SENSORY PROCESSING AND SELF-REGULATION

This booklet for parents explains sensory processing and how to help your child.

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What is sensory integration?

Sensory integration is how the brain uses sensory information during everyday life. It was developed in the 1960s and 1970s by Jean Ayres, an occupational therapist and psychologist from the United States of America. She developed a way of assessing people with difficulties and helping them. Every day, we take Information in from the body and the world around us. The brain uses this so we can react quickly, plan what we do, move safely, and be aware of any dangers and changes in our body. Sensory integration is important for all daily activities, e.g. dressing, eating, learning and working. The work of Jean Ayres has continued. It is used for assessment and as a form of therapy, known as sensory integration therapy.

The Eight Senses

The body uses 8 senses to help it function:

Vision

Sound

Taste

Smell

Touch

Proprioception - muscles and joints have tiny sensors that tell the brain the position of the body and how it is moving. During movement, a person does not need to look at what they are doing. It is the sensors that give this information.

Vestibular – sensors in the inner ear are filled with fluid. When a person moves their head the fluid moves. The sensors pick up information on movement and send it to the brain, e.g. forwards, backwards, side to side, tilting our head, turning around, moving up and down, spinning. The brain uses this to plan movements, coordinate the body, and balance.

Interoception - is how the body tells the brain what is going on inside the body, e.g. feeling hungry or full, thirsty, heart beating fast, sensation of butterflies in the stomach.

The sensory systems start to develop before a person is born. It helps a person to understand their body and their world.

Sensory Processing Difficulties

A child with sensory issues has difficulty using sensory information from their body and the world around them, e.g. sound, touch and movement. They may feel sensory input more or less powerfully than others. Sensory issues can affect how a child copes during activities and in different situations. They may not feel safe or secure. A child can have problems with their motor skills, handwriting, attention, behaviour, emotions, play and learning.

Common Problems

- Sensitive to sound, touch or movement.
- Not noticing certain sensations, e.g. touch, pain, name being called.
- Difficulty managing their behaviour and emotions, e.g. tantrums, need to be in control, impulsive, frustrated or overly well-behaved.
- Easily distracted, poor attention and concentration.
- Poor motor skills, e.g. coordination, balance, fine motor skills, handwriting.
- Issues with sleep.
- Picky eater or fixed eating habits.
- Issues with self-care activities, e.g. brushing hair, washing hair, cutting nails, cleaning teeth, dressing, tying shoelaces, eating and drinking.
- Seeks movement., e.g. fidgety, constantly moving, difficulty sitting still, spinning.
- Seeks intense pressure, e.g. squashes or squeezes objects, leans into people, looks for tight/small spaces, crashes in objects or people, uses too much force.
- Avoids or fears movement, e.g. swings, slides, being upside down spinning.
- Appears floppy or has 'low muscle tone'. Tires easily and has poor posture.
- Writes too light or too hard.
- Problems with communication and social skills, e.g. eye contact, personal space, taking turns, friendships.
- Problems talking about their ideas, thoughts and feelings.
- Prefers to play on their own or has difficulty playing with other children.
- Difficulty accepting change in routine or moving from one task or situation to another.
- Difficulty reading social cues or social situations.
- Problems following instructions.
- Poor planning and sequencing.
- Poor play skills.
- Low self-esteem and confidence. Anxiety and stress.
- Problems with learning.

Types of Sensory Processing Difficulties

Sensory processing difficulties can affect one sense or more than one sense. They affect a person's life in different ways.

Sensory modulation problems – these happen when the brain either over responds or under responds to sensory information. For example, if someone over responds to touch they may be very aware of labels in their clothes or if they are touched. If they under respond they may not notice things, e.g. instructions. A child may change the way that they do things. This will depend on the situation and how they feel. Examples of difficulties are below.

Over responding:

- Difficulty with clothing, washing their face or cleaning their teeth.
- Avoids movement, e.g. swinging, climbing.
- Trouble with bright lights.
- Avoids noisy places, e.g. birthday party, shopping centre, cafe.
- Difficulty with food textures, mealtimes or outings that involve eating.
- Difficulty with smells, e.g. school dining room, supermarket.
- Meltdowns, aggressive or impulsive when overloaded by sensory input.
- Avoids groups of people.
- Upset by transitions and change.

Under responding:

- Walks into things, has lots of injuries or no awareness of safety.
- Difficulty following instructions or conversation.
- No awareness of danger or safety, e.g. smoke, hot, sharp.
- Puts food that is 'off' or toxic things in the mouth.
- Does not cry when hurt.
- Unaware of what Is going on.
- Does not notice food on their face or mouth.
- Very quiet.

Discrimination and perceptual problems – these happen when the brain struggles to make sense of information. A person will discrimination problems will not notice small differences, e.g. feeling two different points of touch when fastening buttons. A person with visual perceptual problems will struggle to make sense of what they see. It is not a problem with their eyes. Examples of difficulties are:

- Problems finding an object using touch alone, e.g. coins in their pocket.
- Standing too close to others or using too much force.
- Difficulty working out direction and speed.
- Difficulty finding objects in a drawer.
- Loses place when reading.
- Noticing differences between different sounds.
- Hearing what is said when there is lots of background noise.
- Using space on a page when writing, e.g. spaces between words, writing on the line.
- Noticing different smells and textures of food.
- Difficulty following directions and instructions.

Vestibular and bilateral integration problems – these are linked to problems with the vestibular system. It can affect posture, balance, oculomotor control (coordination of eye movements), midline awareness, and bilateral coordination (coordination of both sides of the body). Examples of problems are:

- Poor balance and coordination, e.g. pedalling, swimming.
- Low muscle tone or 'floppy muscles.'
- Problems with posture, e.g. sitting upright.
- Reading or following a moving target with the eyes.
- Difficulty sitting for a long period of time.
- Poor hand dominance (preferred hand), confuses left and right, or avoids crossing the midline.
- Difficulty using both hands at the same time, e.g. using scissors.

Praxis problems - Praxis is how the brain plans and carries out new movements. For children this could be learning to jump. For adults it may be learning to drive or using chopsticks. A child with problems will often look clumsy or awkward in their movements. Examples of problems are:

- Difficulty learning new skills, e.g. fastening buttons, drying self after bathing.
- Struggles with sports or physical activities, e.g., football, dance.
- Limited play skills, e.g. knowing what to do with toys, pretend play.
- Difficulty writing, colouring or drawing.
- Difficulty copying a model.
- Avoidance of visual games or puzzles.

Sensory processing difficulties are often linked to other conditions:

- Autism
- Attention Deficit Hyperactivity Disorder
- Specific Learning Difficulties
- Developmental Disabilities
- Developmental Co-ordination Disorder or dyspraxia
- Emotional and behavioural difficulties
- Attachment

Self-Regulation

Self-regulation is a person's ability to control the way that they feel and behave. Self-regulation helps us:

Keep our attention.
React to sensations in the body comfortably.
Face challenges.
Feel content.
Control our emotions.
Use the right amount of energy in a situation.
Use healthy behaviours, e.g. eat when we are hungry, stop eating when we are full, go to the toilet when we need to.

Self-regulation is linked to the interoception system, which provides information on what is happening in the body. Signals tell a person to take action when there is something wrong. A child develops interoception from birth to tell someone when help is needed, e.g. crying when hungry or in pain. When a child is young, they need help to cope with this. Eventually a child learns to self-regulate themselves. They link the sensations from the body and emotions and work out what to do to ease any pain or discomfort. Without this, self-regulation does not develop.

Knowing the state of the body is needed for health, wellbeing and survival. Sensations from the body help us feel emotions and understand them, e.g. tense or trembling muscles, fast heart rate, butterflies in the stomach, shortness of breath. A person with difficulties is often anxious, has fixed ways of thinking, is overwhelmed, dislikes change, has difficulty seeing things from another point of view, and struggles to solve problems.

Self-regulation helps a child manage difficult situations. Most children will have problems when they are tired, hungry or facing new things. So, it is not unusual. However, if it happens a lot it will affect their learning and how they cope.

Difficulties with Self-Regulation

If a child may have the following:

- Under react, e.g. not notice their name being called, high pain threshold.
- Overreact, e.g. sound, touch, movement.
- Difficulty controlling their behaviour and emotions, e.g. tantrums, anger, need for control, impulsive.
- Behaviours that happen a lot or last a long time.
- Poor attention, concentration and easily distracted.
- Poor sleep.
- Seek lots of movement or pressure input, e.g. constant spinning, running around, crashing into objects or people.
- Avoid movement, e.g. swings, slides, roundabouts.
- Difficulty interacting with others and maintaining friendships.
- Prefer to play alone or have difficulty knowing how to play with other children.
- Difficulty accepting a change in routine, activity or situation.
- Poor motor skills, e.g. posture, coordination, balance, fine motor skills, handwriting.
- Use too much force or move too fast.
- Write too light or too hard.
- Picky eater.
- Distressed during self-care tasks, e.g. brushing or washing hair, cutting nails, dressing, tying shoelaces, eating.
- Impulsive or risky behaviour.
- Move quickly between activities instead of focusing.

Sensory processing involves noting sensations as well as blocking out anything that is not needed. Once a person can do this, they can focus during activities. Self-regulation is linked to a child's attention, how heightened they are, and how they react. When a child is regulated, they can cope with change, ignore anything that is not needed, stay focused, use the right amount of energy, and cope with what is expected of them. Helping a child regulate helps them:

- cope with demands.
- be more tolerant and flexible.
- participate in activities.
- learn.
- have better attention, focus and behaviour.
- take part in activities.

A number of ideas can be used to help a child move into the 'right zone'. This may involve changing the environment (layout, making a quiet space), a task, or using a sensory diet. This will help a child feel calm, happy and focused.

Occupational Therapy Assessment and Intervention

Occupational therapy helps a child or young person manage or cope with a difficulty or disability. The aim is to improve skills, increase independence, and learn new skills.

An assessment will identify how a child is processing sensory information. The goal is to help the child cope with any sensory issues they have. Different assessments are used to work out how a child uses sensory information and how it affects activities. An occupational therapist will help others understand why difficulties happen. Assessment will usually involve:

- Discussion with parents or carers and school staff.
- Written feedback from parents or carers and school staff, e.g. questionnaires.
- Feedback from other professionals.
- Discussion with the child about daily activities and sensory issues.
- Classroom observations.
- Assessments on gross motor skills, fine motor skills, visual-motor skills, visual perceptual skills and handwriting.
- Sensory profile.

After the assessment, the occupational therapist will write a report with ideas to help your child. Intervention may include:

- Developing skills, e.g. balance, coordination, posture, muscle tone, body awareness, fine motor skills, handwriting skills, visual motor skills and visual perceptual skills.
- Helping the family/carers, professionals and school understand the child's needs.
- Help the child understand their needs and cope with different situations.
- Sensory diet.
- Sensory integration therapy.
- Teaching different ways of approaching activities and situations.
- Changing the environment, routine or what is expected.
- Equipment, e.g. pencil grips, pens/pencils, posture and seating, writing slope.
- School and home programmes.
- Recommendations for tests and exams.
- Group work.
- Developing self-regulation using different programmes, e.g. Sensory Circuits, The Zones of Self-Regulation, SCERTS (Social Communication, Emotional Regulation and Transactional Support.
- Therapressure Programme (formerly known as The Wilbarger Protocol) – this uses brushing and pressure techniques to reduce touch defensiveness and improve sensory regulation. This is taught and supervised by a therapist that is trained.
- Social stories – to help a child understand how to respond in certain situations.
- Support with transitions.
- Managing behaviours.

How can I help my child?

Parenting a child with sensory processing difficulties can be hard but very rewarding. What a child can cope with is often different to other children. Parents are often faced with different advice from professionals and people that they know. Sometimes it is useful, sometimes not. The key is to go with what works, as one size does not fit all. Below are some ideas to help you.

Change what you think and do

- Think about what your child is upset or unsettled about and why. Behaviours are often affected by how our body feels and what is happening around us. Questions to ask are:
  - What happened before?
  - What happened after?
  - Are there times when it does it not happen?
  - Is there a pattern?
  - Are they hungry, tired or poorly?
  - What happened before or after school?
  - What about sleep?
  - How is the journey to school?
  - Is screen time affecting them?
- Build on good behaviours. Avoid pointing out bad behaviour. Use praise and rewards.
- Show your child positive ways to cope, e.g. having a break, thinking about things in a different way.
- Show your child that you understand their feelings. They may need help to find words that describe them, e.g. "You look sad." You look worried." Share your own feelings, without ignoring theirs, as it is important for them to know that other people have feelings too, e.g. "I feel sad when this happens."
- 'Check in' with your child regularly, i.e. how they are feeling, any difficult things that they face. This can be as simple as looking at their face, touching their hand, or asking how they feel.
- Encourage good habits, e.g. healthy diet, regular sleep. Discuss this with school so that everyone is doing the same.

Change how you do things

- Keep instructions short and simple – this cuts down the amount of information that a child needs to think about. Use speech, as well as gestures (pointing), signs and objects. Make sure your child has time to sort out what you have said. This varies with each child.
- Allow enough time so your child does not feel rushed. Putting more pressure on them will increase their anxiety and alter how they cope with sensory input, e.g. touch, sound.
- Make activities fun – reduce pressure and demands to reduce anxiety.
- Where possible, allow your child to do things when they are ready, on their terms, e.g. using toothpaste. This is really important for sensory issues such as touch and sound, e.g. messy play, new sounds, meeting others. Give them time and be patient.
- Make sure you use a mix of tasks that are tricky and easy. This will take the pressure off them.
- Change an activity if things are not working, e.g. type of activity, situation, shorten the time, amount of help that they need.

- Give your child choices but stick to limits that you have already set. Too many choices can cause children to be overwhelmed and can be as bad as no choice at all. You may need to offer a different choice later. Remember to stick to what you have planned.

Alter the space

- **Create a quiet space in the house as a positive place to have a break, not as a punishment.** These are useful when a child is heightened or feels overwhelmed. Use the space at the first signs of change and for down time to help your child face the next activity. In quiet spaces, children can:
  - Use sensory activities that calm them or provide specific sensory input.
  - Have time to manage their frustrations or emotions.
  - Use calming techniques.
  - Have quiet time.
  - Make sure the space is quiet with no distractions.
  - Keep the space simple and try not to put too many things in it. It can have a beanbag, blanket, cushions, soft toy, or any sensory toys that are calming. If your child is troubled by sound, place some ear defenders in the space or play some soft calming music.
  - A timer can be useful to give an idea of how much time is needed to calm.
  - Use visuals or a photograph of the space to tell your child when they need time to calm. School will be able to make some for you. When children are unsettled, they have difficulty processing too much information. They may think that you are shouting, as any sensitivity to sound will increase. Using a visual makes information easier to follow, even for children that have speech.

