Nurture Connection

Center *for the* Study *of* Social Policy
Ideas into Action

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Putting Principles into Action:

Building an Early Relational Health Ecosystem

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Acknowledgements

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About CSSP

The Center for the Study of Social Policy (CSSP) works to achieve a racially, economically, and socially just society in which all children, youth, and families thrive. We translate ideas into action, promote public policies grounded in equity, and support strong and inclusive communities. We advocate with and for all children, youth, and families marginalized by public policies and institutional practices. Learn more at www.CSSP.org.

About Nurture Connection

Nurture Connection advances Early Relational Health (ERH) so that all families can experience the joy and lifelong health benefits that come from strong, positive, and nurturing relationships in early childhood. Learn more at www.nurtureconnection.org.

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Executive Summary

Early relational health is a paradigm that integrates science-based and experience-informed ideas, values, and practices which elevate the significance of the earliest attentive, responsive, nurturing, and reciprocal caregiver-child interactions in promoting children's healthy development and well-being.[1,2]

Early relational health is not a new idea. It is grounded in and reflects decades of research in infant and early childhood mental health, pediatrics, neuroscience, and developmental science; professional practice across multiple disciplines and professional sectors; and the experiences and insights of generations of parents and caregivers from diverse cultures as well as helping professionals who work with young children and their families. What is new is integrating the breadth and rigor of cross-disciplinary academic scholarship with the richness and depth of cross-cultural wisdom and experiences. The early relational health paradigm brings expanded opportunities for early childhood policymakers, advocates, practitioners, and researchers to incorporate relational principles into the design of early-relational-health-promoting ecosystems, including everyday routines and specialized practices.

This report outlines the actionable implications of 10 foundational principles of the early relational health paradigm:

1. Nurturing caregiver-child interactions establish strong, meaningful, and enduring or consistent relationships and provide immediate and long-term benefits for both young children and their caregivers.
2. Simple and everyday human interactions are “good enough” early relational experiences.
3. Research and practice are strengthened by integrating family experience and cultural wisdom into the science of early childhood development.
4. Connectedness, belonging, and mattering are essential for parents.
5. The early relational health paradigm emphasizes the strengths and resources of parents and young children.
6. A social-ecological perspective enables a comprehensive focus on conditions, circumstances, and characteristics that advance or impede early relational health.
7. A broad range of helping professionals and community members can provide experiences which promote early relational health.
8. Collaborative decision-making and power-sharing between families and early relational health professionals can lead to better outcomes for children and parents.
9. Early relational health embraces diversity of practices and knowledge and resists reductionism about human development.
10. A society built on respectful and equitable relationships is a society in which all young children and their families can thrive.

Putting Principles into Action: Building an Early Relational Health Ecosystem

Early relational health is a paradigm that integrates science-based and experience-informed relational ideas, values, and practices. This paradigm elevates the significance of the earliest attentive, responsive, nurturing, and reciprocal interactions in promoting children's and caregivers' healthy development and well-being.[3] While building early relational experiences is essential for families with young children birth – age 3, it is particularly important in interventions designed to strengthen families and buffer the impact of adversity they experience.

Early relational health is not a new idea. It is grounded in and reflects decades of research in infant and early childhood mental health, pediatrics, neuroscience, and developmental science; professional practice across multiple disciplines and professional sectors; and the experiences and insights of generations of parents and caregivers from diverse cultures and helping professionals who work with young children and their families. What is new is integrating the breadth and rigor of cross-disciplinary academic scholarship with the richness and depth of cross-cultural wisdom and experiences. The early relational health paradigm brings expanded opportunities for early childhood researchers, policymakers, and practitioners to incorporate relational principles into the design of early-relational-health-promoting ecosystems, including everyday routines and specialized practices.[4]

The purpose of this report is to deepen an understanding of: (a) the definition of early relational health; (b) whether existing practices fit, or should be adapted to fit, the early relational health paradigm; and (c) how the paradigm can be used to help shape existing and new research, program design, quality improvement, practice, professional development, and communication, as well as a broad range of decision-making in the early childhood ecosystem. This report describes 10 foundational early relational health principles followed by examples of practice that align with each principle, and those that fall short of that principle.

