

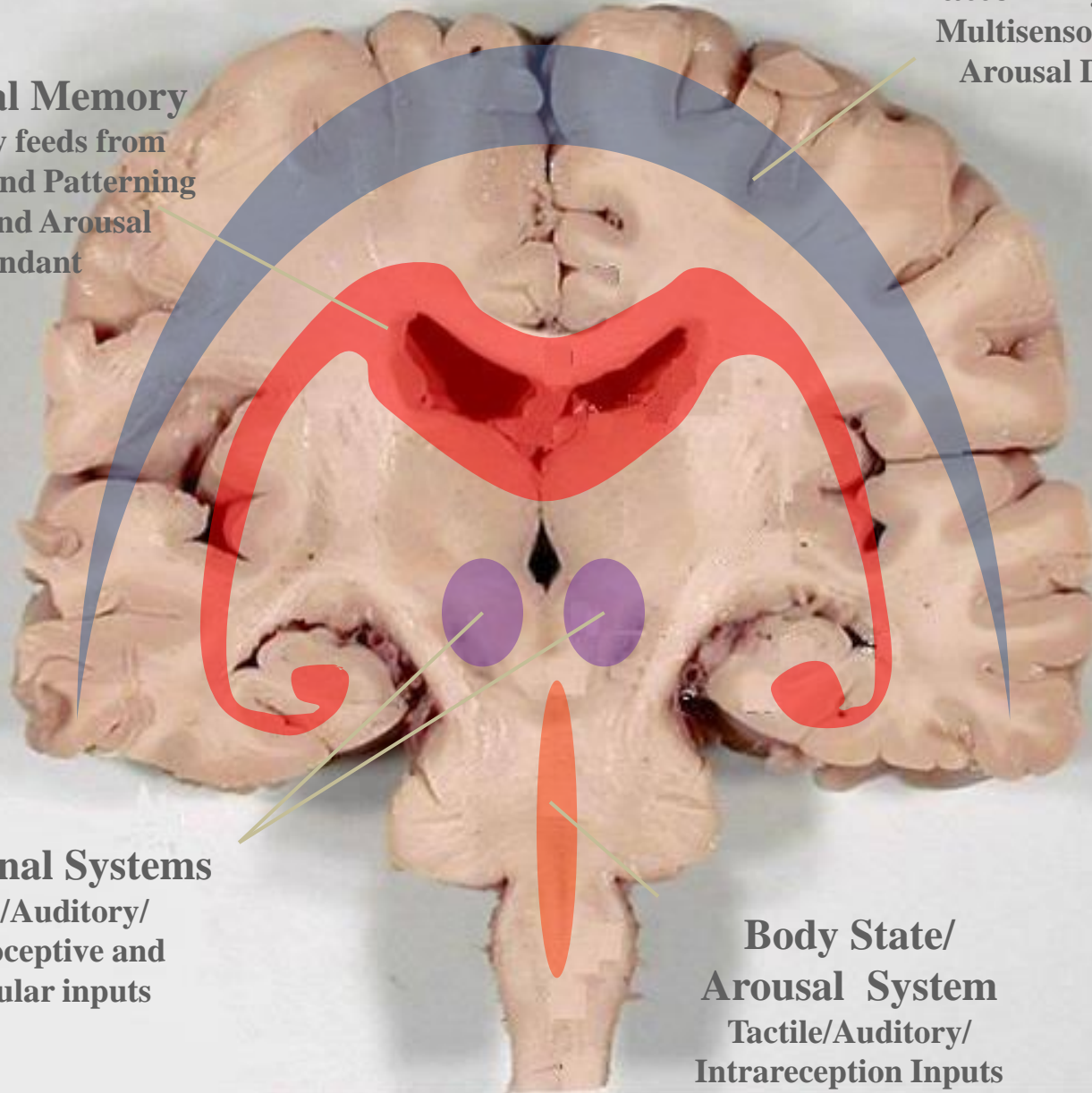
SENSORY PROCESSING AND INTERGRATION

**SLIDES FROM THE SWALLS
CONFERENCE**

JANUARY 28TH 2016

Patterning Memory
Multisensory Complex
Arousal Dependant

Situational Memory
Formed by feeds from
Attentional and Patterning
Systems and Arousal
Dependant



