

Understanding Trauma and Mental Health Needs of the Child

Child Poverty,
ACEs and Early
Mental Health

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Date/
17.01.2026



Defining Child Poverty

- Relative poverty
- Material and social deprivation





Conceptualising Child Poverty as Trauma

- Poverty as chronic stressor
- Structural adversity



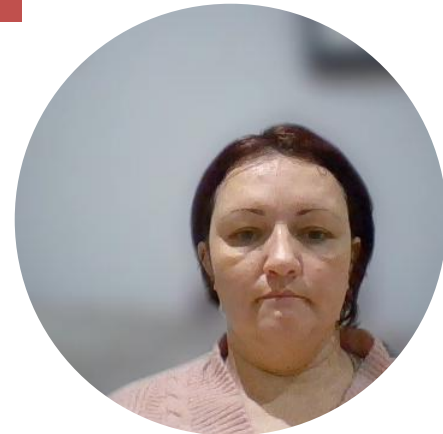


4.5 MILLION

children in the UK are living in poverty, 31% of all children after housing costs.

Prevalence and Scale

- 400+ million children globally
- 31% of UK children



Age Group Most Affected

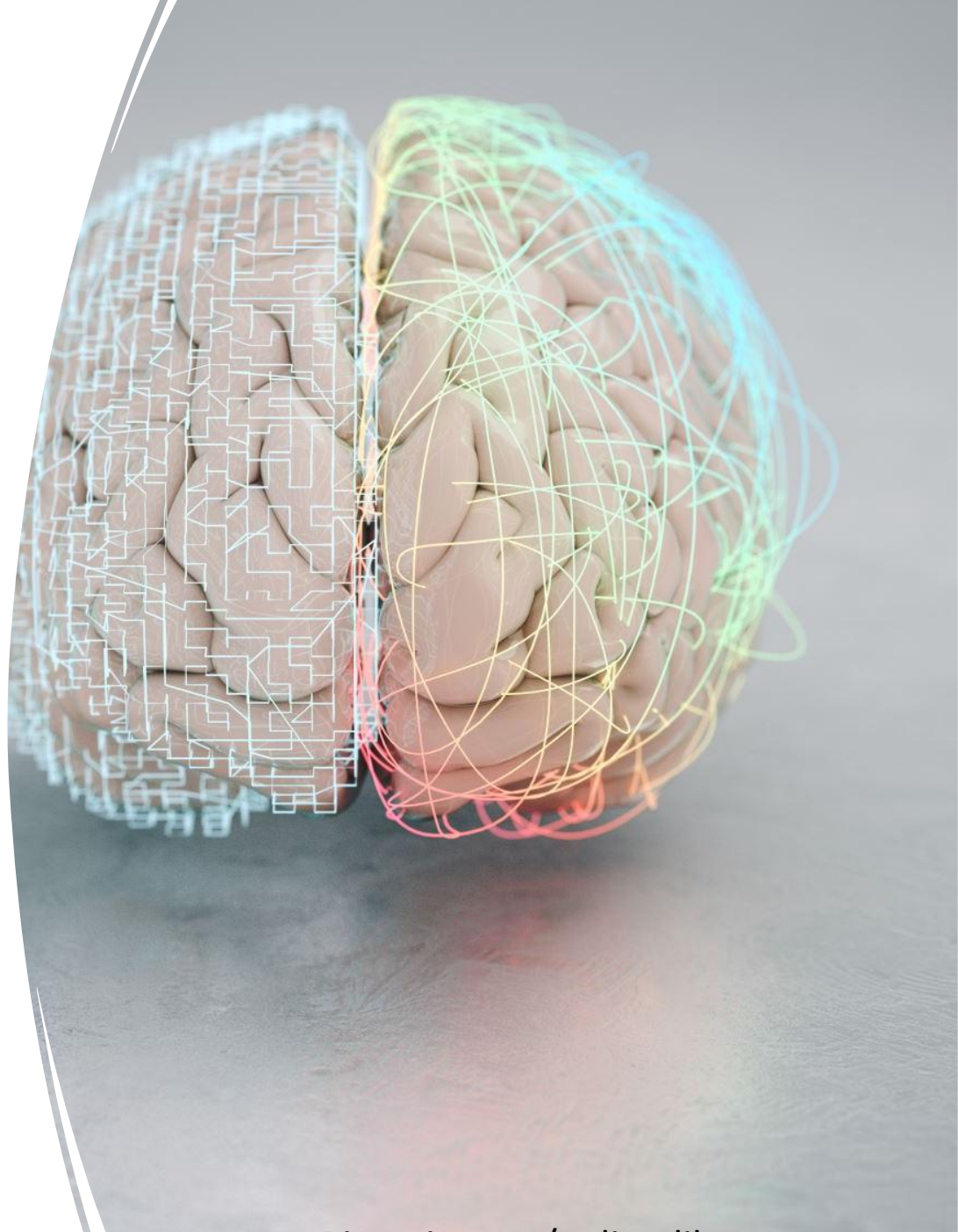


- Under 5s most vulnerable
- Highest exposure to risk



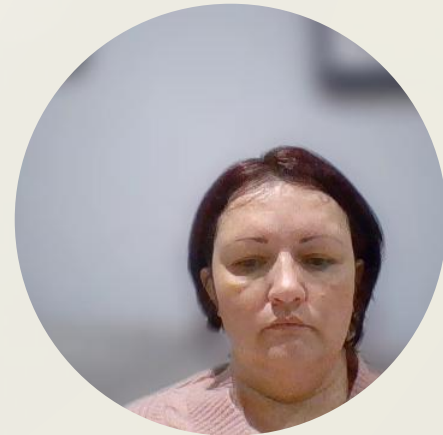
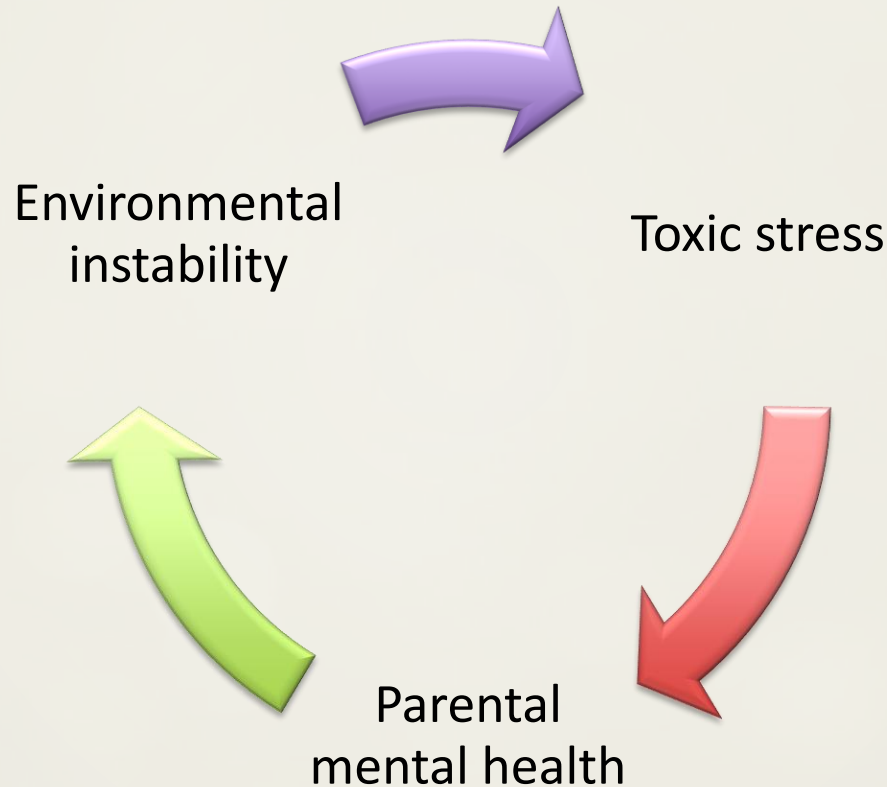
Early Brain Development and Trauma

- Sensitive developmental periods
- Stress response systems



Bing pictures/online library

Pathways from Poverty to Mental Ill Health



Poverty as a Driver of ACEs

- Abuse and neglect
- Household dysfunction



The Pair of ACEs

Adverse Childhood Experiences



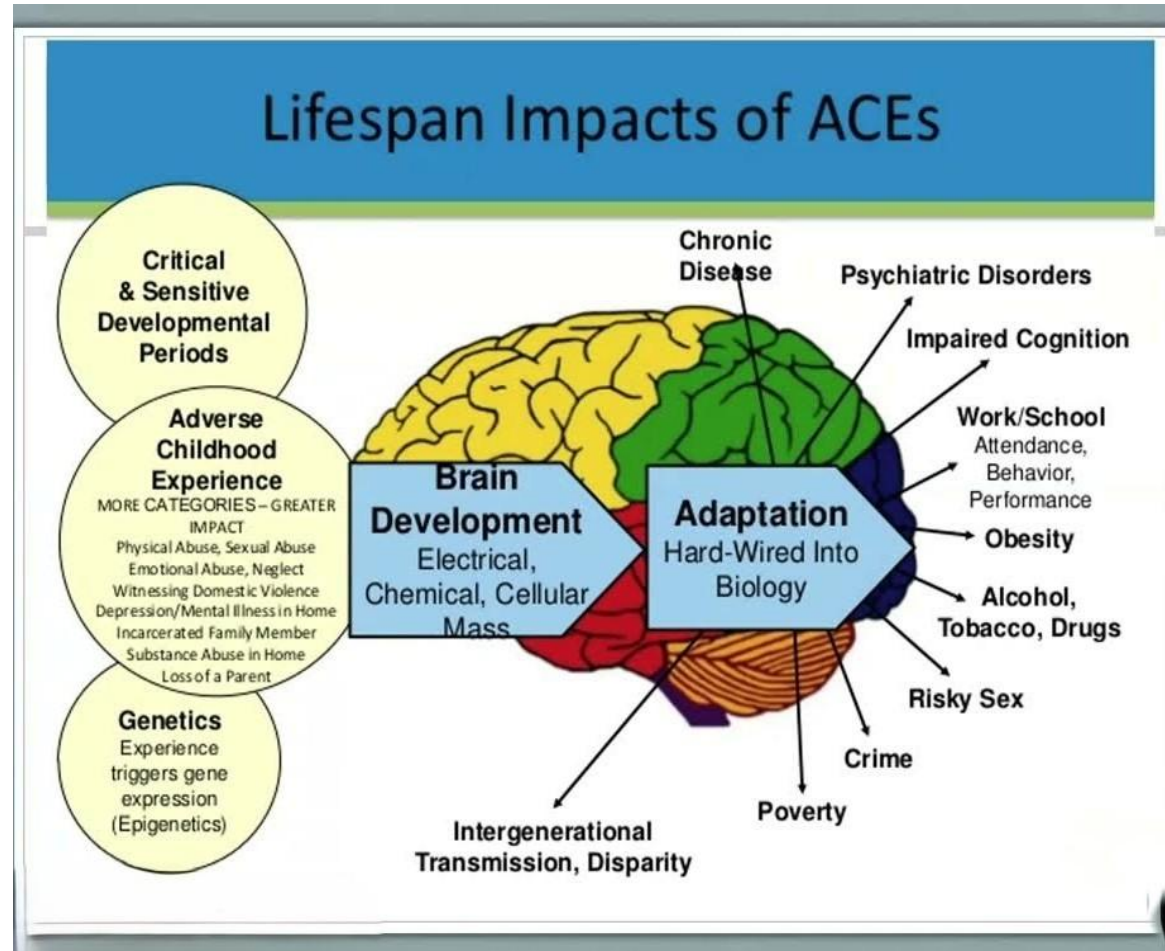
Adverse Community Environments



Ellis and Dietz (2017)

