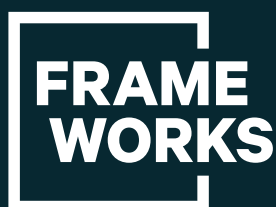


Building Relationships: Framing Early Relational Health

May 2020



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

**A FrameWorks Strategic Brief in collaboration with the Center
for the Study of Social Policy with support from the Perigee Fund**

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Foreword

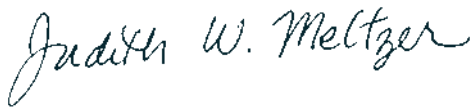
Dear Colleague,

Early relational health is an emergent term that has galvanized the interest of many stakeholders and leaders in child and public health sectors, drawing attention to the essential early relational experiences that contribute greatly to infant/toddler development and overall child and family well-being. *Early relational health* as a term and concept is understood by and matters to many health sector professionals, yet is not well understood by other sectors. The ways in which we talk with parents, community leaders, and other professionals about the importance of early relationships will be a critical element of translating the ideas embodied in the term *early relational health* into actions.

Early relational health, although a new term, does not designate a new field nor a series of new discoveries. In fact, early relational health builds upon decades of research from the fields of child development, infant mental health and neurodevelopment that has established the centrality of relationships between caregivers and very young children for future health, development and social-emotional wellbeing. A broadening chorus of experts, advocates and practitioners are expanding their efforts to translate the research into communication strategies that convey that healthy and positive child development emerges best in the context of nurturing, warm, and responsive early parent/caregiver-child relationships, surrounded by safe communities with strong trust and social connectedness. Champions of the term *early relational health* seek to use such language to galvanize the interests of many more providers, stakeholders and leaders in the child health and public health sectors in the adoption of an early relational frame, believing that there is an urgent need and an immediate opportunity. Their vision is to expand the health system's role in providing universal promotion, prevention and early intervention activities that strengthen early relational health for all infants and toddlers in order to address the rising population challenges of social-emotional and educational delays, behavioural problems, and future mental health problems.

The promise of this perspective will not be realized, however, without greater clarity of communication about the importance of early relational health for parents, caregivers, non-experts, and the public.

This FrameWorks research was undertaken to study, with the generous support of the Perigee Fund, the best framing for the child health sector's enthusiasm for expanding its activities and role in support of healthy early relationships and to explore other professionals', parents' and the public's understanding of this new commitment. As the child health sector provides a universal platform that sees all young families and their infants/toddlers in the first years of life, an expanded focus on early relationships within the child health sector provides a wide-scale opportunity to translate the science about relationships into new practices that can ultimately improve greater population and individual wellbeing.



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Introduction

Early relational health matters. How we talk about it matters as well.

Experts, advocates, and practitioners believe that by making early relational health (ERH) a key piece of the story we tell about healthy, positive childhood development, we can further expand and build systems and practices that more intentionally promote early relational health.

The promise of this perspective cannot be realized, however, without communicating the importance of early relational health to non-experts. The research presented in this brief shows that it is not enough to tell people that relationships matter. We need to help people think differently about what relationships are and how they are formed and sustained. We need to remind people of our collective responsibility to make sure that everyone has what they need for strong early relational health. To build public support for change, we do not need a new term, we need to tell a new story—one that changes the dominant narrative from “relationships are nice to have” to “relationships are fundamental.”

To make this shift, we need to:

1. **Define early relational health** in a way that puts the focus on very young children and the adults in their lives
2. **Explain the systemic factors** that shape early relational health
3. **Connect early relational health to healthy development** and healthy community ties.

This strategic brief offers a comprehensive framing strategy to accomplish this narrative shift. In sharing these recommendations, we:

- Outline the most effective ways to change perceptions and build support for reform
- Provide examples of what these recommendations look like in practice
- Review the research underlying each recommendation.

Research Methods

To arrive at the recommendations below, we applied Strategic Frame Analysis®—an approach to communications research and practice that yields strategies for reframing social issues in order to change public discourse. This approach has been shown to increase public understanding of, and engagement in, conversations about child development and other scientific and social issues.

The following sources of data inform the research findings and framing recommendations in this report. They were supplemented with insights gleaned from two decades of FrameWorks’ research on topics related to early childhood.

Expert Interviews

To discern the key attitudes and understandings that project partners wish to promote about early relational health, FrameWorks conducted seven, one-on-one, one-hour interviews with experts in the field. Interviews consisted of a series of probing questions designed to capture experts’ understanding of what early relational health is, how it develops, what influences it, and the actions that can be taken to better support it. FrameWorks identified key themes emerging from these interviews, and also held a feedback session with participants and project partners to refine them. The resulting “untranslated” expert story is summarized in the table below and is available in fuller detail in the appendices.

