



MODULE CODE: ECCY7007

ASSESSMENT COMPONENT:

Understanding trauma and the mental health needs of the child. Case study and reflective account.

STUDENT NAME:

Rachel-Elizabeth Paynter

STUDENT NUMBER: 2007219

Use of Generative AI in Assessment

RESEARCH	For this assessment, you can use Generative AI to support you in research, including searching for bibliography, using tools to summarise, compare and interrogate materials.	Yes ☐ No ☒
STRUCTURE	For this assessment, you can use Generative AI to support you in structuring your submission, including creating a draft argument structure, identifying parts and headings, etc.	Yes ☐ No ☒
PROOFREADING	For this assessment, you can use Generative AI to check your own text/creation for grammatical and syntactical mistakes, including rephrasing of your own work within specific standards.	Yes ☒ No ☐
WRITING	For this assessment, you can use Generative AI to create text for submission.	Yes ☐ No ☒
CREATIVE	For this assessment, you can use Generative AI to create creative materials, such as images.	Yes ☐ No ☒
PROGRAMING	For this assessment, you can use Generative AI to create and check code.	Yes ☐ No ☒
NONE	For this assessment, you are not allowed to use any type of Generative AI support. This includes research support, structure support, writing/proofreading support and creative support.	Yes ☐ No ☒

AI Acknowledgement

I acknowledge the use of ChatGPT (<https://chatgpt.com/>) on 4th February 2026 to proofread my work. Using the prompt:

1. Please proofread this work, focussing on spelling and grammar accuracy as well as formal writing.

I confirm that I have not presented any AI generated text as my own work. I confirm that I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

Understanding trauma and the mental health needs of the child.

Cast study and reflective account.

The case study selected focuses on Amira, an eight-year-old girl who was recently removed from the care of her mother due to concerns regarding alcohol misuse and suspected neglect. Following these concerns, Amira was placed in the care of her grandparents. Prior to this, Amira had begun to display behavioural changes at school, including becoming increasingly withdrawn and reluctant to engage with her peers. She also disclosed that she was frequently left home alone and that there was a lack of food available at home. In addition, the school raised concerns regarding Amira's attendance. As a result, an unannounced home visit was conducted, during which Amira's mother admitted to alcohol misuse, and the school identified significant concerns regarding the living conditions within the home.

As a result of the home visit, several safeguarding risks were identified. Most notably, the mother's alcohol misuse was impacting her ability to provide appropriate care for Amira, leading to neglectful circumstances such as leaving Amira unsupervised for extended periods and failing to provide adequate nutrition. Further concerns were identified in relation to the home environment, as Amira did not have a bed and was sleeping on a dirty floor, and there was an absence of clean clothing and bedding available to her. These factors are likely to have contributed to Amira's emotional distress, which may explain her withdrawn behaviour within the school setting.

Due to the severity of these concerns, Amira was removed from her mother's care and placed with her grandparents, while remaining at the same school. The school will therefore play a crucial role in supporting Amira as she adjusts to the significant changes in her living circumstances. Early intervention will be essential to minimise

the impact of the adverse childhood experiences to which Amira has been exposed and to promote positive outcomes.

This essay will examine the support, interventions, and theoretical frameworks that can be implemented to support Amira and her family. It will also critically reflect on the potential impact of this case on professionals working with Amira, with a particular focus on professional resilience and self-care.

The experiences that Amira has been exposed to during her early childhood are likely to have had a significant impact on her key areas of development. These impacts are evident in the concerns raised by the school and the behaviours displayed by Amira that led to the home visit.

Amira's emotional development appears to have been adversely affected by her early experiences, as demonstrated by her withdrawal from school life and reluctance to engage with her peers. The emotional neglect to which Amira was subjected may have resulted in her not receiving the nurture and attention required during early childhood, which can negatively affect emotional development and resilience (NSPCC, 2025). Carter (2025) suggests that parents play a significant role in a child's social development; therefore, it may be assumed that the neglect experienced by Amira has contributed to difficulties with socialisation. This is reflected in her withdrawn behaviour at school and her tendency to isolate herself from her peers.

