

Understanding Trauma and the Mental Health Needs of the Child

Trauma is a devastating event a child may witness or experience, and its impact can be long-lasting, including difficulties later in life. Neglect and abuse are traumatic situations, often leading to fear, confusion, anger, and the potential for shame, guilt, and detachment. However, trauma can also be associated with a one-time severe incident. This assignment will consider the trauma experienced by a young girl, and the interventions that may support her transition as she leaves her current location with mum, to reside within the care of her grandparents. Furthermore, discussions surrounding support may enable her to understand the situation and protect her future development. Moreover, a reflection on resilience and self-care will identify ways to avoid personal burnout for the practitioner providing Amira's support.

When a child experiences a traumatic event, their body may create a stress response as a defense mechanism, which can affect physical, emotional, and behavioural functioning and may lead to poorer mental health or post-traumatic stress disorder (PTSD). Trauma can also impact a child's executive functioning skills such as memory, attention and emotional regulation due to changes in the brain, resulting in challenges at school. Often this can be misdiagnosed as attention deficit hyperactivity disorder (ADHD) due to similar overlapping symptoms. However, thorough assessments must be considered to ensure children are not misdiagnosed, because it could be that a child is so traumatised by an event that their nervous system remains stuck in a state of hyper arousal (fight or flight) and therefore is not ADHD at all. On the other hand, many people do recover fully from their trauma over time (NHS, no date; Mind, 2025; NHS Foundation Trust, no date; Lezzaro, et al. 2025).

Adverse Childhood Experiences (ACEs) are negative and traumatic events that cause physical, emotional, or sexual harm to a child, and typically include experiences of abuse or neglect. Research indicates that Welsh households are affected by ACEs in several ways: parental separation (20%), substance or alcohol misuse (14%), domestic violence (16%), mental illness (14%), and parental imprisonment (5%). Furthermore, research suggests growing up in poverty may harm a child just as adverse childhood experiences do.

ACEs can have a significant negative impact on a child's immediate wellbeing and long-term future if left unaddressed. Almost half of the Welsh population have experienced at least one ACE, and 14% report experiencing four or more. These experiences are associated with increased risk of poor physical and mental health in adulthood. For example, studies show that before the age of 50, 24.9% of individuals with four or more ACEs had at least one chronic condition, such as diabetes, cancer or heart disease compared with 6.9% of individuals with no ACEs. Therefore, intervention is necessary to reduce the risk of poorer outcomes in later life for those who have experienced trauma associated with ACEs.

Cymru Well Wales (CWW) and the Welsh Government tackle this issue by continuing to develop policy to reduce ACEs in Wales, including ACE awareness within all public sectors such as education, healthcare, and the emergency service. Additionally, and most importantly, parents, and this is to ensure preventatives. Furthermore, to develop resilience and protective factors so that individuals are better able to manage the impact of unavoidable ACEs (Public Health Network Cymru, 2017; Bellis et al., 2015; Welsh Government, 2021; Hughs and Tucker, 2018).

Amira is an 8-year-old girl who has experienced traumatic events including ACEs such as alcohol misuse, neglect and the potential of poverty. The trauma was enough to cause significant harm and the removal from her family home where she lived with her mum (*Social Services and Well-being (Wales) Act 2014*, 2014; Welsh Gov, 2018). Furthermore, school staff had noticed worrying changes in Amira's behaviour, she had become withdrawn, less willing to play or interact with her friends, and her school attendance had noticeably declined. Moreover, a surprise home visit carried out by school staff confirmed serious concerns about her living conditions. She did not have a mattress, clean bedding, or appropriate clothing, and was frequently left alone at home. Amira disclosed to a trusted teacher that she went without food regularly. During this unannounced visit, Amira's mother admitted to consuming a bottle of vodka each day.

