

Promoting First Relationships

<u>Promoting First Relationships</u> (PFR) supports children's social-emotional development through responsive and nurturing caregiver-child relationships. The model's main goals are to increase sensitive and responsive caregiving, increase caregivers' understanding of their child's social and emotional needs, support caregivers' reflective functioning, and improve caregivers' and children's emotional regulation. Home visitors respond to a family's need using consultation strategies, handouts, and video recordings.

What is the model's approach to providing home visiting services?	Hourlong home visits take place weekly for 10 weeks. PFR can be delivered to a family with a child between the ages of birth and 5 years old.
	PFR's service population includes the following:
	Sectant caregivers
	Sirst-time caregivers
	Caregivers with a history of depression and anxiety
	✓ Caregivers with limited access to education
	Samilies with low incomes
	Families with a history of substance use or in need of treatment
	Families with a history of child abuse or neglect/involvement with child welfare system
	Children with developmental delays or disabilities
	📀 Children with special health care needs
Who is implementing the model?	Home Visitors
	PFR requires home visitors to have experience working with children and families.
	Supervisors
	PFR requires supervisors to have experience in home visiting and in working with
	children and families.
Where is the model implemented?	PFR operated in 4 states in 2022. PFR also operated outside the United States and its territories in Australia, Canada, Turkey, and Switzerland in 2022

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Families Served Through Evidence-Based Home Visiting in 2022







Mission

PFR envisions a world where every child feels safe, secure, and connected to their caregiver; every caregiver feels safe, secure, and connected to their child; and all people can experience healthy and supportive relationships.

History

PFR grew out of Dr. Jean Kelly's dissertation published in 1982, in which she refined and operationalized intervention strategies to promote high-quality parent-child interactions. Dr. Kelly used video recordings and live parent-child interactions to provide a space to explore the caregiver-child relationship and provide positive support and reflection on the developing relationship. These strategies became the basis of the PFR curriculum.

Foundational to Dr. Kelly's work are the core values and beliefs that guided her practice with caregivers of children with developmental disabilities. These include valuing the caregiver as the expert, believing that a caregiver's confidence and competence increase through strength-based strategies, and understanding that change occurs when caregivers observe and reflect on their relationship with their child. Observation and reflection create an avenue for caregivers to explore the meaning of their child's behavior and how behavior reflects their social and emotional needs.