Untranslated Expert Story of Early Relational Health

What are healthy early relationships?	What affects or threatens these relationships?
They are dyadic, responsive, and contingent	Challenges to the health and wellbeing of caregivers
They are positive and supportive	Significant adversity in the lives of the caregiver or child
They are consistent and stable	Systems, structures, policies, and practices that do not take relational perspective or that actively damage healthy relationships
They are safe and secure	Structural inequities that affect health, wellbeing and the opportunities for healthy relationships (such as racism, discrimination, poverty)
They are developmentally expected and core to our evolved biology	American cultural norms that value individualism and undervalue relationships and interpersonal connections
They are resilient and can be repaired if ruptured	
Their form and dynamics vary across development, culture, and individuals	
They can involve a range of individuals	
They begin to form early	

Why do healthy relationships matter?	What needs to happen to support healthy relationships?
<ul style="list-style-type: none"> • They build the foundations for future health, development and wellbeing • They are meaningful and enjoyable • They buffer individuals from the effects of adversity 	<ul style="list-style-type: none"> • Support caregiver health and wellbeing • Address sources of significant stress in caregivers' lives • Infuse systems with a relational perspective and create space and support for healthy relationships • Acknowledge and leverage cultural and community strengths to foster close, caring, stable, and responsive relationships • Provide support and training to improve caregivers' ability to engage in healthy relationships

Peer Discourse Sessions

FrameWorks' researchers conducted eight peer discourse sessions—a form of focus groups—to test communications hypotheses and ideas. These were conducted in Irvine, CA, Portland, OR, and Washington, DC between July and November 2019. Three of the sessions were conducted with parents of children under the age of 10, three sessions were conducted with members of the early childhood workforce, and two were conducted with pediatricians. These sessions were designed to meet the following research objectives:

- To identify and confirm patterns of thinking about early development and relationships identified in prior FrameWorks research
- To explore the effects of particular prompts and framing strategies on group thinking and discussion
- To identify areas in which parents', early childcare educators', and pediatricians' thinking differs from early relational health experts and from one another.

What is Framing?

Framing means making choices about what we say and how we say it. An effective frame doesn't just make an audience "feel better" about an issue temporarily, it builds a deeper understanding. When new frames are built into a sector's communications consistently and over time, support for sustained social change becomes possible.

Reframing an issue helps communicators, advocates and experts expand their reach beyond their usual audiences and to communicate more effectively with non-experts.

Section 1: Definitional Framing Work

The first part of a strategy to frame early relational health more effectively must clarify *what it is* for people who are not familiar with the concept. When FrameWorks researchers tested framing strategies designed to do this definitional work, we saw better understanding of core ERH principles and improved ability to think about necessary changes to policy and practice.

Based on these findings, we recommend that communicators use the following three strategies to define core early relational health principles.

Recommendation #1: Use the term “foundational relationships” to communicate that relationships are central to future development, health, and wellbeing.

Adopt “foundational relationships” as the primary term for early relationships. In peer discourse sessions, we found that the term “foundational relationships” sparked discussion about the ways in which relationships early in life set the stage for individuals’ long-term health and wellbeing. This term was not perceived to be overly technical or inaccessible (or a new sub-field of practice). Instead, it focused participants’ attention on the qualities and effects of the relationships themselves, rather than on the researchers and practitioners who study them.

It is important to remember that naming alone is typically not a strong enough framing strategy to yield the robust framing effects that can change public understanding and discourse. Using the term “foundational relationships” is an important reframe but no substitute for a more robust strategy that explains how early relational health can be

supported and why it matters. To communicate this broader conceptual understanding effectively, communicators must also adopt the other recommendations outlined below, which will be developed further in future work.

What it looks like

Instead of this ...	Try this ...
Relationships matter. The field of early relational health brings an intentional focus to emerging research and practice in the early childhood field. It acknowledges the central importance of relationships in early development and seeks to change policy and practice to acknowledge this pivotal role. If we focus on relational health and make sure that it is supported, we can improve the lives of children and their families.	Relationships are the building blocks of positive growth and development for children and their caregivers. The foundational relationships that babies and toddlers experience with all their caregivers in the first years of life provide the stability and supports necessary for the health, development, and wellbeing of children and their families. When we focus on this foundation and support these relationships, children and their caregivers thrive—now and into the future.

How to do it

Talk about building foundational relationships, rather than creating a new field. With careful framing, people can see that relationships matter and are central to healthy development. They are less open, however, to what they hear as calls for new subsectors in an already crowded and competitive field. Avoid language that suggests experts and practitioners are starting a new field or sub-discipline within early childhood.

Flex the foundation. One of the strengths of the “foundational relationships” frame is its flexibility—the ability of a variety of linguistic “handles” to deploy the idea and use it to prime people’s thinking. Our research shows that this term is highly generative and opens productive ways of thinking and talking about the issue. For example, in peer discourse sessions it led participants to speak about foundational relationships as the “building blocks” of positive development, the need for “strong and stable” relationships, the “core” role of healthy child-caregiver relationships in child development, and the “stability” that results from children’s early, positive relationships with caring adults. These are all ways of implementing the “foundational relationships” narrative that extend the metaphorical power of the familiar and easily remembered idea of a foundation.

Repeat, repeat, repeat. One of the most important factors in determining whether a frame will shift thinking is the number of times that people hear it. Even the best frame will fail to work if it isn't used frequently and consistently enough. Our research shows that “foundational relationships” is a promising frame. It now needs to be repeated over and over in creative and varied ways.

