

Best Practice Guidelines for embedding a Trauma Informed Approach into peacebuilding programmes for youth focused settings.

Authors: Dr Colette Ramsey, Dr Tara O' Neill, Rebecca Barrett, Dr Karen Kirby, Professor Siobhan O'Neill.



Contents

1.0 Introduction	3
2.0. Defining a Trauma Informed Approach (TIA) for peacebuilding	4
3.0. Best practice guidelines.	5
4.0. Summary of the guidelines	6
Guideline 1. Integrate Trauma Informed Practice (TIP) throughout the organisation through leadership, policy, and training.....	6
Guideline 2. Create safe and supportive environments.....	10
Guideline 3. Trustworthiness and transparency	10
Guideline 4. Peer support	11
Guideline 5. Collaboration and mutuality.....	12
Guideline 6. Empowerment, voice and choice	13
Guideline 7. Inclusivity: cultural, historical and gender issues	15
Guideline 8. Promote and develop social and emotional learning.....	16
Guideline 9. Quality design and continuous evaluation and improvement.....	17
Guideline 10. Community resilience and peacebuilding	19
5.0. Summary.	20
6.0. References.....	21

Table of figures

Figure 1: The 4 Rs of Trauma Informed Care (SAMHSA, 2014)	7
Figure 2: Six Guiding Principles to a Trauma Informed Approach (CDC & SAMHSA, 2020)	9
Figure 3: Socio-ecological model for locating resilience factors (Artemis Research, 2017).....	19

These guidelines were produced as an output from the OUR Generation (OG) Project. The OG Project is a European Union PEACE IV funded programme, managed by the Special EU Programmes Body (SEUPB) and match funded by The Executive Office in Northern Ireland and Department of Rural and Community Development in Ireland from January 2020 to September 2023. It is a cross-border partnership of seven regional organisations, led by Action Mental Health in partnership with Donegal Youth Service, Co-operation Ireland, Youth Action NI, Youth Work Ireland, PlayBoard NI, and Ulster University.

1.0 Introduction

The conflict in Northern Ireland (NI) was characterised by widespread distress and trauma exposure, and studies demonstrate an increased prevalence of trauma symptoms and mental illness in the population (Bunting et al., 2013). The impact of the trauma continues to affect many of those who directly experienced the years of violence (Ferry et al., 2017), and also impacts the mental health and wellbeing of their families and the next generation (O'Neill et al., 2015). In recent years there has been a recognition of the need to actively promote integration between the communities and specific peacebuilding initiatives. These include initiatives in education settings, as well as community level projects, including sports and arts initiatives.

The project from which these guidelines originated, The OUR Generation (OG) Project, had a remit to engage with children and young people (C&YP) and their key contacts in education, youth, and community settings across the five Urban Village Areas in Northern Ireland and the border counties of Ireland. These programmes were based on the premise that emotional resilience is the foundation of peace building; that emotional intelligence, self-awareness, and coping skills provide individuals with the context necessary to collaborate to resolve the complex issues affecting our society. They offered accessible, age-appropriate prevention, early intervention, and wellbeing activities. These programmes were delivered on a cross-border and cross-community basis, supporting the mental and emotional wellbeing of children and C&YP, and empowering them with skills and confidence which can help address the intergenerational impact of trauma, and build a more peaceful and prosperous society.

Staff from Ulster University School of Psychology, in collaboration with the OG project partners, developed a bespoke monitoring and evaluation framework to facilitate the quality assurance and evaluation of the OG Project. These processes included the following:

1. A review of the literature on building peace through resilience and Trauma Informed Practice (TIP)
2. Reviews of programme resources
3. Programme observations
4. Annual Quality Assurance Report, including results from participant surveys
5. Engagement with stakeholders to determine which practices were effective and acceptable

The outcomes and findings from these processes have been consolidated in these best practice guidelines. The guidelines aim to support organisations who are developing or delivering peacebuilding programmes to C&YP and adults, including schools, after school clubs, youth clubs, arts and sports organisations, and other organisations working with these

groups. The purpose of the guidelines is to outline how organisations can promote and develop resilience and peacebuilding in a trauma-informed way that is safe and effective.

These guidelines have been developed for professionals, boards of management, leadership and management teams, parents' associations, and any other groups. They have been developed to support those working in these areas, at all levels, to inform programme development, organisational policies, and procedures, and to foster a comprehensive and effective "whole organisation" approach.

2.0. Defining a Trauma Informed Approach (TIA) for peacebuilding

It is vital that we, as a society, recognise the prevalence and impact of trauma, including the impact of adverse childhood experiences (ACEs), which can impact the developing child's neurological pathways, and the effects of the years of violence in NI, on multiple generations. We must respond in a way that minimises further harm and promotes healing. The approach is based on an understanding of the biological trauma response, the symptoms of dysregulation (the fight, flight or freeze response) and the unique triggers that result from trauma exposure, particularly in childhood. The creation of a safe space within which a person can express themselves, learn and grow is fundamental. The TIA is also based on a recognition of the importance of relational connections, and the impact on the person's health and functioning, and that of their family, community, and all those with whom they engage. In order to be effective, the commitment to TIP needs to be embedded within the ethos and the values of organisations, especially those who are working in the area of peacebuilding. It should be driven by leadership, and should be evident in how staff are supported, and throughout the working environment generally.

Many of the programmes that aim to address the impact of conflict and division in NI are based on a theory of change that requires intergroup contact. Specifically, programmes may require people from communities, who may have previously had limited contact with other communities, including those who have experienced the impact of the conflict and/or hold overt or subconscious prejudices, to come together to undertake activities. TIP is particularly relevant to these contexts because individuals, especially those with exposure to conflict related trauma, or family or community exposure, may adopt fear responses and become dysregulated. Considerable preparatory work is therefore required to undertake these activities in a safe way, to reduce the risk of harm.

One in four people in NI identify as a victim of the conflict (CVSNI 2021), and it is therefore likely that programmes which discuss the events of the Troubles will resonate with at least some of the participants. TIP is therefore a vital consideration for any programme which involves the discussion of the conflict and particular events directly. For example, details of atrocities, and descriptions of events will impact how the person thinks, feels, and makes

meaning from their own experiences. This may re-traumatise participants, cause very real distress and exacerbate or consolidate the symptoms of trauma-related mental illness by leading to obtrusive thoughts, nightmares, flashbacks, and hypervigilance. Whilst these guidelines provide suggestions regarding how this type of environment might be created, it is important to emphasise that in some cases contact between individuals and groups will not be appropriate and will cause harm. Staff and facilitators need to be able to recognise and respond appropriately to fear-based behaviours and emotional dysregulation. Those involved in peacebuilding programmes need to be highly skilled in providing safe spaces and places, to build trusting authentic relationships, to respond empathetically, and to avoid re-traumatisation through sensitive interaction.