Research suggests that parental alcohol consumption can impair the ability to accurately judge and respond to a child's needs, reducing parenting capacity. With the information available to her teacher and the designated safeguarding lead, they had a responsibility to respond by reporting the neglect. Most people who drink in moderation can care for their children, but when it becomes problematic like this case, and over drinking, Amira's mother's lifestyle can be disordered, changeable and challenging, resulting in failure to meet her child's needs. Consequently, Amira is at further risk of harm due to the impact alcoholism can have on her mother: criminal activity or domestic abuse (NSPCC Learning, 2023).

Therefore, Amira, may have difficulties with emotional and behavioral regulation, disrupted social relationships, impaired cognitive development, and an increased risk of attachment problems. It is, important that Amira maintains and develops positive relationships with safe adults and peers; her previous nursery teacher who demonstrates a secure attachment within the school setting is critical because early relationships in childhood between children and their caregivers contributes immensely to healthy development. However, research suggests that the relationship between a mother and child is the foundation to a person's development. Theorists Bowlby and Ainsworth recognised the early responsibility of a mother forming a healthy bond with her child, which consequently shapes the development of a secure attachment due to a child's confidence in their mother's regard to responding and being available for them, including meeting that child's basic needs.

Maslow suggests what those basic needs are and in which order they must be met for one to reach their full potential. According to his theory, ensuring the physiological needs such as food, clothing and sleep should be met first, all which Amira's mum has neglected to achieve adequately. Furthermore,

Maslow continues to suggest that if the physiological needs are met, then it impacts the pathway to achieving the second most important need, and the level of safety that child experiences. With Amira's personal security disrupted, Maslow would suggest that it is impossible that one might experience the third tier which is that need for love and belonging. It is evident in Amira's world that her friendships, intimacy, family and sense of connection is poor. The result is that her self-esteem will be poor and she will not reach her full potential which are the next two tiers in Maslow's pyramid. Due to the neglect of Amira's basic needs, she has an insecure attachment to her mother, and consequently this may result in several emotional and behavioral challenges for her involving anxiety, depression, and aggression. Research suggests if left unaddressed, Amira may be more vulnerable to criminal influences and activities as a coping mechanism and to seek belonging later in life (Harun et al. 2024; Valentina & Commodari, 2024; Harun et al. 2024; Taylor 2020).

According to the UNCRC (Articles 3, 27, 39, and 42), Amira's right to an adequate standard of living has not been met. All children are entitled to conditions that support their development. If this is not achieved due to poverty, abuse, or neglect, the Government must intervene in the child's best interests, and in this case, Amira was placed in her Grandparents care (Social Services and Well-being (Wales) Act 2014; Wales Safeguarding Procedures Project Board, 2020).

It is suggested that family placements can benefit a child in Amira's situation by providing better stability than foster care. Furthermore, the government's approach to children in the UK focuses heavily on supporting families to stay together safely, and ensuring children live in family settings whenever possible, and provided with kinship care support (Department for Education, 2024). However, research does imply the safeguarding risk factors to consider concerning further abuse and neglect when a child remains within the family.

Amira's safety is the priority; therefore, her grandparents should be provided with appropriate support, training, and respite to manage her situation well, including challenges related to contact with her mum, substance misuse histories, and Amira's behavioural needs.

Interventions that support Amira's transition into her grandparents' care can significantly improve her outcomes. Service providers can strengthen this transition by offering combination therapies such as attachment-based work, alongside focused training and guidance for her grandparents, though this may be limited by the resources available to family carers (Nutmeg et al., 2021; Wu et al., 2020).

Amira will also need practical and psychological support to help her understand her rights and situation, and adjust to the changes in her life, ensuring her ongoing development is protected.

