GUIDE TO

TRAUMA-INFORMED APPROACHES FOR YOUTH EMPOWERMENT

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Guidance and tools to support the mental well-being and resilience of youth in development programs

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Acknowledgments

RIGHTS AND PERMISSIONS: We encourage organizations to use this resource to integrate trauma-informed approaches for youth programming and empowerment. This document will be updated as we receive feedback and learn from organizations' experiences implementing this resource. Please send feedback to GESIteam@chemonics.com to help us improve the toolkit.

DISCLAIMER: Nothing contained in this guide is to be considered as the rendering of legal or health advice. This document is intended for educational and informational purposes only.

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CONTENT GUIDANCE: Please note that this document refers to trauma, traumatic incidents, mental health concerns, and other types of distress. The guidance, tools, and references included are for informational purposes only and are not a substitute for specialized diagnoses, mental healthcare, and health assistance provision.

For additional support or to connect with mental health services in your area, contact your local healthcare or emergency services.

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01.

Introduction & Background

Youth programming in international development contexts often involves working with young people exposed to various forms of trauma or distress. Integrating a trauma-informed approach (TIA) and mental health and psychosocial support (MHPSS) is crucial for enhancing the well-being and resilience of these youth populations. This guide provides recommendations and tools for international development practitioners to incorporate TIAs into youth programming and is intended for use with Chemonics' Trauma-Informed Approaches Toolkit (2023).

Mental Health and Youth

Trauma in young people refers to the emotional and psychological impact of experiencing or witnessing life-threatening events, either to themselves or others. This type of trauma can have lasting effects on a young person's emotional well-being and daily life, even after the event has passed.[1] Symptoms might include persistent distress, anxiety, changes in behavior, difficulties in forming relationships, and challenges in academic settings. Younger children may experience trauma as regression, nightmares, or issues with sleeping and eating, while older youth might turn to risky behaviors, such as withdrawal or substance use, as a way to cope. [2]

Mental health concerns and the effects of trauma are prevalent globally, with significant impacts on youth, particularly in fragile and conflict-affected settings. In 2019, a global study estimated that 970 million individuals live with a mental disorder, 82% of whom reside in low- and middle-income countries (LMICs). In conflict-afflicted settings specifically, one in five individuals have a mental disorder on average. It is estimated that nearly 166 million adolescents aged 10 – 19 years live with a diagnosed mental disorder as defined by the World Health Organization (WHO), yet the number of psychiatrists who specialize in treating children and adolescents can be fewer than 0.1 per 100,000 in LMICs.[3] The occurrence of mental disorders differs based on sex and age. Among both males and females, anxiety and depression are the most frequently observed. Anxiety disorders tend to emerge at a younger age compared to depressive disorders, which are uncommon in children under 10. Furthermore, it is estimated that one in five individuals residing in areas impacted by conflict in the past decade has a mental disorder with exasperations due to distressing or extremely challenging conditions.[4] Attention-deficit/hyperactivity disorder (ADHD) and conduct disorders are particularly prevalent during adolescence, especially in younger boys, with prevalence rates of 4.6% and 4.5% respectively among boys aged 10 to 14. Anxiety is the most common mental disorder in older adolescents, affecting 4.6%, and is even more prevalent among adolescent girls at 5.5%. Anxiety and depression at this age may also be linked to being victims of

bullying. Eating disorders primarily affect young people and are more frequent in females, with a prevalence of 0.6% in women aged 20 to 24 compared to 0.3% in men of the same age group.[5]

Certain populations are also at a higher risk for being exposed to traumatic events or distress. Traumatizing events are diverse and can include growing up in conflict and witnessing violence, abuse, or neglect. Experiencing traumatic events or toxic stress in childhood — triggered by adverse childhood experiences, or ACEs — can lead to negative mental and physical health outcomes later in life.[6] Youth are especially vulnerable to trauma-induced mental disorders, more so than adults, since their brains are still developing.[7] **It's estimated that nearly 415 million children were exposed to stress and trauma in 2018** and approximately 8% of the world's children aged 5 to 9 and 14% of adolescents globally aged 10 to 19 have a mental disorder.[8,9] The impacts of trauma can significantly disrupt a young person's ability to function and interact with others. No age group is immune as trauma can affect infants, children, and adolescents, with symptoms presenting differently depending on developmental stage. Without timely and effective treatment, childhood trauma can lead to long-term health problems, increased engagement in risky behaviors, and greater involvement with health and justice systems. As adults, survivors of trauma may face difficulties in building healthy relationships and maintaining stable employment.[10]

166 MILLION
Adolescents living with mental disorders

48%	52%
10 – 14 years	15-19 years
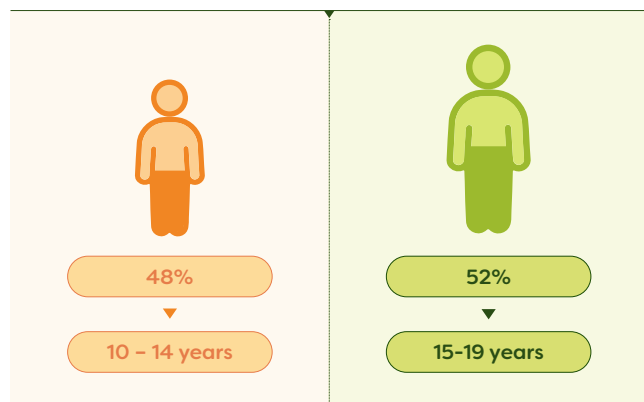
[1] The National Child Traumatic Stress Network, About Child Trauma (2024)
[2] Ibid.
[3] UNICEF, The State of the World's Children: On my mind, Executive Summary (2021)
[4] Ibid.
[5] Ibid.
[6] Centers for Disease Control (CDC), About Adverse Childhood Experiences (ACEs) (2024)
[7] Zlotnik et al., Childhood trauma, trauma in adulthood, and psychiatric diagnoses (2008)
[8] UNICEF, The State of the World's Children: On my Mind, Executive Summary (2021)
[9] World Health Organization (WHO), World Mental Health Report: Transforming Mental Health for All (2022)
[10] Ibid.

