It takes a village

Talking about adversity and trauma in early childhood

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Introduction

What surrounds us, shapes us. From the places we learn and grow, to the people who care for us and keep us safe. What surrounds our children, shapes them – and how they respond to adversity and trauma.

Across Scotland, public thinking on adversity in early childhood is dominated by three interrelated ideas:

1. Only families are responsible for children's development and wellbeing.
2. Adversity and trauma create irreversible damage.
3. When children overcome adversity, it's because of their innate, psychological traits – not because they receive the right support, at the right time.

Together, these ideas make it harder for people to understand the impact of adversity and trauma in early childhood. Or how we can all act to support recovery and resilience.
This report explores how the Scottish public think about adversity and trauma in early childhood. And identifies the most effective ways to communicate about these concepts to build understanding and support.

It recommends a new story for communicators and practitioners. One grounded in our shared responsibility towards children and young people. One that explains the impact of adversity in early childhood. And one that shows recovery and resilience are possible, not just needed.

In brief, it recommends that communicators and practitioners:

1. Make supporting children about all of us
2. Explain different responses to adversity and trauma:
    a. Use the backpack metaphor to explain stress responses
    b. Use examples and plain language to explain executive function
3. Explain how resilience is built using the seesaw metaphor
4. Focus on recovery and resilience, as much as adversity and trauma.

It takes a village: talking about adversity and trauma in early childhood builds on a body of mixed method research from FrameWorks UK on early childhood development and on children's care in Scotland, involving over 16,780 members of the public. More details are available in the methods section of this report.

Foreword

In partnership with Each and Every Child, FrameWorks UK has been working to challenge and change the conversation about children and young people in Scotland. In particular, to build understanding of, and support for, the trauma-informed practice that all children need.

"Each and Every Child is an initiative that builds understanding of and support for action around care experience and the care system in Scotland. By sharing robustly tested framing recommendations, developed in partnership with FrameWorks UK, we work to counter stigma and discrimination towards people with experience of care.

Over the past six years, we have supported individuals and organisations across Scotland to change how they communicate, to challenge stigmatising assumptions and stereotypes around care and care experience. One of the persistent challenges that we as practitioners and communicators face when speaking about care is the perception within the wider public that adversity and trauma cause irreversible harm – and that experience of care in childhood will have a negative impact throughout your life. Being routinely perceived as 'damaged' or as someone who 'may not come to much' has a real-life impact on the lives of people with experience of care. This stigma shapes the support and services that are offered, creates barriers to access and can affect the experiences of people within those services.

Adversity and trauma in childhood is often spoken about when talking about care experience or the care system. However, with the rise in discussion of childhood adversity and trauma, we have also seen these ideas spoken about in different and confusing ways. Scotland is leading the way to become a trauma-informed and responsive nation, with individuals and organisations working to understand how they ensure their services are meeting the needs of those with experience of childhood adversity and trauma. We need to know more about how we can frame conversations around adversity and trauma in childhood to ensure we build public understanding and support for trauma-informed practice – while countering stigma and discrimination towards people accessing services and support.

These new insights will help us explore how we can speak about childhood adversity and trauma to help build understanding of the issues facing children, young people and families across Scotland, without feeding into the idea that 'damage done is damage done.' For Scotland to support all children and young people to thrive, we need to change the conversation about childhood adversity and trauma – and build support for interventions that improve people's lives, now and in the future."

Michael Wield, Strategic Development Manager at Each and Every Child.

Methods

This brief builds on previous mixed method research conducted by FrameWorks on communicating about children's care in Scotland and about child abuse and neglect in the UK. This included in-depth interviews, focus groups, and large scale nationally representative surveys. In total, the research involved over 16,780 members of the public, plus an advisory group of members with lived and learned experience of care.

This existing body of research provided a foundation for further qualitative research to i) explore how the Scottish public understand adversity in early childhood and ii) refine how the framing of communications can best support conversations about adversity and trauma in early childhood.

In 2026, FrameWorks hosted a co-creation session with experts with lived and learned experience of early childhood development, childhood adversity, and trauma. The group explored existing communications challenges and co-created different frames to take forward into prescriptive testing. We are grateful for their time and expertise.

