

## How to Contact Us

South Sefton  
Sefton Carers Centre  
2<sup>nd</sup> Floor, 27 – 37 South Road  
Waterloo  
L22 5PE  
0151 252 5836

North Sefton  
Hoghton Street Clinic  
52 Hoghton Street  
Southport  
PR9 0PN  
01704 395895

Website: <https://alderhey.nhs.uk/services/occupational-therapy/>

## Our patients matter

If you have any comments or concerns about the service we provide, you can speak with a member of the team directly via the telephone numbers above or contact our Patient Advice and Liaison Service (PALS)

☎ 0151 252 5161

✉ [PALS@alderhey.nhs.uk](mailto:PALS@alderhey.nhs.uk)

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested

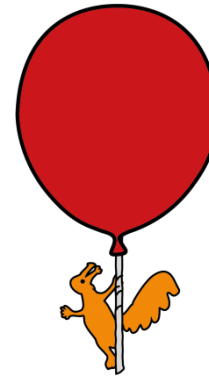
Alder Hey Children's NHS Foundation Trust  
Eaton Road  
Liverpool  
L12 2AP

Tel: 0151 228 4811  
[www.alderhey.nhs.uk](http://www.alderhey.nhs.uk)

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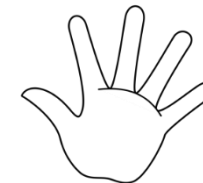
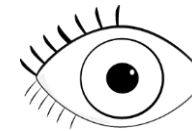
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Children's Community  
Occupational Therapy Service

# Sensory Processing



Parent / Carer Information Leaflet

## What is Sensory Processing?

Sensory processing is the process of taking in information from the world around us, making sense of that information and using it to act and respond in an appropriate manner. Information about our own body and the world is gathered from the 7 senses.

- Touch (Tactile)
- Movement (Vestibular)
- Body position (Proprioception)
- Sight (Vision)
- Sound (Auditory)
- Smell (Olfactory)
- Taste (Gustatory)



## What are the signs of sensory processing difficulties?

Everyone has some sensory processing difficulties now and then, because no one is well regulated all the time. However for some individuals sensory processing difficulties can have a significant impact on their daily life. For example:

- Overly responsive to touch, sights or sounds
- Under responsive to movement, sights or touch
- Difficulties in organising and carrying out everyday activities

## Sensory Service Pathway

Sefton Community Occupational Therapy Service offers parent / carer sensory workshops to equip parents with knowledge and skills to reduce the effect that sensory processing difficulties have on their child's daily life.

The workshop lasts approximately 2½ hours and will include a presentation on 'Understanding Sensory Processing' followed by a question and answer opportunity.

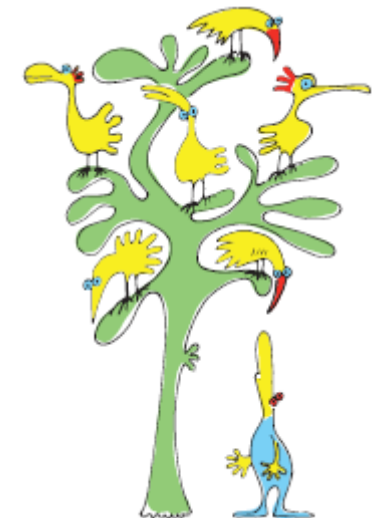
A workbook full of strategies and ideas to help will be provided during the workshop.

The Community Occupational Therapy Service is an advice and strategies only service, we do not work directly with your child.

There will be opportunities for further advice and support following attendance at a workshop.

Sensory workshops can be accessed through completion of a referral form by parent / carer. Referral forms can be requested by contacting your local Occupational Therapy Team – details can be found on the back of this leaflet.

**Please Note: The workshop is for adults only and unfortunately children cannot be accommodated.**



## Children's Occupational Therapy Sensory Workshop Parent/Carer Referral Form

**Please ensure you have read the Sensory Processing Information Leaflet before completing this form.  
This should have been given to you with this referral form.**

### CHILD'S INFORMATION

Name: Address: Post Code: Date of Birth: Tel / Mobile No: Gender: NHS No (if known): Ethnicity: Faith:	GP Name: Address: Consultant: Hospital: Name of Nursery / School attending: Name of Parents/Carers:
Diagnosis (if any):	
Relevant Medical History & Development:	
Other professionals involved:	
Is this a Looked After Child (LAC)	Yes    No
Is this child subject to: <ul style="list-style-type: none"> <li>• A Child Protection Plan</li> <li>• A Child in Need Plan</li> <li>• Team Around the Family meetings (TAF)</li> </ul>	Yes    No Yes    No Yes    No

### PARENT/CARER DETAILS

Name:	Relationship to Child:
Address:	
Contact Telephone No:	
Signature:	Date:
Please state which professional provided this referral form:	

## Children's Occupational Therapy Sensory Workshop Parent/Carer Referral Form

Child's Name:

DOB:

**Please answer the following statements in relation to your child, ensuring you have completed all sections – incomplete referral forms will be returned:**

TACTILE (TOUCH) SENSE	Y	N		Y	N
Reacts negatively to touch			Sensitive to clothing textures/labels etc		
Avoids getting messy			Has difficulty standing close to others		
Expresses distress during bathing/grooming			Constantly touching people or objects		

Please give examples of how the above affects your child's day to day functioning:

AUDITORY (SOUND) SENSE	Y	N		Y	N
Responds negatively to a variety of loud or unexpected noises			Misses name being called / needs instructions repeating a lot		
Holds hands over ears for protection			Significantly distracted by noises		
Cannot tolerate loud environments			Makes noise for noise sake		

Please give examples of how the above affects your child's day to day functioning:

VISUAL (SIGHT) SENSE	Y	N		Y	N
Expresses discomfort or avoids bright lights			Bothered by lights after others have adapted		
Covers eyes or squints a lot			Significantly distracted by lights or visuals		
Prefers to be in darker environments			Seeks out objects that light up or spin		

Please give examples of how the above affects your child's day to day functioning:

TASTE / TEXTURE / SMELL SENSES	Y	N		Y	N
Gags easily with food textures or utensils			Significantly avoids or seeks out smells		
Significantly avoids or seeks out typical tastes			Unaware of drooling or food on face		
Significantly avoids or seeks out textures			Chews or licks on non-edible items		

Please give examples of how the above affects your child's day to day functioning:

VESTIBULAR (MOVEMENT) SENSE	Y	N		Y	N
Seeks all kind of movement e.g. can't sit still			Rocks unconsciously when sitting or standing		
Spins self frequently throughout the day			Becomes anxious when feet leave the floor		
Enjoys feel of falling or hanging upside down			Becomes overly excited during movement		

Please give examples of how the above affects your child's day to day functioning:

PROPRIOCEPTION (BODY AWARENESS)	Y	N		Y	N
Bounces & crashes on furniture or floor			Constantly bumps into objects or people		
Seeks out tight hugs and squeezes			Frequent toe walker		
Wraps in blankets / seeks out tight spaces			Constantly chewing on non-edible items		

Please give examples of how the above affects your child's day to day functioning:

**What strategies have already been tried?**

**Please return the form to the appropriate clinic**

**North Sefton** Children's Occupational Therapy Service

52 Houghton Street  
Southport  
PR9 0PN  
Tel: 01704 395895

Referral postcodes: PR8, PR9, L37

**South Sefton** Children's Occupational Therapy Service

Sefton Carers Centre  
27-37 South Road  
Waterloo L22 5PE  
Tel: 0151 252 5836

L20, L21, L22, L23, L30, L31, L38 & Sefton parts of L10