Failure to meet her child's basic needs may indicate that Amira's living situation had deteriorated into a traumatic environment, potentially driven by poverty and economic inequality (Hills et al. 2010). Almost 3 in 10 (4.2 million) children in the United Kingdom were living in poverty in 2021/22. There could be many reasons for this: low-income, minimal skills, relying largely on the benefit system,

challenging and high living costs, discrimination or chaotic lives. However, it is unlikely Amira will not know that she has been living in poverty until she is older. On the other hand, 65% of children do worry about money issues along with 79% of parents. Furthermore, 85% of parents believe the Government need to do more. Yet, it is often the parents who get the blame, judged for their flaws, and resulting in children like Amira becoming stigmatised and marginalised (Hills, et al. 2010; Inglis, et al. 2022).

Nevertheless, the impact of poverty is substantial. Amira's physical and mental health are likely to be affected by chronic conditions such as asthma, as well as by poor emotional well-being, including anxiety. Research suggests that for families living in disadvantaged or lower socioeconomic circumstances, the risk of hospitalisation and death due to asthma is 50% higher compared to those living in less deprived areas. Furthermore, children in these contexts are three times more likely to use at least 12 reliever inhalers per year (The University of Edinburgh, 2021).

In addition, the anxiety Amira is likely to experience linked to poverty and neglect, and more prevalent in low-income households will be significantly higher. This may include related mental health difficulties, such as depression, compared to her peers who are living comfortably. Studies identify that poverty creates chronic stress and restricts access to valuable opportunities such as extracurricular activities. Consequently, Amira is four times more likely to develop serious mental health issues by the age of 11 if her situation remains unaddressed. Furthermore, if poverty is not addressed with Amira's mother, the cycle of disadvantage is likely to persist or worsen. Her mother's mental health may continue to decline, raising concerns about whether reunifying Amira with her mother would be appropriate (Child Poverty Action Group, 2025; BBC Children in Need, 2024).

Moreover, Amira's education will likely be disrupted, resulting in underachievement and low attainment. She may also experience blame and shame related to her family's financial situation, making her unlikely to ask for money, opportunities her friends enjoy, or even to express her basic needs (Child Poverty Action Group, 2025; Treanor, 2012).

Amira's teachers can support her by signposting her Grandparents to relevant agencies ensuring Amira has what she needs materialistically, including her right to clean clothes and food, but also that her Grandparents as kinship guardians have relevant support including training, workshops, educational advice and support surrounding self-care (Unicef, no date; Family Action, 2024).

Citizen's Advice, Family Action and The Trussel Trust are initiatives with a goal to help vulnerable families living in poverty. Amira's Grandparents can follow the signposting provided by the school to help with income maximisation for example unclaimed benefits, housing, debt and welfare support. Furthermore, they could be linked to local foodbanks, food clubs, and they can find out what they are eligible for to ensure Amira has the best possible future and quality of life. Moreover, Child Poverty Action Group (CPAG) ensures Amira's teachers understand the issues surrounding poverty and how best

to support her and her Grandparents (Citizens Advice, 2025; Bridgend Foodbank, no date; Family Action, 2024).

A recent interview by Family Action enabled a grandmother of twin girls to share her experience, explaining how she became kinship guardians not long after her daughter gave birth. Due to additional learning needs and a lack of interest in her new babies, the girls were placed under their grandmother's guardianship. They are 6 years old now, and grandmother expressed how grateful she was for the early intervention provided by Family Action. They signposted her to a Pac-UK helpline where she benefited from kinship support including training, workshops and self-care support. Her granddaughters are thriving because they received the correct support at the right time (Family Action, 2024).

This case highlights how early intervention is critical for Amira, because without support the trauma linked to alcoholism, poverty and neglect, resulting in poorer outcomes. Furthermore, disrupting the development of positive and healthy attachments and the potential for intergenerational impact if left unaddressed. (Public Health Network Cymru, 2017).

