

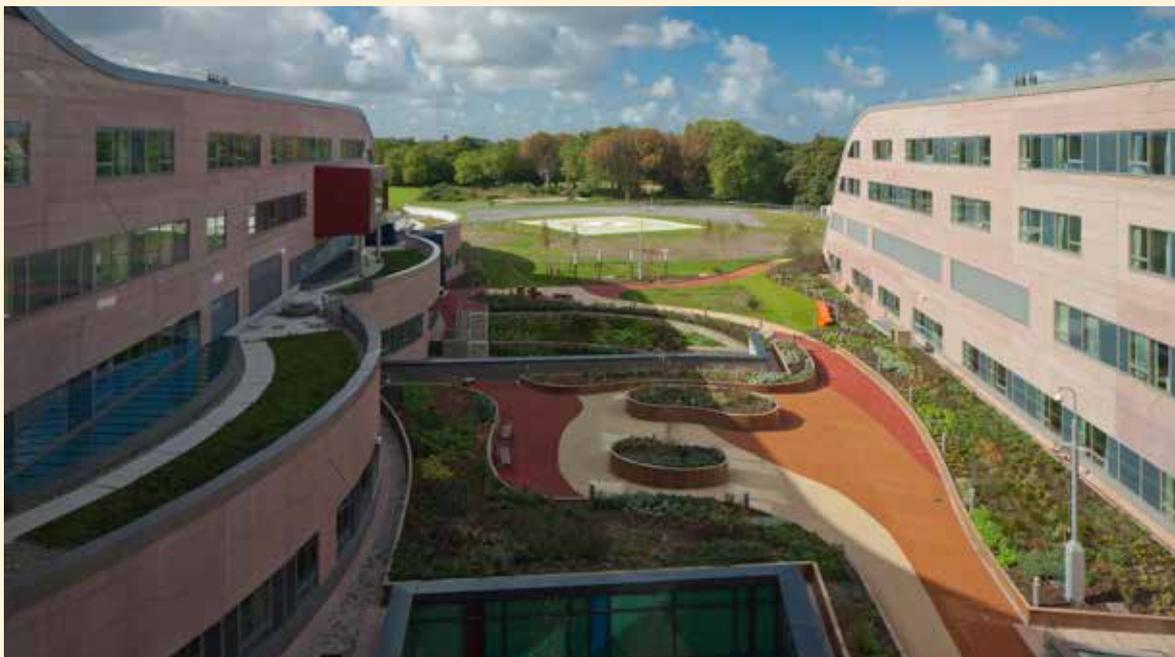
# SENSORY FRIENDLY ENVIRONMENTS NORTH WEST

SUMMARY PROJECT REPORT FROM CONTACT





This report was prepared by Mary Mulvey-Oates, Project Manager  
You can also read [the full evaluation of Sensory Friendly Environments North West](#),  
delivered by Edge Hill University



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## Project aims

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This report is intended to summarise the project activity and outputs from Contact and the project team’s perspective. It follows from the [interim report](#), which provides an outline of the initial listening phase conducted at the project’s outset to hear from children, young people and families. Contact, North West National Network of Parent Carer Forums and National Development Team for Inclusion (NDTi) have worked alongside Alder Hey staff, to support the project to be led equally from the perspectives of parent carers, children and young people and the Alder Hey team.

### PROJECT AIMS

The project has aimed to work across the hospital to make the following changes:

- Support clinicians and non-clinicians to understand children and young peoples’ sensory differences, developing training to support ‘sensory curious’ practice.
- Map the journeys children, young people and families often take using ‘walk throughs’.
- Identify environmental issues for children and young people with sensory needs using the hospital.
- Work with children and young people, parent carers and staff to identify solutions, reasonable adjustments and priorities.

## Background

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Families and staff noticed how, through the Covid-19 period, the Alder Hey acute hospital site had been stripped back to reduce risk of infection with many of the usual toys removed, and soft finishes replaced with cleanable ones, making the environment more challenging for some children. Alder Hey staff estimate around 60% of children and young people visiting Outpatients at the acute hospital site may have some form of sensory difference.

This project has enabled staff to listen to lived experiences, identify the resources and environmental adaptations available for children with sensory differences and to understand how they can best respond to support children around the things that matters to them and their families.

In scope, this project focused on the acute health services and pathways within Alder Hey Children’s NHS Foundation Trust. The project built on [evidence developed in mental health settings](#) by the NDTi, and benefited from input from Alder Hey community-based staff. The project aims to share learning with acute and community settings and other environments used by children and young people with sensory differences and their families.

*“We are more aware now of sensory needs and recognising when it is sensory and not just behaviour”*

**Alder Hey staff member**

# Project activities

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## LEARNING & IMPROVEMENT ACTIVITIES

**Parent carer engagement throughout**  
Including involvement in walk-throughs and planning for pilot activities and resources.

### **Children and young people listening and engagement activities**

Including voiceovers for an animation narrating 'Alex's Story'.

### **Training for 82 staff**

Delivered by NDTi and co-led by an autistic person with lived experience of sensory difference.