Neurobiological Impact of ACEs

- HPA axis dysregulation
- Emotion regulation difficulties



Trauma, Attachment and Relationships

- Insecure attachment
- Relational trauma



Protective Factors and Resilience

- Secure relationships
- Early intervention



Implications for Practice

- Trauma-informed care
- Early years services



Policy and Prevention

- Early intervention
- Reducing child poverty



REDUCING
CHILD POVERTY
IN OUR REGION

TO GET THE
BEST
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GIVING
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ADDRESS
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ARE THERE
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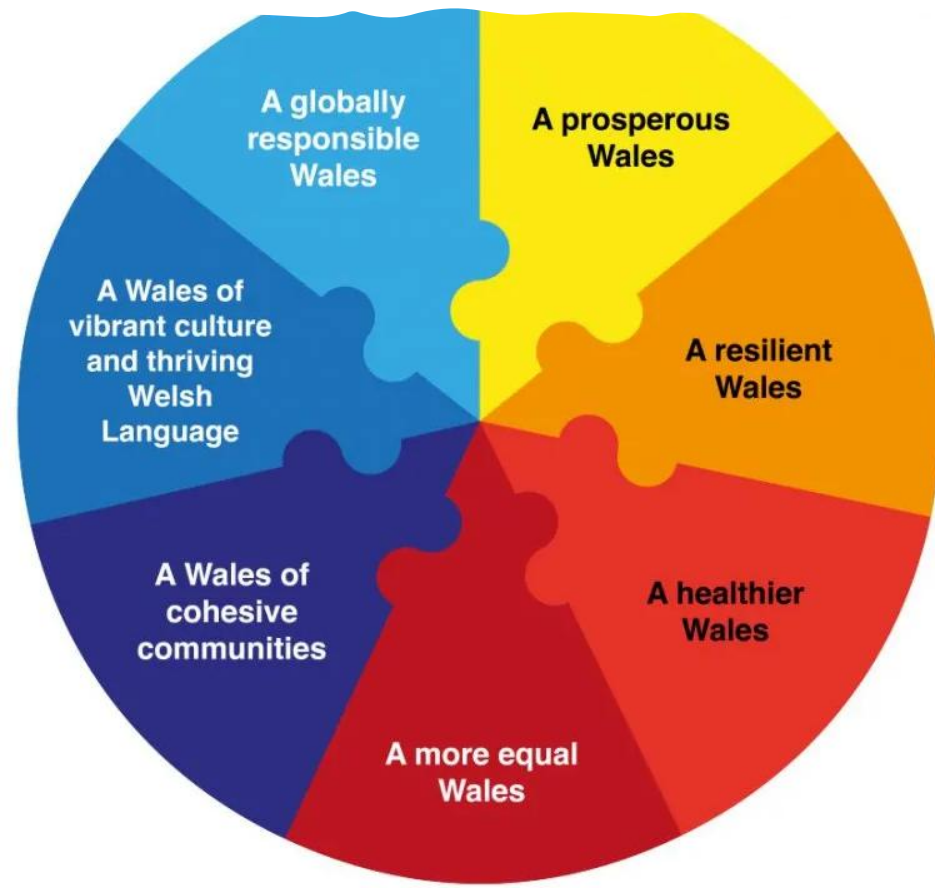
A "BUILT IN"
UNDERSTANDING
OF
POVERTY

HELP SIGNPOST
SUPPORT PEOPLE TO THE
RIGHT PLACES

DOING ALL THE
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Conclusion

- Poverty as trauma
- Early action is essential



Discussion

- Critical reflections





Covid 19 and impact on children living in poverty

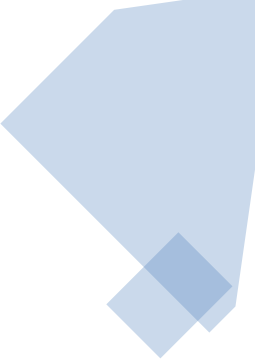
This Photo by Unknown Author is licensed under CC BY-SA-NC

Child poverty constitutes a chronic form of structural trauma with pervasive and enduring consequences. In contrast to isolated adverse events, poverty generates ongoing unpredictability, insecurity, and cumulative stress. Children experiencing poverty are exposed to unstable housing, food insecurity, inconsistent caregiving, and unreliable support systems. This persistent adversity creates an environment detrimental to emotional, cognitive, and physical development (Yoshikawa et al., 2012; SmithBattle et al., 2022).

Conceptualising child poverty as structural trauma underscores the need for comprehensive and sustained interventions. Child poverty is frequently defined as a lack of resources necessary to meet basic needs or to participate fully in society (UNICEF, 2020). This definition extends beyond income deprivation to encompass limited access to adequate food, safe housing, education, healthcare, and social support. Child poverty also entails social exclusion and marginalisation, often preventing children from engaging in community life. These constraints restrict opportunities and exacerbate disadvantage (Main & Bradshaw, 2014).

Child poverty remains a global crisis rooted in structural trauma and necessitates systemic action. Over 333 million children worldwide live in extreme poverty (UNICEF, 2023), and in the UK, nearly one-third, 4.3 million, experience similar deprivation (UK Parliament, House of Lords Library, 2024). The prevalence of child poverty increases demand for mental health services. It influences policy priorities (Child Poverty Strategy tackles key driver of poor mental health - but must be the start, 2025). Children living in poverty are at greater risk for anxiety, depression, and behavioural problems due to chronic stress and social exclusion (Reiss, 2017). Policy and service reforms targeting child poverty can alleviate pressure on mental health systems and improve long-term outcomes (The impact of income-support interventions on children's long-term health trajectories: a systematic review, 2025).

Children under five are particularly vulnerable to poverty due to rapid brain development and their significant dependence on caregivers. The first five years involve the formation of new neural pathways and critical developmental processes (Black et al., 2017). During this period, children require consistent physical and emotional support from caregivers.

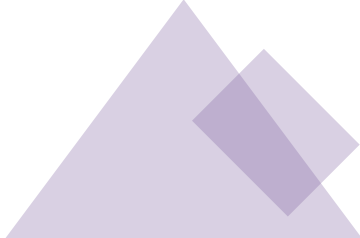


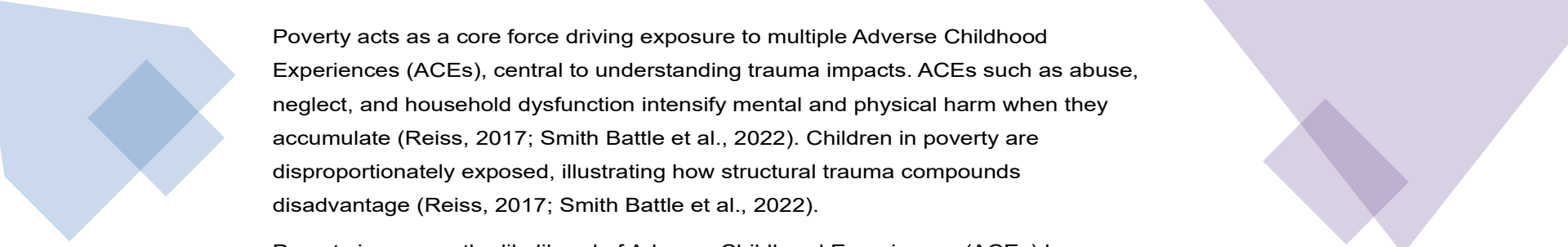
However, poverty, stress, and deprivation can negatively impact caregivers' mental health, reducing their capacity to provide nurturing care. This increases the likelihood of insecure attachment, which is associated with adverse outcomes later in life (Smith & Pollak, 2020). Early exposure to poverty can set in motion a trajectory of disadvantage, underscoring the importance of timely intervention (Andrew et al., 2024).

