

Children and Young People with Sensory Processing Needs Lancashire and South Cumbria Position Statement January 2024

1. Introduction and Background

This position paper represents the views of parents/carers, Local Authorities, Health Care Providers, and Health Care Commissioners in Lancashire and South Cumbria (including Blackburn with Darwen and Blackpool). Its purpose is to provide guidance to professionals, practitioners and parents/carers who support children and young people facing challenges in managing their sensory processing needs. The aim is to promote consistency among professionals and reduce uncertainty for families. This position statement has been agreed by representatives of Health and Education in Lancashire and South Cumbria and details of these organisations can be found in the appendix at the end of this document.

2. What is sensory processing?

Our brain receives information from all our senses, such as sight, hearing, touch, smell, taste, proprioception (understanding where our body is in space), vestibular (how the body moves against gravity) and interoception (our internal sensations) which we use to interact with the world around us. This may be through our thoughts, feelings, motor responses (actions/behaviour) or a combination of these. We all automatically process sensory information and for most people our ability to do this effectively and appropriately develops as we grow and mature (Batrawi et al, 2014; Ayres, 2005).

3. How does sensory processing affect people?

We all process sensory information, and some people might have sensory needs. However, these should not necessarily be seen as difficulties if these needs are supported appropriately. A person would only be considered as having a sensory processing difficulty if this is impacting on their behaviour, learning, emotional responses, mental and physical health or social interaction, or a combination of these, which is stopping them from being able to participate in day-to-day activities. See Appendix for examples.

It is often helpful for a person's sensory processing needs to be acknowledged and understood by themselves and the people around them as it helps to consolidate their identity and validate their coping strategies.

4. Sensory processing needs and diagnoses

As we all use the sensory information from the world around us differently and this is part of who we are, differences processing sensory information do not necessarily indicate the need for a diagnosis. However, evidence suggests that sensory processing differences are often associated with conditions like Attention Deficit Hyperactivity Disorder (ADHD), Foetal Alcohol Spectrum Disorder (FASD), Attachment Disorder, difficulties with Mental Health, Cerebral Palsy, Developmental Coordination Disorder (DCD) and autism when taken into consideration alongside other elements of these diagnoses. In practice, people often have sensory processing differences listed alongside their diagnosis. We do acknowledge that children can have sensory processing needs that can benefit from support with or without an associated diagnosis.

We acknowledge that Sensory Processing Disorder can sometimes be given as a diagnosis. However, it is not part of the DSMV (Diagnostic and Statistical Manual of Mental Disorders) and so it not a recognised diagnosis. Further information about terminology used around sensory processing, including the use of the term Sensory Processing Disorder (SPD) can be found in the appendix

5. How can we support children with sensory processing needs?

Supporting children who are experiencing difficulties with sensory processing involves considering three elements: the child, the environment, and the task they are trying to perform.

In Lancashire and South Cumbria, we aspire to provide a needs led and not diagnosis led support as this provides a more individualised picture of a child's strengths and challenges so we can develop the most appropriate plan to support their needs.

We aim to develop a system-wide graduated approach based on best practices and available evidence from parents/carers, health, education, and social care professionals. There is a consensus that many children's needs could be met through **universal support**. This may include sensory strategies such as adapting learning in the classroom and other environments and providing information and supportive strategies to families/carers and professionals.

Some children may require **targeted support**. At present, this is not consistently available across Lancashire and South Cumbria however we are working towards ensuring this. This level of support may include workshops for parents/carers and professionals, support to understand a child's individual sensory needs, and making changes to learning environments and learning activities facilitated by the use of a sensory passport and/or plan.

A number of children may require more individualised support. This **specialist support** may involve an individualised assessment by the most appropriate professional, including sensory processing considerations, and goals set to address the child's ability to participate in activities that they want and need to do. It is essential that the universal and targeted levels of support have been accessed (where available) before agreeing that more specialist support is needed.

