

# A MULTISENSORY ENVIRONMENT

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## BACKGROUND

The New Children's Hospital as a large teaching hospital aims 'to be a world class children's health service and to be an advocate for children'. In meeting this aim the hospital identifies the following objectives as being essential in maximising the quality of our health care delivery.

- that we will provide a total healing environment for children and their families; and
- that a friendly and stimulating environment for children, their carers and our staff will be adopted.

Illness or injury can impact on a child's development and the overall functioning of the family unit. The child's outcome/s may be uncertain, procedures and treatments may be painful and invasive, and the environment can be extremely stressful. Family members are often required to interact with unfamiliar people, medical equipment and treatment procedures that may look and sound frightening. These experiences often place serious demands on the family and child's resources and coping abilities (Thompson & Stanford, 1981).

Subsequently, issues of hospitalisation and its effect on the child and family can threaten and stress the child's routine of daily life and impact on the family relationship and their physical and emotional well being. As health professionals it is imperative that we understand the effect of hospitalisation and recognise the need to enhance the healing process and attempt to alleviate the negative aspects of the hospital experience on the child and family (Gibbs, 1991).

By providing a multisensory room (MSE), as a positive interactive tool it assists the child and family to develop coping strategies during hospitalisation and assist in facilitating positive rehabilitation outcomes.

*Reducing the impact of invasive procedures is quickly becoming the innovative therapeutic aid of the 90's. The concept behind multisensory rooms is widely accepted as one of the most effective ways of stimulating those with special needs. The concept was developed over ten years ago in Holland and presently there are thousands of rooms World-wide, with numerous hospitals and schools seeing the importance of the room to facilitate outcomes in the therapeutic process (Houghton, Douglas, Brigg, Langsford, Powell, West, Chapman & Kellner, 1997).*

## **RATIONALE FOR THE MULTISENSORY ENVIRONMENT**

1. To provide a non-threatening and stimulating environment that will allow children and their families to have a safe time out away from the standard ward environment and rehabilitation processes. Some of the equipment is moveable to allow bed-bound and isolated children from other wards access to a multisensory experience.
2. To facilitate and enhance the outcomes of the overall rehabilitation process for each child and their family including the psychosocial, cognitive, language, physical, social and behavioural outcomes.
3. To promote positive **family** experiences.
  - To allow families the opportunity to have positive therapeutic experiences with the child as part of the rehabilitation process
  - To provide children and their families with opportunities to have control in an environment, where there is often little opportunity to exert this
  - To assist in families' emotional needs by allowing them to observe their child positively interacting with materials.
4. To provide nursing and other staff with positive interactions with children, different from daily routines on the ward and invasive procedures.

## **WHO BENEFITS?**

We recognise that all children and families are unique with individual needs. Each child who is introduced to the room will have the opportunity to use it to its full potential as a individual program will be developed based on the needs and interest of the child and family.

The multisensory room will be utilised by various caseloads including:

- Trauma/Rehabilitation
- Cardiac
- Orthopaedic
- Neurology
- Psychological
- Oncology
- General medical and surgical
- Burns
- Renal and Liver

## **THE MULTISENSORY ROOM AIMS TO:**

### **Improve quality of life by:**

- Providing scope for exploration and discovery
- Expressing and controlling self
- Pleasure and enjoyment
- Opportunity for interaction with non threatening materials and equipment
- Further providing the opportunity for empowerment and choice.

### **Enhance rehabilitation outcomes by:**

- Extending sensory experiences which are the basis of interactive learning
- Encouraging the child to engage in the environment through the use of various switches, e.g. use of upper and lower limbs that 'have a neglect'
- Regaining and maintaining development skills
- Cause and effect
- Extends concentration
- Providing intrinsic motivation
- Stimulating visual fixing, focusing and tracking
- Stimulating expressive language
- Developing spatial awareness
- Developing concepts, i.e. distinguish between colours, recognise objects, prepositions
- Providing the opportunity for socialising: sharing, turn taking, peer interaction.
- Allowing families the opportunities to have positive therapeutic experiences with their child
- Assisting in families' emotional needs by allowing them to observe their child positively interacting with materials.

### **Used as a tool for relaxation by:**

- Creating an atmosphere in the room occupies thoughts helping relaxation and escape from pain
- Creating an environment that can assist in managing difficult behaviour
- Providing an environment that can facilitate relaxation techniques to be used during intrusive and painful procedures
- Providing a safe time out away from standard ward environment
- Reducing stress and anxiety related to hospital experience.

### **QUOTES**

*'It's great to be in control over the environment'* (14 year old)

*'I feel really relaxed'* (9 year old)

*'I love being in this room; just you and me together'* (6 year old)

*'It's been her safe haven, when she was getting out of control we found out she was going to theatre; it was the only thing that calmed her down'* (parent of a patient)

*'It is worth any amount of money'* (parent of a child who is blind and has cerebral palsy).

## **REFERENCES:**

Gibbs C J 1991. Being hospitalised as a child - is it healthy. *Australian Journal of Early Childhood* 16(2), p 9.

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Thompson R & Stanford G 1981. *Child Life in Hospitals Theory and Practice*. Charles C Thomas. Illinois.