

Independent Commission for Reconciliation and Information Recovery

Consultation Response: Implementing a Trauma Informed Approach

Context

In this consultation response paper, the Independent Commission for Reconciliation and Information Recovery (the Commission), sets out its response to the submissions received to its public consultation regarding its Trauma Informed Approach.

Audience

This paper will be of interest to victims, survivors and families who have been impacted directly or indirectly by the Troubles in Northern Ireland and the rest of the UK and Ireland. There may also be interest from victim and survivor representative bodies, both statutory and voluntary, and the wider population in Northern Ireland.

Reconciliation as principal objective

Promoting reconciliation is the principal objective of the Commission. By contributing to this consultation, you have helped improve how the Commission gives consideration to the views of people seeking investigations, including considerations of how they understand the promotion of reconciliation and how they will be aided by effective investigations.

Reason for Consultation Response Paper

The Commission has set out as a principle that it should focus on providing useful information to those affected by the Troubles/Conflict. While the legislation is fixed there is wide flexibility about how this Commission is designed. The Commission sought feedback from the public about how it could integrate a Trauma Informed Approach to its services. This consultation response paper highlights the responses received to the Trauma Informed Approach consultation and, following analysis and reflection of these submissions, the final decisions the Commission has now taken.

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Foreword

At our first meeting as Commissioners we all recognised the seriousness of the work that will be undertaken by this new Commission and that if we are to make a positive difference how we do things is as important as what we do. We resolved that the Commission must embed a trauma informed approach in all it does.

The purpose of this approach is to mitigate the negative impacts of trauma on mental and physical health, and to enable people to engage safely with the Commission. We are conscious of the experience people may have had when they engage with public services and the negative outcomes that have affected them and we are setting out to ensure that people can engage with us in an effective way and feel supported throughout.

A Trauma and Resiliency Informed Model is being developed which will cover all the work the Commission undertakes. This approach will underpin the Commission's meetings, including with families, victims and survivors, as well as to the care of Commission employees. The aim is to ensure that people who work in or interact with the Commission will have appropriate support. As we said in our recently published Work Plan, the Trauma and Resiliency Informed Model or 'TRIM' will be woven throughout the fabric of the organisation. This will be through a range of measures, which are set out in full in the TRIM framework.

The consultation on Trauma informed Practice was published on 15th February. It was the first consultation to be published by the Commission, a clear statement of intent and importance we as Commissioners attach to this approach. It is not only vital to do, but it is vital to get it right.

We would like to extend our thanks to those supporters of families, victims and survivors' groups that responded to the consultation. Your responses were eloquent, considered and full of rich expertise and I would like to personally extend my thanks to you. We have listened carefully and are taking on board your comments and this document sets out how we will do that.

As we have now moved into the operational phase, with the phone lines and email address now accepting approaches from members of the public, the Commission now needs to get on with the solemn task at hand, whilst continuing to listen, reflect and refine its approach. I am clear that we will continue to do this, whilst working at pace on these important issues.

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Sir Declan Morgan

Chief Commissioner

Executive Summary

- 1.1 The Independent Commission for Reconciliation and Information Recovery (the Commission) has been established to provide information to families, victims and survivors deaths and serious injuries related to the Troubles/Conflict, and to assist the promotion of reconciliation.
- 1.2 On the 1 May 2024, the Commission began this important work, with a telephone and email service opening to the public, giving families, victims and survivors the opportunity to come forward and express an interest in having their case investigated by the Commission.
- 1.3 From late May onwards, face-to-face meetings between dedicated Case Support Workers and those who have registered have begun. The Case Support Workers are able to explain more about how the Commission works and explore the details of the person's case.
- 1.4 As the Chief Commissioner Sir Declan Morgan explained, a Trauma and Resiliency Model (TRIM) will be woven into the fabric of every level of the organisation and needs to continually evolve, so that learning from experiences and feedback is reflected in the Commission's model.
- 1.5 The purpose of the TRIM is to mitigate the negative impacts of trauma on mental and physical health, and to enable people to engage safely with the Commission. We are conscious of the experience that people may have had when they engage with public services and the negative outcomes that affected them.
- 1.6 When people approach the Commission, they may do so for different reasons and with different hopes and expectations. The Commission will work with individuals to explore the range of options open to them and will support them to make informed decisions about how they want to proceed, informed throughout by the TRIM.
- 1.7 The Commission published a consultation on the [Trauma Informed Approach](#) in February. This document includes summaries of the responses received to that consultation and sets out how we will reflect these comments in the TRIM framework.

