

Qualification Unit

This unit forms part of a regulated qualification.

Unit Title: Trauma-Informed Practice in Adult Social Care

Unit Reference Number: T/652/0831

Level: Three (3)

Credit Value: Three (3)

Minimum Guided Learning Hours: 20

Assessment Criterion (The Learner can):	
1. Understand trauma and trauma-informed practice	1.1 Explain what is meant by trauma and trauma-informed practice
	1.2 Describe common sources and types of trauma experienced by adults
	1.3 Explain how trauma can impact behaviour, communication, wellbeing and relationships
2. Understand the principles of trauma-informed practice	2.1 Explain the core principles of trauma-informed practice
	2.2 Describe how trauma-informed practice promotes safety, trust and empowerment
	2.3 Explain how trauma-informed practice supports person-centred and strengths-based care
3. Know how to apply trauma-informed approaches in adult social care	3.1 Describe ways to create physically and emotionally safe environments
	3.2 Explain how to adapt communication and support to reduce distress and re-traumatisation
	3.3 Analyse how to support individuals to maintain choice, control and autonomy
4. Know how to work safely, ethically and reflectively in trauma-informed practice	4.1 Explain the importance of professional boundaries, consent and confidentiality in trauma-informed care

4.2 Describe when and how to escalate concerns or seek additional support

4.3 Reflect on own role in maintaining wellbeing and preventing vicarious trauma

Indicative Content

LO1	<p>AC1.1</p> <p>Definition of trauma as an experience that overwhelms an individual's ability to cope</p> <p>Trauma as:</p> <ul style="list-style-type: none">• A response to events, not just the events themselves• Subjective and experienced differently by individuals <p>Definition of trauma-informed practice as an approach that:</p> <ul style="list-style-type: none">• Recognises the prevalence and impact of trauma• Responds in ways that promote safety and empowerment• Avoids re-traumatisation <p>Distinction between trauma-informed practice and trauma-specific therapy</p> <p>Trauma-informed practice as a way of working, not a clinical intervention</p> <p>AC1.2</p> <p>Types of trauma, including:</p> <ul style="list-style-type: none">• Single-incident trauma• Repeated or complex trauma• Developmental trauma <p>Common sources of trauma, such as:</p> <ul style="list-style-type: none">• Abuse or neglect• Domestic violence or coercive control• Bereavement and loss• Serious illness, disability or injury• Institutionalisation or restrictive care• Discrimination, exclusion or systemic harm <p>Recognition that trauma may be:</p> <ul style="list-style-type: none">• Recent or historical <p>AC1.3</p> <p>How trauma may affect:</p> <ul style="list-style-type: none">• Emotional regulation (e.g. anxiety, hypervigilance, shutdown)• Behaviour (e.g. withdrawal, aggression, avoidance)• Communication (e.g. difficulty trusting, limited expression) <p>Understanding behaviour as:</p> <ul style="list-style-type: none">• A coping strategy• A response to perceived threat or lack of safety <p>Impact on:</p> <ul style="list-style-type: none">• Self-esteem and identity• Ability to form and maintain relationships <p>Links between trauma and mental health, physical health and wellbeing</p>
LO2	<p>AC2.1</p> <p>Core principles, including:</p> <ul style="list-style-type: none">• Safety (physical and emotional)• Trust and transparency• Choice and control

	<ul style="list-style-type: none"> • Collaboration • Empowerment <p>Recognition of strengths and resilience Respect for individuality and lived experience Alignment with values-based and rights-based care</p> <p>AC2.2 Creating environments where individuals:</p> <ul style="list-style-type: none"> • Feel safe and respected • Understand what is happening and why <p>Importance of consistency and predictability How trauma-informed practice:</p> <ul style="list-style-type: none"> • Builds trust over time • Reduces fear and distress <p>Supporting empowerment through:</p> <ul style="list-style-type: none"> • Involvement in decisions • Respecting boundaries • Valuing individuals' voices <p>AC2.3 Trauma-informed practice as an extension of:</p> <ul style="list-style-type: none"> • Person-centred care • Strengths-based approaches <p>Focus on:</p> <ul style="list-style-type: none"> • What matters to the individual • What the individual can do <p>Avoiding deficit-based or judgemental approaches Supporting recovery, independence and wellbeing</p>
LO3	<p>AC3.1 Physical safety measures, such as:</p> <ul style="list-style-type: none"> • Calm, predictable environments • Minimising noise and sensory overload <p>Emotional safety through:</p> <ul style="list-style-type: none"> • Respectful interactions • Clear boundaries and expectations <p>Importance of routine and consistency Responding calmly to distress or escalation</p> <p>AC3.2 Trauma-informed communication, including:</p> <ul style="list-style-type: none"> • Non-threatening language • Clear, simple explanations • Allowing time for responses <p>Avoiding:</p> <ul style="list-style-type: none"> • Power-based or authoritative approaches • Unnecessary questioning or pressure <p>Recognising triggers and early signs of distress Using de-escalation and reassurance strategies</p> <p>AC3.3 Supporting informed choice and consent Balancing safety with autonomy and positive risk-taking Respecting:</p> <ul style="list-style-type: none"> • Personal boundaries

