Simply Sensory
Training and Support
Creating The Building Blocks For Learning

"Live, Laugh, Learn"

POSITIVE & THERAPEUTIC TOUCH POLICY 2026-2027

Child-led • Individualised • Sensory-aware • Safeguarding-focused

Reviewed: September 2026
Next Review Date: September 2027

1. Purpose, Scope and Ethos

Simply Sensory recognises that appropriate physical touch can be an important part of education, communication, sensory regulation, emotional support and physical development, particularly for learners with complex SEND.

Our approach is child-led, trauma-informed and sensory-aware. We recognise that every learner is different and that a blanket “no touch” approach would not meet the needs of all learners. Equally, touch must never be unrestricted or used for an adult’s benefit.

Our guiding principle is:

THE RIGHT TOUCH, FOR THE RIGHT LEARNER, FOR THE RIGHT REASON, AT THE RIGHT TIME — LED BY THE LEARNER AND UNDERPINNED BY SAFEGUARDING.

This policy applies to everyone working with Simply Sensory learners in a paid or unpaid capacity. Examples are not exhaustive; where practice is unclear, staff should seek advice from the Directors or safeguarding lead.

2. Safeguarding Principles

This policy forms part of Simply Sensory’s wider safeguarding arrangements and must be read alongside the Safeguarding and Child Protection Policy, Code of Conduct, Safer Recruitment Policy, Lone Working Policy, Behaviour and Regulation approaches, Physical Intervention/Reasonable Force arrangements, Health and Safety policies, Personal Care arrangements, and individual learner risk assessments and support plans.

Safeguarding is everyone’s responsibility. Staff must maintain a child-centred approach, consider what is best for the individual learner, and report safeguarding concerns without delay through Simply Sensory’s safeguarding procedures.

3. Definitions

Positive Touch

Physical contact used for comfort, reassurance, connection, communication, celebration, play or appropriate social interaction. Examples include high fives, fist bumps, offering a hand, a gentle hand on the shoulder, sitting side-by-side, or a learner-initiated cuddle where appropriate.

Therapeutic / Sensory Touch

Purposeful, planned physical contact used to support sensory regulation, body awareness, emotional regulation, motor development, communication and TACPAC - communication through touch. Examples may include appropriate massage, deep-pressure input, rhythmic tapping or structured physical support. Specialist techniques must only be delivered by appropriately trained or competent staff.

Physical Support

Contact used to enable safe participation, such as supporting sitting, walking, balance, positioning or hand-over-hand learning. This is different from restrictive physical intervention, which is covered by separate procedures. Simply Sensory staff are to work within their capabilities.

4. Principles of Safe Touch

- Child-led: touch must be for the learner, not the adult. Staff must never seek cuddles, hugs or physical affection for their own emotional needs.
- Consent: staff should seek and respect the learner's consent wherever possible. Parent/carer consent supports provision but does not override the learner's ongoing wishes.
- Communication: consent or refusal may be expressed through speech, AAC, switches, symbols, signing, gestures, body language, facial expressions, eye gaze, movement, vocalisations or other individual cues.
- Developmental awareness: touch must be appropriate to the learner's developmental level as well as chronological age.
- Individualisation: staff must consider sensory profiles, communication, disability, trauma, medical needs, lived experience and personal preferences.
- Professional boundaries: touch must be purposeful, proportionate, observable where appropriate and capable of being explained.
- Respect: if a learner indicates "no", "stop" or a need for space, staff must stop or change the interaction unless immediate safety procedures require otherwise.

5. Understanding Consent, No and Stop

Some learners may not use speech, but this does not mean they cannot communicate consent or refusal. Staff must learn each learner's individual means of communication.

- Signs of wanting contact may include reaching towards an adult, moving closer, offering a hand, initiating contact, relaxed body language, smiling or using an agreed AAC/switch response.
- Signs of not wanting contact may include moving away, pushing away, turning the head/body, becoming tense, distressed or using an agreed "no" or "stop" response.
- Silence, stillness or compliance must not automatically be treated as consent.
- Where communication is unclear, staff should use the least intrusive approach and seek guidance from the learner's communication/sensory plan, family or relevant professional.

6. Appropriate Positive and Therapeutic Touch

Depending on the individual learner and their plan, appropriate touch may include:

- high fives, fist bumps and other positive greetings;
- holding or offering a hand;
- an arm around the shoulder or gentle reassurance where accepted;
- sitting alongside a learner so they can choose to lean against the adult;
- a learner-initiated cuddle when age- development- and need-appropriate;
- hand-over-hand support during learning activities;
- body-awareness activities and rhythmic tapping;
- appropriate sensory input, massage or deep-pressure strategies within staff competence;
- structured physical support during mobility, motor or independence activities;
- Some learners who are multi-sensory impaired may require body signing and constant physical contact so that they know where you are and feel safe and secure.