In the OG project, resilience-based programmes were used to promote peacebuilding. Resilience plays a key role in health and wellbeing, meaning that the person can maintain good mental health over time, and cope with stress and transitions (Leppin et al., 2014; Khanlou & Wray, 2014). Resilience is a protective factor mitigating against the impact of ACEs and the negative outcomes associated with trauma exposure (Biglan et al., 2017; Hornor, 2017, Bellis et al., 2017). Resilience programmes support people to become emotionally literate and to regulate their emotional responses. These skills help young people develop positive relationships and navigate stressful and anxiety provoking situations. It helps them develop empathy and skills in perspective taking and negotiation. Investments in resilience as a strengths-based approach, for C&YP particularly, can improve health, education, and employment outcomes (Khanlou & Wray, 2014).

Developing best practice guidelines for organisations working to improve resilience and build peace required a comprehensive approach. In preparing these guidelines the needs and experiences of the participants in the OG programmes were considered, and integrated with best practice from the areas of psychology, traumatology, and youth development, to create a robust framework.

3.0. Best practice guidelines.

This document outlines ten best practice guidelines, to be used as a starting point for organisations delivering programmes to build peace. It is important to note that these guidelines are general in nature and attention should always be paid to emerging research and best practices in TIP. It is also important that any professional or organisations referring to the guidelines, consult with experts and others in their relevant fields to support the adaptation of the guidelines to specific contexts, topics, and the needs of their staff and programme participants.

4.0. Summary of the guidelines

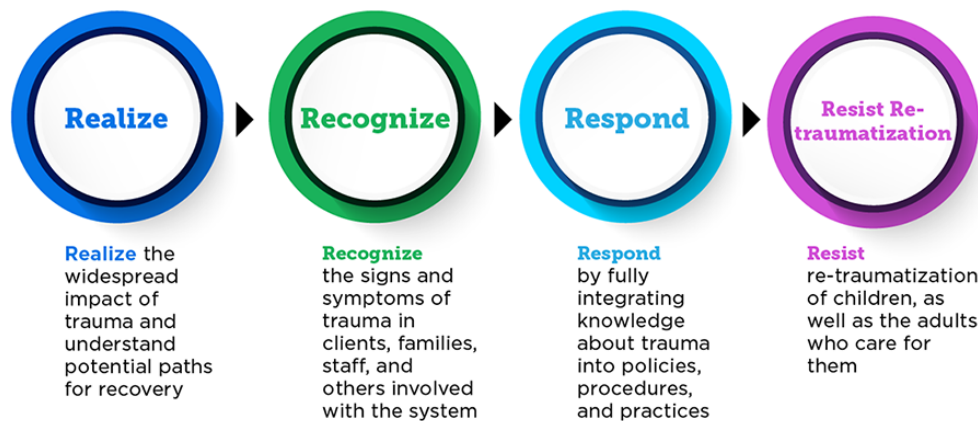
1. Leadership, policy, and training
2. Create safe and supportive environments
3. Trustworthiness and transparency
4. Peer support
5. Collaboration and mutuality
6. Empowerment, voice, and choice
7. Inclusivity: cultural, historical, and gender issues
8. Promote and develop social and emotional learning
9. Quality design and continuous evaluation and improvement
10. Community resilience and peacebuilding

These guidelines set out the recommended approach for organisations to put in place the structural and cultural shifts within which TIP emerges. The starting point is a commitment to reflection and willingness to adapt, and to review of policies and practices in relation to the four Rs of TIP. The subsequent guidelines represent the ways in which each of the six principles of TIP are applied to organisations in NI/Republic of Ireland, and peacebuilding programmes. The final three guidelines refer to promoting emotional resilience, community resilience and peacebuilding, and the need for continuous evaluation and improvement.

Guideline 1. Integrate Trauma Informed Practice (TIP) throughout the organisation through leadership, policy, and training.

The concept of TIP was developed by SAMHSA (2014), who set out the 4Rs, the key premise of a TIA. This framework is a useful way of describing the characteristics of a trauma informed organisation and it is important that the organisation's leadership, policies, and training reflect these characteristics.

The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Figure 1: The 4 Rs of Trauma Informed Care (SAMHSA, 2014)

Realise the widespread impact of trauma and understand potential paths for recovery.

To realise the impact of trauma and paths for recovery, trauma informed organisations fully integrate knowledge of trauma across the organisation. Staff need to have a good understanding of the prevalence and widespread impact of all types of trauma on children and adults. Having a trauma informed workforce, starting with the leadership team, is one of the most powerful mechanisms by which TIP will progress. The development of a set of training standards for staff, or the development of a training plan, is recommended. Staff also need access to opportunities for supervision and safe reflection to support them and reduce the risk of burnout. Organisations should be aware of the high rate of secondary traumatic stress and burnout in service providers, and staff who are working with those who have experienced trauma. In addition to the clear impact on their wellbeing, it can also affect their ability to identify and respond to trauma among those with whom they work, and the quality of provision (Damian et al., 2017; Whitfield & Kanter, 2014, Perry, 2003). There is therefore a need for leaders and facilitators to have an elevated level of awareness of their own traumatic exposures and personal stress responses. It is vital that leaders promote a culture of self-awareness and self-care to foster organisational resilience (Damian et al., 2017). Self-awareness and structured opportunities for self-reflection are also key for facilitators so that staff can identify how delivering programmes and activities has impacted them. In line with this, resources for both internal and external support for facilitators and participants should be available.

Recognise the signs and symptoms of trauma in clients, families, staff, and others involved within the system.

High quality (ideally, evidence-based) training needs to be provided for staff so that they have the skills to recognise and respond to signs and symptoms of trauma in themselves,

clients, families, and others across the organisational system. Workforce training and development is therefore one of the first steps that any organisation can take on the journey towards being trauma informed, and to ensure that they are organisationally ready to identify and respond to people with a history of ACEs and trauma (WAVE Trust, 2023).

Training needs to be delivered in the impact of trauma, recognising trauma responses, and how to respond in a way that promotes emotional regulation. Training will invariably include courses on the impact of trauma, such as “ACEs Level 1 and 2” (Safeguarding Board NI, 2023), however, the training provided also needs to reflect the issues and the populations that the organisation works with. For example, organisations may need to understand neurodiversity, or the needs of LGBTQIA+ people. Organisations should consult with experts, and source training to meet the specific needs identified by their staff. In keeping with the emphasis on promoting emotional regulation through relational attachments, staff should receive training to develop skills in trauma informed, compassionate approaches to facilitation and behaviour management, particularly if they are working with C&YP.