> ***"The path that brought my family from trauma to resilience has a name. Early relational health is so validating to me. It confirms that the path I took was the right path for me and my children. It encourages me to continue the work that I do. It also helps me understand how beneficial early relational health can be to the whole family and community."***
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> ***—LaVonia Abavana***
> ***Parent, Parent Advocate, and Community Leader***

The Power of Foundational Principles to Support Integrity of Implementation

In this paper, we offer a principle-based approach to develop and grow an early relational health ecosystem, rather than one built around the identification and "implementation with fidelity" of evidence-based programs. This is guided by a lesson advanced by LeMahieu, cited in Meland and Brion-Meisels,[5] in which LeMahieu emphasizes:

> The need for "less fidelity of implementation (do exactly what they say to do) [and] more integrity of implementation (do what matters most and works best while accommodating local needs and circumstances)". . . . Identifying what matters most to nurturing social emotional development and wellbeing. . . allows us to shift our conceptualization away from fidelity to standardized activities and toward culturally and contextually responsive integrity. (p. 2)

Fidelity, conceptualized as "adhering to exact details" of program specification, is important to replicate well-tested and specified programs for targeted use. It has been a defining characteristic of the contemporary movement in social services of evidence-based policymaking. However, relying solely on this interpretation of "fidelity" overlooks its larger meaning of "being faithful and trustworthy," or preserving the "integrity" of a set of enduring principles grounded in both science and experience. The need for program fidelity arises in efforts to replicate or export interventions across many settings to achieve rapid breadth of scale, whereas the need to practice integrity arises in efforts to develop strategies and grow programs within each setting for depth, ownership, adaptability—all of which are critical to sustaining meaningful scale.[6,7]

Over the last decade, a policy and funding bias toward evidence-based programs, even with support for implementation with fidelity, has not consistently yielded the hoped-for results across the fields of early childhood and family support. More effective efforts will work toward a more nuanced understanding of "whether, how, for whom, and in what context specific interventions achieve explicitly intended effects" (p. 2).[8] We propose developing an integrity-based approach that places trust in practitioners and families to apply well-grounded principles to their specific circumstances and needs.

The Early Relational Health Principles

Principle 1: Nurturing caregiver-child interactions establish strong, meaningful, and enduring or consistent relationships and provide immediate and long-term benefits for both young children and their caregivers.

Early relational health is both a process and an outcome. As a process, it involves attentive, responsive, nurturing, and reciprocal interactions between young children and their caregivers. As an outcome, early relational health refers to a state of emotional and relational well-being that flourishes from these interactions, communicates to young children that they matter, produces mutually meaningful and satisfying in-the-moment experiences, and lays the foundation for positive outcomes in all developmental domains, including growth in both infant and parent brain structure and function.[9,10,11,12] Young children's developing brains need emotionally available and responsive parents and other caregivers who recognize and consistently attend to their needs, in order to be on a trajectory of healthy development and well-being.[13] Likewise, the impact of environmental stressors on a child's brain and body can be reduced by the presence of nurturing and comforting caregivers or exacerbated by their absence. The adult brain also is affected by nurturing interactions with young children. For example, the relational experience of breastfeeding can have positive impacts on maternal depression, and the relational supports provided by doulas is associated with improved maternal birth outcomes and healing from trauma.[14]

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 1	Practice that Falls Short of Principle 1
Efforts to address "kindergarten readiness" or "reading by third grade" that emphasize the importance of upstream parent-child and teacher-student relational processes within language and literacy promotion.	Preschool and early elementary curricula that elevate and emphasize academic or cognitive goals alone, without addressing fundamental relational processes and goals.
Family support programs that convey the importance of caregiving and playful interactions on children's development and apply healing-centered, co-regulating, and asset-building approaches to help parents grow into their parenting role.	Programs that do not recognize or make explicit the reciprocal impact of these interactions on parents, missing out on opportunities to promote growth, healing, and joy for parents.

Principle 2: Simple and everyday human interactions are "good enough" early relational experiences.

Infant mental health pioneers have long recognized in research and clinical practice that there are no perfect, prescriptive ways of interacting with young children that parents must learn and implement on a regular basis in order for their child to develop and function well. Rather, simple everyday interactions that parents and other caregivers engage in—such as singing to infants and communicating with gestures and facial expressions—are the active ingredients that young children need,[15] and are good enough for building early relational health. In this context, what constitutes "good enough" is viewed as contextual with respect to individual, family, cultural, and/or societal definitions, circumstances, and resources. There are many valid forms of caregiving across diverse human experiences that can meet children's relational needs, but this is not always considered or reflected when relationships are observed. For example, some observational instruments favor the overt expression of positive feelings and treat negative or flat expressions as inadequate even though a particular context may necessitate such a response.