Researchers then conducted a series of six Peer Discourse Sessions with a broadly representative sample of the Scottish public (n. 36), including participants with lived experience of childhood adversity and trauma. Peer Discourse Sessions are a form of focus group designed to explore how people think about different issues, and how frames affect public thinking. These sessions included a variety of activities and discussion prompts to evaluate how different frames were taken up in social context – how easily people understood them, recalled them, and used them in conversation. Activities were designed to further evaluate how different frames shifted thinking and built understanding of childhood adversity and trauma (that is, they identified the efficacy of the frames, not participant preferences).

What is framing – and why does it matter?

Framing is the choices we make about what ideas we share – and how we share them. It's what we emphasise, how we explain an issue, and what we leave unsaid. These choices affect how people think, feel and act.

The way in which a communication is framed shapes how we respond to it. When new frames enter public discourse, they can change how people make sense of an issue – how they understand it, who they decide is responsible for addressing problems, and what kinds of solutions they support. As a result, frames are a critical part of social change. By shifting how people think about an issue, they change the context for collective decision-making and can make new types of action possible.

Unlike a set of key messages, frames can be used and adapted to different contexts. This means we can tailor our communications for different audiences and channels while continuing to talk about our issue in a consistent way.

How people in Scotland think about adversity and trauma in early childhood

Cultural mindsets shape how we think about adversity and trauma in early childhood. These are both openings and challenges for communicators and practitioners.

Mindsets are underlying, shared patterns of thinking that shape how we see the world and how we act within it. Some mindsets make it easier for people to think of our practice as normal and right. Others shape our understanding of what's not working and why. Mindsets are strengthened by what people see or hear – by our communications, and how those communications are framed.

Through focus groups with a cross-section of the Scottish public, we identified the key mindsets people draw on when thinking about adversity and trauma in early childhood. These mindsets are organised around a set of questions:

1. Who is responsible for children's development and wellbeing?
2. What prevents children from developing well?
3. What is the impact of adversity and trauma in early childhood?
4. Why do some children respond to adversity and trauma better than others?

Who is responsible for children's development and wellbeing?

How people answer this question is shaped by two competing mindsets: ***family bubble***, which dominates thinking, and ***it takes a village***.

Family bubble. This mindset is the assumption that child development is chiefly a product of parenting. Parents are responsible for the wellbeing of children, from ensuring their physical safety to filtering out negative influences and experiences in the family home (see also: ***opportunity filter***). In focus groups, participants using this mindset positioned childhood adversity as a failure of parental responsibility:

> *"[Development is shaped by] the family... they decided to bring this child into the world, so it's their responsibility to look after it properly."*

It takes a village. This is the assumption that child development depends on a network of social actors, including family members, teachers, nurses and the public. Children are seen to develop in places beyond the family home, shaped by the adults they encounter – from librarians to club leaders. In focus groups, participants using this mindset identified a shared need for society to 'step in' and support children:

> *"[Development] is social housing, that is kids going to libraries, kids going to social clubs, kids going to after-school, breakfast clubs... How do we step up as human beings to look after kids?"*

Implications for communicators and practitioners

Family bubble is a challenge. If children's development and wellbeing is the exclusive domain of parents, addressing adversity and trauma in early childhood is a private responsibility – and not a collective concern. Action outside of the home will always be secondary to better parenting and enforcing parental responsibilities.

It takes a village is an opportunity. Although this mindset was not present in every focus group, participants using it pushed back against the ***family bubble*** – and positioned action to support child development and wellbeing as both beneficial to, and the responsibility of, society as a whole. This mindset is one that makes space for wider systems of care and support, beyond the family home.

What prevents children from developing well?

How people answer this question is shaped by three mindsets: ***basic needs*** and ***consumerism***, which dominate thinking, and ***what surrounds us, shapes us***.

Basic needs. This is the assumption that child development depends on, at minimum, basic needs being met – food, shelter, clothing. Material deprivation is understood as not only an economic issue, but also a developmental one:

> *"I see it from a lot of my kids' friends. They don't know when they're going to eat, or they're worrying about the electricity going out... I don't think a child can develop well."*

Basic needs is often used in combination with another mindset: ***consumerism***. This is the assumption that developmental outcomes are bought. Money means basic needs can be met – but only wealth ensures access to opportunities, like good schools and useful connections.