6. The Lancashire and South Cumbria graduated response

The graduated response is outlined below. *Please note that this is still in development and that some elements may be aspirational depending on available funding.*

Universal: All children can benefit from universal support, including guiding schools on how to adapt learning and the sensory learning environment, and parents and professionals having access to online education and information about sensory processing. The information and support available will be consistent across Lancashire and South Cumbria and agreed as being the most appropriate sources of information by clinical professionals. This aims to avoid the confusing navigation of the huge amount of information available on the internet and ensure they meet the recommendations of the professional bodies involved.

Each area in Lancashire and South Cumbria will be responsible for providing information about how this universal support can be accessed by parents and professionals according to their individual systems. This could include SEND Local Offer websites (see appendix for links to the Local Offer Websites in Lancashire and South Cumbria), individual service websites, social media and local marketing opportunities.

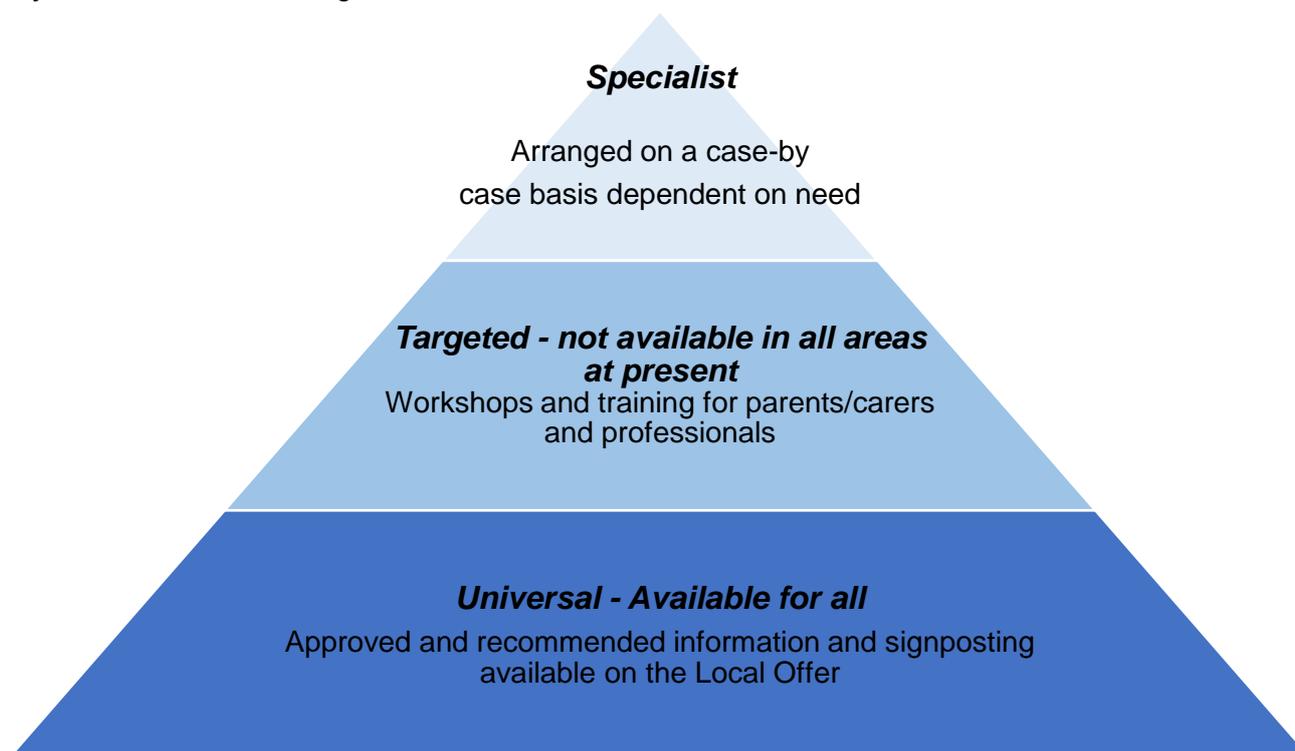
Targeted: Lancashire and South Cumbria aspire to make targeted support available to all children who would benefit from it. This support may include workshops for parents/carers and professionals and making changes to learning environments. Work is ongoing to develop a template for the provision of a targeted service for children with sensory needs across Lancashire and South Cumbria and therefore may not currently be available in your area. We acknowledge that there are significant gaps in support and apologise for any frustration and disappointment that this may cause.