Respond by fully integrating knowledge about trauma into policies procedures and practices. Whilst training standards will ensure that staff are equipped to deliver programmes in a trauma informed manner, it is also essential that the organisation’s policies and practices reflect a TIA. All written policies, procedures and practices need to be scrutinised to ensure that they minimise the risk of retraumatisation, avoid harm, and reflect the principles of TIP. This includes the policies relating to health and safety, staff, governance and relationships with partners, parents, key contacts, and others in the community. The organisation’s practices should incorporate opportunities for management teams, all staff and clients/participants/service users to provide feedback about their experience of the organisation’s policies and practices.

Resist re-traumatisation of children, as well as the adults who care for them. In addition to training staff, organisations should establish clear policies against discrimination, harassment, and violence, and strong procedures for addressing any concerns raised. Organisations should endeavor to create safe spaces which promote inclusivity, respect, trust and encourage open communication, in a context where participants feel heard, valued, understood, and supported (see guideline 2). It is therefore useful to have any programme resources and evaluations, co-produced (or at the very least, reviewed) with participants, and an external team of experts, who would assess them in relation to the principles of a TIA.

Programmes focusing on peacebuilding may include content that relates to trauma, adversity, transgenerational trauma and mental health and wellbeing. These programmes may also cover issues that are related to ACEs and childhood trauma, which may or may not be associated with the Troubles. It is recommended that a “sensitivity warning” is included, so that participants can choose whether they wish to continue. The warning would explain

that all efforts will be made not to trigger or upset any of the participants and outline the protocol for what to do if this happens. It is important to avoid providing detailed descriptions of traumatic experiences because these may lead to distress among participants. There is a real risk that such details may trigger memories in such a way as to exacerbate the symptoms related to post-traumatic stress disorder, or complex/developmental trauma, particularly re-experiencing, obtrusive memories, and hypervigilance. In the delivery of programmes, organisations should therefore be mindful of the possibility that environmental or content-related aspects of a programme may trigger anxiety, fear, or obtrusive memories of traumatic experiences. Participants in peacebuilding programmes should never be asked to share information about traumatic events that they themselves have experienced. Leaders and their delivery teams should undertake a review to identify aspects of the programme that may cause hurt or offence. They should be aware of the impact of symbols, phrases, and other aspects of the environment or discourse, on people from minority backgrounds or those affected by trauma. The groups who are delivering programmes and interventions also need to identify the core components of their organisational culture, design and delivery that require revision to align with the principles of TIP. Care needs to be taken by the organisation when broaching issues such as community differences, divisive views, and opinions to actively resist re-traumatisation (SAMHSA, 2014).

Guidelines 2-8 are based on the six guiding principles to a Trauma Informed Approach.

Figure 2 below outlines the Six Guiding Principles to a TIA.

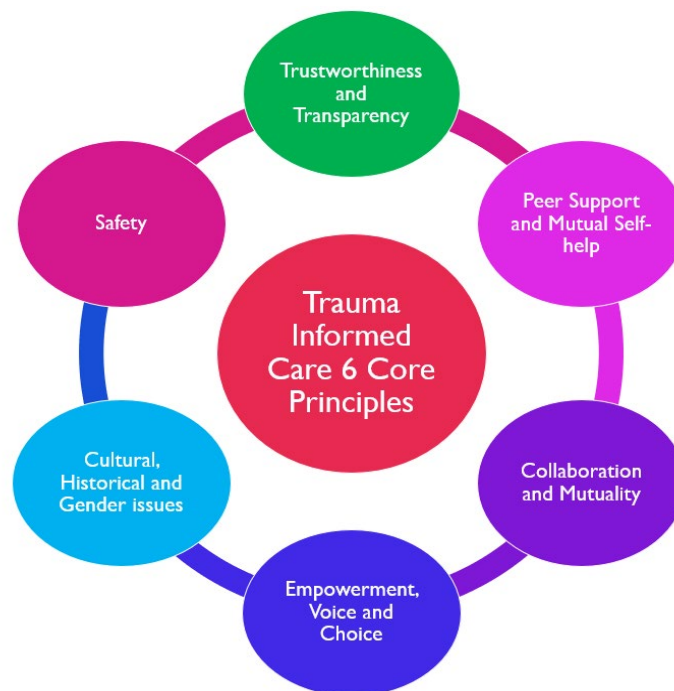


Figure 2: Six Guiding Principles to a Trauma Informed Approach, CDC & SAMHSA, 2020

Guideline 2. Create safe and supportive environments

The development of a safe space for the delivery of programmes, is a critical foundation of a TIA. Safety in this context refers to physical safety and psychological safety, so that participants feel safe from threat, humiliation, or exposure. This safe space should include both the physical environment, and online spaces if participants are required to take part in any online activity (e.g., registration, accessing course content or completing evaluations). OG stakeholders have highlighted the importance of safe and nurturing environments, which foster learning and the development of new skills and tools, to support both their own and the mental health and wellbeing of others. Such safe spaces also serve to build the confidence, knowledge, and resilience, whilst allowing them the opportunity to experience, name, and understand a wide range of emotions and to experience failure, without risk of harm or consequence. Participants should have the option of having a break from programmes, and access to follow on support if necessary.

It is important that all those who engage with the organisation, staff, and participants, experience a sense of safety. The physical setting itself needs to be secure and comfortable, and participants' physical needs must be met. In practice, this means appropriate accommodation, seating, temperature, lighting, food, and washroom facilities. In addition, psychological safety should be prioritised in interpersonal interactions, and all staff and participants should be free to interact without fear of shame, humiliation, or the need for personal disclosures (SAMHSA, 2014). The psychological safety of the group environment can also be enhanced through the collaborative creation of a "Group Contract." This is an additional way to circumvent any issues relating to disclosure and confidentiality and other issues that may arise across programmes. This group contract also allows facilitators to be explicit about the nature of programmes from the outset, ensuring the participants are clear about the boundaries and limits of confidentiality.

Guideline 3. Trustworthiness and transparency

Trust and transparency are essential principles of a trauma informed programme or service, as trust promotes psychological safety. Trust is built by creating a safe and supportive environment where individuals feel heard and respected. Transparency involves open communication about the processes, goals, or any potential triggers or challenges that may arise within the programme (SAMHSA, 2014). All processes and decisions should be made with transparency at the forefront, with the goal of building and maintaining trust with participants, staff, organisations, and stakeholders. Transparency should also exist across all policies and procedures in order to build trust.

