

Safe Touch and Staff to Client Relationships Policy

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The Golden rule is:
“if in doubt tell someone”

Core Principles: Keeping everyone safe

Core principles

Staff understand that many children, young people and adults we support may have experienced trauma, adversity or disrupted attachments. Trauma can shape how touch, proximity and relationships are perceived, and practice must be responsive, predictable and safe.

Safe touch and relationships must therefore be guided by an understanding of individual trauma histories, sensory needs, communication profiles and attachment patterns. This includes recognising signs of distress, dissociation, hypervigilance or shutdown and responding in ways that prioritise emotional safety as well as physical safety.

SENAD is employed by placing Local Authorities; children; young people; adults; insurance companies and their families to provide care and support for our service users.

- **This is a contractual professional relationship.**
- Our staff are **not family members**.
- Our service users in our care are vulnerable

As SENAD supports compassionate and supportive care and education, it is inevitable that some of our staff and service users may form bonds.

It is important that our **staff follow clear ethical professional guidelines** to ensure that the relationships with those in our care do not become inappropriate and/or potentially abusive.

The following types of abuse and neglect in terms of inappropriate ‘*Safe Touch and Relationships*’ are identified within the Care Act 2014 and the Children’s Homes Regulations (in England and in Wales), but should not be considered exhaustive. Abuse can also occur on-line and in some case, be wholly on-line;

- **Physical abuse** –including play fighting, inappropriate touch and the use of so called ‘*play slapping*’ and ‘*pushing*’. This can also include encouraging a child or vulnerable adult to engage in activities that will hurt others or place themselves at harm;
- **Sexual abuse** – from the position of being a care worker, teacher or specialist using this position to create a position of trust with a service user which is then used to facilitate sexual harassment, inappropriate looking or touching, sexual teasing or innuendo. This includes on-line abuse;
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment of the relationship, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, exposure to radicalisation, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

A complicating factor is that some of our clients are seeking relationships and or touch/contact.

SENAD recognises that forming appropriate relationships is important in developing a rapport with our clients and for a few, appropriate physical contact may be beneficial within clearly defined

parameters. Given our clients learning differences, cognitive processing levels and vulnerability, this may not be fully understood by our clients.

Because of this potential for abuse and/or our clients misunderstanding the nature of the relationship and/or physical contact with our staff, it is important that SENAD's staff and contactors adopt the following protocols.

The golden rule in safeguarding needs to be followed:

“if in doubt tell someone”

This is set out in safeguarding policies 506A (adults) and 506C.1*** (children)

Friendship and Empathy with Children, Young people and Adults

Trauma-informed practice recognises the importance of attuned, respectful relationships while maintaining clear, consistent boundaries. Staff must balance warmth with structure, ensuring interactions remain professional, transparent and predictable.

Staff should use supervision and reflective practice to explore how trauma and attachment may influence a child, or young person's or adult's responses to staff, including seeking reassurance, closeness or avoidance. This reflection helps prevent misinterpretation and supports ethical, safe decision-making.

There is fine line between what is *“proper”* warmth and understanding and what is regarded as *“improper”* staff must **remain** mindful of any potential for misinterpretation or misunderstanding of their behaviour.

It is important that staff at all times **put the child/adult's interests first and always considering what is appropriate in any given situation** with a particular person we are supporting.

One of the prime tasks for a residential worker is to work with the young person/service user to help them develop appropriate relationships with adults and other young people. **This requires awareness of boundaries and how attachment is formed.** Staff should seek support from managers as necessary when unsure of how relationship with the service user are developing.

Staff relationships with each other also need to be sufficiently open and confident to allow discussion with one another and to provide opportunities for joint consideration of each other's actions.

Staff who are in a relationship with another colleague need to be transparent with co-workers and managers as per policy 435 (Personal relationships at Work Policy).

Interaction on a One-to-One Basis

Staff must have knowledge and understanding of the person they are supporting and his or her background. Staff also need to be aware of their own feelings.

They may believe they are the best person to care for, Keyworker, pastoral teacher, key therapist or support a particular person in our care in a confidential, **but they should always discuss this with supervisors and managers, accepting guidance and direction.**

Staff should be sufficiently aware of their own feelings, so that they can recognise the dangers of a relationship with a child or young person becoming sexualised or emotionally dependant, and stop to consider what is happening and what they are doing. Staff must discuss these issues within supervision with their line manager

Other people's feelings and views, both adults and children, need to be taken into account. If there is any indication that a relationship is viewed as inappropriate, the staff member involved should discuss the matter with their manager in order to understand their concerns and to explain their own perspectives.