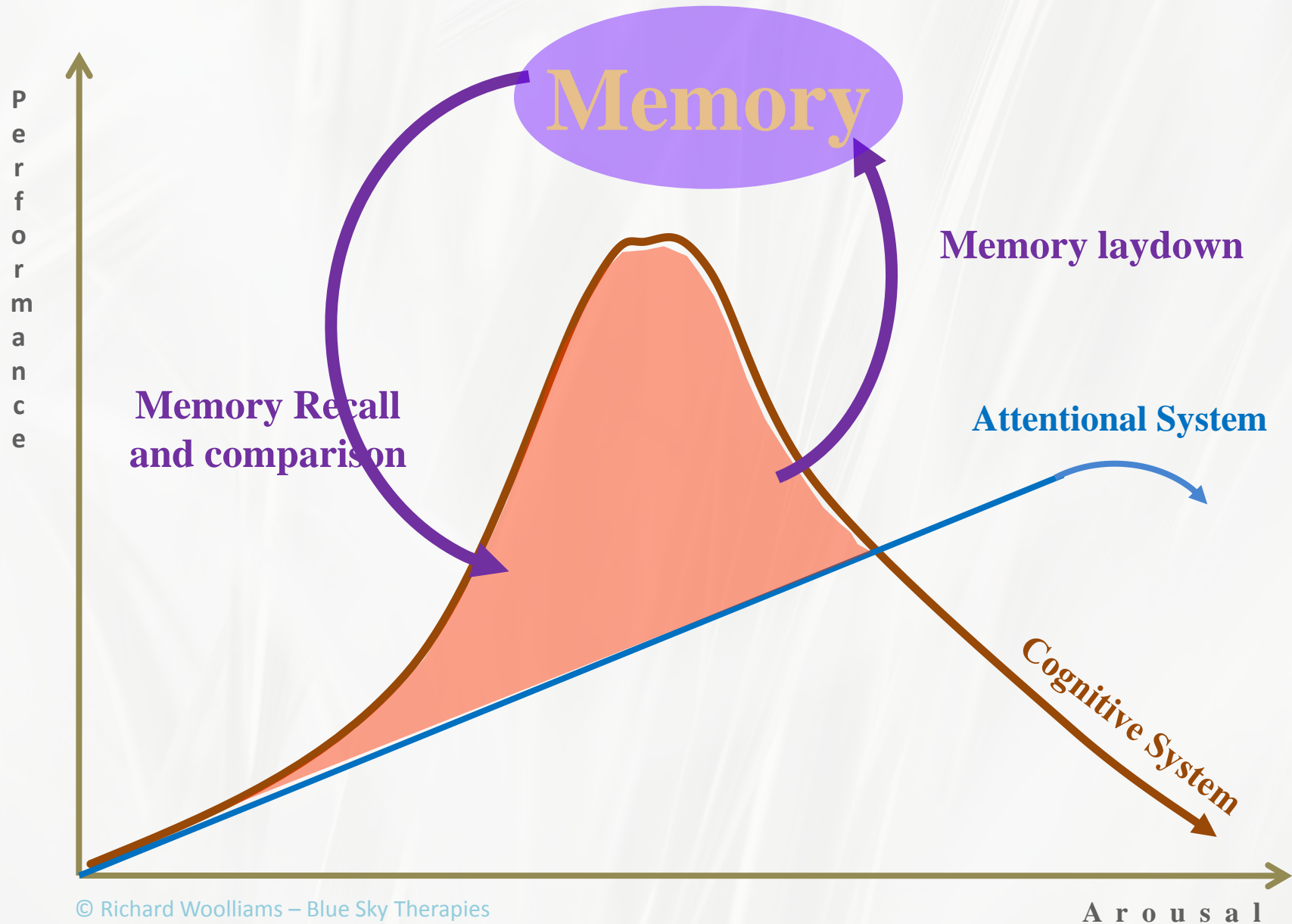
Attentional Systems
Visual/Auditory/
Proprioceptive and
Vestibular inputs

**Body State/
Arousal System**
Tactile/Auditory/
Intrareception Inputs

Sensory Processing and The Brain

- A combination of fast and slow processing
- We rely on subconscious sensory reflexes when the going gets tough
- Too much or too little sensation skews learning, memory formation and attentional stability.
- Needs optimum arousal to work well
- Arousal is itself governed by sensory flow.
- Integration of all senses is vital for attaching emotions/(arousal state) to experiences

Sensory Processing/Learning Model



Occupational Therapist.

- **SENSORY PROCESSING AND INTEGRATION**

- Sensory Assessments

 - **Harcourt Sensory Profile (3-10)**

 - Formalised Assessment
 - Gives good information on too much too little sensation received, (hearing, touch, balance, body awareness vision)

 - **Observation**

 - Helps understand child's arousal responses

 - Social and classroom performance

Reports

Used to Communicate

- 1) Senses that trigger fear or overload
- 2) Senses that are needed to help focus
- 3) Senses that help calm
- 4) Good reward Strategies!



10 weekly 20 minute sessions



It felt like a step into the unknown!

OT - The advantage of having one in a school

- Reports that can be readily translated into activity programmes
- A training resource for staff
- have skills outside of sensory integration e.g. cognitive, behavioural management, therapeutic play and handwriting
- usually aware of the best and cheapest equipment options.
- good at designing sensory areas, and assisting teachers with better classroom design. This can often be done relatively cheaply
- Justifies a more therapeutic based approach to Ofsted
- Leaves staff feeling better supported, particularly with their more challenging pupils
- Can lead to cost savings through a reduction in staff injuries/absences and better resource utilisation and equipment/training provisions.

NHS/LA vs Private Providers

NHS/Local Authority

- Should have clear links to existing statutory services and helpful NGO's and voluntary organisations
- Should be able to link directly to outreach services
- May be quota driven and have a higher office based component
- May have to respond to parity/political and/or service pressures outside of the schools
- May not be prepared to invest in training their staff

MAY BE FREE IN SOME AREAS

Private Providers

- Will not have direct links into existing statutory services, but if oriented may refer.
- May offer outreach but will charge additionally for this service
- Should respond to the school's own priorities (with in Code of Conduct)
- Should be driven/responsive by the school's own development plan
- Can be an integral part of developing and improving the staffs skills and knowledge base

WILL CHARGE

What to look for in a provider?

- Interested in you as a school
- Clear about hands-on vs office-based time
- Takes time to help your staff develop their own skills and expertise
- Carries their own
 - medical negligence and public liability
 - professional registration
 - is registered with the Information Commissioner's Office (data protection)
 - DBS check (enhanced).
- Clearly indicates what equipment they will supply, and what equipment the school might require (if any).
- Knows what space in the school they might need to use and when, but is reasonable and flexible.
- Understands data Protection and has clear IT approach to manage this.
- Communicates well with statutory services and/or parents
- Is physically healthy and able i.e. can deliver the activity program as envisaged (often shattering...for therapists not children!)

Any Questions?