- **Think about the surroundings at home or in the community and how they may affect your child.** Some questions to ask are:
  - What is the level of noise? Is there lots of background noise? Can your child cope with lots of noises at the same time? Do sounds or music calm your child?
  - Is your child bothered by bright lights or sunlight? Are they wary when it is dark?
  - Is your child bothered by clothes, tags, seams, or socks? Does material or their bedding bother them? Do some fabrics calm them?
  - Does your child like busy situations? Are they bothered by crowds?

- **Try to change the surroundings at home to suit your child**, where it is possible to do so. This is really important in the space that a child finds calming or uses a lot.
  - Light levels that are not too stimulating or too bright.
  - Reduce clutter as much as possible.
  - Think about colours – pastel colours are less stimulating.
  - Consider smells, as some may be too overpowering, e.g. perfumes, air fresheners, food.
  - Is sound too loud? Think about the volume of the TV, games, music or your own voice.
  - Is there space so that your child can move, either indoors or outdoors? If space is limited, there are still ways to make the most of sensory activities.

- **Small changes can be made to any space by adding sensory activities** from the ideas at the end of this booklet, e.g. fidget toys, play with textures, calming music, soft toys, cushions, different lights, aromatherapy smells, bright pictures.

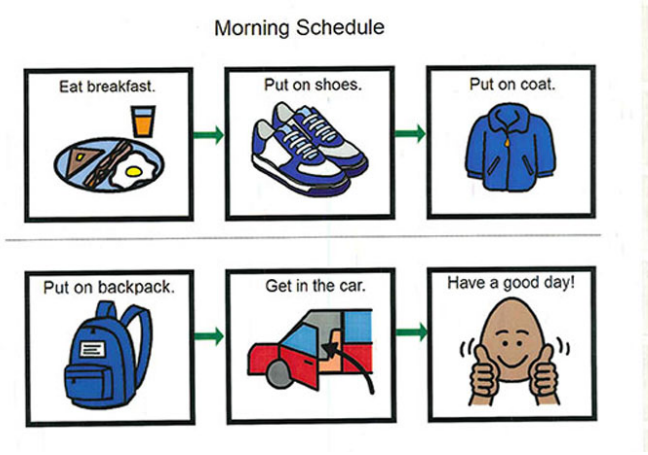
Build in routines

- **Use routines so that your child knows what to expect.** If there is any change, try to warn them by explaining what will happen and why. Some children will need visuals to help them. The amount of preparation a child needs depends on how change affects them. Some children need days, others are better 'in the moment'. You will find what works best.

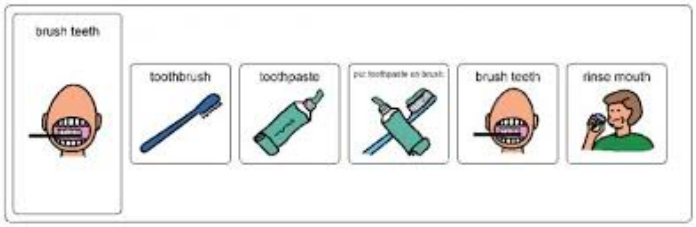
- **Use visual supports** – as a reminder about routines and what is happening next. Your school or speech and language therapist can help you with this. When your child knows what to expect, it will help them feel more secure and reduce anxiety. This affects sensory processing and how we cope with situations. For a more able child, this can be a calendar or a checklist. For other children, sometimes a visual schedule will help. This uses symbols or pictures to set out activities during the day or the steps involved in a task. There are many tools, templates and sample schedules available online.

  Examples of visual supports

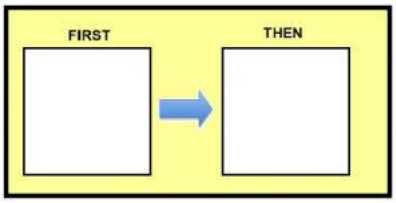
  Visual for routines.



  Visual for an activity.



  Now and next visual.



Rewards can be added.

- **Social stories** – these tell a child what will happen in a situation and what they have to do, e.g. putting on a coat when it is cold outside.

- **Timers** – these tell a child how long an activity will last. It is useful when they struggle to tolerate things (e.g. brushing teeth, combing hair, showering) and helps if you have to change an activity or move to a different place. Not very child likes a timer. Some children are more stressed as they see the time change. Countdowns or changing an activity before it ends are also useful.

- **Regular quiet activities** – this offers a break from 'busy' situations. This is really important for children that have issues with sound, as they tend to use more effort to follow things. It is also useful for children that are struggling. Allow time to settle before and after activities.

- **Regularly check your child for signs that they are becoming overwhelmed or unsettled**, e.g. upset, distracted, more aware of sound, increase in sensory seeking. Offer your child an opportunity to move around, some quiet time or a quiet activity, a sensory based activity, or shorten an activity if they are struggling. If you are outdoors, change what you are doing, e.g. move to a quiet space, have a drink and snack in an outdoor area instead of inside a café.

- **Homework** – make sure the space has few distractions, especially if your child has issues with concentration. Some children are easily distracted by sound, people, movement, and visual distractions (e.g. TV). Ear defenders may help. Break tasks up into small steps. Try a movement break or quiet time in between. Some children are unwilling to do homework as they see it as something that happens only at school. Talk to school if this is the case.

- **Self-Care activities** – sensory issues can have a major impact on self-care skills, e.g. dressing, eating, toileting, cleaning teeth, sleep. There are lots of ideas in the self-care booklet to help you. You can also discuss this with the occupational therapist.

Sensory Diet

A sensory diet is a set of activities that helps a child stay focused, 'calm' and regulated. A sensory diet is individual and is used when attention or behaviour is poor, or before situations that are difficult, e.g. known triggers, certain times of day, specific settings. Each person's sensory needs are different. A child that is over aroused and 'too wired' needs calming input, whereas a child that is under aroused, 'sluggish' or tired needs alerting input.

A sensory diet usually has an effect straight away and has a lasting effect if activities are used regularly, i.e. every lesson at school, or over the day. It also changes the child over time. The aim is to prevent sensory and emotional overload and to help a child 'recover' when they are overwhelmed.

The ingredients of a sensory diet are based on:

- The length of an activity and how intense it is, e.g. jumping high, low, fast or slow.
- How often it happens. Regular and often are best to make sure a child can stay focused and calm across the day.
- Time of day. Before, during and after activities is best, e.g. in between activities, after school, before homework.
- Build activities into play and routines. Keep anything that is used, or pictures of them, so that you can suggest them when they are needed.
- Activities that work one day may not work on another. What works in one situation may not work in another. It is often trial and error as it depends on how the child is feeling and what is expected of them. It is best to have a 'plan B' so that input can be given in a different way. Offer a choice where you can.
- Some activities are more powerful than others. Some are more calming than others.

Use sensory activities during the day to keep your child 'topped up.' Pressure-based activities are usually more powerful and calming, but it can be different for each child. What a child copes with will change depending on how they feel and what they are doing. Sensory issues are like shifting sand. The main problems are the same but the way that they appear changes, just as a sandcastle will change when it is windy or covered in water.

Sensory processing difficulties can be affected by change, e.g. routine, a new baby, new class at school, going to the dentist. They change with each life stage that a child goes through, e.g. puberty, adulthood. Major life events can have a huge impact. Other things may be growth spurts, feeling poorly, feeling tired, hunger, pain, or if tasks are too difficult. There may be changes at specific times, e.g. beginning of the week, end of the week, end of term, holidays, festivities (Christmas, Halloween, Guy Fawkes Night).

Take a note of activities that helps your child feel alert, calm or help them concentrate. This will help you build a 'toolbox' of things that will help them. See the section on activities as you may want to try a few. It is important to change them if your child changes.

A sensory diet includes a range of sensory inputs and activities. Activities are used to 'feed into' what your child needs at that time. It is like food: if you are hungry you need more; if you are feeling sick you need less. Sensory activities will change how a child feels and how they look or behave. This is often called their arousal state or how heightened they are.

Activities will be:

Calming - this helps us settle or relax.

Organising - this helps us get through a task.

Alerting - this helps us focus.

What you choose will depend on the what your child needs, what works for you at home, and how it fits in. Some examples of different sensory inputs are below.

Proprioceptive input (sensations from joints, muscles and connective tissues) – lifting, pushing and pulling heavy objects, squashing, squeezing.

Auditory input (hearing) – natural sounds (birds, trees swaying in the wind, water), play, or listening to music or songs.
Alerting = new, loud, varies in rhythm.
Calming = familiar, soft, follows a rhythm.

Oral input – mouth.
Alerting = cold, sour, spicy, minty, crunchy.
Calming = warm, smooth, sweet.
Regulating = chewy, deep breaths, sucking through a straw, blowing bubbles.

Vestibular input (sense of movement detected in the inner ear) - spinning, swinging, hanging upside down. A child that is sensitive to movement will need specific help.
Calming = slow with rhythm, e.g. rocking, swinging.
Alerting = fast, uneven, varies in speed, involves spinning.

Olfactory input (sense of smell).
Alerting = citrus, peppermint.
Calming = lavender, vanilla.

Visual input (sight).
Alerting = bright lights, contrasting colours, unexpected. Calming = not changing, predictable, dim.
Regulating – visuals, less clutter, no distractions.

Tactile input (sense of touch) – play doh, gloop or slime, kinetic sand, paint, shaving cream, rice, flour, or any other textured products.
Alerting = light touch, unexpected touch, cool or cold temperatures, and new objects.
Calming = firm touch, warmth, familiar objects, deep touch and hugs.
Regulating = fidget toys, fleecy blankets, contact with others.

A sensory diet may include changing the child's routine or the environment. It should be used at home, school and in the community. It may include:

- A chance to play on the playground before school starts.
- Regular movement breaks during the day to help focus and attention.
- Intense physical activity before work tasks, e.g. trampoline.
- Ideas to manage transitions, e.g. after arrival at school, before assembly, after lunch, before home time.
- Deep pressure activities or massage before settling to sleep.

It is important to be aware of how your child reacts to sensory input and if this changes. Children can become overloaded with sensory input. There is often a fine line between being excited and then overloaded or 'hyper'. This is usually more common with movement activities but can happen with other activities too, especially if a child moves quickly from one activity to the next or focuses on two or more at the same time. At this point any sensory activities make things worse. Some children do not know when they have had enough as they cannot read the signals in their own body.

Signs to look for are:

- Cannot stop an activity.
- Talking fast or shouting.
- Speeded up movements.
- Impulsive.
- Moves quickly from one activity or part of the room to another.
- Eyes scanning the room quickly.
- Not listening to you or not thinking about what you have said.
- More sensory seeking, e.g. movement, pressure, touch.
- More sensitive, e.g. sound, touch.
- Unable to focus for any length of time.
- Anger, throwing things or lashing out.
- Meltdowns or dropping to the floor.
- Cannot cope with other people nearby.
- Takes lots of risks or has no sense of danger.
- Stress response, e.g. sweating, fast breathing, looking pale, shaking.

If your child is overloaded, or goes into a 'hyper' state, change what you do. You may need to lessen input by giving them time to settle or providing an activity that settles them. There is more on this in the section on sensory overload. It is really important to discuss this with the occupational therapist, as changes may be needed.

Sample Sensory Diet

Below is a sample sensory diet. Activities will vary at school and at home. They will change depending on how your child feels and what is expected of them.

Morning

Massage feet and back to help wake up.
Wash face or have a shower.
Use vibrating toothbrush to clean teeth.
Jump on mini trampoline.
Listen to music.
Eat crunchy cereal with fruit.
Therapy ball – bounce, lie on tummy.

School

Helping jobs on arrival at school, after breaks and before home.
Lots of movement breaks during the day, e.g. activities on the floor, moving class resources.
Sensory resources, e.g. sensory cushion, ear defenders, fidget toys, pressure vest, chewy.
Distraction free space to work.
Drink through a sports bottle or a straw. Crunchy snacks at break time.
Group time – sit on the edge of the group.
Pressure and movement activities during every lesson, especially before work tasks, e.g. therapy ball, mini trampoline, exercises that involve movement and pressure.
Transitions, e.g. carrying resources, using visuals, movement and pressure activities before and after transitions.
Physical activities during play time, e.g. climbing, running, ball games.

After school

Outdoor play, e.g. spend time in the playground or in a play area.
Mini trampoline.
Movement and pressure activities, e.g. wheelbarrow walk, curl into ball, push ups.
Massage feet, play doh, make 'body sandwiches'.
Therapy ball activities for calming input, e.g. lie on tummy and lean through hands, push against the ball with the feet or body, lie on the floor and roll the ball over the top.
Listen to calm music.
Use a straw, eat crunchy and chewy snacks, or chew gum.

Dinner time

Help with cooking, mixing, chopping.
Helping jobs, e.g. set table, tidy up.
Crunchy and chewy foods.

After dinner

Calming activities, e.g. reading, drawing, puzzles. Sit on a beanbag.
Warm bath with bubbles. Wrap in a towel afterwards and give a firm squeeze. Or wear a dressing gown.
Listen to calming music.
Low level lights in bedroom.

Helping your child focus on an activity, whether this is something quiet or more physical, will help them think about what is happening in the present. This will help them feel calm and in control of how they feel. There are lots of ideas in the activity section.

Games and activities

- Quiet time or quiet activities, e.g. looking at a book, listening to music.
- Drawing, colouring, puzzles.
- Fine motor activities, e.g. threading, Lego, play doh.
- Jumping or hopping.
- Popping bubbles.
- Walking along a line or in the squares on the pavement.
- Dancing to music.
- Musical statues.
- Move in a sequence, e.g. two jumps, two claps, two jumps, two claps.
- "I spy."
- Simon Says.

Activities that involve pressure are known to be more calming. These may include

- Squashing and squeezing, e.g. stress ball, Theraputty.
- Peanut ball or therapy ball.
- Pushing and pulling, e.g. zoom ball, cart, scooter board.
- Chewing.
- Drinking through a straw.
- Climbing.
- Curling into a ball.
- Carrying a backpack.
- Crunchy or chewy food.

Pressure can be given on the spot too. It can be used when a child is seated, playing, listening or standing. It is important to prepare your child so that they are not startled. Face them and tell them what you are going to do, i.e. show them, talk to them. Pressure often works well after a child has started to look for it, e.g. by leaning into you or squeezing you. Returning the pressure will give more input to what they are already seeking. Activities are useful skills for a child to learn in any situation, e.g. waiting in a queue, in a busy situation. Some ideas are:

- Return the pressure in the same way that the child has already done, e.g. hug.
- Push the hands together.
- Squeeze the hands together between your own.
- Squeeze the hands between the knees.
- Press down through the shoulders.
- Place the hands under the legs.
- Stretch the arms high above the head.
- Touch the toes.
- Use Theraputty or a stress ball.

