DEVELOPING TRAUMA INFORMED SYSTEMS IN NORTHERN IRELAND

A Review of Organisations' Experiences of Implementing a Trauma Informed Approach using an External Assessment

EXECUTIVE SUMMARY

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March 2025

Acknowledgements

Terms

Northern Ireland is a region in the United Kingdom with a devolved government ('the Northern Ireland Executive') and legislature ('the Northern Ireland Assembly'). The other parts of the United Kingdom are Scotland, Wales and England, which are separated from Northern Ireland geographically by the Irish Sea and are collectively known as Great Britain.

The term *the Troubles/Conflict* is used to refer to a period of ethnopolitical conflict in Northern Ireland, which began in the late 1960s and is usually regarded as formally ending with the Belfast/Good Friday Agreement in 1998.

The term *service user* is used throughout and interchangeably with *client* or *patient*. These were the terms used by participants in their organisations when referring to all people who come in to contact with or receive their services but can also refer to people who can be known by a wider range of terms including: service recipient, stakeholder, pupil, student, family, carer and many others. Use of this term in an all-encompassing way can ensure the document is relatable across sectors (SBNI, 2024).

The term *Trauma Informed Approach* (*TIA*) has been used throughout in this report to include both Trauma Informed Practice (TIP) and Trauma Informed Care (TIC) as an inclusive term for all organisations (Mooney et al., 2024).

The term *organisational trauma* often refers to how an organisation, system, or team can become unhealthy and traumatised, and how an organisation, system, or team can create trauma for the people who work there and the people it serves, through organisational adverse experiences (Treisman, 2021).

In this review, *expertise* is used inclusively to refer to the experience and knowledge that people, including practitioners, professionals, academics and those with lived experience, can contribute to the development of a trauma informed approach in Northern Ireland.

Contents

Introduction

This Executive Summary provides an overview of an organisational review commissioned by the *Safeguarding Board for Northern Ireland* (SBNI), to explore organisations' experiences of implementing an organisational Trauma Informed Approach (TIA) using an external assessment. The two external assessment processes piloted were developed by 'One Small Thing' and 'Trauma Informed Oregon', to support organisations with the assessment, evaluation and monitoring of a TIA.

In 2023–24, the SBNI provided funding for five organisations who self-selected to participate in an external assessment process for the implementation of a TIA, with the aim of learning about organisational experiences and informing future developments. The organisations included: *Victims and Survivors Service* (VSS) and *North West Youth Services* (NWYS), who engaged with 'One Small Thing'; and *Probation Board for Northern Ireland* (PBNI), *Southern Health and Social Care Trust* (SHSCT), and *Youth Justice Agency* (YJA), who engaged with 'Trauma Informed Oregon'. The pilots and subsequent review were envisioned to assist the SBNI to target its work more effectively, in supporting the use of an external assessment for the implementation of an organisational TIA across the region.

The Executive Summary outlines the context for the review and the methodology, followed by the findings, and a dedicated section on mapping the process. It concludes with recommendations to support a Northern Ireland organisational approach to tracking the implementation of a TIA in all sectors across the region.

Defining Trauma

Trauma relates to an experience, or series of experiences, which involve threat to life or bodily integrity and thus are too overwhelming for the mind to process in the moment they occur, creating neurobiological, psychological, and social impacts upon the person (Herman, 2022). Central to any understanding of trauma is the subjective experience of the person; ultimately traumatic experiences shatter our fundamental human need for a "sense of control, connection and meaning" in life (Herman, 2015, p. 35).

Trauma is enacted between people in relationships, institutions, communities and societies. Experiences of trauma in childhood have profound consequences for the developing child, young person and adult; the child's adaptations to the trauma they experience unfold across the life course. Adverse Childhood Experiences (ACEs) relate to a specific set of experiences in childhood, which cumulatively, in the absence of appropriate early interventions, can affect development throughout the life course (Felitti et al., 1998; Finkelhor et al., 2015). Relational trauma, whereby trauma is enacted by a person/people who have a pre-existing relationship with the child, is particularly deleterious because it involves such adverse breaches of trust (Herman, 2022; Sinason, 2020; Terr, 1991). Collective trauma pertains to trauma experienced by whole communities or societies, for example during and in the aftermath of political conflict or war (Hirschberger, 2018). Transgenerational trauma relates to the effects of trauma projected into younger generations who never experienced the original trauma, for instance when a parent has been traumatised and their child feels/experiences the psychological consequences thereof (Danieli, Brom and Sills, 2005; Danieli, 2005).

In Northern Ireland, as a post-conflict society, there are manifold effects of trauma impacting upon children, young people and their families, pertaining to relational trauma, ACEs, collective trauma and transgenerational trauma (Downes et al., 2012; Long, 2021; Long, 2022; McLafferty et al., 2018). Indeed, the recently launched ACEs prevalence study in Northern Ireland, conducted with 1200 adults aged 18+, reported that 60% or three in five adults have experienced at least one ACE, and 17.6% (approximately one in six adults) have experienced more than four ACEs (Walsh et al., 2025). Trauma is a significant issue in Northern Ireland society.

A Trauma Informed Approach

Given that trauma is enacted in relationships, safe and authentic relational connection is key to healing or recovery (Herman, 2022). Due to the pervasiveness of trauma experiences and the enduring effects thereof across the life course, a Trauma Informed Approach (TIA) is increasingly recognised to be central to supporting people at all stages of life, living with the effects of trauma (Menschner & Maul, 2016). An organisational TIA involves a principle-based culture of awareness that many people in society have experienced trauma, including the organisation's workforce, and thus are vulnerable to its effects throughout their lives (SAMHSA, 2014). With dedicated training, staff in all roles develop the capacity to employ a TIA in their work to ensure that victims and survivors of trauma can engage with services, and/or remain gainfully employed within services, to ultimately have the best opportunities to fulfil their potential in life (SAMHSA, 2014).

According to NHS Education for Scotland (2017), a trauma informed workforce:

"supports the recovery of those affected by trauma by providing them with a different experience of relationships, one in which they are offered safety rather than threat, choice rather than control, collaboration rather than coercion, and trust rather than betrayal. *Each encounter provides an opportunity to reverse the association between trauma and relationships, and is an important part of recovery* [emphasis added]" (p. 12).

An organisational TIA involves a whole system approach:

"[which] brings focus to organisational change processes aimed at integrating trauma informed principles across various levels of the system to create environments, policies and workforce practices designed to build collaborative relationships to promote recovery and prevent re-traumatisation" (Bunting et al., 2019, p. 12).

This review is focused on organisations' experiences of implementing a TIA, using an external assessment process.

The SBNI and Strategic Context

The SBNI is a partnership organisation consisting of the key statutory bodies, major voluntary agencies and appointed independent persons that manage, operate and resource the safeguarding and child protection system in Northern Ireland. It was set up under the [Safeguarding Board Act (Northern Ireland) 2011](#) and is the statutory body responsible for coordinating and ensuring the effectiveness of its member agencies for the purpose of safeguarding and promoting the welfare of children and young people in Northern Ireland.

Since 2017, the SBNI has been leading work to support its member agencies and other related bodies to:

- Raise awareness of Adverse Childhood Experiences (ACEs), which can cause trauma in a child's life
- Highlight the potential impact of adversity and trauma on development across the lifespan
- Amplify how positive relationships promote resilience and recovery
- Be able to embed a TIA in their work.

The SBNI Strategic Plan 2022–2026 sets the direction whereby the SBNI commits to building on its work and embedding an organisational TIA to underpin all of its work to safeguard children and young people. The implementation managers' work is overseen by the SBNI TIP

Committee, which will continue to support member and partner agencies to embed a TIA, building on existing knowledge of adversity, trauma and resilience. Examples of recent work have included the development of an organisational [Trauma Informed Toolkit](#); the updating of the universally available [awareness-raising training modules](#); organising a regional conference, [Systems to Support our People: Embedding a Trauma Informed Approach](#); commissioning [implementation research in 2018 and 2024](#); as well as the pilots, the subject of this review.

Developing a TIA in Northern Ireland

Defining a TIA can help promote consistency of language, to support and shape the direction of the work.

The process of developing a TIA in Northern Ireland has involved collaboration at a regional level between the SBNI and key stakeholders across all sectors, engaged in understanding and addressing the impacts of trauma throughout society. The Northern Ireland Executive Programme for Government 2024-27 acknowledges "the levels of trauma in our post-conflict society" and further states, "we will work across the Executive to embed trauma-informed, responsive systems" (p. 48).

Implementing a TIA using an External Assessment

Two Pilots: 'Trauma Informed Oregon' and 'One Small Thing'

The use of an external assessment process can support the implementation of an organisational TIA. The two providers piloted to inform this review were 'Trauma Informed Oregon' and 'One Small Thing.' Further information about the external assessment process with both providers is detailed in Tables 1 and 2 below.

Trauma Informed Oregon

Trauma Informed Oregon (TIO) is an international leader in trauma informed practice, supporting organisational change. TIO is a collaboration between *Portland State University*, public and private partners, individuals with lived experience, youth and family members that are committed to creating and sustaining a trauma informed system of care in Oregon.

The *Trauma Informed Care (TIC) Implementation Tool* was created by the Human Services Implementation Lab at Portland State University and TIO to assist organisations, systems, and agencies in implementing trauma informed practice and tracking their progress. The *TIC Implementation Tool* was developed in response to a growing demand from organisations seeking to evaluate their alignment with trauma informed care/practice and monitor their progress. The tool itself is based on TIO's 10 years of consultation, the standards of practice, training in the field, and the same key principles and domains from SAMHSA that SBNI has adapted for use in their resources.

One Small Thing

One Small Thing's (OST) vision is a justice system that can recognise, understand, and respond to trauma: "We want a compassionate system that recognises the vicious cycle of trauma and disadvantage at the root of justice involvement and allows people to recover from trauma and thrive" (OST, 2024).

Among the many services they offer, the *Working with Trauma Quality Mark* provides best-practice standards for trauma-informed working. This quality mark is reported as being both practical and accessible, supporting organisational review, which can facilitate opportunities for developing an evidence-based TIA throughout their organisation. OST

provides free workshops to help interested individuals understand the *Working with Trauma Quality Mark*.

Table 1: Summary of External Assessment — TIO

Trauma Informed Oregon (TIO)			
Location: USA-based (Oregon)			
TIO created an **Implementation Tool** in 2022 in conjunction with the Human Services Implementation Lab (I-Lab) at Portland State University's Regional Research Institute. It is designed to assist organisations, systems, and agencies in implementing trauma informed care and tracking their progress. Organisations receive a report with findings, recommendations and a score from 1–5, related to five key elements.			
Costs and Processes			
Various levels of fee-paying options and free self-assessment options are available. Organisations can contact TIO to conduct a full implementation assessment (Option 1). Part assessment options are available at a lesser cost. **Review assessments** are also available.			
Option 1[*]	**Option 2**	**Option 3**	**Option 4**
1. A launch meeting with leadership and the I-Lab 2. An in-person or virtual site visit to observe the physical environment 3. Interviews with 2–4 key staff members 4. A customized all-staff web survey and written survey report 5. Collection of consumer input 6. Document review 7. Generation of preliminary assessment scores and recommendations 8. A facilitated review to finalise the preliminary scores with site leadership 9. A final written comprehensive report that can be used for planning purposes 10. A warm hand-off to TIO	An all-staff web survey, which can provide customised response options to match the departments, staffing and terminology used	A facilitated self-assessment	An online self-assessment
Timeframes			
Option 1 includes staff experiences contained within the survey being collated and analysed anonymously via a software platform, which is linked to documenting of the final scores. A report is then produced, which includes an overall score and recommendations to help to identify shared goals, actions, and vision for the future embedding of a trauma informed approach. A full external assessment can be expected to take four to six months.			
Size of Organisation			
Promoted as suitable for organisations of all sizes			
Support Provided			
Support available at scheduled meetings throughout the process			

[*]Organisations participating in this review all participated in the full external assessment process, which included a staff survey. A site visit of the physical environment was not part of the assessment for participating organisations.

Table 2: Summary of External Assessment — OST

One Small Thing (OST)
Location:　　　UK-based (London and Southampton)
The ***Working with Trauma Quality Mark*** is a set of best practice standards for trauma informed working. If successful, organisations are awarded one of: 　• the Bronze Award　(Trauma Aware Award) 　• the Silver Award　(Trauma Informed Award) 　• the Gold Award　　(Trauma Responsive Award) Awards remain valid for three years.
Costs and Processes
Fee required according to the organisation's budget category. Organisations or services pay a fee to OST for the Working with Trauma Quality Mark. The organisation identifies a lead who coordinates the gathering of data and the numerous multipart written submissions required from different members of the team. Following submission of documentation, which includes case studies, testimonies, policy review etc., an onsite visit of the physical environment will also occur. Following a process of assessment and moderation of evidence by a team of assessors, the organisation or service is awarded the Quality Mark.
Timeframes
1. Organisations attend an online information workshop 2. Organisations complete a self-assessment questionnaire to determine which level of award they are completing 3. Organisations submit an application for the agreed level of Quality Mark 4. Organisations gather the required evidence and submit a Portfolio of Evidence within 3 months of an agreed date
Size of Organisation
The Quality Mark has been promoted as suitable for organisations/teams of up to 30 employees. If an organisation has multiple sites, covers a large geographical area/different regions, and/or has a staff team of more than 30, OST will discuss and agree with the individual organisation how the Quality Mark can be applied to an area of the organisation.
Support Provided
Support available at scheduled meetings throughout the process

The Current Study

In 2023/24, when the SBNI supported five organisations to participate in the pilot external assessment with either OST or TIO, it aimed to commission a subsequent independent review of the pilots by a university research team. The pilots and subsequent review were envisioned to assist the SBNI to target its work more effectively in relation to use of an external assessment for the implementation of an organisational TIA across the region. The following organisations self-selected to participate in the external assessment process: VSS and NWYS, who engaged with OST; and PBNI, three directorates in the SHSCT, and YJA, who engaged with TIO.

Developing and tracking the implementation of an organisational TIA is critical to the functioning of Northern Ireland society and its social systems including families and communities, education, health and social care, employment, and criminal justice. At the time of writing, other organisations in Northern Ireland, such as the Public Health Agency, have commenced work with an external assessment process for the implementation of an organisational TIA.

The timing of this review is particularly pertinent given the long-term priority to build a trauma informed public sector in the Northern Ireland Executive, Programme for Government 2024-2027. It will also support the implementation of a range of Executive strategies including the Mental Health Strategy 2021-2031 (Department of Health, 2021), the Domestic and Sexual Abuse Strategy 2024-2031 (Department of Health and Department of Justice, 2024), and the Ending Violence Against Women and Girls (EVAWG) Strategic Framework (Northern Ireland Executive, 2023). Thus, the timing of this review and report has been delivered at an opportune moment to intervene and influence the integration of an organisational TIA across sectors throughout the region.

Aim and Objectives of the Current Study

Aim

To conduct an organisational review to establish and identify best practice in reviewing, developing and tracking the progress of organisations implementing a TIA using an external assessment process.

Objectives

1. To provide a review of two external assessment pilots on the implementation of an organisational TIA: OST with the VSS and NWYS; and TIO with PBNI, SHSCT, and YJA.
2. To identify barriers and enablers of the two pilots, in order to facilitate the tailored implementation of an organisational TIA across stakeholder organisations.
3. To provide recommendations, based on the review of pilots, to support a Northern Ireland organisational approach to tracking the development of a TIA across the SBNI member agencies and partners, across Health and Social Care, Justice, Education, Community and Voluntary sectors, and the commissioning of services.
4. To produce a report that includes a summary and interpretation of the findings, referring to strengths and weaknesses of the pilots in a Northern Ireland context for service improvement, and to inform an organisational standardised process for tracking the implementation of a TIA in Northern Ireland.

Methodology Overview

In this section, we provide an overview of the methodology for the review. Full details of the methodology are outlined in the main report. A **qualitative methodology** was employed to review the participating organisations' experiences of engaging with the external assessment process. A qualitative approach is recognised to provide in-depth insights into the complexity of participants' subjective experiences (Braun & Clarke, 2022). Using a qualitative approach facilitated an **in-depth exploration** of the **lived experiences** of staff on implementation teams and other staff who had observed and experienced the process of implementing an **organisational TIA using an external assessment**.

Sampling: Participants and Recruitment

Five organisations engaged with the external assessment process; however, at the time of the review, one of those organisations was still in the early stages of the pilot process and thus was unable to participate in the review (NWYS). Participating organisations included: **VSS; PBNI;** three directorates from the **SHSCT** (Children and Young People, Mental Health and Disability, and Adult Community Services); and **YJA. VSS** worked with **OST**, and **PBNI, SHSCT,** and **YJA** worked with **TIO**.

Recruitment was carried out directly with the participating organisations. Participants included people aged over 18 years who worked professionally in the participating organisations. A combination of purposive and snowball sampling was employed for the recruitment of participants (Flick, 2018). Participants included staff members who worked on or led teams in the implementation of an organisational TIA in their organisations, termed 'Implementation Staff' in this report. It is important to note that those who worked on the TIA implementation process were not in dedicated roles but that this work involved additional responsibilities to their existing roles. Staff members who were not in lead implementation roles, but who were interested and engaged through the organisation's participation in the pilot, were also recruited, termed 'Non-implementation Staff' for the purposes of this report. Participants included staff in roles with practice-based backgrounds such social work, youth justice, probation, and psychology, as well as staff in Professional, Technical and Operational (PTO) roles such as management, finance, and administration. The final sample comprised 12 participants in total (Table 3).

