



SOMETIMES CALLED SENSORY PROCESSING DISORDER (SPD)

Sensory Processing Differences

Sensory processing differences are variations in how the brain and nervous system receive, organise and respond to sensory information – across sight, sound, touch, taste, smell, balance, body-awareness and internal body signals.

Diagnostic status: 'Sensory Processing Disorder' is **not** a standalone diagnosis in the main manuals (ICD-11 / DSM-5). But sensory differences are real and recognised – they are part of the diagnostic picture for autism, and also occur with ADHD and DCD, and in people with no diagnosis at all.

How it can present

- Over-responsive (sensory-avoiding) – input feels too intense; covering ears, avoiding textures, lights or crowds
- Under-responsive – not always registering sounds, pain, temperature or body signals
- Sensory-seeking – actively seeking movement, deep pressure, sounds or strong flavours
- Differences across eight senses, including balance, body-awareness and interoception
- Sensitivity can shift with tiredness, stress or environment
- Sensory overload can lead to distress, shutdown or overwhelm

What helps – supportive approaches

- ✓ An occupational therapy assessment to understand the individual sensory profile
- ✓ Sensory-friendly environments and reasonable adjustments (lighting, noise, quiet spaces)
- ✓ Respecting sensory needs – avoidance is a genuine need, not 'fussiness'
- ✓ Sensory tools – ear defenders, sunglasses, fidget or movement aids
- ✓ Predictability and advance warning of sensory-heavy situations
- ✓ Individualised support (evidence for some intensive sensory 'therapies' is mixed)

UK CONTEXT

53–90%+

Most autistic people experience sensory differences – estimates range from around 53% to over 90%, depending on how they are measured.

National Autistic Society

Strengths often seen

- ✦ Heightened awareness of detail others may miss
- ✦ Deep enjoyment of preferred sights, sounds, textures and movement
- ✦ Strong attunement to changes in the environment
- ✦ Sensory experiences as a route to focus, calm and creativity

Finding assessment & support in the UK

- 1 As SPD is not a standalone diagnosis, support is usually via OT and by looking at co-occurring conditions
- 2 A GP can refer to NHS (paediatric) occupational therapy
- 3 Ask your school's SENCo about classroom adjustments
- 4 Consider an NHS autism, ADHD or DCD assessment where relevant
- 5 Your local SENDIASS can advise on support and adjustments

Please note – this sheet provides general information only. It is not a diagnostic tool and is not a substitute for individual assessment or professional advice. Every person is unique; if you have concerns about yourself or a child, please speak with a suitably qualified professional.

Sources & further information: NHS · Royal College of Occupational Therapists · NICE · National Autistic Society