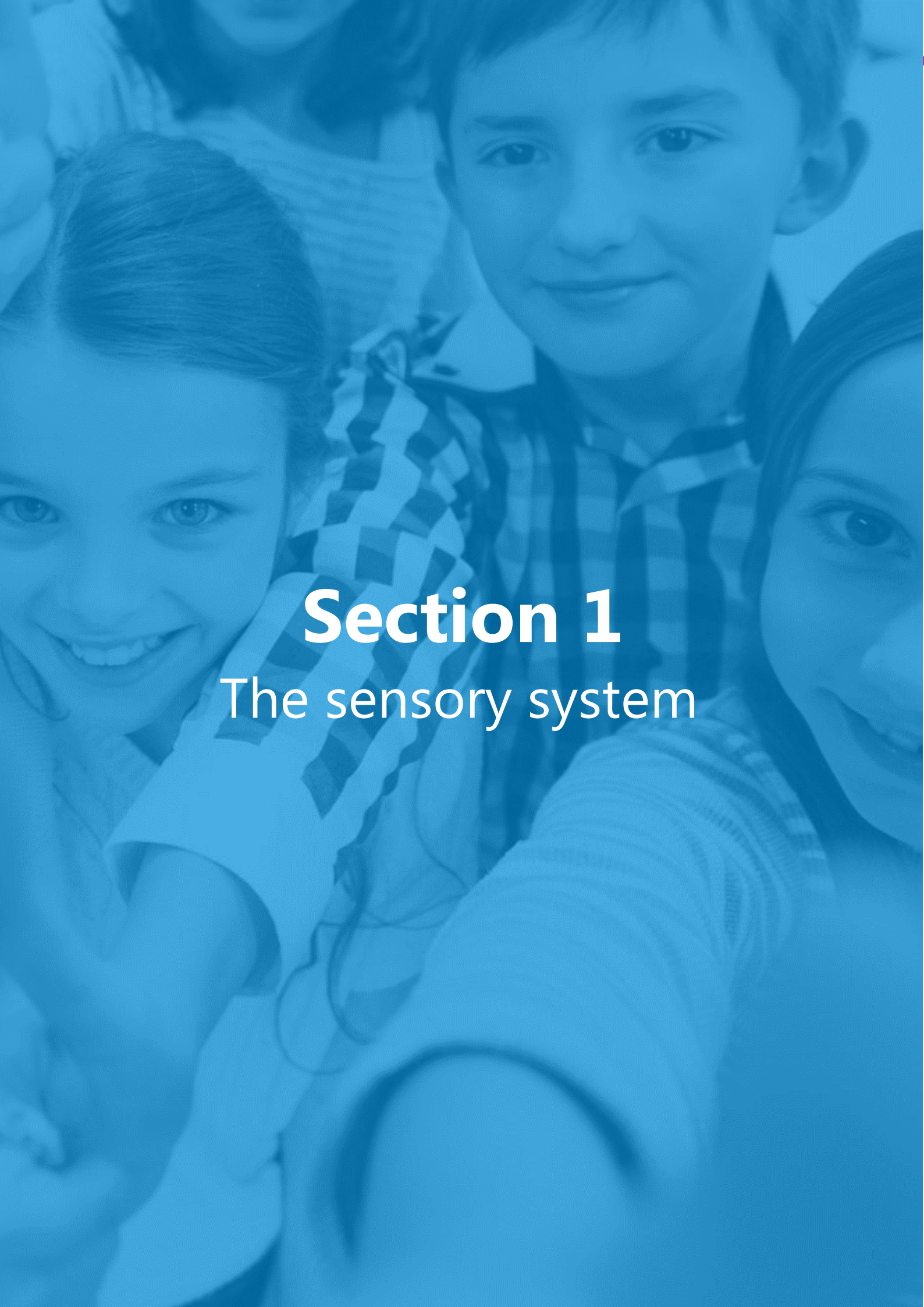
The following are suggested sensory processing checklists for schools to use. They can be downloaded from the internet and are free of charge:

- Sensory Checklist (Biel & Peske) [sensory-checklist.pdf \(sensorysmarts.com\)](#)
- Sensational Brain – Sensory Symptoms Checklist – Schools Version [Microsoft Word - SB School Checklist.doc \(sensationalbrain.com\)](#)
- Autism Education Trust Sensory Assessment Checklist - [37.2-Sensory-assessment-checklist.pdf \(aetraininghubs.org.uk\)](#)

These resources can be used to compliment observations carried out by teaching staff and information shared by parents and carers.