Table 3: Participants

Implementation Participants (n=6)	Organisation	Service Users	Sector	Data Collection Tool
Participant 1	YJA	Children	Justice	1-1 Interview
Participant 2	PBNI	Adults	Justice	1-1 Interview
Participant 3	VSS	Adults	Community/Voluntary	1-1 Interview
Participant 4	VSS	Adults	Community/Voluntary	1-1 Interview
Participant 5	SHSCT	Both	Health	1-1 Interview
Participant 6	SHSCT	Both	Health	1-1 Interview
Non-Implementation Participants (n=6)	**Organisation**	**Service Users**	**Sector**	**Data Collection Tool**
Participant 7	VSS	Adults	Community/Voluntary	1-1 Interview Dyad Interview
Participant 8	VSS	Adults	Community/Voluntary	Dyad Interview
Participant 9	YJA	Children	Justice	1-1 Interview
Participant 10	YJA	Children	Justice	Dyad Interview
Participant 11	YJA	Children	Justice	Dyad Interview
Participant 12	PBNI	Adults	Justice	1-1 Interview

Data Collection and Analysis

Semi-structured interviews were conducted online with all 12 participants. This method included one-to-one semi-structured interviews with nine participants and two dyadic interviews, also known as paired or joint interviews (Morgan, 2024) with four participants. One participant (Participant 7) engaged in both a one-to-one and dyadic interview, hence there were 12 participants in 11 interviews (nine one-to-one and two dyadic). Interview questions are provided below. Interviews were transcribed, and subsequently data was analysed using **thematic analysis** (Braun & Clarke, 2006; 2022).

Table 4: Sample Interview Guide

1.	What has been your experience of the implementation of the pilot (One Small Thing or Trauma Informed Oregon) in your respective organisation?
2.	What were some of the challenges you encountered with the implementation of the pilot?
3.	Were there any cultural (organisational, local or national) factors that supported or challenged the implementation of the pilots?
4.	Can you describe any impact/outcomes for staff who engaged with the pilot in terms of their own workplace experiences?
5.	What are your recommendations to support other organisations in NI implementing one of these programmes of organisational TIA for their workforce?
6.	What is the lasting impact left on your organisation by the implementation of the pilot?

Ethical Considerations

Ethical approval was obtained from the School of Communication and Media Filter Committee at Ulster University (Project number: CMFC-24-011-A). In addition to the University's School of Communication and Media Filter Committee approval, permission was provided at Directorate Level from SHSCT to conduct the review as a service evaluation with SHSCT staff.

Findings

A wealth of rich data was gathered through the interviews. The findings synthesised below include both brief and lengthy data extracts, which are quoted directly from participants. Longer extracts are separated from the main narrative for emphasis. Integrating both brief and lengthy extracts supports the thick, rich reporting of the lived experiences of participants.

Four key themes were identified from the interview transcript data:

1. The Implementation Landscape
2. Engaging in an External Assessment Process — Initial Stages
3. Key Features of an Organisational TIA and External Assessment
4. Impacts

These four themes are synthesised under the overarching theme of *Developing Trauma Informed Systems*, to provide insights into participants' experiences of implementing an organisational TIA using an external assessment.

Pseudonyms have been used in the findings, as agreed with participants to ensure confidentiality. In some instances, where individual organisations are potentially identifiable, pseudonyms have been removed to protect the anonymity of participants.

Summary of Key Points Identified from the Findings

1. Participants agreed unanimously that the external assessment process was a valuable experience for organisations committed to implementing an organisational TIA.
2. The findings showed that collaboration with the external partners was constructive and that the tools could be adapted for both the organisational and social contexts.
3. The role of the external assessment was to come to the process as an empathetic and knowledgeable partner, who could listen, support and tailor assessments to the organisation's needs.
4. The external assessment provided access to expertise and resources to support them with their maintenance and progression strategies, an objective review of organisations, validation on progress to date, and feedback on how to meet their organisational goals moving forward.
5. Surveys were reported to be very helpful for tracking organisational culture in organisations of a range of sizes and structures. When used, it is important for surveys to be tailored to the specific needs of the organisation whilst retaining the integrity of the survey.
6. The findings showed that the extent to which an organisation is prepared for change influences their experience of the TIA assessment and implementation process.
7. There was consensus among implementation leads that opportunities for connection and shared learning facilitated the TIA assessment and implementation process.

Theme 1: The Implementation Landscape

"We have this traumatised society and we're trying to become a trauma informed organisation within it."

The first theme explores the wider systems within which organisations on their journey of implementing an organisational TIA are situated. With consideration for the historical and contemporary contexts, participants examined how these factors impact their organisations specifically, and how they negotiate this structural architecture to connect with others embarking on the process of implementing an organisational TIA.
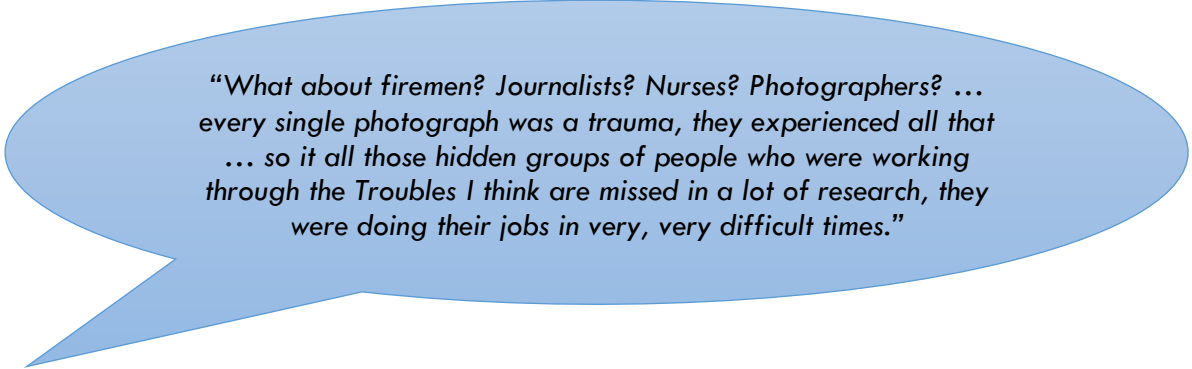
Three sub-themes were identified:
1. The Sociopolitical Context of Northern Ireland
2. The Structural Context
3. Connecting Silos

The Sociopolitical Context of Northern Ireland: Legacy of Trauma
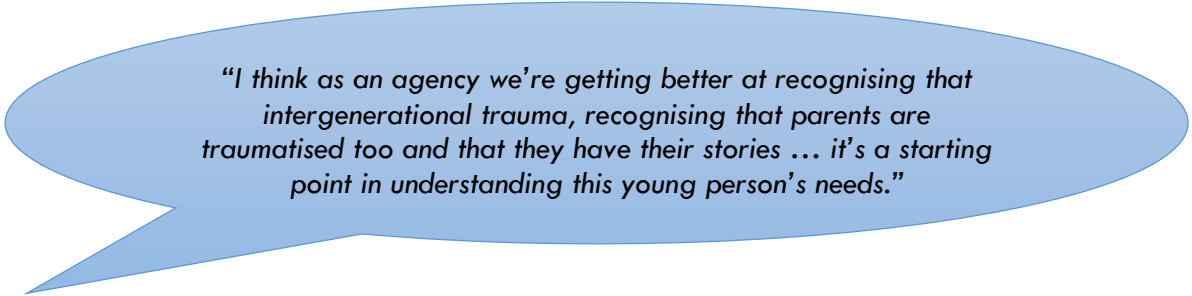
Ongoing Legacy of Past Experiences

The social, political and historical context of Northern Ireland was described by participants as a fundamental factor that teams considered when planning for the implementation of an organisational TIA in their organisations: *"I think Northern Ireland is a unique sort of place"* *(Joanne)*. Participants across organisations noted the different ways in which people, communities, and society in general, have been affected by the Troubles/Conflict. Participants spoke about communities that, for a multitude of reasons, would have been known for experiencing some of the most intense aspects of the Troubles/Conflict: *"I've had the experience of witnessing the impact of the Troubles [on communities]" (Jane)*. Due to the nature of the conflict in Northern Ireland, collective and individual traumas were also experienced while people were at work:

> *"What about firemen? Journalists? Nurses? Photographers? … every single photograph was a trauma, they experienced all that … so it all those hidden groups of people who were working through the Troubles I think are missed in a lot of research, they were doing their jobs in very, very difficult times."*

Participants discussed how their work often focused on the Northern Ireland context and transgenerational trauma. Participants related that the development of language around trauma has supported the work they do, and that implementing a TIA has enhanced understanding of the ongoing impacts of transgenerational trauma:

> *"I think as an agency we're getting better at recognising that intergenerational trauma, recognising that parents are traumatised too and that they have their stories … it's a starting point in understanding this young person's needs."*

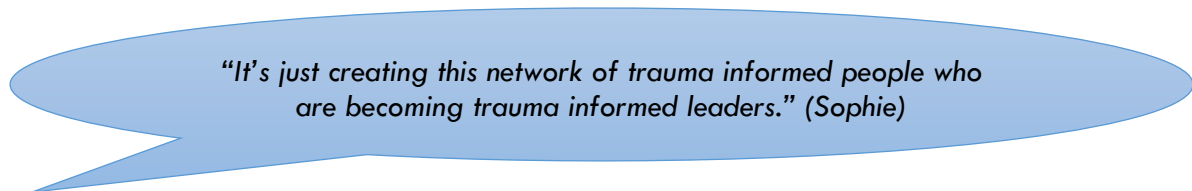## The Structural Context: Systems and Institutions

Participants reflected on the wider structures within Northern Ireland and reported the challenges they experienced whilst implementing a TIA within their individual services, which are part of a wider and complex whole system: *"it is very disjointed and it's a juggernaut" (Anne)*. Participants were generally thoughtful, nonjudgmental and careful when reflecting on their TIA implementation and that of others, especially as this involved attempting to implement an organisational TIA within the context of collective trauma.

Participants expressed frustrations at the siloed and disjointed structure of systems but understood that this was related to the Northern Ireland context: *"Trauma is just in everything I see in my work … you feel like you're just walking past the elephant [in the room] all the time"* *(Helen)*. Participants also described experiences of meeting with people from statutory organisations who have not yet started implementing an organisational TIA or who were early on in their journey, highlighting how the lack of distinct approach can affect wider efforts.

Connecting Silos

In addition to the challenges experienced within the wider structural context, participants shared positive experiences of building relationships and connections facilitated through the TIA implementation process. Despite some feedback about the lack of a wider, formalised joined-up approach, there was also a strong sense of being involved in a growing network of people motivated to implement an organisational TIA across all sectors in Northern Ireland.
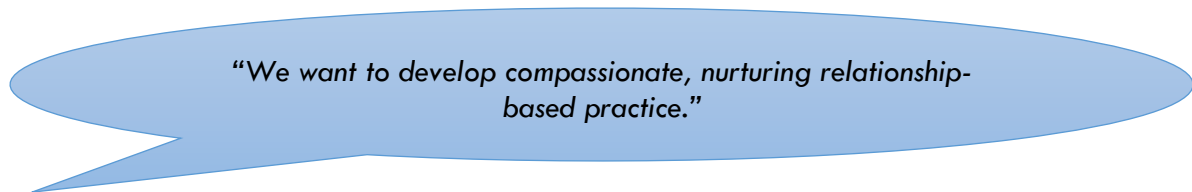
Actively connecting with other organisations was a central activity: *"networking is really important"* *(Alex)*, especially with others engaged with the SBNI. The SBNI was described as playing an important role in the development of this network, with many participants discussing feeling connected with others from a range of organisations, who shared a similar vision for the implementation of an organisational TIA across Northern Ireland:

> *"It's just creating this network of trauma informed people who are becoming trauma informed leaders."* *(Sophie)*

Despite the challenges of the structural and sociopolitical context in Northern Ireland, working on the implementation of an organisational TIA supported organisations to build and maintain connections, to share and enhance learning and to foster the sense of working together towards a common goal in the interests of Northern Ireland society.

Theme 2: Engaging in an External Assessment Process — Initial Stages

> *"We want to develop compassionate, nurturing relationship-based practice."*

The next theme examines the processes with which organisations engaged in the initial stages of engaging in the external assessment process to implement an organisational TIA. Participants in implementation teams described how they began the process and their experiences of working with either Trauma Informed Oregon (TIO) or One Small Thing (OST). Insight was provided into the ways in which participants worked to foster a whole organisation approach to the implementation process.

Five sub-themes were identified:
1. Beginning External Assessment
2. Tailoring the Assessments
3. Trauma Informed Oregon
4. One Small Thing
5. Whole Organisation Approach

Beginning the External Assessment Process

Participants who led on implementation teams reflected on the earliest stages of the process. Specifically, they described the key moments and activities that marked their decision and commitment to engage formally with the SBNI and an external assessment, with either OST or TIO, to work towards embedding an organisational TIA.

Participants spoke unanimously about receiving support from their Chief Executive Officers (CEO) and the critical importance of the CEO role in moving the process forward. This overarching commitment at the highest level provided implementation teams with much needed motivation and moral support, as well as permission, practical resources, and time to fully and meaningfully engage with the process:
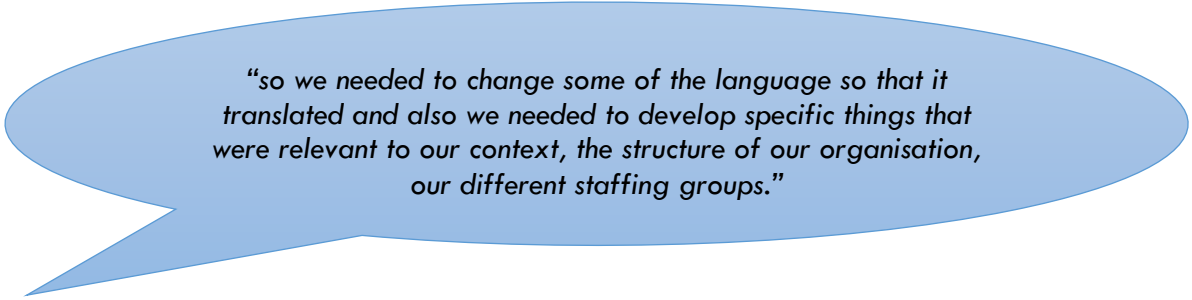
> *"One of our enablers here is that we have a very compassionate Chief Executive who is committed to this now — that's critical in any organisation."*

Tailoring the Assessment: Collaboration with External Assessment Team

Participants spoke about their early experiences of initial paperwork and communication with their external assessment team, who had a key role in supporting them to engage in the process. This support included tailoring organisational surveys (TIO) or with producing applications and submissions (OST). The importance of establishing shared definitions was a central topic in external assessments: *"discussions between trauma informed care as opposed to trauma informed practice … but once we got beyond the language, we had a really positive experience with the [TIO] team."* Working in partnership with external assessment teams involved bringing challenges directly to OST and TIO, who were reported as responsive and understanding, providing tailored guidance and support: *"they role-modelled trauma informed approaches"* (Sophie). Participants involved in OST also discussed a site visit: *"She was amazing, she was so lovely, so knowledgeable and just really interested in the work that we do"* (Joanne). The high level of professionalism was also noted: *"The experience of doing that in terms of working with the implementation [TIO] team, they were fantastic, they are so professional."* Participants valued feeling heard and the flexibility offered regarding submissions: *"she did listen to us and did work with us to prepare the assessment … they were flexible in terms of the timeline"* (Anne). Participants also described how both OST and TIO teams could signpost and provide them with resources, with some combining both: *"I used both, I leaned very heavily on TIO for the OST application."*
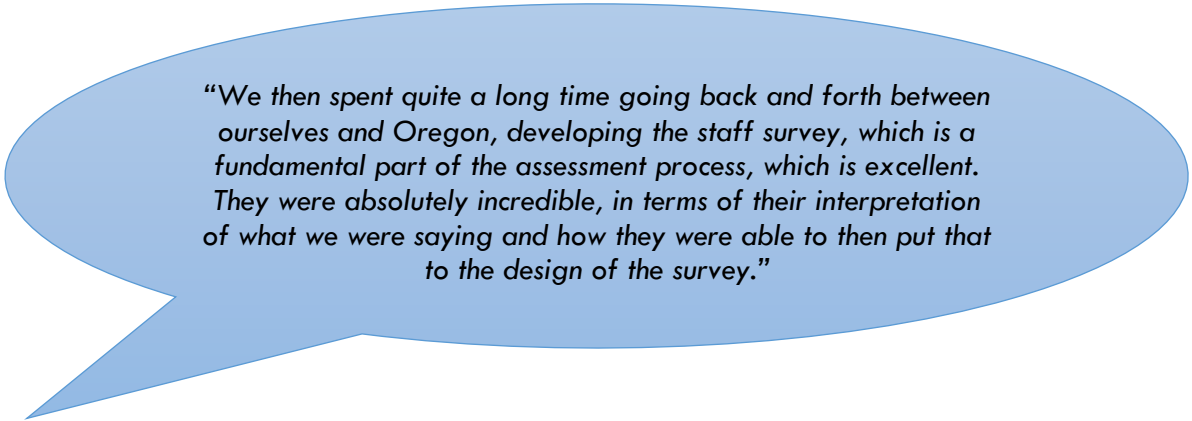
Trauma Informed Oregon (TIO)

Participants shared experiences that were specific to the collaboration with TIO, which included challenges and rewards. Challenges with TIO were typically rooted in language and how questions were framed given that TIO is based in the USA, all participants noted that the language was "Americanised":

> "so we needed to change some of the language so that it translated and also we needed to develop specific things that were relevant to our context, the structure of our organisation, our different staffing groups."