A Norwegian longitudinal study found that children who are exposed to parental intoxication is linked to child maltreatment (neglect), and an increase to the risk of ACEs even if the frequency of drinking is low; however, Amira's mother is drinking more than one bottle of vodka a day. The research suggests that this will impact Amira's psychological and mental health outcomes; emotional regulation will become a challenge by experiencing stress and anxiety due to the chaotic home life and feeling unsafe and unprotected by her mum (Haugland, et al. 2024; Leung, 2025). According to Maslow's hierarchy of needs, safety is a basic requirement for an individual to live well, yet this sense of safety can be compromised through trauma. A loss of safety for Amira may lead to feelings of vulnerability and a persistent belief that she is under threat. Signs of withdrawal suggest that a lack of trust in others is already beginning to form, making trauma-informed practice and strategies to rebuild this trust essential (Harun et al. 2024).

Furthermore, evidence identifies the impact from this trauma becomes a barrier to forming positive relationships and healthy attachments. Although it is evident from Amira's case study that she maintains a positive relationship with her previous trusted nursery teacher; the staff have observed changes in her behaviour including attendance decline and a withdrawal from her school friends (Haugland, et al. 2024; Leung, 2025).

Relationships are fundamental in early childhood, playing a key role in the development of social, cognitive, and emotional skills. Early friendships promote positive self-worth, self-esteem, and a sense of belonging. In addition, interactions that foster friendships encourage cooperation and conflict resolution, supports a child's overall psychological well-being and long-term success. A research study based on 7–11-year-olds, suggests that mutually affirmed friendships is key to a child's self-esteem

and sense of belonging. Furthermore, children who manage their emotions well, interact socially, forming positive peer relationships have better academic outcomes. Consequently, this supports their social and emotional development (Maunder & Monks, 2019).

Therefore, it is important for teachers to support Amira by encouraging her to continue playing with her friends at school. Withdrawing from her peer group could have a detrimental impact on her development and academic success. Amira's attendance is already "erratic" and further observations demonstrate a further "decline"; withdrawing from her peers is not helpful (Yang, et al. 2023). Moreover, research suggests positive peer relationships link with better behavior and emotional regulation, supporting children at risk of internalising (anxiety), which Amira will be experiencing due to her ACEs (Haugland, et al. 2024; Dietz, 2022).

Amira's school setting could have a whole-school approach to a school-based Social-Emotional Learning (SEL) and resilience program. This intervention is built on evidence-based research, and the aim is to build her self-esteem, social confidence, and academic outcomes. Furthermore, it will teach emotional regulation and social problem-solving, including positive behaviour, and will help Amira learn how to work well alongside her peers, building positive relationships which, in turn, impact academic success.

However, due to Amira's situation, a more specialised program will benefit her further, particularly in relation to her social and emotional needs. Therefore, she will have two 45-minute sessions twice a week with her trusted teacher over the course of one term. It is more focused and personalised than what is embedded within her classroom and will take place in a quiet, safe space with no more than eight children. The teacher will model behaviours and the children will practice them. There is repeated modelling, prompting, and praising throughout, and each cycle will include a focused theme based on Amira's needs-for example, 'improving friendships and social skills'. Amira will explore this skill through structured activities such as role play/drama, stories, games, calming techniques, labelling emotions, and reflections.

Furthermore, she will have goals set each session, for example:

1. I can share my thoughts in group work.
2. I can use calming strategies when I feel overwhelmed.

These interventions link back to the classroom, including reinforcements throughout the day. Tools might be considered, such as checking in with teachers, visual aids, shared strategies (e.g., breathing), and consistent language from staff. Moreover, open lines of communication with Amira's grandparents will be helpful, including updates and strategies they can use with her at home.

The improvements are likely to be positive because the intervention is embedded into classrooms, impacting routines and structure as part of a whole-school approach. On the other hand, research suggests the benefits are only significant if teaching staff are trained and committed to the approach. Evidence implies that, when done well, social interaction between students improves, academic success increases by around three additional months of progress each year, classroom behaviour and emotional regulation become more positive, and consequently this translates into higher self-confidence with reduced internalising symptoms (anxiety), ensuring Amira's future development is protected (Durlak, et al. 2011; Cipriano, et al. 2023; Education Endowment Foundation, 2025; Education Endowment Foundation, 2025a; Education Endowment Foundation, 2025b; Foundations, no date; Sharples, et al. 2024).