In addition, infant mental health experts have observed naturalistically that not all early relational interactions are attuned to a child's needs nor always expressed overtly as positive affect. Also witnessed are times of relational distress and disconnection between the child and adult. No parent or caregiver is perfect, nor should they strive to always be. Instead, the goal should be to recognize when a rupture in the relationship has occurred, reflect on what has occurred, and take steps to repair and restore the connection. Recent experts have noted the importance of rupture and repair to normal development.[16]

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 2	Practice that Falls Short of Principle 2
Communication and educational efforts that both emphasize the importance of early relational interactions and affirm the sufficiency of typical, everyday interactions in families.	Communication and educational efforts that imply a "perfect" standard of interaction as exclusively positive, always attuned, and occurring with unrealistic frequency, irrespective of the realities of family experiences.
Caregiver coaching and support that explicitly help adults recognize attunement, and opportunities to repair and reconnect as a healthy and integral part of early relationships.	Advice and prescription for caregivers that explicitly or implicitly fault or blame adults for not having an already-perfect relationship with children, without conveying the sense of hope and resilience that comes with repair and reconnect.

Principle 3: Research and practice are strengthened by integrating family experience and cultural wisdom into the science of early childhood development.

The design and implementation of early relational health research and programs should acknowledge, value, and integrate multiple knowledge sources and ways of knowing. In addition to scientific scholarship, the observations and experiences of families and practitioners, as well as cross-cultural wisdom about what children and families need to thrive, can inform and strengthen early relational health research, knowledge, and practice. These various ways of knowing can contribute to a greater understanding of strategies for advancing young children's well-being. In addition, the "universality without uniformity" principle[17] should guide thinking. This means that, although the need for attentive, responsive, nurturing, and reciprocal relationships and interactions is universal—in that it is essential for the well-being of all young children and their caregivers—these experiences may be understood and expressed in culturally diverse ways. Recognizing cultural differences decreases the likelihood that early relational health research and practice is reflective of a single ethnocentric perspective and enables practitioners to respect and honor diverse relational interactions observed in families.[18,19]

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 3	Practice that Falls Short of Principle 3
Interventions that draw from families' knowledge and practical experience related to building strong relationships with their children, honoring the power of nurturing and positive moments that can occur in simple daily interactions, along with research-based strategies.	Parent training that relies solely on professional knowledge imparted to families and does not regard or address families' wisdom and practical experience.
Early relational health research and intervention that focuses on removing barriers and creating opportunities so that parents can develop their natural capacities and draw strengths from the insights and wisdom of their communities.	Assumptions by practitioners or policymakers that parents or communities can only develop knowledge or capacity through outside intervention or training.

Principle 4: Connectedness, belonging, and mattering are essential for parents.

In addition to having the basic necessities everyone deserves, the well-being of parents[a] is rooted in relational experiences that forge meaningful, trusting social connections and promote a sense of connectedness, belonging, and mattering. Healthy social connections are valuable resources that can help to: (a) provide companionship, encouragement, a sense of community, and access to information and concrete supports; (b) relieve practical and psychological demands on parents; and (c) buffer the impact of parenting and general life stressors such as social isolation or uncertainties related to a medical diagnosis. Two important forms of social connections are spiritual connectedness and constructive community engagement. Spiritual connectedness refers to a feeling of connection with something (e.g., a higher power, nature, or one's community) that helps individuals to find meaning, purpose, optimism, and value in their lives.[20] Studies have shown that community engagement, which contributes to the well-being of others, also strengthens parents' positive self-worth.[21] When parents turn to their social connections during good and challenging times, it can help to support nurturing and responsive parenting behaviors that promote early relational health.

[a]In this context, "parent" or "caregiver" refers to an adult in a primary caregiving role to a child, including a biological or adoptive parent, grandparent, stepparent, other relative, foster parent, resource parent, or non-biological parent figure.