### **An e-training package**

Due for completion by the end of 2022, for roll out across Alder Hey Children's NHS Foundation Trust.

### **Informal audit**

'Walk through' of the acute hospital environment, from the main atrium and into different areas of outpatients, described through the senses of a child or young person and their parent accompanying them.

### **Occupational Therapy-led snapshot audit**

Of two hospital acute site outpatient waiting areas over two days. This involved an experienced healthcare assistant who telephoned children and young people with a LD/ASC flag to ask about child's needs before they arrived.

### **Informal audit on inpatient ward**

Occupational Therapy-led discussions with staff, parents, children and young people to hear how sensory sensitivities are supported and issues arising during the child or young person's stay.

## EQUIPMENT & HOSPITAL SURROUNDINGS

### **Supply of 60 Sensory boxes**

The contents developed in discussion with families and staff, to ensure relevant, hygienically cleanable toys used by staff adhering to infection control protocols.

### **Supply of ear defenders and sunglasses**

For concierge, A&E and other locations for children and young people with sensitivity to bright lights and noise.

### **Review of sensory equipment**

By Play Specialists and Occupational Therapists across the acute hospital site to ensure this equipment is being best utilised.

### **Purchase of two 'voyager' mobile sensory units**

Plus two wall projectors in Phlebotomy.

### **Identification of additional quiet waiting spaces**

For families in outpatients at the acute hospital site.

### **Advice on visual decluttering of spaces**

Plus choice of wall colours and waiting room finishes, to provide a sense of calm, reduce glare and unwanted sensory inputs.

### **Installation of sound absorbing ceiling tiles**

In two waiting areas.

# Rapid learning

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Staff who undertook the training were able to identify the small changes they could each make in their own departments and in their day-to-day activities, which could create more sensory friendly environments for the children and young people in their care. Staff who completed the pre- and post-training survey said their knowledge and understanding of children and young people's sensory needs and confidence to support them had improved.

## WORKING WITH FAMILIES

The project team, including families, worked collaboratively to develop the pilot priorities and activities.

For example, family responses about A&E in the listening phase meant this became a focus for the pilot, including providing sensory toy boxes and cubicles, and offering ear defenders and sunglasses. It also ensured that information was clear about what is available.

Families told us their views about the Phlebotomy Service, and this fed into the decision to do an informal audit in this waiting area, with 'what works' tips for staff (such as the use of the special indicator reduced parental anxiety, and staff not minimising the possible discomfort of a blood test).

This also led the team to introduce sensory equipment including projectors into phlebotomy clinical areas and helped to identify other points for improvement such as use of visual schedules to explain the process and social stories before an appointment.

## Building on previous experience

Learning from the project at Sunflower House on the Alder Hey acute hospital site, where advice has been supported by NDTi involving people with lived experience of sensory difference, has informed the development of this project's work and vice versa.

## SMALL CHANGES THAT WORK

Often, small changes made a big difference. In one case, being offered a quiet space to wait reduced a child or young person's anxiety and meant they were better able to engage in the clinical appointment. Their parent said:

*"It was the best experience we have had in three years of going to Alder Hey".*

In another case, the informal audit led to fixing the curtains in an inpatient room. This meant a child who was sensitive to light and had not slept for days could then sleep better. Later the same day, the child was able to engage positively in a music activity, which otherwise may not have been possible.

*"It helps having individualised plans for children and young people and being able to use visuals to communicate"*

**Alder Hey staff member**

# Longer term impact

## REGULAR ASSESSMENTS

The hospital walk-throughs mapped the sensory experiences in a child's journey through the hospital. They included the impact of the environment and the responses of staff to the child's sensory needs in waiting areas. This had significant impact for the staff project team. As a result, the delivery group has agreed to work with the parent carer forum to carry out regular walk-throughs to gather experiences of families and learn from them.

## OUTDOOR SENSORY ENVIRONMENT

There are plans to establish a sensory space/garden within the main acute hospital, with the aim to establish an outdoor environment that will enable children to have a space to relax and play, and to provide gentle stimulation for children and young people with sensory differences.

## SHARING GOOD PRACTICE

Plans are in place to support dissemination across other NHS Trusts and settings, to support learning and advice, with the aim of spreading evidence-based good practice, drawing on the independent evaluation findings. This dissemination work relates to 'ways of working' with children, young people, parent carers and staff as well as learning around project outputs.

## SENSORY TOY BOXES

The boxes and content were created for this project and supplied by **Fledglings**, Contact's non-profit shop.

The sensory boxes include items such as a colour changing egg, a feelings fan, pop-it sensory bubble fidget, mini liquid timer and a coloured puzzle ball. The contents were developed in discussion with parent carers from LivPac and Sefton Parent Carer Forum, and were tested and improved based on feedback from clinical staff and play specialists at Alder Hey.



# Legacy: ‘Be sensory curious’

The positive staff response from the project team and those participating in training has increased organisational buy-in to the objectives of the project with staff across the acute hospital site, including in non-clinical teams such as estates and facilities, volunteering, and front of house.