During the home visit, school staff identified that Amira did not have an appropriate sleep environment. She did not have a mattress and was sleeping on a dirty floor, and there was a lack of clean bedding available. From this, it can be inferred that Amira was not receiving adequate sleep while in her mother's care. Pacheco (2025) highlights that sleep plays a crucial role in the development of young minds; therefore,

a lack of sleep may have had a detrimental impact on Amira's physical and cognitive development. This may also have been a contributing factor to her poor school attendance.

Additionally, the school staff identified a lack of food in the family home during their visit. This raises concerns regarding malnutrition, which can lead to physical developmental challenges. If Amira were malnourished, this would have affected her energy levels at school, impacting both her ability to engage in learning and her capacity to socialise with peers. Furthermore, malnutrition can result in a range of physical difficulties, including being small for age, increased susceptibility to illness, intellectual impairment later in life, aches and pains, and difficulty maintaining body temperature (UNICEF, ND).

An analysis of the case study indicates that Amira has been exposed to several adverse childhood experiences (ACEs) from an early age. The World Health Organization (2020) defines ACEs as intense and frequent sources of stress in children's lives. Research has established a strong link between ACEs and negative outcomes for children, with Asmundson and Afifi (2020) suggesting that these effects can extend into adulthood and become intergenerational. Such negative outcomes may include addiction, reduced quality of life, chronic illness, and decreased life expectancy (Crandall et al., 2019).

ACEs affecting children and young people include physical, emotional, and sexual abuse; physical and emotional neglect; and five key factors contributing to household instability, namely parental separation, mental health issues, domestic abuse, substance misuse, and incarceration of a household member (Centre for Youth and Wellness, 2019). In Amira's case, several factors contribute to her ACE profile,

including emotional and physical neglect, household instability arising from alcohol misuse, and potential parental mental health difficulties. According to the World Health Organization (2020), these factors increase the risk of negative outcomes later in life. However, Crandall et al. (2019) suggest that counter-ACEs, or positive childhood experiences, can improve future outcomes. This is further supported by Sousa et al. (2025), who report that counter-ACEs can reduce the impact of ACEs and promote more positive long-term outcomes.

Amira has recently been removed from her mother's care and placed with her grandparents, resulting in separation from her primary caregiver. Harcourt (2021) states that children seek reassurance and comfort from their primary caregiver, with whom they have formed a secure attachment, during times of stress and discomfort. Consequently, this separation may cause additional distress for Amira, particularly during an already challenging period. As Amira has been separated from her mother, she may experience attachment-related difficulties. Bowlby (1982) proposed that while children typically seek comfort from their primary caregiver during times of distress, they are capable of forming new attachment bonds in the caregiver's absence, often with another familiar and trusted adult. This is supported by Power (2024), who suggests that secure attachment relationships provide children with a sense of safety, which in turn offers a foundation for healthy growth and development.

Amira is covered by several legislations that are put in place in order to protect children and safeguard them from harm. The first legislation is The Children's Act (UK Government, 2004) which emphasized the importance of safeguarding, making it every individual and organisations responsibility to protect children. The working together to safeguard children framework would also come in to play in these circumstances as it highlights the importance of multiagency working to support the

child. This would be prominent in this case as all of the professionals that work to safeguard Amira must work together to protect her best interests (UK Government, 2025). In Amira's case, the UNCRC would also protect the rights of Amira, as when she was in the care of her mother several of the rights of the child were not being met, for example, Article 19 which states that children should be free from neglect, something that Amira was experiencing (UNICEF, N.D). In Amira's case the UNCRC would continue to play a part after she was removed from her mother's care as Article 10 looks at reunification with the family after separation, and Article 39 which looks at the recovery from trauma, which in this case would be prevalent as Amira has been exposed to several adverse childhood experiences whilst being in her mother's care.