Early adversity, such as poverty, constitutes a form of trauma that fundamentally disrupts brain development. Chronic childhood stress alters brain regions responsible for emotion regulation, self-control, and learning (Tottenham & Galván, 2016; Blair, 2022). These neurodevelopmental changes highlight the urgent need for timely and comprehensive interventions to mitigate the long-term effects of structural trauma (Tottenham & Galván, 2016; Blair, 2022).

The biopsychosocial model posits that poverty, as a form of structural trauma, significantly contributes to mental health problems in children. Prolonged stress disrupts the hypothalamic-pituitary-adrenal (HPA) axis, leading to elevated cortisol levels and impaired brain development (Blair, 2022; Tottenham & Galván, 2016). Psychological responses such as hopelessness and low self-esteem are common in the context of ongoing adversity (Reiss, 2017). Socially, limited support networks further increased risk. These cumulative factors hinder recovery from disadvantage and perpetuate intergenerational inequalities (Impact of Parental Mental Health and Poverty on the Health of the Next Generation: A Multi-Trajectory Analysis Using the UK Millennium Cohort Study, 2023, pp. 1001-1009).

Exposure to poverty is a modifiable risk factor for internalising disorders—including anxiety and depression—throughout childhood and adolescence. Large-scale studies show the risk rises with longer, deeper poverty (Reiss, 2017; Smith Battle et al., 2022). Mechanisms such as chronic stress, exclusion, and instability increase emotional dysregulation and hopelessness, linking poverty to psychological trauma (Yoshikawa et al., 2012). Transitions like early childhood and adolescence heighten vulnerability. While there are other risks, poverty remains a dominant predictor of internalising difficulties (The state of children and young people's mental health in 2023, 2023).



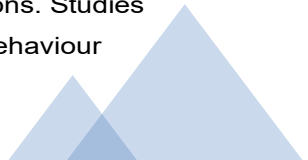
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Poverty acts as a core force driving exposure to multiple Adverse Childhood Experiences (ACEs), central to understanding trauma impacts. ACEs such as abuse, neglect, and household dysfunction intensify mental and physical harm when they accumulate (Reiss, 2017; Smith Battle et al., 2022). Children in poverty are disproportionately exposed, illustrating how structural trauma compounds disadvantage (Reiss, 2017; Smith Battle et al., 2022).

Poverty increases the likelihood of Adverse Childhood Experiences (ACEs) by elevating parental stress, causing social isolation, and restricting support. Financial hardship stresses caregivers, resulting in anxiety, depression, and less responsive parenting (Smith Battle et al., 2022). This can lead to harsh discipline, emotional unavailability, or neglect—core ACEs. Poverty can also isolate families due to stigma, transportation issues, or unsafe neighbourhoods, reducing social support and community ties (Main & Bradshaw, 2014). Economic barriers impede access to mental health care and social services, increasing the risk of multiple ACEs and harming children's development (Reiss, 2017; Smith Battle et al., 2022).

Chronic stress, especially persistent activation of the hypothalamic-pituitary-adrenal (HPA) axis, affects mental health development and resilience. Prolonged stress leads to sustained elevated cortisol levels, disrupting brain development in regions that control emotion, executive function, and learning (Tottenham & Galván, 2016; Blair, 2022). This increases vulnerability to anxiety and depression and impairs the ability to form attachments and coping skills. Over time, chronic stress weakens resilience by diminishing protective factors and increasing long-term mental health risks (Tottenham & Galván, 2016; Blair, 2022).

According to John Bowlby's Attachment theory, a child's emotional growth and sense of safety depend on steady, responsive care. Poverty and ACEs can lower a caregiver's ability to provide this care (Smith & Pollak, 2020). Money worries, constant stress, and social disadvantages can hurt a parent's mental health. This may make parents less emotionally available or unpredictable, increasing the risk of insecure bonds. ACEs—like neglect, conflict, or violence—can break the parent-child connection and make it harder for children to trust or manage emotions. Studies show that early insecure attachment links to later mental health or behaviour problems and lower resilience (Smith & Pollak, 2020).

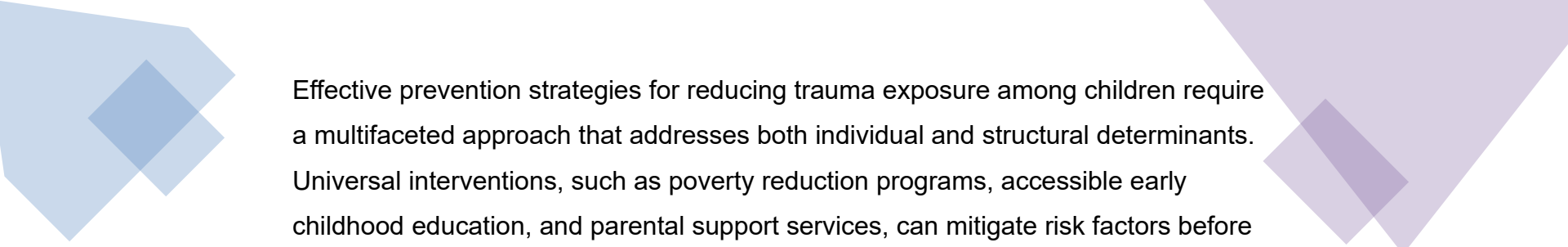
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This shows why families need support to give steady, nurturing care to protect children from poverty and ACEs.

Resilience is defined as a child's capacity to adapt and thrive in the face of adversity, shaped by protective factors at the individual, family, and community levels. Secure attachments to caring adults, supportive relationships, positive school environments, and access to community resources are fundamental to fostering resilience (Black et al., 2017). Trauma-informed, relational approaches acknowledge the impact of adversity and prioritise the development of trust, safety, and emotional connection (Exploring the Effectiveness and Sustainability of Trust-Based Relational Intervention (TBRI®) as a Trauma-Informed Approach in Two Tasmanian Child and Family Learning Centres, 2023). These approaches aim to strengthen relational protective factors by promoting consistent, responsive caregiving, facilitating social support networks, and empowering children and families in decision-making (Smith & Pollak, 2020; Main & Bradshaw, 2023). Recent evidence demonstrates that interventions focused on trauma-informed relationships can buffer the effects of adversity, support recovery, and enhance resilience, particularly for children exposed to poverty and multiple ACEs (Black et al., 2023; Main & Bradshaw, 2014).