In focus groups, participants using this mindset saw the financial status of a child's parents as a key predictor of developmental outcomes:

> *"If someone comes from an upper-class family, attending a good school... all the parents invest money and resources in opening doors for them."*

What surrounds us, shapes us. This is the assumption that child development is shaped by conditions and context – specifically, the people and places in a child's environment. Where present, participants using this mindset named a diverse range of locations that impact development, beyond the family home:

> *"Geographic location... where they live, who they're surrounded by, the community that they're growing up in, their access to resources."*

Implications for communicators and practitioners

These mindsets have mixed implications for practitioners. The understanding that all children need their ***basic needs*** met is productive – but it places emotional needs, and the range of experiences necessary for healthy development, in the background.

It is notable that across focus groups, ***basic needs*** and ***consumerism*** were often used in combination with ***family bubble***. Participants who recognised the impact of financial hardship on children often defaulted to parental responsibility – and blamed parents for failing to provide for, and hide difficulties from, their children:

> *"Even lack of money can stress a child out. Because if the parent's not doing the job of being a parent and keeping it separate from them, that could stress them out."*

Although it was not present in every focus group, strengthening ***what surrounds us, shapes us*** shows potential. It drives attention to the external conditions surrounding both children and their families – including how parenting is itself shaped by environments, for better and for worse. And makes space for community help and support beyond the ***family bubble***.

What is the impact of adversity and trauma in early childhood?

How people answer this question is shaped by three mindsets: ***determinism***, which dominates thinking, ***what doesn't kill you, makes you stronger***, and ***mental burden***.

Determinism. This is the assumption that what happens in early childhood shapes outcomes in later life. Early experiences are both foundational and irreversible – and the experience of adversity and trauma in childhood creates lasting harm (see also: ***forever damaged***). In focus groups, participants using this mindset focused on repeated cycles of both experiences and behaviour:

> *"That can affect your whole life and the way you become... as an adult. If you take bullying, if you've been bullied when you're young, quite often, you could be a bully yourself."*

It is notable that, across focus groups, the term 'trauma' was rarely used by participants until it was introduced by a researcher. However, once used, it remained 'sticky' and repeated in conversation – and often strengthened the ***determinism*** drawn on by participants.

What doesn't kill you, makes you stronger. This is the assumption that adverse experiences in childhood can make individuals tougher and more resilient in later life – if they have the necessary willpower. In focus groups, participants using this mindset saw adversity as an ultimately positive developmental tool:

> *"[Getting bullied] taught him resilience and he went to school all the way through it... and he's doing really well... And I think it's from the bullying that he had at school."*

Mental burden. This is the assumption that adversity consumes mental bandwidth, leaving fewer resources for concentration, learning and focus. Adversity makes usual activities more difficult. In focus groups, participants using this mindset focused first on effects in school and academic achievement:

> *"If a child's dealing with trauma, then it will affect their focus and ability to concentrate on work, on schoolwork. Homework can be late, they just can't focus."*

Implications for communicators and practitioners

Both ***determinism*** and ***what doesn't kill you, makes you stronger*** are a challenge: one risks catastrophising adversity and trauma, and one glamourises it.

Determinism in particular reinforces the misconception that 'damage done is damage done,' and that the harms of childhood adversity and trauma are lifelong. It makes it harder for people to see how external interventions could make a real difference – or to support policies and programmes aimed at recovery and resilience.

This means that, without further research, the term 'trauma' should be used with caution – and with an emphasis on recovery and resilience.

Strengthening ***mental burden*** has potential. Although this mindset was not present in every focus group, it builds understanding of the impact of adversity on a child's executive function and self-regulation skills. Care must be taken, however, to avoid reinforcing the idea that nothing can then be done.

Why do some children respond to adversity and trauma better than others?

How people answer this question is shaped largely by a single, dominant mindset: ***personalism***.

Personalism. This is the assumption that how individuals respond to adversity and trauma is shaped by inherent characteristics, like disposition and personality. No two children will respond in the same way to the same experience (see also: ***every child is unique***). In focus groups, participants using this mindset assigned differences in outcomes to differences in temperament – instead of differences in support or resources:

> *"It comes down to the individual... Some people deal with things better than others. And it obviously comes down to strength of character."*

It is notable that across all focus groups, participants judged the severity of an adverse experience first by how a child responded to it, rather than by what actually occurred. Adversity is considered in relative terms – as serious only insofar as a child finds it so:

> *"It's a perception thing as well, isn't it? Because one thing can be terrible for one person, but not quite so bad for the other... it's all perspective and how you look at it."*

Implications for communicators and practitioners

Personalism is one of the biggest challenges for practitioners. It drives attention away from developmental environments and experiences, and towards the individual nature of each child. It reinforces the idea that outcomes depend on children's internal, set capacity to cope.