Extend the frame through examples and explanations. Communicators can increase the framing effect of the term “foundational relationships” by using examples that *show* the central nature of relationships in children's development. The term lays the groundwork (so to speak) for communicators to use examples and explanations that further build people's understanding of the scientific evidence that relationships play a key role in child development, health, and wellbeing.

Why it works

The foundational relationships frame is clear and visual. It taps into people's existing sense that relationships are important. It communicates that everything else concerning children's development is built on top of and relies on these relationships.

The term “foundational relationships” sets up discussions about positive development and does *not* channel thinking in negative directions or focus attention on unhealthy relationships. Our research shows the importance and power of engaging people in discussions about the *positive* potential of relationships to achieve positive outcomes. The foundational frame facilitates this framing move and is an effective strategy for communicating the power of early relationships.

Significantly, when exposed to the “foundational relationships” frame, research participants were able to engage in detailed and robust discussions about how policy and practice could be changed to reflect and support the central importance of relationships to health and development. For example, many research participants discussed the importance of expanding paid family leave to support the time for relationship building in young families. Others noted how stressed young families, without supports, may struggle to find the time for positive and meaningful interactions with their children.

Recommendation #2: Make it clear that early means early.

Always define what is meant by “early.” Name the age group explicitly. Say “from birth” or use visuals that make it clear that you are talking about children in the first few years of life. It’s important to clarify that early means *early*—really early, as in, infants and toddlers—in order to keep people from defaulting to thinking and talking about school-aged children.

What it looks like

Instead of this ...	Try this ...
Young children’s relationships with the adults in their lives are important to their development. When children have positive relationships with the adults in their lives, their development is strong and positive, setting them up for a future of good health, solid relationships, and overall wellbeing. If we can support children’s relationships with parents and caregivers early in life, we can strengthen their development and help to ensure positive life-long outcomes.	From birth , infants’ and very young children’s relationships with adults in their lives are important to their development. This is especially true for children ages 0–3. When infants and toddlers have positive relationships with adults, their development is strong and positive, setting them up for a future of good health, solid relationships, and overall wellbeing. If we can support children’s relationships with parents and caregivers from birth , we can strengthen their development and help to ensure positive life-long outcomes.

How to do it

Be explicit about ages—provide a number or range. Our research shows that when messages define “early” as a specific age or age range, conversations are much more likely to remain focused on *early* childhood (0–3), rather than drift towards a discussion of older children. Communicators should provide specific reference ages or age ranges in their messages and include these cues early in their materials.

Prime thinking about *early* childhood with examples and stories that are *clearly* about infants and toddlers. Use examples that give people a clear mental image of children aged 0–3. Stories and examples that clearly pertain to babies and toddlers help people concentrate their attention on the earliest years of life. For example, stories about children that involve learning to sit up, crawl, or walk, or stories about pre-verbal children, effectively perform this “age-setting” task.

Use images to underscore that the discussion is about *very* young children. Images are powerful framing devices. Including images of infants and young toddlers in communications will visually support conversations about early relational health by helping audiences stay focused on the target age range of 0–3.

Why it works

Prior FrameWorks research shows that people consistently respond to questions about early childhood with responses relevant to *older* children, in particular, with regard to schooling and academic learning. This tendency to “age up” was also observed in peer discourse sessions about early relationships. Participants struggled to maintain their focus on the relational needs of infants and toddlers and developmental experiences in the earliest months and years of children’s lives. Instead, their attention consistently shifted to preschool- or school-aged children’s experiences.

Aging up keeps people from understanding that the earliest months and years of life are a critical time for the formation of relationships between children and caregivers. Consistently using the strategies explained here to direct people’s attention to the earliest years can strengthen audiences’ association of early relational health with very young children.

Recommendation #3: Show adults participating in, and benefitting from, relationships.

Foreground the mutually reinforcing and mutually beneficial nature of early relationships. Emphasize adults’ role in positive early relational health by featuring them in stories and images and demonstrating how relationships between young children and their caregivers benefit the adults’ health and wellbeing, too.

What it looks like

Instead of this ...	Try this ...
Healthy relationships early in life are vital to young children’s healthy development. These relationships shape the people they will become and the lives they will lead. In healthy early relationships, adults tune into children, provide loving care, challenge them in supportive ways to develop new skills, and foster children’s sense of security by building their trust that their adult caregivers will reliably be there for them.	Healthy relationships early in life shape the wellbeing of both the child and the caregiver. The back-and-forth, two-way nature of these foundational relationships affects adults’ and children’s health and wellbeing both in the moment and in the long term. In healthy early relationships, adults and children get in sync with each other. This reciprocity supports children’s skills development and enables the adults and children to develop a trusting relationship and delight in the bond that builds between them.

How to do it

Always feature the adult. Messages should be careful to include the parent or adult caregiver in the picture. Name the adult participating in the relationship and make it clear that relationships exist between, affect, and benefit *two* people, not only the child. When adults aren’t featured, audiences tend to forget about them and, consequently, have a hard time seeing why policies and programs designed to support adults are important to positive relational health.

Make sure the adult is an active participant in the relationship. Adults not only need to be named in communications, but should also be portrayed as active participants in these relationships. Give adults agency in messages and show how they both shape relationships and are shaped by them. Stories that illustrate adults’ role in developing the quality and tenor of children’s relationships with them should also highlight the specific ways in which adults benefit too from positive relationships with children—for example, through the joy they experience in everyday activities.