For more information please visit: www.kelly-mahler.com





Section 1

The sensory system

Tactile

Our tactile system is developed through touch as a primary method of communication and to establish social bonds. Through tactile responses, a child learns about feeding, dressing, language, movement, perception, basic concepts and handwriting. When skin is touched there are two types of responses:

1. **Discriminative** – tells you where and what is being touched. The information is sent to the cerebral cortex and associated with vibration, pressure, proprioception and adaptive behaviour.
2. **Protective** – is a response to danger and can trigger a flight or fight response. Our protective response is associated with pain, temperature and touch.

Type of response	Potential signs	Potential impact	Strategies to assist with Learning
<p>Hypersensitive (over-sensitive)</p> <p>Where the protective tactile pathway tends to override our discriminative pathway, which can lead to negative reactions</p>	<p>Dislike of certain foods, brushing of hair or teeth</p> <p>Difficulty with clothing labels or textures</p> <p>Dislike of physical touching especially light touch</p> <p>Touch being perceived as negative or threatening</p>	<p>May respond with physical aggression to light touch</p> <p>A dislike of crowds</p> <p>The avoidance of messy play or being dirty</p>	<p>Proprioceptive activities can help to inhibit the protective response pathway and aid in reducing sensitivity.</p> <p>The exploration of different textures; water play, finger painting, science and cooking activities and handling pets. This will need to be carried out in a careful graduated response due to the negative feelings associated with touch and should always be carried out on the child's or young person's terms</p>



			<p>Label free clothing, sewing soft fabrics over labels</p> <p>Allowing some flexibility around what to wear</p> <p>Trying different washing powders, such as eco brands.</p> <p>Note: see strategy sheet on tactile discrimination – over sensitivity</p>
<p>Hyposensitive (less-reactive)</p>	<p>Lack of reaction to painful experiences</p> <p>Difficulty manipulating tools and toys</p> <p>Craving touch</p>	<p>Difficulty developing fine motor skills, self-help skills and play</p> <p>Children or young people may also struggle with grading pressure and can be over forceful at times or appear to have weak muscles. They may get tired more quicker during writing tasks</p>	<p>The messy and explorative play strategies above can be appropriate</p> <p>In addition, using vibration equipment and proprioceptive strategies can assist in improving tactile discrimination</p> <p>Feely boards can be useful</p> <p>Note: see strategy sheet on tactile discrimination</p>



Proprioceptive

Proprioception is the conscious and unconscious awareness of body position and movement. The proprioceptive system is the muscle and joint sense that tells the brain:

- when and how the muscles are contracting or stretching
- when and how the joints are flexing, extending or being pulled and pushed
- what the body parts are doing and where they are in space
- the force muscles are exerting.

Type of response	Potential signs	Potential impact	Strategies to assist with learning
Poor proprioception	<p>Child in constant motion (this can also be due to other reasons such as hypermobility)</p> <p>Stiff uncoordinated movements</p> <p>Poor spatial awareness, unaware of obstacles in pathway, difficulty moving</p> <p>Problematic pencil grip</p> <p>Craving deep pressure sensations such as hugging others, leaning on others or on the table</p> <p>A struggle to keep their posture for long time while sitting</p>	<p>Difficulties concentrating and making academic progress</p> <p>Regularly bumping into things, falling over, resulting in accidentally hurting themselves or others</p> <p>Poor handwriting development</p>	<p>Regular movement breaks such as running errands</p> <p>Lifting and carrying heavy loads</p> <p>Pushing and pulling</p> <p>Hanging by the arms.</p> <p>Bear hugs, back to back standing up</p> <p>Techniques used in drama and physical education</p> <p>Practising movement without visual feedback – with closed eyes</p> <p>Note: see strategy sheet on proprioception</p>



Vestibular

The vestibular system is the balance sense. It tells us:

- where the body is in relation to gravity for example, when you are spinning, jumping and swinging
- whether we are moving or standing still
- how fast we are going and in what direction
- where our body is in space.