In general, **if they feel in any doubt** about their own or other people's feelings, **Staff should step back**, consider what they are doing **and discuss the issues with their colleagues and or managers.**

The manager will hold supervision with staff to discuss and determine feelings, this can also be part of a multi-disciplinary meeting. Care plans for the child or young person will then be updated on how to communicate appropriately.

Staff must be aware of the dangers, which this type of work can bring and be clear where the boundaries in such relationships lie.

Friendships are important to everybody and young people need to be able to spend time together to develop such friendships. Clients with learning disabilities may also need help with developing friendship through structured, shared experiences and activities. It is important to remember also that clients whatever their abilities will have likes and dislikes and preferences about the people they spend time with and staff must be sensitive to this.

Special Circumstances: Sexual/Physical Abuse Victims

Where it is known that a young person/service user has been a victim of Sexual/Physical Abuse (whether abused and/or turned perpetrator) and it is likely he or she may behave towards staff in a sexual manner, **particular protocols will have to be drawn up for staff.**

This may involve the need to avoid being alone with the young person, by always having a third person present. **These protocols will make part of their care plans and risk assessments.**

Personal Contact with young person/service user outside SENAD time

There are clear boundaries that staff should not break when working with children, young people and adults. **Staff must ensure that no SENAD young person/service user has access to their personal addresses, and private phone numbers, or any social networking site.**

If this information is gained by the child or young person then their Line Manager **must** be informed.

- There should be no arrangements made between staff and young people/service users to meet socially outside of the formal contract of work.
- Under no circumstances should staff take or invite young people/service users to their homes.

Personal Contact with young people/service users after they leave SENAD

SENAD staff are employed to work with young people/service users on behalf of placing Local Authorities and for some adults directly as part of personal care budgets. When the young person/service user leaves our formal contractual care/education, it is important for staff to remember that **the contact was created because of our original contractual professional relationship.**

Contact post leaving care/education needs to be carefully managed and in a formal way. **Typically staff should AVOID befriending via social media and having contact in informal situations.** Our young people/service users typically remain vulnerable throughout their lives and the duty to safeguard remains post leaving our care. If our young person/service user makes contact for support and/or raises issues of safeguarding post our care, then staff should follow **the golden rule in safeguarding, namely:**

“if in doubt tell someone”

Safe Touch: What SENAD Allows

'Touch' in this policy refers to staff being able to demonstrate affection, comfort, acceptance and reassurance in a natural way.

It is acknowledged that touch raises particular issues for those working with clients. Views about applying a 'hands off' or 'hands on' policy with young people and adults result from scandals of child abuse, or fear of violence from service users. Staff may be anxious about allegations of inappropriate physical contact with young people and adults.

All safe touch must be child/adult-led, consent-based and revisited regularly as trauma responses and tolerance to touch can change over time. Consent may be verbal, non-verbal or behavioural and must be continuously monitored.

Staff must avoid assuming that touch which was previously accepted will always remain so and must be ready to stop immediately and repair if a child shows discomfort or distress.

However, safe touch is acceptable provided the following considerations are made:

- **Intimate and Personal care** - this is addressed in Policy 610
- **Physical Interventions as part of "staying safe"** - this is addressed in policy 515 and in personal behaviour plans and in Red/Green scales
- **Bereavement and sad events for a client** - this is addressed in policy 623
- **Occupational, Physical and SaLT Therapy** - in line with the professional guidelines set by OT, physical therapists and SaLT plans
- **Documented as part of an agreed Education Health & Care (day pupils) or Care Plan for residential or care service users**

Where clients indicate that touch is unwelcome staff should back off and apologise if necessary.

- Staff should talk to colleagues and record their interactions with clients.
- If particular strategies work, or not, colleagues should be informed so they can build on or avoid making the same mistake.
- Touch of an equally positive and safe nature is acceptable between staff, demonstrating positive role models for clients and showing that adults can get along and use touch in non-abusive or threatening ways.
- It is also acceptable to talk about how general touch feels, about acceptable boundaries and expectations, in the right forum such as key worker sessions or house meetings.

- **Sexual health touch may ONLY be discussed in specific sexual health development care/therapy sessions and/or specific education classes.**

Staff are to ensure they fully understand the safeguarding policy and follow it if they feel any relationship, contact or touch between staff, children or young people is inappropriate. Annex 1 set out guidelines for consideration when writing 'safe touch' into behaviour plans, care plans and/or therapy plans.

Safe touch plans should be reviewed regularly within a trauma-informed supervision, care planning and multi-disciplinary forums, ensuring staff feel supported to raise uncertainty without fear of blame.