Launch of Consultation

- 1.8 The Commission launched a public consultation, [Implementing a Trauma Informed Approach](#) on 15 February 2024. This was the first public consultation issued by the Commission and demonstrates the importance that TRIM will have throughout the operation of the Commission. When the Commission published this consultation, it was clear that it would listen to

responses and use these experiences to reflect on the practice of TRIM within the Commission. We do not have all the answers and we do not and cannot know best. Listening well to people coming forward, including through this consultation, is key.

- 1.9 An immediate change from further feedback received has been to add 'Resiliency' as an essential part of the overall model that the Commission adopts, making this the Trauma and Resiliency Informed Model (TRIM). This addition is important as it gives recognition to the fact that although many people have experienced trauma throughout the Troubles/Conflict, they are resilient, as they have continued to live their lives carrying their loss and pain; they are resilient and need to be listened to as such.

Overview of consultation

- 1.10 In the consultation, the Commission said that the trauma informed approach that it embeds will be subject to continuous improvement and will need to be refined, evolved and amended iteratively over the lifespan of the Commission.
- 1.11 The Commission has a number of areas to consider when planning how to achieve its trauma informed approach in the longer term. These include (a) feedback provision, (b) emotional support, (c) engagement with external experts, and (d) quality assurance of any external support provider.

Responses

- 1.12 The consultation received four detailed responses from the following bodies:
- 1. South East Fermanagh Foundation (SEFF);**
 - 2. Presbyterian Church in Ireland (PCI);**
 - 3. Victims and Survivors Service (VSS); and,**
 - 4. Mental Health Champion for Northern Ireland (MHCNI).**
- 1.13 The Commission would like to thank the above listed organisations for their detailed and through-provoking submissions to the consultation. All respondents to the consultation were supportive of the Commissions goal to implement a trauma informed approach to its work. Indeed, several of the submissions provided helpful suggestions on how the Commission could achieve its objective of putting a trauma informed approach at the centre of its work with the families, victims and survivors of the Troubles/Conflict. The February consultation set out a range of questions and this document will now run through each question and summarise the response of each

organisation, as well as setting out how this will be reflected in the TRIM framework.

2. Treatment of those accessing the Commission's service

- 2.1 The Commission asked, '*what ideas do you have for how the Commission treats those wishing to access its service?*'
- 2.2 In SEFF's response to this question, they stated that dignity, respect, patience, time, and support were important elements to how the Commission should treat those wishing to access its service. They stated that the Commission must ensure that those accessing the service are "recognised as more than a place in a system". SEFF also suggested that the Commission should review the best practices and successes from other similar organisations such as the HET and also learn what could have worked better.
- 2.3 The Presbyterian Church in Ireland stated that they encouraged the Commission to adopt an approach which promotes a society that acknowledges the widespread detrimental impact of trauma on a person's thoughts, feelings and behaviour and the need to respond accordingly, to prevent re-traumatisation, and ensure peoples' safety.
- 2.4 The VSS recommends that the Commission allocate time and resources to carefully consider and plan the pathways and 'client journey' that will enable victims and survivors to engage with the services of the Commission; suggesting that the design and development of the 'client journey' involves looking at all aspects of the Commissions service "through the eyes of someone affected by trauma". This will ensure that both interactions with staff and experiences of physical environments are underpinned by safety, choice, trust, collaboration, and empowerment.
- 2.5 The Mental Health Champion for Northern Ireland stated that it is incumbent on the Commission to ensure whatever definition, of victim and survivor we subscribe to is not exclusionary. The Mental Health Champion called on the Commission to ensure that anyone seeking to use the service should be given the opportunity to do so, and if after initial enquiries the Commission does not feel they are able to offer a service, the reasons why must be clearly communicated to the individual and alternative support signposted to if relevant.

Consideration and response

- 2.6 In summary, the responses show a need for the Commission to offer a personalised approach that recognises that individuals approaching the Commission may be traumatised, and the long-lasting impact that trauma will

have had on them. The approach the Commission takes to interacting with families, victims and survivors should be undertaken in a supportive, clear and inclusive way, with clarity given about options for individuals.

