NeuroFX
Changing Minds

CHILDREN AND AUTISM · 7.6

Sensory Accommodations at Home: Practical Changes That Work

Sensory difference is part of the autism diagnostic picture and a substantial part of daily life for many autistic children. School is often where it gets noticed; home is where the recovery happens. Here are practical changes that actually help.

FOR
Parents of autistic children

AUDIENCE AGE
6-17

REVIEWED
17 May 2026

PART OF
The NeuroFX resource library

info@neurofx.co.uk · 0333 533 3303 · neurofx.co.uk

IN SUMMARY

Sensory Accommodations at Home: Practical Changes That Work

What is going on

- **Sensory difference covers eight senses, not five.** Alongside sight, sound, touch, taste and smell are vestibular (balance and movement), proprioceptive (where the body is in space) and interoceptive (hunger, thirst, temperature, needing the toilet, emotions). Autistic children can be over-responsive, under-responsive or seeking in each.
- **There is no single autistic sensory profile.** It is common for the same child to be over-responsive in one sense and seeking in another. Generic sensory product lists are a poor starting point. Your child's actual profile is the starting point.
- **Sensory load is cumulative.** A school day that was sensory-heavy on the way in, sensory-heavy at lunch, and sensory-heavy on the way home is most of a child's capacity by the time they reach the front door. Home is where the bank balance recovers, or fails to.

What helps at home

- **Clothing is one of the easiest things to fix.** Remove labels and seams that bother them. Pre-wash new clothes several times. Repeat-buy clothes that work in multiples. Drop the fight about variety. Save the uniform negotiation for school; at home, choose comfort.
- **Food selectivity is usually about sensory factors, not taste.** Texture, temperature, smell and appearance often matter more than flavour. A small reliable list is a baseline, not a problem. Predictability about what is on the plate matters. Skip hidden-veg battles and pressure-to-try; trust is hard to rebuild.
- **Bedroom and sleep environment.** Cool, dark, quiet, predictable bedtime routine. Heavy or light bedding depending on what regulates them. White noise or familiar audio if it helps. Soft, washed-in fabrics. Keep daytime use of the bedroom limited where possible.
- **Transitions and predictability often matter more than any single input.** Visual timetables for the day or specific transitions. Five, two and one-minute warnings. A predictable shape to the first hour after school. Reduce decisions in that window. Warn before changes, even small ones.
- **Interoception, the eighth sense.** Many autistic children do not reliably notice hunger, thirst, temperature, fatigue or the need for the toilet. Offer water and food on a schedule rather than waiting for them to ask. Keep snacks visible. Build in toilet stops rather than waiting for distress.

The cumulative principle and where to get help

- **The school day is the load. Home is the recovery.** Every additional sensory ask in the first hour after school costs more than it would later in the evening. Reducing demand in that window, quiet, no questions, easy clothing, familiar food, often improves the rest of the evening more than any specific gadget.
- **An occupational therapist can map a sensory profile.** Where the picture is unclear or accommodations are not landing, an OT with sensory integration training is the right professional. The Royal College of Occupational Therapists publishes practice guidance.
- **Where the autism diagnostic picture is unclear.** NeuroFX offers private autism assessment for children aged 6 and upwards, with a NICE-aligned framework. Sensory profile is part of any thorough paediatric autism assessment.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if sensory difficulty is affecting daily life, sleep, eating or school. Where the autism diagnostic picture is unclear or further assessment is needed, private autism assessment with a CQC-registered provider is a legitimate parallel route. For a structured sensory profile, an OT with sensory integration training is the right professional. Seek urgent help via 111, 999 or A&E for any acute mental health crisis or significant safety concern.

SOURCES

Dunn Sensory Profile (2014); NICE CG170; DSM-5-TR; Royal College of Occupational Therapists; National Autistic Society