Amira has been able to stay in the same school since the move to the care of her grandparents, this would be of benefit to her as she is already familiar with the support in the school and the staff are familiar to her. The designated safeguarding lead would have been a key professional in identifying the living conditions of Amira and the concerns that the school would have had. Once the concerns had been raised then the 'Working together to safeguard children' policy would play an important role as it promotes a range of professionals to support Amira and the family, these could have included professionals in the school, social workers, health professionals, for example, the school nursing team as well as CAMHS to support Amira's wellbeing.

When looking at all of the policy and legislation supporting Amira in this case then it is important to recognise that according to Article 3 of the UN Convention on the Rights of the Child (UNICEF, N.D) all professionals must work in what is in the best interests of the child. This would involve balancing the child's feelings, taking into consideration the age of the child, and balancing it against the child's needs, the family's needs, and the potential impact that any changes would have upon them. For this reason, before

Amira was removed from her mother's care and placed into the care of her grandmother, then it must be shown to be in everybody's best interests. When working with students who have experienced some form of trauma, as Amira has, then several principles need to be focussed on. Ace's Aware (2025) have identified these principles as

- Safety – ensuring the child knows that they are in a safe environment, this would be both a physical and emotional safe space for both the child and the staff involved in the care.
- Recognition – recognising the signs and symptoms of trauma experience on both physical and mental health, so being able to respond appropriately.
- Promote – this involves the promotion of patient centred, evidence-based care for the child.
- Collaboration – all of the professionals working together to provide the best possible support for Amira, ensure that they are all working collaboratively together.
- Sensitivity – ensuring that all work is sensitive to the child's background, identity, and experience.

So, how can school staff support students who have experienced trauma in their classrooms? Southall, Baxter, and Gardner (2023) describe trauma informed classrooms as where the school staff change their current practices and focus on relationship building with their students, as this provides a safe learning environment which is both predictable and nurturing. This is supported by González, et al. (2021) and add that the support of a nurturing environment in school helps to support all areas of development and that it can impact not just on the learning environment but also having a longer lasting impact on the children and the family. Grimmer (2022) suggests

that building a relationship with the child slowly will assist them in building a positive relationship and feeling safe and secure in school. It is suggested that activities such as positive touch, spending time with the child, eye contact and listening and responding to the child's wants and needs will contribute to a child building a secure attachment bond to their caregiver. Robinson and Anderson (2021) identify the connection between adverse childhood experiences and the potential for disruptive behaviour in the classroom, however, they acknowledge that rather than resolving the issue through traditional methods, they should instead use trauma informed strategies to support the pupil in the classroom, building a relationship with the pupil and supporting them in regulating their emotions in a safe and positive way. It could be questioned however if having trauma informed practice in all classrooms is realistic and possible in today's society, with the need for staff training, potentially additional a staff to support in the classroom, Nicholls' (2024) report highlighted the need for wider awareness of trauma informed practice in school and also the difficulty in integrating the training into practice in the classroom.

When supporting children who have experienced childhood trauma, play therapy has been identifies as an essential intervention for the children as it provides the children with a safe environment to explore and process what they have experienced (Moon, Kim & Cumpian, 2025), this helps them to build coping mechanisms and resilience (Goodyear-Brown, 2019). However there has been some criticism as to the effectiveness of play therapy, with some questioning how play therapists facilitate play and the successful outcomes that come from play therapy (King & Newstead, 2024) For Amira, play work could support her in working through the trauma that she had experienced in her home life with her mother but also in the challenges that she will be facing in her new home environment with her grandparents, away from her mother.

Play therapy may be able to support Amira in both her understanding of the situation and also in building resilience.