Include all caregivers to expand people’s sense of the relationships that matter.

Unsurprisingly, when people focus on the adult in a developmental relationship, they picture a parent. Though parents are the primary source of young children’s rich and supportive relationships, children can experience positive relationships with a wide range of adult caregivers, including childcare providers, extended family, and community members. Most people, however, don’t think about this extended network when thinking about children’s early relationships, so they struggle to understand why

policies, programs, and resources to support them may be necessary. Communicators can address this blind spot by intentionally including examples of non-parental caregivers' relationships with young children.

Draw attention to pediatricians' relationships with children and families. Our research shows that pediatricians think of early relationships as occurring only between parents or childcare providers and young children. In interviews, they did not talk about the quality of their own relationships with patients and their families. Yet, child health providers have a unique opportunity to model the positive value of their own relationships with their patients and their families, their clinic team members and the community stakeholders. Use communications to remind pediatricians that they themselves can develop healthy relationships with children and families in their practice that can nurture, support, and encourage caregivers, which in turn can positively benefit their young patients.

Why it works

People hone in on the importance of relationships to children, but they have a weak understanding of what these relationships mean to adults. They struggle to see early relationships as being *between* two people and, thus, affecting both individuals. Even when people remember that adults play a role in early relationships, they tend to assume those adults are always (only) parents.

Messages that emphasize the symbiotic nature of relationships, name the non-child participant, and clearly show how relationships affect *both* parties involved can shift people's perspective. In addition, featuring non-parental caregivers expands the range of individuals that people visualize as potential participants in supportive early relationships. Rebalancing people's perspective in these ways can increase the salience of early relationships by helping people to appreciate how supportive relationships affect both children *and* adults.

Tips for including imagery related to early relational health

- Always include the adult participant—avoid images that just feature children.
- Choose images that show adult-child pairs engaged in social interaction—avoid images of adults and children in the same space but not in tune.
- Use videos where possible. Videos are excellent ways of illustrating the two-way, dynamic nature of relationships and can tune viewers in to particular features of healthy parent-child interactions, such as “serve-and-return” patterns, joint attention, behavioral cues that provide safety and reassurance, and so on.

Section 2: Causal Framing Work

The public and even early childhood and health care professionals often struggle to understand that the wellbeing of relationships depends on many surrounding conditions, contexts and experiences beyond an individuals’ capacity to care and nurture young children. Building from FrameWorks’ last decade of research, the following recommendations help communicators show what contexts or conditions contribute to the support of strong relationships and how context can also impede the development of strong relationships when certain conditions are absent.

Recommendation #4: Use the value of *Inclusive Opportunity* to talk about equity.

Use the value of *Inclusive Opportunity* to orient the public to the idea that policies and programs that promote healthy relationships should be available to all. This value helps explain how relationships can strengthen the development of *all* children and the wellbeing of their caregivers, and points to sources of inequities for certain groups.

What it looks like

Instead of this ...	Try this ...
Everyone should have what they need to experience healthy relationships, such as inclusive policies, programs, and community resources.	Everyone should have what they need to experience healthy relationships, but right now many communities do not. Let’s put in place inclusive policies, programs, and community resources to make sure everyone can create and sustain strong relationships.

Keep in mind

When using this value, communicators should be sure to emphasize the following points:

- **Demonstrate how policies that address inequities facilitate healthy relationships.** Communicators should use the value to signal how environments can be set up to promote healthy relationships between children and their caregivers.
- **Focus on the structural and racist barriers that can impede the formation of relationships.** Give audiences a clear sense of how some families' backgrounds can determine access to resources and supports, which in turn can undermine early relational health.
- **Don't use this value to suggest that disadvantaged families are helpless victims, but rather to explain how they are negatively affected by social structural barriers and inequities.** People strongly reject messages that suggest individuals have no agency and are passive victims of their life circumstances. Be clear that structural disadvantage matters for healthy relationships, but it isn't all that matters.

Why it works

The *Inclusive Opportunity* value is effective because it counters the assumption that disparities in healthy relationships stem from deficiencies within families or communities. Instead, it focuses attention on the racist and structural barriers that prevent healthy relationships from forming. In other related projects,¹ this value has been shown to redirect public thinking toward the policies and practices necessary to support all families, including low-income families, families of color, non-English speaking families, and others.

Recommendation #5: Use the *Overloaded* metaphor to explain the impact of systemic inequalities on the development of healthy relationships.

Draw on the power of analogy to increase people's understanding of how social inequity affects families. Most people struggle to connect systems-level conditions to individual-level outcomes. Communicators need audiences to see that, while responsive caregiving is a skill that can be enjoyed, further developed, and enhanced, it can also be compromised when parents are consumed by the daily, ongoing struggle of things like social and economic disadvantage. A metaphor can use what people already know—a concrete object or familiar process—to make abstract ideas like inequity easier to process and

conceptualize. In other projects,² the *Overloaded* metaphor used the image of a truck burdened with too much freight to improve people’s understanding of how caregiving is affected by interconnecting systemic factors that are beyond individuals’ control.