Additional populations at-risk for higher exposure to traumatic events include LGBTQI+ youth, ethnic or religious minorities, and young people with disabilities. LGBTQI+ youth for example, may be more exposed to events such as bullying, harassment, intimate partner violence, sexual and gender-based violence, and social stigma and isolation.[11] Disability-related stress is a significant yet often overlooked issue for children and youth, arising from stigma, discrimination, and inaccessibility. For many young people with disabilities, these stressors are persistent and pervasive, stemming from societal attitudes and structural barriers.[12] They often face broader challenges than their peers, including higher rates of unemployment, reliance on government assistance, and poorer health outcomes. Participation barriers, such as inadequate transportation and inaccessible environments, further compound these issues, impacting both their and their caregivers' daily lives and mental health and well-being.[13]

Understanding the prevalence, intersectional nuance, and future outcomes regarding children and young people's mental health is crucial for international development programming. **Often during crises or conflict, children may not exhibit clear or outward signs of trauma, which if left unresolved, can intensify or result in a variety of social, health-related, or other concerns later in life.** Unaddressed trauma may lead to more severe mental health conditions, impeding individual and community development.[14] Recognizing and addressing trauma through TIA and MHPSS initiatives can foster a supportive environment that enhances youth programming outcomes and, by extension, youth outcomes.
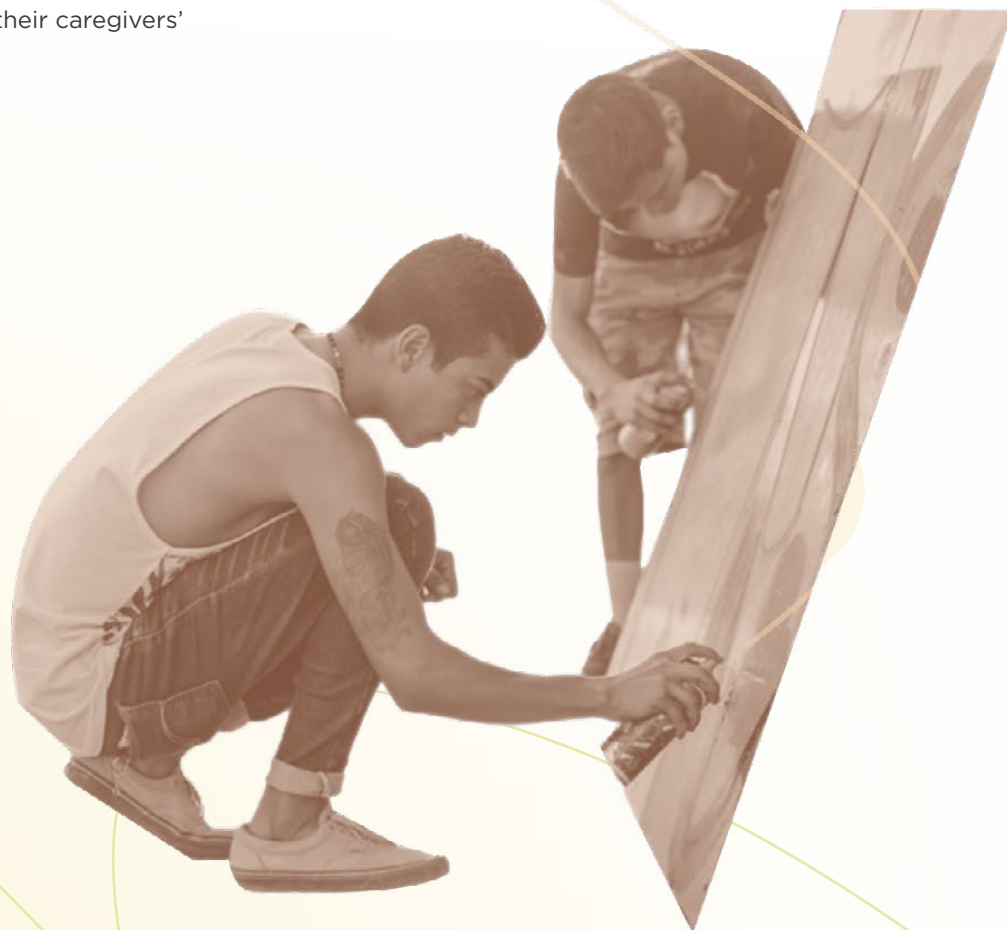
[11] The National Child Traumatic Stress Network, LGBTQ Youth (2024)
[12] Paula C. Rhode, Assessing Stress in Disability: Developing and Piloting the Disability Related Stress Scale (2012)
[13] Community Commons, Disability-Related Stress and Inaccessibility as Trauma (2024)
[14] UNICEF, The State of the World's Children: On my Mind, Executive Summary (2021)

PREVALENCE OF MENTAL DISORDERS ACROSS AGE AND SEX (2019)