Furthermore, Nurturing Attachments is a therapeutic, attachment-focused model developed by Kim Golding, based on the work of Dan Hughes (DDP – Dyadic Developmental Psychotherapy). It is widely used with children who have experienced trauma and have been placed under someone else's guardianship. This program is supported by theory and vigorous outcome studies, and participants found that they offer an effective intervention for the caregivers (Golding, 2019). Furthermore, this model can be used to support Amira as she transitions into her new home, with an emphasis on the developing relationship between her and her Grandparents. Moreover, strengthening emotional connection, developing attuned caregiving, building trust and a sense of safety, and improving co-regulation (Hughes & Golding, 2012; Department for Education, 2016).

This model will address both the internal and external challenges Amira faces and will support her grandparents to care for her effectively while fostering healthy attachments. The use of Playfulness, Acceptance, Curiosity, and Empathy (PACE) will help Amira to identify and reduce the negative thoughts, feelings, and behaviours associated with her trauma, enabling her to feel heard and understood by her grandparents. Furthermore, as they learn to accept Amira's emotional world, they will better understand the reasons behind her behaviour and respond with strategies that build safety within their developing relationship.

Her traumatic experiences will be explored in a safe, relational, and regulated way, including her feelings of loss, confusion, blame, fear, and loyalty conflicts, dynamics that are particularly common in kinship care. The therapist will support Amira's grandparents to reframe difficult behaviours as survival strategies, trauma adaptations, and expressions of fear or insecurity. They will learn to respond in ways that build connection rather than escalate conflict, focusing on integration rather than interrogation.

Amira will work with her grandparents and the therapist to develop her identity and personal narrative through life story work, drawing, and timeline activities that help her understand how her past shapes her feelings and current experiences, including why she lives with her grandparents rather than her mother. Together, the family will learn to use mind–body calming strategies, name and

manage emotions, repair relational ruptures, and engage in co-regulation before expecting Amira to self-regulate (Hughes & Golding, 2012).

According to recent empirical evidence, a qualitative study involving six children aged 8–12 years and their caregivers found that when supported by Dyadic Developmental Psychotherapy (DDP), the therapeutic model underpinning the Nurturing Attachments program, there was an increase in closeness and connection. This suggests that such interventions can contribute to improvements in attachment security. Trust between the child and caregiver increased, and their relationships became richer. Although repairing relational ruptures was identified as central to maintaining trust, the study also highlighted how fragile developing trust can be.

Children reported feeling valued and understood, indicating that emotional attunement was effective. Light, playful interactions fostered joy and created a sense of safety, enabling children to explore their trauma more openly with their caregivers. The enjoyable, connected moments enhanced feelings of intimacy and security. One strength of such program is the use of multiple methods of data collection, allowing children to express their experiences creatively and in an empowering manner, rather than through direct questioning (Christopher et al. 2025).

Furthermore, a longitudinal study of 150 families across England who engaged in DDP, including adoptive parents and special guardians, identified substantial improvements in children's emotional difficulties, behavioural challenges, and caregiver wellbeing. A six-month follow-up confirmed that these positive changes were maintained over time (Holden, 2023). A meta-analysis of similar interventions concluded that they are effective in developing parental sensitivity and reducing caregiver stress, including reductions in dysfunctional discipline. This increase in empathy can contribute to better outcomes for Amira later, because her grandparents will be strengthening their skills and resilience, including their understanding of attachment, their ability to learn therapeutic parenting, their capacity to manage trauma, develop reflective capacity, and build support networks—an important factor, as they may feel overwhelmed or isolated. (Schoemaker et al. 2020; Hughes & Golding, 2012).