What it looks like

The weight of things like extreme poverty can overload a parent’s capacity to form strong relationships with their children. Just as a truck can only bear so much weight before it stops moving forward, challenging life circumstances can slow parents down, making it hard for them to provide high-quality care and support. However, just as we can unload an overloaded truck by bringing in other trucks or moving cargo in other ways, we can provide supports and services that improve parents’ ability to provide responsive care for their children. These supports can keep families moving forward, even in bad conditions.

Keep in mind

- **Focus on the external pressures that hamper parents’ capacity to care for their children.** The conventional associations between stress and feeling overloaded, such as the idea of being “burdened” or “weighed down,” can be leveraged to focus on influences that are outside of caregivers’ control. At the same time, communicators should take care to preserve individuals’ sense of autonomy and efficacy in the face of these stressors.
- **Don’t simply name stressors in families’ lives, but explain how they affect relationships.** Naming is not the same as explaining. Advocates should avoid just rattling off a list of stressors that may affect families’ ability to form healthy relationships. Instead, they should explain *how* these stressors can affect caregiving capacity using a step-by-step approach. Communicators can do this by focusing on explaining the lived experience of stressful circumstances (for example, instead of citing poverty as a stressor, explain the impacts of worrying about having enough money to feed your children).
- **Be specific about solutions that can alleviate stress.** When using the metaphor, always explain how stressors can be offloaded from families. Introduce concrete and actionable solutions, explain how they work, identify who would be responsible for implementing them, and clarify what these policy or practice changes would achieve.

Why it works

This metaphor draws attention to the external factors that interfere with the time, resources and capacities for positive parenting—factors such as financial problems, housing instability, and unemployment. In our research, this metaphor was found to spark productive conversations about the need for community supports, (for example, resources that provide families with financial assistance or housing support.) Crucially, this metaphor helps people easily see how social factors constrain parents’ ability to provide responsive caregiving for infants and toddlers, but not in a way that denies their inherent capacity, agency, resilience and intrinsic desire to do so.

Recommendation #6: Avoid deterministic language and emphasize parents’ self-efficacy and resilience.

Don’t feed people’s fatalism. As prior FrameWorks research has shown, members of the public assume that once healthy development is derailed, it cannot be put back on track. This way of thinking leads people to reason that interventions to support healthy relationships are futile, especially for families that have already experienced adversity in their lives. To break through these deterministic and fatalistic ways of thinking, advocates must intentionally choose language that boosts parents’ sense of self-efficacy and hopefulness about their own future and those of their children.

What it looks like

Building families’ resilience and strength allows relationships between children and parents to thrive. Safe, stable and equitable environments, civic and community engagement, and opportunities for social-emotional development positively impact relational health.

Keep in mind

Our research findings suggest that, when talking about the systemic factors that get in the way of healthy relationships, communicators should:

- **Avoid deterministic language.** Don’t overstate the causal relationship between life challenges and early relational health. Instead, incorporate the idea of probability into messaging, for example, explain that social and economic disadvantage may increase the *likelihood* of disrupted relationships but do not guarantee their occurrence.

- **Use a hopeful, efficacious tone.** Avoid leading with an explanation of all the obstacles and barriers posed to healthy relationships. Instead, begin communications with an aspirational appeal to the power of resilience or the power of positive relationships for healing and growth. Use a more inviting tone and asset-based approach, rather than focusing on the harsh realities of adversity and its impacts. One way to do this is to refer to the ability to thrive in the face of challenging life circumstances, for example, through language such as “families’ resilience in the face of stress.”
- **Be specific about the solutions you put forward.** When promoting new policies, always explain how they will work, who will be responsible for implementation, and what these new policies will achieve. Vague calls for “taking steps to address the issue” are not as effective as plain-language explanations that communicate that change is possible, and how.

Why it works

A number of research participants, and especially early childcare educators, were generally attentive to the ways in which systemic inequalities such as poverty, lack of access to affordable healthcare, or lack of quality childcare can impede parents’ formation of healthy relationships with their children. This discussion, however, was frequently accompanied by a deep sense of fatalism about the possibility that these barriers could be addressed (as one pediatrician put it, “it means we have to fix society—and that’s so hard!”). When reasoning from this perspective, people are more prone to conclude that many families are destined to struggle and that there is little that can be done to support them (and, by extension, children’s development).

When communicators and advocates focus on families’ capacity for resilience and self-efficacy, they are able to bypass the deeply engrained belief that “damage done is damage done” and foster a more productive, “can-do” attitude about promoting relationships.

Section 3:

Framing Why Early Relationships Matter

Early relational experiences, especially during the first 1,000 days of life, are key drivers for building physical and mental health, development, early learning, and future wellbeing. They also establish trajectories of social and emotional development, playing an important role in shaping children's relationships throughout their lives.

Members of the public also understand that relationships matter, but they struggle to articulate *why* and *how* they matter. Communicators can use the following set of recommendations to tell a fuller story about how adopting an early relational health perspective can improve a range of outcomes for both children and their caregivers.

Recommendation #7: Tell stories about what changes when relationships are central.

