

Trust in Touch Checklist		YES	NO	PARTLY
Talking about touch in care				
1	Carers have discussed and debated the role of affectionate touch and closeness in person centred dementia care.			
2	Carers have discussed the different types of touch in the touch list and have considered their role in dementia care.			
3	Carers have discussed the place of emotional intimacy in person centred dementia care.			
Establishing a shared approach to touch				
4	Carers have a shared understanding of the role affectionate touch and closeness plays in person centred dementia care.			
5	The care provider has developed a written statement that represents their approach to touch with confidence and clarity.			
6	Training resources and programmes have been reviewed to ensure the content is consistent with the care providers approach to touch.			
7	The care providers' approach to touch has been communicated to all care partners, staff, family members, visiting professionals and local authorities.			
8	Massage therapies complement a person centred approach to touch rather than compensate for a touch averse culture of care.			
Understanding the experience of touch				
9	Carers have reflected on their experience of the "moment in touch" training exercise and identified the factors that shape people's experiences of touch.			
10	Carers are able to identify the bodily signals of non-verbal consent to touch.			
11	Carers know the difference between task oriented touch and person centred touch and understand their implications for people's well-being.			
Touch and the lived experience of care				
12	A qualitative observational tool is employed to observe and			



	evaluate the lived experience of touch in care on an annual basis.			
13	Lots of different types of person centred touch can be seen happening throughout the day.			
14	Carers are open to being touched affectionately by the people they care for and demonstrate this in their interactions.			
15	Carers use person centred touch within care tasks to reduce the levels of ill-being associated with experiences of task oriented touch.			
Understanding touch and the experience of a dementia				
16	Carers have reflected on the blindfolded touch exercise and understand that a dementia can alter people's approach to touch and sensitivity to other people's body language.			
17	Carers have reflected on a personal experience of task oriented touch to understand "resistance to care" from the perspective of someone with a dementia.			
18	Carers promote consent to task oriented touch by transforming care tasks into opportunities for meaningful relationships and emotionally fulfilling activities.			
Touch and attachment				
19	Carers have been introduced to the concept of attachment and recognise that different attachment styles shape people's responses to care.			
20	Carers adapt their approach to touch and caregiving according to peoples' individual attachment styles.			
21	Carers understand that those people who "cant" or "won't" be helped have an insecure attachment style and are not being "deliberately difficult".			
22	Environmental stressors have been reduced to moderate the attachment needs of people with a dementia.			
Erotic touch and sexual intimacy				
23	Carers have discussed and debated their approach to erotic touch and sexual relationships between people living with a dementia.			
24	Carers recognise that sexual relationships may meet a need for love, comfort, belonging, attachment and can promote well-			



	being.			
25	Carers responses to erotic touch and sexual intimacy between people living with a dementia empowers people with a dementia and promotes individual well-being.			
Touch and caregiving environments				
26	The furniture and layout of the care setting enables people living and working in care to be physically close to each other with comfort and ease.			
27	The caregiving environment has images of affectionate touch in view to remind carers of the importance of physical affection in dementia care.			
28	The care setting is full of stuff within reach of people with a dementia so people can occupy themselves independently of care staff.			
29	The stuff within reach of people with a dementia is appropriate to their functional abilities and the needs implied by their stage of dementia.			
30	People with a dementia regularly handle stuff that relates to who they are and the important chapters of their lives.			





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