



Sensory Friendly Environments North West

Mary Mulvey-Oates, Early Years Project Manager, Contact

Mary.Mulvey-Oates@Contact.Org.Uk

Ellie Goff, Business Development Manager, Contact

Ellie.Goff@Contact.Org.UK



Who do we support?

We provide advice, information and support to families of all disabled children and young people aged 0-25 years, with or without a diagnosis. This includes:

- long-term medical conditions
- rare conditions
- physical disability
- learning disability and autism
- behavioural problems
- life-threatening conditions
- mental health issues

We support families, bring families together and help families take action for others



Information & advice

The best possible guidance for your family.

[Find out more >](#)



Workshops & events

Meet families like yours at our fun and informative events.

[Find out more >](#)



Listening Ear

Our 1-1 emotional support telephone service.

[Find out more >](#)



Parent carer participation

We support parent carer forums in England shaping local services.

[Find out more >](#)





products used before people arrived.



Sensory Friendly Environments, North West Project Aims:

Aims to work across the hospital to make the following changes:

- Support and train clinicians and non-clinicians to understand children and young peoples' (CYP) sensory differences.
- Map the journeys children, young people and families often take using 'walk throughs'.
- Improve the experience for children, young people and families throughout their journey.
- Improve how young peoples' sensory differences are supported through person-centred pathways and a more flexible environment



Background

Alder Hey staff estimate 'around 60%' of children visiting Outpatients may have some form of sensory difference.

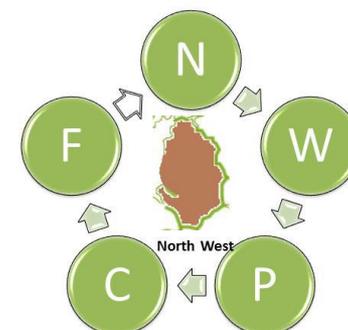
Covid-19 period, impact of reducing risk of infection:

- Usual toys and books removed,
- Soft finishes replaced with cleanable ones
- Smells and touch affected

Created a challenging environment for many children.

This project:

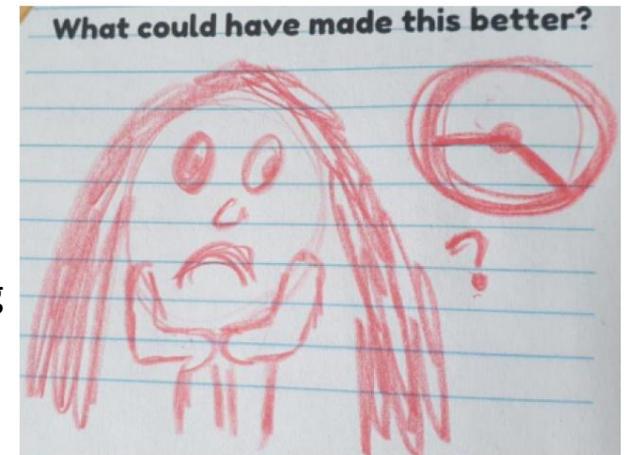
- NHS England Funding: how environments impact on quality of care for children with sensory differences.
- Collaborative team, drew on evidence: 'It's Not Rocket Science' (NDTi 2020)
- Worked with Alder Hey Youth Forum and Sefton CAMHS self-advocates, the Camhelions.
- Staff listened to lived experiences, identified the resources and environmental adaptations available for children with sensory differences.
- Evaluation completed by Edge Hill University



Pilot project covered:

1. learning and improvement activities

- Parent carer engagement throughout, including involvement in walk-throughs and planning for pilot activities and resources.
- CYP listening and engagement activities, including voiceovers for an animation narrating 'Alex's Story'.
- Training for staff, delivered by NDTi and co-led by an Autistic person with lived experience of sensory difference.
- Informal audits - 'walk throughs' - from the atrium, into outpatients:
Described through the senses of the child and accompanying parent
- OT-led snapshot audit:
Two outpatient waiting areas over two separate days
HCA completed a ring round of children with a LD/ASC flag
Asked about child's needs before they arrived



Pilot project included...