Applying theory to practice requires professionals working with children and families to recognise the pervasive impact of poverty and adversity on child development and mental health. A trauma-informed approach should underpin assessment and intervention, with a focus on building trust, ensuring safety, and fostering consistent, responsive relationships (Smith & Pollak, 2020). Practitioners should be alert to the signs of chronic stress, insecure attachment, and cumulative adversity, and understand that behavioural or emotional difficulties may reflect underlying trauma or unmet needs rather than individual pathology.

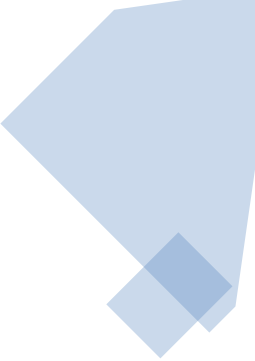
Effective practice also involves advocating for holistic support, including access to social services, family support, and community resources, to address the broader social determinants of health (Main & Bradshaw, 2014). Multi-agency collaboration is essential to ensure that interventions are coordinated and responsive to the complex realities of families facing poverty and multiple ACEs (Welsh Government, 2025). By integrating these theoretical insights, professionals can help promote resilience, reduce risk, and support positive outcomes for children and their families.



Effective prevention strategies for reducing trauma exposure among children require a multifaceted approach that addresses both individual and structural determinants. Universal interventions, such as poverty reduction programs, accessible early childhood education, and parental support services, can mitigate risk factors before adversity occurs (UNICEF, 2023). Evidence-based parenting programs that promote positive discipline and emotional regulation have been shown to reduce the incidence of Adverse Childhood Experiences (ACEs), especially when tailored to high-risk families (Main & Bradshaw, 2014). Community-level initiatives, such as improving neighbourhood safety and increasing access to mental health resources, further protect against the accumulation of adversity.

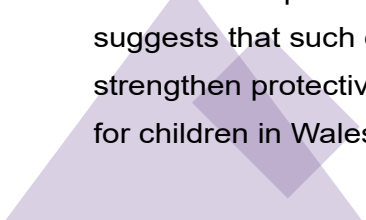
Social policy plays a pivotal role in shaping the environments in which children grow and develop. Policies targeting income inequality, family benefits, and housing stability are associated with lower rates of child poverty and ACEs, thereby reducing trauma exposure at the population level (Main & Bradshaw, 2014). Trauma-informed policy frameworks encourage service integration and a holistic understanding of children's needs, fostering cross-sector collaboration between health, education, and social care. However, prevention efforts must be adequately funded, sustained, and evaluated to ensure they reach the most vulnerable groups and address the root causes of adversity. Without robust social policies, prevention initiatives risk being fragmented or short-term, limiting their effectiveness in breaking cycles of trauma and disadvantage (UNICEF, 2023; Main & Bradshaw, 2014). (UNICEF Annual Report 2023).

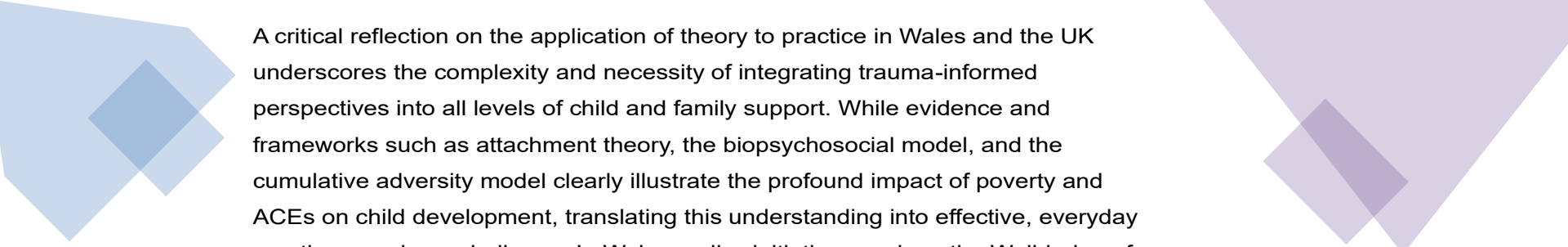




From an academic and critical standpoint, the biopsychosocial model is the most comprehensive framework for conceptualising the multifaceted impact of poverty on child mental health, as it accounts for the dynamic interplay among biological vulnerabilities, psychological processes, and social determinants (Kelly et al., 2018; Main & Bradshaw, 2014). However, this model is not without critique. Scholars have argued that while it enables a holistic approach, it can inadvertently diffuse accountability for structural inequalities by emphasising individual and family-level factors (Bywaters et al., 2019; Kelly et al., 2018). Moreover, its practical application is often challenged by barriers such as limited resources, variable practitioner training, and systemic fragmentation, which can hinder cross-sector collaboration and sustained intervention (Public Health Wales, 2021).

To address these limitations, this work underscores the importance of trauma-informed, relational approaches and sustained, equity-focused social policies that address the root causes of poverty and exclusion. These arguments are closely aligned with the module's focus on understanding trauma and the complex mental health needs of children, reinforcing the imperative to critically integrate theory, evidence, and practice in professional settings. Early intervention and prevention are key priorities in Wales, where policy frameworks such as the Early Action Together programme and the Well-being of Future Generations (Wales) Act 2015 emphasise proactive, integrated approaches to improving child outcomes. These strategies focus on identifying families at risk, providing timely support, and promoting multi-agency collaboration across health, education, and social services (Hardcastle, Bellis & Hopkins, 2021). Initiatives include enhanced early years' provision, targeted parenting programmes, and investment in community resources, all designed to reduce the impact of poverty and adverse childhood experiences (ACEs). Evidence suggests that such early action can mitigate the harmful effects of adversity, strengthen protective factors, and improve long-term mental health and well-being for children in Wales (Welsh Government, 2025).