The training tagline, ‘Be sensory curious’, seemed to strike a chord with many of the staff, partly because the training included direct accounts of lived experience.

## INCREASING AWARENESS OF SENSORY ISSUES

Staff have proposed a neurodiversity group to be set up in future, and it is hoped this approach will create a sustainable interest in sensory differences, and increase awareness of environmental issues experienced by staff with sensory differences, to ensure the work continues after this project completes.

‘Alex’s story’, training video developed for staff



## ONGOING PRACTICAL IMPROVEMENTS

A successful legacy of the project has been the Occupational Therapy-led and child/family-led informal audits to review the impact of the environment and the interactions with staff, in clinical and non-clinical areas. This work has helped to identify concrete actions, behaviour change, improvements to protocols and additional equipment to support children and young people’s sensory differences. It is expected this work will continue because of this project.

## MAXIMISING OCCUPATIONAL THERAPY ROLE

It is also hoped that the learning from the role of Occupational Therapy in this project is maximised in future, for example through the role Occupational Therapists have played in listening to children, young people and families and supporting colleagues on inpatient wards and outpatient clinics.

*“I had information to read which made it feel better.”*

**Child with sensory needs**

*“The sensory boxes have proved a great success and are used daily.”*

**Alder Hey staff member**

# Champions and culture change

## INVOLVEMENT OF SENIOR STAFF TO DRIVE CHANGE

Having senior staff champions and a structured approach with support from the Alder Hey Project Management Office, has been a key factor in the success of this project. It has enabled staff to listen carefully to feedback, plan and deliver the wide range of proposed pilot activities, make adjustments to proposals in response to practical issues, engage and test plans effectively with parent carers, children and young people, and deliver the follow-up actions required from the feedback.

*“LD team now attend appointments with us and it is much better and my son has been much happier.”*

**Parent carer**

*“Once the senior champion was identified and the Programme Office in Alder Hey really took the project on, that made a big difference.”*

**Sensory Project team member**

## DEVELOPMENT OF DELIVERY GROUP AND REVIEW

An internal Alder Hey delivery group has been developed, chaired by the Director of Community and Mental Health, to support long term action. It is recommended that this continues to be supported and regularly reviewed to ensure ongoing focus of this important work is embedded in Alder Hey behaviours and processes.

The notable engagement in this project of estates and facilities, infection control, front of house and the Alder Hey charity, as well as clinical departments, has moved this work beyond depending on the goodwill of individuals, by influencing Alder Hey Trust-wide culture. It is hoped this will continue.



## IMPLICATIONS FOR INFRASTRUCTURE

Some key issues for families will take longer to resolve. These are priority issues for the families of disabled and neurodiverse children and young people who contributed to this project:

1. Children, young people and families wanted to be able to wait away from the busy waiting rooms and asked for buzzers or mobile phone alerts to call them to their appointments. To operationalise this requires a significant level of infrastructure, including reliable Wifi connection, an App which works well for all, and a roll-out programme to all clinics. This work is planned and will take time to complete.
2. Families suggested more could be done to gather information about their child or young person's needs, so that adjustments could be made on arrival and as a matter of course, instead of parent carers or children and young people needing to request adjustments. An approach to develop use text message communications with parent carers ahead of appointments is being discussed with the parent carer forum. This would need to ensure when parents share information about their child or young person's needs, Alder Hey has a system in place to respond positively.

*"ALL staff taking the time to read the hospital passport and any other info sent through from the LD team. ALL staff should be aware of the small adjustments needed for the child/young person to have a successful appointment."*

**Parent carer**

*"More funding is needed for resources and information about specific sensory differences that patients have so we are able to fully support them."*

**Alder Hey staff member**

*"Maybe a text or call if running very late so I don't miss too much school."*

**Child with sensory issues**

## Future Scope

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The remit of this project has been focused on the activity within Alder Hey's acute hospital site. However, a real strength has been the quality of interaction and beneficial learning from the involvement of the community Occupational Therapists. Community staff noted that more can be done to support community settings to create sensory friendly environments, and it is hoped that other settings in the North West and elsewhere will build on the learning from this work by working collaboratively with parent carers and children and young people to be more 'sensory curious'.



### ENGAGING CHILDREN & YOUNG PEOPLE

Already, work is underway with the Alder Hey Youth Forum, Transform and the Sefton Camhelions (two young people's mental health self-advocacy groups), who are engaged in developing a film to support peer education for other young people with sensory differences using Alder Hey in future (this project is funded via Health Education England). The potential to co-produce further work for children and young people building on the collaborative partnerships formed in this project.

*"Everyone had a voice and was listened to."*

**Sensory Project team member**

### ACKNOWLEDGEMENTS

The project team wishes to thank project members including parent carers, children young people and staff who gave their expertise and energy to make this a successful collaborative project. In particular, the incredible young people involved from the Alder Hey Youth Forum, Sefton Camhelions, Transform and their co-ordinators and supporters. Other children, young people and families will benefit greatly from the efforts you have made.



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the charity for  
families with  
disabled children.

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families, bring  
families together  
and help families  
take action  
for others.



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