

Essential Element 1

First Born is a community-based model and is based on the following equation:

When you combine First Born's assets with the community's assets, you produce a strong community-based program.

The following principles are part of the First Born model:

- First Born will be a sustainable and effective program if all networks of community associations -- large and small, formal and informal -- are engaged in the process. First Born's success depends on its relationship with local stakeholders.
- Each community has an array of local public, private and non-profit organizations. Each of these organizations has resources -- personnel, space, expertise, equipment, and economic power -- that can contribute to the success of First Born. Each time an institution contributes a resource to First Born, that institution feels ownership of First Born. First Born wants to engage as many partners as possible. It is through this ownership that a community feels it has responded to its own needs and issues related to families with young children. After tapping into these local assets, First Born and the community may need to look outside to satisfy additional resource needs. First Born becomes the community's bridge to external assets.
- First Born brings an array of resources to a community -- new jobs with benefits, experts in the field of prenatal and early childhood issues, purchasing power, informed parents who are engaged in the parenting process and become active community members, and many other resources that will positively impact the local economy. First Born increases community capacity.

Essential Element 2

The First Born Program is located within a community-based organization that has a strong and effective infrastructure. The program has an effective collaborative relationship with the medical community.

First Born program will have access to the facility's infrastructure:

- Policies and procedure manual
- Human resource department
- Liability protection

- Continuing education opportunities
- Benefits packages
- IT services and support
- Office space
- Access to nonprofit corporate support
- Other in-kind support

First Born program has engaged collaboratively with the medical community.

- Medical providers have a clear understanding of First Born's goals, objectives, and processes for engaging families in services
- An effective referral process is established
- A process for service coordination is established

Essential Element 3

All First born Staff are certified in First Born Core Competencies.

Certification in all of the First Born Core Competencies assures that all Home Visitors have the knowledge and skills necessary to work effectively with families. Each family is unique and presents specific challenges.

In the First Born model, each program also draws on the expertise of its own unique community to complete the training competencies. For example, the training on domestic violence would be taught by the domestic violence shelter personnel in the community where First Born services are being delivered. A powerful way to engage a community in First Born is to have community members provide various sections of the training. Local police train on safety issues because they are the "experts" in their community. By inviting local agencies to provide specific training, First Born has also opened the door for referrals and service coordination.

It is important for trainees to spend time with established First Born Programs. Trainees can spend time shadowing trained home visitors as they interact with families and complete documentation protocols. The experiential part of the training is an important aspect of the training because it provides the necessary link between theory and practice -- it is not possible to gain this insight by spending an entire training in a classroom setting.

Essential Element 4

Services are offered to all women pregnant for the first time; mothers, fathers and/or families who are parenting for the first time; and families who are adopting their first baby. First-time families may enter the program anytime during pregnancy, at the birth of the baby, or up until the baby is two months of age. All first-time families are offered a First Born Postpartum Home Visit that includes an assessment of both mother and newborn. Where available, this postpartum visit is conducted by a nurse or medically trained professional. Services are free, voluntary and offered without regard to the family's economic status. No family is labeled or stigmatized to receive First Born services.

By initiating services during the prenatal period or at the birth of the baby, First Born is able to engage first-time families at a time when families are eager and receptive to learning new information. In addition, this is the time when the baby's brain growth is rapid and extensive; what occurs during these first months can have lasting impacts on the rest of the child's life. This is the beginning of a long-term, trusting relationship between the family and their baby, between the family and their Home Visitor, and between the family and their community. From the beginning, families learn to have realistic expectations for themselves and their infants. First Born is able to support the bonding and attachment process that begins even before the baby is born. This is an important time to assess the degree of stress a family is experiencing and support the family as they learn new ways to navigate life's inevitable challenges.

At the birth of the baby, a First Born Postpartum Home Visit is offered to all first-time and adopting families. During this home visit, where available, both the mother and baby receive a thorough clinical evaluation by a comprehensively trained nurse or other medically training professional. Any concerns are communicated immediately to the family's medical provider(s) and referrals are made to other community services, as necessary. In addition, lactation education and support is offered at a critical time – this visit often makes the difference in a mother's and baby's breastfeeding success and comfort. This is also an important time to educate the family about postpartum depression and other related mental health challenges.

First Born can link families to other valuable community resources as needs are identified. Families learn to access resources as a prevention strategy rather than as a means for dealing with a crisis.

No family must be labeled, stigmatized or otherwise diagnosed in order to qualify for services. Services are offered to all women pregnant for the first time and families parenting for the first time without regard to economic or situational status.