Some children prefer things that they can look at, hear, taste or feel. Whatever works for your child is okay, as every child is different. Some examples may be:

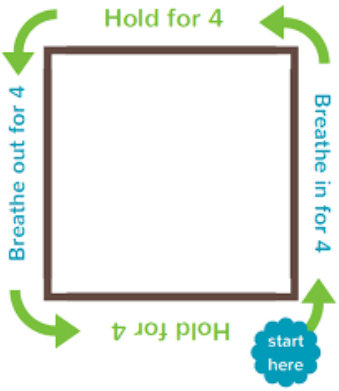
Fidget toys, soft toy, blanket.
Sour sweets, mints, lolly.
Visual toys, e.g. rainmaker, toys with moving liquid, app on a phone.
Favourite music through headphones.
Listening to a calm voice.
Silence.

Some children will need help to manage things that are troubling them, e.g. too many people or sounds. They may need a different way to do things or extra help from ear defenders or weighted products, e.g. blanket, vest. Your occupational therapist can help with this.

Other ideas to help your child

There are lots of ideas that can be used to help your child understand how they feel and how to calm. Mindfulness is an area of practice that is growing. It helps children focus on the present, rather than worrying about what happened in the past or what will happen in the future. The following ideas will help:

Deep breathing – some of the examples below are used in schools. There are many more online.



You can also use fun activities that involve deep breathing:

- Blowing bubbles.
- Imagine blowing out a candle.
- Blowing to spin a pin wheel.
- Blow bubbles through a straw.
- Blow up a balloon.
- Pom-pom races – use a straw to blow pom-poms across the table to a finish line.
- Use a straw to blow paint across the paper.
- Playing a musical toy or instrument.
- Blow a feather off the hand.

- Use a straw to pick up small objects to move somewhere else. For example, put small pieces of coloured paper or pompoms on the table. Use a straw to move them by sucking up the air.
- Pretend to be a fire breathing dragon. Tape strips of orange and yellow tissue paper to the end of a large milkshake straw and blow.
- Use a 'breathing ball' to demonstrate and learn how long to inhale and exhale. A breathing ball is a ball that opens and closes i.e. Hoberman sphere ball.
- Bumble bee breathing – sit down and close the eyes. Focus on listening to the breathing. Feel the air entering the nose, fill up the lungs, and blow out of the mouth. Inhale slowly through the nose. Place your fingers gently on your ears to close off sound. Breathe out through the mouth, saying "buzzzz" for as long as you can. Repeat. Try a different sound such as "hummmm" or "ohhhh". Repeat bumble bee breathing until the body is calm and relaxed.

Yoga - many schools use yoga as part of the school day, e.g. Yoga Bugs, Cosmic Kids Yoga, Yoga for Kids. You can find these on YouTube.

Guided relaxation - this helps children learn to be in control of their bodies, thoughts, and emotions in the moment. There are lots of videos online and on YouTube.

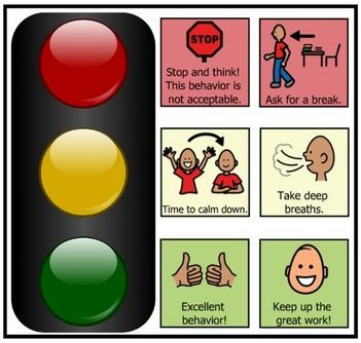
Mind games

- Look at pictures that you like, e.g. beach, face, animal.
- Count up in multiples, e.g. 2s, 3s, 10s. Try counting backwards.
- Count up in numbers by doubling numbers, e.g. 1, 2, 4, 8, 16, 32.
- Number sequences – adding the last 2 numbers to find the next number, e.g. 1, 2, 3, 5, 8, 13 ……
- Count the number of letters in a sentence.
- Count words in a paragraph or on a page (this can be specific words or the total number of words).
- Read backwards.
- Look at pictures and change the people, objects or colours in them using your head.
- Favourite toy or TV programme.

Visuals for self-regulation

Schools use visuals to help a child think about their feelings and what they can use to help them cope. Schools use different ideas and can share some of these with you. It is good to share ideas between home and school. The following can be used at home and school. Examples are:

Traffic light system.



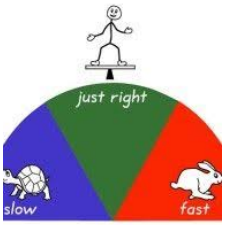
Sensory toolkit – this is a visual with sensory activities to remind the child about things that help them. The activities are different for each child. They can be written as words, pictures, photographs or symbols. It is good to share ideas with school so that everyone is using the same ideas.

"When I am angry or upset, I can ……."
(visuals of sensory activities)

Programmes for Self-Regulation

As well as ways to cope with sensory issues (e.g. sensory diet, sensory integration therapy, social stories), there are programmes that may be used in your child's school.

Alert programme – this helps a child think about how they feel. It uses the idea of a car engine to teach children about self-regulation, i.e. sometimes it runs high (hyper, overexcited, wild, out of control, angry, afraid), low (sluggish, low, tired, sad), or 'just right' (happy and easy to learn, play, get along with others and have fun). Children use ideas and activities to change the speed of their engine.



The Zones of Regulation – this is a tool to help children think about their emotions and activities that will help them. There are 4 zones that are linked to how a person feels.

- Red zone – anger, panic, terror, very excited, loss of control.
- Yellow – stress, frustration, anxiety, excited, silly, fear.
- Green zone – calm, happy, focused, ready to learn.
- Blue zone – a low state of alertness, e.g. sad, tired, sick, bored.

A person will move between the zones at different times of the day depending on how they feel. Green is the zone where we are more focused and settled. Sensory activities are used to help a child move back to the green zone. The zones can used between home and school.

The Incredible 5-Point Scale – this helps a child understand their emotions and behaviours. It teaches children how to cope in social situations, e.g. meeting other people, learning control, physical contact, understanding feelings, managing anxiety and anger.

Therapressure Programme (formerly known as The Wilbarger Protocol) – this is a program for sensory or tactile defensiveness. It helps children feel calm and focused by using brushing and joint compression (pressure through the joints). It needs to be taught and supervised by a therapist that is trained in the approach. This programme is supported with a sensory diet. Your occupational therapist can give you advice about this.

Specific problems

Going into crisis or 'sensory overload'

Many parents experience their child going into crisis. It is not uncommon and is sometimes called a 'meltdown'. This can be very distressing. Often parents worry that people will judge how they manage their child, which adds more stress and anxiety. There is often confusion about tantrums and meltdowns. They can look the same but are very different. Knowing the difference will help you.

A **tantrum** happens when a child cannot cope, i.e. talk about feelings, tell someone what they want, do what they have been asked, or get what they want. The child may be overwhelmed by their emotions, e.g. lashing out, shouting, screaming, hitting, kicking. They do it for a reason and have some control over it, e.g. to get what they want, avoid something. Their behaviour is something that they learn to rely on. Tantrums usually stop when the child gets what they want or realizes that they will not gain anything.

A child in **crisis** or in a meltdown will feel overwhelmed or overloaded. There is usually too much sensory information for their brain to process. For some children, it can be a situation that they are in, e.g. amusement park, busy shop. For others, it can be everyday things, e.g. choosing, making decisions, exams or tests, trying on new clothes or shoes, telling someone how they feel. Many meltdowns are like a stress response, i.e. 'fight', 'flight' or 'freeze' response to danger.

The main difference between tantrums and meltdowns is that tantrums have a purpose and meltdowns are the result of sensory overload. A tantrum usually stops when the child gets what they want, changes what they are doing, or when other people respond in a different way to what they expect. Crisis or sensory overload goes on well after because the child usually does not know what they need or want. Meltdowns or crisis end when the child moves into a quiet space with less sensory input or has time to process information. Tantrums are often for attention whereas a child in sensory overload needs less attention.

Common causes of sensory overload or meltdowns are:

- Being in a new or busy situation.
- Change in routine.
- Difficulty with transitions.
- Not understanding or unable to communicate.
- Lack of sleep or over tired.
- Hunger or thirst.
- Unable to control emotions or feelings.
- Frustration.
- Struggling to focus or complete schoolwork.
- Feeling poorly or run down.

What does crisis look like?

Each child is different, and each meltdown is different. Some of the things you might see are:

- Hitting, kicking, biting, spitting, pushing, punching.
- Trying to run or escape from a situation.
- Trying to hide under something like a desk, table, or chair.
- Burying themselves in a carer's arms.
- Avoiding eye contact.

- Curling into a ball on the floor.
- Covering their eyes or ears.
- Crying or screaming.
- Hiding in cupboards, under cushions, or under their bedcovers.
- Shutting down completely, i.e. not speaking or moving.
- Falling asleep unexpectedly.
- Stress response, e.g. fast breathing, sweating, pale, fast heartbeat.
- Extremely irritable or angry.
- Restlessness or uncomfortable.
- Feeling overexcited or 'wound up'.
- Stress, fear, or anxiety.
- Higher than usual levels of sensitivity, e.g. textures, fabrics, clothing tags, sound.

Helping your child in crisis

- Do not treat the meltdown as a behaviour.

- Think about what has triggered it.
  - Is there too much sensory input, e.g. noisy, too many people, too much screen time? For example, if the child has problems with sound, try ear defenders, avoid noisy situations by going at a quieter time, or give them a break from a noisy place.
  - Is there not enough sensory input? For example, if the child is unable to move about and is very fidgety, you might try a sensory cushion, keep activities short, and allow them a break to move.
  - Other things can make a child more prone to meltdowns, e.g. change in routines, illness in the child or other family members, feeling tired, change in mood.

- Think about why your child is in 'flight' or 'flight'. This reaction protects a person and keeps them safe when they feel threatened or sense danger. Children who are sensitive or overreact to sensory input feel uncomfortable and vulnerable. Some find sensory input painful, e.g. light touch, sound, food or tastes. Often children will have difficulty controlling their emotions, show extreme emotions such as anger or anxiety, or change their emotions very quickly.

- During a meltdown:

  - Make sure your child is safe.
  - Allow them time and space to calm.
  - Help them find a quiet place to deescalate. A calm environment gives them time to catch up and process sensory input.
  - Limit talking or conversations as this may overload your child further.
  - Sit quietly with them or near them to help them feel secure and safe. The aim is to reduce the amount of sensory input and information. If you have to talk, use single words or short phrases. If possible, use visuals, e.g. photographs, symbols.
  - Reduce any sensory input to a minimum, e.g. sound, voices, physical contact.
  - Set up a sensory space for your child, e.g. play tent with cushions inside or other calming sensory tools (chewy tube, blanket, ear defenders, calming fidget toy). Some parents use a few spaces at home. Beanbags are useful, as they give a clear space and can be moved easily. Allow your child to come out of the space in their own time, on their terms. Some children leave the space before they are ready, so make it longer if need be. A timer may help.

  - Offer pressure input, which is calming, when your child has started to settle and is able to cope with it, e.g. massage, squeezing their hands, deep hug. Some children cannot tolerate pressure when they are heightened, so it is worth waiting.

- Ideas to help your child feel settled and well:

  - Use routines and give lots of warning before change or transitions, e.g. different activity, moving to another space. School can help with visuals.
  - Make sure your child has regular food, snacks and drinks during the day. They may need reminders to eat or drink.
  - Think about how much sleep your child has. See self-care booklet for ideas.
  - Teach your child ways to calm and self-regulate. A sensory toolkit has visuals with ideas, toys, or sensory activities that help them feel calm.
  - Help your child think about words to describe their emotions.
  - Regular sensory activities (sensory diet). Pressure based activities are really important.
  - Teach breathing techniques.
  - Use social stories.

Outings and activities

Children with sensory processing difficulties often react to situations that they are in. They may be sensitive to sensory input (e.g. loud noises, being touched, smelling food), not notice sensory input (e.g. instructions or their name being called), or have both. Children cope differently. The following difficulties may affect a child when they are out:

Over responsive or sensitive:

- Avoids activities at the park, e.g. swings, slides, climbing.
- Trouble with lights, e.g. bright lights.
- Avoids noisy and busy situations, e.g. birthday party, shopping centre, café.
- Unable or reluctant to eat food when they are out.
- Difficulty coping with smells, e.g. supermarket, food, cleaning products.
- Upset by loud noises.
- Difficulty coping with crowds, lots of people, or too many sounds at the same time.
- Outbursts or meltdowns when they feel overwhelmed by sensory information.
- Avoid social groups.
- Upset by transitions and change.
- Running away or into danger, e.g. on to road.

Under responsive, seeking or not noticing:

- Walks or bumps into things.
- Difficulty following instructions or conversation.
- Difficulty with social gestures (tap on the shoulder).
- No awareness of safety, e.g. smoke, takes risks. Very restless, climbs or runs around.
- Doesn't cry when hurt.
- Quiet or withdrawn.
- Picking up lots of things to touch them, chew them or put them in their mouth.
- Chewing their clothes or biting their hands.

Common difficulties are:

- Shopping centres and supermarkets.
- Family outings or family gatherings.
- Leisure activities, e.g. swimming, playing at the park, visiting places, cinema, soft play.
- Eating out.

How to help your child

- Plan ahead
  - Think about triggers, e.g. loud noises, being bumped into, smells. Try to avoid triggers of sensory overload, such as loud noises, large crowds, or flashing lights. Make others aware of triggers so that they can change things or help you.
  - Visit places beforehand to have a look or to spend a short amount of time there. This may be in the car, outside, or in the entrance.
  - Talk about why you are going out and what it will look like, e.g. how many people will be there, who will be there, why you are going, what will happen, the layout.
  - Paint a picture of who your child may meet and what they might see, hear and do.
  - Talk about any issues that affect your child and what you can do to cope. For example, if they are affected by sound, tell them they can have a break or use their ear defenders.
  - Make a schedule so that your child knows what to expect. Prepare them with visuals, e.g. symbols, photographs or a list of things that you will do.
  - The amount of preparation your child needs beforehand will vary. Some children cope better when they have more than a day's notice. For others it is best at the last minute. Do what works best for your child.
  - Talk to school about any issues, as it is good to share ideas.

- Outings
  - Think about where you are going. When is it busy? Are there times when it is quiet?
  - Are there 'sensory friendly' events or times that you can visit? Some places lower the sound, allow less people in, have no applause, and dim the lights.
  - Are there quiet spaces so your child can have a break? If your child is overwhelmed, suggest a walk or taking a 10-minute break.
  - Think about how long you will be out.
  - Make a schedule, so everyone knows what to expect and when. Involve your child where possible and go over it beforehand.
  - Take a backpack with some weight in and encourage your child to wear it, as the weight will add pressure input, which is calming. To add weight, put books and a drink inside. It should be no more than 10% of your child's body weight.
  - Take things that help your child feel calm, such as ear defenders, sunglasses, hat, music player with headphones or earphones, fidget toys (e.g. Theraputty, snake, tangle), favourite toy, snacks, or a drink. Encourage your child to use them before you go out, so they feel settled.
  - If your child uses pressure or weighted products, take them with you or encourage them to use them before leaving the house, e.g. bear hug vest, weighted vest, weighted hoody.
  - Make sure you build in time for your child to move around. Movement offers pressure input, which is calming.