A critical reflection on the application of theory to practice in Wales and the UK underscores the complexity and necessity of integrating trauma-informed perspectives into all levels of child and family support. While evidence and frameworks such as attachment theory, the biopsychosocial model, and the cumulative adversity model clearly illustrate the profound impact of poverty and ACEs on child development, translating this understanding into effective, everyday practice remains a challenge. In Wales, policy initiatives such as the Well-being of Future Generations Act and the Early Action Together programme demonstrate a commitment to early, preventive, and cross-sector action. However, practitioners often face barriers such as resource constraints, high caseloads, and systemic fragmentation that can impede the implementation of holistic, relational approaches.

Implementation: Overcoming Real-World Barriers in Trauma-Informed Practice

Practitioners often face resource constraints, high caseloads, and systemic fragmentation when implementing trauma-informed approaches. To overcome these barriers:

- Prioritise multi-agency collaboration: Building strong partnerships across health, education, and social care can help share resources and expertise, even in stretched systems (Bywaters et al., 2019).

Embed trauma-informed principles in organisational culture: Training all staff, not just frontline workers, fosters a unified approach and reduces reliance on individual champions (Kelly et al., 2018).

Advocate for flexible, needs-led funding: Shifting from rigid, short-term funding streams to more flexible, long-term investments enables sustained relational work (Public Health Wales, 2021).

Utilise community assets: Leveraging local networks, peer support, and voluntary sector resources can help bridge service gaps, particularly in underserved areas (Treanor & Troncoso, 2024).

Streamline pathways: Simplifying referral and information-sharing protocols reduces duplication and fragmentation, making trauma-informed care more accessible.



Critical Perspective: Limitations of Trauma-Informed and Biopsychosocial Models. While both models are widely embraced, several criticisms and limitations are noted: Overemphasis on the individual/family. Trauma-informed and biopsychosocial models can inadvertently shift responsibility to families and practitioners, underplaying structural causes of adversity such as poverty and inequality (Bywaters et al., 2019).

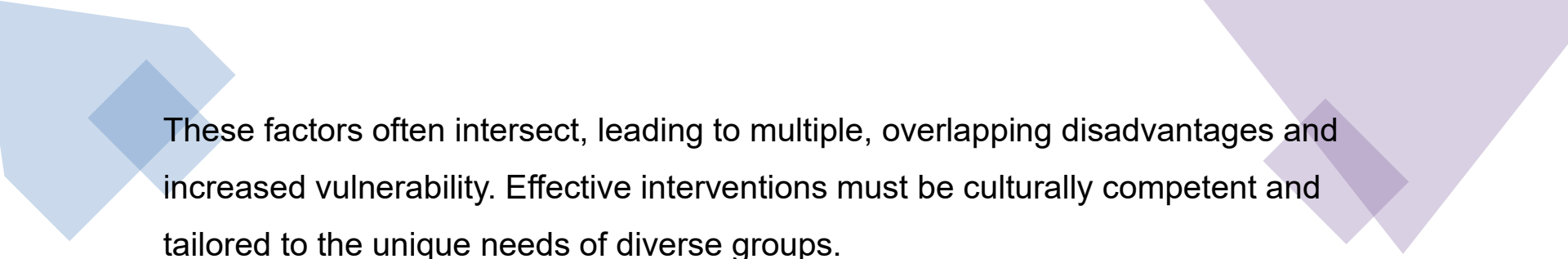
Variable implementation: 'Trauma-informed' can become a buzzword without consistent, meaningful practice change or system-level reform (Sidebotham & Heron, 2006).

Cultural blind spots: These models may not fully address how cultural, ethnic, or social differences shape experiences of trauma or resilience (Kelly et al., 2018).

Measurement challenges: There is ongoing debate about how to measure trauma, resilience, and the effectiveness of 'trauma-informed' interventions in diverse real-world contexts.

Policy Evaluation: The Early Action Together Programme (2021) suggests that early intervention and multi-agency programmes improve professional awareness and some short-term outcomes for families. However, there is a lack of robust longitudinal evidence demonstrating sustained reductions in child poverty or in ACEs as a direct result of current policy. Challenges include funding instability, policy changes, and difficulties in evaluating complex, multi-agency interventions (Main & Bradshaw, 2014; Welsh Government, 2025). Some indicators, such as school readiness and parental engagement, have improved, but persistent poverty and health inequalities remain significant challenges.

Diversity: Intersectionality in Child Poverty and Trauma. Children from minority ethnic backgrounds often face higher poverty rates and may encounter racism, cultural marginalisation, and language barriers, compounded by trauma and limiting access to services (Kelly et al., 2018). Disabled children are at greater risk of poverty and are more likely to experience ACEs, including neglect and social exclusion, due to both systemic and attitudinal barriers (Treanor & Troncoso, 2024). Children in asylum-seeking or migrant families may experience poverty, legal precarity, and trauma from forced migration, with additional barriers to accessing services and support (Kofi Adjei et al., 2024).



These factors often intersect, leading to multiple, overlapping disadvantages and increased vulnerability. Effective interventions must be culturally competent and tailored to the unique needs of diverse groups.

Recent research and professional experience indicate that resilient outcomes for children are most likely when theory, evidence, and policy are effectively integrated in practice. Multi-agency collaboration, continuous professional development in trauma-informed care, and an emphasis on building secure, responsive relationships are essential components. However, there is a persistent risk that policy rhetoric may surpass actual implementation, particularly during periods of austerity or shifting priorities (The Child Poverty Strategy for Wales: a missed opportunity? 2024).

Achieving meaningful reductions in trauma exposure and promoting mental health equity require sustained investment, critical self-evaluation, and adaptability to the lived realities of children and families. This analysis underscores that, although Wales and the UK have made significant progress, ongoing critical engagement is necessary to ensure that theory is translated into effective practice and policy for vulnerable children.



The Covid-19 pandemic had a profound impact on children living in poverty, compounding existing disadvantages and creating new barriers to well-being. In Wales, children from low-income families experienced greater educational disruption due to limited access to digital devices and reliable internet, leading to significant learning losses and widening the attainment gap (Children's Commissioner for Wales, 2021). School closures also meant the loss of free school meals and pastoral support, exacerbating food insecurity and emotional distress. Many families faced increased financial hardship as parents lost work or saw their incomes reduced, heightening household stress and the risk of adverse childhood experiences. Social isolation and reduced access to community and health services further undermined the support networks that are vital for vulnerable children (Public Health Wales, 2022).