2. Equipment and hospital surroundings

- 60 Sensory boxes: contents developed with families and staff,
 - relevant, hygienically cleanable toys, adhering to infection control protocols.
 - Ear defenders and sunglasses for concierge, A&E and other locations
For children with sensitivity to bright lights and noise.
 - Review of sensory equipment across the hospital by play specialists and OTs
Ensure equipment is being well utilised
 - Purchase of 2 'voyager' mobile sensory units and 2 wall projectors in phlebotomy.
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- Additional quiet waiting spaces for families in outpatients.
 - Advice on visual decluttering of spaces and
 - Choice of wall colours and waiting room finishes, to provide a sense of calm, reduce glare and unwanted sensory inputs.
 - Installation of specialist, fire-safe sound-absorbing ceiling tiles in waiting areas



Rapid learning starts with listening

- Family feedback about A&E: focus for the pilot.
 - Providing sensory toy boxes and cubicles and
 - Offering ear defenders and sunglasses.
 - Ensuring information was clear about equipment.
- Families feedback views about phlebotomy:
 - Informal audit snapshot report in this area
 - Learning about waiting area
 - Sensory equipment including projectors into clinical areas.



Small changes made a big difference:

Staff learning from training: small changes they could make in departments and daily activities, to create more sensory friendly environments

Being offered a quiet space to wait reduced a child's anxiety and meant they were better able to engage in the clinical appointment.

Parent said: 'It was the best experience we have had in three years of going to Alder Hey'.

After an informal audit, staff fixed the curtain in an inpatient room,
Child sensitive to light slept better after days of no sleep. Then able to engage in a music activity



What worked and why?

- Mapping the sensory experience of two children's journeys through the hospital: impact of the environment, responses of staff
- Big impact for the project team. Community OT led the walk through, 'independent' perspective.
- Delivery group will work with parent carer forum, carry out regular walk-throughs, gather experiences of families and learn from them.
- Training included direct accounts of lived experience in a variety of ways.
- Positive staff response: cross-disciplinary (project team and training) increased organisational buy-in
Non-clinical teams such as estates and facilities, volunteering, and front of house.
- The training tagline, '*Be sensory curious*', chimed with many staff.
- Staff neurodiversity group being set up: sustainable interest in issues around sensory differences.



Summary of what worked

Start with lived experience:

- Governance, shared decisions
- Training, communications

Staff champions leading all levels:

- Senior champions, staff w lived experience,
- Champions across hospital disciplines.

Outside energy:

- Community OTs brought 'fresh eyes'.
- Parent carers engaged in positive change. CYP animation captured attention.

Structured approach:

- Timely meetings, engage range of stakeholders,
- Reviewing progress with parent carers, testing and adjusting proposals.

Short/Long term legacy:

- Resolve sticking points, agree arrangements for follow up,
- Empower parent carers to continue collaborating.

Behaviour change:

- Small changes make a big difference,
- Sharing positive examples, harness energy for bigger changes.

Independent evaluation:

- External perspective, rigorous approach.



How we can work in partnership to support your organisation...

A few other examples:

- Great North Children's Hospital piloted a direct referral sleep and behaviour support service over 9 months.
 - For paediatricians to refer families of child experiencing sleep and or behaviour challenges
 - Experienced Senior Parent Advisor for sleep and behaviour 1:1 support.
 - Service was able to free up much needed consultant clinic time.
- NE&N Cumbria (ICS) Admission Avoidance and Family Support programme.
An ongoing programme: intensive, tailored casework support
 - Non medical help/provision.
 - helping to support families awaiting autism assessment/diagnosis as well as those already identified
 - Programme SPACE (Supporting Parents And Creating Empowerment) includes our Listening Ear emotional support service,
 - Workshops and webinars to meet the needs of the families as well as a social media group offering support, advice and information.

Practitioners Learning and Development

- We understand parent carers.
- We can help your workforce to improve their confidence and skills supporting them.
- We can host all our courses for small or large groups, virtually as a webinar or workshop and of course in-person too.





Q&A

For further information and to discuss how we can work together to make a meaningful difference, please get in touch.

At Contact we would like to reach more families and provide them with the support and advice they need, and you can help us to achieve this.

