Within this policy, Doucecroft School Services relates to the school day and residential services.
Autism Anglia, Doucecroft School Services
Sensory Policy

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1. **Mission Statement**

We aim to provide a specialist, high-quality service for children and young people with Autistic Spectrum Conditions that is developed and resourced to facilitate and promote individual growth through education, independence, social skills and self esteem.

2. **Autism and Sensory Processing Differences.**

We learn about ourselves and the environment through our senses and movement. It is estimated that approximately 90% of individuals with ASC have some abnormality of sensory and perceptual processing function (Geschwind 2009). Individuals with ASC can have a variety of sensory processing difficulties including registering, modulating and responding to sensory input (Ayres, 2005). These dysfunctions include sensory processing difficulties such as **sensory modulation disorder**. Sensory modulation refers to the ability of the nervous system to regulate organise and prioritize incoming sensory information. When working well, this process of filtering out irrelevant stimuli, enables a child to adapt to changes in the environment, maintain a level of arousal and attention appropriate to the task and respond appropriately to sensory input. Students with sensory modulation difficulties may over respond to sensory input (hyper/over responsiveness/hyper-sensitivity) or under respond (under/hypo responsiveness/hypo-sensitivity) or be sensory craving-seeking input. These difficulties can affect behaviour, emotional responses and self-regulation and may result in anxiety and distressed behaviours.

At Doucecroft School it is recognised that students may have sensory differences in:

- Vision
- Olfactory (smell)
- Auditory (hearing)
- Taste
- Touch
- Proprioceptive – body awareness
- Vestibular- balance
- Interception

Other disorders include **sensory distortions, sensory overload** or a rare condition called **synaesthesia** – sensation in one sensory system may result in experiences of sensation in another system.

Unusual responses to sensory stimuli are a key feature associated with ASC, therefore many individuals with ASC experience the world differently. Sensory processing difficulties can affect an individual’s ability to focus and attend and therefore to participate in learning, day to day activities such as self care activities and social activities. Children may demonstrate a wide range of difficulties ranging from extreme sensitivities to lack of responsiveness, gravitational insecurities, self stimulatory behaviours, problems processing tactile or auditory information – sensory
defensiveness, difficulties with attention, fluctuating arousal levels and difficulties with posture, motor planning and co-ordination.

The Ziggurat Model (Grossman and Aspy, 2008) illustrates 5 levels of intervention in a hierarchy when working with individuals with ASC. Each level of the pyramid represents a need or deficit to be addressed. The authors emphasize that all students needs must be met for skills acquisition to occur. The model illustrates how sensory differences are on the foundation level of the hierarchy and therefore need to be addressed first, as deficits in this area can impact on all other levels of functioning and development.

**Figure 3.1. Intervention Ziggurat.**
3. Assessment

For students with suspected sensory differences, Sensory Passports (Appendix 1) are completed by the student (if appropriate), or staff, to determine a student's sensory preferences.

Students who require an assessment of their sensory needs are identified by their Statement/ Education and Health Care Plan or are referred to the service using the Occupational Therapy referral form (Appendix 2).

Occupational Therapy is a core element of the sensory curriculum. The Occupational Therapy Team currently consists of one full time and one part time specialist Occupational Therapist and one O.T Assistant. The Occupational Therapists both have a Post graduate Certificate in Sensory Integration having completed modules 1,2 and 3 of the Sensory Integration Network UK training.

The Occupational Therapist works closely with school and residential staff and parents to assess individual needs.

The Occupational Therapist will select the most appropriate assessment methods including standardised and non-standardised assessments. Interviews and questionnaires are used with school/residential staff and parents including the sensory passport and the Sensory profile 2 (Dunn, 2006) if appropriate. Students are observed in class and other school environments including residential houses if appropriate. Students may also be assessed in individual OT sessions.

Assessment enables a sensory profile of the student to be compiled outlining the child’s sensory needs. Following assessment an Occupational Therapy report will be written and recommendations made.

Advice will be given to parents and staff and a programme/sensory diet provided if appropriate. If OT intervention is indicated, OT sessions will be provided either individually or in groups including Sensory Integration Therapy if appropriate.

Occupational Therapy Intervention may include:

- Advice and support to parents and staff.
- Sensory Diets/Sensory motor programmes,
- The recommendation of use of sensory tools e.g. weighted products
- Adaptations to the environment.
- Staff training
- Advice to parents, school and residential staff on personal care issues.

If direct intervention is indicated this may include:
• Individual therapy sessions with the Occupational Therapist or OT Assistant,  
• Sensory Motor sessions, individual or in groups.  
• Individual Sensory Integration Therapy – this involves a program of intervention in a sensory rich environment – the SI suite, involving meaningful therapeutic activities to enhance sensation, especially tactile, proprioceptive and vestibular sensation and to encourage active participation and interaction.