Since the pandemic, there have been targeted efforts in Wales to address these challenges. The Welsh Government introduced measures such as continuing free school meals during holidays, investing in digital inclusion, and increasing funding for mental health and family support services (Welsh Government, 2023). While these initiatives have helped mitigate some negative effects, child poverty rates remain stubbornly high, and inequalities persist. Recent evaluations highlight the need for sustained, long-term strategies to close the attainment gap and ensure equitable access to resources for all children (Children's Commissioner for Wales, 2023; Welsh Government, 2025).

In summary, this document has critically examined the relationship between child poverty, adversity, and mental health, drawing on recent evidence and theoretical frameworks. The analysis demonstrates that poverty operates as a form of chronic, structural trauma, increasing exposure to Adverse Childhood Experiences (ACEs) and undermining essential protective factors such as secure attachment and responsive caregiving. Early adversity is shown to disrupt neurodevelopment and emotional regulation, elevating the risk of internalising disorders and eroding resilience.

References

- Adjei, N. K., Schlüter, D. K., Melis, G., Straatmann, V. S., Fleming, K. M., Wickham, S., Munford, L., McGovern, R., Howard, L. M., Kaner, E., Wolfe, I., & Taylor-Robinson, D. C. (2023). Impact of Parental Mental Health and Poverty on the Health of the Next Generation: A Multi-Trajectory Analysis Using the UK Millennium Cohort Study. *Journal of Adolescent Health, 74*(1). <https://doi.org/10.1016/j.jadohealth.2023.07.029>
- Andrew, A., Attanasio, O., Augsburg, B., Cardoso, L., Day, M., Giannola, M., Grantham-McGregor, S., Jervis, P., Meghir, C., & Codina, M. R. (2024). Early Childhood Intervention for the Poor: Long term outcomes. *Discussion Papers*. <https://elischolar.library.yale.edu/egcenter-discussion-paper-series/1104/>
- ATTCH Niagara. (2022, September 22). *Lifespan Impact of Adverse Childhood Experiences (ACES)*. YouTube. <https://www.youtube.com/watch?v=eP5BEwHZuV0>
- BBC Children In Need. (2023). “*I Can’t Afford It*” - *How Poverty Can Lead to Exclusion and Isolation*. BBC Children in Need. <https://www.bbcchildreninneed.co.uk/changing-lives/our-latest-on-the-cost-of-living-crisis/i-cant-afford-it-how-poverty-can-lead-to-exclusion-and-isolation/>
- Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., & Grantham-McGregor, S. (2017). Early Childhood Development Coming of age: Science through the Life Course. *The Lancet, 389*(10064), 77–90.
- Blocked. (2026). Istockphoto.com. <https://www.istockphoto.com/photo/old-broken-shoes-of-a-little-boy-as-a-symbol-for-child-poverty-gm1062077984-283938087>

Brown, T. (2024, April 23). *Child poverty: Statistics, Causes and the UK's Policy Response*.

House of Lords Library.

<https://lordslibrary.parliament.uk/child-poverty-statistics-causes-and-the-uks-policy-response/>

Candelora, F., Maritano, S., Pizzi, C., Richiardi, M., Richiardi, L., & Boccia, D. (2025). The impact of income support interventions on children's long-term health trajectories: a systematic review. *BMC Public Health*, 25(1), 4162.

<https://doi.org/10.1186/s12889-025-25020-0>

Child Poverty Reduction Unit. (2025, May 3). NECA.

<https://www.northeast-ca.gov.uk/child-poverty-reduction-unit>

Child Poverty Strategy tackles key driver of poor mental health - but must just be the start.

(2025). Mental Health Foundation; MHF.

<https://www.mentalhealth.org.uk/about-us/news/child-poverty-strategy-tackles-key-driver-poor-mental-health-must-just-be-start>

Department for Work and Pensions. (2024, March 21). *Households below Average Income: an Analysis of the UK Income distribution: FYE 1995 to FYE 2023*. GOV.UK.

<https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2023/households-below-average-income-an-analysis-of-the-uk-income-distribution-fye-1995-to-fye-2023>

Dml5050. (2020, April 11). *Boy kid hands open empty wallet show no money in black purse over pastel blue background*. Dreamstime.

<https://www.dreamstime.com/boy-kid-hands-open-empty-wallet-show-no-money-black-purse-over-pastel-blue-background-children-fashion-economic-crisis-image179787417>

Early Action Bulletin: May 2018 - Community Links. (2019, March 27). Community Links.

<https://www.community-links.org/news-item/early-action-bulletin-may-2018/>

Featherstone, B., Morris, K., Daniel, B., Bywaters, P., Brady, G., Bunting, L., Mason, W., &

Mirza, N. (2019). Poverty, inequality, Child Abuse and neglect: Changing the

Conversation across the UK in Child protection? *Children and Youth Services Review*,

97(97), 127–133. <https://doi.org/10.1016/j.childyouth.2017.06.009>

Global Annual Results Report 2023. (2024, August 30). Unicef.org.

<https://www.unicef.org/reports/global-annual-results-2023>

Hardcastle, K., Bellis, M., & Hopkins, J. (2021). *The Early Action Together Programme:*

Outcomes, impacts and lessons for future transformation.

<https://phwwhocc.co.uk/wp-content/uploads/2021/02/PHW-EAT-Summary-Report-English-Final-09.02.21.pdf>

Hughes, K., Bellis, M. A., Cresswell, K., Hill, R., Ford, K., & Hopkins, J. C. (2024). Examining relationships between adverse childhood experiences and coping during the cost-of-living crisis using a national cross-sectional survey in Wales, UK. *BMJ Open*, 14(5), e081924.

<https://doi.org/10.1136/bmjopen-2023-081924>

Kelly, Y., Zilanawala, A., Booker, C., & Sacker, A. (2018). Social Media Use and Adolescent

Mental Health: Findings from the UK Millennium Cohort Study. *EClinicalMedicine*,

6(2589-5370), 59–68. <https://doi.org/10.1016/j.eclinm.2018.12.005>

Liverpool CAMHS. (2023). *What are adverse childhood experiences ACEs?* Liverpool CAMHS.

<https://www.liverpoolcamhs.com/aces/what-are-adverse-childhood-experiences/>

Main, G., & Bradshaw, J. (2014). *Poverty and Social Exclusion in the UK Child poverty and social exclusion: Final report of 2012 PSE study.*

<https://www.poverty.ac.uk/sites/default/files/attachments/PSE-Child-poverty-and-exclusion-final-report-2014.pdf>

McLeod, S. (2025, April 20). *John Bowlby's Attachment Theory*. Simply Psychology.