	ALL AGES (MILLIONS)	ALL AGES (%)			AGE (%)								AGED 20+ YEARS (%)		
		ALL	MALE	FEMALE	< 5	5-9	10-14	15-19	20-24	25-49	50-69	70+	ALL	MALE	FEMALE
Mental disorders	970	13.0	12.5	13.5	3.0	7.6	13.5	14.7	14.1	14.9	14.7	13.1	14.6	13.4	15.7
Schizophrenia	24	0.3	0.3	0.3				0.1	0.3	0.5	0.5	0.2	0.5	0.5	04
Depressive disorders*	280	3.8	3.0	4.5		0.1	1.1	2.8	4.0	4.8	5.8	5.4	5.0	4.0	6.0
Bipolar disorder	24	0.5	0.5	0.6			0.2	0.6	0.7	0.7	0.7	0.5	0.7	0.7	0.7
Anxiety disorders*	301	4.0	3.0	5.0	0.1	1.5	3.6	4.6	4.7	4.9	4.8	4.4	4.8	3.6	5.9
Eating disorders*	14	0.2	0.1	0.2			0.1	0.3	0.4	0.3			0.2	0.2	0.3
Autism spectrum disorders	28	0.4	0.6	0.2	0.5	0.5	0.5	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2
Attention-deficit/ hyper-activity disorder	85	1.1	1.7	0.6	0.2	2.4	3.1	2.4	1.7	0.9	0.3		0.7	0.4	1.1
Conduct disorder	40	0.5	0.7	0.4		1.1	3.6	2.1							
Development disorder (idiopathic)[1]	108	1.5	1.5	1.4	2.2	2.3	2.2	2.0	1.8	1.3	0.7	0.4	1.1	1.1	1.1
Other mental disorders*	117	1.6	1.9	1.3				0.1	0.4	1.0	2.2	2.6	2.2	2.7	1.8

Figure 1 source: Institute for Health Metrics and Evaluation (2019) and WHO World Mental Health Report (p. 41)

The Case for Integrating TIAs in Youth Programming

Youth have a fundamental right to mental health and well-being, protected under child protection rights, ensuring they grow up in environments that nurture their emotional, psychological, and social development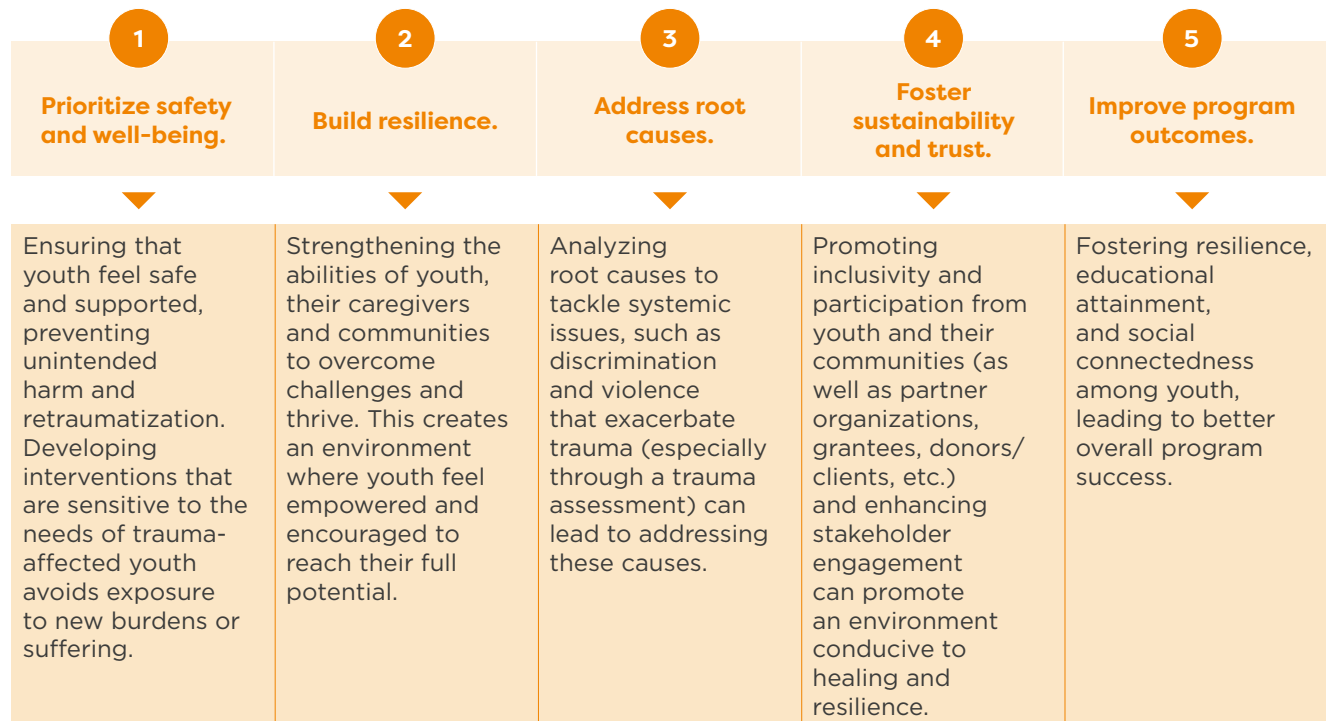. Beyond this, ignoring youth trauma is harmful to the larger community, and costly in terms of community health and economic expenditure. A systematic review summarizing ACEs' financial burden in Europe found that ACE-attributed costs were equivalent to 6% of a nation's GDP. Another study of the financial costs of ten related health risks estimated that ACEs cost $581 billion in Europe and $748 billion in North America.[15] Youth who experience ACEs can have reduced life opportunities, which include decreased and unstable employment, financial struggles, and reduced education potential.[16] Trauma can predispose youth to certain mental health disorders such as ADHD, anxiety, depression, and eating disorders. Communities in low- and middle-income countries have an increased risk of experiencing trauma, as collective violence is ten times more common in these countries than in other nations.[17] These factors can limit youth's ability to actively engage with and contribute to their communities. Addressing trauma and adopting trauma-informed methodologies for youth can mitigate these negative effects and empower healthy communities.[18]

Integrating a TIA and promoting MHPSS empowers youth to be healthy, productive, and engaged in their communities according to USAID's Positive Youth Development (PYD) Framework. Employing TIAs in community capacity building initiatives can incentivize participation in community support systems that increase youth agency.[19] Addressing mental health concerns through TIAs and youth support services can improve well-being and encourage youth to contribute to their community. In addition, doing so can empower youth to become trauma-resilient stewards for their communities, creating protective environments that promote health.[20]

