

Housekeeping

- Please mute and turn off cameras when you join to save bandwidth. Unless you're a speaker!
- Please use chat rather than raising your hands with questions. There are too many of you for us to reliably identify those with hands up.
- Teams top tip: if you're struggling to see slides press Ctrl and scroll your mouse arrow and it will make the content bigger or smaller.

Polling, Questions & the Next Event

- Please access the online poll and answer the question *once*.
- To access the polling, **use your smart phone and search:**
www.PollEv.com/jazzeddew393
 - You will be able to answer questions only when the speaker turns it on. The code will be displayed on the screen.



- If you don't have a separate link to a breakout group, please email mhunt@ncb.org.uk. During the plenary session, if you don't have access to the chat box and would like to raise questions to the speakers, please email dbicaci@ncb.org.uk

- Next national event on 9th February, & webinar on 16th March

Approaches to Sensory Support

Welcome and Introductions Amanda Allard, Deputy Director, CDC

Poll: How confident do you feel in your understanding of sensory processing?

- To access the polling, **use your smart phone and search:**
www.PollEv.com/jazzeddew393
- Enter the code **22333**





Towards a better understanding of sensory approaches

30th November 2021

Dr Sally Payne, Professional Adviser, Royal College of Occupational
Therapists

Lived experience of sensory differences



The school bells physically hurt me and went off every hour every day. Can't concentrate on GCSE's when anxiously anticipating the bells.

My daughter doesn't eat at school on a Friday (it's fish & chip day). She can't cope with the smell so won't go in the dinner hall, says the smell goes through the whole school and makes her feel sick & unable to learn.

The first class after lunchbreak was zone out time. I was not aware of this at the time. Sensory overload from a noisy, unstructured 'break' that was too long to tolerate.

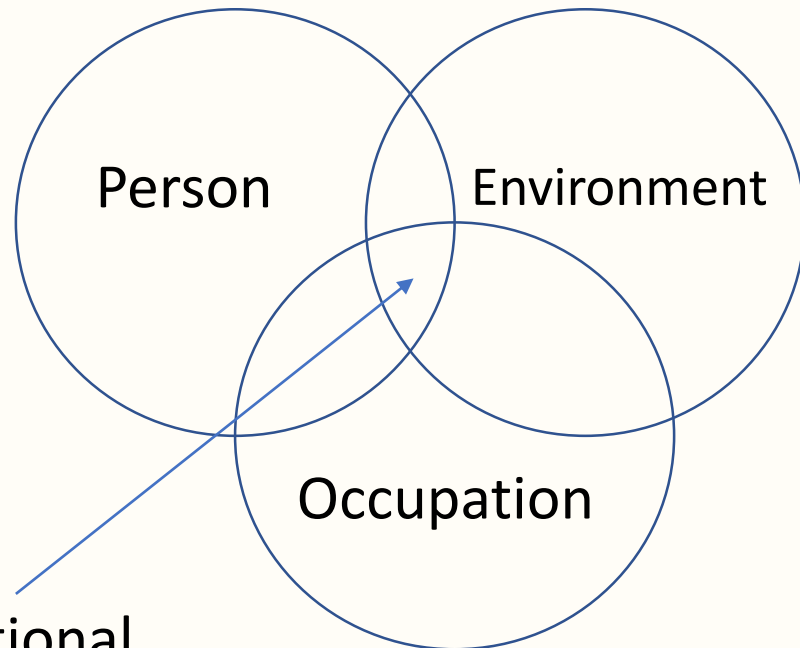
I have trouble filtering out auditory information. When I would take tests, if a student near me had a cold, every time they sniffed I got distracted. I began to just sit & wait until everyone was finished & only then would I take my test. It affected my grades.

Any lesson that followed PE was a write-off for me as I couldn't focus on anything thanks to having to dress quickly after showering. All I could feel was my damp skin, all I could smell was spray deodorant (even worse after swimming when the chlorine smell surrounded me!)

Her sensory needs impact her ability to wear the uniform required. She can't tolerate the shirt, won't wear anything around her waist, doesn't like socks/coats/jumpers....Uniform issues will literally stop my child from attending education.



Occupational therapy and sensory processing



Occupational
Performance

- Focus on **roles, routines & activities**
- Factors that influence occupational performance
 - **Person** – physical, sensory, cognitive, interests/motivations
 - **Environment** – physical, sensory, cultural, social
 - **Occupation** – tasks, roles, routines
- We are occupational therapists, not sensory therapists