Share a concrete vision for positive change. Experts are clear that changes to systems that serve children and families, such as pediatrics, early care and education, child welfare, and family support services, are vital to advancing early relational health. It is difficult, however, for non-experts to grasp what these changes look like and what they mean in practice. People need very detailed and concrete examples of how systems can incorporate a relational perspective and what outcomes would result.

Communicators should therefore offer examples and case studies about the systems changes they would like to see. These should: first, highlight the status quo (in essence, that relationships are typically *not* centered in existing systems and practice), and

second, emphasize that we can make changes to these systems, both big and small, to better support and facilitate strong relationships. These stories should include three parts:

- 1. **Current state:** Description of an existing system or practice where relationships are not taken seriously or are not central
- 2. **Action:** Explanation of how the implementation of an ERH perspective would change that system or practice
- 3. **Outcome:** Statement about how outcomes will improve once an ERH perspective is adopted into an existing system or practice.

What it looks like

Current State	Action	Outcome
Electronic medical records (EMR) do not generally have space for healthcare practitioners to document relational health conversations with parents (anticipatory guidance) or their observations of parent-child relationships nor can they bill for any emergent early relational health monitoring and screens.	Updated EMR’s could prompt the documentation of some of the characteristics or quality parent-infant relationships and/or for practitioners to document their relational health conversations. When this documentation is linked to quality outcomes, the stage could be set for payments for these components of pediatric care.	EMR documentation has the potential to provide data reporting that ultimately lead to value-based payments for best practices and activities to advance early relational health as a new quality standard of child health care.
Most early childhood educators (ECE) are trained to work with a single age group, and program structure usually allows only one academic year during which ECE can build strong relationships with infants and young children and their families.	ECE programs and their staff should offer continuity of staff relationships for infants and young children over multi-year periods.	This continuity of relationships over time would be mutually satisfying and impactful for infants and young children, their families and the staff.
Medicaid does not uniformly reimburse for team-based care (e.g. DULCE, HealthySteps) that usually has a specific focus on supporting the parent-child relationship and early relational health in primary care.	Team-based care models should be adopted by state Medicaid programs to advance high-functioning medical home activities that focus on family wellbeing, improved health outcomes and social-emotional development.	With financing policy and sustainability in place, pediatrics would rapidly adopt team-based care models that focus on advanced early relational health and family supports, knowing the benefits for practice transformation and improvement.

Current State	Action	Outcome
Home visiting models promote parent-child relationships by the home visitors, offering teaching and guidance on parent-child interactions during some home visits.	Use video technology to capture parent-child interactions and provide reflective and strength-based feedback with families about their early relational experiences with their infants toddlers.	Reflective practices strengthen parent-child relationships, the home visitor-parent relationship and the skills of the home visitor.

Keep in mind

- **Avoid jargon or technical terms.** Although word choice will depend on audience, avoiding insider language is one way communicators can make messages more concrete. Even terms like “services” or “programs” may not be familiar to people outside of the early childhood field. Instead, opt for explanations that are specific and easy to visualize. For example, instead of just mentioning a “program,” explain the program as a place or opportunity for parents to get coaching and practice building strong relationships.
- **When talking to pediatricians, try to also include examples outside of the healthcare system.** Pediatricians understand that relationships matter, but they often struggle to think and talk about how they can be supported by other systems outside of healthcare. Opening up their thinking to other systems will deepen understanding.
- **Where possible, extend the benefits of applying an early relational health perspective to systems and practices beyond children and families.** Show how outcomes might be improved at the educational, community, or societal level.

Why it works

Parents, pediatricians, and early childhood educators know that relationships are important, but they struggle to understand how relationships can be supported or impeded by contextual factors beyond an individual’s willingness and capacity to “care” about others. Concrete stories about how to implement an early relational health perspective can help audiences understand how changes at the level of system and practice can positively shape caregivers’ abilities to form and sustain relationships with children, especially in the critical first 1,000 days of life.

These concrete, “before and after” stories are perhaps even more important when communicators are engaging with pediatricians or other healthcare providers, who perceive themselves to be *already* centering relationships in their work. Without specifics about exactly how existing practices could look different, calls to adopt an early relational perspective may be dismissed as redundant, or just another burden. When exposed to these types of stories, healthcare professionals are better able to see how a specific practice is not supporting relationships and how a proposed change might improve them.

Recommendation #8: Emphasize that relationships are intrinsically rewarding and gratifying.

Don’t shy away from focusing on immediate outcomes and the pleasure of being deeply connected to other people. Communicators often speak about early relational health just as a means to an end—as a way of promoting individual (such as health, development, early learning, and future wellbeing) or collective (such as a productive future workforce or engaged citizenry) outcomes. Such utility-based messages lose sight of the ways in which strong relationships are intrinsically rewarding and deeply gratifying for both children and adults.

In our research, parent, pediatrician, and early childcare educator groups responded more productively to messages that acknowledged the immediate joy and pleasure of building relationships with young children, in addition to the more instrumental benefits. Make room in communications for appreciating human connection and shared emotion as ends in their own right.