Type of response	Potential signs	Potential impact	Strategies to assist with learning
Hypersensitive (over-sensitive)	Fearful reactions to ordinary movements Can appear clumsy Difficulty climbing or descending stairs or hills Apprehensive about walking on uneven surfaces Motion induced sickness such as fairground rides and cars Fear of heights or of feet being off the ground	May try to control and manipulate events to avoid stressful sensations. This can look like uncooperative behaviour Can often seek physical support from an adult Regular accidents from clumsiness	This can be more difficult to work on as it requires a graded desensitising approach with guidance from an appropriate professional. However proprioceptive input can help greatly Staff will need to be aware of difficulties and not insist on children engaging in activities that they perceive as fearful as this can lead to flight and fight or negative reactions. Instead differentiating activities is important





<p>Hyposensitive (less-reactive)</p>	<p>Seeking intense movement experiences such as body whirling, jumping or spinning, crashing, being upside down and running</p> <p>Some children can appear clumsy, with difficulty coordinating both sides of the body</p>	<p>Difficulties concentrating and making academic progress</p> <p>Can delay speech, reading, writing and visual perception (as can all sensory processing difficulties)</p>	<p>Riding bikes, trikes and horses</p> <p>Using outdoor play equipment</p> <p>Move and sit cushions</p> <p>Bouncing on a gym ball</p> <p>Regular movement breaks such as running errands</p> <p>Extra play times, gym trails, space hoppers, scooter boards and spinning dishes</p>
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Interoceptive

Interoception is the sense of knowing what is going on inside our bodies. It includes things such as feeling hunger, thirst, temperature, pain, needing the toilet and noticing how our emotions feel.

Type of response	Potential signs	Potential impact	Strategies to assist with learning
Hypersensitive (over-sensitive)	The sensation of hunger, thirst, or bathroom needs can cause them to be extremely anxious. The slightest change in temperature or even hearing their own heartbeat can be extremely distracting	They may have trouble maintaining focus on a task because they are distracted by what is going on inside their body	Activities which give our body proprioception sensation or activities which help us to connect our physical feelings within our bodies to our emotions can be particularly helpful to start to improve interoception awareness
Hyposensitive (less-reactive)	The child often needs a large amount of input to recognise the type of sensory information their brain is receiving. This means they may not realise the need to use the bathroom, or that they are hungry until they are completely starving. They may	Children who are hyposensitive to interoception may not feel when they need to go to the bathroom, resulting in accidents. They may never feel full after a meal, or they may never feel hungry. They may not	Mindfulness and meditation encourage children to be more aware of what is going on inside their bodies Yoga focuses on listening to your body and providing good vestibular and proprioceptive





	<p>not realise they are in pain, or the sensation of pain feels completely different to them, like a tickle completely different to them, like a tickle.</p>	<p>respond to pain the same way as would be expected</p>	<p>input, it is helpful for developing interoception</p> <p>Breathing techniques and exercises are helpful for calming, as well as paying attention to what is going on inside our bodies</p> <p>Alerting activities are a great way to talk about heart rate and breathing rate. How do you feel after exercising? Is your heart racing? How do your muscles feel? Are you breathing hard and fast or slow and steady?</p> <p>Cues or visual prompts that encourage children to identify body functions and feelings including using Social Stories can be useful</p>
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Visual

We receive visual input through our eyes and use this information in conjunction with our brains to interpret our physical environment. Our visual system is highly complex, there are many different aspects of our visual perception skills including visual discrimination, visual memory, visual form and visual motor ability.