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 4	Practice that Falls Short of Principle 4
Early childhood programs and interventions that help adults connect with each other and create physical and social environments where adults feel welcomed, recognizing the importance of adult relational needs.	Engaging adults in early childhood settings as if they are only the means to the end of early childhood development (i.e., "We support you so that your child can read or learn").
Initiatives that recognize the universal needs for connection, belonging, and mattering for children and adults and identify the unique relational "fit" that connects adults with their communities.	Programs and interventions that narrowly focus on increasing adults' parenting or caregiving skills without simultaneously building relational support for the adults; messages that elevate the importance of adult-child relationships without also foregrounding the need for adult-adult connections.

Principle 5: The early relational health paradigm emphasizes the strengths and resources of parents and young children.

The early relational health paradigm is a strengths-based approach in that it is grounded in the belief that—even in a context of risks and adversity—parents have assets and resources that can be mobilized to: (a) provide attentive, responsive, and nurturing experiences for their young child; (b) respond to problems as opportunities for positive change; and (c) promote their and their child's health and well-being. Attentive, responsive, nurturing, and reciprocal interactions that promote early relational health help parents gain confidence, realize their own strengths, discover their young child's strengths, and enable both young children and their parents to feel valued and that they matter. Policies, programs, and services aimed at promoting early relational health should be designed and implemented in ways that recognize, celebrate, and build up strengths in individuals, families, and communities.

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 5	Practice that Falls Short of Principle 5
Child or family assessment forms and protocols that begin with understanding and documenting strengths and what is going well, before going into challenges and concerns.	Assessment processes that focus on challenges and concerns, where strengths are asked about as an afterthought and/or are not formally recorded alongside challenges.
Reflective processes with parents that help them see their own strengths, appreciate how they have overcome challenges in the past, and identify strategies to deal with current challenges.	Superficial efforts to be strengths-based, such as starting a conversation with a positive comment – which may help build rapport but fails to promote reflection or to help the parent leverage strengths to overcome a challenge.

Principle 6: A social-ecological perspective enables a comprehensive focus on factors that advance or impede early relational health.

The early relational health paradigm stresses the importance of service providers employing a social-ecological perspective by looking beyond a singular focus on individual factors and toward a broader understanding of the interpersonal, community, and societal factors which support or impede nurturing interactions between caregivers and young children and influence child, parent, and family outcomes. The emerging research[22] on stress and resilience identified the lasting protective impact of "positive childhood experiences" for all children, especially those who weathered early adverse experiences. The particularly powerful message from this research—appropriately called Healthy Outcomes from Positive Experiences (HOPE)[23]—is that relational experiences with family and non-parental adults, peer friendships, school belonging, and community engagement can all serve to buffer and blunt the impact of childhood stresses. Thus, a social-ecological perspective facilitates the development of comprehensive services, programs, policies, and interventions designed to promote positive change at each level, including addressing early relational health in program design, best practices, and organizational and systems policy. Such a perspective acknowledges that community, societal, and systemic factors, such as poverty, social isolation, racism, lack of equitable resources and opportunities, all impact early relational health and must be addressed to alleviate family stress.

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 6	Practice that Falls Short of Principle 6
Interventions that not only target dyadic relationships but also address necessary supports and resources within the larger familial, community, and societal contexts of the relationship.	Interventions that focus solely on strengthening the dyadic relationships between parents and children without sufficient attention to the social determinants of health that bring stress and challenge to young families.
Authentic and trusting relationships between families and their service providers that focus on a comprehensive early relational health picture of child-in-family-in-community.	An exclusive child focus (whether in messaging or implementation) without attending to parent-child relationship, or an exclusive focus on parent-child interaction without attending to community context.

Principle 7: A broad range of helping professionals and community members can provide experiences which promote early relational health.

The early childhood ecosystem includes a broad network of supportive professional providers who interact with children and their families from pregnancy through early childhood to support attentive, responsive, and nurturing interactions. This workforce includes physicians, community health workers, home visitors, doulas, early interventionists, childcare providers, preschool teachers, and child and adult mental health specialists. The broad ecosystem also encompasses more informal, yet important, community members who can contribute to greater equity and the provision of nurturing care and to the thriving of both parents and children.[24] Parents of young children may receive informal support from extended family, friends, neighbors, parent peers, and other people they consider their community, such as through shared cultural, linguistic, racial, or national identities, membership in a faith community, or identification with the LGBTQ+ community. These diverse formal and informal social networks help to ensure children and families thrive through early relational health experiences.