- Meeting family or friends
  - If your child does not like being hugged, explain this to other family members. Ask them to smile and wave, high-five or fist bump instead.
  - Talk about rules if you are visiting other people's houses so your child knows what to expect, e.g. toys they can take, no shoes.
  - Practice greetings and conversations. What might a person talk about?
  - Arrange a quiet space that your child can use it to have a break, e.g. garden, spare room. Explain to others that your child may need a break at some point.
  - Set up a system so that your child can ask for a break. This can be any word or a signal, e.g. holding your hand, picking up toy.
  - Take activities that your child likes with you, e.g. puzzles, books, fidget toys. Take other toys too in case they need something else.
  - Check in with your child regularly. Suggest a break if they are struggling.
  - Agree a time when you will leave and try to stick to this.
  - Similar to outings, take a backpack or any sensory activities that help your child feel calm.

- Shopping
  - Take a list and involve your child as much as possible. This can be in different formats, e.g. pictures, photographs, symbols. This will give your child something to focus on.
  - Visit when it is quiet and limit the time as much as you can.
  - Think about any areas in the shop that your child finds difficult due to sensory issues, e.g. smells, more people, sounds, lights.
  - Take another adult with you, if possible, for extra help.
  - Similar to outings, take a backpack or a bag with favourite toys or sensory products that help your child feel calm.

- Eating out
  - If you are eating out, share the menu with your child and tell them about any changes beforehand (you may need to call before your visit).
  - Think about where it is best to sit, e.g. quiet space, not in an area where lots of people pass.
  - Take quiet activities that your child likes, e.g. colouring, puzzles, music through headphones. They are useful when you are waiting to be served.
  - Take regular breaks if need be, e.g. move to a quiet space, go to the bathroom, spend a few minutes outside.
  - If your child is affected by smells, bring some scents that they like, e.g. scented toys, aromatherapy scents on a tissue.

- Always have a 'plan B'
  - Stay near the exit or on the edge of a group so that it is easy to have a break if necessary.
  - Sometimes it does not matter how much you plan; your child may still be overwhelmed or overloaded. Have a plan to shorten the activity or move to another space if you need to. Don't wait until your child goes into crisis.
  - Think about safe spaces that you can move into when sensory overload occurs.

Challenging behaviour

Challenging behaviour can be a reaction to something that you are aware of or it can happen without warning. It usually happens for a reason and is the child's way of communicating something, e.g. feeling overloaded or uncomfortable in a situation.

Types of challenging behaviour:

The most common challenging behaviours are:

- Self-injury or self-harm, e.g. head banging, hand or arm biting, hair pulling, picking skin, pulling hair, scratching.
- Aggression, e.g. hurting others, biting, pinching, slapping, spitting, pulling hair, screaming or shouting.
- Being destructive, e.g. throwing things, breaking furniture, tearing things up.
- Pica – eating or mouthing non-edible items, e.g. stones, dirt, pen lids, bedding, metal, faeces.
- Smearing faeces (poo).
- Running away.
- Removing clothes.

Causes of challenging behaviour:

Causes of challenging behaviour are similar to sensory overload. Often things build up and the child feels overwhelmed, overloaded or unable to tell you what is wrong. Reasons can include:

- Feeling unwell or in pain. The child may have difficulty telling others.
- Puberty and hormones.
- Feeling upset, frustrated or distressed.
- Not understanding what they have been asked to do or why they have done something wrong.
- Thinking that people do not listen of understand them.
- Change in routine.
- Change in mood or arousal state (how heightened they are). Behaviours like hand biting or head banging can happen when someone is too excited or upset. They don't know how to cope with their feelings or what to do.
- Boredom or lack of stimulation.
- Sensory needs, e.g. too loud, exploring how things feel or smell.
- Seeking attention, looking for a reaction, or avoiding something.
- Fear or anxiety.

Helping a child with challenging behaviour

It is really important to seek advice and support. Talk to professionals and your child's school or college. If your child does not access any services, they can be referred for specialist help and advice. If your child is known to lots of professionals, the whole team may work together to discuss behaviours.

Managing challenging behaviours is similar to crisis. A person's reaction to sensory input can change and become more intense when they are upset. So, their usual reaction may seem very extreme. For example, a child may be more sensitive to their clothes and remove them. If they are sensitive to sound, they may be more upset. They may chew instead of mouthing.

Try the following.

- Think about possible causes
  - Look for patterns or things that could bring on behaviours. What was going on at the time? What happened before? Did anything happen earlier in the day? Was their frustration building?
  - Think about their general wellbeing. Are they unwell, in pain, hungry or thirsty? Ask your doctor to check their medication for any unwanted side effects.
  - Has there been any change?
  - Think about what works and what doesn't work. What helps to calm your child?
  - Are there any warning signs? Take action as early as possible. Offer a distraction or a break to a quiet space.

- Managing the behaviour
  - Use simple language that is not too cluttered. Accept your child's feelings.
  - Be aware of how you come across, e.g. facial expression, tone and volume of voice. Stay calm and use a calm and quiet voice.
  - Keep them safe. If they throw themselves to the ground, allow them to do this, but guide them so that they do not hurt themselves. If they are head banging, use a pillow, cushion or your hand to stop their head hitting a hard surface.
  - Avoid any conflict. Avoid restraining them or shouting at them.
  - Build in sensory activities that involve movement (vestibular input) and pressure (proprioceptive input) throughout the day. Examples are walking, jumping, using a therapy ball, yoga poses. Make sure your child uses these regularly during the day. This will give a 'top up' and keep them settled and calm.
  - If your child is unsettled, do not put too many demands on them. You may need to change what you planned just so they can do less or take more time.
  - Behaviour is often linked to fear of the unknown. Use visuals and social stories to prepare your child for any new experiences or activities, or to reinforce safety, e.g. crossing the road. School can help you with this.
  - If your child has problems with sleep, look into ideas to improve their sleep, as this can affect their behaviour. See self-care booklet.
  - Make sure your child eats and drinks regularly. Be aware of sugar intake as this can affect behaviour.
  - Limit screen time as this can affect sleep, behaviour, and how heightened a child is.
  - Use sensory activities that help your child feel calm, e.g. fidget toys, weighted blankets, visual toys, deep breathing, swing. Some behaviours are linked to sensitivities (e.g. loud or noisy places, dislike being touched, food issues), or seeking (the need for textures that are calming, need for pressure or movement). Many children bite, hit or lash out when they are so heightened or 'wired' that they do not know what to do. Many behaviours are an attempt by the child to self-regulate, i.e. calm, feel better. Check out the activity information at the end of this booklet.
  - Replace the behaviour with an activity that is similar in sensory input, e.g. chewy tube instead of biting, pressure activities (jumping, squashing or squeezing) instead of punching, messy play instead of smearing.
  - Rule out any medical problems, dental problems, pain or illness. Always seek advice from your doctor or dentist. Ask for a check-up if you are unsure.

Ideas for specific problems

With all of the behaviours below, it is important to think about why your child is reacting in this way. It is usually a sign that they are very distressed, they are not coping with their emotions, or they are unable to tell you. It is a case of putting the pieces together.

Whatever the cause, make sure you use a calm voice, and give them time and space.

Look at activities across the day. Often one situation will lead into another and cause a problem later that is not linked to what is happening at the time. Talk to school about what has happened during the day. Changing what happens earlier can have a huge impact. Examples are using ear defenders to help with sound, opting out of a situation that is busy and noisy, changing where your child eats, having a favourite toy on the bus, or changing transport.

Sometimes the behaviour is seeking behaviour, so replacing it with something else can help. There are some ideas below and more at the end of this booklet. Your child's occupational therapist and school will be able to come up with some activities that will help. However, sometimes it is linked to a child feeling upset and having extreme emotions. Further assessment will help.

Behaviour	Why	Try
Biting or grinding the teeth	Seeking pressure (chewing offers intense input). May be sensitive to things in the mouth.	Toy that is safe to chew. Snacks, food or sweets that have strong flavours, e.g. mints, sour sweets, spicy, sweet. Drink through a straw. Chewy tube, Chewelry, chewy pendant. Vibrating toys – these can be placed against the cheek. Offer food that your child is comfortable with. Be aware of any issues with favours or textures. Don't make too many changes at once; do it slowly.
Playing with saliva or spitting	Spitting may be a sign of overload. Exploring spit gives input to the mouth and hands. It is a seeking behaviour. It may involve visual input if your child looks intensely at it or watches it fall.	Increase oral input. Snacks, food or sweets that have strong flavours, e.g. mints, sour sweets, spicy, sweet. Drink through a straw. Toy that is safe to chew. Chewy tube, Chewelry, chewy pendant. Vibrating toys – these can be placed against the cheek. Sensory play that involves textures, e.g. shaving foam, bubbles, food play. Use these on a table or tray, or at bath time. Encourage the child to play with it in their hands.
Eating non-edible objects or chewing, e.g. clothing, hands, surfaces, soil, mud, leaves.	Seeking pressure (chewing offers intense input). May be sensitive to things in the mouth. May be pica – talk to your child's GP or paediatrician.	Increase oral input. Snacks, food or sweets that have strong flavours, e.g. mints, sour sweets, spicy, sweet. Drink through a straw. Toy that is safe to chew. Chewy tube, Chewelry, chewy pendant. Vibrating toys – these can be placed against the cheek. Offer food that your child is comfortable with. Be aware of any issues with favours or textures. Don't make too many changes at once; do is slowly.

Smearing	Child may be exploring textures, seeking smells or visual input.	Sensory play that involves textures, e.g. shaving foam, bubbles, food play. Use these on a table, tray, or other surfaces, e.g. floor, walls, bath. Encourage the child to play with it in their hands. Sensory boxes with different textures inside, e.g. crushed cereal or biscuits, flour, rice, pasta. Use this for fine motor activities – hide pieces inside. Fidget toys. Add scents to activities, e.g. paint, sensory play. Talk about and explore smells, e.g. flowers, food.
Hitting, punching, pulling, slapping, grabbing.	The hand is very sensitive so the child may get more input when it is hit hard. It also gives lots of pressure input.	Increase intense pressure activities throughout the day, e.g. squashing, squeezing, pushing, pulling, jumping climbing. Offer the child a cushion, beanbag, Theraputty, or a ball to squeeze, or a stretchy fidget toy at the first signs of stress. The child can punch, squeeze, push or pull.
Head butting or hitting their head	This gives intense pressure input. The child may also get visual input (e.g. stars) or a 'dizzy feeling in their head.	Increase intense pressure activities during the day, e.g. squashing, squeezing, pushing, pulling, jumping climbing. Offer the child a cushion, beanbag, Theraputty, or a ball to squeeze at the first signs of stress. The child can punch, squeeze, push or pull. If your child enjoys a dizzy feeling or 'stars in their eyes', increase movement input during the day, e.g. swinging, spinning, bouncing, jumping.
Crashing, bumping into people, clinging.	These provide very intense movement, pressure and deep pressure input.	Increase intense pressure activities throughout the day, e.g. squashing, squeezing, pushing, pulling, jumping climbing. Offer the child a cushion, beanbag to crash into. Include scooter board activities, especially where they can 'crash into' cushions. Offer Theraputty, or a ball to squeeze at the first signs of stress. The child can punch, squeeze, push or pull. Tight space to crawl into, e.g. body sock, play tent, wrapped into a blanket. Therapy ball, e.g. lying on tummy and leaning through hands, rolling ball over them, hugging the ball.
Taking off clothes	May be sensitive to touch. Their clothes may irritate them.	Alter clothing – remove labels, where possible turn them inside out, change fastenings. Buy clothes that your child finds comfortable. Think about the fabric, waistbands, motifs. Wash clothes before wearing.
Running off	Child is usually overwhelmed or overloaded. The child goes into 'flight' mode and runs away.	Use visuals and social stories to explain situations. Use sensory inputs that are calming in the lead up to and during situations that are stressful for your child, e.g. music through headphones, ear defenders, favourite toy, fidget toys. Backpack with weight. Use a calm voice and talk to them. Explain what is happening. Think about situations and go when your child is comfortable, e.g. quiet time, sensory friendly time.

Sensory Activities for Home

Information in this section

This part of the booklet has activities and ideas to manage sensory issues. You will see the following symbols:

Helpful information.

Difficulties that the child may have.

Some ideas to try.

- A sensory diet is a set of activities that helps a child stay focused, 'calm' and regulated. A sensory diet is individual and is used when attention or behaviour is poor, or before situations that are difficult, e.g. known triggers, certain times of day, specific settings. Each person's sensory needs are different. A child that is over aroused and 'too wired' needs calming input, whereas a child that is under aroused and 'sluggish' or tired needs alerting input.
- A sensory diet has a lasting effect if activities are used regularly, i.e. every lesson at school, or over the day. The aim is to prevent sensory overload and to help a child 'recover' when they are overwhelmed.
- Build activities into daily activities and use them as part of the child's routine.
- A sensory diet includes different inputs and activities. Activities are used to 'feed into' what the child needs at that time. It is like food: if you are hungry you need more; if you are feeling sick you need less. Sensory activities will change how a child feels and how they look or behave.
- If the child is frustrated, change the activity, shorten it or allow a break.
- Make sure activities are interesting and fun.
- Allow extra time.
- The section that follows has advice on every sensory input.

Proprioceptive Input

Proprioceptive input is used by the brain to plan movements and coordinate the body. Input comes from the joints and muscles. The proprioceptive system also has an important role in helping a person self-regulate, i.e. stay calm, focus. It can be very calming when children are overwhelmed by sensory input or alerting when they need more sensory input to help their attention and learning.

Difficulties with proprioceptive input can affect motor skills. A child may have:

- Lack smooth, controlled movements. Be clumsy or tired.
- Be unable to sit correctly or stay in a position.
- Fidget a lot or be very restless.
- Look to see what they are doing.
- Poor awareness of their personal space.
- Bump into things or drop objects.

A child that seeks input may:

- Bite or chew their hands, clothes or objects, e.g. sleeve, collar, pen, pencil, toy.
- Press hard when they write or hold objects with too much force.
- Enjoy rough and tumble play or be too rough with others.
- Crash into things or throw themselves on to the floor.
- Run, jump or stamp heavily.
- Sit on their knees or with their legs tucked under them.
- Sit in a tight position, lean on the desk, or sit very close to the desk.
- Wrap their feet around the legs of the chair.
- Enjoy climbing.
- Hide in tight spaces.
- Like heavy blankets or wrap themselves up in blankets or duvets.
- Jump on the sofa or bed.
- Be described as very physical or 'wild'.
- Over-step personal boundaries.