Protecting Amira's future development is critical and considering these early interventions reduce trauma, improve self-esteem, social confidence and academic progression. Furthermore, Amira will grow in resilience and self-care resulting in a better quality of life. Trauma informed approaches such as Nurturing Attachments (based on DDP) and Social Emotional Learning (SEL) discussed in this essay, trains adults to recognise and respond to trauma by adapting routines to avoid triggers. This means Amira's stress levels/responses will reduce resulting in less escalated behaviours, and improvements to emotional regulation. Furthermore, impacting positive engagement and learning including relationship attachments, connection and intimacy. Amira will feel safe, secure and stable and her overall quality of life and developmental outcomes will be more positive (Hroub and Hroub, 2024).

Caring for Amira who has experienced significant trauma may be emotionally draining. It can lead to exhaustion, detachment and compassionate fatigue which is negative and harmful to both practitioner and child. It is possible to feel overwhelmed and experience symptoms such as headaches, poor sleep or severe emotions linked to secondary trauma. Therefore, it is essential that self-care is considered, ensuring they are looking after themselves well to avoid burnout. If self-care is neglected, there may be an ineffective support process for Amira, and everyone has the right to positive mental health and well-being including children and adults, patient/client or worker (Welsh Gov, 2025; Stacey, et al. 2017; Jermaine & Allen, 2020).

Amira relies heavily on a calm and secure adult to help her feel safe. Due to her hyper-arousal state, her trauma means she is on high alert all the time. If the caregiver is stressed or overwhelmed, then they cannot provide that sense of safety and Amira's healing and recovery will take longer, because she is unable to build trust. However, a regulated caregiver demonstrates a secure foundation, providing her with an opportunity to learn to trust the adults in her environments. Furthermore, if Amira witnesses her caregiver modeling healthy coping, it may help her see that healthy emotional management results in handling stress/distress well (Welsh Gov, 2025; Welsh Government, 2025a; NHS Wales, no date; Scottish Gov, no date).

Addressing self-care can be achieved firstly by acknowledging the need for it however being pressured and overworked makes this difficult. When the need is valued, it is then that a unique, holistic plan can be made that meets the needs of the practitioner. Furthermore, being intentional, and often with small actions can support in managing the stress, and emotions linked to Amira's trauma, and this results in the building up of resilience (Scottish Gov, no date; Stacey, et al. 2017; Jermaine & Allen, 2020; Skills for Care, no date).

According to Fink-Samnick (2007), there can be 6 strategies to self-care. It is important to have someone within the workplace to talk to, supervisions often can lead to guidance and support for well-being. It can also mean an opportunity to use strength and frustration to support the work with Amira. However, with workloads heavy, finding time for regular supervisions could be challenging (NHS Wales, 2021). Furthermore, moments to pause and reflect ensures no rash decisions are made, but limited time frames result in barriers to vital moments of pause. Moreover, he explains that having fun without carrying guilt, taking time out or treating oneself ensures recharge and this avoids exhaustion (Rienks, 2020; Jermaine & Allen, 2020).

To ensure successful self-care, the practitioner must learn what activities they enjoy restoring energy for example, walking, swimming, dancing or reading; prioritising short, regular and consistent activities rejuvenates. Consequently, the practitioner can better care for Amira because they are happier people. Similarly, knowing what drains one's energy is equally important for example sad movies, unhealthy friendships, certain foods, or lack of sleep, because that will also impact one's mood which may spill over into how Amira is cared for (Stacey, et al. 2017; Jermaine & Allen, 2020).

In conclusion this assignment has provided an understanding of trauma and the mental health needs of a child, including ACEs and the impact alcoholism, neglect and poverty has when left unaddressed. A Case study has been discussed including relevant support, and trauma informed interventions that could be needed to ensure Amira transitions well into her new home avoiding harm to her future development. These interventions ensure Amira understands her situation and her rights. Furthermore, the importance of self-care has been discussed including the impact it has on Amira and the professional providing support. Strategies were considered to ensure positive well-being and resilience while avoiding burnout.

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