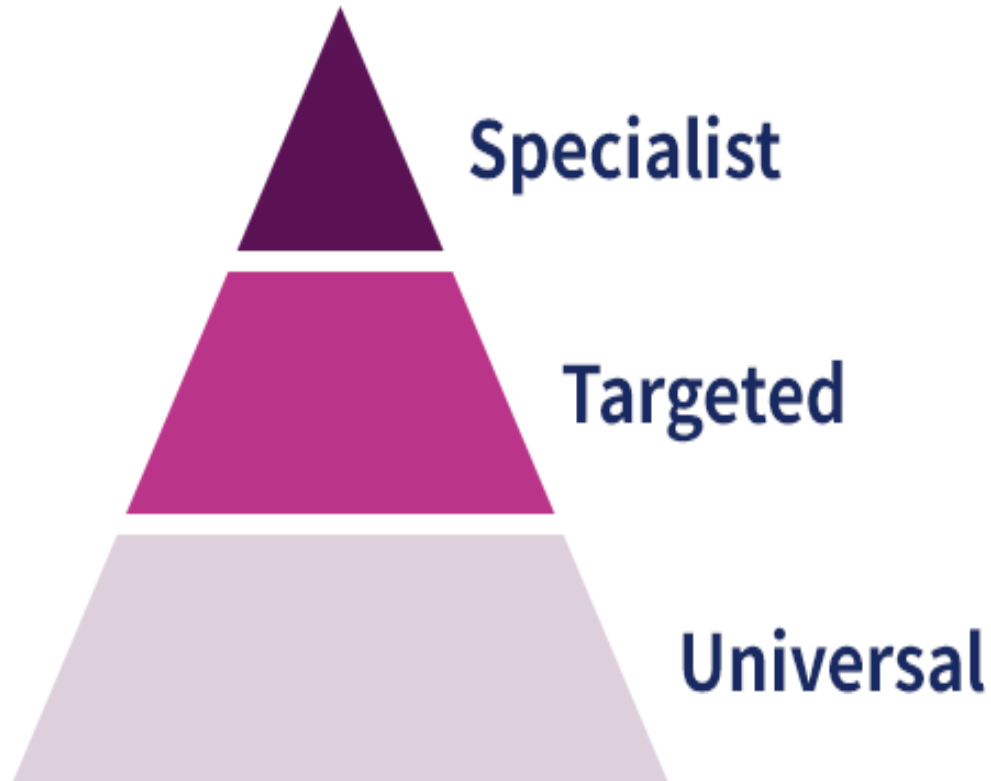


Sensory Processing Disorder (SPD)

- SPD is **not recognized** as an independent diagnosis in DSM V
 - Sensory differences are however included as symptoms of other conditions e.g. autism
- The term SPD **should be avoided**
 - There is no internationally recognized agreement about what the term means
- **Identifying a person's specific sensory needs is important**
 - So that appropriate adjustments/support can be provided



A tiered approach to sensory support



Direct, individualized intervention
Goal orientated
Strengths-based

Parent/teacher workshops
Group interventions e.g. Alert programme
School programmes e.g. Sensory Circuits
Coaching

Website resources
Recorded presentations
Advice line
'Creating a sensory friendly classroom'



What do we mean by Sensory Integration Therapy?



- Ayres Sensory Integration Therapy (ASI) is a **trade-marked intervention** delivered by occupational therapists, physiotherapists, speech & language therapists who have undertaken **specific training**

Note: the HCPC says therapists must practice safely & within their scope of practice, but does **not** specify that therapists should have a particular type or level of qualification in sensory interventions

What do we mean by Sensory Integration Therapy?



“Active, individually tailored, sensory motor activities contextualised in play at the just right challenge, that targets adaptive responses for participation in activities and tasks.” (ASI Wise)

“Intervention includes structured exposure to sensory input, movement therapy, balance treatments, carefully designed and customised physical activities and accommodations (eg, changes to the environment or routine)”
(Sensory Integration Education)





Sensory approaches and occupational therapy

“An SI Practitioner may work with the client, their family, carers, school, other allied health professionals or employer (as appropriate) to create a ‘sensory diet’ for that specific client. A sensory diet is a recommended suite of activities and accommodations (that can be carried out both in therapy sessions and at home or school) to help give that individual the sensory input they need.” (Sensory Integration Education)



What sensory training is required or expected?

- HCPC does not specify that therapists should have a particular type or level of qualification in sensory interventions
 - An occupational therapy qualification and adherence to professional standards is what is required to support children with their occupational needs
- There are many ways to develop knowledge and skills to inform practice – not just going on a course
- Consider carefully before recommending, or accepting a recommendation that a particular qualification is required – is it clinically justified?



What is the evidence base for sensory interventions?

- For SI Therapy and sensory-based interventions the evidence base is **limited and inconclusive**
- **Critical analysis** is essential
 - Is there a risk of bias? Do you trust the findings? Is the study population similar to your own? Is the intervention 'deliverable'?



