



“It’s Not Rocket Science” Sensory Friendly Wards Principles List

The [“It’s Not Rocket Science”](#) Report is informed by autistic experience and by what autism ‘feels like from the inside’ and is based on the experiences of children and young people who have experienced Child and Adolescent Mental Health Services (CAMHS) inpatient environments

The report makes numerous recommendations to suggest how inpatient CAMHS sensory environments can be improved. We encourage everyone to read the [full report](#) and to apply as many as possible. Some are significant changes, but many are small things that will make a big difference. They are all listed at the back of the report. The ten recommendations identified on these pages are at the top of the wish list.

These recommendations have been ‘picked up’ and ‘built on’ by the National Autism team at NHSEI. They are now the foundation of **Sensory Friendly Wards**.

1. [Create a predictable environment](#). Let people know what to expect, who to expect and when. Offer accurate and timely information to create more certainty and a feeling of safety.
2. [Involve autistic people with relevant expertise in reviewing the sensory environment, in a meaningful way](#). Every location is different and will have different things that need to be prioritised. Autistic people have different sensory perceptions, so it’s critical to involve people. Listen and take action. Continue to review. It is beneficial to bring in external expertise, but it’s also important to involve people using the space. Ask them what’s working and what needs to change.
3. [Ensure all staff have training from autistic experts and allies that understand autism and sensory needs](#). All staff includes the multi-disciplinary team (MDT), healthcare staff, the ward team, facilities staff, educators, cooks, cleaners, and agency staff.
4. [Assess everyone’s sensory need on admission and consider how sensory need will be accommodated and supported in care plans](#). Support people to reduce problematic sensory inputs and manage these to support restraint reduction. As part of care planning, support people to do the things that help them to self-regulate, including repeated movement (“stimming”), access to hobbies and favourite possessions, quiet spaces, outdoor space, and access items such as noise cancelling headphones, caps, blankets etc.
5. [Personalise risk management and decision making](#). Support people to have choice and control. Make decisions in relation to individuals, involving the person (and their family, as appropriate) wherever possible. Avoid blanket bans

(decisions or bans that affect everyone, rather than being decided on an individual basis).

6. **Swap alarms for 'silent' alarms.** This will significantly reduce noise and escalation on the ward and reduce the frequency of distress caused by alarms or those with auditory sensitivity. Staff need to be alerted rather than alarmed; silent alarms will ensure alerts happen without causing distress to other people.

7. **Reduce noise and echo.** Ensure there is quiet space and outdoor space that people can access at any time. Soft furnishings, gently closing doors, carpet, sound absorbing panels and acoustic vinyl can all help. Consider background noise too (including roads, heating and cooling systems, extractor fans, voices, TVs/radio, chatting etc). Ensure there is an actually quiet space and outdoor spaces people can access at any time. Support time out from noisy or otherwise overloading environments during the day, and as needed.

8. **Change all fluorescent lighting for alternatives.** Ideally halogen, but high-quality LED bulbs, with diffused lights are better than fluorescent. Lights should be quiet – not buzzing or flickering.

9. **Consider the impact of smells.** This includes smells from people, food, cleaning products, and laundry products. Neutralise smells wherever possible (closing doors, using unscented products, supporting people to 'mask' smells with preferred scents, or to use preferred products).

10. **Consider the impact of touch and texture.** Hypo and hyper sensitivities might mean that people may be more or less sensitive to physical contact. Need to add guidance information in relation to food (texture, control), shower / bath / personal care, drinking, eating, bumping into things and use of restraint.

Full report and resources available:

<https://www.ndti.org.uk/resources/publication/its-not-rocket-science>