



Working with Children and Young People with Sensory Processing Needs in Buckinghamshire Local Area Position Statement January 2023

This position paper draws upon a review of the research evidence and represents the views of Education, Health and Social Care providers and commissioners within the Buckinghamshire Local Area. It is aimed at practitioners supporting children and young people with sensory processing needs and its purpose is to improve consistency of approach amongst professionals and reduce the uncertainty for families.

What is sensory processing?

Our brain receives information from all of our senses including our sight, hearing, touch, smell, taste, proprioception (using our muscles to understand where our body is in space) and vestibular (the sense of how the body moves against gravity). We use this information so we can respond to the world around us.

Learning how to process information from our senses, can be challenging for all of us at times, but more challenging for some children. Some children may be oversensitive and/ or under sensitive to the information they get from their senses. When sensory processing does not develop as efficiently as it should, it can affect activities of daily living, academic achievement, behaviour or social participation.

Possible signs of Sensory processing differences include:

- Overly sensitive or under reactive to touch, movement, sights, or sounds in the environment
- Unusually high or low activity level
- Easily distracted; poor attention to tasks
- Delays in speech, motor skills, or academic achievement
- Coordination problems; appears clumsy or awkward
- Poor body awareness
- Difficulty learning new tasks or figuring out how to play with unfamiliar toys
- Appears to be disorganized most of the time
- Difficulty with transitions between activities or environments
- Immature social skills
- Impulsivity or lack of self-control
- Difficulty calming self once "wound up"

Since 'Sensory Processing Disorder' is not recognised as an independent diagnosis in the Diagnostic and Statistical Manual of Mental Disorders 5 (American Psychiatric Association 2013) local practice is to avoid using this term. Sensory differences are, however, listed as symptoms of other disorders including autism.

How do we support children and young people with sensory processing needs in Buckinghamshire?

There is no specific "treatment/cure" for sensory processing needs. Sensory processing needs can impact upon the daily lives of children and young people in different ways, so it is important to consider 3 things - the child/young person, the environment and the task they are trying to do.

A number of different approaches have been developed by professionals which aim to help children who experience sensory processing difficulties.

In Buckinghamshire we have adopted a graduated approach to support for children and young people, based on best practice and available evidence from health, education and social care professionals. This approach is supported by the Buckinghamshire SEND Local Area including Buckinghamshire Parent Carer Forum (FACT Bucks), NHS Occupational Therapists, 0-19yrs public health nurses, Buckinghamshire specialist teachers, educational psychology and social care. This approach will be reviewed regularly, as further research and evidence becomes available.

Training and individual advice is available from the Occupational Therapy Team to families/carers and front-line practitioners (early years, education settings) working with families to identify and address sensory processing needs at home and in the classroom. These are available free of charge without need for a referral.

Live Webinars hosted by our	Please find the webinar you wish to attend and click on the hyperlink at the date
Occupational Therapy Team	and time advertised. There is no need to book.
	Occupational Therapy webinars, courses and workshops - Buckinghamshire Healthcare NHS Trust - CYP Website (buckshealthcare.nhs.uk)
Virtual Advice Line for	Parents/Guardians please call 01296 838000
Parents/Carers and educational	or email <u>Buc-tr.cyptherapies@nhs.net</u>
settings (all ages)	Nurseries and schools please find the schools advice form via the link below.
	Occupational Therapy virtual advice sessions - Buckinghamshire Healthcare NHS
	Trust - CYP Website (buckshealthcare.nhs.uk)
Occupational Therapy	Occupational therapy resources - Buckinghamshire Healthcare NHS Trust - CYP
Resources	Website (buckshealthcare.nhs.uk)
The full offer can be found on the <u>Occupational Therapy Website</u>	

The Royal College of College of Occupational Therapists published an Informed View in relation to Sensory Integration and sensory-based interventions in 2021. Their recommendations for practice are as follows:

- Occupational therapists should maintain their occupational focus. Sensory issues must be considered in the context of the person's occupational engagement and performance within relevant environments.
- Ayres Sensory Integration[®] and sensory-based interventions (SBIs) are concepts/intervention

modalities that occupational therapists **may consider** incorporating into their practice but should be used as part of a wider approach to address a person's occupational needs.

- Currently, the evidence for Ayres Sensory Integration[®] and sensory-based interventions is limited and inconclusive. Occupational therapists should understand the difference between the following types of intervention:
 - sensory techniques aimed at remediation of dysfunction and underlying nervous system issues; and
 - sensory interventions that aim to facilitate occupational performance by adapting tasks or the environment or improving the person's capacity for self-regulation.
- Occupational therapists must be clear about their rationale and the evidence base for using or recommending these interventions. They should consider how the intervention would promote the person's occupational performance and engagement, along with its efficacy and the cost of delivering the intervention to the service, the person and their family.
- Person-centred goals/outcomes must be established prior to intervention. These should clearly relate to occupational engagement, performance and/or participation.
- Interventions must be regularly reviewed for effectiveness and adapted as appropriate.
- Audits of the effectiveness of interventions, including Ayres Sensory Integration[®] and sensory based interventions should be systematically conducted to inform local evidence.
- Occupational therapists are skilled professionals who are able to assess and assist people with sensory issues. Some occupational therapists may choose to undertake additional training in sensory interventions. The Health and Care Professions Council (HCPC, the regulator of occupational therapists in the UK) requires occupational therapists to 'practise safely and effectively within their scope of practice' and 'draw on appropriate knowledge and skills to inform practice' (HCPC 2013) but it does not specify that a particular type or level of qualification in sensory interventions, for example Ayres Sensory Integration[®] is expected of occupational therapists.

Sensory processing and Autism

The outcome of a Randomised Control Trial (RCT) Sensory integration therapy for children with autism and sensory processing difficulties was published in June 2022. The published summary stated:

Children with autism often experience problems with processing sensory information (e.g. noise, touch, movement, taste and sight), and this can lead to problems in daily life. This study was designed to see if sensory integration therapy can help children with these difficulties. Sensory integration therapy is a type of face-to-face play-based treatment that is delivered by occupational therapists. We compared sensory integration therapy with the type of treatment normally offered to children with autism (i.e. 'usual care'). We recruited children and their carers from Wales and England. Children could take part in the study if they had an autism diagnosis, had sensory processing difficulties and were in mainstream primary education. The children taking part in the study were randomly split into two groups. Sixty-nine children were given sensory integration therapy and 69 children carried on with their usual care. The sensory integration therapy involved 24 face-to-face sessions in an occupational therapy clinic, followed by two telephone calls with the carer. The sensory integration

Sensory Processing Needs Position Statement

therapy lasted for 26 weeks. We collected information on the type of care being given to children in the usual-care group. Carers of each child were asked questions about their child's behaviour 6 and 12 months after starting the study. Some carers also completed an interview to talk about what it was like taking part in the study.

Therapists delivered the sensory integration therapy well. Carers and therapists said that they saw some improvements. However, sensory integration therapy was not significantly better than the usual care and is a more expensive option. We cannot say that sensory integration therapy is helpful for all children with autism and different sensory processing difficulties; however, it might be helpful for some children to focus on specific problems. Future work could focus on which children and problems it would help the most.

Evidence and resources reviewed

Sensory differences and approaches to intervention (Council for Disabled Children)

<u>Royal College of Occupational Therapy Informed View - Sensory Integration and sensory-based interventions</u> 2021

Sensory integration therapy for children with autism and sensory processing difficulties: the SenITA RCT (nihr.ac.uk) June 2022

Learn Sensory Integration Basics | Sensory Integration Tools (pathways.org)