

# SENSE AND SENSORY ENVIRONMENT PROFILE





# Sense and Sensory Environment Profile

The Sense and Sensory Environment Profile is designed to help explore what residents' enjoy and value in terms of the five senses of touch, taste, smell, sight and sound.

This document has been designed for use in particular with residents' who may not be able to tell us with verbal language what they're preferences are.

**This profile therefore has two purposes:**

- To **record information about what we already about** what the person enjoys and values in relation to touch, taste, smell, sight and sound.
- To **help us think about interactions we could have or activities we could do** with the person in relation to the senses and their sensory environment.

This is a document that you may not be able to fill in all at once, there may be bits you know already and other things you need to go away and find out more about.

Under a number of the questions or prompts are examples of what the person might enjoy or value. Some examples might be things that are familiar or common to the resident's you support; some might sound a bit more unusual or left-field. The left-field examples are included to help us think widely about the different ways in which we can enable the person's sensory environment to be the best possible fit for them.

## Using the Document

There is one section for each of the five senses. Each section is standalone, and so you don't need to complete all the sections in one go.

To begin with you might decide to focus on 1 or 2 senses, for example you might try out using this document with 1 resident, and focus on the sense of touch for this person.

As you look through the various prompts, there will be things you already know about this person which can be filled in. The examples at the bottom of the boxes are there to help you think about the types of things you might fill into the boxes.

From completing this, you might then come up with some new ideas for others things in relation to that sense, that you could try out with the resident.

As you continue to learn more about what the person values and enjoys, in relation to each of the senses, you and your colleagues can add this new information to the document.



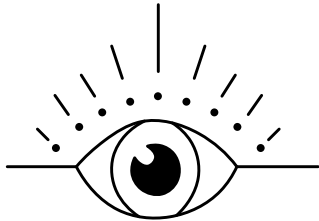
# Gathering Information about the Senses and Sensory Environment

Below are a number of elements you might want to consider when gathering the information about the resident, and what they value, enjoy, and are not so keen on in relation to the senses and sensory environment.



**Involving others to Gather Information** - Who are the people that know this resident best? Who might have spent time with this person recently?

---



**Noticing** - What do you know about how this person expresses enjoyment, interest, discomfort or dislike? Are there hints they give in the sounds they make, facial expressions, a glint in their eye or body movements.

---



**Processing Time** - What have you noticed about their processing time? For example if you offer something sensory - for example the texture of sequined fabric, a flavoured yogurt, a new type of music - to the person, how long do they seem to need to take in this sensory information before they respond?

For some people this may be a few seconds, for others it may be longer and so we tailor how much and how fast we offer sensory stimulation based on what we notice about how they are responding.

# Sense of Touch



Resident Name:

## Sense and Sensory Environment Profile

### Fabrics I Like Close to Me

Fabrics	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Examples could be:

A wool jumper, a crisp shirt collar, a satin or silk neck scarf, a fleece blanket, bedclothes tucked in at my toes, flannel pillowcover



### Objects/ Sensations I Like the Feel of

Objects/ Sensations	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Examples could be:

Holding beads, the weight of tools in my hand, the curves on a wooden ornament, a fine china teacup, the feel of the suns heat, soft rain on my face, water trickling down my back in the shower, having my hair brushed slowly, my hands or feet in a basin filled with bubbles

# Human Touch

Resident Name:

## Type of Touch I Value

Type of Touch I value

Signature

Date



**Examples could be:**

Handshake, hand on my shoulder, a tight hug, my hand being held, my back rubbed.