Type of response	Potential signs	Potential impact	Strategies to assist with learning
Hypersensitive (over-sensitive)	<p>Avoiding areas with bright lights or a lot of visual information</p> <p>Difficulty finding information on busy backgrounds, such as a lot of text on a sheet or information on the white board</p>	<p>Difficulty concentrating in busy and cluttered environments</p> <p>Difficulties copying information off whiteboards in class</p> <p>Difficulty completing puzzle, copying shapes and learning how to write letters/numbers</p> <p>Difficulty finding things in a cluttered environment</p> <p>Difficulty deciphering graphs and charts</p>	<p>Minimising visual input in the learning environment. Creating an area of the classroom with blank walls or a screen</p> <p>Using coloured overlays for written information</p> <p>Using a clear desk policy in class</p> <p>Labelling drawers and cupboards</p> <p>Consider dull coloured lighting</p>



<p>Hyposensitive (less-reactive)</p>	<p>Flicking objects in front of eyes</p> <p>Fascination with moving objects or flashing lights</p> <p>Difficulty finding information on busy backgrounds such as a lot of text on a sheet or information on the whiteboard</p>	<p>Similar impacts to over-sensitive visual systems</p> <p>Distracted by wanting to flick objects or look at lights</p>	<p>As above plus:</p> <p>Sensory toys that provide visual input when required</p> <p>Bright colours highlighting key facts/areas to help focus attention</p>
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Auditory

Auditory processing and language skills develop with well organised vestibular, proprioception and tactile systems. Our auditory system processes sound, and language received via our auditory receptor, our ears. The process involves:

- Attending to sound
- Receiving information
- Perceiving and discriminating between sounds
- Sound association and decoding
- Remembering what is heard
- Integration of what has been heard and expressing a response.

Children with auditory processing difficulties may experience difficulties with listening or making sense of the sounds they hear particularly in environments with a lot of background noise.

Type of response	Potential signs	Potential impact	Strategies to assist with learning
Hypersensitive (over-sensitive)	Dislike of noisy environments Complaining that noise is painful Difficulty filtering out general background noise Fear of certain environments Flight/fight type reactions seen in noisy environments	Unable to concentrate Impacts upon engagement with activities that involve high levels of noise Negative responses to unpredicted noise	Please make sure that the child's hearing has been checked by a relevant medical professional Ear plugs / ear defenders / headphones (should only be worn for 30-40 minutes at a time) Consider positioning in class





			<p>Give warning of predicted noise if possible</p> <p>Reducing overall noise levels</p> <p>Quiet areas for concentrated work</p> <p>Proprioceptive input can be calming and can dampen some of these sensitivities</p>
<p>Hyposensitive (less-reactive)</p>	<p>Difficulty listening to and following instructions</p> <p>Can be slow to respond to questions or their name being called</p> <p>Can often appear to not hear noise or be unresponsive to loud noise</p> <p>Difficulty pronouncing words, using prepositions and sequencing verbal instructions</p> <p>Can struggle to focus on foreground noise or to block out background noise</p>	<p>Poor concentration</p> <p>Unable to complete tasks</p> <p>Struggle to follow instructions</p> <p>Confusion as to what is happening and what is expected of them</p> <p>Poor memory recall</p> <p>Possible difficulties with social interactions</p>	<p>Use the child's name to engage them</p> <p>Allow time for response</p> <p>Give instructions in other forms of media</p> <p>Gain eye contact while giving instructions</p> <p>Request the child repeats instructions to make sure that they understand</p> <p>Reduce background sounds in the environment where possible</p>



Olfactory

Our noses pick up information about the odours around us and passes this to our brains. We discriminate between thousands of different odours to distinguish whether smells are dangerous, strong, faint, pleasurable or foul. The olfactory system is closely related to our limbic system which is responsible for our emotions and memory. The olfactory system is also closely related to our sense of taste.

Type of response	Potential signs	Potential impact	Strategies to assist with learning
Hypersensitive (over-sensitive)	Negative reactions to smell Avoidance of certain environments Avoids people or places who smell too much such as because of perfume Sniffs food before eating	Issues associated with the avoidance of people or places Poor oral or bodily hygiene	This can be more difficult to work on as it requires a graded desensitising approach with guidance from an appropriate professional Creating smelly bags/handkerchiefs with oils which child finds pleasant Careful selection of washing powder and use of perfume etc
Hyposensitive (less-reactive)	Smells everything	Appearing over familiar with people Unhygienic practices	Creating smelly bags / boards Smell sensation activities



Taste

Taste is triggered by the chemical content of substances in the environment. The chemical particles are picked up by receptor sites on the tongue. There are four tastes perceived: sweet, sour, bitter and salty.

