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## Welcome

This case study article was written by Shazia Sarwar-Azim – Executive Headteacher and Managing Director at Emotional Therapist Coach Ltd.

Shazia is also the former Headteacher at Mill School in Bury. She designed a bespoke, state of the art school which provides a safe learning environment for children with Autism and Social Emotional Mental Health (SEMH).

Mill School, where Shazia formerly worked, absolutely love their immersive space, which was installed by the team here at Immersive Reality. The article is written from Shazia's point of view, when she witnessed the children at Mill School reacting to the immersive space, during learning walks, lesson observations, behaviour reviews and SEND (special educational needs and disabilities) meetings.

We're so thankful to Shazia for writing this amazing article for us! It's great to get a detailed first-hand insight into the positive effects of immersive technology. Read the full article below. You can find more detailed descriptions of the definitions used in this article at the end of the article.

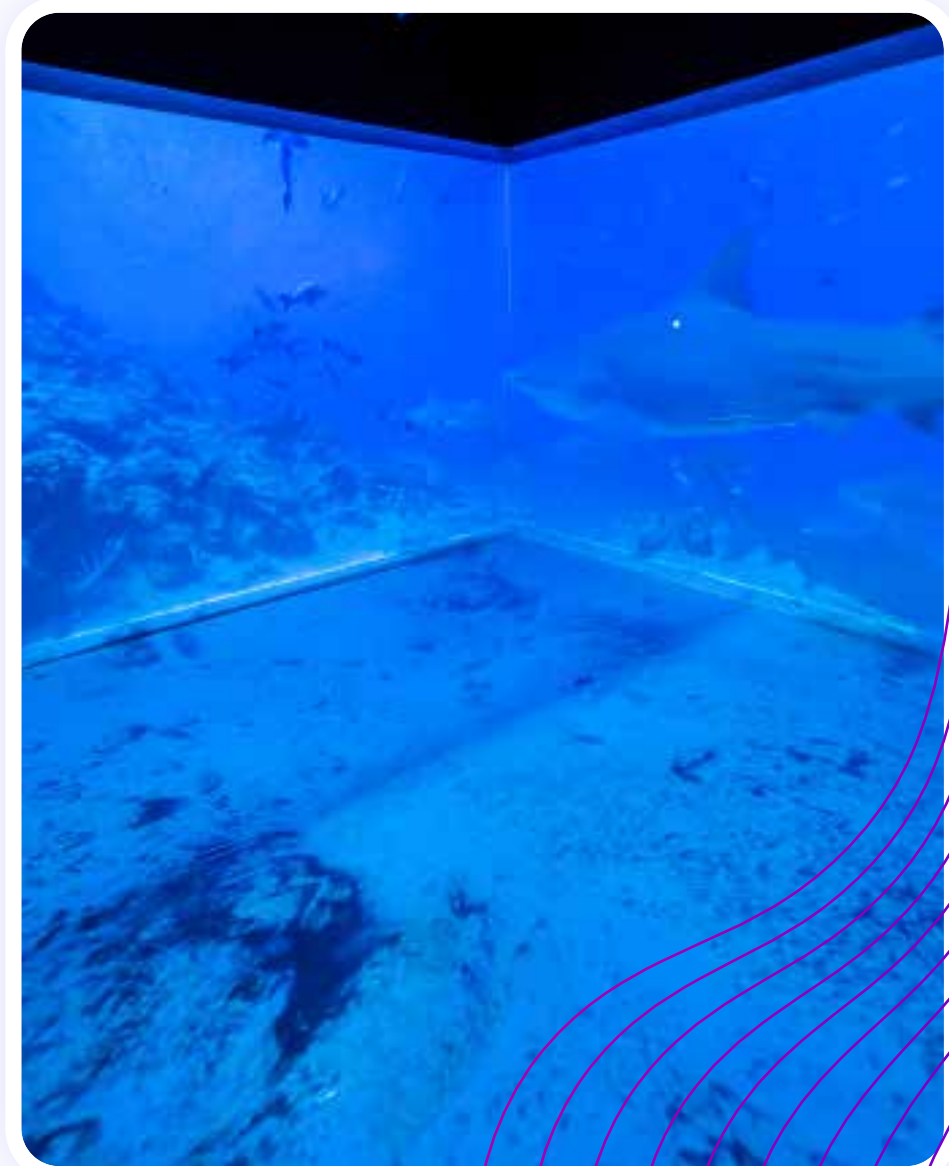
“A major,  
measurable  
impact”