Commissioning sensory interventions

- Offer a range of **universal, targeted and specialist sensory interventions** – and have clear criteria for accessing each
- Agree and monitor **outcomes**, making sure they focus on occupational performance
- Adopt sensory approaches that **foster self-management** rather than dependence on specialist services



Key messages

- Sensory differences affect children's achievement & participation in daily activities
- Avoid using the term 'Sensory Processing Disorder'
- Occupational therapists have skills and expertise to help people who notice, process & respond to sensory input differently
- Occupational therapy is more than 'sensory therapy'
- Offer a range of universal, targeted and specialist services to provide right input at right time
- Clarify what is meant by 'Sensory Integration Therapy'
- HCPC does not specify a particular type or level of qualification in sensory interventions
- Know and be honest about the evidence-base for sensory interventions
- Commission wisely

How would you address these sensory needs?



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Humber Teaching
NHS Foundation Trust



Humber Sensory Processing Service

Alycia Keys - Advanced Occupational Therapist

Service Development

In shops and at school he becomes over stimulated. He hits his head on the floor repeatedly, covering his ears and making moaning sounds; because of this I don't go out much with him



Jacks sensory stimming is so intense it causes sores on his hands and feet, I can't stop him doing it



She's really bright but She can't cope with the noise, people and smells at school so she won't go. Her life's being wasted.



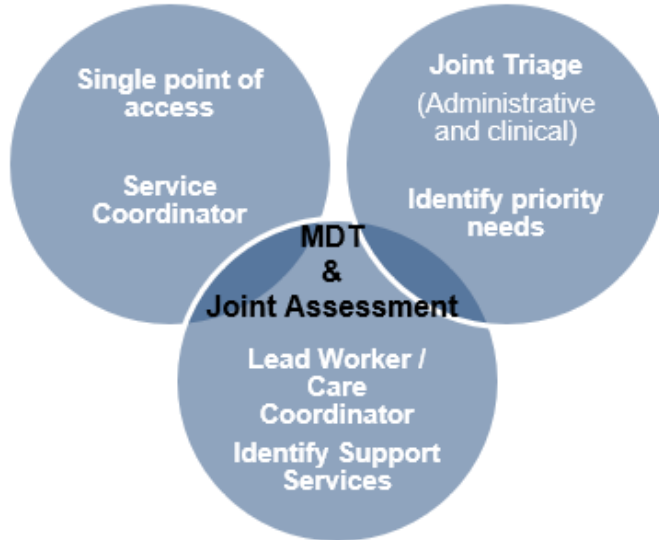
Caring, Learning
& Growing Together



Hull & East Riding Children's Neurodiversity Service

Phase 1 (Humber NHS Foundation Trust & Hull CYP SEND Sleep Service)

Service Delivery Functions



Core Services

- ASD
- ADHD
- SPD
- LD

- CYP SEND Sleep Service (Hull)

Admin
and
clinical
triage

Interdependent Services

Therapies:-

- SLT
- OT
- Physiotherapy
- Orthotics

CAMHS

Integrated Specialist
Public Health
Nursing Service
(ISPHNS) (0-19)

Community
Paediatric Medical
Service

SINGLE:

- Point of Access
- Referral
- Consent
- Care Record

ENABLERS:

- MDT
- IT Systems
- Data/Information Sharing
- Digital & Technology

Co-Production

Local Offer

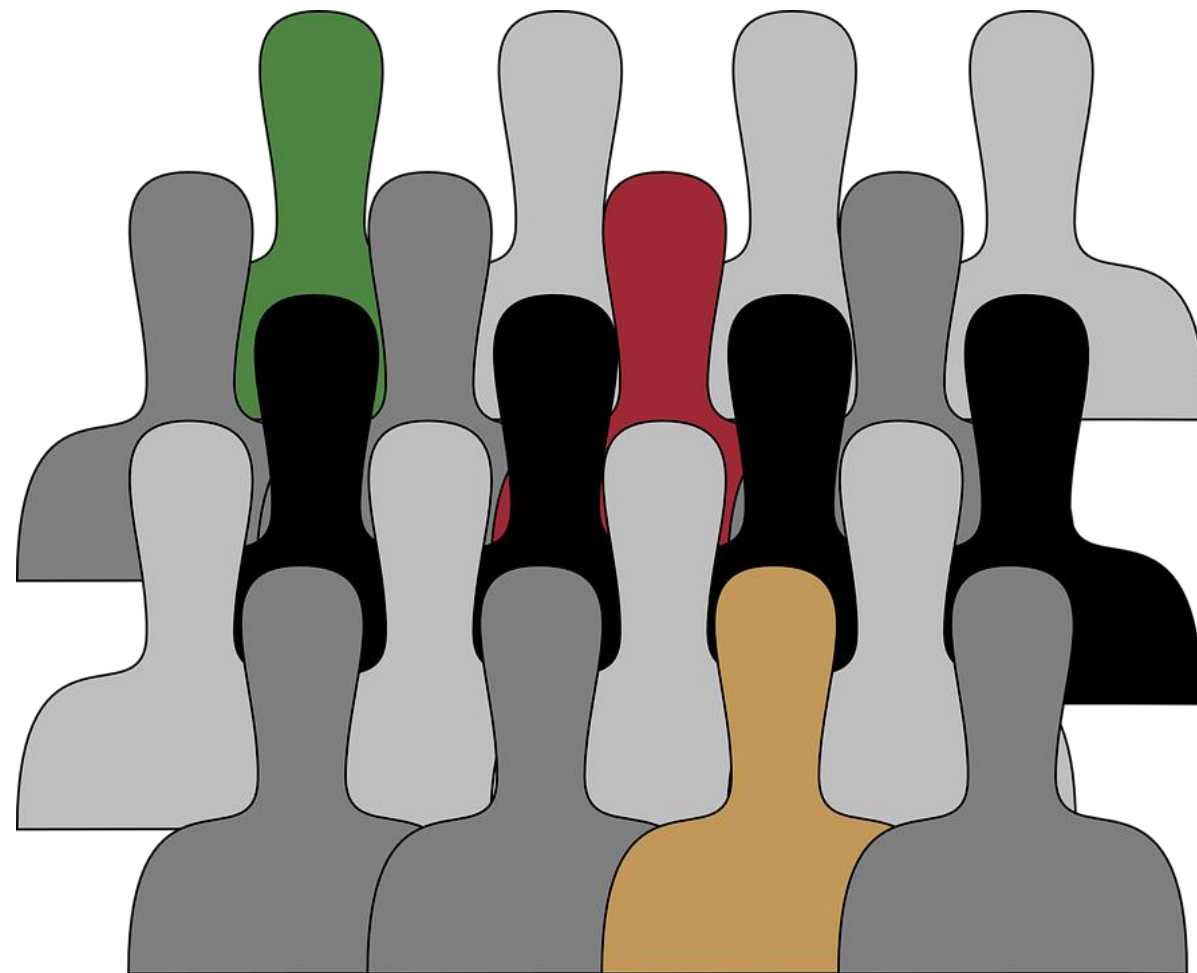
Sensory Processing in Neurodiversity

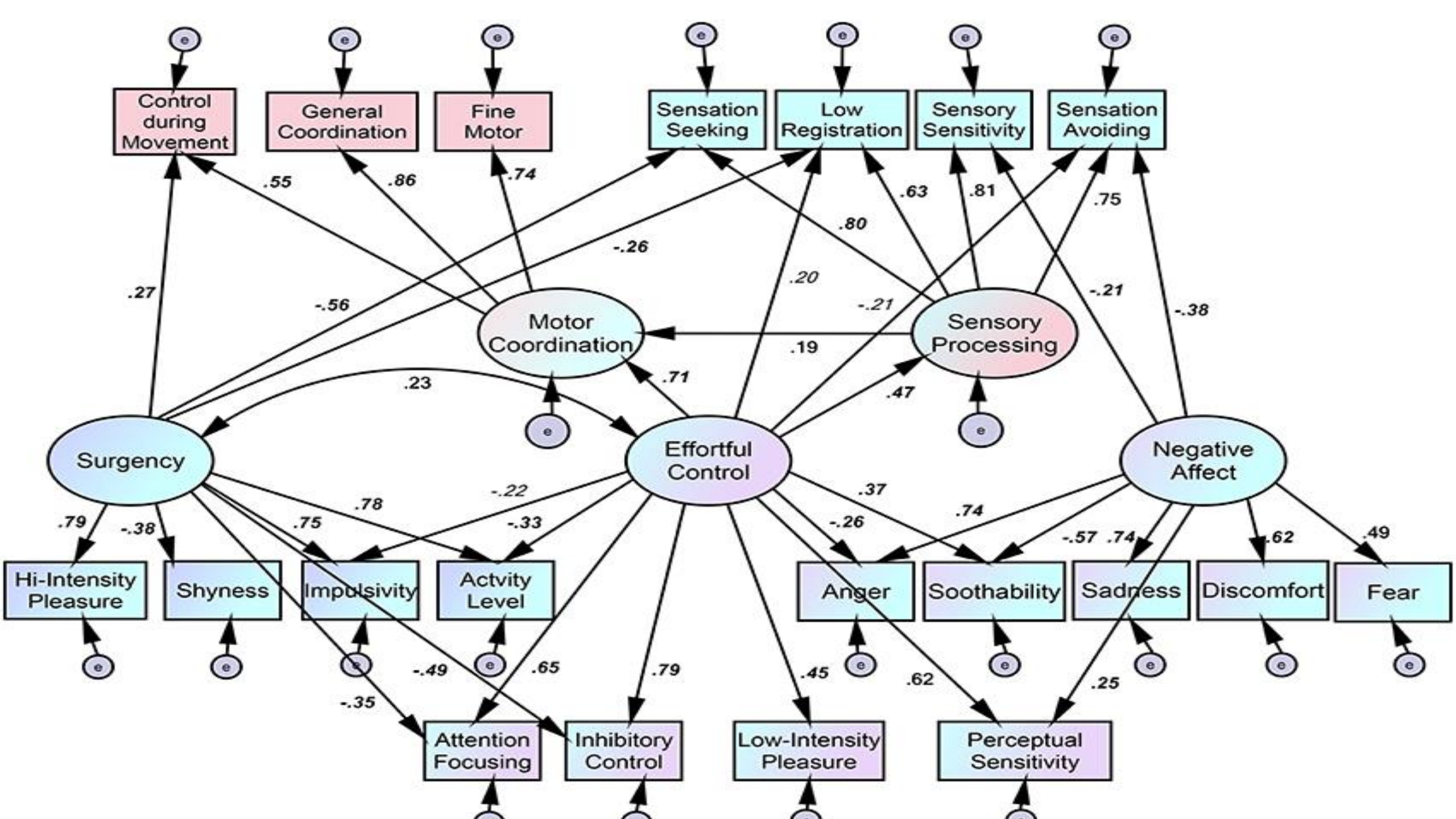
'It is estimated that around 1 in 7 people are neuro divergent'