Participants from the *SHSCT* noted specifically the additional challenge of trying to make a survey suitable across different Directorates in health and social care: *"trying to change some of the language without corrupting the integrity of the question, to change it in a way that people would use it, recognise it, make it more understandable and palatable for people [across all services]."* Nonetheless, the overall experience with TIO was described as positive: *"The process was all relatively straightforward"*, and participants described how they worked in partnership to make the language culturally appropriate for surveys in Northern Ireland:
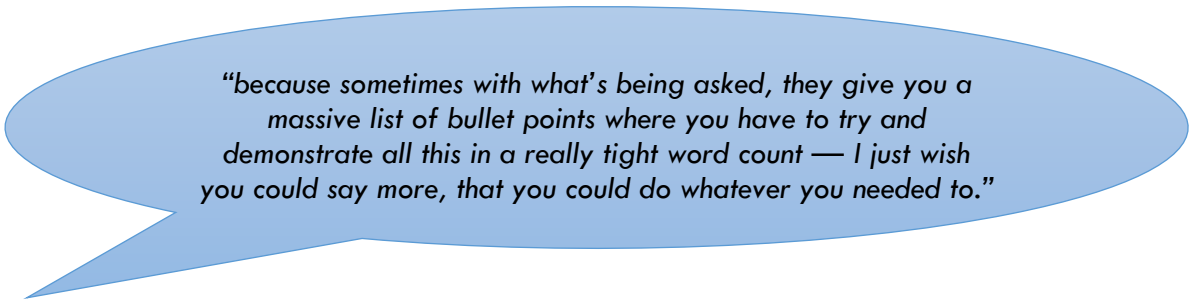
> "We then spent quite a long time going back and forth between ourselves and Oregon, developing the staff survey, which is a fundamental part of the assessment process, which is excellent. They were absolutely incredible, in terms of their interpretation of what we were saying and how they were able to then put that to the design of the survey."

The collaborative, iterative nature of the work with TIO created a positive experience despite the cultural differences between the USA and Northern Ireland contexts.

One Small Thing (OST)

Participants discussed experiences of working with OST in the assessment process. It is important to note that only one participating organisation worked with OST, thus there is less data in relation to this external assessment. For OST, participants reported that an initial reading of the submission process provided helpful suggestions: *"it's making you think about things that you may not have really considered before policies, procedures … we could be looking at this or we could be doing that."* Some participants also reported initial challenges when completing the application to include information about the wider Northern Ireland context:
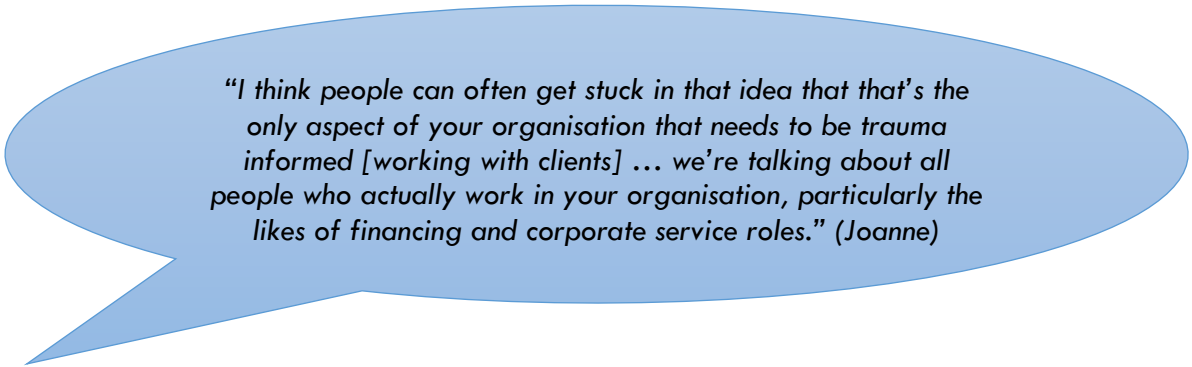
> "because sometimes with what's being asked, they give you a massive list of bullet points where you have to try and demonstrate all this in a really tight word count — I just wish you could say more, that you could do whatever you needed to."

Despite OST being UK-based, making the language culturally appropriate to the Northern Ireland context was an important first step: *"it was just different language needed to be tweaked*

about what they were looking for and they were really open for us to do that." Participants spoke about working to ensure that the cultural and organisational relevance of their assessment was communicated. Participants described trying to adequately provide the information required in their application for a fair assessment on their own terms, with awareness and recognition of the social context in Northern Ireland.
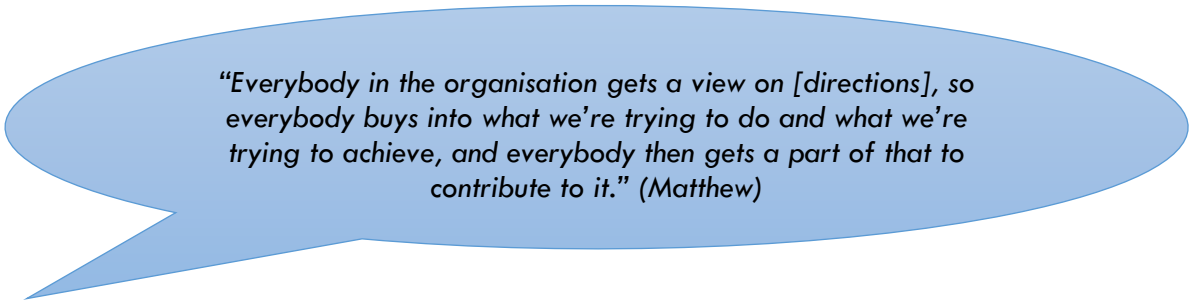
Whole Organisation Approach

A key strategy early on for ensuring meaningful change involved whole organisation inclusion during TIA implementation planning: "*to be fully a trauma informed organisation, it's not just about frontline staff, we need to think about delivery or service design, it is about absolutely all of it*" *(Alex)*. An important aspect in the establishment of TIA teams involved bringing together passionate people who were from different roles and backgrounds, which could model organisational inclusivity and a whole organisation approach: "*I think a big chunk of our staff would be left out if we thought it was just a social work piece.*" Using the resources provided by the SBNI and the external assessments supported tailored whole-organisation communication strategies:
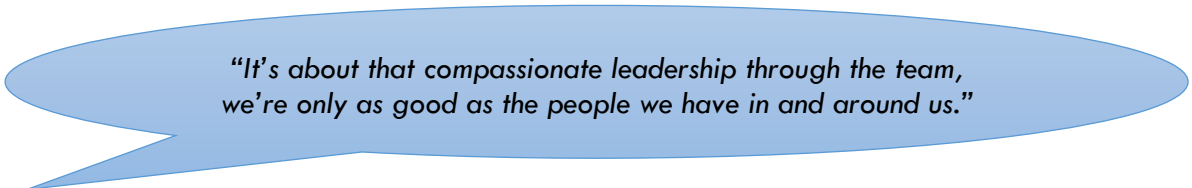
"*I think people can often get stuck in that idea that that's the only aspect of your organisation that needs to be trauma informed [working with clients] … we're talking about all people who actually work in your organisation, particularly the likes of financing and corporate service roles.*" *(Joanne)*

Participants spoke about how staff voice and feedback were supported through clear channels of communication and active inquiry from those leading:

"*Everybody in the organisation gets a view on [directions], so everybody buys into what we're trying to do and what we're trying to achieve, and everybody then gets a part of that to contribute to it.*" *(Matthew)*

Theme 3: Key Features of an Organisational TIA Assessment and Implementation Process

"*It's about that compassionate leadership through the team, we're only as good as the people we have in and around us.*"

This theme relates to participants' experiences of the key features in the process of implementing an organisational TIA through engagement in an external assessment process. The process involved developing understanding to implement organisational changes, mitigating risks of re-
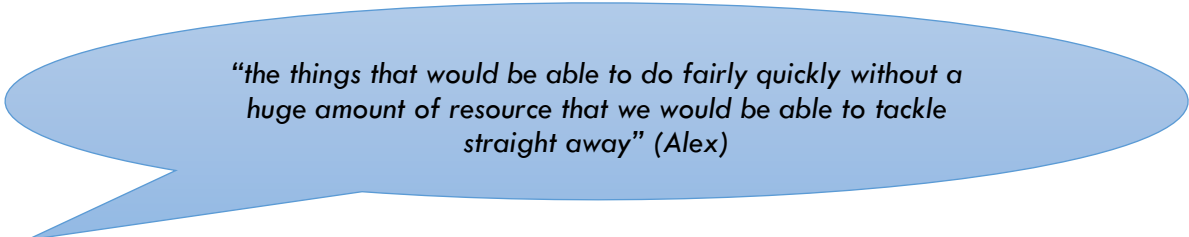
traumatisation, and navigating organisational responses. The rewards and challenges in the lived experience of the trauma lead role were highlighted. The SBNI was recognised as integral to the assessment and implementation process.

Five sub-themes were identified:
1. Developing Understanding
2. Mitigating Risks of Re-Traumatisation
3. Navigating Organisational Responses
4. Leading TIA Implementation
5. Role of the SBNI

Developing Understanding to Implement an Organisational TIA

For teams beginning to implement changes within their organisation, developing understanding of their organisation and of the meaning of an organisational TIA, through resources and reports, helped to address overwhelm or uncertainty. Teams described identifying initial activities from resources and reports that could help begin implementing changes and boost motivation: *"we'll start with the easy things and then that will build confidence and then that will filter down … just start building some momentum and moving this thing forward" (Alex)*. They described often initially addressing *"quick wins"* or *"low hanging fruit"*, which involved making small manageable changes that could be implemented quickly:

"the things that would be able to do fairly quickly without a huge amount of resource that we would be able to tackle straight away" (Alex)
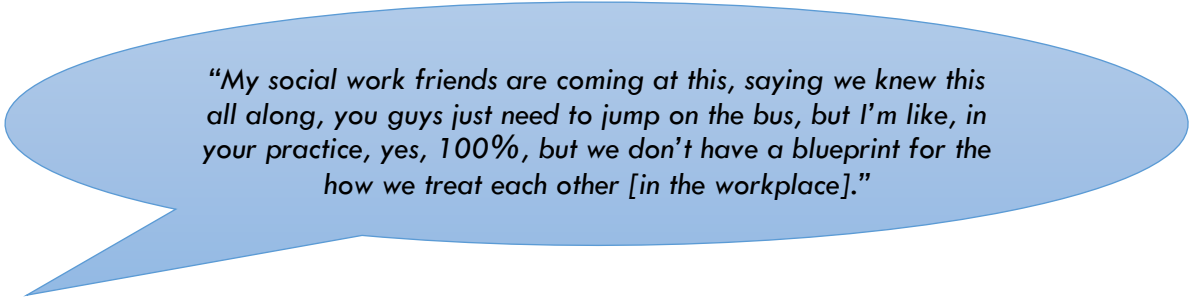
When implementing changes across all aspects of an organisation, implementation team leads described regularly returning to working groups, implementation meetings and referring to their guiding principles: *"…am I being compassionate? Is this nurturing? Is this enhancing or is what I'm doing getting in the way of that?"* It was also considered helpful when implementing changes to incorporate any activities that could develop understanding and keep focus on the theme of trauma:

"Our Non-Executive Board are holding a trauma themed board morning, this is an important event because it's symbolic as much as anything else."

Engaging in the TIA implementation process has helped to solidify this cultural shift in organisations, whilst the willingness to engage in the process requires an organisational awareness and acceptance of the need for an organisational TIA.
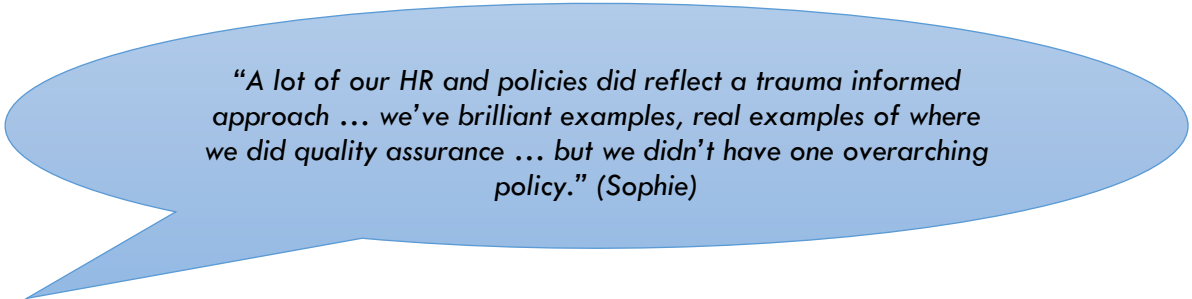
One participant highlighted the advantage in thinking about a TIA as a new concept, that this holistic organisational approach could support practitioners who use trauma informed practice to identify gaps in application beyond their client work:

> *"My social work friends are coming at this, saying we knew this all along, you guys just need to jump on the bus, but I'm like, in your practice, yes, 100%, but we don't have a blueprint for the how we treat each other [in the workplace]."*

Organisational Policies and Procedures

Participants referred to policy reviews, as part of the external assessment, which supported implementing an organisational TIA: *"we also did the second part of the Oregon processes that they do, a document review, and we send them our policies and procedures."* Trauma leads reflected on how both external assessments supported them in adjusting policies (*"it's really a case of we're going to be tweaking things"*) or at improved evidencing of existing practices:
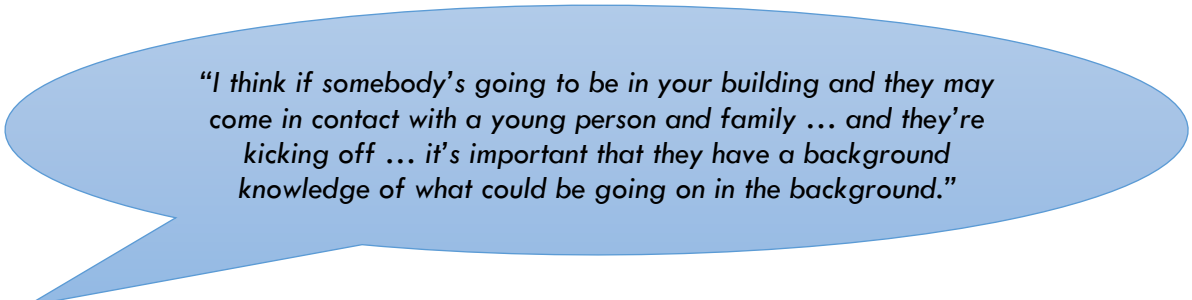
> *"A lot of our HR and policies did reflect a trauma informed approach … we've brilliant examples, real examples of where we did quality assurance … but we didn't have one overarching policy."* (Sophie)

Some trauma leads spoke about the importance of including important senior staff in the policy review with external assessments: *"we've also got the director of our human resources on board … they were fantastic, did a one-hour interview with [Oregon team], and also provided all our documentation."* Participants noted that implementing a TIA into policy was also easier when their organisation used compatible models: *"our assessment tool has changed over from a very risk-based approach to a needs-based approach"* (Jane). Participants also mentioned how the TIA implementation process had improved policies about access to supervision.

Support for Staff
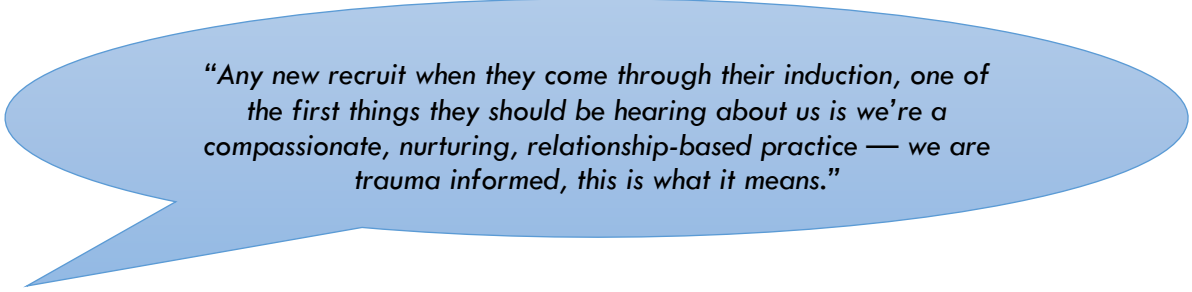
Compassionate leadership was recognised to be essential to ensure that staff feel supported in their roles: *"it's about that compassionate leadership through the team, we're only as good as the people we have in and around us."* Participating organisations work with diverse populations. Participants commonly discussed the importance of staff being trained in a TIA, particularly those who could be exposed to trauma in the workplace or meet with traumatised people from a range of backgrounds using services:

> *"I think if somebody's going to be in your building and they may come in contact with a young person and family … and they're kicking off … it's important that they have a background knowledge of what could be going on in the background."*

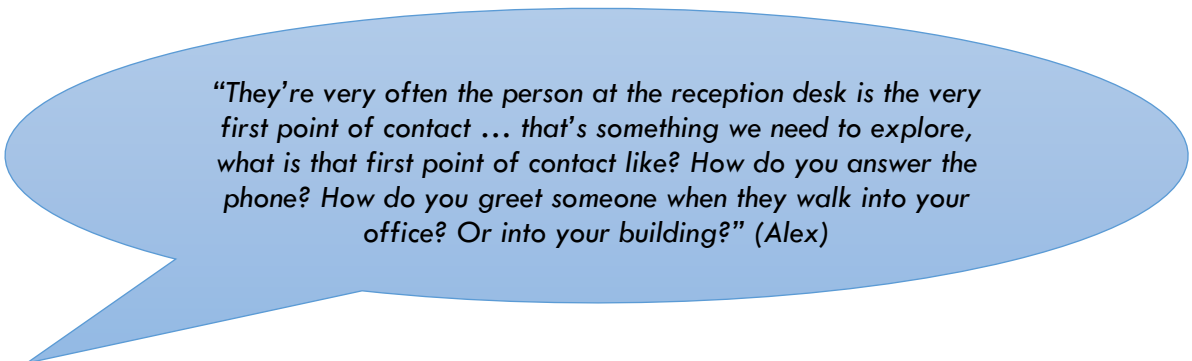### Induction and Training

A key topic for participants in leadership roles related to induction and training. Since implementing an organisational TIA, recruitment was now being viewed as an essential vetting point for new candidates, and an opportunity to embed a TIA from the beginning of employment:

"Any new recruit when they come through their induction, one of the first things they should be hearing about us is we're a compassionate, nurturing, relationship-based practice — we are trauma informed, this is what it means."