2.7 TRIM is the approach the Commission is taking to putting people at the heart of its work, in line with *Our Mission*. TRIM enables a trauma and resiliency lens to inform how the Commission responds to people engaging with its investigation process and will deliver the elements to trauma informed practice in a resiliency focussed way. The 4 key principles of this approach are listed below.

- **Physical, emotional and psychological safety**
- **Empowerment, choice and collaboration**
- **Trustworthiness & transparency**
- **Cultural, historical & gender considerations**

3. Information availability

- 3.1 The Commission posed the following question, ***‘in what ways should the Commission make information available and how can it give individuals time, space and support to take or impact decisions?’***
- 3.2 In response to this above question, the Presbyterian Church in Ireland stated that they would encourage the Commission, when making information available to individuals, to do so in a trauma informed manner, based on individual and tailored needs to ensure that the information is shared in a way that facilitates good communication but does cause re-trauma.
- 3.3 The VSS recommended that the Commission should be clear and explicit in their communication, and to be specific (insofar as it is possible) to provide detail regarding the aims, objectives, processes, timescales, and anticipated outcomes of any investigation.
- 3.4 The Mental Health Champion in Northern Ireland stated that all information about the Commission should be publicly available in text and alternative formats so that any person or group seeking to engage with the Commission should be offered the chance to do so. The Mental Health Champion believed this approach would facilitate honest discussions of what can be achieved and what supports are available. They suggested, that in order to avoid the risk of traumatisation, individuals contacting the Commission should not be asked to recount the details of any specific event. The Mental Health Champion NI also suggested psychological support should be made available to persons seeking to use the Commissions service and they should be made aware of the existence of such support at the beginning of the process. The Mental Health Champion NI also advised that individuals should be able to identify supporting persons or family they would like present during the process of interacting with the Commission. They also advised the Commission to allow time for the person or groups to review the information provided to them, and to process their feelings throughout the engagement.
- 3.5 The Mental Health Champion for NI also suggested that the Commission should record and store securely any disclosures or information gathered allowing for the sharing of such information with relevant judicial bodies as required to reduce the number of instances a person has to recount their experiences.

Consideration and response

- 3.6 It is clear from these responses that it will be important for the Commission to be clear in its communication with individuals. It will be vitally important to prevent any re-traumatisation and to ensure that individuals do not have to repeat their experiences in different settings. A review of communications and a new strategy is required to ensure inclusive, clear, available materials.
- 3.7 At the core of the Trauma and Resiliency Informed Model is the evidence-based Community Resiliency Model. This mandatory evidence-based skills training for all in the Commission was developed by the Trauma Resource Institute, California¹. The Trauma Resource Institute (a non-profit organisation based in Claremont, California), is dedicated to creating trauma-informed and resiliency-focused individuals and communities worldwide. The Community Resiliency Model's goal is to help to create 'trauma-informed' and 'resiliency-focused' communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach. The Community Resiliency Model is therefore a mandatory core element of the training plan for the entire Commission workforce and sets an important context for the design, development and embedding of the TRIM more broadly. TRIM will provide staff with the necessary tools for engagements with people coming forward to the Commission (requesting individuals and witnesses), to support their wellbeing and reduce the risk of re-traumatisation. An extensive training package will be rolled out to all Commission staff in the coming year and in addition to this core training, specialised training packages are being developed for Case Support Workers and Investigators.
- 3.8 The Commission has and will continue to engage with organisations who have brought best-practice trauma informed approaches into their policies, processes and management procedures in a structured and measurable way. This approach will ensure the Commission is adopting the same best practice approaches line as those organisations.