Incorporating a TIA in youth programming can:

1	**2**	**3**	**4**	**5**
Prioritize safety and well-being.	**Build resilience.**	**Address root causes.**	**Foster sustainability and trust.**	**Improve program outcomes.**
Ensuring that youth feel safe and supported, preventing unintended harm and retraumatization. Developing interventions that are sensitive to the needs of trauma-affected youth avoids exposure to new burdens or suffering.	Strengthening the abilities of youth, their caregivers and communities to overcome challenges and thrive. This creates an environment where youth feel empowered and encouraged to reach their full potential.	Analyzing root causes to tackle systemic issues, such as discrimination and violence that exacerbate trauma (especially through a trauma assessment) can lead to addressing these causes.	Promoting inclusivity and participation from youth and their communities (as well as partner organizations, grantees, donors/clients, etc.) and enhancing stakeholder engagement can promote an environment conducive to healing and resilience.	Fostering resilience, educational attainment, and social connectedness among youth, leading to better overall program success.

[15] Hughes et al., Health and Financial Costs of Adverse Childhood Experiences in 20 European Countries (2021)
[16] CDC, About Adverse Childhood Experiences (ACEs) (2024)
[17] Magruder, McLaughlin, and Elmore Borbon, Trauma is a Public Health Issue (2017)
[18] Ibid.
[19] Gilmer et al., Developing Trauma Resilient Communities through Community Capacity-Building (2021)
[20] Ibid.

02.

Guiding Principles and Framework

A combination of two concepts guides the recommendations and tools highlighted in this document. A holistic trauma-informed, positive youth development program is underpinned by 1) **SAMHSA's Six Trauma-Informed Principles,** and 2) **USAID's Positive Youth Development (PYD) Framework.**
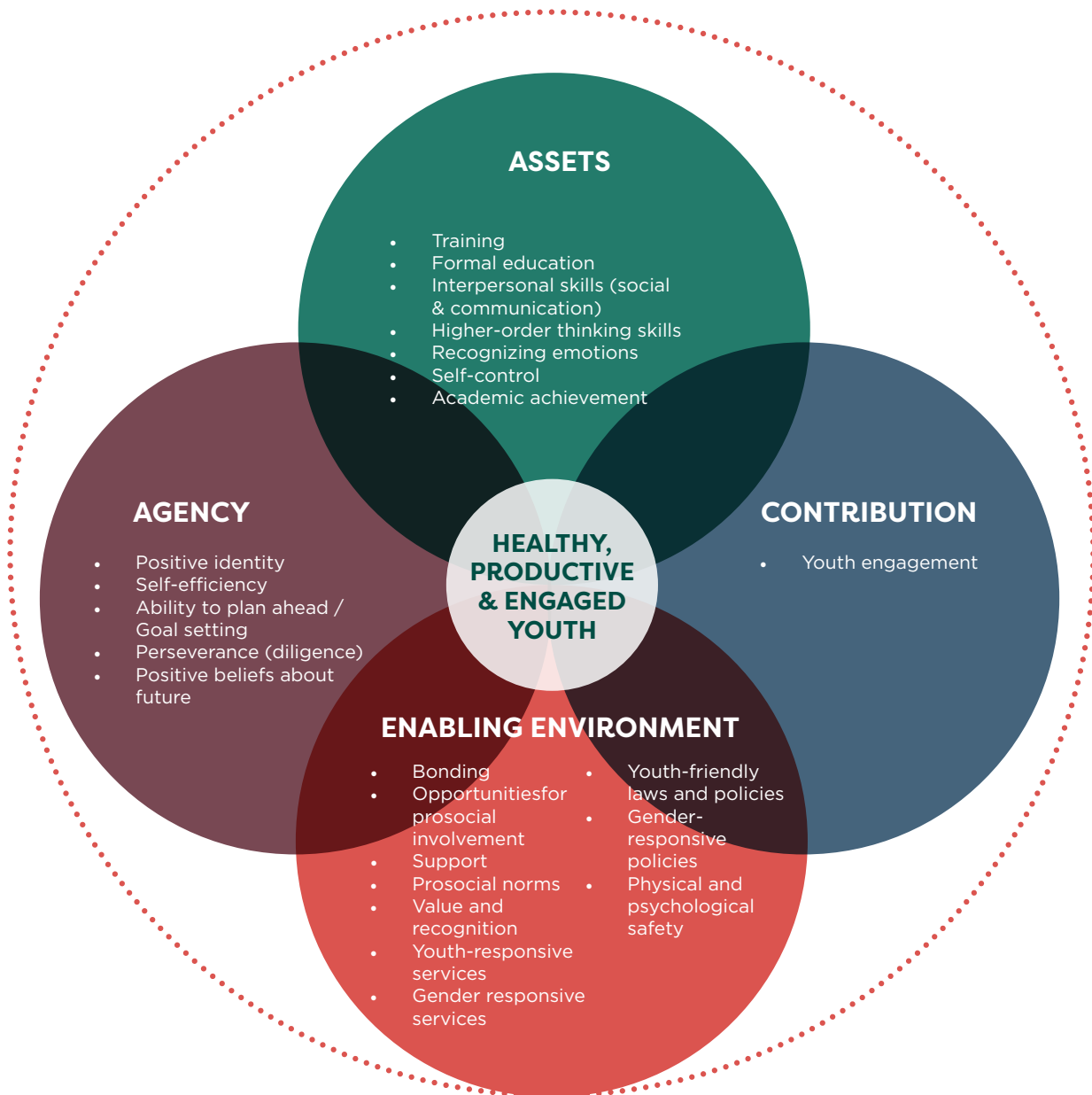
SAMHSA's Six Trauma-Informed Principles.
The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines six essential TIA principles, as illustrated and described in Chemonics' TIA Toolkit. When applied, the principles promote an understanding of trauma, operationalize Do-No-Harm tenets, and guide programs to consider the effects of trauma at all stages of the project life cycle.[21] These principles to apply are 1) safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice and choice, and 6) cultural, historical and gender issues.