It is possible that for Amira that cognitive behavioural therapy may have a positive impact on her. Cognitive behavioural therapy is a short-term intervention that is based on the way that the individual person thinks and feels and the way that they behave (Misciagna, 2020). Seiler (2008) supports this by stating that cognitive behavioural therapy helps children and young people to challenge their thought and understanding of situations. For Amira, this could be a benefit for her, as it would help her to challenge any negative thoughts that she may have about her trauma and also to help to support Amira in understanding her current situation of being removed from her mother's care and moving into her grandparents' care.

Dalgaard et al (2022) suggest that children who have experienced separation and loss in early childhood are at risk of having challenges with forming secure attachments and as a result are more at risk of developing mental health challenges, behavioural difficulties, and psychosocial issues. For Amira this could be a challenge as although she was able to be placed in the care of her grandparents, she has been removed from the care of her mother, with who she would have formed an early attachment with.

As previously stated, Amira has been able to stay in the same school that she previously attended. This will be of benefit to Amira as it provides stability for her as well as continuity. Staff and peers surround her that she is familiar with and has previously build strong attachment bonds with. Bronfenbrenner (1977) highlights the importance of the school environment for the child, placing it in the child's microsystem, alongside the child's family (Guy-Evans, 2025). This is supported by

Tuomela, Gunnarsdottir & Forsman (2025) who found that due to the interconnected nature of the home and school environment that the school would have a significant impact on Amira's wellbeing in this case.

Greenway, Ryder, and Eleri (2025) believe that "Good mental health and well-being are fundamental to the growth of children and young people, underpinning their ability to form healthy relationships and build enduring emotional resilience". If this is the case, then the school would be in the position to support Amira with her mental health and wellbeing by putting interventions in place to support her. The first intervention can be applied is the monitoring of Amira's attendance. When living in the home environment Amira's attendance was a cause for concern, so now that she is in the care of her grandparents it is important that her attendance is monitored for several reasons. Daily et al (2020) reported that students with low attendance were found to struggle academically and were not able to benefit from all of what the school environment has to offer. Mason et al (2021) believe that school plays a crucial role in the early intervention and support for children who have mental health and wellbeing concerns, like in the case of Amira. They state that a school can provide a nurturing environment and promote a positive growth mindset, which would then contribute to developing resilience in the child which can then reduce the impact of the adverse childhood experiences that Amira has faced.

It could be suggested that in Amira's case the relationship between home and school is an important one as continuity in the support that Amira receives will be important in her future development, with suggestions that a supportive relationship between the home and school environments is essential for children to have a positive school experience (Alberaidi, Alghamdi & Han, 2025).

In conclusion, Amira's experiences can be understood within the context of adverse childhood experiences (ACE's). which are known to significantly increase the risk of adverse emotional, behavioural, and developmental outcomes across Amira's life. However, research also highlights the protective role of early, targeted intervention in mitigating these risks. Interventions such as nurture groups and play based therapeutic approaches can support the development of secure attachment relationships by providing Amira with consistent and nurturing. A trauma informed approach within the school setting is essential, as it recognises the impact of trauma on emotional regulation, learning, prioritising safety, predictability, and support. Therapeutic interventions such as cognitive behavioural therapy may assist Amira in sense of her experiences and developing adaptive coping strategies. Central to achieving positive outcomes in effective multi agency collaboration, which enables a holistic and attachment aware response to Amira's needs. By ensuring coordinated, consistent and specialist input across services, a multiagency approach strengthens protective factors, thereby promoting resilience and improving Amira's long-term wellbeing and life outcomes.

When working in cases such as these where it involves children and safeguarding it is important to reflect on the impact that these cases could have on the professionals working with the families. These cases can be emotionally triggering, especially for staff who work closely with the family, for example, Amira's class teacher, and so it is critical to promote staff wellbeing, resilience and allow a space for staff to discuss any challenges that they may be facing. These could take place in supervision meetings, drop-in times to discuss concerns and in reflective practice.