¹ [Trauma Resource Institute](#)

4. Decision Making

- 4.1 The consultation asked: ***Where action is taken by others, in what ways can the Commission involve and explain decisions that have been made?***
- 4.2 SEFF advised the Commission that receipts of the information can be overwhelming and so information should be offered in a face-to-face meeting and then followed up with a written format. SEFF stated individuals using the Commissions service may require varying degrees of support and engagement from advocates either through the Commission or other groups. In this response, SEFF also advised that the Commission should use accessible language as accessibility and understanding is of paramount importance to individuals accessing the Commissions service. SEFF suggested that the Commission should avoid detailed, wording which individuals may struggle to understand, when dealing with distress individuals. They stated that the Commission should provide clear and concise steps on to how the requesting individual will be supported by the Commission.
- 4.3 SEFF stated that any support service offered by the Commission should be confidential and independent, and the requesting individual/family should be fully informed on how the Commission is fulfilling its data protection obligations regarding collection, storage and access to case notes. SEFF also advised the Commission that the service support providers need to meet sufficient competencies around trauma-informed practice and clinical modalities; stating that the support services provided by the Commission must be in keeping with BPS Practice Guidelines and the BACP Ethical Framework for the Counselling Professions.
- 4.4 SEFF sought clarity on the current Commission proposal for requesting individuals/families to be offered dedicated time with a support worker. SEFF stated that it was not clear what this service would look like and they stated that any support offered needs to be continuous. SEFF suggested that the Commission could achieve this continuous support by working existing support services provided by victim's groups.
- 4.5 The Mental Health Champion in NI stated that the Commission contains institutional knowledge of how the other bodies in this operational space have supported victims and survivors to date. The Mental Health Champion NI suggested that the Commission could assist in helping requesting individuals/families to understand why a decision may have been taken and offer insight into how things can progress from that point.

Consideration and response

- 4.6 From these responses, it is clear that it is important for the Commission to take time to ensure that requesting individuals develop their understanding of the Commissions processes; and that these processes should be explained using a variety of tools and approaches. In addition to providing information, it will be important for the Commission to make support available to staff, answer questions, and also provide external support when required. This external support may be sought if people find themselves unsettled or disturbed by the process. External support should take account of the developed network of knowledge and support already in place.
- 4.7 Within the Commission, the Case Support Team has been developing a variety of techniques and mechanisms for sharing information. The Case Support Workers are committed to sharing information at a pace and time that is best for the requesting individual and to meet with the requesting individual as often as is helpful.
- 4.8 The Case Support Team is trained to use the Community Resiliency Model skills to support individuals as they engage with the information that is being shared. The aim is to reduce the risk of re-traumatisation or stress arising from the engagement with the Commission.
- 4.9 Independent emotional support is currently in place, as an interim model, within the Commission. The Commission will not access information obtained by support providers. Support providers may raise a significant risk and the Commission will consider, with the advice of their clinical advisor, appropriate responses. The service led by the support providers is independent of the Commission and free to those who require it. This approach is being developed into a more robust model as work continues to engage more widely with the highly developed and skilled infrastructure of victim and survivor groups.

5. Psychological Safety

- 5.1 The consultation asked: ***How should the Commission generate and maintain a psychologically safe environment within its interactions with victims, survivors and families, both through communications and the physical environments it builds? Do you know of any examples of best practice that the Commission could learn from?***
- 5.2 SEFF highlighted the importance of allowing requesting individuals/families the ability to bring trusted support with them to help them advocate for themselves and their families; suggesting that this approach would be beneficial in building trust. SEFF referred to Operation Kenova and their practices as an example of best practice in this area and advised the Commission to engage with the Operation Kenova team regarding engagement with individuals and families; suggesting that the adoption of the Operation Kenova practices may help to build a foundation of how-to communication in an understanding and empathic manner.
- 5.3 The VSS recommended that the Commission should consider the following when creating a physically safe environment: (1) location and accessibility; (2) warm and welcoming reception area; (3) low noise levels; (4) signage that is welcoming and positive; (5) seating arrangements that allow adequate space between individuals and clear sight lines of those entering a room; and (6) sufficient number of private areas to ensure privacy and confidentiality, promote calm, and attend to those who may present in distress.
- 5.4 The following was suggested by the VSS to consider when the Commission is creating a psychologically safe environment: (1) appropriate training for clinical and non-clinical staff in how to communicate effectively with clients and greet them in a welcoming and respectful manner; (2) staff in the Commission are sufficiently trained and refreshed regularly in call handling and risk protocols; (3) ensure Commission staff maintain healthy interpersonal boundaries and appropriately manage conflict; (4) use of consistent schedules and procedures; (5) communication should be consistent, open, respectful, and compassionate; (6) incorporate staff debriefs as standard practice following challenging or distressing interactions; and (7) ensure the use of trauma sensitive language.
- 5.5 The importance of language was highlighted by the VSS response. They stated that “language matters and words have power”. The VSS advises that when speaking to someone who has been affected by trauma, particularly about the trauma, those engaging with them need to think carefully before they speak and speak with intention. The VSS stated that this approach to

language should also apply to written communication; for example letters, emails and leaflets need to be brief, succinct and personal. The VSS highlight that communicating via telephone or in person is a more effective way of reaching individuals and they suggest that structures should be put in place in the Commission to ensure the staff working with victims and survivors have access to support for their own mental health and wellbeing.