Mitigating Risks of Re-traumatisation

Participants spoke about specific circumstances in their organisations, which had the potential to cause re-traumatisation to their staff or service users. While these varied across different providers, there were similar points that were acknowledged by all the participants. The most prominent point was the first point of contact with the organisation by a potential service user, who is help-seeking and can be vulnerable to re-traumatisation:

"They're very often the person at the reception desk is the very first point of contact … that's something we need to explore, what is that first point of contact like? How do you answer the phone? How do you greet someone when they walk into your office? Or into your building?" (Alex)

Navigating Organisational Responses

All participants spoke about the ways in which their organisation responded to the TIA implementation process. One of the challenges reported was related to finding ways to support and engage everyone in the organisation and the degree of organisational buy-in needed: *"So one of the barriers potentially in this is changing that mindset, first and foremost to say, actually this is for absolutely everybody" (Alex)*. When introducing a new idea to an organisation, the lack of a shared language was identified as a conceptual barrier, which can restrict understanding of the process:

> *"One of those barriers is quite simply, there isn't always shared understanding of what trauma informed practice or trauma informed approaches are ... if you go around a room and ask 15 staff, what does it mean? You'll get 15 different answers."*
> *(Alex)*

> *"That assessment piece was helpful in terms of engaging some of those interested parties from the board and other directors, introducing them into that narrative." (Michelle)*

Supporting colleagues to understand this new language and develop new understandings often required ongoing and repeated efforts:

> *"The barrier that surprised me at times so far has been, I think I've got somewhere and then somebody in senior leadership will say 'oh, what about this?', and then that just lets me know that they still haven't quite got where I'm at yet, so I need to do more to communicate this, because this [engagement of management] is up to me." (Alex)*

For some, the process of large-scale engagement and buy-in was quick: "*it took on a life of itself ... it created this beautiful team spirit, organisation spirit ... and that even surprised me because I thought this [buy-in] is going to take us forever*" (Sophie). When asked about why buy-in was typically high across all organisations, participants thought that people could connect with a TIA, not as a 'fad', but as a return to something more authentic:
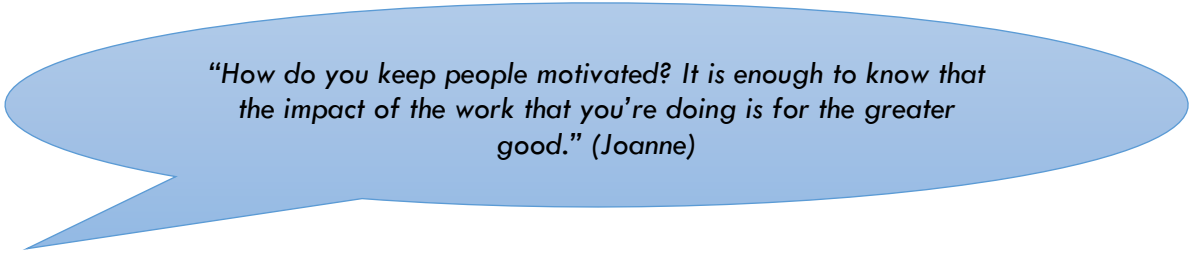
> *"This is why it's working, is it's more of an understanding of the way you should be anyway." (Helen)*

> *"This isn't just a plug-in or an add-on ... this is about shedding something and exposing what was actually underneath." (Emma)*

Managerial buy-in was central to the full implementation of a TIA, and conversely, most resistance at organisational level stemmed from a lack of managerial buy-in. Managing resistance required relational approaches to communicating the role and value of an organisational TIA and reassurance about any potential disruptions or burdens on already pressured staff.
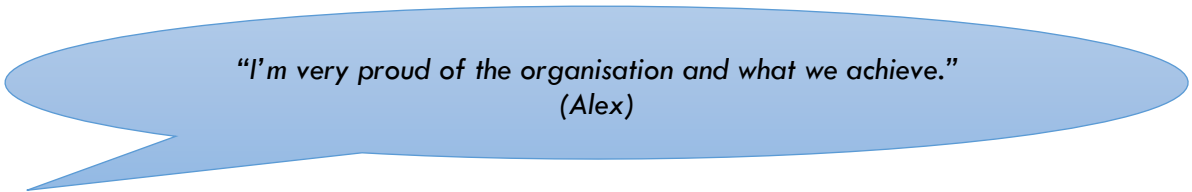
Leading TIA Implementation

Engagement in the assessment and implementation process was facilitated by the dedication and commitment of staff leading on implementation teams. Their lived experience of leading this process illuminates key enablers and barriers. Participants reflected on their experiences of being part of a team leading their organisation through the implementation of a TIA: "*it's a very big thing that you're doing*" (Joanne). Participants described how the timing was right for their organisation to begin this process: "*I do think there is that momentum building up again and I actually think there's the right people in the right roles to really push it*" (Anne). Participants reflected on their initial feelings of overwhelm when beginning the process: "*those road maps were so overwhelming at the beginning, you should have seen the office, there's a big whiteboard, it looked like I was trying to solve a crime.*" Managing TIA overwhelm remained an ongoing challenge and participants coped with this by connecting with that personal and group commitment to ensure the process would be embedded within their organisations:
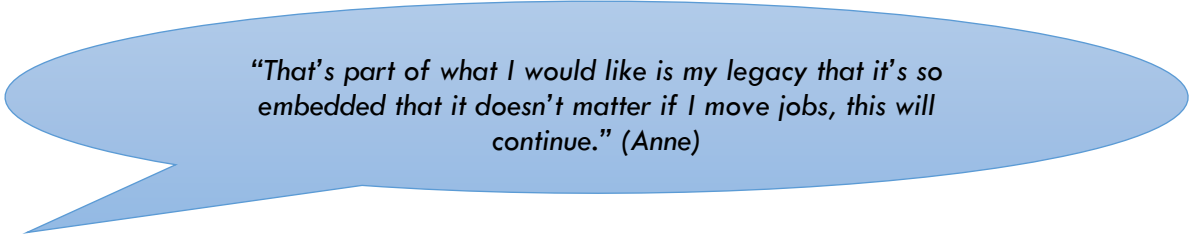
"How do you keep people motivated? It is enough to know that the impact of the work that you're doing is for the greater good." (Joanne)

Participants also spoke about experiencing pride for being part of the implementation team:

"I'm very proud of the organisation and what we achieve." (Alex)

Trauma leads described being motivated and excited to be a part of a team implementing an organisational TIA and many participants expressed a deep personal commitment and determination to embed the process and ensure their organisations become trauma informed:

"That's part of what I would like is my legacy that it's so embedded that it doesn't matter if I move jobs, this will continue." (Anne)

The role in TIA implementation was also identified as additional work: "*Everybody is doing this as part of their day-to-day*" (Anne), and demands on people to meet their own work deadlines could impact TIA implementation work or lengthen process timelines.

Participants were asked about their experiences of talking about trauma throughout organisations and ways of managing the implementation with sensitivity and care. Participants described rewarding experiences, such as *"energising … a good kind of demand"* and providing *"inspiration"* or a way to *"feed the soul"*.
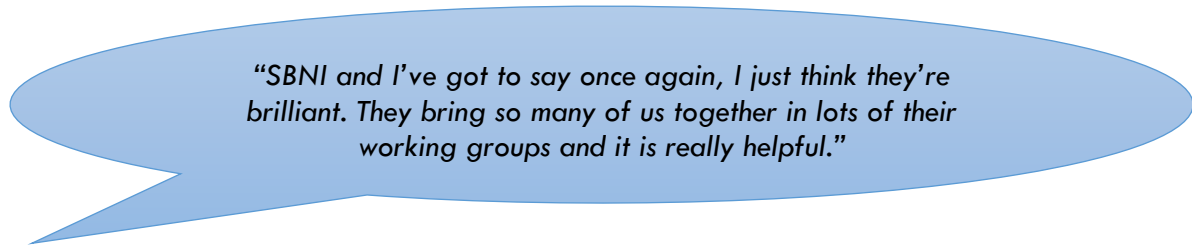
Participants were asked about their approaches to self-care or accessing support through their organisations to ensure that they could continue to work on the implementation of an organisational TIA. Organisations that are *"supportive"*, the importance of *"colleagues"* and *"training"*, helps to provide the organisational context to sustain the work: *"we have everything to do this"* (Joanne).

Participants on teams also spoke about the ways in which they support their implementation colleagues with the process: *"I will hold the sense of overwhelmingness for people, I carry that quietly and keep that away and keep people buffered from that."* When reflecting on specific supports for implementation teams, one participant described the need to include people or leaders who can provide *"buoyancy"*. However, the process, whilst requiring leadership, requires a team: *"It can't be done by an individual; it can't just be me as trauma lead or [name removed] as chief executive."* In addition, participants were aware that part of their role involved ensuring that the process was rolled out in a trauma informed way for the team: *"we've got to get through it safely, we've got to look after each other."* In general, participants spoke very positively about their experiences in implementation teams and noted supportive environments.
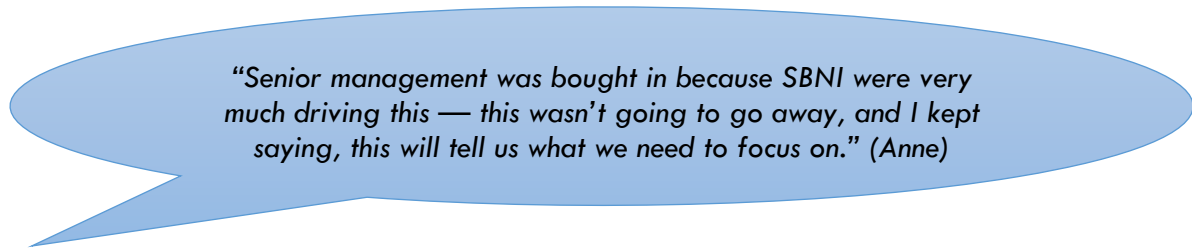
Role of the SBNI

The SBNI was described as having a central role in supporting organisations with the implementation of an organisational TIA and engaging them in the assessment process. Firstly, the SBNI support organisations with information about and access to assessment processes. Participants also valued the support and training provided by the SBNI, and the opportunity for networking events.

The SBNI facilitates the collaborative approach to working across organisations and sectors, to help incentivise organisations in the work towards implementing an organisational TIA.
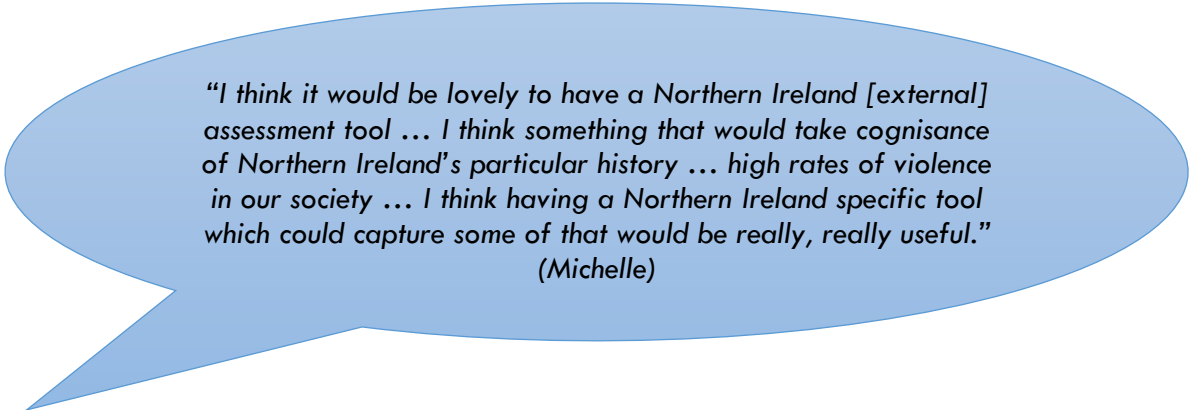
> *"SBNI and I've got to say once again, I just think they're brilliant. They bring so many of us together in lots of their working groups and it is really helpful."*

The SBNI was also described as important in providing funding for the pilot opportunity: *"the Safeguarding Board paying for it gave me the power to push it through. If that hadn't happened, we'd probably still be here now, wondering about it."* Resourcing did not only include funding but also accountability throughout organisations, which provided motivation and focus to ensure the implementation of the organisational TIA:

> *"Senior management was bought in because SBNI were very much driving this — this wasn't going to go away, and I kept saying, this will tell us what we need to focus on."* (Anne)

Although the SBNI provided supports with external assessments, participants were enthused by the idea of further Northern Ireland-specific resources and assessments. Participants spoke about the existing self-assessment tool: *"even more exciting now is now Northern Ireland has its own toolkit and assessment tool"* (Sophie). Participants also expressed a need for a comprehensive Northern Ireland tool that could provide external assessments with scores or awards:

> *"I think it would be lovely to have a Northern Ireland [external] assessment tool … I think something that would take cognisance of Northern Ireland's particular history … high rates of violence in our society … I think having a Northern Ireland specific tool which could capture some of that would be really, really useful."*
> *(Michelle)*

The SBNI played a significant role in supporting organisations to formalise the process of implementing a TIA, harnessing existing expertise and facilitating collaboration between organisations. In these ways the implementation of an organisational TIA could be extended and enhanced regionally through fostering relationships among those with a shared vision and values, to create a more trauma informed society.

Theme 4: Impacts of Engaging in an External Assessment for the Implementation of an Organisational TIA

> *"This is about the people that we serve."*

The final theme explores how the process of engaging in an external assessment to implement an organisational TIA has impacted upon the organisation, the people who work there, and the people who use their services. Participants identify the potential next steps for their organisations based on their experiences of the external assessment process. Participants described new approaches that reduce re-traumatisation risk for service users, and how the process has provided validation for client-facing staff who have been using a TIA but were not always acknowledged for their approach. Insight is also provided into how organisational culture has been impacted, including examples of the ripple effect of personal transformations for people and their families. The final sub-theme collates the expertise developed from participants' experience and provides guidance for others beginning the journey of implementing an organisational TIA.

Five sub-themes were identified:
1. Next Steps
2. Improving Services
3. Validating the Work
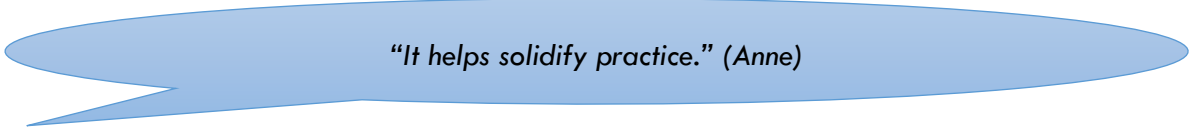4. Organisational Culture
5. Guidance for Others

Next Steps: Review and Planning for a Sustainable Organisational TIA

Participants reflected on the level of progress made by their organisation through the external assessment process, with each organisation starting at different times. The next steps varied for
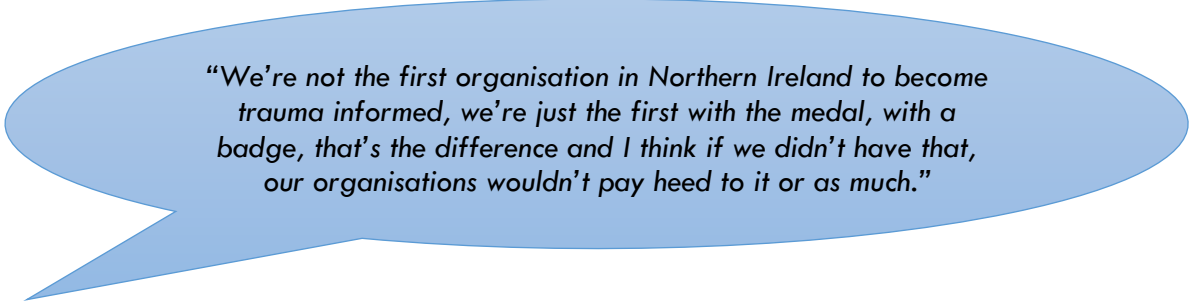
each organisation depending on their stage of the process. The assessment process facilitated review and planning for moving forward with a sustainable organisational TIA.

Those that were in the early stages of the process reflected on the planning they had completed to date: *"becoming a trauma informed organisation is nothing short of an organisation transformation process ... but we shouldn't be daunted by that."*

Participants discussed the value of the external assessment process, with everyone agreeing that being able to quantify in some way achievements through awards (OST) or level through scores (TIO), helped to celebrate the work and to support strategic planning and ongoing maintenance of the process:
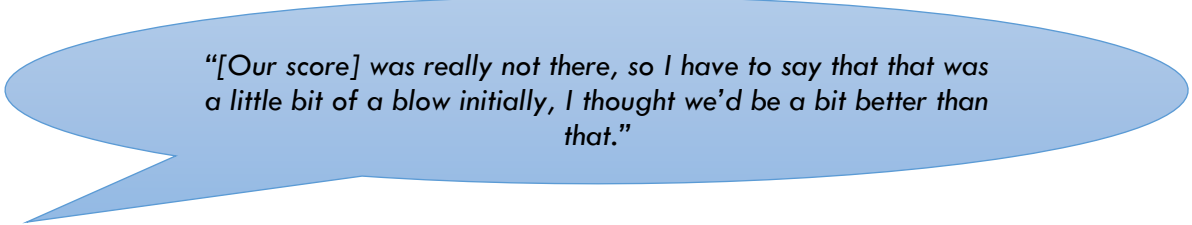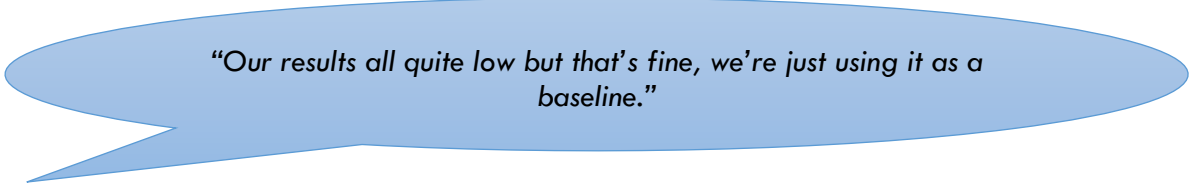
"It helps solidify practice." (Anne)

"We're not the first organisation in Northern Ireland to become trauma informed, we're just the first with the medal, with a badge, that's the difference and I think if we didn't have that, our organisations wouldn't pay heed to it or as much."