<u>Proprioceptive activities</u>

Proprioceptive input calms a child and helps them focus. Even if a child does not have 'sensory needs', it can still help. The following points should be remembered:

- Input is provided by activities that involve pushing joints together (e.g. pushing something heavy, squeezing) or pulling them apart (e.g. hanging from monkey bars).
- When a child is active, the input is more powerful, i.e. moving, pulling or pushing.
- Use activities regularly during the day to provide a 'top up' to help the child stay calm.
- Build in helping jobs into a child's routine, e.g. wiping tables, tidying up. These also offer movement and pressure.
- *Seek advice from an occupational therapist before using weighted items.*

Gross motor activities

Therapy ball or peanut ball activities

- Lie on the ball and rock back and forth, pushing off the hands and then the feet.

- Lie on the ball and lean through the arms. Extend the time by placing an activity on the floor. To make it harder, hold the ball in place so the child has to reach.
- Wrap arms around the ball to give it a hug.
- Stand with your back to the wall and the ball behind you. Slowly squat and hold the position for as long as possible.
- Lie on the floor and push against the ball with the feet (ball held by an adult or positioned against the wall).
- Sit on the floor with the ball behind (ball held by an adult or positioned against the wall). Push against it with the body.
- Lie on the floor. Roll a ball over the top between the chest and knees.

Climbing, e.g. playground equipment.
Scooter board

- Lie on tummy and move forward or backwards using the arms.
- Lie on tummy and pull on a hoop or rope held by an adult.
- Sit and pull on a hoop or rope held by an adult.
- Sit on knees and move forward or backwards using the arms.
- Travel down a slope and crash into a mat or some beanbags.

Riding a bicycle or a scooter.
Yoga exercises, e.g. table, tree, fish, down dog, up dog,
Jumping, running, hopping and dancing.
Climb stairs two at a time with slow careful movements.
Walk up a hill.
Rough and tumble play.
Crash into some beanbags.
Wheelbarrow walks.
Space hopper.
Push ups – either on the floor (on the knees or full push up) or against the wall.
Wall sit (air chair) – stand against the wall and pretend to sit down.
Jumping jacks or star jumps.
Animal walks, e.g. bunny hop, frog jump, snake, bear.
Commando crawling or crawling on the hands and knees.
Curling into a ball.
Lie on the floor and lift the arms and legs at the same time (like a superhero).
Push a trolley or a wheelbarrow.
Helping jobs, e.g. carrying heavy objects, vacuuming or sweeping, wiping tables, washing the car or windows, digging, moving class resources (this could be part of routine).
Rearranging books or toys.
Massage.
Return pressure if a child seeks it, e.g. hug.
Carry a backpack with weight in, e.g. drink, books. No more than 10% of body weight.
Weighted products, e.g. pressure vest, weighted vest, weighted blanket or lap pad, weighted snake. No more than 10% of body weight.
Therapressure programme – prescribed by an occupational therapist that is trained.
Tug of war game.
Pogo stick.
Jumping in and out of hoops, over a rope, on cushions, or in soft play.
Crawling upstairs.
Crawling through a play tunnel.

Fine motor activities

Clothes pegs activities.
Spray bottles.
Use scissors to cut play doh, thick paper or cardboard.
Rolling, moulding and shaping play doh. Use moulds and tools.
Use a rolling pin to flatten cookie dough.
Colour/draw with a crayon on textured surface.
Kneading play doh or bread/baking dough.
Squeezing Theraputty or a stress toy.
Scrunching or tearing up paper, e.g. paper recycling.
See grip strength activities in handwriting booklet for more ideas.

Activities when seated:

Squeeze the hands together. Try to pull them apart.
Squeeze hands between the knees.
Push down on the sides of the chair to lift the bottom off the chair.
Wrap arms around the body.
Wrap arms around the back of the chair.
Stretch the arms high above the head.
Touch the toes.
Push hands together.
Squeeze Theraputty or a stress ball.
Push with the hands under the desk.
Place the hands under the legs.
Squeezing arms.
Theraband exercises or tie the Theraband around the legs of the chair so the child can push against it.
Sensory cushion – the child can sit on this, place it in front of their tummy or behind their back, or place their feet on it (no shoes).

Oral activities

Blowing bubbles.
Blow football i.e. blowing cotton wool along a table to score goals.
Blowing through straw to make bubbles.
Drinking from a sports bottle or through a straw.
Chewing crunchy or chewy food.
Chewy tube, chew buddy or Chewelry.
Playing a wind instrument.
Blowing up a balloon.
Drinking a thick liquid through a straw e.g. milkshake, yoghurt, custard, jelly.
Sucking a lollipop.
Chewy sweets.

Passive activities (child is resting)

Wrap child up in a blanket or 'squash' under a therapy ball or mat. Alternatively give them a coat or a duvet to wrap themselves up in it.
'Hot dog' – child is rolled in a blanket.
'Sandwich game' – child lies on a mat and another is placed on top.
Lie on tummy or back and roll a therapy ball or peanut ball over the top, between the chest and knees.

After a bath or swimming, wrap the child up in a towel and give them a firm squeeze.
Applying deep pressure to shoulders and arms.
Tight hug or a deep hug.
Massage.
Squeezing the hands.
Therapressure programme (formerly known as the Wilbarger protocol). This is taught by a professional that is trained in the programme.

Pressure and weighted items

Squease vest.
Lycra products.
Bear hug vest.
Weighted clothing and accessories, e.g. weighted hoody, weighted cap, hug shirt or top, calming clothing.
Weighted products should be no more than 10% of the child's body weight.

- Weighted vest.
- Weighted blanket or lap pad.
- Weighted belt.
- Backpack with heavy objects in.
- Beanbags in coat pocket

Weighted animal toys, e.g. snakes.
Weighted ankle or wrist weights.
Weighted pens.

Remember to seek advice from an occupational therapist before using weighted items.

Vestibular Input

The vestibular system (sense of head movement in space) provides the brain with information about movement, head position, and where you are in space. It helps us balance and hold our position steady. The vestibular system is made up of two systems, the otoliths and the semi-circular canals, which are found in the inner ear.

- Otoliths sense movement in lines, i.e. forward and backwards, up and down.
- Semi-circular canals sense rotation, i.e. spinning or turning in all directions.

The vestibular system helps us feel safe when we are moving. It stops confusion about visual information and your position, e.g. knowing that you are hanging upside down. It helps a person hold their vision steady, e.g. running when they aim at a target. Some movements are alerting (e.g. bouncing, spinning), whereas others are calming (e.g. rocking, swaying gently). The vestibular system has a role in:

- Muscle tone (tension in the muscles).
- Balance.
- Knowing where you are in space (spatial orientation).
- Head position.
- Keeping your posture steady.
- Tracking objects with your eyes.
- Coordination of both sides of the body.
- Rhythm and timing of movement.
- Feeling safe.

When vestibular information reaches the brain, the brain decides what to do with it and whether there is any danger. A child that over responds to movement is often insecure about movement and will react with fear or anger. This is called gravitational insecurity. A child that under responds may seek very high levels of movement input. An occupational therapist can give you advice.

A child that is over responsive may:

- Avoid fast-moving playground equipment or PE activities, e.g. climbing, swings, slides, roundabouts.
- Hesitate or avoid walking downstairs.
- Avoid tipping their head or leaning over, e.g. bending over to put socks on, lying on their tummy on a therapy ball, rolling over.
- Be easily dizzy or car sick.
- Not accept moving backwards or side to side, e.g. swimming on their back.
- Fear falling or losing their balance.
- Fear surfaces that are unstable or moving, e.g. fairground.
- Be anxious when their feet are off the ground.
- Fear escalators and lifts.
- Avoid jumping off a high surface.

A child that is under responsive may:

- Be very fidgety.
- Have difficulty sitting and standing still.
- Constantly move, e.g. jumping, spinning, rocking, climbing.

- Crave movement that is fast and intense, e.g. being upside down, spinning very fast.
- Take risks and have no sense of danger.
- Leave their seat often.
- Appear chaotic.
- Be distracted by spinning objects or overhead fans.
- Be impulsive or run away in places where there are groups of people, when outdoors, or in large open spaces.
- Have poor attention.
- Hyperactive and distractible.

A child can also have motor difficulties:

- Difficulty sitting upright when they are seated, i.e. slouching or learning over.
- Difficulty tracking objects with their eyes or shifting their eyes from one point to another, e.g. copying information, reading.
- Poor ball skills.
- Difficulty writing.
- Poor balance.
- Clumsiness and poor coordination.
- Standing too close to others.
- Poor fine motor skills, e.g. cutting, tying shoelaces.
- Switch their hands.

Helping an over responsive child

When a child does not feel safe, it is important that they feel in control of any movement. The child should never be pushed passed their limit.

- Use a firm, supportive seat that does not tip. Make sure their feet are flat on the floor.
- Use your hands to help the child feel secure. Always use firm 'grounding' touch and concentrate on the joints of the body so that they feel steady, e.g. holding them around their hips.
- A child may be upset or anxious when they change position. Use something to show them where they are aiming for, e.g. favourite cushion on the floor.
- Let the child use a position they feel happy and safe in (e.g. cross-legged on the floor). As their confidence increases, encourage them to use move into other positions.
- Create uneven surfaces for your child to move around, e.g. bubble wrap, mats, cushions.
- Use deep pressure and weighted products to help your child feel calm, e.g. weighted lap pad, squeezing the hands, pressure to the shoulders.
- Use movements that involve pressure, e.g. pushing, pulling, lying on tummy.
- Start with movements in a line (linear movement), e.g. jumping, bouncing. Avoid rotation (spinning or turning), as it is very alerting and may be too much. Use movement slowly and pause often so that your child is not overwhelmed.
- Start with activities where your child feels safe, e.g. on the floor. Gradually build in different positions, e.g. standing, high kneeling, crawling, rolling. Eventually encourage their feet to come off the ground.
- When a therapy ball is used, place it against something solid (wall, furniture) or put cushions around so it does not move. A peanut ball does not move as much, only forward and back.
- Use a swing (suspension equipment) slowly and calmly, with very small movements. Make sure it is adjusted so the child can place their feet on the floor when they need to. Gradually build in other activities whilst on the swing, e.g. catching a ball, aiming at a target. Eventually build in different positions on the swing, e.g. lying on tummy, lying on back, side lying.
- When your child is ready, move on to other things, e.g. climbing frames, swings at the park.

Helping an under responsive child

It is important to 'feed into' the need for high levels of movement. A sensory diet will help their focus, attention and concentration. Think about the following:

- Encourage lots of physical activities, e.g. outdoor play, games exercises.
- Keep seated activities short and take lots of breaks.
- Changing seating, e.g. sensory cushions, therapy balls. A child can use a sensory cushion flexibly, i.e. sit on it, place it behind their back or in front of their tummy, or place it on the floor and put their feet on it.
- Tie Theraband around the legs of a chair. This will allow your child to move by pushing against it.
- Build helping jobs into routines, e.g. setting the table, tidying up, wiping the table.
- Break up homework into small steps and allow your child to move in between.
- Floor play. Encourage your child to use the floor as well as being seated, e.g. games, drawing, puzzles.
- Carry a backpack with a little weight inside, e.g. book, drink. This is useful for outings.
- If a child is spinning a lot, watch for any side effects afterwards, e.g. hyperactive afterwards, feeling sick. Change the direction and number of spins so that it is even. Build in breaks to prevent sensory overload.
- If you do not have a swing, encourage your child to spin in other ways, e.g. jumping in circles, jumping and turning at the same time, walking or running in a figure eight pattern, running in a circle, using a scooter board to spin, or spinning on an office chair.

Vestibular activities

Children that have difficulties will benefit from a sensory diet. Activities should provide movement and pressure input. It is important that children participate in an active way to help them self-regulate, i.e. stay calm and focused.

Vestibular input is very powerful. Reactions may not appear for several hours. Children with sensory issues may not recognise when they have had too much input. Watch out for signs of sensory overload, e.g. pupils dilated, sweaty palms, fast breathing, confused. Always follow vestibular activities with proprioceptive input (activities that involve pressure). If your child has any reactions during an activity, stop the activity. If reactions happen afterwards, limit the time with a timer, song or counting. The following activities involve vestibular input:

- Activities on a swing (suspension equipment) – this is the most powerful input. Whilst swinging:
  - Pull on a rope or a hoop to help the swinging movement and increase pressure input.
  - Change position, e.g. sitting, lying on tummy or back, side lying.
  - Lie on tummy. Place toys in different areas for the child to reach or use sensory play, e.g. shaving foam.
  - Use fine motor activities, e.g. pairs, snap, popping bubbles. This can be in any position.
  - Throw a bean bag or ball at a target.
- Therapy ball or peanut ball activities
  - Sit on the ball to bounce up and down.
  - Lie on the ball and rock back and forth, pushing off the hands and then the feet.
  - Lie on the ball and lean through the arms. Lengthen the time by placing an activity on the floor. To make it harder, hold the ball in place so the child has to reach.
- Scooter board
  - Lie on tummy and move forward or backwards using the arms.
  - Lie on tummy and pull on a hoop or rope held by an adult.

  - Sit and pull on a hoop or rope held by an adult.
  - Sit on knees and move forward or backwards using the arms.
  - Travel down a slope and crash into some beanbags.
- Ride a bicycle or scooter. Roller blades, skateboard or roller skates.
- Sway in a hammock.
- Walking, running or marching. Try on hills and on different surfaces.
- Rock in a rocking chair or on a rocking horse.
- Lie on the sofa upside down.
- Pull the child on a blanket or on a sled.
- Trampoline.
- Log rolling - roll back and forth.
- Sit and spin, bilibo or spinning cone.
- Spinning in standing or spinning on an office chair.
- Dancing.
- Jumping over a rope.
- Playground equipment, e.g. climbing, slides, monkey bars, see saw.
- Pass ball over the head and through the legs.
- Forward roll, backward roll, handstands or cartwheels.
- Create an obstacle course – include moving under, over and through.
- Skipping rope.
- Jumping, hopping and balance activities.
- Crawling.
- Wheelbarrow walking.
- Slide on cardboard – open up a cardboard box to create a large piece of cardboard. Use the cardboard to slide down slopes.
- Roll child up in the blanket and add some deep pressure. Roll the child in a log-roll while they are wrapped up in the blanket.
- Roll along the floor. Repeat in the other direction.
- Roll down hills.
- Spin in circles.
- Hopscotch.
- Play leapfrog.
- Yoga poses, e.g. table, tree, fish, down dog, up dog.
- Tuck and Rock – lie on the floor on the back, bring the knees to the chest and wrap the arms around the knees so body is in a ball shape. Rock back and forth slowly on your back.
- Rocking back and forth on all fours on the floor.
- Animal walks especially if the head is inverted e.g. bear walk, frog, bunny.
- Swinging on a swing or on a tire swing.
- Rough play.
- Playing twister.
- Standing on a balance board.
- Space hopper.
- Spin and jump on the spot, i.e. jump and turn at the same time.
- Actions songs, e.g. row your boat, head shoulders knees and toes, Simon says.
- Walking or running in a figure of 8 shape. Change direction.
- Balance activities, e.g. walk along a line, balance on one leg, stand on a cushion, balance items on the head whilst walking.