Annex 1:

Factors to consider when assessing if touch is safe

1. When thinking about who is an appropriate person to touch a child or young person, it is **vital to consider what the adult represents to the particular child**. Personal likes and dislikes will play a part in any relationship;
2. In addition, **many factors influence the power relationship between SENAD staff and our young people/service users**, including gender, race, disability, age, sexual identity and role status;
3. The **background of the young people/service users will also influence** any decision about **who represents a 'safe' adult** in the eyes of the client;
4. **Young people/service users from ethnic minority and religious backgrounds may be used to different types of touch** as part of the culture;
5. **Who initiates the contact is important**. Sometimes a **young person/service user** may want proximity to a care worker, teacher or therapists and not touch; it is **important to understand and respect the difference**;
6. A **full body hug is to be avoided** where possible; a **side by side hug is preferable** as it avoids private areas making contact;
7. Contact when a **young person/service user** is in personal care needs to be avoided, especially at times of bathing, bedtime/awakening routines and when the client has removed clothing as part of their personal behaviours;
8. **Young people/service users** who have been subject to physical or sexual abuse may be suspicious or fearful of touch;
9. **Young people/service users** with restricted mobility or reduced muscle strength or hyper sensitivity may not like certain pressure, or places to be touched. They may like to initiate contact but not expect others to initiate touch;
10. For each **young person/service user**, what constitutes an intimate part of the body will vary; but generally speaking it is acceptable to touch children's hands, arms, shoulders;
11. It may be appropriate to hug or cuddle children and for some adults, adults too. **This should be typically be done from the side**. However **this is not a universal statement of practice** and each **young person/service user** needs assessing;
12. Other parts of the body are less appropriate to be touched. Some parts of the body are '**no go areas**', such as the **NSPCC 'pants and underwear areas'**. Therefore, it may be appropriate to touch a child's back or head/hair - if the young person/service user indicates such touch is acceptable. To go beyond this would be unacceptable, even if the client appeared to accept it;
13. In any case, **no part of the body should be touched** if it were likely to **generate sexualised feelings on the part of the adult or child**;
14. **No part of the body should be touched in a way which appeared patronising or otherwise intrusive**. Therefore, the context in which touch takes place is usually a decisive factor in determining the emotional and physical safety for both parties;
15. **What message (the purpose of the touch) is being sent out to the young person/service users?** If the intention is to positively and safely communicate affection, warmth, acceptance and reassurance it is likely to be acceptable;
16. A **fleeting or clumsy touch** may confuse a young people/service users or make them feel uncomfortable or even cause distress. **Staff may if suitable, touch with confidence**, and should verbalise their affection, reassurance and acceptance; by touching and making positive comments. For example, by touching a young people/service users arm and saying "Well done";

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17. **Piggy back rides should not be done.** They require lifting and carrying and hence is prone to danger for the member of staff and young person/service user alike. This may occur during formal and properly organised '*sporting events*' (such as fun days and sports days);
18. **Play fighting is a form of touch which is totally unacceptable as it sends confusing boundaries.**
19. **Routinely holding hands or linking arms when moving around is not typically appropriate for young people/service users** and increases a sense of dependency. Older children and adults should be encouraged to be as independent as possible. **The exception to this is when it is part of a safeguarding protocol.**

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Annex 2 Safe Touch – 10 years and younger

Physical contact/touch is vital for children's brain development, social communication skills and emotional & physical health.

Senad has a growing population of under 10's who need safe physical touch for the above-named reasons. Below are the additional safe practices staff can use when supporting children 10 and under.

Hand Holding

- Staff should offer their hand out to the child. The child must be in control whether they accept this touch. If they do not choose to hold hands with the adult, the adult must accept this immediately.
- The child must be cooperative throughout, if they start to pull their hand away, staff must release the hand immediately (where safe to do so, for example if near a road the staff member may choose to employ a trained physical intervention instead of letting go completely)
- The hand holding must be an agreed approach between parents/carers, social worker and school team.
- Hand holding can be used for transitions, reassurance, for play and is part of the school's deep pressure techniques (the child must consent to deep pressure being applied to the hands)

Lifting/Carrying

Staff must **not** lift or carry a child.

Sitting on staff's knees/legs

- Sitting on staff's knees/legs can be used for comfort and reassurance
- The child must **NOT** straddle the staff member's legs
- The child must **NOT** be facing the staff member when sat on the staff member's legs
- The child **CAN** sit side on allowing a side hug to be given, with the child's consent
- The child **CAN** sit with their back to staff's body
- Staff can apply deep pressure in this position should the child request this
- This action is to be led by the child. Staff must **NOT** encourage the child to sit on their knee/legs
- If a child indicates they want to get off the staff member's leg, the staff member must ensure this is facilitated immediately

Every child/young person (whatever age) will have a safe touch section in their individual risk assessment which outlines what safe touch is appropriate for them. Not all children under 10 will need or want the above physical touch and this will be clearly outlined in their individual risk assessment.