Trustworthiness and transparency within organisations should start with a culture of relational connections. Many people have experienced trauma in educational and work settings and enter work, education and social situations with fear and mistrust. Ultimately,

trust and transparency create an environment where individuals feel safe, respected, and empowered, which is essential for TIP to be effective. Establishing strong relationships that have the resilience to move through conflict in a transformative way is essential.

Building trusting relationships with participants and staff on programmes is also of crucial importance to a TIA, and to the efficacy of a programme or service. Learning is not possible when a person is in a state of dysregulation, and the establishment of trust creates the psychological safety necessary for emotional regulation. Peacebuilding programmes which bring together people who have a limited history of contact, or indeed a history of conflict at the group level, need to undertake a considerable amount of work to develop trust, over a period of time. This is particularly important if issues relating to the Troubles are to be addressed within the sessions. Young people who have experienced childhood adversities are vulnerable and experience a lack of trust of adults. Programmes that promote positive and trusting relationships between young people and adults are instrumental in helping develop important life skills including active listening, empathy, and respecting individual and others' experiences. Programmes which evidence these skills such as, ambassador programmes and peer support programmes, provide opportunities for meaningful and trusting engagement and dialogue.

Within a programme or service there is need for transparency and accountability in order to build trust from the outset with participants, and participants should fully understand the overall purpose, goals, and what they can achieve from participation. Participants should therefore be informed of the overall aims and objectives of a programme at the beginning, and there should be a review of these at the end. This helps establish whether the objectives of the programme have been met and participants have gained knowledge and understanding. This ensures trustworthiness and transparency within a group, with the staff member, and an understanding of what to expect from the session(s). It is also important that participants are aware of the boundaries within which the group needs to operate and what their participation can, and cannot, achieve.

Guideline 4. Peer support

Opportunities for peer support should be available within peacebuilding programmes because there is strong evidence that this enhances social connection, trust, and healing. Structured peer support programmes are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and encouraging voice and choice (SAMHSA, 2014). It is therefore beneficial to include peer support programmes in projects addressing peacebuilding and particularly those addressing resilience and mental health and wellbeing specifically. Peer Mentoring programmes implement a social empathy framework which values the empowerment of young people (Wagaman, 2011). Empowerment has been

associated with positive outcomes, particularly among young people, including increases in resilience, self-efficacy, self-esteem, and civic engagement (Wagaman, 2011). Peer influence is powerful and is proven to have an impact, even when other support fails (MENTOR, 2009). One major strength of a peer mentoring programme is that it encourages the young person to play a responsible role in the school or community and ensures that they feel supported. Indeed, research consistently shows that children listen to children, and young people listen to young people; therefore, peers are often in a better position to relate to C&YP than adults or professionals. Stakeholders from schools engaged in OG noted that, following attending a peer programme, pupils were more willing to both help themselves and support their peers, which has a positive impact on pupil wellbeing. This change also reduced teacher stress, as issues were being identified earlier and young people were increasingly looking after each other (MENTOR, 2009).

Creating effective and inclusive peer support using a TIA approach, requires careful planning and sensitivity. Peer support discussion and groups should be facilitated by highly skilled individuals who can establish the structure and boundaries, foster trust and manage challenging situations. In selecting participants for peer support programmes, it is important to choose peers who are empathic, good listeners and approachable, and these skills may be further developed through training. Foremost in these considerations should be training in a TIA to resilience and peacebuilding, and mental health awareness in general. This training should be available for both the peer supporters themselves and the staff who are mentoring, leading, and supporting them. It would also be beneficial for those participating in peer support programmes to gain qualifications to evidence their training and skills.

Resources, including a manual, should be available as part of peer support training programmes. This manual should include other supports available to participants and give clarity on how to access these. It should also include training on how to recognise when someone may need professional help, and the protocols around this. Finally, as per guideline 9, it is important to include a framework for feedback, evaluation, and continual improvement of peer support programmes to ensure they are effective, and they meet the evolving needs of the population that they serve.

Guideline 5. Collaboration and mutuality

SAMHSA (2014) identifies collaboration and mutuality as a crucial element of trauma informed programmes. Importance is placed on collaboration as true partnership, the levelling of power structures (as far as possible), and shared decision-making. Importantly, there is recognition that everyone involved is valued, and has a role to play in a TIA.

Trauma informed programmes should invest in collaboration and mutuality to create supportive environments where participants, staff, organisations, and stakeholders, and

particularly young people and marginalised groups, work and grow together. Programmes should seek to embody a collaborative approach that is inclusive, leaderful, and embedded in authentic engagement (Koslouski, & Stark, 2021). This could include both interdisciplinary and regional collaboration, by establishing partnerships with local organisations, schools, youth centres, and community leaders to enhance the support networks available to participants. Collaboration should also be extended to families and caregivers as this can promote a comprehensive approach to addressing trauma, building resilience, and fostering peace. Resilience programmes should adopt a bio-ecological approach, which should include individual, family, and community. Inclusion of these factors and the collaborative co-design of programmes would ensure that all aspects of an individual's life are considered and acknowledged.

Collaboration and mutuality should also be evident within programme content and delivery, and the implementation of a strengths-based approach is instrumental to achieving this. Because much of the content in resilience and peacebuilding programmes may focus on the negative impacts of trauma, mental health, and conflict, it is crucial that organisations implement practices which showcase individual and community strengths, or assets, as well as the needs and difficulties of participants. Research evidence illustrates that focusing on strengths and resilience, and stories of hope, encourages the development of skills, talents, and positive coping strategies (Chafouleas et al., 2021).

Guideline 6. Empowerment, voice, and choice

Empowerment, voice, and choice are crucial elements to incorporate into programmes to ensure their effectiveness and relevance. Respecting an individual's autonomy and right to make decisions about their wellbeing is a fundamental principle. Ensuring individuals have a voice and choice in participation is therefore key to a TIA. While, C&YP may not have the same decision-making capacity as adults, involving them in decisions that affect their lives respects their growing autonomy, sense of empowerment, and builds trust (guideline 3) further. Therefore, informed consent should be received from all participants, as well as those holding parental responsibility, to engage in the programme. They should understand the risks and benefits, so that they can make an informed decision about attending. In line with this, participants should also be given the opportunity to choose involvement within the programme content, and whether they are comfortable participating with various elements. Lack of choice can equate to lack of power, and vulnerability for individuals and can potentially be experienced as a reminder of their trauma (being overpowered and having no control), leading potentially to a sense of hopelessness. Participants should always be reminded that they can withdraw or not take part at any time, without consequence. OG C&YP stakeholders highlighted the importance of providing choice in programmes, and optional icebreakers and group activities, to help circumvent anxiety and introversion.