Tactile Input

The tactile system processes touch from the body, e.g. touch, pressure, temperature and pain. Touch helps us feel the world around us and is important for daily activities, e.g. play, learning, self-care activities. It helps a person sense the environment, e.g. pick up an object even if it is light or heavy. Touch has sensations that protect us and help us work out detail (discrimination). Sensations that protect us tell us not to touch something if it is sharp or hot. Detailed information tells us how objects are different to each other based on how they feel, e.g. finding objects that you cannot see.

Child that is sensitive to touch input

A child who is sensitive to touch finds it overwhelming and can be fearful of ordinary things. It can stop a child from playing and learning. Touch can be painful and uncomfortable so a child may not like to be touched. A child may:

- Keep a large 'personal space' around them.
- Overreact in some situations, e.g. people bumping into them or touching them lightly. They may have an exaggerated reaction to touch, e.g. feeling that they were pushed instead of touched.
- Be upset by light touch.
- Prefer touch on their terms.
- Dislike 'dirty' textures or avoid wet or sticky textures, e.g. glue, sand, mud, finger paint.
- Avoid touching new textures or objects.
- Use their fingertips, not the whole hand, to handle objects.
- Be sensitive or irritated by clothing or tags. They may not like clothing with waistbands or collars. They may prefer loose clothes or very tight clothing.
- Be reluctant to wear new clothes or shoes, or stay with the same clothes, even if they are very worn. Many children have issues with socks, i.e. position of the sock, seam.
- Have issues with bedding, e.g. wrinkles, certain fabrics.
- Pull away when they are touched.
- Dislikes having their hair washed, brushed or cut.
- Dislike washing their face or being splashed.
- Have issues cleaning their teeth and wiping their body clean after using the toilet.
- Avoid going barefoot on the floor or ground, e.g. sand or grass.
- Dislike wearing socks or shoes.
- Be unable to cope with the wind or rain.
- Have poor attention.
- Find many food textures uncomfortable.

A child may become fearful, avoid activities, withdraw, or respond with 'fight' or 'flight'. For some children touch is painful or unbearable. Sometimes it feels threatening, which can result in anger and emotional outbursts.

Helping a child that is sensitive to touch

General ideas

- Face your child when you talk to them to avoid unexpected touch. Use firm touch, not light touch.
- Avoid sitting you child next to someone that is very tactile or 'touchy feely'.
- Allow the child to sit or stand on the edge of a group so that others are not behind them. They may feel more comfortable at the end of a queue.

- In a busy space, ask your child to sit in a place where they are comfortable.
- If you are in a busy situation, make sure your child has something with them that they enjoy or keep them calm, e.g. fidget toy, favourite toy, music through headphones.
- At the cinema or theatre, try and sit at the end of the line.
- Encourage your child to do some or all of an activity on their own, e.g. brushing their hair, washing their hands and face. This will help them feel more comfortable and in control.

Play with textures:

- Prepare your child before activities.
- Allow them to explore textures on their terms, in their own time. Never force a child as it causes more anxiety. Be aware of how you come across and use a calm and quiet voice.
- If your child is fearful of textures, encourage them to play with it in a different way. They can use your hands to start touching it, use spoons or other tools, play with toys through it, or use containers to scoop or pour.
- Start with dry textures, e.g. sand, dry beans, pasta, rice. Practice pouring from one container to another. Use both hands to find small toys or wrapped sweets. Gradually move on to play with a small amount of water. Try play foam, kinetic sand and moon Sand.
- Gradually move on to messy play, e.g. finger painting, bubbles, shaving foam, and finger painting with food (angel delight, surety cream, cold custard, yoghurt).
- Tell your child that you understand how they feel.
- Once your child starts to feel safe, show them other ways to play, e.g. splatting, poking, pulling, rolling. Eventually use of the whole hand, including the palm.
- Be patient and allow extra time. Ask the child what is making them feel anxious, sad, or angry. Suggest words that they can use if they are struggling to say how they feel.
- After play, allow your child to wash their hands or wipe them clean. If your child is very anxious, they may prefer to wear gloves.
- Encourage activities with food, e.g. making biscuits or cakes, kneading dough, or making jewellery with popcorn, Cheerios, marshmallows, pasta or Fruit Loops.

Encourage activities that involve pressure

Use pressure activities regularly throughout the day to give calming input. Keeping your child calm will help them cope with touch. A few ideas are below. See information on proprioceptive input for more ideas.

- Gross motor activities, e.g. therapy ball activities, climbing, outdoor play, yoga, push ups, jumping, crawling,
- Helping jobs, e.g. vacuuming or sweeping, wiping tables, washing the car or windows, setting the table.
- Return pressure if your child seeks it, e.g. hug.
- Carry a backpack with weight in, e.g. drink, books. No more than 10% of body weight.
- Fine motor activities, e.g. play doh, Theraputty, stress ball.
- Pressure activities when seated, e.g. squeeze the hands together, push down on the sides of the chair, wrap arms around the body, stretching.
- Oral input, e.g. blowing bubbles, drinking from a sports bottle or through a straw, chewing crunchy or chewy food, chewy products (chewy tube, chew buddy or Chewelry), lollipop, chewy sweets.
- Passive activities, e.g. wrap child up in a blanket, apply deep pressure to the shoulders or arms, squeeze the hands, tight hug, massage.
- Pressure and weighted items, e.g. pressure vest, weighted vest, weighted blanket or lap pad, backpack with heavy objects in, weighted toys, weighted clothing and accessories, ankle or wrist weights. No more than 10% of body weight.

- Therapressure programme (formerly known as the Wilbarger protocol) – this reduces touch sensitivity and consists of deep brushing and joint compressions. This is taught by a professional that is trained.

Clothing

- Allow your child to wear clothing that is comfortable. You may need to talk to school about their uniform.
- Cut off tags.
- Try 'seamless' clothing, e.g. socks, tights, underwear, tops, trousers. These are available on online.
- Turn clothes or socks inside out so that there is no seam against their skin – make sure these do not have pictures on them.
- Avoid nylon clothes as these give off static. Cotton is best.
- Wash clothes before your child is expected to wear them.
- Consider second-hand clothes as they are well washed and soft.
- Think about laundry products in case they are causing irritation.

Under responsive child (seeks touch or does not notice)

A child that seeks more input may:

- Not notice their face and hands are messy.
- Not realise when or where they are being touched.
- Leave their clothing twisted.
- Have difficulty with their fine motor skills, e.g. small objects, scissors, writing.
- Touch people, objects and surfaces.
- Use touch to explore rather than other senses such as smell.
- Have no awareness of their personal space.
- Be overly cuddly and have no awareness of strangers.
- Constantly fidget with their hands, clothes, objects, and touch their body.
- Have poor attention or appear distracted.
- Explore different textures and be unable to move on to another task, i.e. becoming fixated on it.
- Have a high pain threshold.
- Be unable to feel food in their mouth.
- Mouth everything, including their clothes, hands and toys.
- Enjoy heavy objects on top of them.
- Smear faeces, vomit or other body fluids.

Helping a child that seeks touch or does not notice it

The aim is to provide regular input during the day. This will 'feed into' their need for touch, reduce seeking behaviour, and increase their awareness and attention.

- Talk to them about the need for personal space as others may be less tolerant, e.g. sat next to people, in queues, on the bus, at the shops.
- Give them a favourite toy or sensory activity in busy places.
- Avoid sitting them next to people that don't like touch.
- Allow your child to stand in a queue where they feel comfortable, either at the end or at the front near the teacher. Tell them about space between them and another person.
- Provide lots of opportunities to play with different textures, e.g. messy play, sand, finger painting, shaving cream. Use feet as well as hands.

- Hide objects in textures and include this in fine motor activities, e.g. rice, pasta, sand, shaving foam.
- Encourage play on the floor or on different surfaces outdoors, e.g. grass, play surface.
- Walk along surfaces with different textures, e.g. grass, sand, mud, pavement.
- Limit materials or textures if a child becomes fixated on them, e.g. soap, paint. Try a timer.
- When the child has to focus, place activities next to them, e.g. during a game, homework. If they are too distracting, set rules about when they can have them, e.g. after their work, when it is not their turn. Activities may include:
  - Favourite toy to hold.
  - Fidget toy, e.g. stress ball, tangle, bendy man, Koosh ball.
  - Theraputty or slime.
  - Different fabrics for the child to explore, e.g. cushions, blanket.
  - Fidget topper for a pencil.

- Think about clothes, cushions or blankets that have different textures, e.g. fleecy, fluffy, sequins.
- Provide everyday objects that involve touch, e.g. fluffy pencil case, key ring (attached to bag, zip or pencil case).
- Use deep pressure input regularly during the day as it is calming and regulating. See information above.
- Try sensory activities that your child can explore during the day, e.g. play doh, trays of sensory play.
- Encourage lots of movement as children that seek touch are usually restless (see information on vestibular and pressure input).
- Replace unwanted play with something more appropriate, e.g. replace smearing faeces with gloop or shaving foam.

<u>Activities that provide touch input</u>

The following activities involve the touch:

- Hide familiar objects for the child to identify by touch alone. Start with objects that have different shapes or textures. Move on to shapes or textures that are similar.
- Find objects that are hidden in a container filled with textures, e.g. sand, beans, pasta, rice, lentils.
- Tactile games and toys, e.g. tactile discs, tactile stepping-stones, tactilo, tactile balancing path.
- Explore different textures and objects: soft or hard; smooth or rough; wet, dry or slimy; cold or warm; small or large; and round, cornered, curved or straight.
- Messy play, e.g. sand, water, lentils, rice, shaving foam, Funny Foam, play doh, powder, jelly, slime. Pour them over the hands.
- Finger painting with food or paints.
- Play doh or Theraputty. Hide small objects in play doh to find them. Add sand or glitter for extra texture.
- ‘Gloop’ which is homemade with corn flour and water.
- Feathers.

- Use different sponges, washcloths, and loofahs in the bath.
- Messy play in the bath that can be washed off immediately, e.g. bath paint, shaving foam, bath jelly.
- Massage to the hands.
- Vibrating toys or massagers. If child is fearful, let them control the on/off switch. Let them massage you or a cuddly toy first. Stop if the child appears uncomfortable.
- Sand and water play. Pouring and measuring.
- Art and craft activities, e.g. cut and paste, collage.
- Sensory balls.
- Activity panel.
- Wikki Stix or pipe cleaners.
- Lego or Knex.
- Roll over different textured surfaces, e.g. carpet, bubble wrap, vinyl.
- Make patterns on the ground using wet brushes, wet sponges or squeeze bottles filled with water.
- Experiment with different temperatures of water, e.g. room temperature, slightly warm water, cold water and ice.
- Add objects to water to see what happens e.g. sand, glitter, stones, paper.
- Papier Mache.

Auditory Input

The auditory system detects sound, and receives information about volume, pitch and rhythm. It uses information to:

- Pick out differences between sounds.
- Remember what we hear.
- Listen and talk to others.
- Interpret sounds against background noise.
- Work out the direction of sound and how loud it is.
- Fill in gaps if they are not heard.

Difficulties with the processing of sound

Under responsiveness to sound:

A child who is under responsive does not register sound in the environment. They may not react to sounds, instructions or others speaking. A child may have the following issues:

- Appear not to hear what you say, e.g. when you call their name.
- Make noises (e.g. humming) to help them stay focused or drown out noise.
- Difficulty remembering or understanding what has been said e.g. instructions.
- Difficulty pronouncing words or speaking clearly.
- Trouble listening in groups and in loud and busy situations.
- Look at others before responding.
- Difficulty understanding or remembering what they have read or heard. The child may misinterpret instructions or prompts and ask for them to be repeated.
- Difficulty remembering and sequencing multi-step instructions.
- Appear distractible or inattentive.
- Be unaware of where sound has come from and may look around to work this out.
- Trouble focusing on voices or separating out sounds from background noise.
- Difficulty answering questions or following a conversation.
- Difficulty reading aloud.

Over responsive to sound

A child with sensitivity (defensiveness) will react to sounds that others are not upset by. Sounds may include high frequency sounds (e.g. birds chirping, whistling, squeal), low frequency sounds (thunder, drum, deep voice), or both. A child that is sensitive is usually afraid, anxious, or avoids activities or situations. They may struggle with loud unexpected noises (e.g. power tools, hair or hand dryers, vacuum cleaners, lawn mowers, thunder, fireworks), background noises (e.g. fans, computers, ticking clocks), or sounds with a certain pitch or volume. A child may have the following issues:

- Cover their ears or put their fingers in their ears when noise is loud or unexpected.
- React negatively to sound, e.g. run off, anger, emotional outburst.
- Distracted by noises that other people do not notice, e.g. lawn mower outdoors, clock ticking, light buzzing.
- Notice sounds before others, e.g. aeroplane flying overhead.

- Struggle to block out background noise to focus on a task or listen to someone.
- Easily distractible. Struggle to concentrate.
- Difficulty coping during transitions and in noisy or busy situations.
- Avoid situations that are loud, e.g. children's party, pantomime, cinema.
- Ignore instructions or be slow to follow instructions.
- Difficulty participating in group discussions.
- May ask people to be quiet.

Helping a child cope with sound

The following are ideas to help a child cope with sound:

Altering the home:

- Offer your child a break from sound if they are struggling with sound. Suggest moving to a quiet space, listening to music, or a quiet activity, e.g. reading, drawing, colouring, listening to music through headphones.
- Use soft furnishings in a room to decrease echo, e.g. carpet, cushions, blankets.
- Try calming background music to cut down changes to the volume of sound.
- Quiet space for homework.
- Try ear defenders or ordinary headphones to block out sound. Use these when you are in noisy situations, e.g. shopping, outings. Listening to music through headphones can also block out sound.
- Think about sensory inputs that have a calming effect, e.g. fidget toys, oral input (chewy sweets, chewy buddy), sensory cushion.
- Be aware of levels of sound, e.g. voices, TV.
- Avoid shouting across the room.
- Teach your child appropriate phrases to use when they are feeling distressed by noise e.g. "I am finding it very noisy." If your child cannot talk, teach them to use a visual.

Helping a child follow instructions:

- Wait for the room to become quiet before giving instructions.
- Speak clearly, with a steady rate, and stand in one place, facing your child.
- Check your child's understanding.
- Use visual information to help your child remember, e.g. pictures, symbols, examples. Use demonstration, written or visual information to support verbal instructions.
- Use checklists for the student to refer to. Information can be written on a small whiteboard or written as a checklist.
- Allow your child time to process information. Give them time to respond or answer questions.
- Keep instructions short and break them down into separate steps. Wait for your child to complete each step before giving the next instruction.