- 5.6 The Mental Health Champion in NI advised the Commission that a sense of physical safety can be accomplished by providing a warm, welcoming non-judgemental environment where every victim, survivor, and family has the opportunity to seek support from trained professionals who value and respect their contribution.
- 5.7 They drew the Commission's attention to the fact that for those who have experienced trauma, the physical place(s) of the traumatic event can feel unsafe both physical and psychologically in present day. The Mental Health Champion NI stated that various aspects of an environment may be triggering for those who have experienced trauma. Acknowledging the difficulty in finding a location and set of measures which are neutral and totally effective, they called on the Commission to focus on the individual level with compassion and flexibility; talking to the individual and offering alternatives. process.
- 5.8 The work undertaken by the Gillen Review Implementation Team, regarding remote evidence centres, was cited in the Mental Health Champion for NI response. They went on to say that a trauma informed approach should be embedded that at every stage of the Commissions process.

Consideration and response

- 5.9 These responses, emphasise the importance of a broad array of measures and considerations, particularly focused on:
- Requesting individuals and their needs; and
- Staff, specifically their training and behaviours.
- 5.10 The Commission recognises that building trust takes time and attention. The Case Support Team is committed to providing the time and attention an individuals requires; adopting a personalised approach and responding to each individual based on their requirement. This builds trust and understanding, developing the kind of relationship that allows for the exchange of information and growing understanding of each other.
- 5.11 Meeting spaces are being designed with the issues raised by consultees in mind. In order to inform the spaces the Commission will provide, staff have

visited the Remote Evidence Centres, acknowledged their provision and listened carefully to how these designed and developed. Additionally, the Commission has identified a number of suitable satellite spaces which can be used to provide the flexibility required for people of different ages, experiences and abilities. In all, the needs of those coming forward will be central to how meetings are planned and organised within the Commission.

- 5.12 A wide programme of training is planned within the TRIM approach to maintain focus on what is required for healthy, wellbeing focused engagements with those coming forward to the Commission. This will include handling difficult conversations, robust safeguarding and using a set of skills to develop understanding of what the Commission does and how it goes about its work.
- 5.13 Staff support is critical to ensuring an environment that is focused on wellbeing and compassionate. In addition to existing staff support training packages, the Community Resiliency Model wellbeing skills will assist staff to support themselves and each other. TRIM further builds on these skills providing time and support for staff to develop resiliency plans for their own wellbeing and by providing listening conversations in which staff can reflect together on the impact of their work. These listening conversations are an opportunity to notice where trauma is impacting staff and to develop their learning and resiliency.

6. Engagement and Accessibility

- 6.1 The consultation asked: ***How can the Commission take steps to engage with and hear voices from all communities and be accessible to the many who may have important questions but have not sought to use existing legal processes?***
- 6.2 SEFF encouraged the Commission to engage with community based organisations which will assist in highlighting the specific needs and requirements of a trauma-informed organisation. And the Commission should utilize community venues and networks for the dissemination of information, for example providing information leaflets for relevant community groups.
- 6.3 Further to this, the use of multiple platforms (including social media and virtual access) for information dissemination was encouraged by SEFF; such information must be use language that is accessible and that supports the processes. SEFF also advised against a reliance on web-based information, rather the Commission should produce information in a variety of channels.
- 6.4 The VSS recommended that the Commission develop a specific engagement plan to map the relevant stakeholders and relationship building over the whole implementation period.
- 6.5 The VSS also suggested that any next steps in the Commissions process should take very seriously the complexity and sensitivity not only of victims' and survivors' needs and circumstances, but also the dynamics and responsibilities of the wider sector, including individuals, families, communities, advocacy organisations, service providers, and their legal and other representatives. On this basis, the VSS suggested that the Commission develops: (1) a realistic timeline that clearly articulates how the Commission will deliver on its commitments and objectives; and (2) a staff team that encompasses all the necessary combinations of experience and skill, capable of responding to and managing the complexity and sensitivity of both victims' and survivors' needs, and the dynamics of the sector.
- 6.6 The Mental Health Champion NI suggested that by engaging with all communities, the Commission can encourage transparency and build trust. They suggest that the Commission create and maintain stakeholder groups with representation from all communities, including those which may have been underrepresented in the past. By doing this, the Commission will spread awareness of the organisation, the work that it does and who the service is for. They also recommended that the Commission monitor how the process of engagement is conducted and create mechanisms where stakeholders involved in the process can raise concerns or suggest