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

Morin, A. (2019, February 15). *What Is an Attachment Disorder?* Verywell Mind;

Verywellmind. <https://www.verywellmind.com/what-is-an-attachment-disorder-4580038>

NHS Digital. (2023). *Mental health of children and young people in england, 2023 - wave 4 follow up to the 2017 survey*. NHS Digital; NHS England.

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>

Nicholas Kofi Adjei, Kenisha Russell Jonsson, Straatmann, V. S., Melis, G., McGovern, R.,

Kaner, E., Wolfe, I., Taylor-Robinson, D. C., Barrett, S., Sarwar Tubah, Forman, J.,

Raeena Hirve, Bangisky, M., Boulding, H., Hackett, S., Fox-Rushby, J., Muir, C.,

Sophie, K., & Salmon, A. (2024). Impact of poverty and adversity on perceived family support in adolescence: findings from the UK Millennium Cohort Study. *European Child & Adolescent Psychiatry*, 33. <https://doi.org/10.1007/s00787-024-02389-8>

Positive Parenting. (n.d.). NIH News in Health.

<https://newsinhealth.nih.gov/2018/07/positive-parenting>

Reiss, F., Kaman, A., Devine, J., & Zoellner, F. (2017). *Tracing socioeconomic inequalities in children's and adolescent's mental health: Longitudinal study* Findings from 2017-2024.

https://www.semanticscholar.org/paper/Tracing-socioeconomic-inequalities-in-children%E2%80%99s-Reiss-Kaman/efe4ff834593f120555ebdb02961b6ac36940edf?utm_source=direct_link

Safeguarding Board for Northern Ireland. (2020, November 13). *What are ACEs?* Safeguarding Board for Northern Ireland.

<https://www.safeguardingni.org/trauma-informed-approaches/what-are-aces>

Sidebotham, P., & Heron, J. (2006). Child maltreatment in the “children of the nineties”: A cohort study of risk factors. *Child Abuse & Neglect*, 30(5), 497–522.

<https://doi.org/10.1016/j.chiabu.2005.11.005>

Smith, K. E., & Pollak, S. D. (2020). Early life stress and development: Potential mechanisms for adverse outcomes. *Journal of Neurodevelopmental Disorders*, 12(1), 1–15.

<https://doi.org/10.1186/s11689-020-09337-y>

SmithBattle, L., Loman, D. G., Yoo, J. H., Cibulka, N., & Rariden, C. (2021). Evidence for Revising the Adverse Childhood Experiences Screening Tool: a Scoping Review.

Journal of Child & Adolescent Trauma, 15. <https://doi.org/10.1007/s40653-021-00358-w>

The Child Poverty Strategy for Wales: a missed opportunity? (2024, June 12). Cpag.org.uk;

CPAG. <https://cpag.org.uk/news/child-poverty-strategy-wales-missed-opportunity>

Through the Human Rights Looking Glass: The UK’s Child Poverty Strategy? (2025).

@AmnestyUK.

<https://www.amnesty.org.uk/blogs/campaigns-blog/through-human-rights-looking-glass-uks-child-poverty-strategy>

Title: The Impact of the COVID 19 Pandemic in Wales on the Health and Well-being of Learners and Practitioners and the Implications for Initial Teacher Education. (n.d.).

<https://hwb.gov.wales/api/storage/91971af9-e1df-44d6-ba02-4c9ea487ef36/covid-rs6-fin-al-en.pdf>

Tottenham, N., & Galván, A. (2016). Stress and the Adolescent brain: Amygdala-prefrontal

Cortex Circuitry and Ventral Striatum as Developmental Targets. *Neuroscience & Biobehavioral Reviews*, 70(1), 217–227. <https://doi.org/10.1016/j.neubiorev.2016.07.030>

Trauma Informed Practices | Jamestown School District. (2024). Jespanthers.org.
<https://www.jespanthers.org/trauma-informed-practices/>

UK Data Service. (2024, September 24). *The impacts of poverty on children's social, emotional and behavioural outcomes*. — UK Data Service. UK Data Service.
<https://ukdataservice.ac.uk/case-study/impacts-of-poverty-on-children/>

UK, U. (2025, July 10). *Today, new UK Government figures show that 1.6 million children in 450,000 families are directly impacted by the two-child limit, and the policy disproportionately affects young children*. Linkedin.com.
https://www.linkedin.com/posts/unicef-uk_today-new-uk-government-figures-show-that-activity-7349031938923368448-5L6i

UNICEF. (2020). *UNICEF Annual Report 2020*. Wwww.unicef.org.
<https://www.unicef.org/reports/unicef-annual-report-2020>

wales.children.legal.admin. (2024, March 19). *The Free School Meals Challenge in Wales: A Case for Optimism?* | *Children's Legal Centre Wales*. Childrenslegalcentre.wales.
<https://childrenslegalcentre.wales/the-free-school-meals-challenge-in-wales-a-case-for-optimism/>

Welsh Government. (2025, March 5). *Annex 5: developing multi-agency engagement in Community Focused Schools [HTML]* | *GOV.WALES*. GOV.WALES.
<https://www.gov.wales/annex-5-developing-multi-agency-engagement-community-focus-ed-schools-html>

Welsh Parliament Children, Young People and Education Committee. (n.d.).



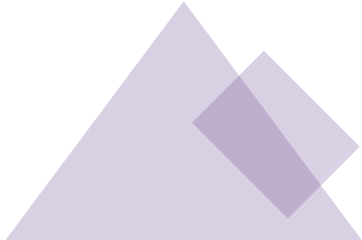
<https://senedd.wales/media/ixzpwqr5/cr-ld14286-e.pdf>

Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention.

American Psychologist, 67(4), 272–284. <https://doi.org/10.1037/a0028015>

“You’re Not My Friend!” – Relational Aggression Starts As Early As Preschool. (2019).

Kwww.amightygirl.com. <https://www.amightygirl.com/blog?p=24359>





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1. Please provide me with materials on the Attachment Theory
2. Please provide me with materials on the ACEs and the Poverty of children in the UK and worldwide.
3. I acknowledge the use of various photos from the Google search tool, and they have been referenced accordingly.
4. I acknowledge the use of Grammarly (<https://www.grammarly.com/>) on 15th January 2026 to check my work using the prompt(s): Please check the following text for readability, grammar and syntax.

I acknowledge that I have used Word's auto-correct for spelling and grammar.

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 using AI tools, which I may be asked to provide as evidence.