An empowerment model gives participants choice and control, and uses clear, transparent language. Again, organisations need to acknowledge the impact of power differentials, and how these have in the past led to people being diminished and voiceless. Programme participants should be supported in shared decision-making, and goal setting to determine individual plans of action. Organisational structures should foster empowerment for staff and clients alike. This is a parallel process, as staff need to feel safe and supported in order to provide emotional regulation and support to the people receiving their services. Staff should therefore be empowered to do their work by adequate organisational support and excellent leadership. (SAMHSA, 2014). Efforts should be made by organisations to share power and to give clients and staff a strong voice in decision-making, at both individual and organisational levels. Each level of the organisation, including management, operations, service delivery and staff training, should be designed to be empowering for both staff and participants. Ultimately, trust and transparency create an environment where individuals feel safe, respected, and empowered, which is essential for TIP to be effective.

Resilience programmes, and programmes addressing mental health and wellbeing should, by their very nature, include strategies which empower participants, such as self-care, stress management, emotional regulation, and mindfulness practices; and they should provide access to resources for mental health support. To further promote empowerment, participants and representatives should be involved in programme development, and in decision-making processes relating to the programme. This collaboration will help tailor inclusive programmes to their specific needs, ensure their voices are heard and lead to greater ownership and engagement.

Again, a strengths-based approach is recommended, which focuses on young people's strengths and resilience and also supports the development of skills, talents, and positive coping strategies. This approach adopts a practice that builds on competencies, supports them to make decisions for themselves and focuses on enhancing their strengths, rather than fixing deficits (Green et al., 2004). Organisations should also ensure that flexibility, options, and choices are built into programmes, which allow participants to make decisions about their involvement in the activities within the programme, which can foster a greater sense of autonomy. Programmes should recognise and reinforce their achievements and progress through a continuous feedback loop. Mechanisms such as self-reflection, or group discussion could be used to gather regular insights into what is working and what needs improvement and programmes continually adapted to meet changing needs identified. Finally, programmes should consider the long-term impact of the programme. Empowerment, voice, and choice should extend beyond the programme and encourage active citizenship so that participants may act of agents of change, or advocates, within their communities and wider society. This in turn builds empathy, intercultural awareness, and good relations, whilst contributing to the promotion of peacebuilding.

Guideline 7. Inclusivity: cultural, historical and gender issues

Trauma informed programmes should recognise the impact of trauma on individuals and the wider community, and as such it is important that they work to acknowledge and address cultural, historical, and gender issues. The SAMHSA's (2014) concept for a TIA delineates that organisations should actively move past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography). They should also offer responsive services, which leverage the healing value of traditional cultural connections, whilst also recognising and addressing historical trauma that certain groups have experienced.

Programmes should seek to acknowledge and respond to cultural, historical, and gender issues, by balancing the need to understand, honour, and address cultural and intersectional differences, and offer culturally competent and gender responsive services. Participation and diversity objectives should be continually assessed in trauma informed programmes, to ensure involvement of hard to reach and excluded participants. This should be embedded as a fundamental objective in programmes, thereby ensuring the encouragement of participation for young people from all groups including those with educational and disability needs, LGBTQIA+, and ethnic and minority groups. Diversity, and exposure to different social and community groups promotes identity complexity, and an understanding and awareness of different perspectives (Prati et al., 2020). If undertaken in a way that is trauma informed, these activities may lead to shifts in social development that promote integration and mutual understanding. Research also shows that this teaches young people how to use their own strengths and points of view to contribute to a diverse environment (Galloway, Reynolds & Williamson, 2020). Furthermore, promoting awareness and creating a personal connection with diverse cultures in a learning environment can address prejudice through the promotion of empathy. This fosters a greater awareness of the experiences of someone of a different race or cultural group may face. Again, intergroup contact needs to be carefully managed and delivered in a safe setting with a skilled facilitator. Programmes need to be culturally sensitive, acknowledging, and respecting differences.

Gender issues play a significant role in trauma experiences. Programmes should be sensitive to the unique traumas and needs of different genders, including transgender and non-binary individuals. Organisations should use open and inclusive language when addressing participants to ensure that it is not gender specific. They should avoid framing discussions or content from a heteronormative perspective, including discussions about relationships. This will support the development of safe spaces for those who identify as a gender other than male or female. They should seek relevant information on participants' identities prior to a session, so that they can adapt the language used and the materials to convey respect and support inclusivity. Programmes with content relating to gender and sexuality may encourage participants to reflect on their self-identify, understand that identity is personal, and encourage acceptance of self and others.

Historical trauma, such as trauma relating to the conflict in NI, has lasting effects on both individuals and communities. Trauma informed programmes must understand and acknowledge these historical contexts to provide meaningful support. Understanding the narratives and sensitivities surrounding these could be essential to the efficacy and suitability of such programmes. Screening for potential triggers or sensitivities that may be particularly relevant to specific groups of individuals or communities is therefore recommended through a review of content and activities. This would ensure that participants are not re-traumatised through insensitive or triggering practices, including the discussion of divisive or contentious issues, and avoiding intrusive questioning. Programmes should therefore be adaptable, inclusive, and culturally competent, to effectively address the unique needs of individuals from diverse backgrounds and histories. Additionally, staff working in programmes such as these, should receive training on cultural competence, historical context, and gender sensitivity for the differing participants.

Guideline 8. Promote and develop social and emotional learning.

The promotion of social and emotional learning (SEL), particularly in C&YPs' programmes, will help develop emotional intelligence, self-awareness, empathy, and conflict resolution skills. Programmes should include opportunities to learn how to articulate and manage emotions, deal with conflict, solve problems, understand others' perspectives, and communicate appropriately. These social and emotional skills are essential for children's development, supporting effective learning, and are linked to positive outcomes (Panayiotou, Humphrey & Wigelsworth, 2019).

School based programmes to build resilience should include features shown to improve student social and emotional wellbeing and ability to cope with stress, as well as improve skills to help navigate challenges, and manage their lives (Henderson, 2013). In particular, programmes should include elements of problem-solving and conflict resolution skills, as these have been shown to contribute and encourage open communication, helping participants understand different perspectives. Additionally, programmes should aim to build and promote empathy, by incorporating this within content, by discussing the feelings and experiences of others, and encouraging participants to consider how their actions impact others (for example restorative practices, Weber & Vereenoghe, 2020).