alternative ways of working to enhance the process. Engagement with any group or community cannot be tokenistic. Participation must always remain optional but sustained efforts must be made to include all voices and the outcome of these engagements should be shared.

Consideration and response

- 6.7 It is clear from the responses that *how* the Commission engages with those who are concerned about potential Commission led investigations is critical and that those seeking investigations must be adequately supported. It is important that voices from across society are heard
- 6.8 By adopting the TRIM, the Commission will engage across groups who wish to understand the Commission's processes. The Assistant Commissioner for Investigations: Support & Engagement (victims and survivors) is available to meet with any group and will seek to build relationships with key interest groups such as the Victims and Survivors Service and the Commission for Victims and Survivors.
- 6.9 The Commission continues to recruit staff from as diverse backgrounds as possible and to train all staff to understand trauma and its impacts and how to respond and build resilience.

7. Continuous learning and improvement

- 7.1 The consultation asked: ***Do you have any suggestions of organisations that have implemented a successful continuous learning and improvement culture/system that the Commission could benefit from engaging with?***
- 7.2 The SEFF recommend the Commission use anonymous qualitative and quantitative feedback on its service; asking those using the service what their experience has been. They also suggested that the Commission should seek guidance from community/statutory/voluntary organisations who work with a trauma informed approach.
- 7.3 The Mental Health Champion NI referred to the work of the Gillen Review Implementation Team regarding remote evidence centres; suggesting that this Review could be a source of learning for the Commission.

Consideration and response

- 7.4 The Commission is developing a wide-ranging set of options for gathering data and information about the service provided to requesting individuals. These data capturing methods include both quantitative and qualitative feedback.
- 7.5 The Commission is also putting in place mechanisms for gathering information about the effectiveness of the TRIM approach, including the Community Resiliency Model element. This information will facilitate assessment and improvement, including additional training where required.
- 7.6 The Commission is mindful that the 'lived experience' elements of the Gillen Review led to fruitful reflection on practice. The Commission will reflect on how this aspect of the Gillen Review can inform the Commission's work.
- 7.7 The Commission will engage those who have experience of working with those who have experienced trauma and with those practitioners/organisations who have implemented a TRIM approach, particularly in the first year.

8. Effective working

- 8.1 The consultation asked: ***How should we work effectively with whole family and community groups and not just individual people?***
- 8.2 SEFF stated that the Commission needs to understand that every person's journey through grief is personal. Each member of a family will grieve in a different way. Families may not agree at all times and may not even have positive relationships with one another in their day to day lives. The Commission must be aware of every family dynamic to ensure victims and survivors are treated equally. The Commission must ensure that everyone feels involved so there is not a hierarchy of information sharing amongst families unless there is agreement.
- 8.3 They advise that the Commission should have consideration to the possibility that suspects live in same area as requesting individuals/families and once approached by the Commission, communities could become aware of the requesting individual's/family's decision to enter into the process.
- 8.4 The Presbyterian Church in Ireland stated that they appreciated the work that the Commission is undertaking and feels that the principles and values of repentance, forgiveness and reconciliation should be included.
- 8.5 They encouraged the Commission, when working with family and community groups, to acknowledge and be aware of the impact of transgenerational trauma. The Presbyterian Church in Ireland believe that there needs to be a greater understanding of the impact of transgenerational trauma, especially on younger generations and that any support or work needs to be trauma informed, additionally it is important to educate society as a whole about the Troubles/Conflict and this should be done in a way that is sensitive to the varying needs of victims of trauma.