Touch should never be used to punish, shame, threaten, force compliance or reward a learner for providing affection.

7. Emotional Support and Reassurance

Some learners may require physical reassurance when anxious, distressed, frightened, overwhelmed or dysregulated. For some children, particularly younger learners or those with significant communication difficulties, an appropriate cuddle or close physical reassurance may be an important part of helping them feel safe.

The interaction must remain child-led, appropriate, proportionate, respectful and responsive to the learner's communication. Staff must never assume that a distressed learner wants physical contact. Some learners require space when distressed, while others actively seek proximity or physical reassurance.

8. Personal Boundaries and Safety

Some learners may seek hugs or close contact from unfamiliar people. Where appropriate, staff should gently redirect this towards safer alternatives such as a wave, high five or fist bump, helping the learner develop awareness of safe relationships and bodily boundaries without shaming their need for connection.

Lap-sitting is not part of Simply Sensory's routine approach. Sitting beside a learner and allowing them to choose proximity should normally be used instead.

Staff should consider whether touch could be misunderstood and should avoid unnecessary, prolonged or secret physical contact.

9. Cultural, Religious and Personal Considerations

Attitudes towards physical contact differ between families, cultures and religions. Staff must not assume that a learner or family is comfortable with touch. Relevant beliefs or boundaries should be discussed respectfully and reflected in individual planning where appropriate.

These considerations must be balanced with safeguarding, the learner's own wishes and any necessary physical support or emergency action.

10. Sexualised Behaviour and Physical Boundaries

As children and young people develop, including through puberty, they may show curiosity or changing awareness around bodies and relationships. Some neurodivergent learners may communicate this through behaviour that adults need to interpret carefully.

Staff should respond calmly and without shame, provide age- and development-appropriate teaching about privacy, consent and personal boundaries, and redirect inappropriate or overly familiar contact towards an appropriate alternative. If appropriate, private time for the learner to explore their bodies/masturbate within their own private space should be acknowledged and offered.

Sexualised behaviour or touch that causes harm, involves another person, coercion, significant distress or raises safeguarding concerns must be recorded and referred through safeguarding procedures. Staff must not dismiss concerning behaviour because a learner has additional needs, but should also avoid assuming that unusual sensory or communication behaviour is sexualised without considering context.

11. Touch That Is Not Appropriate

The following are not consistent with Simply Sensory's Positive Touch Policy: forcing a learner to hug or touch an adult; asking a learner for a cuddle because the adult wants one; kissing a learner; tickling a learner when they have not indicated that they want it; continuing touch after a learner indicates "stop"; touching intimate areas unless specifically required as part of an authorised personal-care procedure; using touch to punish,

shame or control; unnecessary physical contact; secret physical contact; deliberately creating opportunities for isolated physical contact; using physical affection to gain compliance; or using touch for an adult's emotional needs.

Any physical contact that is inappropriate, concerning or difficult to explain must be reported in accordance with Simply Sensory's safeguarding procedures.

12. Vulnerable Learners

Many Simply Sensory learners may be particularly vulnerable to abuse or exploitation because they are non-verbal, have limited communication, significant developmental delay, trauma histories, difficulties understanding boundaries, indiscriminate physical-contact seeking, difficulty recognising unsafe adults, physical disabilities or dependence on adults for care and support.

Staff must balance a learner's legitimate need for positive touch with the need to develop understanding of safe relationships, boundaries and bodily autonomy. Enjoyment of physical contact does not mean that all forms of touch are appropriate.

13. Safeguarding and Restrictive Intervention

All staff must follow Simply Sensory's Safeguarding and Child Protection Policy. Concerns about inappropriate touch, disclosures, boundary crossing, unexplained changes in behaviour or sexualised behaviour must be reported immediately to the DSL using normal safeguarding procedures.

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Staff must not investigate concerns themselves, persuade a learner to change an account or promise confidentiality.

Positive or therapeutic touch must never be used as disguised restraint, punishment or a means of controlling behaviour. However, for some young people, agreed and appropriate therapeutic touch, including deep-pressure or tactile massage, may help reduce agitation, interrupt cycles of self-injurious behaviour and support emotional and sensory regulation. Touch may also be used as a form of distraction where this is appropriate to the individual's needs.

All touch must be person-centred, respectful, proportionate and guided by the young person's needs, preferences, responses and individual support plan. Staff must remain attentive to signs of discomfort, distress or withdrawal and stop immediately if the young person indicates that they do not wish to continue. Any therapeutic touch must be appropriate to the staff member's training and the young person's assessed needs.