## Detail about the Way in Which Touch is Offered

Looking at the scales below, place an X at the speed and pressure at which I like massage, hugs, my hand held etc:

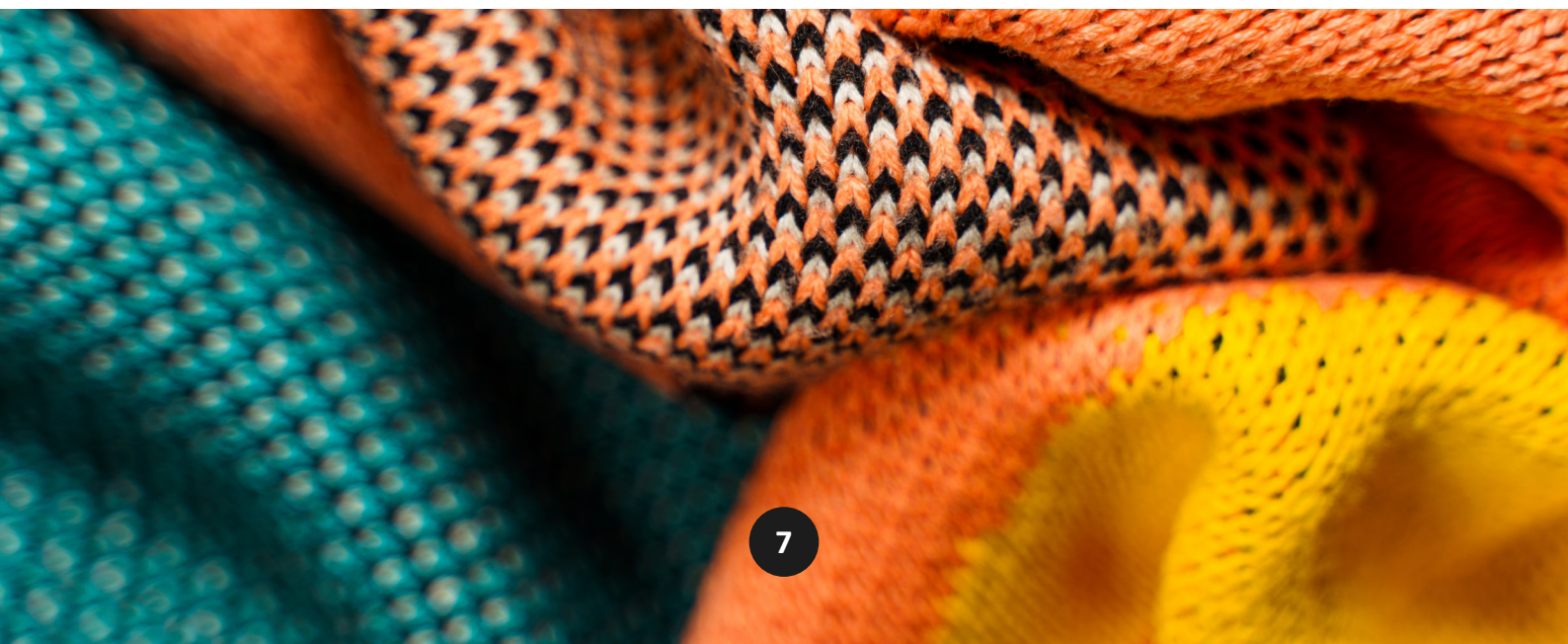


## Anything Else Important to Me in Relation to Human Touch

Anything Else	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Examples could be:

Times when it's important to offer touch/ not to offer touch e.g first thing in the morning. How I respond to touch from others e.g. if children are visiting



# Sense of Taste



Resident Name:

## Tastes (of food and drink)

Tastes I am pretty guaranteed to enjoy		
	Signature	Date
Tastes that work for me when I'm feeling unwell		
	Signature	Date
Tastes I enjoy between meals		
	Signature	Date
Tastes I used to like, but don't seem to anymore		
	Signature	Date
Tastes I have started to enjoy		
	Signature	Date

## Taste on my lips Other Ways To Enjoy Taste

Other ways I enjoy taste	Signature	Date

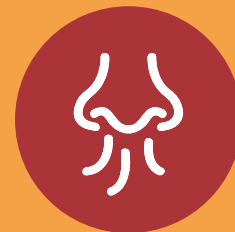
### Examples could be:

Flavoured lip balm, flavoured ice chips, taste tests with different flavoured yogurts





# Sense of Smell



Resident Name:

## Smells for Hair and Body

Lotions and potions, for hair and body,  
that I like the smell of

Signature

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Smells I enjoy in my environment