The Presbyterian Church in Ireland advised that reconciliation is about people and relationships and that reconciliation is not soft or forgetful. They believe the emphasis should be on reconciliation that leads to a better future – as reconciliation is fundamentally about the restoration of broken relationships.

- 8.6 VSS recommends that as part of engagement and business planning, the Commission should: (1) demonstrate respect for the work undertaken by existing stakeholders in their relevant areas; (2) value the experience, skills, and capacity they hold; (3) mobilise that experience, skill, and capacity to support the delivery of safe and effective activities and services as part of this process; and (4) focus on the needs of victims and survivors. This

should include practical, sensitive planning that keeps the person at the heart of the process.

- 8.7 The VSS advised that the Commission will engage with many of the same stakeholders that the VSS has built positive relationships with over recent years. They went on to say that as organisations work in a coordinated way on issues affecting victims and survivors they should be mindful not to damage or undermine the relationships or positive working environment that has been established.
- 8.8 The VSS recommends that the Commission makes concerted efforts, via meaningful and constructive engagement, to utilise and build upon the structures and networks of provision that already exist and, critically, should draw upon the experience and expertise of the personnel that have developed this existing infrastructure. We recognise the difficulty in achieving this proposed engagement given the current position of many stakeholders within the sector. Consideration should be given to any changes in opportunities to engage during the coming months and years.
- 8.9 The Mental Health Champion NI states that the Commission should remember that “no person exists in isolation, they impact and are impacted by the people and environments around them”. They believe that through existing networks, the Commission can share information about what the service does, who it represents, the reach and limitations of the work it undertakes. It is essential that when expanding the scope of a service to include families and wider community groups that it has the workforce, professional expertise and capacity to manage the needs of potential service users.

Consideration and response

- 8.10 The Commission is mindful of its responsibilities regarding the safety and wellbeing of the individuals with whom it engages. In particular, the Commission is concerned to:
1. provide emotional support and pathways to support that are effective and allowing individuals to engage with the Commission in a way that is focused on their wellbeing;
 2. provide connection to the existing networks of support and advocacy; and
 3. build relationships to ensure years of gathered learning and significant skills in the area of supporting victims and survivors informs the Commission’s engagements.

9. Trauma and Resiliency Informed Model

9.1 As Commissioners, our individual and collective commitment is to:

1. Monitor and challenge the wider Commission and those working for it about whether the actions [to implement a trauma and resilience informed model] are being delivered;
2. Encourage and support the Commission to listen to and reflect feedback about what more, what next, and what not; and
3. Personally undertake training, improve our own understanding, and bring focus to bear in all our discussions as a Commission.

9.2 At its heart, TRIM is a combination of elements which will bring people to the place where they can look after others and themselves well. TRIM recognises and responds to the impact of trauma on individuals, ensuring that organisational processes do not re-traumatise but rather promote healing and resilience. Crucially, it recognises and acknowledges the resilience people have had in coping to date and the strength they have displayed in approaching the Commission. A trauma and resiliency informed approach will also ensure the workforce is supported, nurtured and sustained.

9.3 The potential outcomes of the TRIM for the Commission include:

1. Promoting Reconciliation: By designing, developing and implementing a Trauma and Resiliency Informed Model, the Commission puts people at the heart of its work and commits to fostering an environment of healing and resilience, supporting them to maintain engagement with the Commission through the lifetime of an investigation and ultimately improving outcomes for victims, survivors and their families and the workforce;