Children have more taste buds than adults so they usually have a more highly developed sense of taste. A child may have difficulties perceiving taste or be oversensitive to strong tastes, which can lead to issues at mealtimes.

Touch and pressure receptors in the mouth perceive information about texture and sensation of food. Taste also works very closely with smell. It is rare to taste something without smell, as our smell sensation elaborates on the information received about food.

Type of response	Potential signs	Potential impact	Strategies to assist with learning
Hypersensitive (over-sensitive)	Fussy, picky eaters A dislike of strong oral stimulation such as brushing teeth Dislike strong taste Dislike certain food texture, such as soft or hard foods	Reduced variety of foods eaten Weight loss Avoidance of activities, such as going to the dentist or participating in group work where food and taste are involved	Involve children in food activities but remove pressure to try/taste products Agree with the child which new foods they will try each week. Start with asking them to smell the foods and then move on at their pace to lick, taste and eat the food Remove pressures in lunch hall to eat what's put in front of them






			As with the vestibular sense, significant difficulties in this area require graded and specialised programmes by trained professionals
Hyposensitive (less-reactive)	<p>Mouthing and licking of non-food items such as pencils and sleeves (this can also be indicative of proprioceptive seeking or poor tactile discrimination)</p> <p>Chewing everything (this can also be indicative of proprioceptive seeking or poor tactile discrimination)</p> <p>Food cramming</p> <p>Preference for strong tastes such as chilli and lemons</p>	Dangers involved from chewing non-food items	<p>Chewy tubes, bangles and pencil toppers</p> <p>Crunchy snacks</p>



A blue-tinted photograph of a woman and a child smiling together. The woman is on the left, and the child is on the right, wearing a hooded jacket. The text is overlaid in the center.

Section 2

Whole school approach



There is much evidence supporting the use of classroom-based adaptations and whole school approaches to promote the inclusion of all children and young people with sensory differences within our schools (Wild, Gwen, Steeley and Sherry 2018).

Environmental modifications and adapting teaching and learning approaches enables all children to better manage their sensory differences within the class, alongside developing supportive systems to better regulate their sensory needs.

A whole school approach promotes inclusion, enables each child to better explore their sensory preferences and develop more efficient self-regulatory skills as they mature into more independent learners. Guidance on sensory differences published by the Council for Disabled Children advocates the need for a multi-pronged approach when supporting sensory needs. This approach modifies the environment and adapts the task appropriately, while supporting the child's specific sensory need within the classroom context.

Whole school approaches

- Advocate flexible teaching and learning such as taking account of auditory, kinaesthetic and visual learning styles.
- Provide safe, quiet, comfortable and calm areas to be always available. This includes, playtimes, periods of change and times of reduced routine, for example at Christmas.
- Create a whole school ethos promoting such activities as: Smart Moves, Wake and Shake, finger gym exercise sessions, yoga and movement breaks.
- Encourage extended out of hours activities, including those that are not always competitive, such as drama club, martial arts and dance.
- Celebrate different recording/learning styles through school displays and ICT.
- Increase awareness of sensory processing difficulties among all staff, through training sessions provided by the Occupational Therapy or Educational Psychology teams. Make sure that there are information sharing systems among staff.



Classroom Strategies

- Check that the classroom environment meets the needs of different children.
 - Create areas of working with less sensory stimulus so that they can work at times with reduced distraction.
 - Consider different lighting or reducing the number of things on walls.
 - Create calm areas. These areas should be separate from isolation and exclusion areas and should be seen as places of safety. Consider creating spaces through pop up tents/sheets thrown over tables/dark dens (which can be obtained through schemes such as supermarket vouchers).
- Create clear visual displays including visual timetables, keywords and topic vocabulary, resources and expectations rules and objectives.
- Create movement breaks to split lessons that involve a lot of sitting.
- Make sure that all changes are well prepared for, and that pupils are given as much warning as possible particularly about change.
- Develop careful planning around transition times. Children and young people with sensory issues often find change, dealing with crowds, noise and smells quite tricky to cope with. They can be given slightly different transition times, or jobs to do instead of lining up for example.
- Have a range of resources at your disposal, such as fiddle aids (blue tac, bands and squidgy balls), move and sit cushions and lap weights. It is useful to have extras available, so all children can use systems that enable them to regulate themselves and be independent learners.

