Somerset's SEND Local Offer

# Sensory processing handbook

Guidance for practitioners in Somerset

Somerset Integrated Care System

Somerset Safeguarding Children Partnership

Somerset Parent Carer Forum C.I.C

NHS Somerset

Somerset Council

# Contents



If you need further advice on SEND please contact:

**Local offer - www.somerset.gov.uk/the-local-offer**

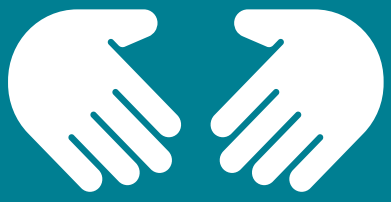
**Somerset Direct Children Services - 0300 123 2224**

**SENDIAS Special Educational Needs and Disability (SEND) Information Advice and Support - 01823 355 578**

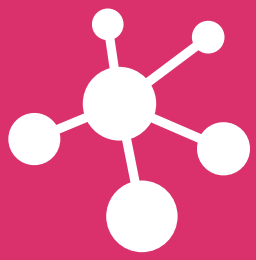
# Somerset's SEND Charter

**The SEND charter outlines our promise to deliver excellent SEND services for children and young people in Somerset. This was developed with children, young people and families and sets out our commitment to the delivery of excellent SEND services.**

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**

# Introduction to the guidance

**Somerset Council and Somerset NHS Foundation Trust, recognise the impact that sensory processing difficulties can have upon participation in daily activities. Together, through multi-professional and multi-agency intervention, we are committed to supporting education settings, children, young people and their families.**

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 / 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 professional 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
- Access to inclusion service
- Somerset Parent Carer Forum

# What is sensory processing?

**Sensory processing refers to the brain's ability to interpret information received from the senses, organise it in a meaningful way, and to create adaptive responses.**

**Adaptive response is defined as observable behaviour or reaction that is appropriate to the environment.**

**For example, a child covering their ears or cry due to a strong surprising sound is adaptive response, however when this behaviour is observed during a lesson, the reaction is not appropriate.**

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 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 occur when there are issues in interpreting, or organising the sensory information, or in creating adaptive response. When this happens, the child or young person perceive the world very differently and accordingly behaves differently.**

People with sensory processing differences 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 that 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 sensory processing differences. 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 & hence the body's way of understanding touch can be affected.

The profile of needs can often look very complex and requires careful observation to establish the reason for each child's difficulties. This is to be read alongside Somerset's Sensory Processing Difficulties Position Statement: **www.somerset.gov.uk/supporting-children-and-young-people-with-sensory-processing-differences-in-somerset**

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 goes on 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 going on inside your body. This all helps to regulate your body functions such as hunger, thirst, bathroom needs, heart rate, digestion etc.

Interoception can also be tied to emotional regulation and your mood. A good example of this is the commercial 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 see; **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.

**Checklist to use to explore the needs of an individual child:**

- Sensational Brain – Sensory Symptoms Checklist
  **www.sensationalbrain.com/wp-content/uploads/2010/03/SB-School-Checklist.pdf**

**Checklist to use to explore sensory-friendly environments:**

- Autism Education Trust – Sensory Audit for Schools and Classrooms
  **https://sensory-processing.middletownautism.com/wp-content/uploads/sites/3/2015/12/37.1-Sensory-audit-tool-for-environments.pdf**

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

For more information please see; **www.kelly-mahler.com**

Section 1

# The sensory systems

# 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:

**Discriminative** – tells you where and what is being touched
**Protective** – is a response to danger and can trigger a flight or fight response

The two responses balance one another and allow participation in daily activities through adaptive responses.

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive** (over-sensitive)<br><br>Touch being perceived as negative or threatening.<br><br>Where the protective tactile pathway tends to override our discriminative pathway, which can lead to negative reactions | Dislike of certain foods, brushing of hair or teeth.<br><br>Difficulty with clothing labels or textures.<br><br>Dislike of physical touching especially light touch.<br><br>A dislike of crowds: Struggling to line up or to sit in assembly.<br><br>Dislike in wearing art aprons.<br><br>Dislike in wearing sports bibs. | May respond with physical aggression to light touch.<br><br>Avoidance from public places.<br><br>The avoidance of messy play or being dirty. | Consider ways of changing the task the child or young person need to do or environment they participate in: different fabric of art apron/bib, let child stand at back of line so they don't have unexpected touch from behind them, allow CYP to sit in assembly where there will be no one behind them, remove labels from clothes, Allow CYP to choose their clothes from variety of fabrics. Allow variety of messy play activities to include wet and dry textures, consider options that do not require getting dirty, allow using tools for cooking and science activities. |

