

Home Visiting Promotes Early Relational Health

Relational Health is the study of relationships between human beings. Early Relational Health (ERH) brings that to the earliest years of life, underscoring the foundational role of relationships between children and their caregivers. A deep and ever-growing body of science shows – at the molecular, cellular, and behavioral levels – that relationships are essential. Safe, stable, nurturing relationships (SSNRs) between children and their caregivers protect against toxic stress and adverse childhood experiences (ACEs), driving developmental resilience and shaping long-term developmental and health outcomes.^{1,2,3}

Background and Approach

Early Relational Health (ERH) promotes healthy development by strengthening early relationships that can buffer the effects of adverse childhood experiences (ACEs), which are linked to poor long-term health and social outcomes.^{3,4} Instead, ERH and safe, stable, nurturing relationships (SSNRs) promote positive childhood experiences (PCEs) and support stress regulation and resilience in young children, helping to reduce toxic stress through early, preventive care.^{2,5}

ERH is grounded in five core principles: trusting parents, focusing on daily moments, understanding “it takes a village”, meeting families where they are, and building parallel relationships.⁶ It is meant to be culturally responsive, adapting to family and community contexts.^{7,8}

Role of Home Visitors and Clinicians in ERH

Role of Primary Care Clinicians

- ERH was identified as a clinical priority by the American Academy of Pediatrics in 2021.⁹
- Clinical strategies include self-reflection, culturally safe interactions, recognizing family strengths, clinical trust, and collaboration across fields.^{10,11}
- Clinicians promote ERH through well-child visits, developmental screenings, and assessing caregiver-child bonding.^{1,12,13}
- Reflective questions like “How are you coping?” help assess relational and emotional well-being.^{12,14}
- Clinicians can use observation and reflective dialogue to recognize and affirm relational strengths between caregivers and children.¹⁴



Home Visitors as ERH Facilitators

Home visitors, or parent educators, can help families realistically incorporate science-based practices in daily routines, highlighting that attentive parenting is feasible, practical, and achievable for families.

- Parent educators model and encourage responsive, nurturing interactions to foster secure attachment and co-regulation.^{6,15}
- Parent educators help parents understand developmental milestones and the role of relationships in child growth.¹²
- Home visitors can guide families to turn everyday routines into opportunities for connection, safety, and stress management, while linking them to resources like job training and economic assistance.^{6,16,17}

Impacts and Outcomes

Benefits of Current Home Visiting Programs Using ERH

Parents as Teachers showcases the integration of ERH in home visiting by embedding relationship-based practices that prioritize every day, developmentally rich interactions between caregivers and children. Parent educators can actively support families in building SSNRs by supporting emotional co-regulation, observing and affirming parent-child connections, and promoting culturally responsive, strength-based engagement.^{2,6,16,18} Parents as Teachers employs a universal, preventative approach that builds caregiver capacity and relational health through ongoing, reflective partnership with families.¹⁵

Child Outcomes

- SSNRs reduce toxic stress and promote brain development by increasing reflective behaviors and reducing impulsivity.²
- Secure attachment is linked to greater brain volume, improved connectivity, and improved emotional regulation.¹⁹
- Positive ERH outcomes include improved school readiness, social-emotional learning, and physical-emotional and language development in early childhood.⁶



Caregiver Outcomes

- Positive parenting practices activate caregivers' brain networks linked to connection, emotion, and responsiveness through neurobiological changes in the amygdala and prefrontal cortex.³
- ERH interventions can boost caregiver confidence and emotional health, as well as reduce maternal anxiety and depression.⁶

Family Outcomes

- ERH programs promote positive parenting, pediatric follow-up care, and family resilience.^{5,6,20}

- ERH programs support secure parent-child relationships, connect families to community resources, and supports long-term development.^{6,10}
- ERH practices improve family routines, communication, and children’s problem-solving skills.^{6,20}
- Parental sensitivity reduces the intergenerational impact of ACEs.¹⁰
- Joy and healing are shared through positive emotional exchanges like mutual gaze, cuddling, and play, supported by affirming relationships with home visitors.^{10,21,22}

Gaps, Limitations, and Further Research Needs

Current research on ERH is limited by a focus on isolated components rather than holistic models, with many effects diminishing after intervention ends, highlighting the need for ongoing support.⁷ Few studies address ERH among non-biological caregivers or children with special health needs, and more longitudinal data is needed to connect ERH with brain and mental health outcomes.^{11,19} Barriers like inadequate wages, unstable housing, social isolation, and insufficient mental health support can limit caregiver capacity to engage in ERH.^{5,6} Greater cross-sector data sharing and sustained policy and funding investment are essential for ERH integration.^{11,18} More cross-system connections and support are also needed for the continuity of ERH practices in varied settings.¹¹



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