In an ideal world with unlimited resources, all families would have a Home Visitor even if this were the second, or third or fourth pregnancy or birth. However, with finite resources, it makes economic sense to focus on the first born -- the second and third born children will benefit from the services the family received with the first baby. So, by serving 40% of the population (the approximate percentage of babies that are first born), we will eventually serve all children and their families. In addition, by focusing services on first-time pregnancies, all of the attention is centered on the pregnancy rather than being drawn away from the pregnancy by the needs of other children in the family. By the same token, while focusing on the first born, there is no need to redirect energy to the toddler in the family.

Essential Element 5

The three First Born Core Curricula, a curricula written specifically for the First Born Program, are implemented through home visitation services.

There are three First Born Core Curricula: The First Born Prenatal Core Curriculum; The First Born First Year of Life Core Curriculum; and The First Born Toddler Core Curriculum. They are available in both English and Spanish and are structured to allow flexibility in presentation with families.

The presentation of the material can be tailored to match the parents' individualized learning styles -- visual, auditory and/or kinesthetic and tactile. The Home Visitor will discover how families learn through discussion and feedback from families. There is also flexibility in the order in which the material is presented. Based on the interests and concerns of the family, the various sections of the curricula can be presented to families in any order. For example, during the prenatal period, one family may want to concentrate on nutrition, while another family wants information on the warning signs -- it's their choice. Or, for example, some 4-month-old babies will be ready for 6-month motor development information but not communication information. What's important is that the family eventually receives all of the information included in the curricula -- the presentation style and order of materials presented can be individualized for each family. The curricula are also valuable training tools for new staff.

Essential Element 6

First Born home visits occur weekly with a minimum of 40 home visits per family per year for the first year of service. During the first year, service intensity may increase depending on identified family concerns and challenges. During the next

two years, service intensity may decrease depending on identified family successes, concerns and challenges. Services may continue until the child is three years of age or until services are no longer requested by the family.

Initially, weekly home visits are necessary to establish trust, commitment, rapport and receptiveness -- a strong and committed relationship takes time to develop. Significant change only occurs through a relationship. Weekly home visits allow home visitors to support families and find solutions to challenges as they occur rather than waiting until the concern has reached a more significant level of difficulty. First Born services over time allow Home Visitors to provide support as families learn to apply the recently gained knowledge and problem-solving skills. Through consistent and predictable home visits, families learn that

- They are listened to;
- They are treated with respect;
- Their values, customs and beliefs are recognized and affirmed as valid and important;
- They are communicated with openly and honestly;
- They are provided with complete and unbiased information;
- Their concerns are acknowledged, needs identified, and strengths built upon; and
- Services are provided based on the family's expression of needs and preferences.

Essential Element 7

As a program, First Born is committed to working through community partnerships. With consent from families, First Born is also committed to coordinating and linking all First born services with other community service providers.

The First Born Program acknowledges that public health is best enhanced by working through community partnerships. The program is committed to the collaborative process which includes coordination of services, shared trainings, integration of resources, and the evaluation processes that assess shared outcomes and common goals. Coordination of services for families is maintained through Releases of Information, assessment summaries, correspondence, telephone calls, and providing information to improve access to the available services.

At a minimum, with consent from the family, First Born services are coordinated with the medical provider who receives an opening letter and quarterly reports on a regular basis. In addition, families increase their knowledge of the services that are available to them and how to access those services. Through a positive experience with First Born, families feel more comfortable and confident in accessing other community resources.

Essential Element 8

The First Born staff is a culturally sensitive combination of degreed and non-degreed professionals that have been trained using First Born training modules. Staff receives weekly supervision.

The First Born staff is an effective combination of degreed and non-degreed professionals working together to provide effective services for families. First Born staff provides effective services to people of all cultures, races, ethnic backgrounds and religions in a manner that respects the worth of the individual and protects the dignity of each individual regardless of the circumstances under which services are sought. First Born integrates and demonstrates methods for incorporating cultural competency into planning, policy, administration, training, research, service delivery, and quality improvement. The program employs multi-cultural and multi-lingual staff as indicated by the population being served. This cultural sensitivity is accomplished through education, dialogues, community interaction, social events, and personal contact between persons of different cultural groups.

Essential Element 9

Program implements process evaluation and First born Program documentation protocols.

- First Born has a Documentation Protocols Training Manual that includes all of the explanations, materials, and forms necessary for thorough and accurate program documentation.
- First Born OUTCOMES are consistent with the First Born Program's logic model and reflect the recent research on the long-term health impact of Adverse Childhood Experiences (ACEs).



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