Participants also reflected on their experiences of receiving their assessment score or award. With TIO, participants received a score after their first report. This early score provided organisations with an opportunity to check their TIA standing against an external benchmark. This could also help with viewing the organisation more objectively, to identify the extent to which they are trauma informed and to reflect on gaps and plan forward. Participants responded differently to scores:
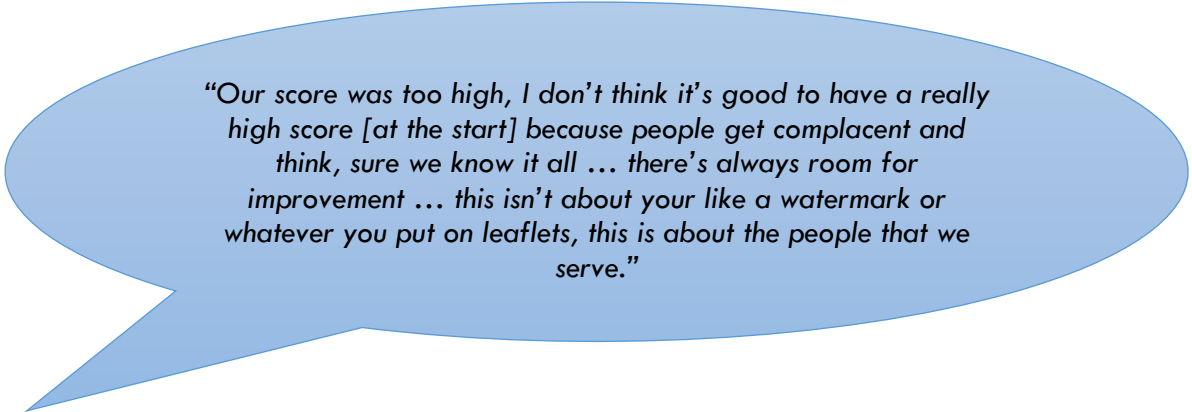
"[Our score] was really not there, so I have to say that that was a little bit of a blow initially, I thought we'd be a bit better than that."

"Our results all quite low but that's fine, we're just using it as a baseline."

TIO teams offered flexibility in discussing or even contesting scores. One trauma lead contested their score, feeling that their organisation needed more consideration, and found the process supportive. For this participant, the purpose of engaging in the assessment process was not to gain a score or award but to change organisational culture for the *"people that we serve"*:

> *"Our score was too high, I don't think it's good to have a really high score [at the start] because people get complacent and think, sure we know it all ... there's always room for improvement ... this isn't about your like a watermark or whatever you put on leaflets, this is about the people that we serve."*

Participants found that **feedback from assessments** was supportive in helping them to **identify strengths**: *"I think we came out strong in terms of like our commitment."*

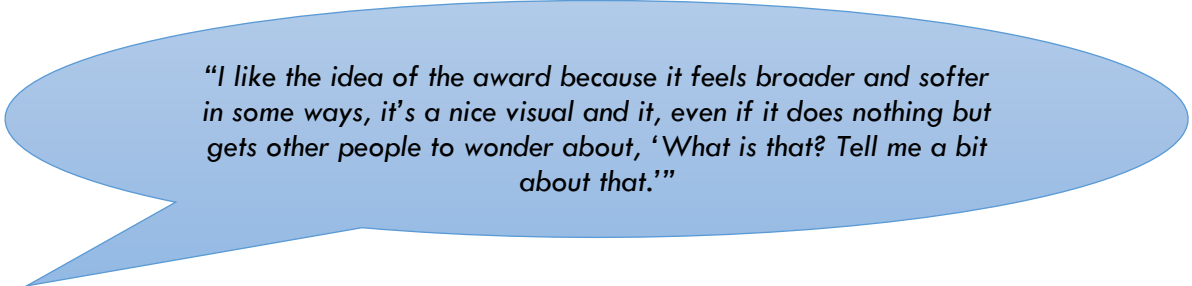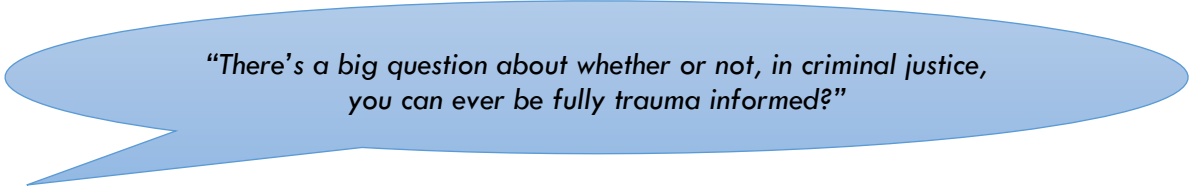Participants using the OST assessment reflected on their experiences: *"There were no big surprises, we were ready, we had that organisational assessment in place [from other awards]."* Importantly, they reflected on why they as an organisation needed to achieve an award, to ensure that their organisational TIA continued to be supported and maintained: *"I know it sounds very tokenistic, but we needed a medal, that certificate [for engagement and buy-in]."* Awards also supported teams to reflect on their achievements and celebrate their hard work. Some participants preferred the idea of an award over a score, and the opportunities for generating discussion:
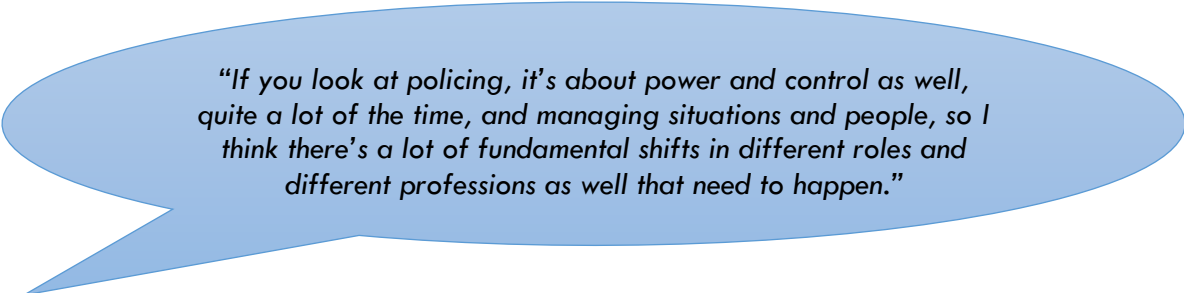
> *"I like the idea of the award because it feels broader and softer in some ways, it's a nice visual and it, even if it does nothing but gets other people to wonder about, 'What is that? Tell me a bit about that.'"*

Participants who are further on in the TIA implementation journey described feelings of accomplishment from the formal validation of existing work that had been ongoing, and were focused on the maintenance and fine-tuning of their TIA: *"our action plan is very specific to the things that we need to develop and improve, because there's other things that we know we are good at"* (Anne). Participants who are further on described their next main activity as embedding a TIA within their organisations: *"This is an ongoing thing. It needs to be embedded"* (Sophie). Others, who were in the earlier stages, foresaw a long road ahead: *"at least five to ten years' worth of work ahead of us, but it's good. It's all moving in the right direction."*

Participants also reflected on more significant questions about the wider systems that they worked within, and how far they could fully embed an organisational TIA:

> *"There's a big question about whether or not, in criminal justice, you can ever be fully trauma informed?"*

> *"If you look at policing, it's about power and control as well, quite a lot of the time, and managing situations and people, so I think there's a lot of fundamental shifts in different roles and different professions as well that need to happen."*
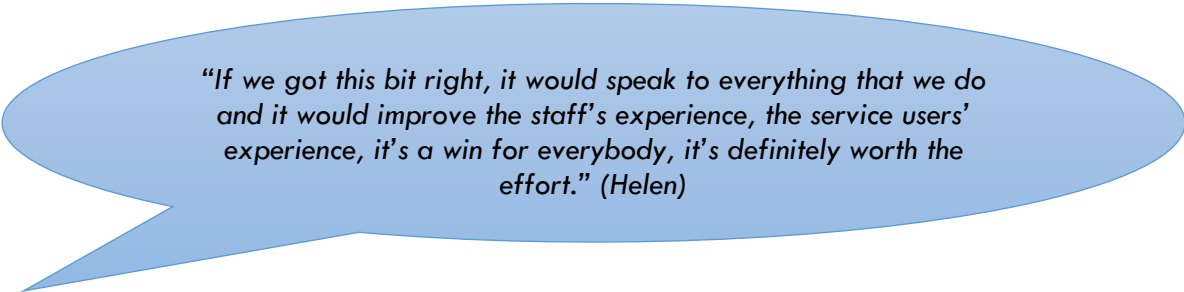
Acknowledging these more systemic questions is an aspect of an organisational TIA, and engaging in the external assessment supported teams to think critically about their own power, and the manner in which power is used going forward.
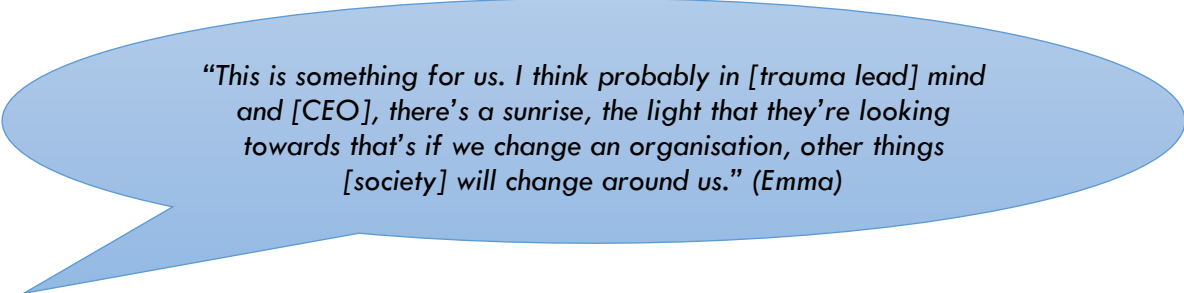
Participants reflected on the longitudinal nature of the process, especially for determining if they were on the right path. Participants also spoke openly about the need for ongoing reviews of barriers and enablers to support strategy implementation and ensure they continue using a whole organisation approach and support service user voice:

> *"If we got this bit right, it would speak to everything that we do and it would improve the staff's experience, the service users' experience, it's a win for everybody, it's definitely worth the effort."* (Helen)

Over the longer term, staff turnover was discussed as a predictable aspect that can be planned for and to ensure that a TIA is maintained, upskilling new staff and continuous improvement will be longer term goals. This was noted as specifically important for change over in senior management.
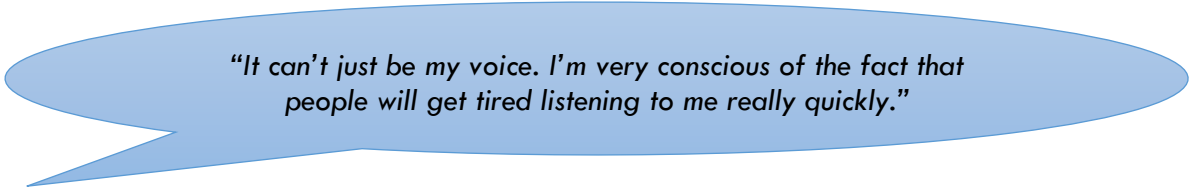
Implementing a TIA was described as primarily concerning organisational change for the betterment of staff and service users, but some also observed the wider vision that trauma leads tended to carry:

> *"This is something for us. I think probably in [trauma lead] mind and [CEO], there's a sunrise, the light that they're looking towards that's if we change an organisation, other things [society] will change around us."* (Emma)
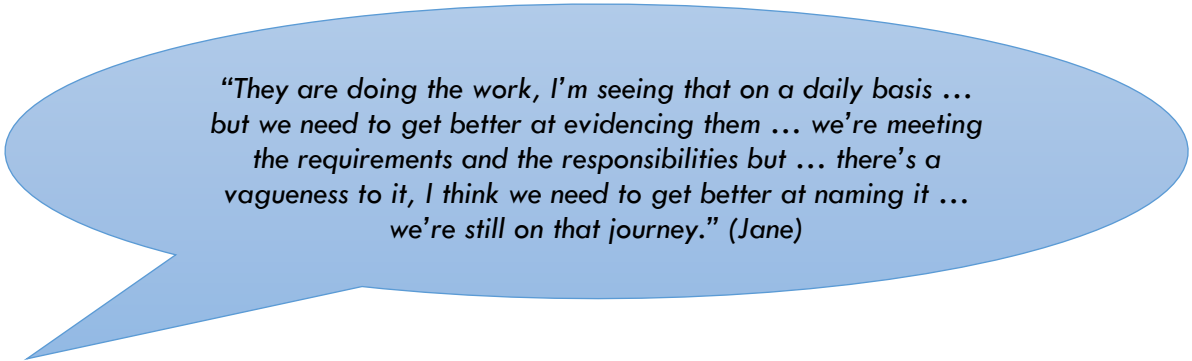
Sharing learning and supporting other professionals or connected organisations that they worked with in learning about a TIA was also a part of organisational strategy: "we are hoping that we can help our funded organisations" (Joanne). Participants spoke about wanting to get to a stage where a TIA would be normalised and widespread in the workplace.

Looking forward, participants reported several small and important changes or processes they needed to engage with further. Participants discussed the task of keeping people engaged throughout and ensuring buy-in as the process unfolds. Ongoing TIA implementation within organisations also needed to include a diversity of voices:

> "It can't just be my voice. I'm very conscious of the fact that people will get tired listening to me really quickly."

Participants also spoke about the important need for systems and reporting processes within organisations to be further improved and designed to support the capturing and recording of a TIA with practitioners:

> "They are doing the work, I'm seeing that on a daily basis … but we need to get better at evidencing them … we're meeting the requirements and the responsibilities but … there's a vagueness to it, I think we need to get better at naming it … we're still on that journey." (Jane)

Participants considered more training opportunities and providing more well-being support for staff as key components to embedding an organisational TIA.

Participants' experiences with the external assessment process supported their implementation from the early stages, and in the later stages has helped to define strategic planning for the sustainable embedding of an organisational TIA. Awards (OST) and scores (TIO) provide a quantifiable bas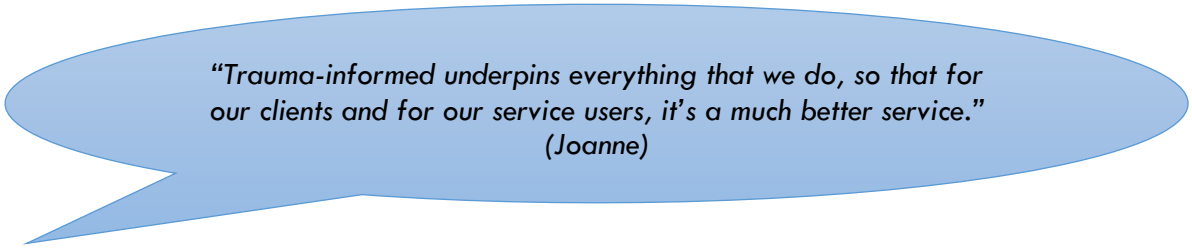eline of organisational culture, which whilst challenging, offers constructive feedback to drive organisational change. Through this process, leaders on trauma implementation teams could identify next steps, both in the short-term and longer-term.
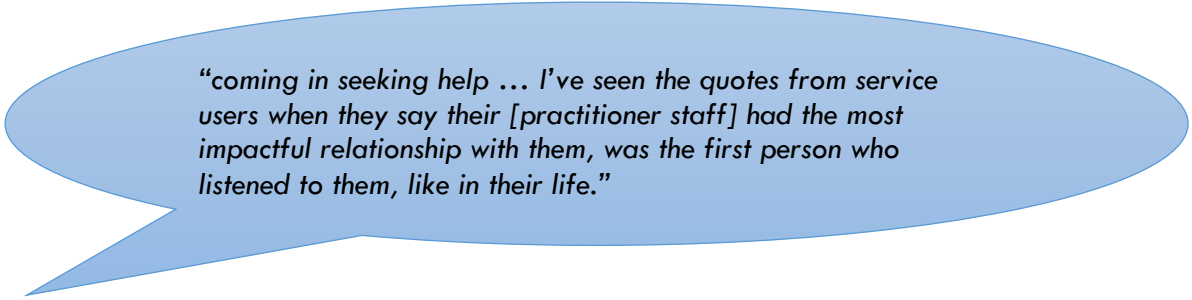
Improving Services

Some participants reflected on previous organisational administration and practice and the ways in which leadership at the very top directly affects the type of service that people experience. The implementation of an organisational TIA through the external assessment process, and the associated improvements and changes to policy and provision, were reported to be improving the service for all involved, but specifically for service users:

> "Trauma-informed underpins everything that we do, so that for our clients and for our service users, it's a much better service." (Joanne)

Although two other organisations were at earlier stages of the journey, improved provision was already visible for some staff and for service users simply through improved awareness. At *PBNI*, participants spoke about important learning and highlighted existing good practices for those at first point of contact for people seeking help:

Participants spoke about person-centred practices, and embedding physical and psychological safety in their premises and interactions with people using their service: *"Making it a really safe environment for people and actually going on their journey with them."* Participants also discussed the role of meaningful co-design with all staff.