What it looks like

Instead of this ...	Try this...
Early relational health elevates the primacy of the earliest relational experiences and interactions between infants and their caregivers that build the foundations for health, learning, and social wellbeing.	The developing relationship between infants and their caregivers not only lays the foundation for health, learning, and social wellbeing, but just as importantly can provide immense joy, happiness, and delight for both.

Keep in mind

Focus on the positive early and often. While communicators need to talk about the barriers that can limit early relational health, this should be balanced by messages that include the joyful and immediate impacts of strong early relationships.

Use images and videos to communicate joy and delight. Videos powerfully express the immediate positive impacts of interactions between young children and their caregivers. By inviting audiences to connect to the issue on an emotional level, these images can build people's will for collective action to support early relational health.

Conclusion

Champions of early relational health can be leaders in a shift in talking about the conditions that foster or impede the healthy development for infant, toddlers and very young children. These leaders are already poised to make a tremendous difference at every level of current practice and supports across early childhood systems. Champions of early relational health want to be able to talk successfully about promotion, prevention and the support of resilience in face of trauma and risk. They want to elevate new insights about the healthy and developmental outcomes of positive experiences, the key ingredients of which are relational and social support. They also know that success in advancing policy and practice change to support early relational health requires clarity of communication and better framing for the public, for parents, and for early childhood and child health professionals that broadens understanding and can galvanize change. Hence, all champions should see the value of framing communications about the early relational health for many audiences, beyond the health sector, as “foundational relationships.” Without careful attention to framing and communication, any new initiative focused on strengthening early relationships is vulnerable to dismissal as just another fad in early childhood services and programming.

This brief, and the research that underlies it, was intended to provide initial guidance to those who wish to build public, professional, and parental support to advance early relational health. As a next step, champions of early relational health must now develop and test new narratives, stories and messages, mindful of the discoveries and recommendations in this brief. As these are developed, it will be important to further explore the nuances of framing across additional segments of the general public, community leaders, professionals, and particularly parents.

Appendix A: Evidence Base

FrameWorks’ researchers conducted eight peer discourse sessions (a form of focus group) to explore how frames work in conversational settings, in order to refine them and generate specific recommendations for their use. The frames tested included those that worked effectively on other, related projects including Developmental Relationships, School, Community and Family Engagement, Toxic Stress, child and infant mental health, among others.

Sessions were held in Irvine, CA, Portland, OR, and Washington DC, in July–November 2019. The groups included three sessions with early childhood educators, two sessions with pediatricians and three sessions with parents of children under the age of 10. Participants were recruited to represent variation across demographic characteristics, including race/ethnicity, gender, age, and political identification. Sessions were video recorded with written consent from all participants. Sessions include a variety of discussion prompts and roleplaying activities designed to evaluate which frames are most easily understood by the public, which allow them to most productively use new information, and which were most easily used during conversation with peers.

Appendix B: The Untranslated Story of Early Relational Health

This document summarizes the main themes that emerged from seven, one-hour interviews and a feedback webinar with experts in the field of child development and child and maternal health. Interviews with participants were conducted in July 2019. These themes comprise the “untranslated” story of early relational health: the content that experts want to communicate to others in their field (and related fields) and to members of the public. It is organized around five overarching questions:

1. What is early relational health?
2. What are the characteristics of healthy early relationships?
3. Why do healthy relationships matter?
4. What affects or threatens these relationships?
5. What needs to be done to support more/better relationships?

What is Early Relational Health?

Relational health is defined as the capacity for, and ongoing engagement in, growth-fostering, empathetic and empowering interpersonal interactions. Early relational health from positive, nurturing and stimulating early relationships builds the foundations for a lifetime of relational health. On the other hand, poor relational health leads to social-emotional impairment, and psychological distress.

What are the Characteristics of Healthy Early Relationships?

- They are **dyadic, responsive and contingent**. They include the child *and* adult caregiver and depend on back and forth, dynamic interactions. They are not unidirectional or static or just about the teaching the child.
- They are **positive and supportive**. They are not mean, disrespectful or stress-inducing.
- They are **consistent and stable**. Healthy relationships are consistent and predictable, helping children acquire a sense of trust and mastery of the world around them, and the people within it. They are not unpredictable.
- They are **secure and safe**. Healthy relationships provide the safety required for children to explore, experiment and take risks. They do not leave children or adults vulnerable or exposed.
- They are **essential and core** to our evolved biology. Nurturing relationships are developmentally-expected and children actively seek and expect social interaction from the earliest moments of their lives. They are not peripheral, modern or nice to have, but essential to build capacities.
- They are **resilient**, can withstand adversity and—if ruptured—can be healed. They are not brittle but they are also not unbreakable.
- Their form and dynamics **vary** across development, culture, and individuals, but there appear to be consistent themes. They are not one-size-fits-all.
- They can involve **a range of individuals**. Children benefit from developmentally-nurturing relationships with non-parental adults, including early childhood professionals, neighbors, grandparents, and other extended family members. They are not just about mom and not just about parents.
- They **begin to form early**. First, prenatally as parents prepare for the birth and thereafter from the earliest moments of infancy. From the moment of birth, young children can begin to form relationships with caregivers in ways that do not depend on language alone. They do not wait until the child can talk but rather develop by complex non-verbal, imitative, and sensory interactions.

Why do Healthy Relationships Matter?