USAID's PYD Framework. Developed under the YouthPower2 initiative, PYD is an approach that engages youth and their families, communities, and governments comprehensively to create positive outcomes. It emphasizes youth strengths and potential, aiming to develop their skills, confidence, and community connections. A summary of this framework and the elements of what goes into the PYD domains are seen below:

Positive Youth Development Framework

ASSETS
- Training
- Formal education
- Interpersonal skills (social & communication)
- Higher-order thinking skills
- Recognizing emotions
- Self-control
- Academic achievement

CONTRIBUTION
- Youth engagement

AGENCY
- Positive identity
- Self-efficiency
- Ability to plan ahead / Goal setting
- Perseverance (diligence)
- Positive beliefs about future

HEALTHY, PRODUCTIVE & ENGAGED YOUTH

ENABLING ENVIRONMENT
- Bonding
- Opportunitiesfor prosocial involvement
- Support
- Prosocial norms
- Value and recognition
- Youth-responsive services
- Gender responsive services
- Youth-friendly laws and policies
- Gender-responsive policies
- Physical and psychological safety

[21] SAMHSA, Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)

Combined Concepts in Action

For holistic, trauma-informed youth programming, combining the Six TIA principles and PYD framework can support practitioners in ensuring they are consistent in applying these concepts throughout the life of a project. The graphic below illustrates these concepts in action, and guides the activities and tool selection in this guide:

Principle 1
Safety

Principle 2
Trustworthiness and Transparency

Principle 3
Peer Support

Principle 4
Collaboration and Mutuality

Principle 5
Empowerment, Voice; and Choice

Principle 6
Cultural, Historical and Gender Issues

ASSETS

CONTRIBUTION

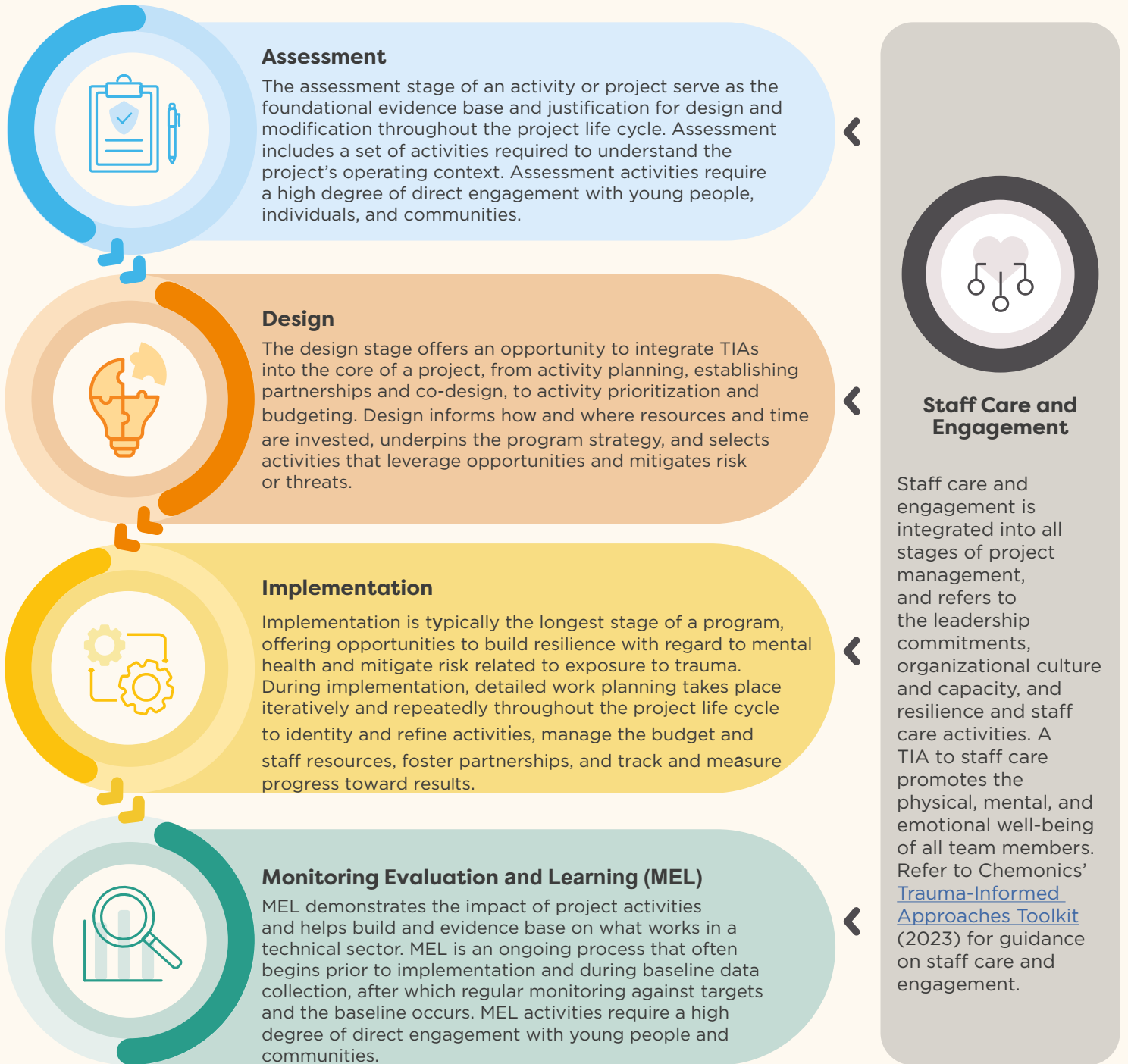HEALTHY, PRODUCTIVE & EMPOWERED YOUTH

AGENCY

ENABLING ENVIRONMENT

03.

