• **Mission Statement:** First Steps is a support and service system designed to improve family capacity to enhance their child’s development and learning and to increase the child’s participation in family and community life.

• **Belief #1: Families are Decision Makers and the Child’s First Teacher**
  Families are fully-informed and supported in making informed decisions about services, supports, and activities. Families know their needs best and have the greatest influence on their child’s development. Family is forever, providers come and go. They know their child’s likes, dislikes, family activities, and routines. In the context of raising a child with a disability, families know which of their daily activities flow smoothly and those that are more difficult, and can prioritize their needs. The First Steps system should be responsive to those priorities and assist the family in building their capacity to meet their child and family needs.

• **Belief #2: Effective Services are Designed Around and Promote Family Strengths**
  All families have strengths. Families must be involved in the identification of supports and services that are meaningful to them. Promoting family strengths builds confidence and competence that will further enhance the child’s development. Each family’s strengths must be valued, accepted, and incorporated into the Individualized Family Service Plan (IFSP) process.

• **Belief #3: Effective Services are Culturally Competent**
  Diversity is valued and providers of early intervention services must be responsive to and respectful of the cultural diversity of each family served in the system. Customs and traditions are an important part of family life.

• **Belief #4: Effective Services are Provided in the Context of the Child’s and Family’s Natural Routines**
  Children learn and develop best when participating in learning opportunities that occur naturally in everyday routines and activities. Therefore, early intervention strategies and activities should be embedded into these routines. It means coaching and consulting with families and children where they live, learn, and play.

  For example, practice in learning new skills such as eating, walking, and talking should happen during naturally occurring activities throughout the day such as mealtimes, playing in the backyard, or during playtime at the childcare center. If needed, modifications to the family and child’s current possessions and toys should be used to teach how these items can be made in other environments and locations that the family typically uses.
• **Belief #5: Effective Services are Provided in Natural Environments**
A child’s development is enhanced when services are provided in natural environments. IFSP teams must first consider if a child’s need can be met in a natural environment. Thus, to the maximum extent appropriate to meet the needs of a child, early intervention services are provided in the home and other community settings in which children without disabilities participate.

• **Belief #6: Services and Supports are Individualized**
IFSP services and supports are individualized, based upon the needs of the child and family, and planned and provided in a timely manner. Concerns and priorities, as identified by the family, must also be considered in developing the IFSP. Early intervention professionals should design their services and supports so that families or primary care providers can carry out the strategies. These supports and services should build each family’s capacity to enhance the development of their child. First Steps is not a “medical model” that only provides direct therapies to the child. Services and supports are focused on the family and other caregivers of the child. Services and supports should fit into a family’s life – not be added on.

• **Belief #7: Competent Providers Focus on Family Competence**
All First Steps providers should focus on promoting family competence and confidence for enhancing their child’s learning and development in family and community life. First Steps providers should be “consultants and coaches” to the families and other primary caregivers, and help them understand how they can meet their child’s needs in the context of the child’s natural routines and activities. Providers can demonstrate strategies for families and provide support based on how often the family believes they need that support. Often, a primary provider, such as a special instructor, can work with the family while other providers consult with the primary provider. Providers should recognize that frequent provider visits may send a message to families that they are not competent or capable to work with their child with special needs. Cancelled appointments may indicate that services are infringing on other family priorities. A coordinated delivery of services through a primary provider demonstrates to families that a specialized therapist is not needed for routine practice of strategies.

• **Belief #8: Early Identification and Family Engagement are Critical to Early Intervention**
Early identification and early family engagement are both critical for optimal development of young children. Early intervention means providing families information and support through on-going dialog as early as possible. Consultation with families and caregivers provides appropriate information EARLY and the opportunity for families to be actively engaged in the early intervention process.