Preparing a child for noisy or busy situations:

- Prepare your child for busy or noisy situations.
- Use a timer to tell them when it will end.
- Talk to your child about any sounds or noise to help them understand of what it is and where it is coming from.
- Offer your child a break to prevent them becoming overloaded, e.g. time in a quiet space.

- Teach the child to cover their ears or put their ear defenders/earphones on when unexpected noise occurs.
- Use social stories to explain why a situation may be noisy or more challenging. School can help you with this.
- Have a plan for situations with unexpected noise, e.g. taking a break, moving to a quiet area, helping job, using ear defenders. Try this on a visual prompt to remind the child what to do.
- Teach your child calming strategies to use when there is an unexpected noise e.g. breathing exercises, deep pressure.

Visual Input

Visual processing is the ability to understand and make sense of what we see. A child may have normal eyesight or wear glasses but still have difficulties with visual processing. Visual information includes light and dark, colour and movement. The visual system helps a person find things that are the same or different, size and position, and to remember what is seen. Visual processing is important for hand-eye coordination, reading and writing. It works with other sensory systems to help us move around safely.

Signs of Visual Processing Issues

If a child is showing signs of visual processing issues, it is important to rule out any problems with their vision. If their vision is okay, the eyes are sending information that is correct to the brain, but the information is not processed properly. There are many factors that can affect this.

Sensory Discrimination or Visual Perception:

Visual perception is how information is used to recognise, remember and make sense of what is seen. These skills develop as a child moves about and explores things. Skills include:

- *Visual Discrimination* – noticing differences between objects and shapes.
- *Figure Ground* – finding an object amongst a cluttered background.
- *Spatial Relations/Position in Space* – knowing where you are compared to things around you.
- *Visual Memory* – remembering information about objects and shapes.
- *Visual Sequential Memory* – remembering a sequence.
- Form constancy – finding objects when they are different in size, position or colour.
- Visual closure – seeing an object or word when part of it is hidden.

Difficulties occur when the brain is struggling to make sense of and give meaning to what is seen. A child may:

- Struggle to copy words from the whiteboard or a book.
- Have difficulty with activities with lots of detail, e.g. puzzles, mazes, word searches.
- Not notice the difference between letters, shapes and numbers, e.g. p & q, b & d, + and x, or square and rectangle.
- Reverse letters or words when they are reading or writing.
- Have problems with their writing, e.g. spacing between letters and words, size of letters, writing on the line.
- Struggle with reading.
- Have difficulty finding things, e.g. papers on a desk, clothes in a drawer, food on a shelf, or toys in a box.
- Bump into objects and people or miss curbs and steps.
- Struggle to tell the difference between objects and shapes.

Praxis Issues:

Praxis issues are linked to how the body plans and carries out movements. Problems with the visual system usually involve hand-eye coordination or hand-foot coordination. Difficulties may include:

- Catching or kicking a ball.
- Pouring drinks.

- Tracing lines or letters.
- Tracking and following moving objects, e.g. ball.
- Confusing left and right.
- Tiring easily during schoolwork.
- Difficulty with fine motor activities, e.g. jigsaw puzzles, copying pictures or shapes, cutting.
- Clumsiness.

Over Responsive (defensive/avoiding):

For a child that is over responsive, visual input can be too much or overwhelming. A child may cover their eyes or squint. A child may be distracted and avoid eye contact. Difficulties may include:

- Avoids or dislikes bright lights or sunshine, i.e. squints, covers eyes, cries, headaches.
- Wary of moving objects.
- Avoids movement activities.
- Headaches or feeling sick after lots of visual input, e.g. after watching TV, using a tablet or a computer.
- Difficulty working out distance.
- Misses objects. Trips or bumps into things.
- Difficulty focusing.
- Easily distracted.
- Difficulty coping in bright colourful rooms.
- Prefers low level lighting.
- Dislikes fast moving images, i.e. on a TV or computer.

Under Responsive (seeks visual Input):

A child may under respond to visual input. This means that they may miss information or need more input to make sense of it. A child may have the following issues:

- Stare at bright and flickering lights.
- Lose track of things.
- Look at objects or information really close up, or to the side out of the corner of their eye.
- Look closely at people, their hands, or moving objects, e.g. fans, pinwheels, spinning tops.
- Lose their place when reading.
- Enjoy visually stimulating images, e.g. patterns, optical illusions, bright colours.
- Difficulty finding things.
- Focus on fast moving images, e.g. games, TV, computer images.
- Flick through pages or different screens at a fast pace.

<u>Helping a child cope with visual issues</u>

Child with discrimination, perception and praxis issues:

- Decrease distracting information. If a room is 'busy' it is difficult to screen for important information.
- Make sure your child is sitting properly with a chair and desk of the right height.
- Avoid sitting your child next to a window or pull the blinds down.
- Reading – use a ruler, bookmark or a finger to point.
- To reduce writing, use a computer to type homework.
- Use body-in-space concepts such as play, movement and rhythm games.

- Underline or use colour to highlight sections of text or important keywords, e.g. e.g. highlighter pen.
- Cover up any work that your child does not need.
- Give one instruction or piece of information at a time. If need be, split handouts up by folding them or cutting them up into smaller sections.
- Headphones or ear defenders to reduce distractions from sound.
- Try pastel coloured paper as this reduces glare.
- Encourage your child to check their work.

Over responsive child:

- Reduce clutter and distractions as much as possible, especially in the space where your child will do their homework.
- Avoid sitting the child next to the window. Dim lights or pull down the blinds.
- Regular breaks when working.
- Spend time in shaded areas.
- Reading – use a ruler, bookmark or a finger to point.
- Use a coloured overlay to reduce glare when reading. Consider a colour test for overlays.
- Try pastel coloured paper as reduces glare.
- Try sunglasses or wearing a cap if sunlight is too much.
- Set up a quiet space at home for down time.
- Reduce brightness on devices, e.g. smart phones, tablet, computer.
- Make sure your child has regular breaks from using their eyes, e.g. quiet time, listening to music.

Under responsive child:

- Use activities that are stimulating, e.g. toys with lights, fibre optics, fidget spinners, spinning top, toys with moving liquid, patterns or bright colours.
- Use colour in pencil and work tasks, e.g. coloured borders, coloured paper, coloured pens and pencils. Underline or highlight information.
- Label drawers and storage.
- Art and craft activities with highly visual materials, e.g. sequins, luminous or primary colours, sparkly or shiny textures.
- Try some iPad apps, e.g. Plazma, Magic Fluids Lite, or Visual.
- Support instructions and prompts with visuals, e.g. symbols, pictures, photographs, list.
- Reading – use a ruler, bookmark or a finger to point.
- Make sure your child has regular breaks from using their eyes, e.g. quiet time, listening to music.

<u>Activities to develop visual skills:</u>

- Gross motor activities, e.g. scooters, relay race, follow the leader, jumping, playground equipment, obstacle courses, climbing, running.
- Activities that focus on the space behind the body, e.g. crawling backwards, walking backwards, throwing or rolling a ball behind you to hit a target.
- Activities in different positions to change how something looks, e.g. sitting, standing, lying on the floor.
- Puzzles, e.g. dot-to-dots, word search, mazes, kriss kross, spot the difference, guess the object (picture of object at a different angle or show only a small part of the object), counting overlapping shapes, hidden pictures.
- Jigsaws.

- Building or copying designs from a model.
- Stacking cups.
- Lego, Knex, Duplo, building blocks.
- Thread beads, peg board patterns, coloured blocks – copy patterns.
- Sort objects according to size, texture, shape and colour.
- Find objects in pictures, around the room, or outside e.g. a treasure hunt
- Finish words with missing letters, sentences with missing words, and number sequences with missing numbers.
- Finish the picture, e.g. symmetry.
- Talk about and identify spatial concepts, e.g. in, out, over, under, or through.
- Recall details of a picture from a book, items in a room, or identify what is missing.
- 'I Spy'.
- Memory games, e.g. matching pairs, Kim's Game.
- Card games, e.g. snap, pairs, Uno, Dobble, Spot It.
- Board games.
- Computer games.
- Hidden picture activities**,** e.g. Where's Wally.
- Drawing pictures. Practice partially completed drawings.
- Use different textures and materials to form shapes or letters, e.g. pipe cleaners, straws, pasta, play doh, shaving foam, sand, rice, flour.
- Identify objects by touch – place objects, shapes or plastic letters in a bag.
- Colour by numbers using paint, crayons or pencils.
- Matching activities.
- Copy drawings or 'learn to draw' pictures.
- Word games, e.g. making words, matching words to pictures, scrabble.
- Memory game, e.g. Guess Who, remembering four things from a walk, open a book and remember four things from a picture, odd one out puzzles.

Oral Input

Oral sensory processing involves information from inside and around the mouth. It includes taste, texture, temperature, wet and dry, and movement (from the jaw and tongue). It helps a child move their mouth, control their saliva, and make speech sounds. Eating is one of the most common skills affected by oral input.

There are three types of sensory input:
Tactile (touch) – when anything touches the lips, tongue, gums, and cheek. The tongue gives information on the way something feels or its temperature.
Proprioception (deep pressure) – the jaws provide deep pressure input. Chewing and sucking gives lots of input. The amount of pressure depends on the type of food, e.g. crunchy carrot, chewy sweet.
Taste – the tongue senses different flavours, e.g. sweet, salty, sour, bitter, spicy.

The oral sensory system protects our mouth and body with information about texture, pressure, vibration, movement, temperature, pain and flavours. It helps a person tell the difference between things that are harmful and safe. A child with no issues will eat a diet with different textures and flavours, try new food, cope at the dentist and clean their teeth.

Sensory Behaviours

A child with difficulties will either over respond (overreacts, sensitive), or under respond (seeking more or does not notice). They will avoid or seek extra input, e.g. certain foods, biting, licking and chewing things.

Under responsive (seeking or not noticing)

A child that is under responsive feels sensation less powerfully than others and does not have enough sensory input. A child will either seek more sensory input or have not notice it. Difficulties may affect awareness of mouth movements (e.g. chewing, sucking through a straw or from a cup) or coordination and speech. A child may have the following issues:

- Lick objects or surfaces.
- Chew or mouth of non-food objects, e.g. sleeve, collar, bedding, wood, paper, crayons, pencils, toys, stones, dirt, sticks, leaves, soil, grass, metal, faeces.
- Bite objects, people, their hands or their clothes when heightened.
- Chew on the inside of the cheeks.
- Bite or suck on their lip.
- Bite their hands, fingers or nails when they are unsettled, anxious or heightened.
- Make lots of noise with their mouth, e.g. clicking, humming, buzzing.
- Prefer crunchy foods or foods with strong flavours, e.g. spicy, strong mints, very sour, salty, sweet.
- Difficulty waiting for food and not know when they are full.
- Over fill the mouth with food.
- Messy eater.
- Difficulty chewing food or food falls out of their mouth.
- Difficulty using a straw.
- Drool frequently.
- Lose track of food in their mouth so they gag or choke.

Over responsive (avoiding)

A child that is over responsive is more sensitive or defensive. They may avoid activities and react differently, e.g. new food, brushing their teeth, choke or gag. They are often 'picky eaters', limiting their diet to a few foods, and may not like the feeling of anything in their mouth, e.g. cutlery, toothbrush. A child usually has extreme emotions, e.g. tantrums, fear, running away. They may have the following issues:

- Gag when they see or taste certain textures or foods.
- Dislike brushing their teeth.
- Limited diet and a picky eater.
- Find some flavours and foods too strong and overpowering.
- Prefer only some food textures, as others may cause discomfort. May avoid lumps or mixed textures, e.g. meet and vegetables with gravy.
- Prefer bland food with little or no flavour.
- Dislike one food touching another and want food separate on their plate.
- Eat food separately, i.e. one food or texture at a time.
- Strong preference for a brand of food. They may refuse to eat others, even though they look the same.
- Avoid food with wet, messy or mixed textures.
- Prefer a certain temperature of food or drink, e.g. very hot, just warm, very cold.
- Dislike their face wiped.
- Very neat when they eat and dislike being messy or 'dirty'.
- Use the same cutlery, plates, bowls or cups. May be unwilling to use cutlery.

Supporting a child with issues

- Tell your child that you understand their feelings and difficulties.
- Think about why there are issues, e.g. chewing, avoiding food. Note any patterns, triggers or situations that affect them, as they can make behaviours worse, e.g. busy situations, noise, bored, tired, upset, anxious, frustrated, journey to school.
- Think about what has happened at other points in the day, e.g. travel to school, changes at home, being unwell. Busy or noisy situations and transitions can increase stress or anxiety, which in turn lead to chewing or food avoidance.
- Think about the effect of other sensory inputs, e.g. touch, sound, smell. Sensitivity to touch can affect eating and tolerance of anything near the mouth.
- It can take a long time to 'fix' difficulties as there are lots of emotions involved, so alter activities to suit your child, e.g. type of food, temperature of food, mint free toothpaste, or a different toothbrush. This will take the pressure off them, reduce their anxiety, and help them cope in situations. Talk to your child about what they are comfortable with.
- Replace snacks with healthy ones, e.g. sugar free or additive free.
- Limit situations that make your child anxious. Limit the time or encourage your child to have a break, take part in an activity that they like, or use sensory items, e.g. ear defenders, music through headphones, fidget toys.
- Break all tasks into small steps. Do not overwhelm your child as this will increase their anxiety and any seeking or avoidance.
- Never force activities such eating or cleaning teeth. Instead change the task or what you expect, e.g. food they eat.
- Think about where your child eats. They may be better in a quiet area, choosing where they feel comfortable.

- Explore new foods with no pressure to eat them. Place a very small amount on a plate. Talk about the colour, texture, and smell. Encourage your child to explore textures or food in their own time. Offer them a break or opportunity to wash their hands when they need to.
- Involve your child in cooking activities, e.g. meals, snacks and baking. This takes the focus away from eating. Encourage helping jobs, e.g. setting the table.
- Do not force a child to stop chewing or mouthing. Instead, offer them something that is safe to chew, e.g. chewy tubes (available in different textures and flavours), Chewelry, chew buddy, chewy pencil topper. Be patient as it may take time to change this.
- Encourage the child to clean their mouth after eating. Dab with a cloth, don't rub, as this can feel painful for a child that is sensitive.
- If cleaning the teeth is difficult, offer pressure input before and after, e.g. bite on something before and after, apply pressure to the cheeks by pressing the hands on the face, or place a vibrating toothbrush or a vibrating toy against the cheeks.
- Think about the type of toothbrush, e.g. size of the toothbrush head, firm/soft/medium bristles. Try different brushes, e.g. finger brushes, Nuk toothbrush, 3-sided brush (triple head). Think about the toothpaste as it may cause issues, i.e. mild mint, strong mint, mint free (Oranurse).
- Try an electric toothbrush.
- Sports bottle for drinks at snack time.
- Check whether there are other factors that could affect the child, e.g. hunger, having a nutritional deficiency, or dental issues. The child may need an assessment by a dietician, dentist or a consultant paediatrician.

