Child First Family Resource Partner

Child First is an evidence-based, early childhood intervention that helps very vulnerable families build strong, nurturing relationships that protect and heal young children from the devastating impact of trauma and chronic stress. Most families have experienced multiple challenges, including poverty, violence, depression, substance use, and homelessness. Research demonstrates that these adverse experiences damage the developing brain of the young child. Therefore, Child First works in the home with a two-pronged approach: (1) Care coordination that provides wrap-around services and supports for the whole family, decreasing "toxic" stress, and (2) Child-Parent Psychotherapy (CPP), an attachment-based, trauma-informed, dyadic intervention which protects the brain from the impact of stress and trauma. In this way, Child First is able to decrease the incidence of serious emotional disturbance, developmental and learning problems, and abuse and neglect among young children (prenatal to age six years). This intervention has been designated by Health and Human Services (HHS) as one of the 17 national, evidence-based home visiting models under the Maternal, Infant, and Early Childhood Home Visiting Initiative (MIECHV).

Child First is currently in a period of rapid growth, now in 15 affiliate sites across Connecticut, three sites in Florida, and starting in North Carolina. The Child First National Program Office (NPO) in Connecticut oversees and supports the local affiliate agencies, such as Kids First, Inc. Child Advocacy Center that are authorized to implement the Child First model. The Family Resource Partner is an employee of Kids First, Inc. Child Advocacy Center.

Summary of Position
The Family Resource Coordinator partners with a licensed Mental Health and Developmental Clinician to engage families who are referred to the Child First home-based intervention. The Family Resource Coordinator plays a crucial role in stabilizing the entire family system, while the Clinician provides psychotherapeutic caregiver-child intervention to facilitate and enhance this critical relationship. Working together, the assigned Family Resource Coordinator and Clinician make up one of four Clinical Teams who report to the same Clinical Director within Kids First, Inc. Child Advocacy Center. The Family Resource Coordinator takes the lead in connecting the child and family with desired, community-based services and supports while maintaining Child First's reflective, relationship-based stance. The Family Resource Coordinator also enhances caregiver executive functioning skills (e.g., planning, organizing, managing time, focusing attention, regulating emotions, reflecting on progress) and engages in interactive play with young children in the home. Ultimately, through connecting to family resources, the Family Resource Coordinator both decreases the "toxic" stress in the home environment and enhances opportunities for optimal child development, thereby promoting healthy brain development for infants and young children.

Key Job Responsibilities

- Provide community resource expertise to Child First team and families, including identifying and collaborating with community-based service providers and supports.
- Engage with the Child First family and the Clinician in the collaborative family assessment process (i.e., use data from interviews, observations, interactions, and standardized measures to identify family strengths, needs, and challenges.
- Promote family stabilization by identifying all needed and desired services, integrating service needs into the Child and Family Plan of Care, and addressing barriers to services as they arise.
- Avert crisis situations by assisting Child First family in times of urgent need (e.g., eviction).
- Enhance caregiver executive functioning skills (e.g., planning, organizing, managing time, focusing attention, regulating emotions, reflecting on progress) as needed and in consultation with the Clinician and Clinical Director.
• Maintain a reflective lens when engaging with the caregiver, in order to understand his/her motivation, needs, and possible barriers to new services and supports.

• Collaborate closely with Child First Clinician to meet the needs of Child First families.

• Embrace use of videotaping to enhance both therapeutic work with families and reflective clinical supervision.

• Provide identified child and/or other children in the family with an interactive, growth-promoting play experience.

• Engage in weekly individual, Team, and group reflective clinical supervision with Clinical Director.

• Engage actively in all aspects of the Child First Learning Collaborative, including in-person trainings, distance learning curriculum, and specialty trainings.

• Track completion of all assessments and enter into the appropriate database.

• Keep all appropriate documentation for clinical accountability and reimbursement.

• Participate in other clinical and administrative activities as appropriate.

Qualifications

• Bachelor's degree in child development, psychology, nursing, human services, or related field.

• A minimum of three years working with culturally diverse families and young children under the age of six years.

• Openness to learning, capacity for self-reflection, and eagerness to participate in reflective clinical supervision.

• Knowledge of early childhood development, parent education, parent-child relationships, and individual, family, and community-level risk factors (e.g., poverty, homelessness, maternal depression, domestic violence, substance abuse, teen parenthood).

• Knowledge of and experience with community-based services and supports in service area, highly valued.

• Experience working in home and community-based settings with vulnerable populations of diverse cultures and ethnicities.

• Able to speak a second language (Spanish, Portuguese, Creole, other), highly valued.

• Strong commitment to the vision, mission, and goals of Child First.

• Highly organized, self-motivated, reliable, and flexible (including willingness to work nontraditional hours, including at least one evening).

• Eager and able to work as part of a team.

• Able to communicate well verbally and in writing.

• Comfortable with computers and experienced with Word and Excel.

• Reliable vehicle and appropriate insurance for home visits.