Where physical intervention is necessary to prevent harm or manage an immediate safety risk, the separate **Physical Intervention** must be followed.

14. Individual Planning and Parent/Carer Consent

Where positive or therapeutic touch is a significant part of provision, it should be reflected in the learner's sensory profile or risk assessment. This may include preferred touch, touch to avoid, communication of yes/no/stop, sensory strategies, physical support, cultural or religious considerations and safeguarding considerations.

Parent/carer consent will be obtained where appropriate and recorded using the Simply Sensory Positive Touch Consent Form. Consent should be reviewed when needs, communication, preferences or circumstances change.

Personal care is typically provided by parents/carers. However in exceptional circumstances for example if out in the community or swimming and the need arises, we have separate consent and procedures in place. The Positive Touch Consent Form does not authorise personal care.

15. Staff Training and Professional Practice

Staff working directly with learners must understand this policy, safeguarding, professional boundaries, consent, communication differences, sensory processing and trauma-informed practice.

- Staff must understand AAC, switches and individual non-verbal communication where relevant.
- Specialist sensory or therapeutic techniques must only be used by appropriately trained or competent staff.
- Staff should seek advice where medical factors, such as hypermobility or physical conditions, may affect a proposed technique.
- Planned therapeutic touch should be known to the relevant team and documented where appropriate.

16. Recording, Monitoring and Review

Significant or unusual physical interactions should be recorded where appropriate in session notes, incident records, safeguarding records or Simply Sensory's miscellaneous forms. Records should be factual and objective.

This policy will be reviewed annually, or sooner if safeguarding guidance, legislation, professional advice, research, learner/family feedback or organisational practice indicates that changes are needed.

APPENDIX 1 — STAFF QUICK CHECK

- WHY? What is the learner-centred purpose?
- WHO? Is it appropriate for this individual learner?
- CONSENT? Has the learner initiated, accepted or communicated that it is wanted?
- COMMUNICATION? How does this learner communicate yes, no and stop?
- AGE? Is it developmentally/person appropriate?
- SENSORY? Does it fit the learner's sensory profile?
- CULTURE/FAITH? Are there relevant beliefs or boundaries?
- BOUNDARIES? Would this remain appropriate if another person observed it?
- SAFETY? Could the learner be vulnerable or confused about personal boundaries?
- STOP? What tells me the learner wants the contact to stop?

POLICY REFERENCES AND RELATED DOCUMENTS

- Department for Education — Keeping Children Safe in Education 2026 (current edition).
- Department for Education — Working Together to Safeguard Children (current edition).
- Simply Sensory Safeguarding and Child Protection Policy.
- Simply Sensory Code of Conduct and Lone Working Policy.
- Simply Sensory's Behaviour Policy
- Simply Sensory Complaints Policy
- Simply Sensory Equality and Diversity
- Simply Sensory Whistle blowing Policy
- Simply Sensory Sexual Harassment Policy.

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APPENDIX 2 — POSITIVE TOUCH PARENT/CARER CONSENT FORM

This form should be read alongside the Simply Sensory Positive & Therapeutic Touch Policy. Consent supports appropriate provision but does not require a learner to accept physical contact.

Learner details

Learner name: _____

Date of birth: _____

Parent/Carer name: _____

Date: _____

Touch that may be appropriate for this learner (please tick or cross)

- ☐ High five / fist bump / appropriate greeting
- ☐ Holding or offering a hand
- ☐ Sitting alongside / learner choosing to lean against staff
- ☐ Physical support for sitting, standing, walking, balance or positioning
- ☐ Appropriate reassurance when requested or clearly communicated
- ☐ Learner-initiated cuddle where appropriate
- ☐ Body-awareness / tactile sensory activities
- ☐ Rhythm or musical tapping
- ☐ TACPAC communication through touch
- ☐ Appropriate massage / sensory strategies
- ☐ Support when dressing / undressing for swimming
- ☐ Support to remove a jumper / cardigan
- ☐ Body signing and a curriculum delivered through touch for learners with a multi-sensory impairment
- ☐ Other: _____

How my child communicates YES / comfort

_____

_____

How my child communicates NO / STOP / need for space

_____

_____

Cultural, religious or personal considerations

_____

_____

Consent

- I understand that Simply Sensory uses a child-led approach to positive and therapeutic touch.

- I understand that my child may communicate consent or refusal through speech, AAC, switches, gestures, body language, facial expressions, movement, vocalisations or other individual communication.
- I understand that my consent does not mean that my child must accept physical contact.
- I understand that staff will respect my child's ongoing wishes and communication.
- I understand that personal care and change are covered by separate consent.
- I understand that concerns about physical contact are managed through safeguarding procedures.

Parent/Carer name: _____

Signature: _____

Date: _____