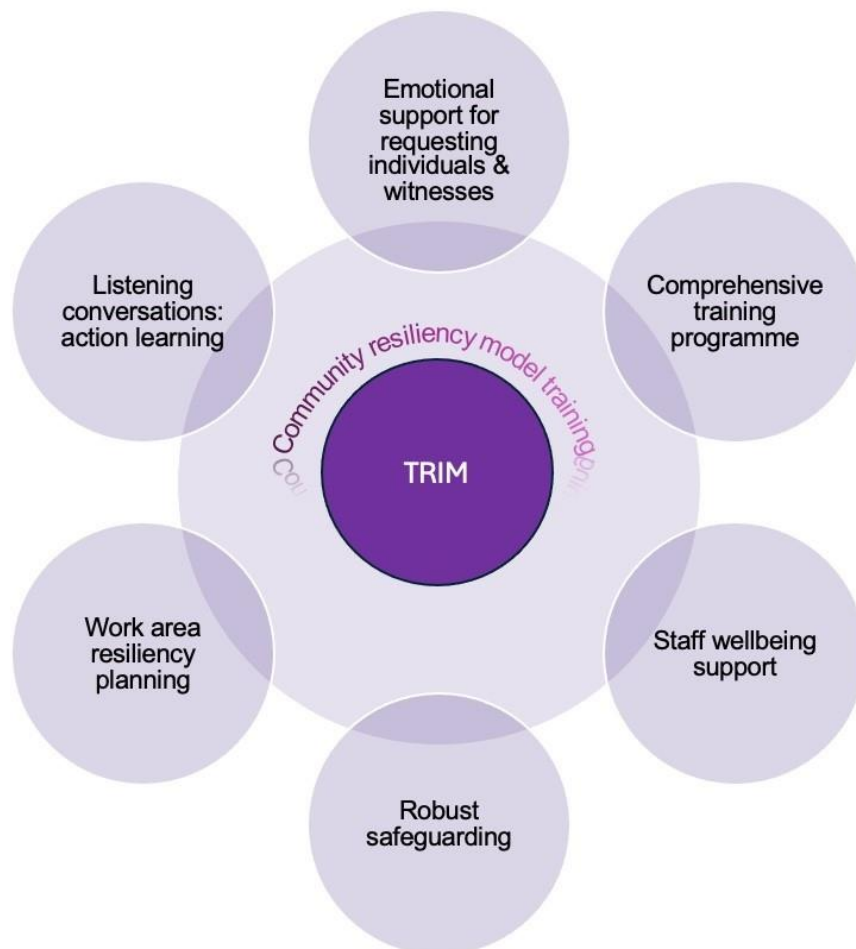
2. Enhanced Resilience: By teaching everyone in the workforce how to manage their stress responses, the organisation can create a more resilient workforce. These skills can also be deployed at any time as appropriate in any interactions that staff have with those who engage with the Commission;

3. Supportive Environment: The Trauma and Resiliency Informed Model helps embed a culture and environment where the focus is on understanding and addressing the impact of trauma, on the victims, survivors and their families who engage with the Commission, on the individual staff who

interact with them but also on the whole system of the Commission and the interactions and relationships within it; and

4. Improved Well-being: The model promotes overall physical and psychological wellness, which can lead to increased productivity and a healthier workplace.

The diagram below illustrates how the TRIM model, will put people at the heart of the Commission's work.



- 9.4 As an example of the type of approach that is being undertaken, there are resources for staff to prompt and ensure that TRIM is at the forefront of their thinking, this includes a Trauma and Resiliency checklist (in the box below).

Trauma and Resilience Checklist

Audience and participation

- Am I clear on the purpose of the policy/process/interaction and who it is for?
- What other perspectives have I sought out?
- Have I worked collaboratively to develop the policy/process/interaction?
- Have people with lived experience had a voice in this work?
- Have we considered the family and community impacts and not just the individual?
- Who is not being included or thought about?
- How much check and challenge has there been?

Trauma and Resilience

- How does this policy/process/interaction recognise the journey that people may have been on and how does it recognise their resilience in that context?
- How does it take into consideration physical and emotional safety?
- How does it help to convey individuality and respect?
- How does it help to convey empathy and consideration of individual needs?
- Is it clear on confidentiality and can that be clearly explained and understood?
- Have I thought about the impacts of this for someone who may be traumatised?
- Does the policy/process/interaction have opportunities to give choice and agency to the requesting individual or family?
- What assumptions am I making?
- Have I considered the emotional impact of this – of how it might make someone feel? Have I put myself in someone's shoes to think about how I would navigate their request?

Clarity and expectations

- What could someone's expectations be?
- Does the policy/process/interaction set clear expectations?
- Is the policy/process/interaction transparent about is and isn't possible?
- Is there a risk of over-promising?
- Does the policy/process/interaction enable the Commission to provide a consistent, predictable response?
- How clear and accessible the policy/process/interaction?

Impact and feedback

- How will I know the impact of this policy/process/interaction?
- How can I get feedback?
- Is there any learning from elsewhere I can use?