In turn, this makes it harder to see our shared responsibility to improve children's environments and experiences. And increases fatalism: if children have unique needs and temperaments, how could any system of care have the resources to support every child?

Recommendations

#1 Make supporting children about all of us

Lead with the idea that responding to adversity and trauma isn't just a matter for parents and other immediate caregivers: it takes a village for our children to thrive.

How to do it

- **Talk** about the diverse range of people that care for Scotland's children, beyond immediate family. Like family friends, social workers, youth leaders and teachers.
- **Name** the places and spaces these people are in to build understanding of developmental environments outside the family home.
- **Use** words like 'we' and 'us' to build collective thinking – and remind people that we all have a stake in the development of children and young people.
- **Be clear** that this care and support benefits children, young people, and Scotland as a whole. Where possible, focus on the collective impacts of interventions and support.

For example

Instead of	Try
This guide is to support those in the workforce who are supporting children and young people, focusing on trauma-informed practice.	This guide is for **everyone** supporting **our** children and young people, focusing on trauma-informed practice.
Support with recovery and resilience means that young people are more likely to succeed, graduate and thrive.	Support with recovery and resilience **at school** means that **our** young people are more likely to succeed, graduate and thrive **in the workforce**.

Why this works

The way we start a communication matters. It shapes (or primes) the way people interpret what comes next. How open people are to our ideas – or if they shut those ideas out.

If we start our communications with impersonal, passive statements or insider prose, we signal that childhood adversity is an issue for other people to solve. We risk reinforcing the idea that child development and wellbeing is ultimately a private concern, affected only by the ***family bubble***.

Starting instead with the idea that ***it takes a village*** to support children and young people helps counter this assumption. It helps people to see their role in taking action, beyond immediate family:

> *"[It doesn't have] to be a parent, it just can be a supportive adult... supportive relationships, that could be peer groups, like a teacher making sure."*

Strengthening ***it takes a village*** offers a further benefit to practitioners. In focus groups, participants using this mindset reasoned that child development and wellbeing were shaped both in and out of the family home – and so our external environments and supports matter.

#2 Explain different responses to adversity and trauma

Explain how and why children have different responses to adversity and trauma – beyond individual disposition or personality.

#2a Use the *backpack* metaphor to explain stress responses

Use the *backpack* metaphor to explain the effects of different types of stress during childhood – and the need for different support at different times. This metaphor can be combined with commonly used ways of talking about stress, like *tolerable and toxic stress*.

How to do it

- **Compare** stress experienced in childhood to carrying a backpack. Some loads are lighter and easy to carry alone. Some loads are heavier and need extra support to bear.
- **Extend** this metaphor to talk about severe or long-lasting stress: too much weight, carried for too long, can overload children. Leading to reactive behaviours like shouting or shutting down.
- **Name** explicitly the people who can help children adjust their straps, lighten their load, or take the backpack off altogether.
- **Avoid** using the term 'baggage.' In focus groups, participants using this term tended to minimise or personalise the harm experienced by the child.

For example

Instead of	Try
Even small things can be too much for a child who is already having problems at home.	Even small things can **overload** a child who is already **carrying too much** at home.
When children are struggling, teachers can help by providing calm environments and consistent support.	When children are struggling, teachers can **lighten their load** by providing calm environments and consistent support.

Why this works

Childhood adversity tends to be understood in two ways: as something that causes lifelong harm, or as something that builds character – the misconception that ***what doesn't kill you, makes you stronger***. Both leave little room for how those outside the ***family bubble*** can support recovery and resilience.

Explanatory metaphors build understanding of complex concepts. They guide thinking and are 'sticky,' meaning that they are memorable and shareable.

The *backpack* metaphor helps build understanding of childhood adversity and stress. It makes it harder to see heavy loads as beneficial, and provides clear mechanisms for support – adjusting the straps, lightening the load, or removing the backpack entirely.