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 7	Practice that Falls Short of Principle 7
Team-based or coordinated approaches that include multiple service providers—in health, education, or social services—drawing on each of their expertise and smoothing the logistics for a family to get all the support they need.	Unequal recognition of diverse providers' roles and expertise—biased by power, status, and credential differentials among professions—which undermines the necessary trust, collaboration, and coordination within the early relational health ecosystem.
Connections between professional and informal support systems with a goal of building the overall early relational health capacity in communities and improving the experience of any given family when seeking support.	Decision-making and communication that includes only some professional experts but excludes other practitioners, community supports, and family expertise.

Principle 8: Collaborative decision-making and power-sharing between families and early relational health professionals can lead to better outcomes for children and parents.

In the context of service provision, parents should have a voice in defining their children's and their own needs and goals, as well as the power to have direct influence over their families' lives and circumstances. Sometimes, systems, programs, and providers may view parents simply as service recipients with deficits and problems that can be addressed only by professionals. This results in a power hierarchy in which decision-making tends to be solely in the hands of service providers and denied to those who will be most affected by decisions and who know what is most important to them. This power imbalance can lead to a lack of trust between providers and parents, which may manifest in providers dismissing parents' knowledge and concerns about their own and their children's well-being; parents becoming reluctant to share challenges they are facing; or parents appearing to be non-compliant to guidance from providers. The early relational health paradigm underscores the importance of collaborative decision-making and shared parent-provider power in these relationships in order to strengthen parent-provider engagement and achieve better outcomes.

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 8	Practice that Falls Short of Principle 8
Systems and organizations that seek out (and do what it takes to retain) staff members who come from the same racial, ethnic, linguistic, or cultural backgrounds as the families they serve, improving outcomes for children and families as well as ensuring that representative and diverse providers are in positions of influence and can represent the needs of the communities they serve.	Inflexible implementation of family support and education programs for young families that overly rely on fixed curricula and expert prescriptions, which are insufficiently adaptive to family strengths and needs.
Providers who acknowledge the power of parents in making decisions about their children's well-being and approach parents as knowledgeable and caring partners in determining the best course of action, for their own child and at decision-making tables for early childhood programs and services.	Providers who use the language of partnership while seeking to maintain their own power in final decisions, rather than engaging in authentic, collaborative power-sharing and trust-building with parents and caregivers.

Principle 9: Early relational health embraces diversity of practices and knowledge and resists reductionism about human development.

The current scientific and sociocultural understanding of human development has come to embrace the ever-expanding richness of neurodevelopmental, experiential, relational, cultural, contextual, historical, and spiritual perspectives. Especially during children's early years, these factors dynamically shape emerging human capacities and future well-being, not only for the individual but also for families and communities. Early academic studies of child development were often deficits-based, theory-driven, subjective, observational, small studies, based in and biased by dominant cultures. This gave rise to reductionistic assumptions and conclusions, labeling certain individuals, families, and communities as "at-risk," and perpetuating or reinforcing racial and cultural biases and disparities. An emerging body of early relational health research on dyadic neurodevelopment in parent-child interactions promises to further enhance—and further complicate—our understanding of the complexity of human development.[25] The early relational health paradigm embraces and supports the complex interplay of biological, social, and relational experiences that drive development for children and youth, promoting future flourishing and well-being. Implementation of programs and practices with integrity to this core principle may demand more of the provider but will be more likely to promote early relational health.

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 9	Practice that Falls Short of Principle 9
Parent guidance that honors the cultural wisdom and ancestral knowledge of the family and community and embraces cultural humility, recognizing the value of each family's culture and approach to raising children.	Efforts to simplify parent guidance to prescriptive, one-size-fits-all developmental advice, which is unlikely to work and can alienate a parent from seeking help in the future.
Flexible and respectful services that recognize the unique needs of the individual family or community and are able to adapt as families and communities change and grow.	Focusing solely on implementation of evidence-based programs and practices in early childhood, often developed decades earlier, with fidelity to a prescribed model.

Principle 10: A society built on respectful and equitable relationships is a society in which all children and families can thrive.

The early relational health paradigm asserts that researchers, policymakers, and practitioners have an ethical obligation to actively prioritize, invest in, and promote efforts that enable all children, families, and communities to thrive. The early relational health paradigm values and honors the diversity of children, adults, families, communities, and cultures. It is committed to ensuring that the language, attitudes, and behaviors of early relational health professionals do not further perpetuate existing bias and discrimination (e.g., racism, sexism, classism, ableism, religious animus, and gender identity discrimination), and it acknowledges the need to recognize and respond to the social, emotional, relational, and health effects of differential treatment that unfairly disadvantages some individuals, families, and communities. Thus, the early relational health paradigm supports efforts to achieve a society in which every young child, parent, and family can thrive when they are treated fairly and respectfully; have equal access to opportunities, resources, and decisions that affect them; feel that they belong and matter; and have experiences that promote healthy, equitable relationships with diverse groups of individuals.