Specific information about what support your child should be able to get through their school in each of the local areas can be found in the Appendix.

Specialist: Lancashire and South Cumbria aspire to make specialist support available to all children who would benefit from it. This support should involve an individualised holistic assessment and goals to address the child's strengths and challenges. The specialist support would include supportive strategies/sensory based interventions that can be therapist and/or carer led.

The Lancashire and South Cumbria illustrated graduated response

Please note that this is still in development and that some elements may not currently be available in your area due to funding constraints.



7. My child still has sensory processing difficulties after accessing universal and targeted support - what next?

If your child has significant sensory processing difficulties that affects their ability to learn, socialise, play, and perform daily activities, and they have not benefitted from the universal support and targeted support where available then they may benefit from an individualised assessment by the appropriate professional, which includes sensory processing considerations.

An assessment of a person's ability to process sensory information should be part of a wider holistic assessment to determine their strengths and challenges and how these affect their physical and mental health in order to support their ability to cope with and participate in everyday life. The appropriate professional should conduct the assessment based on the nature of the challenge:

- Occupational Therapy for difficulties participating in everyday activities (occupations)
- Speech and Language Therapy for communication and sensory feeding challenges
- Physiotherapy for physical health needs

It is also essential to acknowledge the sensory environment when considering a person's strengths and challenges and this should form a part of the holistic assessment.

The Royal College of Occupational Therapy (RCOT) recommends that sensory issues must be 'considered in the context of the person's occupational engagement and performance within relevant environments' and recommends assessing sensory processing needs in relation to their impact on a child's ability to learn, socialise, play, and perform daily activities. (2021)

In line with this, Lancashire and South Cumbria follow the RCOT recommendations and we agree that standalone sensory assessment is not best practice. Instead, an individualised assessment should be carried out to address challenges in communication, mobility, and participation in daily life activities by the appropriate professional following their professional guidelines.

If significant sensory processing needs severely affect a child's ability to learn and perform daily activities and a professional with the relevant experience and training is not able to provide this within statutory services, an assessment inclusive of sensory processing considerations may be commissioned if this can be done so safely, effectively and provided by a therapist with the appropriate level of training and experience. This person may be an independent therapist. It is important that evidence is provided of what universal and targeted support has been accessed prior to requesting specialist support.

If this support is not currently available within the appropriate service, then we apologise for any frustration and disappointment that this may cause. We acknowledge that there are significant gaps of support, and we are working on improving services and making them more accessible.

8. What is Ayres Sensory Integration Therapy®?

The terms 'Sensory Integration' and 'Sensory Processing' can often be used interchangeably and when used in this way does not refer to Ayres Sensory Integration (ASI) Therapy® which is a specific sensory technique aimed at remediation of dysfunction and underlying nervous system issues

Ayres Sensory Integration (ASI) Therapy® is an intervention approach based on Ayres SI theory and delivered directly 1:1 by a qualified sensory integration practitioner (an SI qualified Occupational, Physiotherapist or Speech and Language Therapist) in a clinic or community setting which meets certain criteria such as an appropriate environment and access to specific resources. The Royal College of Occupational Therapy (RCOT) review of the evidence related to ASI® Therapy has identified that it is limited and inconclusive and that sensory issues must be considered in the context of the person's engagement and performance in activities within relevant environments (RCOT Informed View, 2021).

Many practitioners supporting children with sensory processing needs have been trained in ASI® and will use these concepts within their practice to support children at a specialist level as part of a holistic approach. Although it is accepted that there may be differences in professional viewpoints, it has been agreed that across Lancashire and South Cumbria we are not able to commission specific ASI® Therapy. However, ongoing research in this field will continue to be monitored. Please see here for more information <https://www.lancashireandsouthcumbria.icb.nhs.uk/our-work/commissioning-policies/reviewed-clinical-policy>

References

Ayres, J (2005). Sensory Integration and the Child, 25th Anniversary Edition. Los Angeles, CA: Western Psychological Services.