Trauma-Informed Approaches and the Project Life Cycle

Integrating TIA activities and resources into youth programming throughout the project life cycle ensures that a comprehensive TIA is embedded at all stages. Below is a description of the project stages, as detailed in **Chemonics' TIA Toolkit**:

Exhibit 4. The Project Life Cycle: Stages and Components

Assessment

The assessment stage of an activity or project serve as the foundational evidence base and justification for design and modification throughout the project life cycle. Assessment includes a set of activities required to understand the project's operating context. Assessment activities require a high degree of direct engagement with young people, individuals, and communities.

Design

The design stage offers an opportunity to integrate TIAs into the core of a project, from activity planning, establishing partnerships and co-design, to activity prioritization and budgeting. Design informs how and where resources and time are invested, underpins the program strategy, and selects activities that leverage opportunities and mitigates risk or threats.

Implementation

Implementation is typically the longest stage of a program, offering opportunities to build resilience with regard to mental health and mitigate risk related to exposure to trauma. During implementation, detailed work planning takes place iteratively and repeatedly throughout the project life cycle to identity and refine activities, manage the budget and staff resources, foster partnerships, and track and measure progress toward results.

Monitoring Evaluation and Learning (MEL)

MEL demonstrates the impact of project activities and helps build and evidence base on what works in a technical sector. MEL is an ongoing process that often begins prior to implementation and during baseline data collection, after which regular monitoring against targets and the baseline occurs. MEL activities require a high degree of direct engagement with young people and communities.

Staff Care and Engagement

Staff care and engagement is integrated into all stages of project management, and refers to the leadership commitments, organizational culture and capacity, and resilience and staff care activities. A TIA to staff care promotes the physical, mental, and emotional well-being of all team members. Refer to Chemonics' Trauma-Informed Approaches Toolkit (2023) for guidance on staff care and engagement.

Assessment

Key Recommendations and Tools

ACTIVITY RECOMMENDATION	TOOLS	
Map available assets that support youth mental and physical health and well-being. Identify local, national, and regional well–being and MHPSS support services and referral pathways and ensure their availability for young people and staff. **Train young people and younger staff to conduct trauma-informed assessments.** Support young people's hard and soft-skills development related to trauma-informed assessment including communication, peer support, data collection, emotional intelligence, and active listening.	• Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol (Wisconsin Office of Children's Mental Health) • Guidance for Integrated Care Systems to Deliver Trauma-Informed Mental Health Transformation (Trauma-Informed Community of Action [TICA])	**ASSETS**
Ensure young people and staff actively contribute to content, methodology, and analyses. For youth-focused programming, ensure youth voices are centered and include their perceptions of mental health and well-being needs. Allocate key times for youth and community engagement and contribution to program assessments. **Where possible, conduct trauma-informed and youth-focused consultations.** Use participatory methods to identify root causes of distress or youth-defined stressors. Consider varying gender, cultural, historical, physical, and inclusion factors. Conduct consultations in a trauma-informed manner, hiring a trained specialist as needed. **Link young people to existing peer, coaching, or mentor networks.** Identify, tap into, or build existing youth and peer networks to promote young people's well-being from the earliest stages of conducting an assessment. **Assess for youth engagement iteratively within the program.** Assess your program and organization iteratively to ensure youth engagement and involvement as contributing and empowered actors. Consider the need for expert mental health assessors depending on the context and young people's needs.	• Evidence-Based Guidelines for Conducting Trauma-Informed Talking Therapy Assessments (TICA) • Guidelines for Consulting with Children and Young People with Disabilities (Plan International) • Training for Children and Adolescents on How to Support a Friend in Distress (WHO; UNICEF; Save the Children) • Youth Involvement and Engagement Assessment Tool (USAID)	**CONTRIBUTION**

Assessment

ACTIVITY RECOMMENDATION	TOOLS	
Prioritize ethical research and freedom of choice for young people as both participants and empowered contributors. Ensure young people can choose their degree of involvement in any assessment activities. Conduct research with an emphasis on respect, protection, and the well-being of young people and their families. **Incorporate inclusive, team-based goal setting.** Allow young people to determine their own skills-development goals and larger programmatic assessment goals.	• Young People's Participation and Mental Health: A Protocol for Practitioners (UNICEF) • Ethical Research Involving Children (UNICEF) • Engaging Youth in Research (Webinar) (USAID, PEPFAR, YouthPower2)	**AGENCY**
Prioritize physical and psychological safety during all stages. Validate instruments and ensure all young people and staff are trained in appropriate safeguarding prevention and response measures. Engage a mental health professional as needed and have an established safeguarding procedure mechanism in place before conducting assessments. **Ensure adequate referral networks and age-appropriate information are accessible to young people and their communities.** Identify accessible mental and physical health and other social services before conducting assessments, ensuring they are youth-friendly and safe. Ensure staff and anyone conducting assessments are trained in adequate and safe referral processes. **Consider the experiences of those with intersectional identities when conducting assessments.** Prioritize inclusive data gathering, considering the potential for various forms and types of trauma that may be present. Ensure age- and cultural-appropriate communication is always used and in all assessment materials. **Design tools and activities with an age-appropriate approach to ensure they are engaging, understandable, and beneficial.** This alignment helps maximize the learning experience and effectiveness of assessment activities while supporting their emotional growth.	• How to Make a House a Safe Space for Children and Adolescents (Save the Children) • Understanding People's Needs: Guiding Principles for Multidisciplinary Needs Assessments (International Committee of the Red Cross [ICRC]) • The Toolkit for Child-Friendly Spaces in Humanitarian Settings (International Federation of Red Cross and Red Crescent Societies [IFRC], World Vision)	**ENABLING ENVIRONMENT**