EARLY RELATIONAL HEALTH PRINCIPLES IN ACTION

Practice that Aligns with Principle 10	Practice that Falls Short of Principle 10
Efforts that acknowledge and identify the systemic and inequitable distribution of resources and supports, seek to address social and structural barriers to relationship-building, and promote the importance of formal and informal systems of support for all families.	Research-informed messages and campaigns focused on developmental deficits and risks without social and historical context, which risks reinforcing harmful biases towards and about marginalized families and communities (e.g., stereotypes of under-involved and under-educated parents evoked by the 30-million-word gap frame; the overwhelmingly negative portrayal of low-income communities of color using the ACEs frame).
Investment in a robust, thriving, educated, and valued early childhood relational workforce that partners with and supports families.	The continuation of policies and insufficient investments that perpetuate the inequalities, biases, discriminations, and marginalization that disrupt the vitality of families.

Conclusion

Early relational health is rooted in the understanding that early relationships underpin the health and well-being of the whole child and family throughout their lives. In many ways, early relational health returns full circle to the legacies and traditions of the early childhood field–attachment, infant and early childhood mental health, early childhood education, family support, and culturally-rooted caregiving. Grounded in age-old ideas about early development and the power of nurturing interactions, the early relational health paradigm is creating an ever more inclusive ecosystem that promotes thriving for children, families, and communities.

> ***"Intimate attachments to other human beings are the hub around which a person's life revolves, not only as an infant or a toddler or a schoolchild but throughout adolescence and years of maturity as well, and on into old age. From these intimate attachments a person draws strength and enjoyment of life and, through what [they] contribute, gives strength and enjoyment to others. These are matters about which current science and traditional wisdom are at one."***[26]
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> ***—John Bowlby, 1980***

Reactions from the Field

Members of the National Early Relational Health Network and the Nurture Connection Family Network Collaborative offered their comments on this report and the principles outlined here.

Dominique Charlot-Swilley, PhD - Assistant Professor, Senior Research Policy at the Center for Child & Human Development, Department of Pediatrics at the Georgetown University School of Medicine; Director of Provider Well-Being for the Early Childhood Innovation Network

The authors' incorporation of cross-cultural insights as a cornerstone priority in the development of an early relational health ecosystem is an important change effort. Principles three and nine are pivotal strides toward forefronting cultural considerations within the field. Exploring and understanding the intersection of historical, intergenerational, social, cultural, and political contexts are crucial for promoting early relational health and fostering inclusive and equitable interventions that support children, families, and communities. Moreover, the paper's examination of fidelity in implementation presents a groundbreaking approach to embracing evidence-based programs, with strong regard for cultural and contextual adaptations. While the authors explore decolonizing practices, there is great appreciation for the concrete examples of early relational health principles in action. Practices suggested by the paper such as drawing strength from the wisdom of parents and communities and recruiting diverse staff are pivotal for promoting child and caregiver well-being. Furthermore, as work in this field expands, it is imperative to broaden our scope beyond the traditional mother-and-child dyad to acknowledge the many families that extend beyond that dyad, drawing upon the collective support of their community. Reimagining an early relational health ecosystem that honors diverse voices represents an important advancement in the equity continuum.

Shayla Collins - Parent Leader; Continuing Education Specialist, UW Center for Child & Family Well-Being

The "ERH Ecosystem" report spoke to me on many levels. As a parent, the ERH principles help me feel seen, heard, and respected for my efforts, strengths, and expertise. When we can reflect and recognize our strengths as parents (Principle #5), we can share more of ourselves with our children and community, building deeper connections all around. I am grateful the report acknowledges this process and also highlights the importance of creating a respectful and equitable ecosystem to support and resource parents, especially given our system's numerous gaps and economic, ableist, and racial biases (Principles #9 and #10). Having flexible and equitable services for families is key to ERH and to the

health and well-being of our children and larger community. This report provides a solid foundation for us to create the conditions, understanding, and support to treat ourselves and each other with respect. I believe that ERH is fostering a future where we can truly see ourselves in each other and feel the connection and belonging we all need to build genuine community for families.