In focus groups, participants given the *backpack* metaphor recognised children's need for support and named people beyond the immediate family who could provide ongoing care and support:

> *"It's OK for someone else to carry your school bag... rather than you taking all the burden."*

> *"We do need to be giving teachers and social workers and even support workers the tools necessary to help children to build a support network."*

For participants with lived experience, this metaphor was particularly effective at reducing the ***determinism*** that often accompanies discussions of adversity and trauma. It helped reinforce the idea that, although adversity can have lasting effects, resilience and recovery are both possible with the right support:

> *"[Taking the weight] can allow them to breathe. To start living and growing and building the networks that they need to live a happy, healthy, and more well-adjusted life."*

#2b Use examples and plain language to explain executive function

Use examples and plain language to explain the impact of adversity on children's actions and behaviour – that is, on their executive function and self-regulation skills.

How to do it

- **Talk** about how our ability to manage information, make decisions, and plan ahead is shaped by a set of skills called executive function.
- **Only** use terms like 'executive function' *after* giving examples of what these skills are for, like helping children stay on task, remember instructions, or respond calmly to provocation.
- **Explain** how competing demands on a child's attention, like parents' financial worries or problems at home, make it harder to manage each demand. When a child is overwhelmed, they may react to feelings and situations in different ways, like forgetfulness or lashing out.
- **Remind** people that, like resilience, executive function and self-regulation skills are built. Provide examples of the simple, everyday things that can help support all children.

For example

Instead of	Try
When a child experiences housing instability, it can negatively impact their executive function skills.	When a child's **home is unstable, it's harder for them to manage stress, and to focus and listen at school.**
Executive function skills in children can be developed and built through targeted intervention.	**Checklists, planners, and time limits – plus plenty of practice and support** – help build executive function skills in children **every day**.

Why this works

Without an understanding of executive function and self-regulation skills, it's easy for people to dismiss children's behaviour as simply acting out.

But these terms do not build understanding alone. Technical terms used without examples or explanation signal that what follows is a matter for experts. When used with the public, these terms signal that the conversation is not for them. By contrast, explanation invites people in. It allows people to see their role in addressing problems and providing solutions.

In focus groups, participants given a straightforward definition and explanation were better able to place children's actions and behaviour in context. It helped spark curiosity towards children, instead of judgement:

> *"If this child's misbehaving, there's obviously a reason for that, and here's why."*

More specifically, this explanation strengthens the idea that adversity is a ***mental burden*** – it consumes the cognitive resources children need to learn and grow. Explaining, then naming, executive function gives people an understanding of what is harder for children, and why.

#3 Explain how resilience is built using the *seesaw* metaphor

Use the *seesaw* metaphor to explain how resilience is built – through the positive relationships, environments and experiences that help counterbalance the weight of adverse experiences.

How to do it

- **Compare** childhood to a seesaw, with development shaped by what is placed on either side. Positives (like stable relationships) on one side. Negatives (like neglect) on the other.
- **Explain** that resilience happens when the seesaw still tips towards the positive side, towards positive outcomes, even though the seesaw does carry some negative weight.
- **Provide** a range of examples of what stacks on either side. Like nurturing environments, supportive adult relationships, and trauma-informed practice on the positive side. Or abuse, the death of a caregiver, or community violence on the negative side.
- **Be clear** that we all have an active role to play in providing positive, protective factors for children and young people – and in responding to the negative ones. Name the services and systems that can help add positive weight.

For example

Instead of	Try
Positive childhood experiences can help protect against the long-term impact of early adversity and trauma.	Positive childhood experiences can help **counterbalance** the **weight** of early adversity and trauma.
Strong social networks with caring adults create more resilient children – and can help with healing and recovery following adversity.	Strong social networks with caring adults **build** resilience in children – and can help **tip the balance towards** healing and recovery following adversity.

Why this works

Most people understand resilience in personalistic ways – that is, as an innate feature of individual children. This is a challenge for practitioners: if outcomes are determined by a child's natural temperament, external environments are irrelevant – whether they are in or outside of the ***family bubble***. And caregivers can do nothing to build resilience, before or after adversity and trauma.

The *seesaw* metaphor helps people see resilience as built through a blend of environments, experiences, and relationships. It strengthens the understanding that ***what surrounds us, shapes us*** – including how children respond to adversity and trauma.