Smells in my environment

Signature

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Examples could be:

Baking out of the oven, furniture polish, fresh herbs, sitting near an open window when grass is being cut outside, baby talc powder on a therapy doll, wifes perfume on my pillow, oil on an old bicycle chain



## Smells I'm not keen on

Smells I don't like

Signature

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____



# Sense of Sound

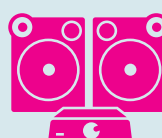


Resident Name: \_\_\_\_\_

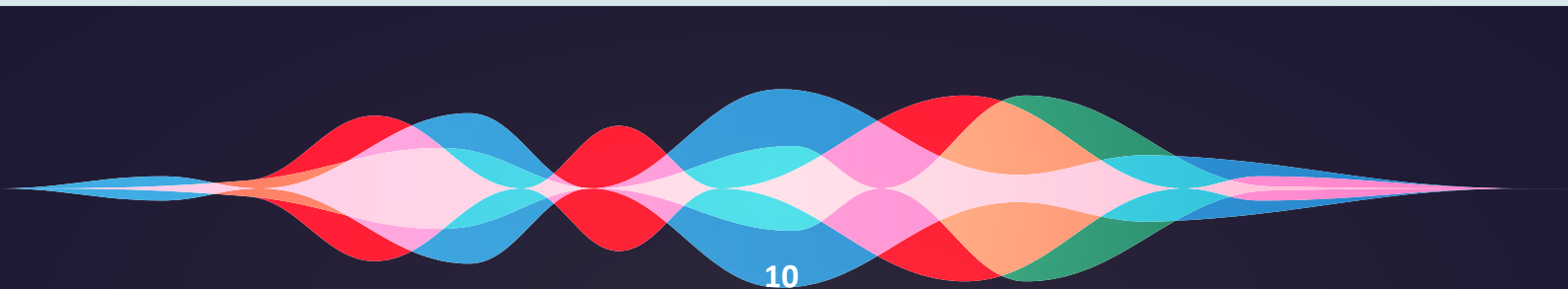
## Sounds I enjoy

Music	Signature	Date
Radio	Signature	Date
TV	Signature	Date
Audiobooks/Podcasts	Signature	Date

## Types of Background sounds I enjoy



Background noise I enjoy	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Any sounds I found uncomfortable/unpleasant

Sounds I find uncomfortable/unpleasant	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Examples could be:

Radio, tv, music on in the background, chatter, children playing, household noises e.g. hoover or dishwasher, silence, live music.



## What helps with my hearing

<b>Tips about any Devices I Use For example: hearing aids/ headphones</b>		
	Signature	Date
<b>Tips for Communicating with Me For Example: directing your voice towards a particular ear</b>		
	Signature	Date
<b>Volume for People Speaking/ TV/ Radio that works well for me:</b>		
	Signature	Date
<b>Anything else important to me in relation to hearing and sounds</b>		
	Signature	Date

# Sense of Sight



Resident Name:

## Things I like to look at

In my bedroom	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

In other areas in the home	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Examples could be:

People coming and going, a painting, photos, a window view, sensory lights, the tv



## Things that catch my eye, in my environment or on other people



Catch my eye	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Examples could be:

Brightly coloured clothes, shoes or socks, interesting or unusual accessories, household objects like dusters, a bit of fluff on the seat, a hair out of place

## What helps with my vision

<b>Tips about any Visual Aids I Use. For example: glasses</b>		
	Signature	Date
<b>Tips for Things I like to see in my line of vision For Example: when people approach me, décor on walls or ceilings</b>		
	Signature	Date
<b>Anything else important to me in relation to what I see</b>		
	Signature	Date



# SENSE AND SENSORY ENVIRONMENT PROFILE



The Sense and Sensory Environment Profiles was developed as part of the Rights Made Real in Care Homes Project.

Sense and Sensory Environment Profile is licenced under Creative Commons BY-NC 4.0.

To view a copy of this licence visit  
<https://creativecommons.org/licenses/by-nc/4.0/legalcode>.