Andrew Garner, MD, PhD, FAAP - Clinical Professor of Pediatrics, Case Western Reserve University, School of Medicine

Practitioners from a wide array of disciplines likely envision Early Relational Health (ERH) as being dyadic. But the health of those dyadic relationships is inextricably linked to the health of the innumerable relationships that surround them. The ERH principles outlined here provide a convergent lens for both practitioners and policymakers to not only support early dyadic health, but to go upstream and improve our collective relational health. Applying these foundational ERH principles to a wide array of practice and policy decisions could transform healthcare, education, juvenile justice, and social services into strengths-based disciplines that promote wellness and repair at the ecological level, instead of reacting punitively to perceived deficiencies at the individual or dyadic levels.

Kay Johnson - President, Johnson Policy Consulting

In this excellent report, the authors note that the research and concepts that ground early relational health are not new yet bring "expanded opportunities for early childhood policymakers, advocates, practitioners, and researchers to integrate relational principles into [action]." The 10 foundational principles for early relational health help readers see how and why this is true. This paradigm shift could help us envision and actualize a "society which enables all children and families to thrive." To do so in reality will require policy change.

Through my 40 years as a policy advocate, researcher, and consultant, I've engaged in multiple waves of maternal and child health topics, from focusing on reducing infant mortality in the 1980s to maternal mortality in 2016, prompting thinking about the mother and infant postpartum. The value of child health transformation, particularly for young children, is an emerging topic today. Research underscores the importance of converging scientific knowledge, political will, and social strategy in order to drive policy change.

I see the potential for those championing early relational health to be another new wave. Leaders focusing on early relational health could bring together science, political will, and social strategy, alongside families, their providers, and other champions for change.

Dayna Long, MD - Pediatrician; Director, Community Health and Engagement, University of California San Francisco Benioff Children's Hospitals

What an incredible write-up of a critical framework for transforming care for families. Although the concept of Early Relational Health is old, based on the wisdom of the ages passed down through generations, science is catching up. ERH is indeed a process as well as an outcome, meaning that every day is a chance to build love and attachment and that feeling of being nurtured and connected is what we all wish for our children. I appreciate how the authors offer 10 principles to guide implementation and then further spell out practices that exemplify the principles. Each of these principles has held true in clinical initiatives that I have piloted and scaled. I wholeheartedly recommend endorsing this early relational health paradigm. This was one of the most inspiring articles that I have read in a long time.

Mary Mackrain - Consultant and Advisor, Early Childhood Development and Michigan Department of Health and Human Services

This article serves as a call to action, urging stakeholders to translate principles into tangible initiatives that cultivate a supportive environment conducive to optimal relational health for all families. I deeply value the guidance this article provides toward developing a path for every baby and their primary caregivers to be afforded the connections necessary to delight in nurturing relationships that heal and grow our collective wellness. As an early childhood systems leader, I value the author's comprehensive approach, highlighting the significance of early interventions and preventive measures to address root causes of relational challenges while prioritizing principles such as equity, inclusivity, and empowerment. I enthusiastically champion others to review these principles to galvanize a collective commitment to nurturing healthy relationships from infancy onwards.

Robert Sege, MD, PhD - Professor of Medicine and Pediatrics, Tufts University School of Medicine; Director, Center for Community Engaged Medicine, Institute for Clinical Research and Health Policy Studies

For children, love is a basic need.

"Love is all we need."[27] – John Lennon

This report presents a wise summary of current approaches to nurturing Early Relational Health. In doing so, it aligns practice with the remarkable love and sacrifice that parents have for their children.

Early relational health fits into the larger context of our knowledge of human development. We now know that children need to experience safe, stable, nurturing

relationships, safe and equitable environments to live, learn, and play, and opportunities for engagement and emotional growth. These experiences, all linked inextricably to early relational health, promote healthy development, including resilience and healing in the face of adversity.[28,29,30,31]

Promotion of early relational health involves more than providing direct services. Building on this report, we can redesign systems that genuinely support child development by providing parents and families with the opportunities to develop these loving and lasting relationships. We know, for example, that paid family leave effectively promotes child health.[32,33] This report lays out the basis for moving from engaging with the individual families we serve towards developing systems that recognize that love is a basic need of childhood.

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