Batrawi, A, Shaker, N and Khalifa, D (2014). Difficulty in processing and integrating sensory information in patients with autism: A case-control study. Middle East Current Psychiatry. 21 (10) 176-184.

Miller, L.J., Schoen, S.A., James, K., & Schaaf, R.C. (2007). Lessons learned: a pilot study on occupational therapy effectiveness for children with sensory modulation disorder, American Journal of Occupational Therapy, 61, 161–169.

Royal College of Occupational Therapists (2015) Sensory Integration – Practice Briefing, 1–11

Royal College of Occupational Therapy (2021) Informed View paper ‘Sensory Integration and sensory-based interventions’. Available at <https://www.rcot.co.uk/about-occupational-therapy/rcot-informed-views>

STAR institute. (2022) Your 8 Senses. Available at: <https://sensoryhealth.org/basic/your-8-senses>

Appendix

Organisations who have agreed to the position statement

- Lancashire and South Cumbria ICB
- Westmorland and Furness Council
- Lancashire County Council
- Blackpool Council
- Blackburn with Darwen Council
- Blackpool Council

Examples of behaviours you might notice if your child is oversensitive or under sensitive to sensory input:

Sensory system	If your child is under responsive, you might see this behaviour:	If your child is overresponsive, you might see this behaviour:

Sight	Need lots of visual stimulation, e.g., like bright environments, watching lights and reflective surfaces	Dislikes bright light – might want to wear a cap or have their hood up, become overwhelmed by too many lights and colours
Smell	Seems unaware of strong smells, may seek out strong smells e.g., smearing	Notice smells that other people don't which causes stress and interferes with ability to focus, bothered by typical household scents, perfume, aftershave etc...dislike
Hearing	Talking loudly, enjoying loud noise, not picking up on usual auditory cues, e.g., they don't realise if you say their name	Avoid loud noise, cover ears, anxious before loud noises occur, distracted by background noises
Taste	Eats/mouths non food items, craves strong tasting foods e.g., spicy, salty	Dislikes strong tastes, likes consistent temperature of foods, gags on certain tastes, struggle to try new food, fussy or picky eater
Touch	May appear heavy handy, enjoys messy play and a variety of textures, touches things constantly, walking on their toes	Seeks hugs/touch only on their terms, can appear to overreact to another's touch, bothered by certain types of clothing or clothing labels, walking on their toes
Proprioception - knowing where your body is in in the space without looking at it)	Frequent bumps, trips and falls, may appear poorly coordinated, leans on furniture or other people, overreliance on vision for movement (e.g. looks at feet when going down stairs)	
Vestibular - helps with balance and spatial orientation)	Has difficulty sitting still and seeks movement, runs rather than walks, enjoys spinning and being upside down	Struggles with motion, e.g. in the car, escalators, becomes dizzy easily, struggles in busy places watching a lot of movement
Interoception - interpreting sensations that come from inside your body)	May not notice when hurt or unwell, may not recognise feelings of hunger or fullness, poor awareness of needing to go to the toilet, may not recognise if feeling too hot or too cold	May frequently report being in pain or is very sensitive to pain, may have a strong hunger impulse and struggle to wait for food if hungry, may struggle to cope when too hot or cold

Difficulties in processing and formulating a response to information from all our senses may result in being too sensitive to some stimuli and not sensitive enough to other and so a person can present with a mixed and changeable profile depending on the situation

Links to SEND Local Offer websites in Lancashire and South Cumbria

Westmorland and Furness:

<https://fid.westmorlandandfurness.gov.uk/kb5/westmorlandandfurness/directory/advice.page?id=gcdur6mYtk>

Lancashire:

[Special educational needs and disabilities - local offer - Lancashire County Council](#)

Blackpool:

[Blackpool Local Offer](#)

Blackburn with Darwen

[SEN and Disability | Blackburn with Darwen Local Offer \(bwd-localoffer.org.uk\)](#)

Support your child should be able get through their school in each of the local areas:

Blackpool: [Sensory processing difficulties \(blackpool.gov.uk\)](#) – see examples of classroom strategies that could be used.