What to do if you are concerned a pupil is experiencing sensory processing difficulties

If you have identified that a pupil could be experiencing one or more sensory processing needs, we hope you will have found the strategies highlighted within this handbook effective in supporting them. It is important that schools implement and review one or more of these strategies to see whether or not it has had any positive effect. You may find the recording sheet below useful as a way of monitoring this.

As outlined in the SEND Code of Practice, it is expected that a clear 'Assess, Plan, Do and Review' (APDR) process is followed in supporting and meeting the needs of a child or young person with SEND. This would include sensory processing.

Should you be meeting with other relevant professionals about the child in question, such as educational psychologists or an advisory teacher from the Autism and Communication Service, we suggest that you talk through any concerns and the strategies that are being implemented. Further recommendations may be made.

If there is little or no progress made following a period of APDR, with relevant strategies, then you may wish to make a referral to occupational therapy. See page 29 for details on how to do this.

For additional advice, strategies and ideas please refer to school fact files.

[Fact Files - Children and Young People's Therapy Service - Somerset NHS Foundation Trust \(somersetft.nhs.uk\)](https://www.somersetft.nhs.uk)





Referring to occupational therapy

- Referrals can be made to the Children and Young People's Therapy Service, either directly or through the Early Help Assessment process. Please email all referrals to CYPTSReferrals@SomersetFT.nhs.uk (preferred option) or send in the post to Referrals, Children and Young People's Therapy Service, Priory House, Priory Health Park, Glastonbury Road, Wells BA5 1XL. The service criteria and referral forms can be found here: www.somersetft.nhs.uk/children-and-young-peoples-therapy-service
- Any referral made to occupational therapy will go through the triage process. This assesses whether the level of need a pupil is demonstrating meets the relevant criteria for support. To meet the service criteria, the child or young person will need to have significant functional difficulties with everyday activities.
- If the level of need is deemed to be high enough, then the pupil will then be placed on a 'sensory pathway' which is an advisory pathway. Parents, carers and schools will initially be invited to either attend a 'Sensory Information Group'. This is a training session lasting four hours to provide information about sensory processing, sensory processing difficulties and practical strategies to trial or be invited to do this training online.
- The focus of this training is to empower parents, carers and schools with the knowledge to support children and young people effectively, while helping to develop specific tailor-made packages together. Participants receive a pack of information with recording sheets to track the progress made with the strategies suggested.
- For many, this level of support is all that may be required. However, if a child or young person is not making progress, or further support is needed, then a follow-up consultation can be requested. Evidence of recording sheets and all of the strategies that have been trialled during this time will be required. It may also be determined that the child or young person's needs may not be due to sensory processing difficulties but due to another reason.
- If the child or young person's difficulties are not deemed to be due to sensory processing and there is evidence of functional difficulties this could be helped by an occupational therapist, referral to a more appropriate care pathway will be sought in order to access appropriate assessment and advice.



Children and Young People’s Therapy Service Information and Guidance

Activity log

Name: _____ **Date of birth:** _____

Sensory Activity (List below under each title)	Date activity tried (Try them more than once)	Effect of activity on your child	Any other Comments
Muscle work- push, pull, lift, carry (Proprioception)			





Activity	Dates	Observation	Comments
Movement – swinging, spinning, upside down etc. (Vestibular Activities)			
Touch (Tactile)			





Activity	Dates	Observation	Comments
Touch continued			
Noise/Sound (auditory)			





Mouth/Taste (oral)			
Activity	Dates	Observation	Comments
Eyes/visual			





Smell (olfactory)													





Notes



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