Design Stage

Key Recommendations and Tools

ACTIVITY RECOMMENDATION	TOOLS	
Integrate and dedicate program resources for intersectional, youth-focused psychosocial support activities. Integrate psychosocial support or trauma awareness into youth-focused educational or training programs and ensure flexibility to meet the needs of young people where they are. **Build and empower young people's project-design skills.** Build young people's capacity and empower them with the resources, skills, and competencies for work planning and activity design. **Identify other MHPSS and service providers to integrate multisectoral youth empowerment into the program.** Identify local social and educational assets to develop holistic programs that address young people's needs. Connect youth and the program with those assets to build young people's skills through a variety of partners.	• The Resilience Programme for Young Men: A Psychosocial Handbook (IFRC) • Working with Other Sectors to Enhance Outcomes of MHPSS of Child Protection (Child Protection AoR) • Global Multisectoral Operational Framework for MHPSS of Children, Adolescents, and Caregivers Across Settings (UNICEF) • Youth Engagement Community of Practice (YouthPower2)	**ASSETS**
Include young people in decision-making roles at all stages. Formally plan for short- and long-term meaningful collaboration with youth throughout the program, from internal team structures to external community outreach and co-creation processes. **Plan for a network of young change agents, youth champions, or community advocates.** Youth should intentionally be engaged, empowered, and connected to peers as a formal part of programming where possible. Young people should be actively engaged throughout the program and activity design process through networks or group engagement.	• Six Tips for Increasing Meaningful Youth Engagement in Programs (USAID) • Youth Advocacy Toolkit (UNICEF) • Engaged and Heard! Guidelines for Adolescent Participation and Civic Engagement (UNICEF) • Youth Engagement in Activity Design (YouthPower2)	**CONTRIBUTION**

Design Stage

ACTIVITY RECOMMENDATION	TOOLS	
Support young people in goal setting by dedicating resources for them to use, emphasizing their agency and freedom of choice. Given project capacity, invest in resources to support young people's development of their own action plans and activities for self-sufficiency, resilience building, and empowerment. **Dedicate resources and offer choices for adolescent-friendly MHPSS and supporting services.** Where possible, engage a mental health specialist or support young people in accessing various social services, including health, safe spaces, economic opportunities, and others as needed.	• SAFE (Supporting Adolescents and their Families in Emergencies) Resource Package (USAID and International Rescue Committee) • Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents (WHO) • Helping Adolescents Thrive Toolkit (WHO and UNICEF)	**AGENCY**
Integrate inclusive, flexible, and individualized mentorship and peer-bonding opportunities. Dedicate resources for inclusive mentorship and peer-bonding opportunities, considering intersectional identity considerations and avoiding a one-size-fits-all mentorship model. **Integrate caregivers and communities and any MHPSS activities for culturally appropriate, safe programming.** Community and caregiver buy-in fosters safety and increases the likelihood of engaged and empowered youth. Work with young people's caregivers and larger communities to tailor activities appropriately and understand broader cultural, historical, and gender issues. Integrate community-based psychosocial support to empower young people and their families holistically. **As part of programming, consider integrating youth-focused case management services as needed.** Case management for youth and children requires trained and equipped staff and a system of accountability, service referral, and available support. Informed consent and trauma-aware staff are essential for a caseworker to empower young people and their families.	• Youth and Young Adult Peer Support Expanding Community-Driven Mental Health Resources (Mental Health America and Well Being Trust) • Interagency Guidelines for Case Management and Child Protection (Inter-Agency Standing Committee, Global Protection Cluster, European Commission, USAID) • Community-Based MHPSS in Humanitarian Settings (UNICEF)	**ENABLING ENVIRONMENT**

Implementation Stage

Key Recommendations and Tools

ACTIVITY RECOMMENDATION	TOOLS	
Conduct regular staff and youth training on TIA and mental health awareness. Provide ongoing training and professional development on TIA and MHPSS for both staff and young people. Maximize awareness of how to integrate basic MHPSS and trauma-informed actions and skills iteratively throughout Implementation. **Dedicate and encourage resource use for formal education and professional development.** Dedicate resources for staff or young people for formal professional and educational development. Promote skills building by allocating resources like time, human and financial resources, and referrals. Conduct and lead skills-building workshops. Offer training in vocational skills, digital literacy, and other soft skills. Promote equity by targeting underrepresented youth. Foster relevance by aligning skills training with local market needs. **Roll out mindfulness activities to help young people focus, relieve stress, and stay calm.** Include elements to foster the understanding of emotions (both their identification and management). These are short activities that do not require any special training to roll out.	• Mental Health in Schools Training Package (WHO) • Mental Health in Schools (online course) (WHO) • Children's Resilience Programme: Psychosocial Support in and out of School – Facilitator Handbook 1: Getting Started (Save the Children) • Psychological First Aid Training Manual for Child Practitioners (Save the Children) • Stress Busters and HEART Back to School Guidance (Save the Children) • Diario de las emociones (Spanish) (Toaltepeyolo Human Rights Center)	**ASSETS**
Make space for young people to contribute to programming. Actively enable young people to co-develop activities and forge partnerships that impact their lives iteratively during work planning and implementation. **Implement peer mentorship programs integrated with trauma awareness or psychological first aid.** Develop peer mentorship and support groups to foster community and belonging during implementation. Establish peer mentorship systems in which older youths mentor younger ones. Enhance agency by encouraging youth to take on leadership and mentorship roles.	• Strengthening Community Mental Health Resources by Training Refugees as Peer Counselors: A Manual for Trainers (War Trauma Foundation and Al Himaya Foundation for Trauma Recovery, Growth, and Resilience) • Psychological First Aid for Young Peers: A Training Manual (IFRC) • Psychological First Aid for Young Peers: A Handbook (IFRC) • Planting Seeds: Practicing Mindfulness with Children (Thich Nhat Hanh)	**CONTRIBUTION**
Introduce activities to help staff and youth reduce stress, increase concentration, build confidence, manage difficult emotions, and improve communication. These activities should be engaging and relevant to young people and can be used in school settings, their communities, or at home.		**AGENCY**