## Intensely engaging

It was the first time I really saw this child, being at peace, at being him. Completely regulated, aware and inquisitive of his surroundings, engaging in this precise moment. He was living in the moment, immersing himself into this reality, unlocking his personal pathway and making it here. Henry was in a room immersed with fish, snorkelling, smiling, intensely engaging, a giggle appeared, his eyes wide open and he became present. He touched the wall gently, walking slowly around the 360 degree 3D room, watching the fish swim to his fingers and allowing them time to get to him. Henry was using the room exactly how I had envisaged.

This was the boy that bounced around the classroom to re-regulate and was supported by a Teaching Assistant on a 1:1 timetable to manage 10 minute learning activities. He did not respond to the feeling of touch nor did he give you eye contact. However, today in the Immersive Reality Room (IRR) he readily accessed his learning plan for 30 minutes, without 1:1 support, direction or reference to his re-regulation plan. This led to extended learning with incidental learning opportunities which he was able to positively feedback. Henry excitedly went to hold the teacher's hand to show her Nemo and looked her intensely in the eye, making sounds to explain his excitement.

This opened my eyes to the endless possibilities that this IRR could bring to my children, as well as the Educational Health Care Teaching staff and whole school community. The awe and wonder of these experiences was readily evidenced in significant attendance data, pupil voice and overall progress.





## The Background

I was previously a Headteacher for 12 years, with three different Headship experiences in Special Educational Needs and Disability settings (Primary Pupil Referral Unit and Secondary School for Looked After in Care) and an ASC/SEMH (7-16 years) school that I was able to design from the ground up. I was always looking at how to make education truly exciting, so interaction was not a forced and frustrating process. Education had to be about raising aspiration, removing barriers and allowing children to achieve in a caring and enticing environment. It had to be different from the norm.

The current cohort of children were predominantly Autistic with Social Emotional and Mental Health needs. All children had an Educational Health Care Plan that was heavily supported by the clinical team. A majority of the children had been excluded from school repeatedly and many had several breakdown placements in neighbouring schools, leading to being educated at home, or at an alternative provision.

A minority of children were non-verbal/selective mutes and used the Picture Exchange Communication System to communicate, and the majority of children had Speech and Language Communication plans. As well as health reasons, traumatic experiences led the children to attend this specialist ASC/SEMH school rooted in deep principles that were focused on motivating these children in learning and life, by providing them with a state of the art school environment.

## The Outcome

Knowing the children's experiences, I had to improve the quality of communication so that there was a natural pathway for neurodivergent children to connect with the new world of learning and experiences.

Creating new neurological pathways as well as a new learning language was the essence of education that had been planned into this school design. The children needed something different, they deserved better, especially now we had a better understanding of non-neurotypical children and meta-cognitive development. Therefore, an Immersive Reality Room was incorporated into the design.

The Immersive Reality technology was able to reach children with severe, complex learning difficulties at a deeper level and crafted/created sensory communication pathways. From this observation, it was clear to see the limitations that a traditional classroom environment presented.







## Adaptable spaces

The interactive scenes created a sense of awe and excitement – being able to explore Hong Kong, then New York City and finally ending the journey in Australia in one lesson! Being able to take control of the room was a key connection. Using an array of effective controllers, children could explore and navigate their way through interactive scenes. Discussion became the key focus, naturally improving communication, relationships and interaction. Children who were normally disengaged in the classroom were developing measurable transferable intensive interaction strategies without being taught.

Children used remote controls to take strolls in the fields, discovering new scenes, developing new lines of enquiry. In return, information was being retained through problem solving activities that kept the children engaged to enjoy their learning experiences and most importantly making new neurological pathways that made that deeper connection, in return making progress.