'96% of autistic people and 40% of children with ADHD have Sensory Processing differences'

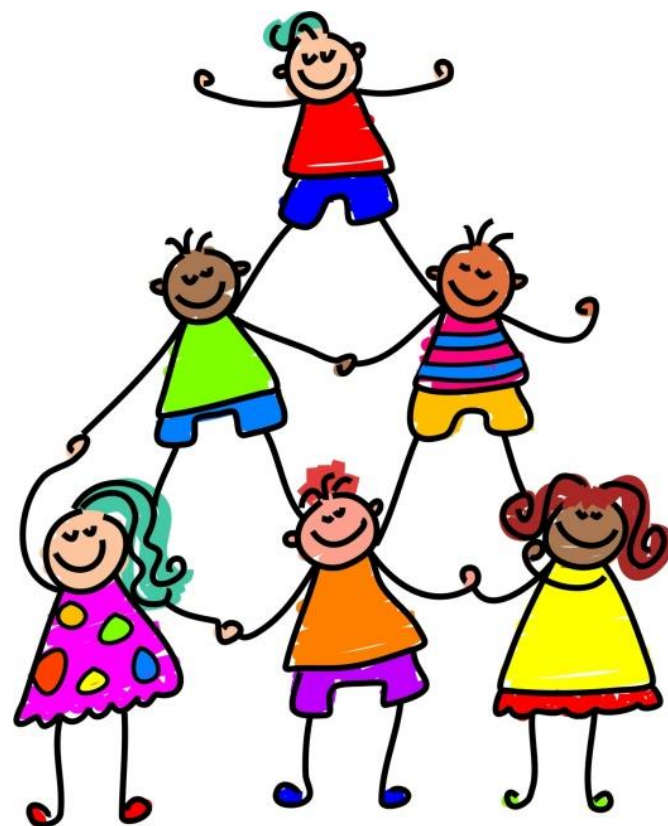


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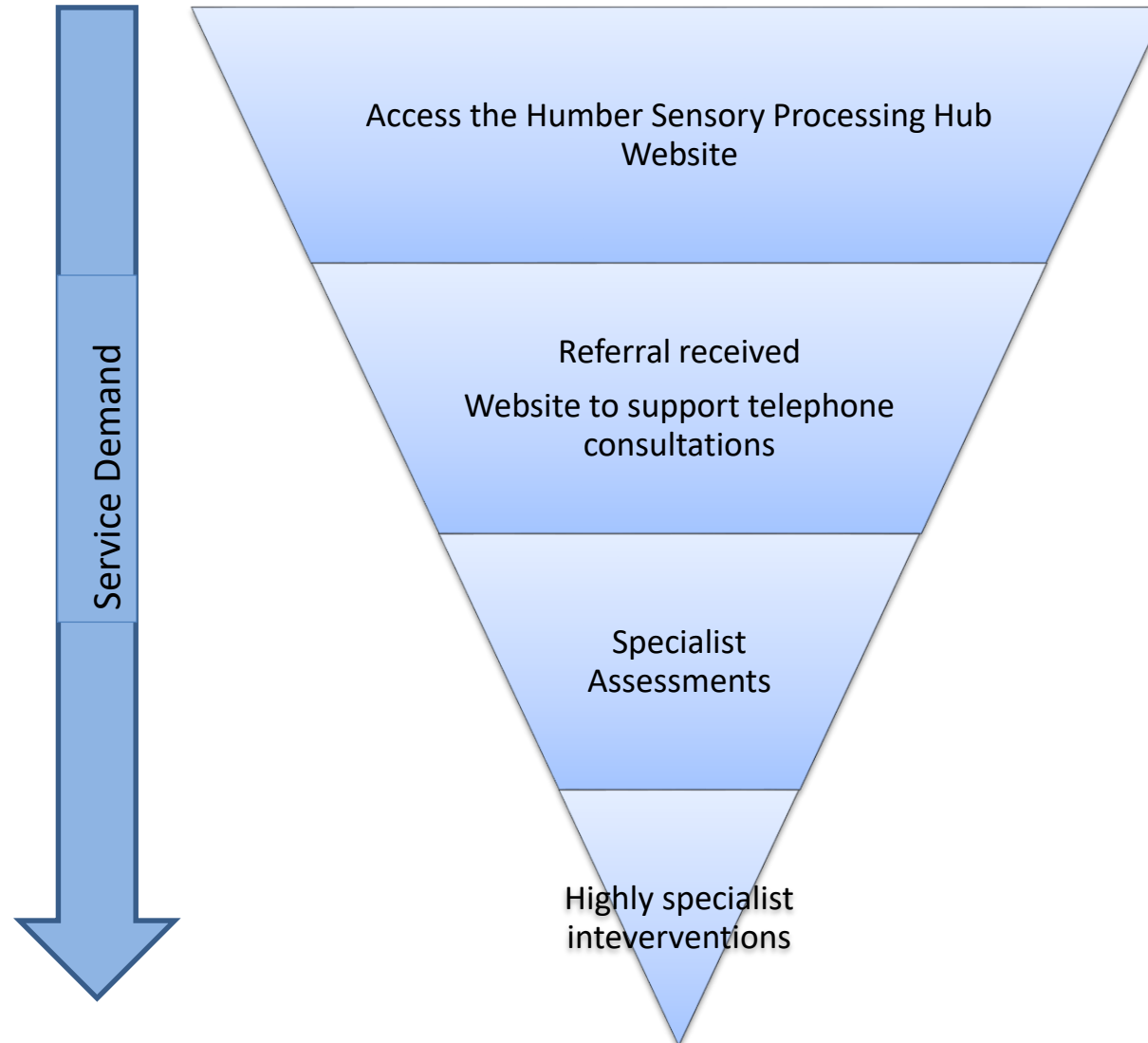
Innovatively Safely Managing Service Pressures