Implementation Stage

ACTIVITY RECOMMENDATION	TOOLS	
Promote youth-friendly self-care and social and emotional learning in any work or classroom setting. Encourage young people, their caregivers, communities, and staff to engage in self-care practices to manage stress and prevent burnout. **Foster a safe environment for all young people and consider establishing youth-friendly and youth-led safe spaces.** Ensure that all program settings are safe, welcoming, and supportive for young people, and maintain transparency and accountability throughout all activities and spaces. Recognize and support young people with intersectionality in mind (i.e., consider the needs of LGBTQI+ youth, those with disabilities, etc.) Support and hire mental health specialists to be available or grow their skills as needed. **Support youth-adult partnerships where possible.** Facilitate collaboration between youth and adult community leaders on development initiatives and promote accountability through shared decision-making. Enhance the enabling environment through trust and mutual respect by integrating such partnerships into implementation best practices.	• Implementing the Mental Health Gap Action Programme Intervention Guide: A Job Aid for Non-Specialist Health Professionals (WHO) • Manual del facilitador: Taller jugando nos acompañamos (Spanish) (ICRC) • Gender-Based Violence Against Children and Youth with Disabilities: A Toolkit (Child Fund) • Creating Safer Spaces for LGBTQ Youth (Advocates for Youth)	ENABLING ENVIRONMENT

Monitoring, Evaluation, and Learning Stage

Key Recommendations and Tools

ACTIVITY RECOMMENDATION	TOOLS	
Incorporate continuous, empowered learning for young people within the MEL process. Foster a culture of continuous learning and adaptation within the program. Strengthen assets and empower youth by providing training in data collection tools and techniques that include trauma-informed data collection and analyses. **Build a network of experienced partners to continuously improve project practices and adapt to emerging needs.** Integrate exchange spaces with partner organizations that have experience working with youth to gather best practices. Doing so will help share successful strategies, foster mutual learning, and enhance the effectiveness of youth programs by incorporating proven methods and innovative approaches.	• The Youth Resilience Programme: Psychosocial Support in and out of School (Save the Children) • Mental Health and Psychosocial Support Technical Guidance (Save the Children)	**ASSETS**
Involve youth in using mixed-methods approaches to capture a comprehensive picture of project impact and make the process more relevant and engaging for them. Involve youth in formulating research questions, designing surveys, and creating interview guides. Provide opportunities to actively collect data through surveys, interviews, or focus groups and equip them with the necessary tools and resources. Offer guidance throughout the data collection and analysis phases, including participation in coding qualitative data or interpreting quantitative results. This involvement not only enhances their skills but also ensures their perspectives are reflected in findings. **Use reflective MEL practices.** Implement regular debriefing and reflection sessions to process experiences and improve practice. Facilitate trauma-informed listening sessions where youth can provide feedback on implementation and outcomes and address feedback in future planning. **Engage youth in MEL using participatory methods.** Optionally involve young people, their families, and community members in the MEL process to ensure their perspectives are included.	• Child Protection Rapid Assessment Toolkit (Child Protection Working Group) • Participatory Assessment: Perceptions by General Community Members (Tools 10, 11, and 12) in Assessing Mental Health and psychosocial needs and resources Toolkit for Humanitarian Settings (WHO and UNHCR) • Youth Engagement Measurement Guide (USAID) • Youth-Led Evaluation Guide (Oxfam)	**CONTRIBUTION**
Use inclusive, trauma-informed, age-appropriate consent mechanisms. Prioritize transparency, choice, and empowerment by designing and collecting timely, informed consent from all participants. Ensure community members and/or caregivers are involved in the consent process where youth are involved. **Youth-led monitoring and evaluation.** Train youth in monitoring and evaluation to track the impact of their projects. Promote transparency through the open sharing of findings where possible. Enhance agency by involving youth in the decision-making process based on evaluation results. **Incorporate a youth-led results presentation space.** Strengthen the role of young people in their environment as spokespersons for the strengthening and development of their community.		**AGENCY**

Monitoring, Evaluation, and Learning Stage

ACTIVITY RECOMMENDATION	TOOLS
In addition to PYD Framework indicators, incorporate trauma-sensitive and MHPSS indicators to measure well-being and resilience. Create indicators that measure trauma and mental health outcomes sensitively and accurately. Consider measures that track safety, access, physical and mental well-being, available care, engagement, and program uptake when youth are involved. **Consider socio-ecological factors when developing your MEL strategy.** Consider how age, development and life stages, gender, language and literacy, culture, and geographic and social position will impact measurement in your program. This includes considering who will be gathering data, conducting analyses, and leading on MEL activities. Tailor tools and use language that is age-appropriate, familiar and comfortable for young people, and be mindful of cultural norms and values. **Integrate developmental considerations into MEL strategy.** Design your MEL activities to be age-appropriate, considering the cognitive and emotional development of youth at different life stages. For younger participants, use tools that are engaging and accessible, such as games or stories, while for older youth, more structured and analytical methods may be suitable. Ensure you engage child or youth mental health specialists as required.	• Minimum Standards for Child Protection in Humanitarian Action (CPMS) (Spanish) • Integrating Mental Health and Psychosocial Support into Youth Programming: A Toolkit (USAID) • PYD Illustrative Indicators (USAID)

ENABLING ENVIRONMENT

04.
Additional References

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