3.1 How is the information used in school?

Once a sensory assessment and profile is completed, the recommendations inform the teacher’s curriculum planning and classroom organisation. For all students, acknowledgement of their sensory needs will result in a learning environment which is adapted to their needs and which should therefore enable the students to engage in learning more readily. For some students, it may lead to further adaptation of the curriculum to enable the student to access learning.

4. Sensory Curriculum and School Curriculum

The curriculum at Doucecroft School is adapted and differentiated to meet the diverse and complex needs of students with autistic spectrum conditions. The student cohort at any one time is characterised by its diversity in both academic ability and the impact autism has on ability to access the curriculum. Students will vary in the degree to which sensory processing difficulties influence their everyday lives.

The acknowledgement and understanding of the role sensory issues have in the learning environment encountered by students with ASC is central to the development of individual student plans (ISPs) and Individual Management Programmes, (IMPs).

The curriculum is adapted to ensure that the sensory curriculum is at the core of the teaching. The school operates an autism-specific curriculum that meets the needs of all students. Individual planning for students incorporates the recommendations from the sensory profile and OT assessment. Therapists and teachers devise students’ learning objectives jointly. The School Curriculum has autism at its core. The Core Curriculum addresses the development of skills in functional communication, social communication and flexible thinking.

The Core Curriculum ensures that the needs of students with autism are addressed across the timetable including their sensory needs. Individual Student Plans contain information about a student’s sensory profiles and strategies and targets to address these issues. A student’s sensory processing profile and Therapeutic recommendations are also included in their Individual Management Programme ensuring that consistency is promoted.

Sensory profiles can be used to inform teachers when planning activities across the core curriculum, the environment in which students are learning, the activities they
are offered and the method of delivery. A student's sensory profile may mean adjustments to the student’s timetable to allow for a more individualised approach.

The curriculum offers a range of activities appropriate to the student’s needs which may include:

- self-regulation programmes e.g. The Zones of Regulation, relaxation
- sensory stimulation programmes e.g. Tac Pac,
- music sessions
- PE including activities such as trampolining, yoga, swimming and horse riding
- use of multi-sensory rooms,
- low stimulation work areas, “safe” areas on the periphery of any environment,
- quiet rooms to withdraw to
- the use of ear defenders,
- coloured paper and other adaptations to work materials,
- ICT
- Adaptations to environments from a sensory perspective
- Art Therapy, Animal therapy and Drama Therapy

On school outings and when accessing public places, a student’s sensory profile will provide invaluable information when preparing individual risk assessments and when deciding on the suitability of a venue for a student. Busy, noisy enclosed venues may not be suitable for some students who will find such environments extremely stressful. Careful preparation can help students to cope with more challenging environments, however the challenge should always be weighed up against the potential risk and value for the student. Knowledge of sensory profiles will assist staff in making this judgement.
Communication, social interaction and Flexible thinking are addressed across wider curriculum. Sensory issues impact on all areas of the curriculum.
5. Staff Training.

All staff can develop their understanding of sensory processing difficulties through training. This starts at Induction training and is then supported by the Autism Education Trust professional competencies. Training by the school-based therapy team and by external trainers further develop understanding and approaches to support students.

6. Multi-Disciplinary Team (MDT) working.

Occupational Therapists, Speech and Language Therapists and Positive Behaviour Support Team staff work closely together and attend termly multi-disciplinary class meetings, to support school staff and providing advice and making recommendations as appropriate.

References and Further Reading

- **Sensory Perceptual Issues in Autism and Asperger Syndrome**
  Olga Bogdoshina

- **The Out of Sync Child has Fun**
  Carol Stock Kranowitz

- **The Sensory Curriculum for very special people**
  Flo Longhorn

- **A Sensory Approach to Teaching the Curriculum: For Students with Profound and Multiple Learning Difficulties**
  Judy Davis

- **Autism Education Trust Professional Competencies**

- **Sensory Strategies NAS**
  Corinna Laurie

- **Autism Education Trust Tool Kit for Teachers**

- **Self Regulation Interventions and Strategies**
  Teresa Garland

- **The Zones of Regulation**
  L, M Kuypers

- **The Sensory Profile**
  Winnie Dunn, 2006

- **The Ziggurat Model**
  Aspy and Grossman, 2008
### Vestibular System:

**I like…**
- I like fast moving activities (swings high on swing).
- I like being up high and climbing.
- I like sports and active games.
- I like taking risks with heights and moving equipment.
- I like rocking, spinning, jumping, bouncing or running.
- I like to fidget or rock when sitting.
- I crave movement.

### Proprioceptive System:

**I like…**
- When handling objects, I exert too much pressure.
- I enjoy rough and tumble play.
- I enjoy falling and crashing (sometimes I head bang).
- I like to jump a lot.
- I like to walk on my toes.
- I like to chew constantly or grind my teeth.
- I like crunchy or chewy foods.
- I prefer sedentary activities.