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive**<br>(over-sensitive) | | | Label free clothing, sewing soft fabrics over labels.<br><br>Allowing some flexibility around what to wear. |
| **Hyposensitive**<br>(less reactive)<br><br>The stimulation from the environment is not perceived by the CYP, they can either not notice it or seek for extensive stimulation. | Lack of reaction to painful experiences<br><br>Difficulty manipulating tools and toys.<br>Difficulty to grade force when using tools or touching others.<br><br>Craving touch – touching others inappropriately | Cannot remember how they got a bruise, do not move away from very hot object, instinctive responses appear slower.<br><br>Difficulty developing fine motor skills, self-help skills and play.<br><br>Difficulties to create friendships due to excessive physical contact. | Verbalise the risks and the presence of danger to support with cognitive cues to the reduced sensory cues.<br><br>Practice activities that require grading force:<br>Shoot hoops to target at different distance, practice lift disposable cup filed with water and not squeeze it.<br><br>Practice self-help skills and verbalise the steps to dressing independently or brushing teeth.<br><br>Provide options to touch objects – squeeze balls, soft area with bean bags to roll in, big teddys to hug. |

# 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 |
|---|---|---|---|
| **Poor proprioception** | Stiff uncoordinated movements. Clumsiness<br><br>Regularly bumping into things, falling over, thus accidently hurting themselves or others.<br><br>Appear 'falling over air'<br><br>Poor spatial awareness, unaware of obstacles in pathway, difficulty moving.<br><br>Struggle with activities that require spatial awareness such as puzzles, copy model, building in blocks. | Avoiding physical activities: may be seen mainly sitting, avoid participation in PE, avoid play structures. | Practising movement without visual feedback – with closed eyes.<br><br>activity that involves heavy muscle work Such as Yoga, animal walks, pushing against the wall. |

# Vestibular

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

- Where one is in relation to gravity, i.e., when you are spinning, jumping and swinging
- Whether one is moving or standing still
- How fast one is going and in what direction
- Where one's body is in space

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive** (over sensitive) | Fearful reactions to ordinary movements.<br><br>Difficulty climbing or descending stairs or hills.<br><br>Apprehensive about walking on uneven surfaces.<br><br>Motion induced sickness (e.g. fairground rides and cars).<br><br>Fear of feet being off the ground.<br><br>Difficulties rolling, laying on back and lifting legs in the air.<br><br>Difficulties in positions where the head is down. | Avoid physical activities. | Allow alternative activities t do not require high vestibular input such as activities when sitting or standing up straight.<br><br>Allow activities where the movement is controlled by the CYP and not by others. |

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hyposensitive**<br>(less reactive) | Seeking intense movement experiences e.g., body whirling, jumping or spinning, crashing, being upside down and running.<br><br>Struggling to sit still. | Difficulties concentrating as constantly seeking vestibular input.<br><br>May disturb others in the classroom | Allow movement breaks to fulfil the need for movement, than the CYP is expected to participate well in activities.<br><br>Movement breaks should include proprioceptive activities.<br><br>Sit on air cushion or gym ball.<br><br>Allow CYP to stand in the back of the classroom if able to concentrate and not disturb others. |

# 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 within our body.

| Type of response | Potential signs | Potential impact |
|---|---|---|
| **Hypersensitive**<br>(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.<br><br>Frequent trips to the toilet.<br><br>Extreme response when they have an accident or bump. | They may have trouble maintaining focus on a task because they are distracted by what is going on inside their body.<br><br>Reluctance to engage in PE or run around at play time where heart rate increases. |
| **Hyposensitive**<br>(less reactive) | Frequent toilet accidents<br><br>Do not realise they are hungry/full.<br><br>Do not feel they are in pain or not feeling well. | Avoidance from participation in daily activities.<br><br>Gaining or losing significant weight. |

| Strategies to assist with learning (for both Hypersensitivity and hyposensitivity) |
| --- |
| Activities which give our body lots of 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.<br><br>Mindfulness and meditation encourage children to be more aware of what is going on inside their bodies.<br><br>Yoga focuses on listening to your body and providing good vestibular and proprioceptive input, it is helpful for developing interoception.<br><br>Breathing techniques and exercises are helpful for calming, as well as paying attention to what is going on inside our bodies.<br><br>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?<br><br>Cues or visual prompts that encourage children to identify body functions and feelings including using Social Stories can be useful. |

# Visual

We receive visual input through our eyes and use this information in conjunction with our brains to interpret our physical environment. Please ensure child's vision has been checked by a relevant medical professional.

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive**<br>(over sensitive) | Difficulties to differentiate which visual information is important.<br><br>Struggles to find information from the classroom walls.<br><br>Difficulty to find word in cross word. Difficulty to complete worksheets independently.<br><br>Difficulties copying information off whiteboards in class as distracted from the over-stimulation.<br><br>Difficulty finding things in a drawer or box due to over stimulation.<br><br>Difficulty deciphering graphs and charts. | Difficulty concentrating in busy and cluttered environments.<br><br>Avoiding areas with bright lights or a lot of visual information.<br><br>Delayed learning of letters and numbers. | Minimising visual input in the learning environment. Creating an area of the classroom with blank walls or a screen.<br><br>Using coloured overlays for written information.<br><br>Using a clear desk policy in class.<br><br>Consider changing the colours of graphs to bright colours for important items and dull colours for less important items. |