- **They build the foundations for future health, development and wellbeing.** Healthy early relationships affect virtually everything in life that follows. They serve as the foundation for an individual's cognitive, social, emotional, physical, and behavioral development, during childhood and across the lifespan. They also play a key role in shaping future relationships.
- They are **meaningful and enjoyable**. Above and beyond their instrumental effects on development, engaging in healthy relationships is intrinsically meaningful and satisfying for both children and adults. Both parties derive in-the-moment enjoyment and reward from these relational experiences.
- They **buffer adversity**. Resilience develops through healthy relationships. Relationships can provide the personalized protection that buffers children from developmental disruptions associated with adversity. They also directly build the core capacities (such as the ability to manage and regulate emotions and behavior) that enable individuals to respond to challenges.

What Affects and Threatens These Relationships?

- **Challenges to the health and wellbeing of caregivers.** While healthy and positive relationships are possible even in situations of adversity and challenges to wellbeing, factors that affect the health and wellbeing of the adult affect their ability to engage in healthy relationships. Mental health challenges are a prime example—unstable mental health puts a strain on developing and maintaining healthy relationships.
- **Significant adversity in the lives of the caregiver/s or child.** Things like poverty, taxing work schedules, racial discrimination, unstable housing, other relationship difficulties, or congenital health/behavior issues of the child, affect the care, attention and focus that can be brought to a relationship. These can be attention disrupters (things that reduce relational energy, for example, dealing with the intense stress from domestic abuse) or attention diverters (things that direct attention elsewhere, for example, dealing with the scheduling challenges caused by low wage work).
- **Systems, structures, policies and practices.** Systems and the policies that shape them can facilitate, passively impede, or actively block the ability to form and maintain healthy relationships. For example, work leave policies, child welfare programs, criminal justice policies, and healthcare systems currently do not leave space for relationships and are built in ways that impede their formation and maintenance. Current work

leave policies (or the lack thereof) passively impede relational health by not providing sufficient time or attention with which these relationships can be formed. Child welfare policies and family justice practices more actively block relational health by positioning separation as the system's default response. On the other hand, health systems that treat the family rather than separating children and adults can foster and more actively support relational health.

- **Structural inequities that affect health, wellbeing and the opportunities for healthy relationships (racism, discrimination, poverty).** Experiencing racism and other forms of discrimination can negatively impact health and wellbeing and represent a significant drain on capacity to engage in healthy relationships. These effects may come from the systems level (systemically excluding certain groups from quality healthcare for example) or the interpersonal level (experiencing discrimination in one's everyday life can drain the energy and attention available for healthy relationships).
- **American cultural norms that value individualism and undervalue relationships and interpersonal connections.** In emphasizing the individual and de-emphasizing relationships, current American culture creates a context in which relationships are undervalued and systems are built in ways that don't acknowledge their importance or make room for them, let alone actively support them, nor develop them from the start.

What Needs to Be Done to Support Healthy Relationships?

1. **Infuse systems with a relational perspective and create space and support for healthy relationships.** Systems can be changed to facilitate rather than impede healthy relationships. Paid family leave, lower caregiver-child day care ratios, family healthcare, and changes to insurance systems that incentivize early support to relational health rather than later remediation of health and behavior problems are examples of such changes.
2. **Support adult health and wellbeing.** Actions that build wellness and resiliency in adults have a positive impact on healthy relationships. For example, higher quality and more affordable mental health services create wellness in the adult which can transfer to the child through healthier relationships. When adults are healthy, resilient and thriving, they are positioned to have healthy relationships with children.
3. **Address sources of stress in caregivers' lives.** Policies that address sources of stress in the lives of caregivers—such as poverty, racism, mental and physical illness, domestic violence, and lack of employment opportunities can facilitate

the formation of healthy relationships. Examples of such policies might include affordable/healthy housing policies and a higher minimum wage.

4. **Acknowledge and leverage cultural and community strengths to foster close, caring, stable and responsive relationships.** Many communities that are marginalized by the dominant culture (and often are living on low incomes), face structural challenges, but they are also invested with considerable social strengths when it comes to healthy relationships. Strong values around the importance of close and supportive bonds as well as cultural norms and practices that provide space for healthy relationships are assets that are currently not fully realized to promote relational health, but should be.
5. **Provide support and training across agencies for both staff, caregivers and families to improve their ability to engage in healthy relationships.** Programs (video coaching, childcare provider training, home visiting) can increase the capacity of adults to engage in healthy developmental relationships and improve relational health.

Endnotes

1. O’Neil, M., Volmert, A., & Gerstein Pineau, M. (2019). *From Caring to Conditions: Strategies For Effectively Communicating About Family, School, And Community Engagement (A FrameWorks Framing Brief)*. Washington, DC: FrameWorks Institute. O’Neil, M., Volmert, A., Pineau, M.G., & Levay K. (2018). *Reframing Developmental Relationships*. Washington, DC: FrameWorks Institute.
2. The FrameWorks Institute. (2019). *Strategies for effectively communicating about toxic stress*. Washington, DC: FrameWorks Institute.

About FrameWorks

The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multi-disciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

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Building Relationships: Framing Early Relational Health

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