

Qualification Unit

This unit forms part of a regulated qualification.

Unit Title: Trauma-informed Practice in Adult Social Care

Unit Reference Number: R/652/0868

Level: Five (5)

Credit Value: Six (6)

Minimum Guided Learning Hours: 25

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand trauma-informed practice in adult social care	1.1 Analyse contemporary understandings of trauma and adversity and their relevance to adult social care settings/services
	1.2 Analyse the principles of trauma-informed practice and how these differ from trauma-aware approaches
	1.3 Analyse the potential impact of trauma on: <ul style="list-style-type: none"> a. individuals b. families and carers c. the workforce d. adult care systems and environments
	1.4 Evaluate how trauma-informed practice aligns with person-centred, strengths-based and safeguarding approaches
	1.5 Evaluate ethical, legal and professional considerations associated with trauma-informed practice in adult care leadership
2. Understand the role of leadership and organisational culture in trauma-informed practice	2.1 Evaluate the responsibilities of leaders and managers in embedding trauma-informed values and behaviours
	2.2 Analyse how organisational culture, power dynamics and decision-making affect trauma-informed practice
	2.3 Analyse how psychologically safe environments support trauma-informed practice for individuals and staff

	2.4 Evaluate the contribution of trauma-informed leadership to workforce wellbeing, service quality and sustainability
3. Be able to lead the implementation of trauma-informed practice	3.1 Assess current policies, procedures and practices against trauma-informed principles
	3.2 Lead the development or revision of systems and agreed ways of working to embed trauma-informed practice
	3.3 Lead practice that promotes safety, trust, choice, collaboration and empowerment
	3.4 Ensure responses to trauma-related behaviours reduce the risk of re-traumatisation
	3.5 Integrate trauma-informed practice across safeguarding, risk management, supervision and quality assurance processes
4. Be able to lead, evaluate and improve trauma-informed practice	4.1 Analyse the impact of trauma-informed practice on outcomes for individuals and others
	4.2 Analyse the impact of trauma-informed practice on workforce wellbeing and organisational culture
	4.3 Lead supervision, support and development approaches that promote a trauma-informed workforce
	4.4 Use feedback, data and evidence to identify areas for improvement in trauma-informed practice
	4.5 Lead continuous improvement activities to strengthen trauma-informed practice, including through partnership working

Indicative Content

LO1	<p>AC1.1</p> <p>Definitions of trauma, adversity and complex trauma</p> <p>Types of trauma relevant to adult social care (e.g. childhood adversity, abuse, neglect, loss, institutional trauma, systemic discrimination)</p> <p>Adverse Childhood Experiences (ACEs) and life-course perspectives</p> <p>How trauma presents across adulthood and later life</p> <p>Relevance of trauma theory to adult care leadership, service design and decision-making</p> <p>Limitations of purely behavioural or compliance-based responses in adult care</p>
-----	--

	<p>AC1.2 Core trauma-informed principles (e.g. safety, trust, choice, collaboration, empowerment, cultural humility) Differences between:</p> <ul style="list-style-type: none"> • trauma-aware • trauma-sensitive • trauma-informed <p>Shift from “What’s wrong with you?” to “What happened to you?” Implications for leadership responsibility and accountability Risks of superficial or tokenistic adoption of trauma-informed language</p> <p>AC1.3 Impact of trauma on:</p> <ul style="list-style-type: none"> • behaviour, engagement and relationships • emotional regulation and communication • trust in services and authority <p>Trauma within families and caring relationships Workforce impacts: vicarious trauma, moral distress, burnout Organisational impacts: cultures of control, fear, blame or avoidance How trauma can shape service cultures, policies and risk responses</p> <p>AC1.4 Alignment with person-centred and outcomes-based practice Strengths-based and asset-based approaches in trauma-informed care Trauma-informed safeguarding: balancing protection, autonomy and empowerment Avoiding re-traumatisation through risk-averse or overly restrictive practice Trauma-informed approaches to engagement, consent and choice</p> <p>AC1.5 Ethical principles: dignity, respect, autonomy, beneficence, non-maleficence Legal duties relevant to trauma-informed leadership (e.g. safeguarding, mental capacity, equality legislation) Professional accountability of leaders and managers Managing boundaries, consent and confidentiality in trauma-informed contexts Risks of harm where trauma-informed practice is misunderstood or misapplied</p>
LO2	<p>AC2.1 Leadership accountability for organisational culture Modelling trauma-informed behaviours and language Decision-making that reflects trauma-informed principles Embedding trauma-informed values into vision, strategy and governance Leadership consistency and integrity in practice</p> <p>AC2.2 Power dynamics between leaders, staff and individuals Organisational hierarchies and control-based cultures How policies and procedures can unintentionally reinforce trauma Inclusive and participatory decision-making approaches Challenging punitive or compliance-driven cultures</p> <p>AC2.3 Meaning of psychological safety in adult care settings Links between psychological safety, learning and openness Creating safe spaces for challenge, reflection and learning</p>