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive**<br>(over sensitive) | Difficulties to notice visual information.<br><br>Flicking objects in front of eyes.<br><br>Fascination with moving objects or flashing lights.<br><br>Difficulty finding information on busy backgrounds such as a lot of text on a sheet or information on the white board.<br><br>Lack of attention to visual input, may copy letters and numbers as mirror or upside down, as don't notice the directions. | Distracted by wanting to flick objects or look at lights.<br><br>Difficulty concentrating in busy and cluttered environments.<br>Delayed learning of letters and numbers. | Bright colours highlighting key facts/areas to help focus attention.<br><br>Use verbal cues to focus attention on the important visual input. |

# 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.

**Please ensure child's hearing has been checked by a relevant medical professional.**

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive** (over sensitive) | Covering ears when others not.<br><br>Complaining that noise is painful.<br><br>Difficulty filtering out general background noise.<br><br>Flight/fight type reactions seen in noisy environments. | Unable to concentrate.<br><br>Impacts upon engagement with activities that involve high levels of noise.<br><br>Dislike of noisy environments. Fear of certain environments | Consider where the child is sitting in class.<br><br>Give warning of predicted noise if possible.<br><br>Reducing overall noise levels.<br><br>Offer options for small group work or direct teaching to reduce background noise. |

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive**<br>(over sensitive) | | | Quiet areas for concentrated work.<br><br>Check the classroom/hall/dining area acoustics and consider acoustic solutions such as acoustic clouds. |
| **Hyposensitive**<br>(less reactive) | Difficulty listening to and following instructions.<br><br>Can be slow to respond to questions or their name being called<br><br>Can often appear to not hear noise or be unresponsive to loud noise.<br><br>Difficulty pronouncing words, using prepositions & sequencing verbal instructions.<br><br>Can struggle to focus on foreground noise or to block out background noise. | Struggle to follow instructions<br><br>Confusion as to what is happening and what is expected of them.<br><br>Poor memory recall. | Use the child's name to engage them.<br><br>Allow time for response.<br><br>Give instructions in other forms of media Such as visual<br><br>Gain eye contact whilst giving instructions.<br><br>Request the child repeats instructions to ensure that they understand. |

# 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 |
|---|---|---|---|
| **Hypersensitive** (over sensitive) | Negative reactions to smell.<br><br>Avoids people or places who smell too much (e.g. because of perfume). | Issues associated with the avoidance of people or places. | Careful selection of washing powder / use of perfume etc.<br><br>Consider the lunch hall environment and support with the child being able to eat in a different room with fewer smells.<br><br>Consider removal of carpets, frequent toilet cleaning and good ventilation to improve residual smell. |
| **Hyposensitive** (less reactive) | Smells everything. | Appearing over familiar with people.<br><br>Unhygienic practices. | Use cognitive and verbal strategies to explain behaviours in public.<br><br>Offer alternative options such as wearing perfume, create a bag with good smells to use. |

# 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; therefore, 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 |
|---|---|---|---|
| **Hypersensitive**<br>(over sensitive) | Fussy, picky eaters.<br><br>Dislike strong taste. | Reduced variety of foods eaten.<br><br>Weight loss.<br><br>Avoidance of activities e.g. participating in group work where food and taste are involved. | Involve children in food activities but remove pressure to try/taste products.<br><br>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 & eat the food.<br><br>Remove pressures in lunch hall to eat what's put in front of them.<br><br>Try to explore variety of tastes (sweet, sour, salty, bitter) in a variety of textures (soft, hard, crunchy) to expand variety of foods. |

| Type of response | Potential signs | Potential impact | Strategies |
|---|---|---|---|
| **Hypersensitive** (over sensitive) | Teasing and licking of non-food items such as pencils and sleeves<br><br>Food cramming.<br><br>Preference for strong tastes such as chilli and lemons. | Dangers involved from chewing non-food items. | Cognitive strategies to verbalise the danger in liking non edible items. |

Section 2

# Whole school approach

# Introduction

**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 around sensory differences 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 amongst all staff, through training sessions provided through the Occupational Therapy or the Educational Psychology teams. Make sure that there are information sharing systems amongst 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 are able to 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 that the strategies highlighted within this handbook will be 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' (ADPR) 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, then we suggest that you talk through these 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 ADPR, with relevant strategies, then you may wish to make a referral to occupational therapy. See page 28 for details on how to do this.

For additional advice/ strategies and ideas please refer to school fact files:
**www.somersetft.nhs.uk/children-and-young-peoples-therapy-service/fact-files**

# 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, Somerset, BA5 1XSL. 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 be placed on a 'sensory pathway' which is an advisory pathway. Parents will be invited to watch a series of webinars with a  follow up telephone consultation to support them in writing a sensory plan for their child.

- 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 face-to-face 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.

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Local Offer

**www.somerset.gov.uk/the-local-offer**

This document was co-produced and updated in November 2023. Somerset Council would like to acknowledge the valuable contributions of all partners involved in the creation of this guidance document.

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