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Stages of Service Delivery



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Consultations

- Face to face appointments
- Video calls
- Telephone calls
- Speaking to the most appropriate person



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Training

- School SENCOs
- Sensory Champions
- Health services
- Special interest group



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Sensory Champions

Compliance is not our aim!



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Interventions

- Emotional regulation
- Mealtimes
- Sleep



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Service Delivery

- Since September 2020 - 19th September 2021 the service has received **414 referrals**.
- 6 workshops (60 places offered)
- Website
 - Page views: 1869
 - 47% of traffic from organic searches e.g. google and other search engines
 - 43% from direct access via the domain name



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Service Evaluation

100% said service had positive impact on child's life

100% said staff friendly and helpful

90% rated Good

10% rated Excellent



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Faultless! So happy with how it went, and the advice received.



Feedback

“The website is amazing!! Really easy to read, navigate and understand. The information will be really useful and the best resource they have received in a long time”

“It’s so refreshing to receive help straight away and not be stuck on a waiting list for months”

“Having access to a team and website who can provide strategies and resources is invaluable”

“We are able to apply my sons’ input daily which then allows us to move on with daily tasks. It’s an amazing feeling knowing and understanding how his mind works.”

“To hear from the service and be given advice so promptly feels amazing. They help you move forward whenever you are ready”



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& Growing Together**



Feedback

For the first time it felt like someone actually understood the struggles I had seen with my daughter which were sometimes missed or misinterpreted by others. The information provided helped me to further understand my daughters' needs and gave some good ideas of different strategies I could try.



This service has allowed me to understand my son and help him. I feel confident that I am doing everything I can do for him and I have seen a great difference in his confidence. I now understand which toys would be beneficial for him and I get to see his beautiful smile so much more now.



Future Planning



Humber Teaching
NHS Foundation Trust

- Modernising the existing service
- Early Years Support - Preventing masking, enable access to learning, early identification
- The Website
- Support the CND service- the front door and diagnostic services. Supporting the therapy services - filling the gap of neurodiverse motor needs
- Supporting the Therapy Services – working to support sensory base eating difficulties
- Supporting CAMHS
- Improving mental health of young people
- Improving inpatient services
- Supporting schools to support complex children



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Meet Xander



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Xander

- Better understanding of how Sensory Processing differences are impacting on daily functioning.
- Strategies can be imbedded into daily occupations.
- Identifying cues for sensory meltdowns allowed those working with Xander to intervene earlier and minimise or prevent.



Thank you 😊
Questions?



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Sensory service in the Children's OT Team



*Birgit Peeters
Clinical Lead
Children's
Occupational
Therapist*

The Team

- 13 Occupational Therapists (OT), 1 OT assistant
- 3 clinical areas: physical, early years and sensory
- OT work experience ranges from a few months to 20 years
- Training: in-service, sensory based training (e.g. ASD, ADHD), SI training, good supervision structure, shadowing as required
- Resources: standardized assessments, non-standardized assessment kits, questionnaires, pathways and policies guiding practice, SI room, evidence based programmes (e.g. sensory ladder)



Referral criteria

- Massive increase in sensory related referrals
- Referrals from carers and/ or health professionals
- Children aged 0-18/19 (in full time education)
- Mainstream and special schools
- Registered with local GP/ LAC under Wakefield LA
- Difficulties affect ability to participate in everyday tasks, i.e. functional skills
- The difficulties affected fall within OT remit (e.g. toilet training is NOT addressed by OT)
- Mental health issues described can be a grey area!