For those working to support children and young people, the *seesaw* metaphor is particularly effective. It helps people see the role of social services, education systems and community support in shaping resilience – and how, by adding positive weight, they can make a difference.

The idea that resilience is not a fixed trait makes it easier to see how recovery is possible. In focus groups, participants given the *seesaw* metaphor concluded that building resilience could help with both recovery and prevention:

> *"Positive things and experiences and relationships on one side, negative experiences on the other... if you have enough positives that can outweigh the negative, or at least balance."*

> *"The seesaw can almost be counterbalanced easier... You're not having to completely rebuild something, you're just having to rebalance it."*

For participants with lived experience, this metaphor was particularly effective at reducing the fatalism and ***determinism*** that often accompany discussions of adversity and trauma:

> *"Positive support networks or friends, positive influences like teachers or even neighbours making that seesaw tip into a positive direction.... [and] can help outweigh the negative things."*

#4 Focus on recovery and resilience as much as adversity and trauma

Make it clear that adversity can have lasting effects – but don't suggest that negative outcomes are inevitable or that harm is irreparable.

How to do it

- **Spotlight** how adults and services respond to childhood adversity and trauma and the difference this makes – instead of focusing exclusively on the impact of adversity and trauma.
- **Explain** how resilience is built for children and young people, and provide concrete examples of the external support that makes recovery possible. Like specialised therapy, safe environments, and trauma-informed practice.
- **Balance** urgency (we need to act) with efficacy (our actions will make a difference) in any communication or conversation. Avoid starting with bleak facts and statistics about the scale of the problem. These are likely to trigger disbelief (this can't be true) or fatalism (this can't be solved).
- **Use** phrases like 'can,' 'is likely to,' and 'risk of' when talking about the impact of childhood adversity and trauma to avoid reinforcing the idea that damage done is damage done.

For example

Instead of	Try
Children who experience adversity will develop symptoms of trauma.	Children who experience adversity **may** develop symptoms of trauma **if support is not in place**.
Our programme equips social workers to be trauma-informed in the workplace and for the children and young people they support.	Our programme equips social workers to **recognise and respond to the signs of adversity and trauma – and help children and young people recover**.

Why this works

We need to show that, while adversity and trauma in early childhood require an urgent response, recovery and resilience are possible. Leaving these out of the conversation risks implying that nothing can be done – and causing further harm to people with firsthand experience.

Building solutions into our communications – either highlighting good practice or calling for more of it – is one way for us to avoid the fatalism often triggered by discussions of adversity and trauma. It gives people a vision of what is possible for children and young people.

Locating those solutions in a child's environment, in supportive people and practice, helps decrease the ***personalism*** that can lead to scepticism of standardised systems of care. In focus groups, participants given a solution focused on the possibility of recovery for every child, rather than only those seen as naturally resilient:

> *"It's not all hope is lost, we can give [all children] the tools later in life to become more well-adjusted."*

Conclusion

How we talk about adversity and trauma in early childhood matters. Our conversations and communication can reinforce the mindsets that already dominate public thinking – or make space for those that don't.

Three ideas dominate: that child development and wellbeing is a private, family concern; that early harm is irreversible; and that how a child responds to adversity comes down to who they are. Together, they leave little room for the people, places and systems that shape children's lives – and make resilience and recovery possible.

But these are not the only ideas available. Across focus groups, participants also reached for others: that it takes a village to raise a child; that adversity consumes the mental resources children need to learn and grow; and that what surrounds us, shapes us. These mindsets were present in public thinking, but not yet dominant.

The framing strategies set out in this report are designed to strengthen these ideas. To give practitioners and communicators the tools that can build understanding and support for change.

This does not replace the work of changing children's circumstances. But how we talk about this work shapes whether people see it as necessary, possible, and theirs to be part of. What surrounds our children and young people shapes them. So does how we talk about them.

About FrameWorks UK

FrameWorks UK is a not-for-profit, mission-driven organisation, specialising in evidence-based communication strategies that shift hearts and minds. We help charities and other organisations communicate about social issues in ways that create progress, through practical guidance underpinned by our framing research.

We're the sister organisation of the FrameWorks Institute in the US, which has been conducting framing research for more than 25 years. FrameWorks started working in the UK in 2012. And we established FrameWorks UK in 2021.

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