In VSS, policy was reviewed to ensure it aligned with existing good practice and that approaches were standardised across the organisation: *"policies and procedures that we have are being relooked at with the trauma informed lens, being completely redrafted, rewritten to ensure that those are trauma informed, which again will have a knock-on effect for service users."* Participants described how empathy and active listening is now a part of TIA training for answering phones, which reduces re-traumatisation risk for those seeking help. Reducing re-traumatisation risk while help-seeking had also included providing training on supporting people who do not meet service criteria to find appropriate help elsewhere.
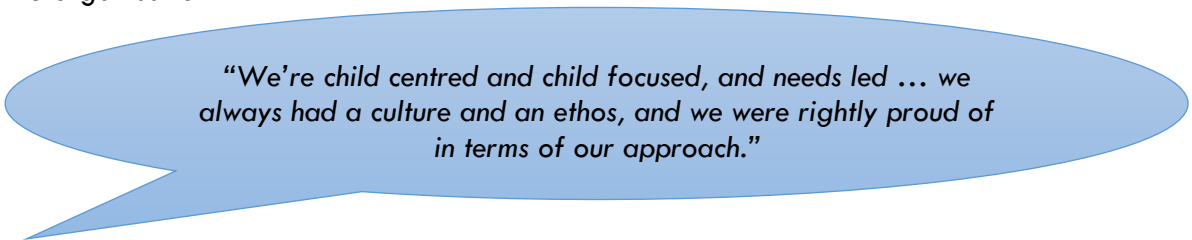
Participants explained that implementing an organisational TIA had positively impacted upon service users by supporting staff to use shared language and challenge potentially re-traumatising policies of other organisations. Overcoming fragmented systems and working to improve communication and coordination can reduce re-traumatisation for service users and support the implementation of an organisational TIA.

Engaging with the external assessment process, in supporting the implementation of an organisational TIA, was recognised to improve services for service users and for staff.

Validating the Work

The external assessment to achieve awards (OST) or the opportunity to receive a score and recommendations (TIO), the use of shared language and the support of external partners (SBNI) created a positive combination that supported organisations to begin working towards the implementation of an organisational TIA. The experiences also validated work to date or facilitated organisations to become more explicit about how practice is supported and prioritised within services.

One of the most significant impacts for organisations engaged with the implementation of a TIA was in the acknowledgement of the existing expertise and person-centred practices in the organisation:
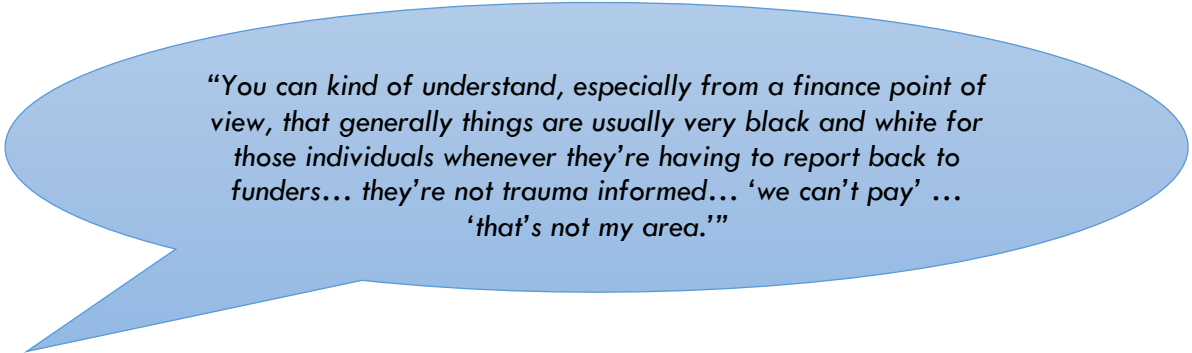
Some participants spoke about how previously the personal and professional impact of their work was not always acknowledged and how they tried to justify their work, which would have sometimes led them to them feeling that they were working outside of their organisational parameters when meeting client needs. However, practitioners also expressed that although they had expertise with using a TIA, there was more learning and work ahead: *"we're feeling*

validated, but still on a journey, still a long way to go" (Joseph). Importantly, for some working longer-term on the implementation of a TIA [before engaging with SBNI], the process confirmed that the goals they had set out and the changes previously made were externally acknowledged as successful.

Engaging in the external assessment process supported organisations to validate existing good practices.
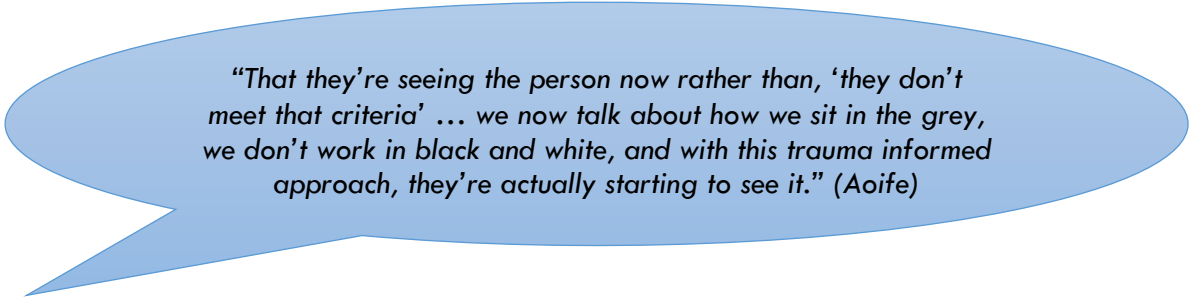
Organisational Culture Change: Ripple Effects of a Relational Approach

Participants were asked to reflect on their observations of their organisational culture since beginning the organisational TIA implementation. At structural levels within organisations, the external assessment process and the SBNI training programmes provided implementation teams with the tools they needed to engage all teams in the organisation. Specifically, participants noted shifts in culture with teams that do not typically work with clients, but who provide important services, and who can make important decisions that affect both staff and clients. One participant described previous practices:

"You can kind of understand, especially from a finance point of view, that generally things are usually very black and white for those individuals whenever they're having to report back to funders… they're not trauma informed… 'we can't pay' … 'that's not my area.'"

While challenges had been anticipated with engaging staff who were not in practice-based roles, participants noted that these anticipated challenges had not materialised. Participants related that during training, engagement from staff across the organisation exceeded their expectations. They explained that the outcomes resulted in a new organisational culture, whereby staff now humanise numbers and decisions:
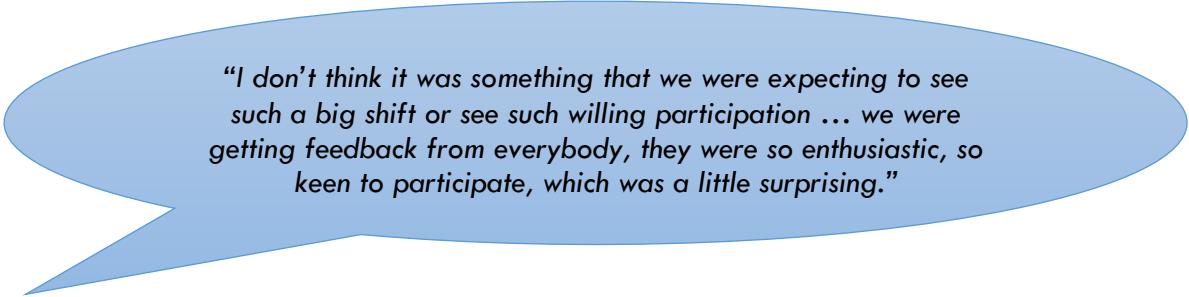
"That they're seeing the person now rather than, 'they don't meet that criteria' … we now talk about how we sit in the grey, we don't work in black and white, and with this trauma informed approach, they're actually starting to see it." (Aoife)

Participants also spoke about increased opportunities to discuss policy and finance decisions: *"actually having the trauma informed discussion and using this opportunity and experience to bring up the conversation with people who have never thought about how their own role was so valuable, we've seen like a massive shift" (Joanne)*. While overall cultural changes in an organisation were shifting, part of the journey was understanding that different teams could respond in different ways to the implementation of an organisational TIA. The pace of engagement varied within and between teams, which was considered something to be expected and that could be achieved:

> *"Culture can't change overnight."*

Regarding staff engagement in general, participants in some organisations related that their expectations for culture change have been exceeded:

> *"I don't think it was something that we were expecting to see such a big shift or see such willing participation ... we were getting feedback from everybody, they were so enthusiastic, so keen to participate, which was a little surprising."*

The change in organisational practices was also connected to implementation of meaningful changes at a strategic level:

> *"Your vision and your mission and your aims, they're all buzzwords that go up on the wall but now we're actually doing that, we're actually living by that, we are open, we are trustworthy, we are trying to meet clients where they're at, there is transparency across the organisation." (Matthew)*

Importantly, participants spoke about improved relationships as a result of the changes put in place from implementing an organisational TIA, referring both to service users and to colleagues with each other: *"I really feel like at the minute we have such a good strong team" (Aoife)*. Others spoke about repaired relationships and improved team relationships. Within teams, some participants described transformations of colleagues that were notable, and indicative of increased psychological safety.
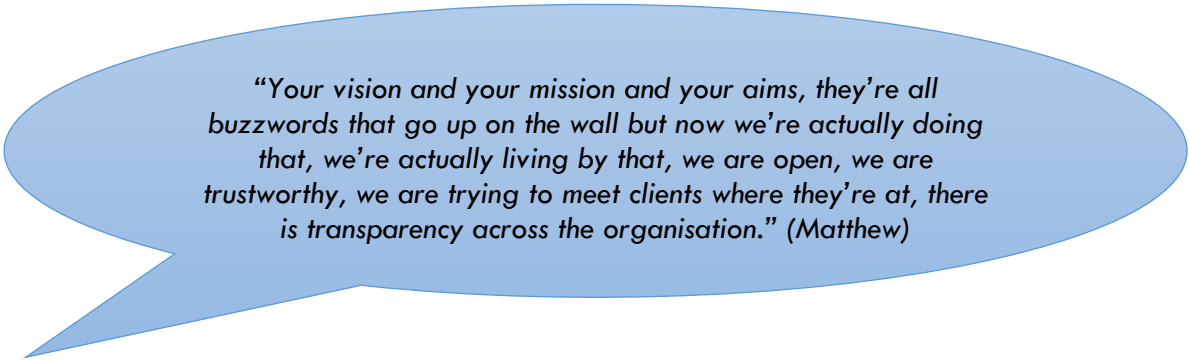
The increase in the sense of psychological safety was also connected to physical changes that were created within buildings, and reinforcement from leaders who modelled a TIA in the workplace: *"this is my time to maybe come out and show my true colours or that side of me that I've never actually had the opportunity to show before."* Improved relationships and positive impacts were also cited as stemming from enhanced alignment with organisational values and the enactment of these values in practice.

Another change that was identified was connected to how engaging with an organisational TIA has a ripple effect on relationships within people's personal lives; once they could see through a trauma lens, they viewed the world in a different way.
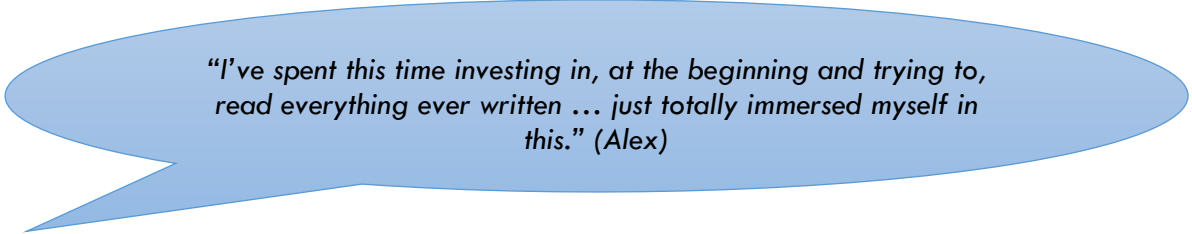
Participants spoke about the breadth of change they observed from people engaging in training: *"I've seen it change an awful lot of people" (Joanne)*. This effect was observed as extending to some of their family members.

The process of implementing an organisational TIA supported by the external assessment process has created positive ripple effects for staff in terms of their relationships with each other and in their relationships outside of work in their personal lives, thus showing the far-reaching significance of engaging in the TIA process.

Guidance for Others

Planning
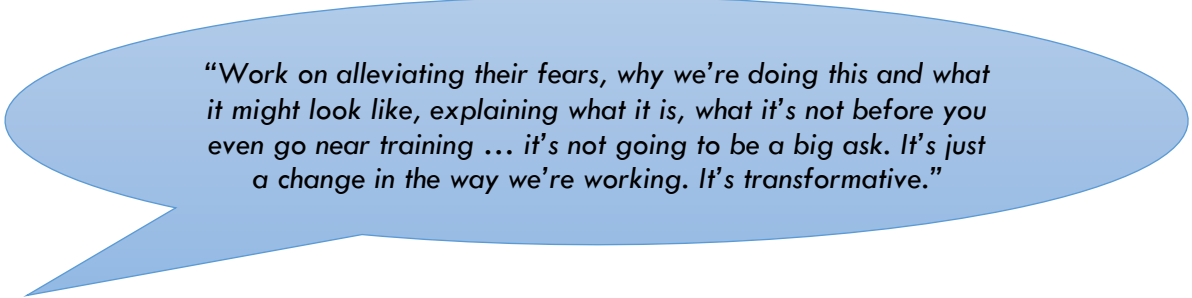
Firstly, participants suggested **building up personal knowledge** on trauma and organisational TIA:
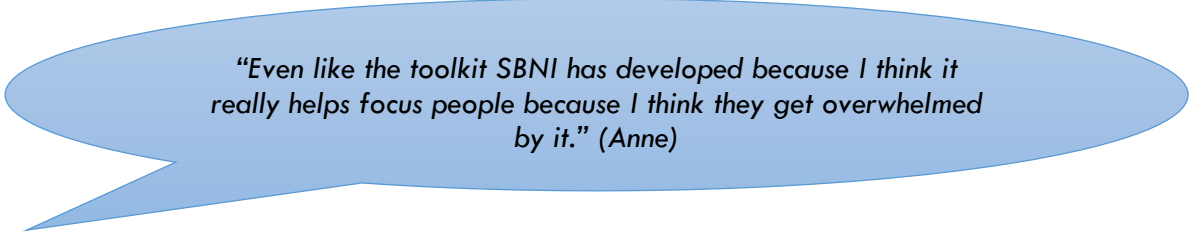
> *"I've spent this time investing in, at the beginning and trying to, read everything ever written … just totally immersed myself in this." (Alex)*

Participants also advised others to build up knowledge of their organisation and establish a team of **authentic leaders** who can role model a TIA.

When working on engagement, it was important **to support colleagues and prevent overwhelm**, take time and do not introduce too many resources or training until people are conceptually on board:
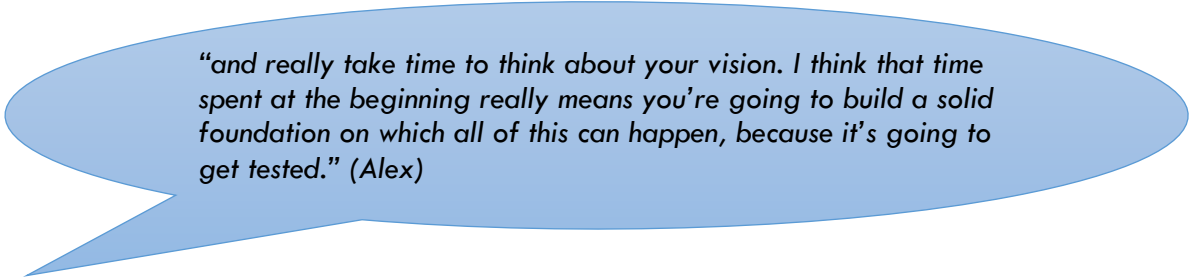
> *"Work on alleviating their fears, why we're doing this and what it might look like, explaining what it is, what it's not before you even go near training … it's not going to be a big ask. It's just a change in the way we're working. It's transformative."*

> *"Even like the toolkit SBNI has developed because I think it really helps focus people because I think they get overwhelmed by it." (Anne)*
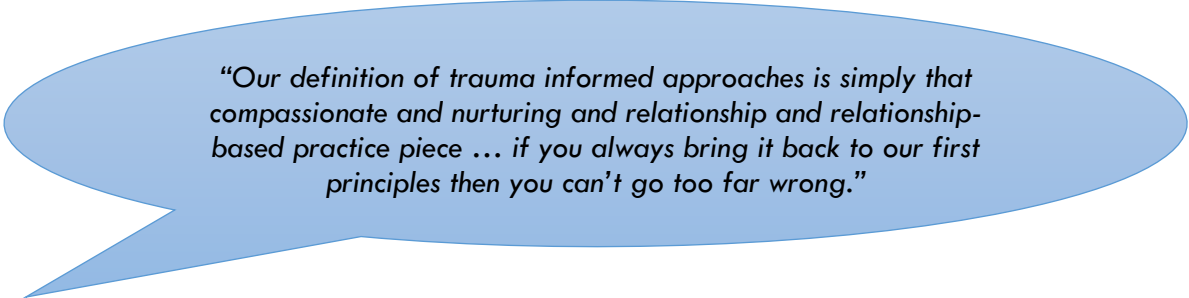
Developing understanding of trauma, organisational TIA and the specific organisation can support the development of a **guiding vision** for the process, which was described as an anchor for the process:

> *"and really take time to think about your vision. I think that time spent at the beginning really means you're going to build a solid foundation on which all of this can happen, because it's going to get tested." (Alex)*
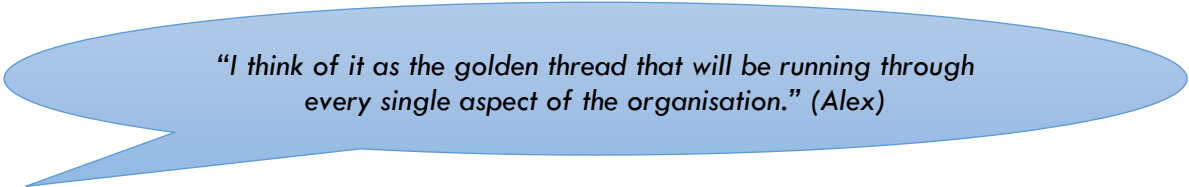
> *"If this is done right, this is just stitched into the fabric of the services." (Helen)*

> *"Our definition of trauma informed approaches is simply that compassionate and nurturing and relationship and relationship-based practice piece … if you always bring it back to our first principles then you can't go too far wrong."*

Utilise all suitable resources and frameworks to **develop individual organisation roadmaps**: *"use the toolkit as a guide" (Sophie)* and develop **methodological strategies and measurable goals**:
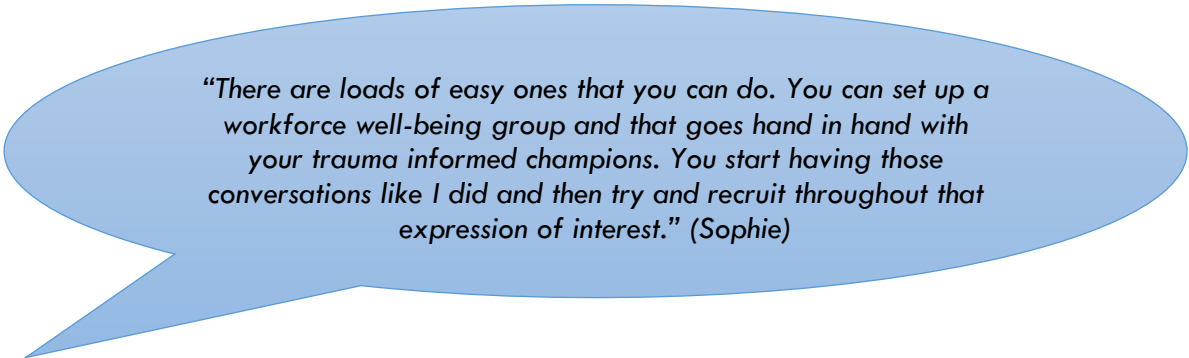
> *"I think of it as the golden thread that will be running through every single aspect of the organisation." (Alex)*

More time spent in the beginning on **comprehensive planning** would lead to a successful and efficient process.

Making Changes
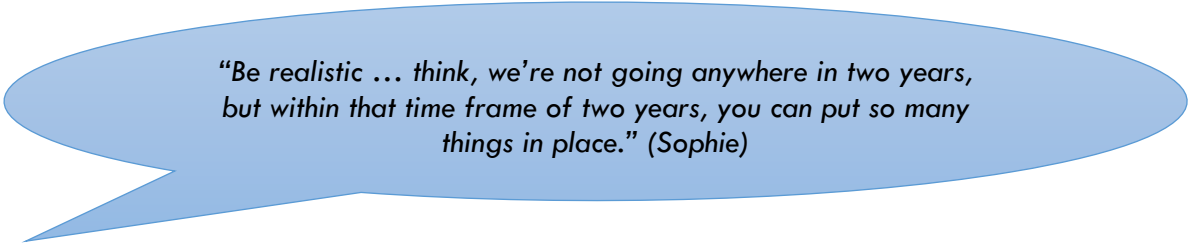
Implementing an organisational TIA is a significant organisational process, and so deciding on what can be done during the first stages of the review is about **being strategic and setting small achievable tasks** to address gaps.

When beginning to review the organisation and plan changes, participants spoke about beginning by **identifying strengths.** When it comes to identifying gaps and making changes, everyone advised to **start with manageable tasks**:
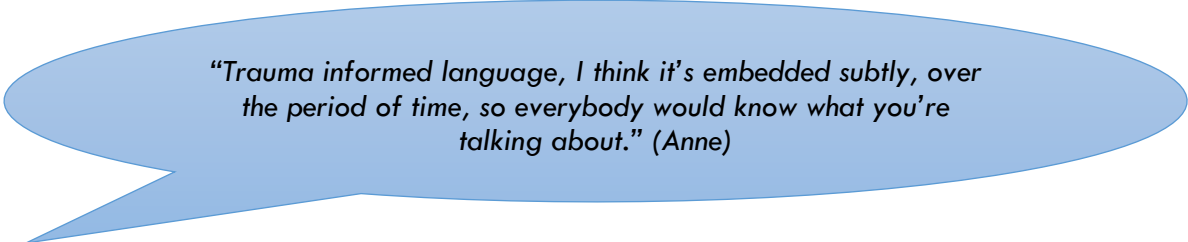
> *"There are loads of easy ones that you can do. You can set up a workforce well-being group and that goes hand in hand with your trauma informed champions. You start having those conversations like I did and then try and recruit throughout that expression of interest." (Sophie)*

Develop **realistic timescales** dependent on the organisation size, resources and starting point, even for those who already are using trauma informed practices:

> *"Be realistic … think, we're not going anywhere in two years, but within that time frame of two years, you can put so many things in place."* (Sophie)
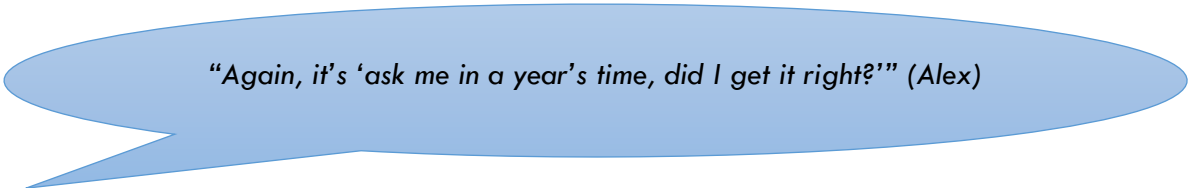
> *"Trauma informed language, I think it's embedded subtly, over the period of time, so everybody would know what you're talking about."* (Anne)
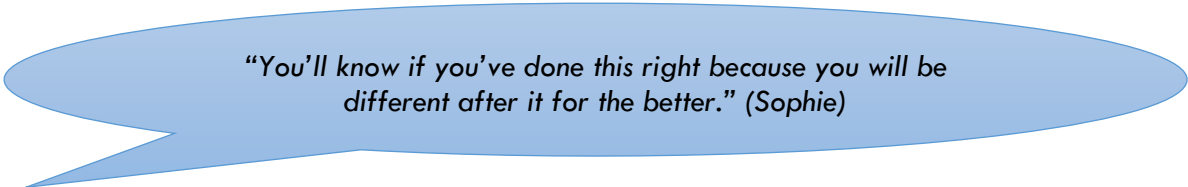
Specific goals within realistic timescales offer the most potential for incremental change to foster motivation.

Features of the Process

TIA implementation work is **cyclical in nature** and involves developing an understanding and an expectation of the process unfolding incrementally. Participants spoke about including time out after major activities and including **reflective practice** as part of the overall strategy:
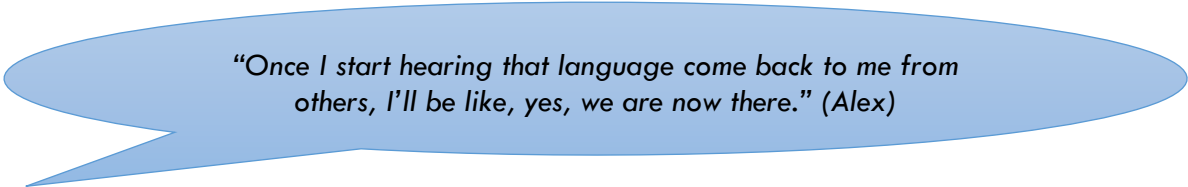
> *"Again, it's 'ask me in a year's time, did I get it right?'"* (Alex)
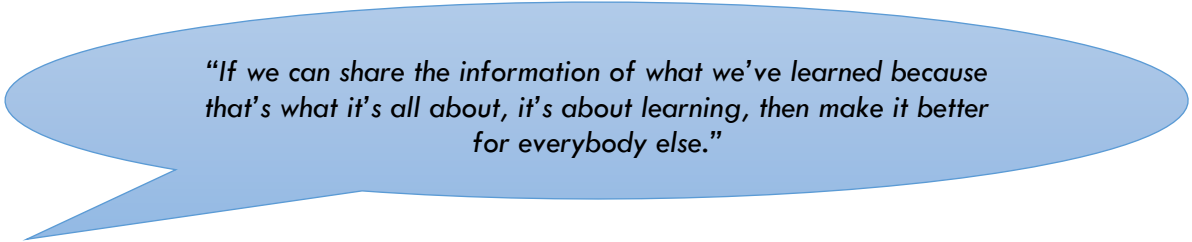
> *"You'll know if you've done this right because you will be different after it for the better."* (Sophie)

Implementing an organisational TIA is a **longitudinal process,** and the nature of change can be relatively fast or slow, for different people. Often successes can be observed in small ways at the beginning:

> *"Once I start hearing that language come back to me from others, I'll be like, yes, we are now there."* (Alex)

Connecting with other organisations for the purposes of support and **sharing learning** and **building networks** of leaders:
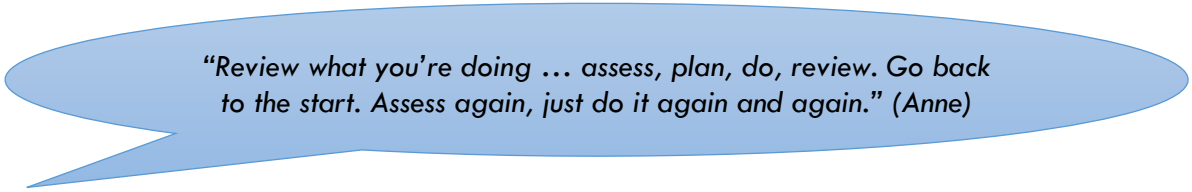
> *"If we can share the information of what we've learned because that's what it's all about, it's about learning, then make it better for everybody else."*

Long-term, collaborative working and shared learning is essential to the process.

Sustainability: Maintenance and Progression
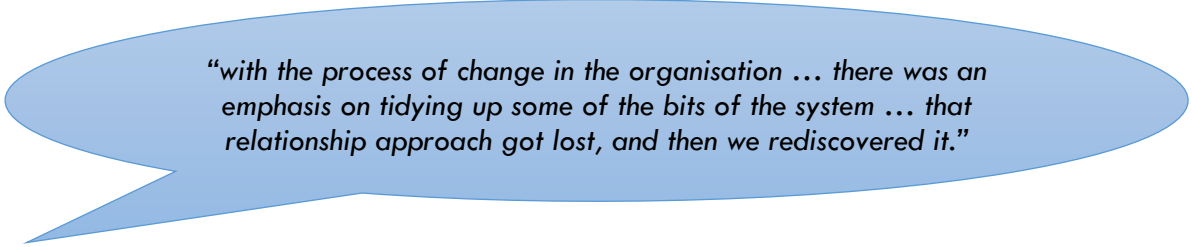
In relation to the sustainability of an organisational TIA, maintenance was described in terms of having a **routine of activities** to support ongoing work and ultimately embed a TIA:
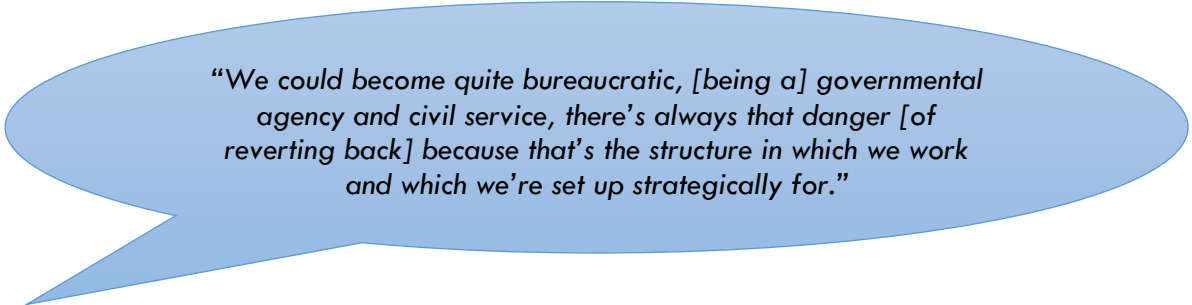
> *"Review what you're doing … assess, plan, do, review. Go back to the start. Assess again, just do it again and again." (Anne)*

In addition, it was important to **build organisational expertise** and in-house resources and capacity. Use the **supervision and wellbeing structures** in the organisation, prioritise organisational care and self-care when possible and allow grace to self and other throughout the process: *"but at the same time don't be hard on yourself" (Sophie).*

As part of embedding an organisational TIA, those who had witnessed changes longitudinally in their organisation shared learning about pitfalls; that there was a need to **review for regressions or pendulum swings** in practice with the introduction of new models or leadership:

> *"with the process of change in the organisation … there was an emphasis on tidying up some of the bits of the system … that relationship approach got lost, and then we rediscovered it."*

> *"We could become quite bureaucratic, [being a] governmental agency and civil service, there's always that danger [of reverting back] because that's the structure in which we work and which we're set up strategically for."*

The sustainability of an organisational TIA requires on-going review, assessment and planning. Building capacity and expertise within and between organisations was also deemed significant and harnessing supervision and wellbeing structures to maintain and enhance compassionate leadership.

Mapping the TIA Implementation Process

This section maps the process of implementing an organisational TIA using an external assessment (TIO or OST). This mapping incorporates a model of the phases of TIA implementation, a model of pathways and core activities, a discussion of the role of partnerships, and specific considerations for the implementation of an organisational TIA in the Northern Ireland context.

Phases of TIA Implementation using an External Assessment

Across all organisations, participants described common activity patterns, which were shaped by the external assessments, the SBNI, their own organisational leadership and the implementation teams. These experiences and activities have been analysed and mapped to create a five-phase model to visually represent the typical phases that teams move through during their work on implementing an organisational TIA (Figure 1).

Figure 1: Five-Phase Model of Organisational TIA Implementation
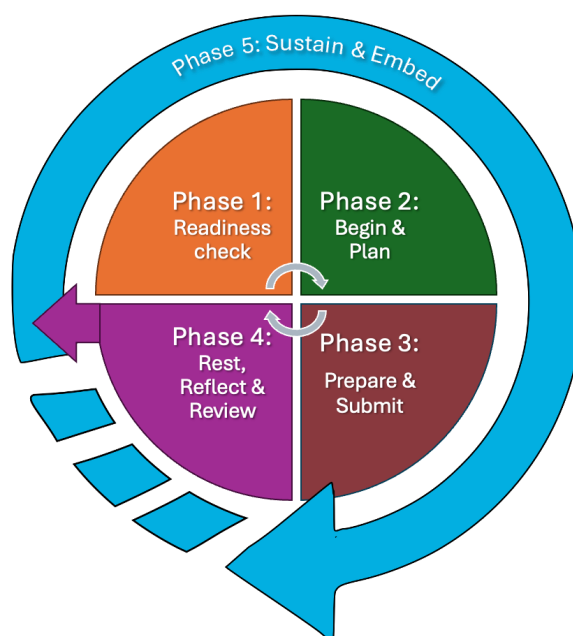
The **first phase** generally begins when people seek information and resources about an organisational TIA, and they express interest in engaging in an external assessment process. This phase can be facilitated through connecting with the SBNI and can lead to presentations to senior management for permission to proceed. The **second phase** is initiated when an organisational TIA team lead(s), team and guiding vision have been established, and describes the common activities of engaging with those who can provide resources, and an external assessment team who can facilitate an organisational review. This typically proceeds to **phase three**, where evidence is collated, either by an external assessment using a survey to produce measurable scores (TIO) or internally by the organisation who produces a written submission for an external assessor with the aim of achieving an award (OST). The **fourth phase** includes taking time to rest before reflecting on the organisational TIA processes to date and reviewing strategy, goals and future directions. The **fifth phase** typically involves agreeing ways to make the TIA sustainable, where organisations can consider how to maintain and embed good practice, while planning for progression and improvement. Phase five in the diagram visually represents the ongoing nature of organisational TIA implementation work. Phases two and four can be re-engaged with during sustainability and review activities, or when working to enhance scores (TIO) or award levels (OST).

The key aspects of an organisational TIA implementation process using an external assessment are outlined in Table 3. The outline below takes cognisance of the fact that there will be different starting points for each organisation contemplating engaging in this process.

Table 5: Key Aspects of an Organisational TIA Implementation Process using an External Assessment

1.	Cyclical and phase-based work
2.	Upward movement or progression through sets of activities with each building on the previous
3.	Lengthy process involving continuous improvement
4.	Varying timeframe for implementation, specific to the organisation and depending on size and structure as well as existing pressures and priorities
5.	Intermittent working patterns with intensive periods and lulls
6.	A significant amount of work is completed in Phases 2 and 3, decreasing thereafter
7.	No hard border between phases; activities can occur concurrently and be dependent on resourcing of teams
8.	Iterative dynamic between working groups, implementation lead(s) and team and senior management
9.	Partnership with external assessment team to engage in feedback and discussion around scores (TIO) or awards (OST) in advance, and afterwards

The timeframes for the process are difficult to estimate, varying dependent on organisational size and structure, priorities and pressures, and resourcing. The nature of the process in an upward progression was described as building a strong foundation and local and organisational expertise, which can contribute towards sustainability of an organisational TIA. This process has also been visually captured in Figure 2.

