



Bellavista School introduces South African schools to Snoezelen

BY ALISON SCOTT

A proudly independent, South African school, Bellavista School in Johannesburg, Gauteng, is pleased to have installed the first 'controlled multisensory environment' – or Snoezelen room – in a South African school context.

At our preparatory school for children who experience specific or generalised learning difficulties that prevent them from achieving success in a mainstream school environment, we are convinced that to support Bellavista is to reach many children across the country, and even the southern African region.

What we implement, we share – through research participation, community outreach and professional development training programmes. With generous support in the form of ad hoc funding from generous donors, Bellavista School has evolved into a vibrant centre of excellence in its local community, for the good of the greater community. Our independence, combined with a therapeutic approach to education, makes it possible to take on board cutting-edge innovations.

In 2015, the school researched, sourced and installed a Snoezelen room to be sure to provide additional support to children at the school. Our interest in Snoezelen extends in particular to its application in the management of anxiety.

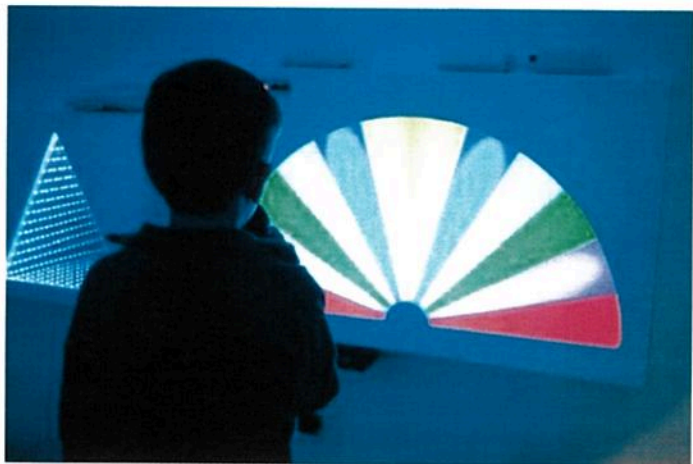
What is Snoezelen?

The Snoezelen – a blend of two Dutch words meaning 'explore' and 'relax' – concept was developed in the Netherlands in the 1970s. Sometimes called a 'controlled multisensory environment' (MSE), Snoezelen rooms are therapies for people on the autism spectrum or challenged by developmental delay,

brain injury or anxiety. Snoezelen is found to be effective in treating elderly people contending with Alzheimer's disease, and there is a room in the Red Cross Hospital in Cape Town for this purpose.¹

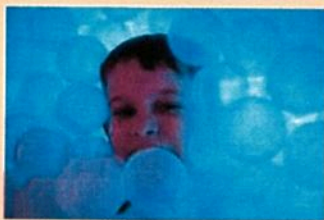
Snoezelen rooms have been established in institutions all over the world – but not, to our knowledge, for childhood therapeutic purposes in South Africa. This intervention is not bound by a specific professional discipline, therapy, facility or client profile. Rather, it is a philosophy and a concept to be utilised as a resource to improve the quality of life for people with disabilities and other limiting conditions, such as the children enrolled at our school.

The resource involves offering a person an opportunity to enter a soothing and stimulating environment, called the Snoezelen room. These rooms are specially designed to deliver stimuli to various senses, using lighting effects, colours, sounds, music, scents, etc. Different materials on the walls and floor stimulate the sense of balance and/or offer sensory feedback. An advantage of Snoezelen therapy is that it does not rely on verbal communication.



Did you know?

1. When multisensory environments started being used in the 1970s, the aim of these areas was to facilitate choice and failure-free activity among a group of people for whom conventional leisure activity was unsuitable or difficult to facilitate.
2. Multisensory therapy does not succeed where patients or clients sit passively in a sensory environment. In response to this problem, pockets of training have emerged globally, focusing on basic assessment skills, sensory activity analysis and reflection, to develop the skills of those using this approach.
3. The Snoezelen room in the Autism Behavioural Centre in St Petersburg, Pinellas County in Florida, is one of close to 1 200 Snoezelen rooms in North America.
4. Nearly all of the elements that make up the special multisensory environments in the United States (US) are sold by <http://www.flaghouse.com/>.
5. A typical Snoezelen room can be thus described: "A room illuminated only by a light-up ball pit, colourful tubes, fibre-optic ropes draped over a swinging chair, psychedelic patterns projected on the walls and calm, ambient sounds playing in the background."
6. Many Snoezelen rooms also include floor-to-ceiling bubble tubes and 'kiddie pools' filled with clear balls and made to look like a bubble bath. Users are provided with a remote control to alter elements such as colour.
7. The first Snoezelen room in the US was established by occupational therapist Linda Messbauer in 1992. Says Messbauer: "In the Snoezelen, a child learns what it feels like to calm down and escape from an overstimulating environment. When they re-enter a stressful environment, children can think back to the Snoezelen room, which helps them relax. Then, they are more receptive to other types of therapy and education."
8. It is important to view the multisensory environment as a 'toolbox' from which the types of stimulation most appropriate for each person are selected. It is highly unusual to use more than three different types of stimulation at any one time.
9. Targeted assessment is paramount to the success of multisensory therapies, and it provides a baseline from which progress can be monitored.
10. Research has shown that multisensory therapies significantly lower pulse rates and anxiety levels in normal populations.
11. Snoezelen is being used innovatively across the globe. In a nursing home for elderly people in Rotterdam in the Netherlands, a Snoezelen centre was created to resemble a bus station in a corridor. The majority of the home's residents have lived in this city for their entire life and travelled to and from work by bus. Said a researcher: "This Snoezelen environment generates surprising new ways of communicating between residents. The 'bus station' stimulates mutual memories between them. Even residents with a severe level of dementia have started talking with each other about their past lives in the city."



Source: <http://worldwidesnoezelen.nl/en/>.

Snoezelen is common sense

At Bellavista School, sensory integration-trained practitioners such as occupational therapists, specialist educators and speech and language therapists use our Snoezelen facility to greatly enhance the learning opportunities of many of our children.

Bellavista School is committed to evidence-based practice. Beyond the wealth of intuitive skills presented by our therapists based on their experience, we always seek out hard data before implementing any programme.

We were privileged to receive a site visit from Michelle Shapiro, a researcher working at Beit Issie Shapiro, Israel's leading organisation in the field of disabilities.² Dr Shapiro and her colleague, Ilsa Achterberg, from Worldwide Snoezelen,³ personally delivered our training and continue to supervise our work with keen interest. According to Shapiro, time spent in

Snoezelen rooms can result in a 50% reduction in distress and stereotypical behaviour, and a 75% reduction in aggression and self-injury. In addition, medication for the management of anxiety is often reduced after Snoezelen therapy.

It is our intention to learn all we can about Snoezelen and then share not only the facility, but also the learning, with health professionals in South Africa through <http://bellavista.org.za/s-h-a-r-e/>.

Alison Scott is principal at Bellavista School.

References:

1. See: <http://childrensbospitaltrust.org/red-cross-war-memorial-childrens-hospital-2/>.
2. See: <http://www.worldwidesnoezelen.nl/en/>.
3. See: <http://en.beitissie.org.il/united-nations-turns-to-beit-issie-shapiro/>.