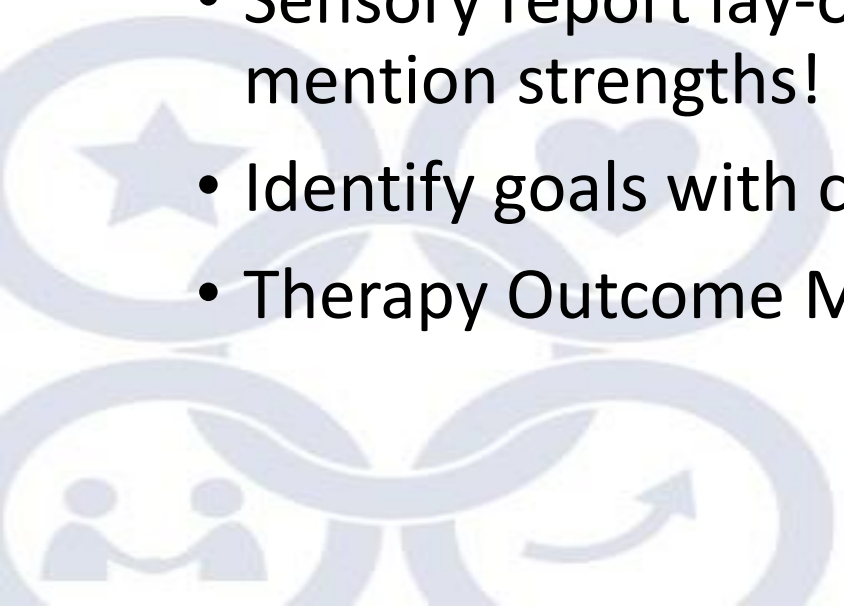
Assessment: where

- Telephone consultation/ video call with carer and child
- Clinic appointment
- School visit: observations, 1:1 assessment, liaise with teaching staff
- Home visit: safety issues, behaviour different to educational setting, need for demonstration



Assessment: what

- Focus on functional tasks (e.g. dressing, toileting, feeding)
- Detective work to identify underlying reason for difficulties
- Importance of linking sensory processing difficulties (and others) with functional skills/ observed behaviour.
- Sensory report lay-out: function first, underlying reasons second. Also mention strengths!
- Identify goals with carers and child; importance of SMART goals
- Therapy Outcome Measure (TOM)

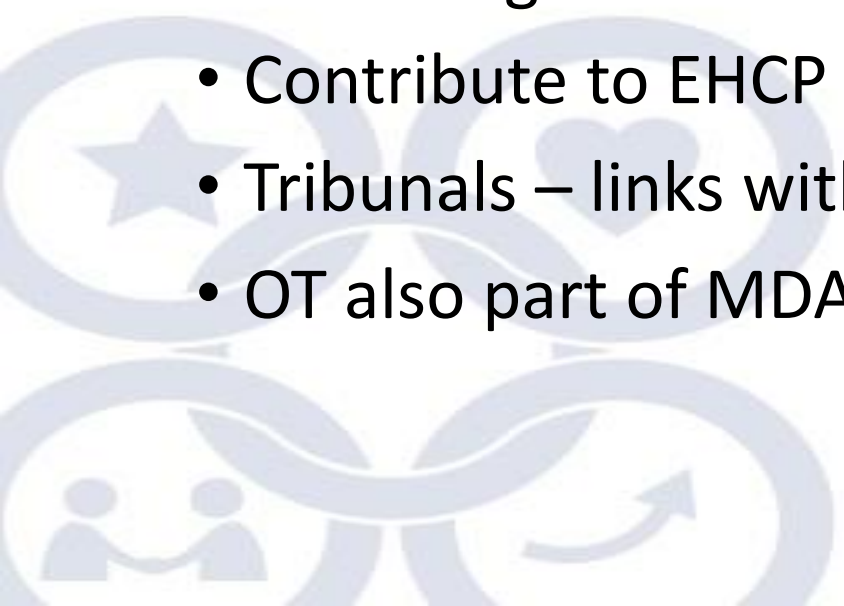


Intervention

- Educating adults supporting child: online 'That makes sense' sessions. Further training planned.
- Sensory equipment: weighted equipment, cuddle ball, peanut ball exercises, theraband exercises, fidget and chewy toys, dark den.
- Sensory diet/programme using sensory based principles
- Sensory ladder/ In the Zone regulation programme
- Programme specific to functional difficulties, e.g. backward chaining technique, hand-over-hand, Cognitive Orientation to daily Occupational Performance (CO-OP)
- Consultation with carers to support implementation of advice/programme; demonstrations as required