An individual's capacity to self-regulate and manage their emotions and actions is an important life skill. Programmes should incorporate elements of emotional regulation in both the content and in the programme materials. These could include mindful breathing and relaxation techniques and flexible thinking. The introduction of these skills in young people exploits an optimum time for brain malleability and can have a lifelong impact on health, social and educational outcomes (Pandey et al., 2018; Rosanbalm & Murray, 2017). Recognising and communicating our emotions, and the ability to read others' emotions, promotes dynamic and reciprocal social interactions (LaMorte, 2016). Leaders and caregivers

therefore need to be able to self-regulate in order to co-regulate others. Consequently, it may be useful for organisations to include more content on emotional recognition and training for staff.

Organisations such as schools can also promote increased resilience by providing role models and mentors; clear, consistent boundaries; teaching life skills; providing care and support; communicating high expectations; providing opportunities for meaningful engagement and encouraging positive social relationships (Henderson, 2012). Teachers should also understand how to use their own resilience skills in the school context and should role model these skills to promote the development of these skills in students (Papatraianou et al., 2014).

Guideline 9. Quality design and continuous evaluation and improvement

Programmes should be developed by professionals and experts, including experts by experience, and informed by the academic literature and research evidence. The programme should be based on a coherent theory of change, set out in the manual, with identifiable outcomes linked to that theory. Digital resources are recommended, as this promotes accessibility, and the content can be more easily updated. Digital resources also address confidentiality concerns regarding the storage of workbooks which may contain personal participant information. Resources that can be used both during and after programmes, can help embed programme content, and provide valuable tools for use in future. Activity and information booklets and guides for participants give added value to programmes, and for younger children can be a highly beneficial resource for participants and parents/ carers. The resources should also include supports that can be accessed following participation. A facilitator manual for each programme is necessary to ensure that facilitators can plan and implement informative programmes in a way that aligns with the theory of change and TIP. This manual should aim to standardise the delivery of the programme content whilst providing guidance on managing open ended discussions and challenging scenarios. In keeping with the TIP emphasis on self-care and safe practice (guideline 1 – Integrate TIP throughout the organisation through leadership, policy, and training). The manual should also include information on facilitator self-care, supervision, and reflection, as this is critical when working with anyone who may have experienced trauma or dealing with sensitive discussions.

A robust monitoring and evaluation (M&E) framework should also be established at the outset, and the information collated should be used to make informed adjustments to programmes and drive ongoing quality improvement. The framework should use quantitative methods to establish the extent to which the programme is achieving the change, and which groups are more or less likely to benefit. Qualitative methods should be used to identify unintended consequences and aspects of context or delivery that may be

less effective, or cause triggers or distress. Data should be collected on programme outcomes, as well as participant and staff experiences over time. Outcomes should include established measures of variables related to resilience and peacebuilding (as set out in the theory of change), and factors associated with these, such as coping and problem-solving, perspective taking, empathy, mental health and wellbeing, intergroup trust, intergroup contact, and outgroup attitudes. The use of standardised measurement scales is helpful because it allows comparison with other studies (Chmitorz, et al., 2018). An increasing number of funders use digital records and evaluation processes, it is therefore recommended that organisations have the competence and resources for digital record keeping and evaluation.

All new programmes should be subject to pilot testing, as this is critical step to help mitigate potential risks and refine the content, structure, and delivery methods, to ensure alignment with TIP. Importantly, this can also help evaluate outcomes, as piloting can provide an opportunity to assess the programme's potential effectiveness and whether it produces the desired outcomes. Pilot testing is also an opportunity to test the evaluation methods and the suitability of the measures and scales. Further, this helps assess the practicality and feasibility of the programme in a real-world setting, and whether the programme can be implemented as planned, within the available resources. Prior to delivery, the materials and resources should be reviewed to ensure that they are suitable for the participant groups, with consideration given to participants from marginalised communities and those affected by stigma and discrimination. Gaining stakeholder input and involving stakeholders, including participants, practitioners, and experts, during the pilot phase, is also crucial and can provide valuable insights and perspectives that shape the final programme. Engagement in programmes is key to their success so it is important to monitor this to identify any barriers, such as programme timings, participant numbers, structure, content, or issues around inclusivity. Factors to consider here include cultural, gender identity, sexuality, and political sensitivities.

Continuous quality assurance, evaluation, and improvement, involving participants and key stakeholders, is essential. Quality assurance should focus on the issues identified in emerging research, literature on best practice in TIC; and should be responsive to the evolving needs of individuals, groups, and communities. It is therefore crucial that organisations continue to consult with experts to support the adaptation of the guidelines to specific contexts or topics, the needs of the organisation and participants. The long-term impact of programmes should also be considered with a focus on sustainability and an aim to extend the outcomes and impact beyond the programme's duration, leading to sustainable positive changes in participant's individual, family and community lives. Organisations should foster a culture of continuous learning and improvement, supporting staff members to maintain and develop their skills and stay updated with the latest research and best practices in TIP.

Guideline 10. Community resilience and peacebuilding

The ecological approach to promote the development of resilience acknowledges that there are multiple levels of influence on a person’s development, including parents, family, school, workplace, and community. Inclusion of these factors in programmes ensures that all aspects of an individual’s life are considered (Waller, 2001; Khanlou & Wray, 2014). The socio-ecological model of resilience factors shown in Figure 3 can support the development of an ecological approach within programmes.

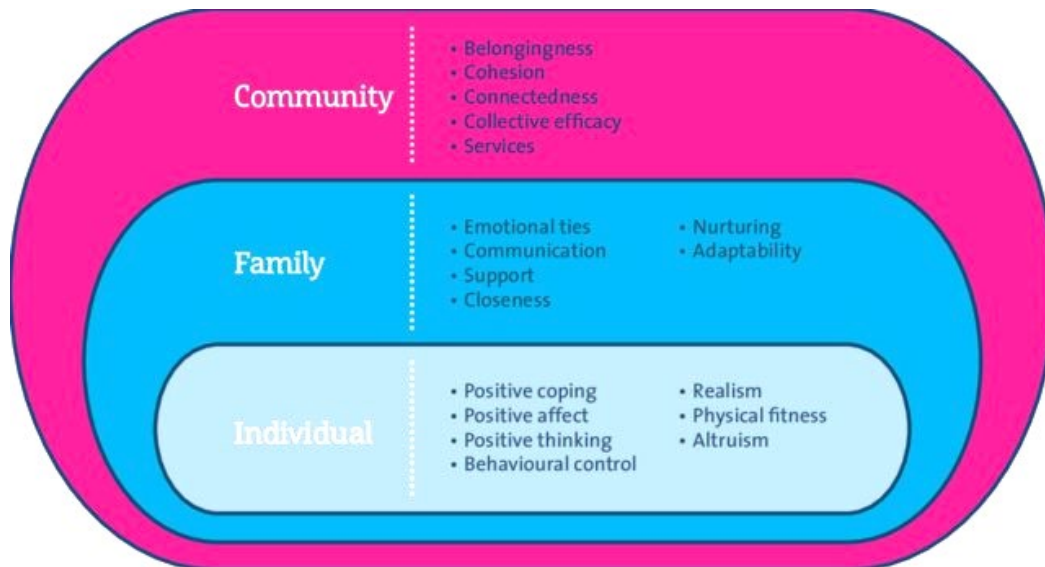


Figure 3. Socio-ecological model for locating resilience actors (Artemis Research New Zealand, 2017)