Lancashire: [chapter-6-the-graduated-approach-in-school.pdf \(lancashire.gov.uk\)](#) - see pages 7&8 for examples of classroom strategies that could be used

Blackburn with Darwen: [graduated response in mainstream schools.pdf \(openobjects.com\)](#) – see pages 35, 48, 54, 55, 56 and 67 for examples of classroom strategies that could be used.

Cumbria:

https://search3.openobjects.com/mediamanager/cumbria/fsd/files/2022_2_autism_spectrum_conditions_criteria.pdf - see page 18 for examples of classroom strategies that could be used

https://search3.openobjects.com/mediamanager/cumbria/fsd/files/2022_4_cognition_and_learning_criteria.pdf - see page 76 for examples of classroom strategies that could be used

https://search3.openobjects.com/mediamanager/cumbria/fsd/files/2022_10_social_emotional_and_mental_health_criteria.pdf p 217, - see pages 222 and 223 for examples of classroom strategies that could be used

Terminology

Sensory integration and sensory processing are the definition terms often used interchangeably (Sensory integration should not be confused with ‘Sensory Integration Therapy’ or ASI® Therapy)

Both these terms refer to the processes in the brain that allow us to take the signals from our senses, make sense of those signals and respond appropriately. The concept of sensory integration was first developed and described by Dr A Jean Ayres in the 1970’s in the USA

Sensory Processing Disorder (SPD) is a term that is often used to describe sensory differences. It comes from Dr Lucy Miller who published a model of “sensory processing disorder” based on Jean Ayres sensory integration model in 2006. It is not part of the DSMV (Diagnostic and Statistical Manual of Mental Disorders) which is the diagnostic manual used to guide diagnoses such as ASC and ADHD and so it not a recognised diagnosis (see ‘Sensory processing needs and diagnoses’ section for how sensory processing differences are considered alongside diagnoses)

Sensory preferences or needs describes how a person uses their senses to interact with their environment and carry out activities; a dislike or desire for specific sensations. We all have our own sensory preferences or needs and for most of us we are able to meet these without it stopping us from doing what we want and need to do

Once we understand our sensory preferences/needs we are able to understand why we engage in certain behaviour or avoid certain activities or situations and support this so it doesn’t become a difficulty

Sensory difficulties and sensory differences are terms used to describe the fact that a person is having difficulties processing sensory information and this is stopping them from being able to do what we want and need to do. Not everyone with sensory needs necessarily has a sensory difficulty if those needs/preferences are understood and supported

Sensory profile or checklist refers to a sensory tool used to evaluate a person’s sensory patterns. There are a number of different tools available, some standardised and some not, but the value in using them is the ability to interpret the results to guide how to support a person’s sensory needs and should not be used in isolation

Sensory diet/Sensory plan/Sensory lifestyle are all terms used to describe how sensory strategies can be best used to either modify the environment and/or support an individual to gain the sensory input their body needs throughout the day. In the same way our bodies need different dietary requirements throughout the day and in different situations, our bodies need different sensory strategies. Therefore, a sensory diet or plan should never be a fixed ‘prescription’ of sensory input but rather a sensory lifestyle where a ‘toolkit’ of sensory strategies can be used depending on the sensory needs and situation at the time

Levels of alertness describes how awake, or alert, or how tired we are and our sensory system plays an important role in regulating this. It is normal for our levels of alertness to fluctuate throughout the day depending on the tasks that we are doing and the environment we are in, and our ability to do this is sometimes called **regulation**. Some children with sensory differences may have more difficulty doing this and may need more support to do it. Younger children often have greater difficulty regulating their levels of alertness as they are still developing and finding their own ways of meeting their sensory needs. These children may need an adult to provide **co-regulation** to do this effectively