Activities to help your child

A child with issues will benefit a sensory diet to help them cope with any difficulties. Alerting activities bring more awareness to the mouth and increase attention or focus, whereas calming activities help manage emotions and behaviour. Activities can be used during the day to change how a child feels.

Alerting Activities

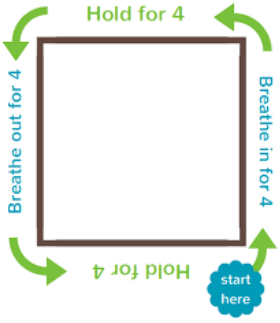
- Vibration (battery powered toothbrush, vibrating toys) on the cheeks or lips.
- Blowing bubbles.
- Blow bubbles in water with a straw.
- Play straw games, e.g. use a straw to blow pompoms, scrunched up paper or cotton balls across a table.
- Drinking a thick liquid through a straw, e.g. smoothie, jelly.
- Make noises with the mouth, e.g. buzzing like a bee, clicking the tongue, humming, blowing raspberries, 'oo', 'ee', 'aah'.
- Make faces in a mirror or copy others' faces, e.g. open mouth wide, sticking tongue out, smiling, frowning, pursing the lips, filling cheeks up with air, roll the tongue.
- Eat crunchy snacks, e.g. apples, chips, pretzels, popcorn, raw vegetables, toast, crackers, granola, crisps, nuts, bread sticks.
- Eat snacks with spicy, sour or sweet tastes, e.g. sweets, fizzy or sour sweets, fizzy chews.
- Suck or chew on a lemon, lime or grapefruit.
- Eat chewy foods, e.g. dried fruit.
- Chewing gum.
- Suck on lollipops or hard-boiled sweets.
- Cold drinks or cold food, e.g. ice cubes, ice lollies, ice cream, frozen yoghurt, frozen fruit or soft fruits.
- Make a necklace out of food, e.g. cereal, popcorn, marshmallows, Haribo's.
- Whistle or hum a song.

Calming Activities

- Sensory products that are a safe to chew, e.g. chewy tubes (available in different textures, flavours and strengths), Chewelry, chew buddy, chewy pencil topper, P and Qs.

- Drinking with a straw, e.g. milk shakes, smoothies, applesauce, pudding, jelly.
- Drinking from a sports bottle or a water bottle.
- Chewy sweets or snacks, e.g. chews, dried fruit.
- Chewing gum.
- Blow bubbles.
- Blow up balloons.
- Use a straw to blow paint across paper.
- Whistles or musical instruments.
- Blow a pin wheel.
- Blow a feather off the hand.
- Use a straw to pick up small objects to move somewhere else. For example, put small pieces of coloured paper or pompoms on the table. Use a straw to move it by sucking up the air.
- Making a sound for as long as possible, e.g. singing a note with one breath.
- Singing or humming.

- Deep breathing. There are lots of ideas online.



Interoception

Interoception gives information on the how the body is 'feeling'. Information comes from the organs, muscles and skin. This helps to control temperature, digestion, heart rate, breathing and elimination (needing the toilet). It helps a person understand signs from the body, e.g. hunger, thirst, feeling full, thirst, nausea, pain, body temperature, need for the bathroom, or feeling tired. Interoception also helps a person feel emotions. For example, fear is linked to heart rate, tense and shaky muscles, breathing, and feeling sick. A person will use their feelings and messages from the body to feel comfortable, e.g. have a drink (thirsty), stop eating (feel full), find a jumper (cold), go to the bathroom (need the toilet), seek comfort (feel worried). Even when a person thinks about going into a situation, they will do something beforehand, e.g. put a coat on if it is cold outside. All these actions are a form of self-regulation, i.e. controlling what we feel and how we act.

Interoception is important to:

Keep your attention.
Feel comfortable and settled.
Face situations.
Control emotions.
Match the energy you use to the task or situation.
Stay healthy, e.g. eat when hungry, stop when full, go to the toilet.

if information is mistaken, a person does not know what to do to feel comfortable, e.g. keep eating when they are full, refuse to sleep when they are actually tired. Interoception develops from birth and is important to help a person cope. A young child needs help from their parents or carers and relies on them to 'read' what they need, e.g. crying when hungry or in pain. Eventually a child learns to think about what they need. A child with difficulties will have problems with daily activities and communication with others. They will often feel anxious and overwhelmed. A child with good awareness of how they feel will learn from experience, solve problems, think about how others feel, and see a situation from another person's point of view.

Problems with interoception

A child that is *over responsive* (sensitive) may feel things quickly. This can make them distracted or very anxious. They may feel lots of sensations all at once, which can be overwhelming or confusing. It may be difficult to know which signals are important. A child that is *under responsive* (does not register) may not notice body signals unless they are very powerful. They may not feel sensations building and may not feel them until the last minute. A child with *discrimination* problems (knowing the difference between things) may struggle to recognise their feelings. They may have a vague idea but struggle to explain what it means.

A child may have the following issues:

- Not notice to sensory input, e.g. pain or injury, when they are touched.
- Overreact to sensory input, e.g. sound, touch, movement.
- Appear tired or not bothered.
- Difficulty controlling their emotions and behaviours, e.g. tantrums, need to be in control, impulsive, easily frustrated.
- Poor attention or concentration. Easily distracted.
- Sleep poorly.

- Seek lots of movement or pressure, e.g. constant spinning, running around, jumping, crashing into objects or people.
- Avoid movement, e.g. swings, slides, roundabouts.
- Delayed communication and social skills. Difficulty interacting with others and maintaining friendships.
- Play alone or struggle to play with others.
- Difficulty coping with change in routine or moving between tasks or situations.
- Poor gross motor skills, e.g. clumsy, low muscle tone, tire easily, slumped posture, coordination, balance.
- Poor fine motor skills and handwriting.
- Use too much force or move too fast.
- Limited diet or a picky eater.
- Upset during self-care tasks, e.g. brushing or washing hair, cutting nails, dressing, tying shoelaces, eating.
- Risky behaviour.
- Impulsiveness.
- Move quickly between play activities, instead of focusing on one at a time.
- React emotionally and very quickly.

How to help a child with difficulties

- Think about why your child is feeling stressed and why, e.g. Has something changed? Are they poorly, tired, hungry? What happened earlier?

- Accept your child's feelings and talk about how them.

- 'Check in' with your child regularly, i.e. how they are feeling, are they struggling.

- Change what you expect, e.g. amount of help they need, how much they do on their own, allow more time.

- Set up a quiet space that your child can use at home**.**

- Encourage your child to have down time or quiet activities, e.g. puzzles, reading, drawing, fine motor activities. Lot of children with sensory issues do not know when to 'switch off' or have a break.

- Use sensory activities during the day to help your child change how they feel and behave. A sensory diet helps a child stay calm and focused. See activities for each sensory input. A sensory diet may include:

  - Calming activities, e.g. fidget toys, weighted products, ear defenders, calming music, chew toys, chewy snacks, moving or carrying heavy objects.
  - Alerting activities, e.g. movement breaks, changing their position, colourful activities, fidget toys, textures, strong flavours.

- Homework – split it into small steps and use a quiet space with no distractions.

- Use routines and visuals. Visuals will reduce the unexpected and will lessen anxiety. Visuals schedules can be used to:
  - Show routines, e.g. morning routine.
  - Show the steps tasks, e.g. dressing, cleaning teeth.
  - Remind a person to do something, e.g. drink, snack, when to go to the toilet.
  - You can also use calendars or lists.
  - Sensory toolbox – this has sensory activities that your child can use, e.g. "When I am upset, I can ……."
  - Programmes used in school, e.g. The Zones of Regulation.

- Use stories to help your child understand emotions and self-regulation. There are some books at the end of this booklet.

- Talk about your own feelings without ignoring your child's. Talk about your facial expressions and how your body feels.

- Social stories to teach or describe a situation and what to do, e.g. putting on a coat and hat at break when it is cold. School can help with this.

- Deep breathing, either as breathing exercises or through activities that involve the mouth.

- Yoga, e.g. Yoga Bugs, Cosmic Kids Yoga, Yoga for Kids.

- Relaxation – there are lots of ideas on YouTube. Stretch and relax the hands and think about how this feels. Try other areas of the body through, e.g. tense (squeeze) and relax (loosen).

- Focus on something visual:
  - Count up or down, e.g. 2s, 3s, 10s.
  - Count up in numbers by adding numbers together, e.g. 1, 2, 4, 8, 16, 32.
  - Count the number of letters in a piece of text or words on a page (this can be certain words or the total number of words).
  - Reading backwards.
  - Look at pictures and change the people, objects or colours in them using your head.
  - Favourite toy, picture or TV programme.

- Being aware of body sensations:
  - Talk about part of the body and how your child feels
    - Talk about different parts of the body, e.g. brain, eyes, nose, mouth, cheeks, ears, skin, breathing, heart, stomach, muscles, hands and fingers, legs, arms, feet and toes. Think about each body part and how it feels (see below for examples).
    - Discuss this regularly during the day when your child may feel different emotions, e.g. hungry, thirsty, anxious, frustrated, sleepy. Use this to help the child think about different signs in their body.
    - Talk about how their feelings are linked to emotions, e.g. when anxious they are sweaty, have a fast heartbeat and tense muscles.
  - For a younger or less able child
    - Talk about parts of the body and ask them to move it or point to it.

- Use games to increase awareness, e.g. Simon Says, Hokey Cokey. Use actions like 'touch your heart', 'clench your hands', 'stamp your feet'.
- When your child is unsettled, tell them about what you see, e.g. your hands are shaking, your breathing is fast.

Here are some words to help you talk about feelings in the body.

BODY PART	WHAT I FEEL.
Brain	Focused, distracted, dizzy, light-headed, tense, fast, swirly, heavy, blank, stuck, scattered.
Eyes	Heavy, blurry, watery, stingy, itchy, teary, tired.
Nose	Runny, tickly, itchy, burning.
Cheeks	Warm, red, hot, tight, loose.
Mouth	Dry, drooling, tight jaw, soft jaw, sore throat.
Voice	Quiet, loud, fast, slow, shouting.
Ears	Focused, sensitive, itchy, sore, distracted, bothered by sound.
Skin	Sweaty, itchy, goose bumps, tight, dry.
Breathing	Fast, slow, normal, tight, short.
Heart	Fast, slow, warm, pounding, fluttering.
Stomach	Okay, hungry, full, fluttery, tingly, feel sick, heavy, gurgling.
Muscles	Tense, tight, relaxed, normal, loose, heavy, sore, hot, twitchy, fidgety.
Hands and fingers	Still, squeezing, moving, twisting, clenched, sweaty, flapping, fidgety.
Feet and toes	Curling, wiggling, fidgeting, shaking, pacing, clenching, tapping.

Resources

Websites

Growing Hands on Kids	www.growinghandsonkids.com
The OT Toolbox	www.theottoolbox.com
Therapy Street for Kids	www.therapystreetforkids.com
Pinterest	www.pinterest.co.uk
The Inspired Treehouse	www.theinspiredtreehouse.com
He's extraordinary	www.hes-extraordinary.com
The Pocket OT	www.pocketot.com
Sensory Processing Disorder Parent Support	www.sensoryprocessingdisorderparentsupport.com
National Autistic Society	www.autism.org.uk
STAR Institute	www.spdstar.org
Sensory Integration Education	www.sensoryintegration.org.uk
Child Mind Institute	www.childmind.org
Kid Sense	www.childdevelopment.com.au
Sensory Mom	www.sensorymom.com
The Chaos and the Clutter	www.thechaosandtheclutter.com
A Sensory Life	www.asensorylife.com
Sensory Integration education	www.sensoryintegration.org.uk

Books

Books on Sensory processing

Biel L, Peske N (2005) Raising a Sensory Smart Child. Penguin Books.

Blanche EI (2006) Sensory Balance. A sensory integration quick reference guide for parents and professionals. Lulu Press Inc.

Degangi GA, Kendall A (2008) Effective Parenting for the Hard to Manage Child. A Skills Based Book. Routledge.

Kranowitz C (1998) The Out of Sync Child. The Berkley Publishing Book.

Kranowitz C (2003) The Out of Sync Child has Fun. Activities for Kids with Sensory Integration Dysfunction. The Berkley Publishing Book.

Kranowitz C (2016) The Out of Sync Child Grows Up. Coping with Sensory Processing Disorder in the Adolescent and Young Adult Years. TarcherPerigree.

Miller LJ (2006) Sensational Kids. Hope and Help for Children with Sensory Processing Disorder. Penguin Group.

Yack E, Sutton S, Aquilla P (2002) Building Bridges Through Sensory Integration. Future Horizons Inc.

Books to help your child understand how they feel - you may be able to borrow these from your local library or school. Some ideas are:

- My Mouth is a Volcano.
- Have you filled a bucket today?
- Listening to my body.
- Me and my feelings.
- Train your angry dragon.
- Hello happy!
- The Red Beast: Controlling Anger in Children with Asperger's Syndrome.
- Winston Wallaby Can't Stop Bouncing: What to do about hyperactivity in children including those with ADHD, SPD and ASD.
- The Green-Eyed Goblin: What to do about jealousy - for all children including those on the Autism Spectrum.

Suppliers of Sensory Resources

There are many suppliers of sensory products. Some are listed below.

Southpaw	www.southpaw.com
Sensory Direct	www.sensorydirect.com
Cheap Disability Aids	www.cheapdisabilityaids.co.uk
TTS	www.tts-group.co.uk
TFH Special Needs Toys	www.specialneedstoys.com
Rompa	www.rompa.com
Explore Your Senses	www.exploreyoursenses.co.uk
Multi-sensory World	www.multi-sensoryworld.co.uk
SpaceKraft	www.spacekraft.co.uk
Sensory Owl	www.sensoryowl.co.uk
Sensory in Play	www.sensoryinplay.co.uk

Sensory Plus	www.sensoryplus.co.uk
Total Sensory	www.totalsensory.co.uk
Eduzone	www.eduzone.co.uk
Smirthwaite	www.smirthwaite.co.uk
Sense Toys	www.sensetoys.com
Sensory Toy Warehouse	www.sensorytoywarehouse.com
Sensory Smart Store	www.sensorysmart.co.uk
Calm Wear	www.uk.calmwear.net
Spectra Sensory Clothing	www.spectrasensoryclothing.co.uk
JettProof	www.jettproof.co.uk
Kozie Clothes	www.kozieclothes.com
Sensory Processing Disorder Parent Support	www.sensoryprocessingdisorderparentsupport.com
Amazon UK	www.amazon.co.uk