## More than a curriculum offer

The IRR became more than a curriculum offer. Staff used it to support children to self-regulate, we noted that interest-led environments that children created in partnership with Immersive Reality, became a safe space. Children were timetabled to use the IRR as a part of their Behaviour Management Plans, to self-regulate.

Another teacher used the room to get children ready to learn before the school day started. Therapeutic scenes were chosen by the children so that the teacher could deliver meditation sessions. This allowed the children to release the anxiety they were carrying and enabled them to settle and find a sense of calmness. The children stayed focused for a longer period of time in the classroom.

The emotional well-being team would use the Immersive Reality Room effectively to support children to re-engage with the world after the pandemic, by using local scenes to create a sense of safety, improving children's confidence to then later take a walk. This enabled the staff to plan trips to other localities. Children were able to take part in experiences such as horse riding and zip wiring – this created new interests and later led to one child taking up horse riding as a hobby. The positive impact was that we were able to open endless possibilities of exposing children to trying out new things.







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In summary, using Immersive Reality technology to support ASC/ SEMH children in school had a major, measurable impact. It improved intensive interaction with staff, developed eye contact, improved facial expressions and connection, vocalisation leading to improvement in speech, conversation exchange and the structuring of conversation.

It brought excitement into learning and motivated children to want to explore the world we live in. It gave children endless ways to use their imagination and to live in the experience. They changed their virtual experiences into real life interests. The IRR allowed children to think of career paths such as travel and tourism, games design and inventions. As a result of using the immersive space, measurable impact was recorded in personal development, learning and behaviour.

Shazia Sarwar-Azim FCCT, NLP, NPQH, AST, B'Ed

# Definitions of terms

## ASC: Autistic Spectrum Condition

Autism Spectrum Conditions (ASC) are lifelong, developmental conditions that affect how an individual communicates with and relates to other people, and how they experience the world around them.

A person with an Autism Spectrum Condition may have difficulties with their social communication skills (both verbal and non-verbal) that affect their daily life, and they may also struggle to interact with other people, cope in social situations and have difficulty with forming and maintaining relationships.

Autism Spectrum Conditions are commonly associated with restricted and repetitive behaviours, such as struggling with flexibility, finding it hard to cope with changes, repetitive movements such as hand flapping, fixated interests and sensory sensitivities.

Being diagnosed with Autism Spectrum Condition does not mean that there is something 'wrong' with the individual, although the differences that people with ASC experience in social communication and interaction can lead to challenges in life, such as finding it difficult to cope at school and make friends. We recognise that people with Autism Spectrum Conditions have many strengths and with the right support around them can be very successful in life and it's not necessarily something that will hold them back.

## SEMH: Social Emotional Mental Health

Social, Emotional and Mental Health (SEMH) is a term used to define a range of different needs that certain children may have at any given time.

Social: Children are (like all other humans) social creatures. Many children have the skills to be able to communicate and be around other people fairly problem free. However, where there is a communicative issue or other challenge, the child may find forming and maintaining relationships with adults and children a problem.

This can affect their sense of wellbeing, as well as their sense of being involved with a community. Over longer periods of time, this can lead to more serious and persistent concerns. Because of this, it is vital that we give children the skills and opportunities to interact with the world around them effectively, in order to reach their full potential.

Emotional: This topic is such a broad one, which covers emotional regulation, recognising and normalising emotions, managing stress, building resilience skills and understanding other people's emotions, amongst many other things.

Children need to be taught emotional regulation skills to help them to process what is happening in their lives, as well as so they can learn how to de-stress, and understand how to communicate their issues and identify their emotions.

Mental Health: Mental health problems within children (as well as people of all ages) include seemingly irrational fears, intrusive thoughts, safety behaviours and actions/thoughts/feelings that are based on a problem that the person may have with how they are processing the world around them – this is especially relevant for ASC children who can struggle to process the world around them.

For example, a child with anxiety may see threats in everyday situations based on their experiences and understanding of the situation. A child may have low self esteem and self worth, and this can impact how they perceive interactions with others, or how they tackle things such as school work. Children in these situations are likely to need special support to help them tackle everyday situations.



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