	<ul style="list-style-type: none"> • Right to refuse <p>Involving individuals in planning and review Using advocacy where appropriate</p>
LO4	<p>AC4.1 Maintaining clear professional boundaries Importance of:</p> <ul style="list-style-type: none"> • Consent • Mental capacity considerations <p>Sharing information appropriately and lawfully Protecting trust and emotional safety Avoiding dependency or over-involvement</p> <p>AC4.2 Recognising limits of own role and competence Situations requiring escalation, including:</p> <ul style="list-style-type: none"> • Safeguarding concerns • Significant deterioration in wellbeing <p>Working in partnership with:</p> <ul style="list-style-type: none"> • Mental health services • Safeguarding teams • Advocacy services <p>Following organisational procedures for reporting and escalation</p> <p>AC4.3 Understanding vicarious trauma and emotional impact of trauma-related work Importance of:</p> <ul style="list-style-type: none"> • Supervision • Reflective practice <p>Recognising signs of stress, burnout or compassion fatigue Using self-care and resilience strategies Maintaining professionalism and personal wellbeing</p>

Assessment Requirements

This unit must be assessed in line with Open Awards' assessment requirements and Skills for Care and Development assessment principles. Assessment must be work-based and grounded in the learner's real work practice within an adult social care setting.

Learners must generate assessment evidence that demonstrates full achievement of all learning outcomes and associated assessment criteria for the unit.

While some knowledge evidence may be generated outside of the workplace, final assessment decisions must confirm that knowledge and understanding have been applied effectively in the real work environment, in line with Skills for Care expectations of validity and authenticity.

Assessment evidence may be drawn from a range of methods, selected to ensure validity, reliability and sufficiency, and may include, but is not limited to:

- Direct observation of practice in the workplace
- Reflective accounts demonstrating the application of learning to practice
- Professional discussion to explore understanding, reasoning and decision-

making

- Work-based documentation relevant to the learner's role (for example: policies, procedures, care plans, risk assessments, audits or reports)
- Witness testimony from managers, colleagues or other relevant professionals
- Feedback from individuals, staff or partner organisations, where appropriate and permitted.

Where learning outcomes require demonstration of competence or practical skills, direct observation of practice must form the primary source of evidence. Observation should normally take place in person within the learner's work setting, unless otherwise permitted by awarding organisation guidance.

All assessment evidence must be valid, authentic, current, sufficient and reliable, and clearly attributable to the learner. Assessors must ensure that evidence:

- is fit for purpose
- reflects the learner's role, responsibilities and level of autonomy
- demonstrates both knowledge and effective practice, where required by the unit.

Evidence must clearly relate to the learner's own practice and must not rely solely on hypothetical, simulated or generic examples unless explicitly permitted.

Confidential, sensitive or personal information must not be included in learner portfolios. Where such information is relevant, evidence must be anonymised, summarised or referenced in line with organisational policies, data protection legislation and Open Awards requirements.

To comply with Skills for Care principles and trauma-informed ethics, learners must not be required or encouraged to disclose personal trauma or lived experience. Assessors must reframe evidence requests if learners voluntarily disclose sensitive information in order to protect learner wellbeing and prevent re-traumatisation.

Assessment decisions must be made by an appropriately qualified and occupationally competent assessor and are subject to internal and external quality assurance in accordance with Open Awards policies and procedures and Skills for Care expectations.