### Tactile System:

**I like…**
- I like deep-pressure and try to squeeze into small spaces/ under something heavy.
- I like being given a firm massage or tight hug which calms me.
- I like to move and fidget a lot.
- I like to use my hands to explore objects.
- I like to have a hug and close contact.
- I like messy play.
- I like dry play.
- I like wet play.
- I like being barefoot.
- I get scrapes or bruises but do not seem to notice.

### Auditory System:

**I like…**
- I like to listen to music.
- I like loud noises and like to recreate them repeatedly.
- I like to put my ear close to a noise to listen.

### Visual System:

**I like…**
- I like to focus on shadows, reflections, or spinning objects.
- I like to watch others.
- I like watching bubbles, dripping water or playing with spit.
- I like to create visual ‘stims’ by spinning, ‘sprinkling’ or dropping objects.
- I like turning lights on and off.
- I like places that have bright lights and that are colourful.
- I like lining up objects.

### Olfactory (Smell) System:

**I like…**
- I like strong smells or scents.
- I crave strong smells.
- I smear faeces (if I get the opportunity).
- I like to smell items or people excessively.
- I use smell to explore objects.

### Gustatory (Taste) System:

**I like…**
- I like strong tastes
- I crave strong tastes
- I like to eat non-edible items (pica).
- I like to lick objects or people in order to interact.

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**Completed by ………………………Date…………..**

**Tick as appropriate**

### Vestibular System:
- I am fearful of playground equipment/carnival rides.
- I become sick easily in cars and bus rides.
- I am fearful of heights or stair climbing.
- I dislike lifts and escalators.
- I avoid balance activities.
### Sensory Policy

#### Coordination:
- I trip or bump into things.
- I dislike having my head upside down or tilted.
- I become anxious in an environment full of movement and move to the edge.

#### Proprioceptive System:
- When handling objects, I exert too little pressure.
- I struggle to assume body position to perform different tasks.
- I struggle to position myself in my chair.
- I struggle to keep an upright seated position and prop myself against the table or an adult.

#### Tactile System:
- I avoid touch or contact
- I dislike or am irritated when someone is in close proximity.
- I dislike my hand held or having hand over hand guidance.
- I dislike crowds or groups of people for fear of being bumped and act aggressively when this occurs.
- I dislike and avoid messy play.
- I avoid bare feet.
- I am irritated by certain clothing or textures.
- I dislike holding implements, utensils and tools.
- I avoid certain food textures.
- I don’t seem to notice when my clothing is twisted.
- I have a very limited diet due to sensory restrictions.
- I am very sensitive to pain.
- I dislike the feeling of showers or getting splashed.

#### Auditory System:
- I am upset by loud unexpected noises
- I am distracted or bothered by background noises others are able to block out.
- I dislike some sounds and noises.
- I like it when it’s quiet.
- I hum or sing to screen out unwanted noise.
- I cover my ears with my hands.
- I dislike rooms where the hard surfaces reflect sound making it loud and hollow.
- I dislike noisy environments (dining room, busy shops).

#### Visual System:
- I am uncomfortable in strong sunlight.
- I am sensitive to changes in lighting.
- I turn away from the television, computer screen or light reflected off of shiny surfaces.
- I have difficulty scanning my environment to find items.
- I hesitate when going up and downstairs.
- I find eye contact very stressful.
- I dislike or won’t touch specific colours.
- I prefer smaller shops as I am overwhelmed in large shops.
- I become bothered when I see lots of movement around me.
- When concentrating I need to limit the distractions (eg turn of TV/ be in a quiet room).

#### Olfactory (Smell) System:
- I dislike and am upset by strong odours, perfumes and cleaning products.
- I gag when smelling some smells.

#### Gustatory (Taste) System:
- I dislike strong tastes.
- I avoid a wide variety of tastes and foods.

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Adapted by Jacci Siebert (BSc Hons ) Russett School and modified for Doucecroft School with her permission by Hayley Hardcastle OT Dip COT.
Occupational Therapy Service

Referral Form

Student’s Name:

Date of Birth:

Student’s Class:

Presenting Difficulties and Main Concerns:

Where these are concerns most evident? Playground, class, on minibus etc. Who do you feel are the key people to discuss these concerns with?

What strategies (if any) are you using and how successful have they been?

Diagnoses: (e.g. autism, epilepsy, Learning Disability etc.)

Main means of communication:

Medication: (with reason for prescription and date prescribed)

Parental/carer consent is required for OT involvement. I have consent to make this referral: Yes/No

Is Occupational therapy specified on the student’s statement / EHCP?
What previous involvement has there been from the therapy team and any other professional services?

**Name of Referrer:**

**Signature**  
**Date**

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For Office use only

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**Review date**