Programmes developed to enhance individual resilience should include features which improve resilience by enhancing connectedness within each level. This includes relationships in schools and workplaces and also in community settings, such as in community groups and in arts and sports settings (Zolkoski & Bullock, 2012; Afifi & MacMillan, 2011; Bunting et al., 2019; Bellis et al., 2017; Hughes et al., 2018). Features that are important for building youth resilience could be incorporated into community resilience programmes, such as the use of problem-solving strategies to strengthen coping, and reinforcing hope in young people’s lives, to strengthen their belief in a positive future (Henley, 2010).

Family or household resilience building could include ways of strengthening family relationships and improving communication (Zolkoski & Bullock, 2012; Bellis, 2017; Bunting et al., 2019; Ford et al., 2020; Afifi, & MacMillan, 2011). Supportive parenting and parental empowerment have both demonstrated significant benefits on children’s emotional and behavioural development. Furthermore, providing evidence-based parenting programmes at the individual, family and community level can prevent the generational transmission of ACEs. Additionally, it is important to collect information about community needs on a

regular basis, so that ACE-related programmes and activities reach the families who would most benefit.

Programmes aimed at enhancing individual and family resilience could draw links between individual resilience, community resilience and peace. Enhancing community resilience through the application of an ecological approach should include regular participation in community activities and events and with social groups and civic engagement; the development of peer supports and friendship networks, and participation in community events and cultural traditions. All of these activities have been shown to promote community resilience and relate to peace building and transformation (Bunting et al., 2019; Hughes et al., 2018; McKeown & Taylor, 2017). It is important to include features of improved peacebuilding into programmes at all levels. Again, such features would include intergroup contact; trust; the promotion of empathic concern and perspective taking (Molm et al., 2000; Dovidio et al., 2002, 2010; Todd & Galinsky, 2014; Miklikowska, 2012).

5.0. Summary.

The ten guidelines outlined have been developed from the learning from the OG, SEUPB Peace IV funded Project and can be used as a foundation for organisations developing programmes, to build peace and improve resilience. This list is not exhaustive, TIP necessitates a commitment to deep reflection, leadership, and ongoing training across the whole organisation, as well as strong leadership. Nonetheless, these guidelines provide a flexible framework and a starting point for organisations and programmes as they embark on a journey of change. TIP is a paradigm shift with ongoing work to improve knowledge, skills, and attitudes amongst all staff. It will require time, trial and error, and a genuine and persistent commitment to the goal of recognizing the extent of trauma, and working to reduce trauma, avoid traumatization, and promote healing and growth.

Applying the TIA to peacebuilding work is critical to ensuring a safe, supportive, trusting, inclusive and empowering environment. The four Rs of TIA should be considered in developing all programmes as outlined in guideline one. By incorporating these guidelines into programmes, organisations can create a comprehensive initiative that empowers participants, builds resilience, and promotes peace in their lives and communities.

6.0. References.

Affi, T. O., & MacMillan, H. L. (2011). Resilience following child maltreatment: A review of protective factors. *The Canadian Journal of Psychiatry*, 56(5), 266-272.

Artemis Research NZ Ltd. (2017). *Journeys of Resilience: From Adverse Childhoods to Achieving Adulthood*. Super.

Bellis, M. A., Hardcastle, K., Ford, K., Hughes, K., Ashton, K., Quigg, Z., & Butler, N. (2017). Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences—a retrospective study on adult health-harming behaviours and mental well-being? *BMC psychiatry*, 17(1), 110.

Biglan, A., Van Ryzin, M. J., & Hawkins, J. D. (2017). Evolving a more nurturing society to prevent adverse childhood experiences. *Academic Pediatrics*, 17(7), S150-S157.

Bunting, B., Murphy, S., O'Neill, S., & Ferry, F. (2013). Prevalence and treatment of 12-month DSM-IV disorders in the Northern Ireland study of health and stress. *Social psychiatry and psychiatric epidemiology*, 48(1), 81–93.

Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., & Davidson, G. (2019). Trauma informed child welfare systems—a rapid evidence review. *International journal of environmental research and public health*, 16(13), 2365.

Chafouleas, S. M., Pickens, I., & Gherardi, S. A. (2021). Adverse childhood experiences (ACEs): translation into action in K12 education settings. *School Mental Health* 13, 1–12.

Chmitorz, A., Kunzler, A., Helmreich, I., Tüscher, O., Kalisch, R., Kubiak, T., ... & Lieb, K. (2018). Intervention studies to foster resilience—A systematic review and proposal for a resilience framework in future intervention studies. *Clinical Psychology Review*, 59, 78-100.

CDC & SAMSHA (2020). Six Guiding principles to a Trauma Informed Approach. https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm Accessed 24th Sep 2023.

CVSNI (2021). Population Survey 2021: Northern Ireland (NI). <https://www.cvsni.org/our-work/how-we-do-it/project-working/population-surveys/> Accessed 24th Sep 2023.

Damian, A. J., Gallo, J., Leaf, P., & Mendelson, T. (2017). Organizational and provider level factors in implementation of trauma-informed care after a citywide training: an explanatory mixed methods assessment. *BMC health services research*, 17(1), 750.

Dovidio, J. F., Gaertner, S. E., Kawakami, K., & Hodson, G. (2002). Why can't we just get along? Interpersonal biases and interracial distrust. *Cultural Diversity and Ethnic Minority Psychology*, 8(2), 88.

Dovidio, J. F., Johnson, J. D., Gaertner, S. L., Pearson, A. R., Saguy, T., & Ashburn-Nardo, L. (2010). Empathy and intergroup relations. In M. Mikulincer & P. R. Shaver (Eds.), *Prosocial motives, emotions, and behavior: The better angels of our nature* (pp. 393–408). American Psychological Association.