Horvath & Symonds (1991) believed that it took a special kind of person to establish a professional working relationship with their patients. It is thought that professionals

who work in an environment where they need to rely on building trusting relationships to design a treatment plan and to work towards a goal have the potential to feel compassion fatigue. Figley (1995) described compassion fatigue as “bearing the suffering of clients”. Figley and Figley (2017) however describe it as the “demands of client care over self-care of those who provide the care of clients as a professional”, they go on to then explain that the emotional and physical exhaustion that is felt by these professionals and caregivers can impact them greatly, highlighting the importance of self-care. From this research the compassion fatigue resilience model was built, demonstrating the pressures that the professionals and caregivers are under and highlighting the importance of self-care, detachment, sense of satisfaction and social support in building compassion fatigue resilience.

The Working Together to Safeguard Children 2023 (UK Government, 2025) highlights the importance of consistency for the family, especially in safeguarding cases. This however is contradicted by McFadden (2017) who conducted a study on the burnout rate of social workers, this showed that the majority of the participants (91%) had moderate to high levels of emotional exhaustion from their role in social work, with 75% of staff working in child protection experiencing emotional exhaustion. The study also highlighted staff's depersonalisation to their role, feeling that they had become hardened and did not really care anymore, worryingly this is how 35% of child protection social workers felt at the time of the study. You must question if professionals working with children and families are struggling with emotional exhaustion and depersonalisation to their cases, are they able to provide the best possible care to the families with which they are working.

Not just for the child protection specialists who will be working with the family but also the staff in the school who manage disclosures and work with the child and family on

a daily basis, support is needed to be put in place for staff members to ensure their wellbeing. The practice of debriefing after a traumatic event, such as a disclosure, is widely used for its many benefits to staff (Hourihan, 2023), these benefits include psychological and emotional healing, promoting resilience, strengthening the team and communication within the team and the long-lasting impact on the resilience across the team. The debriefing tool can also assist with limiting staff burnout and compassion fatigue (East Dunbartonshire Council, N.D.). It could be suggested however that the manner in which the debrief happens could affect its benefits, for example, a debrief session from someone who is inexperienced in the process or who has not received the adequate training would not be as beneficial for the staff member as a debrief with a member of staff who is trained in supporting staff member and has experience in doing so.

Skovholt & Trotter-Mathison (2025) have suggested that practitioners need to construct their own 'boundaried generosity' to help avoid burnout and emotional exhaustion, alongside balancing caring for others alongside caring for themselves, describing the battle an occupational calling versus the biological imperative that is self-care. However, Williams (2024) suggests that there is a guilt that is felt by professionals who take time for themselves as they are labelled as selfish for needing to put boundaries in place to support their own wellbeing. This is further supported by Cohen (2025) who reported that caring without boundaries lead to resentment and exhaustion. In this case, it could lead to the burn out of the professionals working with the family due to the professionals caring nature overruling their own self care and wellbeing.

What is clear from the research is that the nature of a caring occupation means that the professional may struggle to balance the wellbeing of the families that they are

working with against their own professional and personal wellbeing. By not taking themselves into consideration it could lead to professional burn out and this has the potential to led to skilled workers leaving the profession due to exhaustion. This however can be avoided by support from the workplace, in the form of debriefs, regular check in sessions to ensure that personal wellbeing needs are being met and the professional themselves setting emotional boundaries to ensure that they are able to find the the occupational and personal wellbeing balance.

Reference List

ACES Aware. (2025). *Trauma-informed care: Understanding and caring for patients affected by toxic stress*. <https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/>

Alberaidi, S., Alghamdi, R., & Han, S. (2025). Communication with U.S. early childhood schools and teachers: Saudi mothers' experiences and insights. *Early Childhood Education Journal*, 53(2), 425–436. <https://doi.org/10.1007/s10643-023-01582-9>

Asmundson, G. J. G., & Afifi, T. O. (Eds.). (2020). *Adverse childhood experiences: Using evidence to advance research, practice, policy, and prevention*. Academic Press.

Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, 52(4), 664–678. <https://doi.org/10.1111/j.1939-0025.1982.tb01456.x>

Carter, J. (2025). *The importance of social development in children through childcare*. <https://www.psychreg.org/importance-social-development-children-through-childcare/>

Centre for Youth and Wellness. (2019). *What are ACEs and why do they matter?* <https://www.acesaware.org/wp-content/uploads/2019/12/1-What-are-ACEs-and-Why-Do-They-Matter-English.pdf>

Crandall, A., Miller, J. R., Cheung, A., Novilla, L. K., Glade, R., Novilla, M. L. B., Magnusson, B. M., Leavitt, B. L., Barnes, M. D., & Hanson, C. L. (2019). ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. *Child Abuse & Neglect*, 96, Article 104089. <https://doi.org/10.1016/j.chiabu.2019.104089>

Cohen, I. (2025) *Practice Kindness With Boundaries for Healthier Connections. How to help others without losing yourself*. <https://www.psychologytoday.com/us/blog/your-emotional-meter/202505/practice-kindness-with-boundaries-for-healthier-connections?msockid=3cdbcad5dd7a6b202679dfd8dc9a6a78>

Daily, S. M., Smith, M. L., Lilly, C. L., Davidov, D. M., Mann, M. J., & Kristjansson, A. L. (2020). Using school climate to improve attendance and grades: Understanding the importance of school satisfaction among middle and high school students.

Journal of School Health, 90(9), 683–693. <https://doi.org/10.1111/josh.12929>

Dalgaard, N. T., Filges, T., Viinholt, B. C. A., & Pontoppidan, M. (2022). Parenting interventions to support parent–child attachment and psychosocial adjustment in foster and adoptive parents and children: A systematic review. *Campbell Systematic Reviews*, 18(1), e1209. <https://doi.org/10.1002/cl2.1209>

East Dunbartonshire Council. (n.d.). *Operational debriefing*.

<http://www.primarywellbeing.e-dunbarton.sch.uk/media/16562/debrief-verview.pdf>

Figley, C. R. (Ed.). (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.

Figley, C. R., & Figley, K. R. (2017). Compassion fatigue resilience. In E. Seppälä (Ed.), *The Oxford handbook of compassion science* (pp. xx–xx). Oxford University Press.

González, K., Frumkin, R., National Council of Juvenile and Family Court Judges, & United States Office of Juvenile Justice and Delinquency Prevention. (2021).

Trauma-informed classrooms: What we say and do matters. Brill.

Goodyear-Brown, P. (2019). *Trauma and play therapy: Helping children heal* (1st ed.). Routledge. <https://doi.org/10.4324/9781351216869>

Greenway, C., Ryder, N., & Eleri, S. (2025). *From policy to practice: Education practitioners' engagement with Wales' framework on embedding a whole-school approach to emotional and mental health and well-being*.

Grimmer, T. (2022). *Supporting behaviour and emotions in the early years: Strategies and ideas for early years educators*. Routledge.

<https://doi.org/10.4324/9781003137474>

Guy-Evans, O. (2025). *Bronfenbrenner's ecological systems theory*.

<https://www.simplypsychology.org/bronfenbrenner.html>

Harcourt, E. (Ed.). (2021). *Attachment and character: Attachment theory, ethics, and the developmental psychology of vice and virtue*. Oxford University Press.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38(2), 139–149.

Hourihan, J. (2023). *Post-crisis support: The benefits of debriefing*.

<https://timian.co.uk/post-crisis-support-the-benefits-of-debriefing/>

King, P., & Newstead, S. (2024). The benefits and challenges in using a playwork approach. *Child Care in Practice*, 1–13.