Figure 2: Cyclical and Phasal Nature of Organisational TIA implementation work
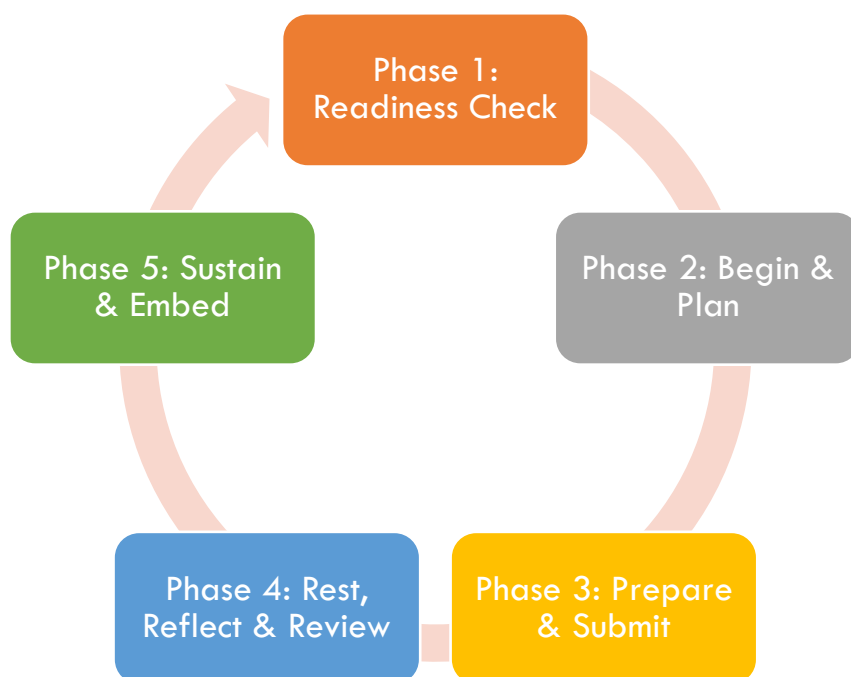
Pathway and Core Activities of TIA Implementation Process

Figure 3 provides the details and descriptions of the core activities that take place during the different phases of an organisational TIA implementation process using an external assessment. These findings can support the monitoring and tracking of the progress of organisations using an external assessment process and can inform an organisational standardised process for tracking the implementation of an organisational TIA in Northern Ireland.

Figure 3: Implementation Process for Trauma Informed Approaches in Northern Ireland: External Assessment Pathway and Core Activities

PHASE 1:
Organisational Readiness Check

- Introduction of key concepts, definitions, case studies
- Information on assessment options and awards (self vs external)
- Explore organisation readiness including commitment from CEO
- Information on supporting buy-in and organisational change

If readiness for external assessment is decided :

- Engage with resources
- Devise basic timeline
- Connect with others

Move on to Phase 2

PHASE 2:
Beginning a TIA Implementation Process

- Establish implementation team (EOI process)
- Establish guiding vision/terms of reference (TOR)
- Establish inclusive working group/trauma champions (EOI process) to include TOR, roles and responsibilities
- Review of barriers and enablers
- Strategy for engaging managers/teams/divisions
- Develop strategy for organisational review (policy, physical space, amenities)
- Review good practice and identify gaps
- Review basic timeline and adjust as needed
- Devise strategy for organisational care/team care/self-care
- Establish baselines/methods for monitoring progress
- Begin embedding language of TIAs to organisation through communications and events
- Develop surveys for staff and service users
- Devise survey strategy (communication, engagement, distribution and feedback)
- Devise training strategy
- Attend network meetings (information sharing)
- Regular check-in with assessment teams (support)
- Distribute work and assign tasks based on capacity

PHASE 3:
Preparing for Assessment Submission

- Devise action plan based of reviews (policy, physical space, practice, barrier and enablers, survey findings)
- Review timeline
- Begin with small manageable tasks or 'easy wins'
- Implement training strategy
- Gather required evidence
- Attend network/support meetings (information sharing)
- Regular check-in with assessment teams
- Distribute work and assign tasks based on capacity
- Submit application/portfolio/responses
- Receive report or award

PHASE 4:
Rest, Reflect and Review

- Acknowledge work completed and take a period of rest
- Take time out to reflect on process challenges and successes
- Review resources needed
- Review leadership team and working groups

PHASE 5:
Sustainability and Embedding a TIA

- Devise a maintenance strategy for sustainability and/or progression strategy (for next level of award)
- Embed TIA training and plan for staff turnover
- Establish review schedule for policy, physical spaces, practice, barrier and enablers, surveys (activities from phase 2)
- Celebrate good practice and develop strategy for gaps
- Embed the language of TIAs and TIA training in the organisation
- Sharing knowledge and staying connected with TIA network

Key Partners in the TIA Implementation Process

Implementing an organisational TIA requires a balanced partnership between the implementation partner (organisation), the facilitation partner (SBNI), and the assessment partner (TIO or OST) (Figure 4).

Figure 4: Key Partners in the TIA Implementation Process
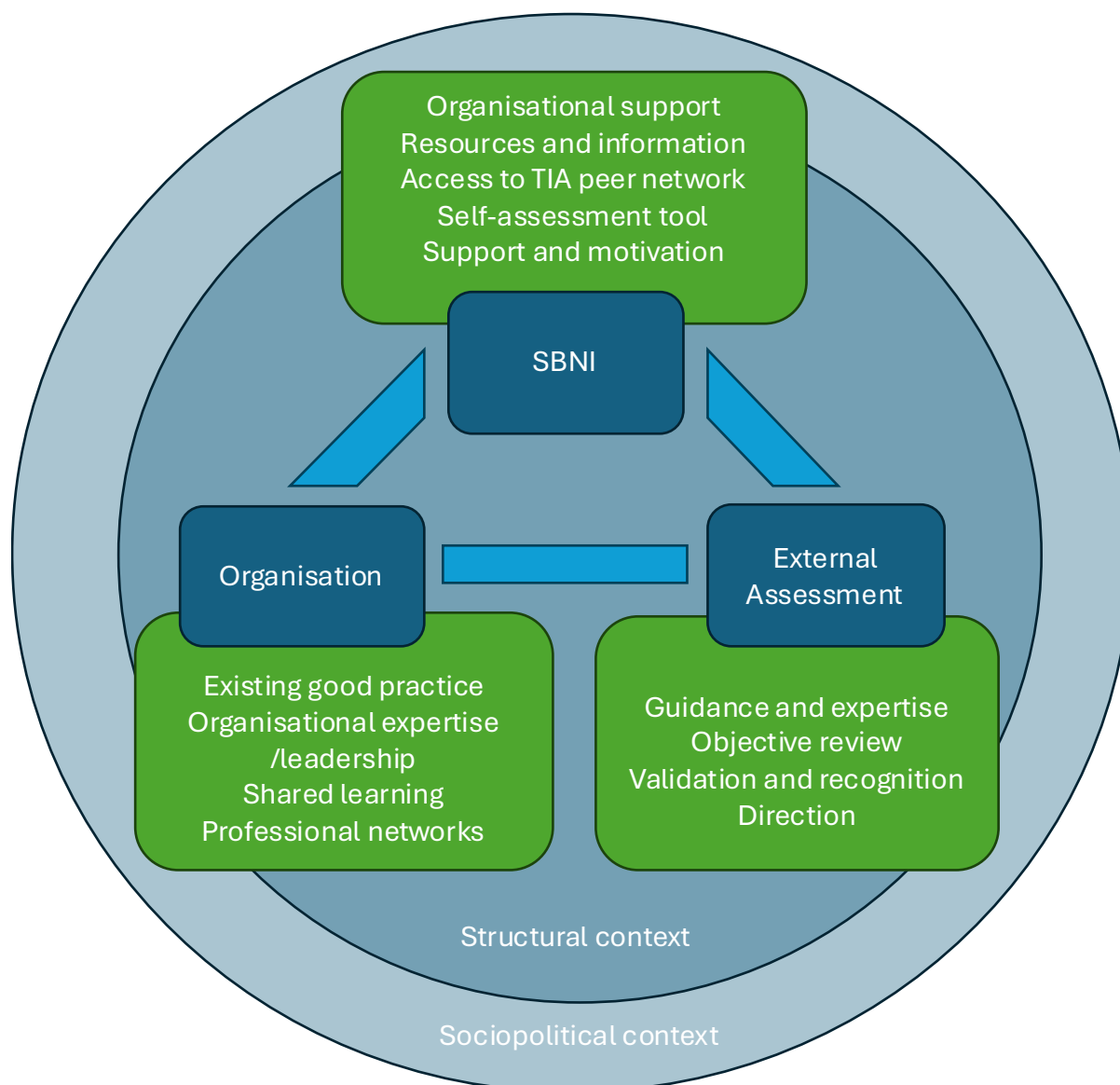
A key aspect of the SBNI's role included the provision of important facilitative resources for organisations expressing an interest in implementing an organisational TIA. The SBNI funded the external assessment processes for these organisations to learn about the organisations' experiences of participating in an external assessment with a view to applying the learning in the context of Northern Ireland. The SBNI was recognised to provide critical psychological and social resources, which included access to networks of peers. The SBNI was also able to provide teams with practical and information resources related to research, case studies, and road maps. There was enthusiasm for the SBNI self-assessment tool launched in October 2024 and the potential for enhancement of the toolkit in the future. The SBNI was valued as the local partner, who understood the sociopolitical and structural context.

The organisation's role in this partnership involved the provision of resources and organisational action. The organisation's decision to engage in an external assessment conveyed courage and an underlying ethos of sensitivity to the need for an organisational TIA. Organisations could bring commitments from their CEOs, meaning that the TIA process could be implemented, and this explicit external assessment process could identify existing good practice that could be used to share learning. Organisations also brought their existing network and partner connections, including those in other jurisdictions, and so were able to contribute to the development of an organisational TIA across society. Organisational and thus local expertise has been developed throughout this process with those in implementation teams demonstrating leadership, as well as bringing knowledge and experience back to the other partners.

The role of the external assessment included the provision of guidance and information and collaborative working that facilitated organisations to share their own distinct needs, which ensured that assessments were tailored appropriately to the organisational and social context. The external assessment provided a critical resource for organisations through the objective, external review process, which offered both validation of progress to date, and bespoke feedback to inform strategies for meeting organisational goals moving forward. The external assessment role was also valued for facilitating relationship building, and for information sharing with the SBNI on the organisational TIA implementation process.

Key Considerations for the TIA Implementation & Assessment Process in Northern Ireland

In this review, key considerations were raised relating to TIA implementation and assessment processes specifically in the Northern Ireland context. We suggest that the points below are given careful consideration by organisations contemplating engaging with an external assessment for the implementation of an organisational TIA.

Organisational Functioning

Some staff within organisations remain impacted by current or previous adverse organisational experiences involving unsafe work environments, burnout and unacknowledged organisational trauma. Implementing a TIA might mean first acknowledging these issues before beginning to embed a TIA across the workforce. Without an increased sense of psychological safety, staff could potentially be re-traumatised without adequate engagement and involvement. Some participants shared their lived experiences with these types of organisational trauma, but they also shared their experiences of post-traumatic growth, and repair of trust through management using a TIA, which highlights the important opportunities for organisations and staff to make positive changes despite their legacies. Linked to this finding was discussion in relation to the provision of support for those who already use a TIA in practice, in understanding the implementation of a whole organisation approach not just a practice-based approach.

Equity, Diversity and Inclusion (EDI)

Different organisations can have varying approaches and challenges to inclusion that can be informed by their service users. Some small organisations might provide services to specific groups, while larger organisations might have to consider the needs of multiple client and staff groupings. Organisations can also include reviewing the different communities that they encounter and with whom they work, who carry experiences of marginalisation (based on social characteristics such as age, social class, ethnicity, religion, sexual identity, gender and so forth). There is an opportunity to identify existing good practices and share learning, to develop new community partners, and to consult with those with lived experience to further support the identification of strengths to foster growth, as well as gaps that lead to re-traumatisation.

Policy Gaps

Some participants spoke about creatively coming up with solutions to circumvent barriers to meet service user, individual or organisation needs. This pragmatic approach to finding solutions in the face of an obstruction, a 'workaround', was linked to the Northern Ireland context, and the ways that people have learned to cope and live despite structural barriers or oppressive practices. The 'workarounds' themselves can be viewed as an adaptive process to avoid obstruction or punishment and ensure that a need is met. However, importantly, they can be viewed as reflecting gaps in policy or practice where people and their experiences are not represented. Examples of using 'workarounds' to address gaps at the organisational level included participants describing managing their caring responsibilities and work responsibilities, or circumventing policies to meet a service user's needs. There were also examples during the TIA implementation process whereby some teams had to consider ways to work around unsupportive managers to ensure that the process continued. There is an important opportunity to see 'workarounds' as indicative of an absence, an opportunity to consider why and how people are not supported structurally, and to consider potential changes to meet those needs and avoid inadvertently marginalising staff and service users. Recognising and addressing these needs can contribute to a meaningful TIA in organisations, which supports open and inclusive relationship-based problem-solving.

Tailored Processes and Peer Connections

Participants on implementation teams described differing degrees of 'TIA implementation overwhelm'. These experiences tended to occur in the initial phases as a result of information overload, as they made sense of the resources and filtered through their relevance. Overwhelm also occurred for some participants when considering the duration of the process, or the ways in which the teams would complete the process within their organisation. A few participants with TIA experience prior to engagement with the external assessment also noted that certain aspects of the process were below their knowledge level, and they did not always benefit from information sessions, although they appreciated them and had positive experiences. In the future, to reduce this potential for these types of experiences, resources could be tailored to meet the appropriate level of understanding by initially establishing the baseline of understanding and expertise among staff members. Further, the development of the process map and diagrams with phase-based activities can support focus and positioning, and track progress. Connecting with peers on similar journeys can support connectedness, collaboration, and sharing of learning and experiences. Peer-led activities could offer the potential to facilitate the enhancement of practice-based knowledge and local expertise on embedding an organisational TIA in Northern Ireland.

Work Journeys

The word 'journey' is relevant to this review and was central to the previous research by QUB (Mooney et al., 2024). This word encapsulates the full experience of working in an organisation implementing a TIA whilst living in a society dealing with legacies of trauma. This journey supports the development of connection and solutions that can be long lasting and beneficial throughout society. It is important to recognise that this process requires extra work, which can take a significant period of time for some organisations, and it is not currently remunerated or funded proportionately at organisational or government level. It would appear to be committed and dedicated people currently driving the TIA implementation process, and there are sometimes delays with progression, which can be caused by a lack of resourcing or time, that ultimately impact staff and service users. This finding further supports the previous SBNI and QUB findings (2024) on leadership and resourcing, highlighting that these continue to be important barriers for organisations. There is still a need to consider ways to support and resource this extra work moving forward. Identifying and allocating resources to trauma

informed work within organisations can help to ensure that the work and leadership involved is recognised. This extra work, and the associated mental load on team members, can intersect with gender and thus there is the potential for TIA work to become or be viewed as a 'labour of love'. It is also acknowledged that the widespread impact of cost-cutting and financial restraints are affecting everyone in society, and thus the tasks going forward are to find ways to progress a TIA, advocate for funding and ensure teams are adequately resourced. Organisations can consider with TIA implementation team members, ways for their work to be acknowledged, for leadership to be rewarded, and strategies to advocate for TIA funding at a government level, and where possible at an organisational level, so the societal value is recognised. Leadership from government can support a safe and inclusive TIA implementation process for the team members and for the organisations implementing these important system changes.

Ripple Effects

The societal ripple effects of implementing TIA work cannot be overstated. Throughout this review, participants have described organisational change, improved interprofessional connections and improved working environments as a direct result of engaging with an external assessment for the implementation of a TIA, even before completing their process. Training combined with improved access to supervision and approaches for vicarious trauma has supported practice-based staff to remain engaged in work and keep themselves safe. Participants also connected these outcomes to contributing to improved system efficiency, by improving communication and reducing duplication of work, which has contributed to better outcomes for service users. Beyond these benefits, stories were shared of interest from family members and community groups with reports of personal transformations, improved or repaired relationships, and people expressing increased understanding for their families and communities. An organisational TIA offers the potential to improve relations between people, communities, and organisations, with positive outcomes not only relationally in terms of wellbeing but in functional ways in terms of the socioeconomic benefits gained from living and working in healthy, well-adapted communities and organisations. Whilst more research is needed within the Northern Ireland context, the longitudinal experiences from different organisations captured in this review contribute to the understanding of the multifarious social and economic benefits that can be garnered from the meaningful implementation of a TIA across the region.

Recommendations

1. To develop a **Northern Ireland-based external assessment process** for organisations, enhancing the SBNI Trauma Informed Toolkit.

2. To explore **continuing collaboration with existing providers, to tailor an external assessment tool** to meet the needs of organisations across Northern Ireland.

3. To recognise and respond to **the distinct needs of organisations** of different sizes and structures, and the needs of their **increasingly diverse client groups,** when implementing an organisational TIA.

4. To provide the option of **tailored approaches to surveys for large organisations implementing an organisational TIA, supporting data collection that is specific to different departments/service areas.**

5. To ensure that information provided to organisations engaging in TIA implementation includes **pre-assessment readiness checks, information sessions and packs that outline the process, and realistic timescales for strategic planning.**

6. **To develop regional peer learning networks,** which will provide organisations with **access to resources,** and **opportunities for collaboration and connection throughout the TIA assessment and implementation process,** and to ensure the sustainable, long-term implementation of an organisational trauma informed approach.

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