Ferry, F., Ennis, E., Bunting, B., Murphy, S., Bolton, D., & O'Neill, S. (2017). Exposure to Trauma and Mental Health Service Engagement Among Adults Who Were Children of the Northern Ireland Troubles of 1968 to 1998. *Journal of traumatic stress*, 30(6), 593–601. <https://doi.org/10.1002/jts.22237>

Ford, K., Di Lemma, L., Gray, B., & Hughes, K. (2020). *Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course*. Public Health Wales.

Galloway, R., Reynolds, B., & Williamson, J. (2020). Strengths-Based Teaching and Learning Approaches for Children: Perceptions and Practices. *Journal of Pedagogical Research*, 4(1), 31-45.

- Green, B. L., McAllister, C. L., & Tarte, J. M. (2004). The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*(3), 326-334.
- Henderson, N. (2012). Resilience in schools and curriculum design. In *The social ecology of resilience* (pp. 297-306). Springer, New York, NY.
- Henderson, N. (2013). Havens of resilience. *Educational Leadership, 71*(1), 22-27.
- Henley, R. (2010). Resilience enhancing psychosocial programmes for youth in different cultural contexts: Evaluation and research. *Progress in Development Studies, 10*(4), 295-307.
- Hornor, G. (2017). Resilience. *Journal of Pediatric Health Care, 31*(3), 384-390.
- Hughes K, Ford K, Davies AR, Homolova L, Bellis MA (2018). *Sources of resilience and their moderating relationships with harms from adverse childhood experiences. Report 1: mental illness: Welsh Adverse Childhood Experience (ACE) and Resilience Study*. Cardiff: Public Health Wales.
- Khanlou, N., & Wray, R. (2014). A whole community approach toward child and youth resilience promotion: A review of resilience literature. *International journal of mental health and addiction, 12*(1), 64-79.
- Koslowski, J. B., and Stark, K. (2021). Promoting learning for students experiencing adversity and trauma: the everyday, yet profound, actions of teachers. *Elementary School Journal, 121*, 430–453.
- LaMorte, W. W. (2016). Diffusion of Innovation Theory. <https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories4.html> Accessed 21th Sep 2023.
- Leppin, A. L., Bora, P. R., Tilburt, J. C., Gionfriddo, M. R., Zeballos-Palacios, C., Duloher, M. M., ... Montori, V. M. (2014). The efficacy of resiliency training programs: A Systematic review and meta-analysis of randomized trials. *PLoS One, 9*, e111420.
- McKeown, S., & Taylor, L. K. (2017). Intergroup contact and peacebuilding: Promoting youth civic engagement in Northern Ireland. *Journal of Social and Political Psychology, jspp.psychopen.eu* | 2195-3325.
- MENTOR. (2009). *Elements of effective practice in mentoring*. Third Edition. <https://www.mentoring.org/resource/elements-of-effective-practice-for-mentoring/> Accessed 24th Sep 2023.
- Miklikowska, M. (2012). Psychological underpinnings of democracy: Empathy, authoritarianism, self-esteem, interpersonal trust, normative identity style, and openness to experience as predictors of support for democratic values. *Personality and Individual Differences, 53*(5), 603-608.
- Molm, L. D., Takahashi, N., & Peterson, G. (2000). Risk and trust in social exchange: An experimental test of a classical proposition. *American Journal of Sociology, 105*(5), 1396-1427.
- O'Neill, S., Armour, C., Bolton, B. et al., (2015). *Towards a Better Future: The Transgenerational Impact of the Troubles on Mental Health*. Belfast, CVSNI. https://www.researchgate.net/publication/280933415_Towards_A_Better_Future_The_Trans-generational_impact_of_the_Troubles_on_Mental_Health Accessed 24th Sep 2023.
- Pandey, A., Hale, D., Das, S., Goddings, A. L., Blakemore, S. J., & Viner, R. M. (2018). Effectiveness of universal self-regulation-based interventions in children and adolescents: A systematic review and meta-analysis. *JAMA Pediatrics, 172*(6), 566-575.
- Panayiotou, M., Humphrey, N., & Wigelsworth, M. (2019). An empirical basis for linking social and emotional learning to academic performance. *Contemporary Educational Psychology, 56*, 193–204.

Papatraianou, L. H., Levine, D., & West, D. (2014). Resilience in the face of cyberbullying: An ecological perspective on young people's experiences of online adversity. *Pastoral Care in Education*, 32(4), 264-283.

Perry, B. D. (2003). *The cost of caring: Secondary traumatic stress and the impact of working with high-risk children and families*. The Child Trauma Academy
https://www.childtrauma.org/files/ugd/aa51c7_074a47ab66ea47f2a2768cc2c36a774b.pdf Accessed 24th Sep 2023.

Rosanbalm, K. D., & Murray, D. W. (2017). *Promoting self-regulation in early childhood: A practice brief*. Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health, and Human Services, 79.

Prati, F., Crisp, R.J., Rubini, M. (2020). 40 Years of Multiple Social Categorization: A Tool for Social Inclusivity. *European Review of Social Psychology*, 1, 47-87.

Safeguarding Board NI (2023). Aces and Trauma Informed Practice. <https://www.safeguardingni.org/aces-trauma-informed-practice> Accessed 24th Sep 2023.

SAMHSA (2014). Concept of Trauma and Guidance for a Trauma Informed Approach. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884> Accessed 24th Sep 2023.

Todd, A. R., & Galinsky, A. D. (2014). Perspective-taking as a strategy for improving intergroup relations: Evidence, mechanisms, and qualifications. *Social and Personality Psychology Compass*, 8(7), 374-387.

Wagaman, M. A. (2011). Social empathy as a framework for adolescent empowerment. *Journal of Social Service Research*, 37(3), 278-293.

Waller, M. A. (2001). Resilience in ecosystemic context: Evolution of the concept. *American journal of orthopsychiatry*, 71(3), 290-297.

Weber, C. & Vereenoghe, L. (2020). Reducing conflicts in school environments using restorative practices: A systematic review. *International Journal of Educational Research Open*, 1, 2666-3740,

WAVE Trust (2023). The 70/30 Campaign. [The 70/30 Campaign | Home | WAVE Trust](https://www.wave-trust.org/the-70-30-campaign). Accessed 24th Sep 2023.

Whitfield, N., & Kanter, D. (2014). Helpers in distress: Preventing secondary trauma. *Reclaiming Children and Youth*, 22(4), 59.

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*, 34(12), 2295-2303.