	<p>Supporting staff to raise concerns, mistakes and learning needs Impact of psychological safety on quality and safeguarding</p> <p>AC2.4 Relationship between leadership style and workforce wellbeing Trauma-informed leadership as a protective factor against burnout Impact on retention, morale and professional identity Links between trauma-informed culture and quality outcomes Long-term sustainability of services through supportive leadership</p>
LO3	<p>AC3.1 Reviewing organisational policies and procedures through a trauma-informed lens Identifying gaps, risks and unintended harms Use of audits, reflective tools and staff feedback Involving individuals and staff in assessment processes Prioritising areas for development</p> <p>AC3.2 Policy development and revision processes Embedding trauma-informed principles into everyday systems Aligning procedures with safeguarding, risk and quality frameworks Supporting staff understanding and ownership of change Monitoring implementation and consistency</p> <p>AC3.3 Translating principles into day-to-day leadership practice Supporting staff to adapt approaches to individual needs Reducing coercive or controlling practices Promoting co-production and shared decision-making Creating predictable, transparent environments</p> <p>AC3.4 Understanding behaviour as communication Trauma-informed responses to distress and challenge Avoiding punitive or exclusionary responses Supporting staff to reflect on emotional responses Learning from incidents to improve practice</p> <p>AC3.5 Trauma-informed safeguarding approaches Positive risk-taking and proportional responses Embedding trauma-informed reflection into supervision Using quality assurance to monitor impact Aligning trauma-informed practice with continuous improvement</p>
LO4	<p>AC4.1 Measuring outcomes beyond compliance Individual experience, engagement and trust Impact on families, carers and advocates Using qualitative and quantitative feedback Learning from lived experience</p> <p>AC4.2 Workforce wellbeing indicators</p>

Culture change over time
Links between trauma-informed leadership and staff confidence
Reflective practice and learning cultures
Evaluating unintended consequences

AC4.3

Trauma-informed supervision models
Reflective and restorative supervision practices
Supporting emotional literacy and resilience
Boundaries and self-care for leaders and staff
Creating learning pathways for staff

AC4.4

Feedback mechanisms (individuals, staff, partners)
Use of audits, reviews and quality data
Learning from safeguarding incidents and complaints
Evidence-based improvement planning
Balancing data with professional judgement

AC4.5

Continuous improvement cycles
Working with partners and external agencies
Shared learning across systems
Embedding trauma-informed practice beyond the organisation
Reviewing impact and sustaining change

Assessment Requirements

This unit must be assessed in line with Open Awards' assessment requirements and Skills for Care & 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 evidence that demonstrates full achievement of all learning outcomes and associated assessment criteria for each unit.

Learning Outcomes 1 and 2 are primarily knowledge and understanding, but assessment must still demonstrate application to the learner's setting/service.

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.

Assessment evidence may include a range of methods, selected to ensure validity and reliability, including but not limited to:

- Direct observation of practice in the workplace
- Reflective accounts demonstrating application of learning to practice
- Professional discussion to explore understanding, reasoning and decision-making
- Work-based documentation relevant to the learner's role (e.g. policies, procedures, plans, audits, reports)
- Witness testimony from managers, colleagues or relevant professionals
- Feedback from individuals, staff or partner organisations, where appropriate.

Where learning outcomes require demonstration of competence, direct observation of practice should form the primary source of evidence. Observation should normally take place in person in the learner's work setting.

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 and level of responsibility, and demonstrates both knowledge and effective practice, where required.

Evidence must be clearly attributable to the learner and reflect their role, responsibilities and level of autonomy within the adult social care setting.

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

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