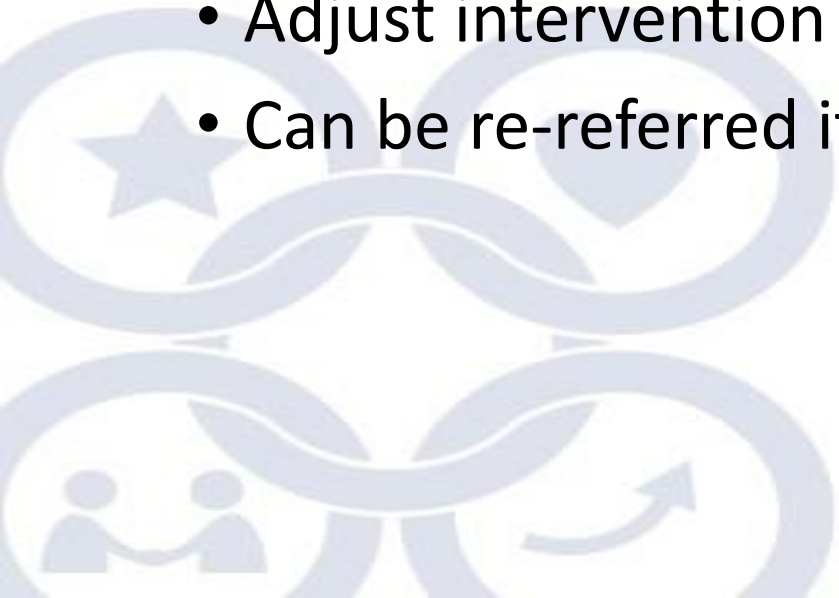
Working as a MDT

- Referrals to and links with other services (e.g. CAMHS, CTLD, PT, SALT, Pre-5, EP)
- Liaising with parental support services, e.g. WeSail/ Barnardos, WASP, Early Help Hub, parent support workers in schools
- Attending MDT meetings
- Contribute to EHCP process
- Tribunals – links with SENART
- OT also part of MDA of Autism diagnosis



Reviewing progress

- Using SMART goals to measure progress (functional)
- Consultation with parents
- Physical assessment of child's abilities
- Re-do Therapeutic Outcome Measure
- Adjust intervention or discharge
- Can be re-referred if needs change



Questions...



Breakout group discussions

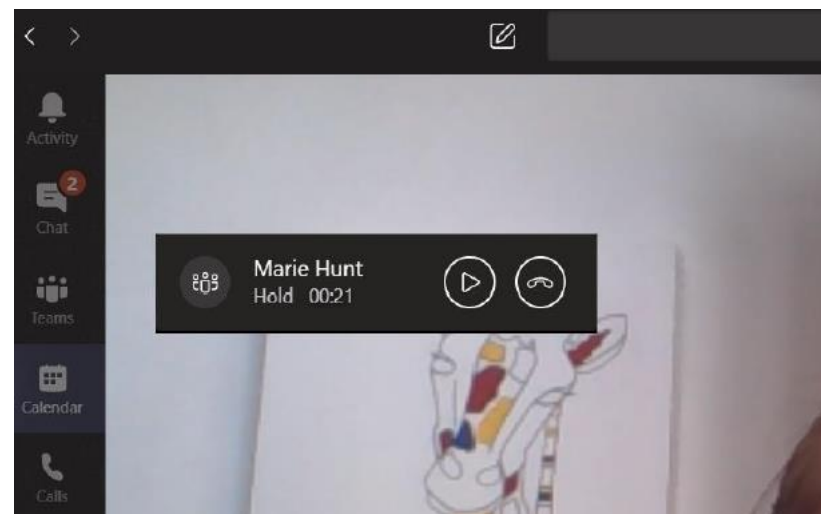
- 20 minute discussions (until 15:40)
- Please choose someone to take some brief notes to feedback to the whole group
- If you don't have a link to a separate breakout group, please let us know in the chat
- **Reflections on presentations**
- **Question: How can we commission sensory approaches in a sustainable and outcomes-focused way?**

Switching to a breakout group

To access your breakout group, click on the link that was sent **separately** from the main session (Called Breakout Group 1-10).

You do not need to close the main session. Keep it open and leave it running. Opening the breakout session will put the main session on hold.

Once you are on hold, you will see a new toolbar, probably in the top left hand corner of your screen. It looks like this:



Final reflections

- Reflections on presentations
- Question: How can we commission sensory approaches in a sustainable and outcomes-focused way?

Polls

- Has the session today increased your confidence/understanding of sensory processing?
- What action are you taking away from this session?

- *To access the polling, **use your smart phone and search:***
www.PollEv.com/jazzeddew393
- *Enter the code **22333***

Post-evaluation form

Please fill out the post-evaluation form through this link or scan the QR code:

<https://bit.ly/30Yn8le>