<https://doi.org/10.1080/13575279.2024.2401564>

Mason, C. Y., Asby, D., Wenzel, M., Volk, K. M., & Staeheli, M. (2021).

Compassionate school practices: Fostering children's mental health and well-being. Corwin.

McFadden, P. (2017). *Measuring burnout among UK social workers: A Community Care study*. <https://www.qub.ac.uk/sites/media/Media,514081,en.pdf>

Misciagna, S. (Ed.). (2020). *Cognitive behavioural therapy: Theories and applications*. IntechOpen.

Moon, J., Kim, L., & Cumpian, D. (2025). Exploring play therapy and childhood trauma: A recent content analysis (2010–2023). *International Journal of Play Therapy*, 34(4), 182–194. <https://doi.org/10.1037/pla0000240>

Nicholls, C. (2024). *Trauma-informed training and resources: Mapping and gapping findings following phase 1 and 2 research*. <https://traumaframeworkcymru.com/wp-content/uploads/2024/08/PHW-Mapping-and-Gapping-report-Eng-final.pdf>

NSPCC. (2025). *Neglect*. <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/>

Pacheco, D. (2025). *Children and sleep*. <https://www.sleepfoundation.org/children-and-sleep>

Power, A. (2024). *Attachment theory is the science of love* [Video]. YouTube. <https://youtu.be/9idayJyWCWs>

Robinson, H. M., & Andersen, L. (2021). Trauma-informed early childhood classrooms: A balanced approach to fuel resilience in the child and teacher. In *Trauma-informed classrooms* (pp. xx–xx). Brill.
https://doi.org/10.1163/9789004465367_001

Seiler, L. (2008). *Cool connections with cognitive behavioural therapy: Encouraging self-esteem, resilience and well-being in children and young people using CBT approaches*. Jessica Kingsley Publishers.

Seppälä, E. (Ed.). (2017). *The Oxford handbook of compassion science*. Oxford University Press.

Skovholt, T. M., & Trotter-Mathison, M. (2025). *The resilient practitioner : burnout and compassion fatigue prevention and self-care strategies for the helping professions* (Fourth edition.). Routledge.

Sousa, M., Machado, A. B., Pinheiro, M., Pereira, B., Caridade, S., Almeida, T. C., Cruz, A. R., & Cunha, O. (2025). The impact of positive childhood experiences: A systematic review focused on children and adolescents. *Trauma, Violence & Abuse*.
<https://doi.org/10.1177/15248380251320978>

Southall, A. E., Baxter, L. P., & Gardner, F. (2023). Transforming trauma-informed understanding into trauma-informed practice: The reflective circle education model. *Australian Journal of Education*, 67(1), 62–75.
<https://doi.org/10.1177/00049441221146555>

Tuomela, S. K., Gunnarsdottir, H., & Forsman, A. K. (2025). Contextual wellbeing and mental wellbeing for child–parent dyads: School engagement as a mediator. *European Journal of Public Health*, 35(Supplement 4).
<https://doi.org/10.1093/eurpub/ckaf161.1906>

UNICEF. (n.d.). *Child malnutrition: A guide*. <https://www.unicef.org.uk/what-we-do/life-saving-food/child-malnutrition-guide/>

UNICEF. (n.d.). *How we protect children's rights with the UN Convention on the Rights of the Child*. <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

UK Government. (2004). *Children Act 2004*.

<https://www.legislation.gov.uk/ukpga/2004/31/contents>

UK Government. (2025). *Working together to safeguard children*.

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Williams, L. (2024). *Is it time to rebrand selfishness? Time for boundaried generosity*.

<https://www.counselling-directory.org.uk/articles/is-it-time-to-rebrand-selfishness-time-for-boundaried-generosity>

World Health Organization. (2020). *Adverse childhood experiences international questionnaire (ACE-IQ)*. [https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-\(ace-iq\)](https://www.who.int/publications/m/item/adverse-childhood-experiences-international-questionnaire-(ace-iq))