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ABSTRACT

United Services for Effective Parenting (USEP), a program coordinating agency in Ohio, was begun in 1974 as an advocacy group for infants, their families, and the program providers who served them. Staff from health care, education, and social service agencies met informally because of common problems. A formal organization was established when it became apparent that funding needs, program accountability requirements and a central referral system could be accomplished through incorporation. In 1977 sixteen affiliated agencies in Cincinnati began to spread the USEP concept to other cities in Ohio. Subsequently, a steering committee was formed to organize and coordinate programs for infants in the State of Ohio. The work of the steering committee from 1977 to 1978 laid the groundwork for a statewide organization, USEP-OHIO, a non-profit corporation with a constitution, by-laws and tax exempt status. Goals of USEP-OHIO have been (1) to connect programs at the local, regional and state levels, (2) to offer consultation to the membership and the community, (3) to coordinate program services and resources, and (4) to establish local central referral sites. The statewide organization also addresses the issues of program survival, service improvement and program accountability. (Author/RH)

PROMOTING INFANT DEVELOPMENT: A COALITION MODEL FOR COMMUNITY SERVICE DELIVERY

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Introduction

It is important to recognize that not all or even most of the important events or policies which influence families are the result of governmental action. Ideological changes such as the civil rights movement and individual actions or changes in attitudes can demonstrate profound effects on families (Family Impact Seminar, February 1978).

"There is no machinery for change. It comes about unexpectedly. It comes about through an individual, through a small group, through prophets. And you can't program prophets, or recruit them. These people just run up and invent their own way. That is the way that change happens" (Wills, 1972).

I intend to develop this concept for change by describing how the actions of individuals served to strengthen and bring together over 170 parenting programs in the State of Ohio. The organization which resulted, United Services for Effective Parenting (USEP), helps parents to provide optimal developmental experiences for their children during the first three years of life. Its ideology is based on many of the assumptions and values found in *All Our Children* (1977), *Toward A National Policy For Children and Families* (1976), *Report to the Congress of the United States* (February 6, 1979), and the *Interim Report of the Family Impact Seminar* (April 1978). Its uniqueness, however, is that USEP came into being without benefit of federal mandate or initiative. USEP, a child and parent advocacy plan executed by program practitioners, succeeds because imagination and adaptability in solving problems are still possible in grassroots efforts.

Early History of USEP

USEP began as an organization of advocacy for birth-to-three program

providers and the families they served. A loose coalition of individuals--teachers, nurses, social workers, psychologists, pediatricians, and experienced mothers*--was able to identify problems and solutions related to program development and to follow through on a plan of action. This process has been described by Edelman (1973) who states that "someone or small group has to stay with the effort throughout, or those whose interest, however genuine, is only a secondary priority will not stay involved long. There is a word for it: leadership" (p. 641). According to Marris and Rein (1967), such an effort is not possible through a strategy of bureaucratic coordination and national planning. Instead, advocacy succeeds when "it demands no prior commitment, and threatens no jurisdiction. It does not predetermine the targets of reform, or theorize its plans, but exploits its chances. The flexibility makes it less vulnerable, more resilient under attack, and surest of its goals" (Joint Commission on the Mental Health of Children, 1969, p.162).

USEP began in Cincinnati in 1974. As parenting programs multiplied, largely as a result of a growing interest in early intervention and the training provided through the Infant Stimulation/Mother Training (IS/MT) Program (Badger, 1977), a "buddy" system evolved which transcended the boundaries of agencies and institutions. With token funding and low service priority for birth-to-three programs in their respective agencies, providers felt the need to get together on a monthly basis for emotional support. They demonstrated that health care, education, and social service

*An experienced mother is a mature woman who has successfully reared her own children and decides to put her experience and expertise to work as a volunteer or paid employee in a parenting program. She is an independent learner of child development theory and practices and requires only limited training to become highly effective in supporting new parents.

agencies could unite at the delivery level to share information, resources, referrals, and staff development programs for the benefit of all. This sharing occurred informally at first, but it soon became apparent that funding needs, program accountability, and a central referral system could be accomplished through USEP's corporate identity. Its constitution and by-laws provided an organizational structure which served to legitimatize programs for high-risk infants and their families in several ways. We subsequently found that we were able (1) to increase the visibility and acceptance of these programs, (2) to marshal community and state support for the inclusion of Family Life Programs in Ohio's Title XX service plan, (3) to expand promising pilot programs with Title XX monies, (4) to involve the University of Cincinnati College of Medicine, the Health Department's Maternity and Infant Care Project, and the State Department of Maternal and Child Health in providing funds and office space for a central referral clearinghouse within the Newborn Division of the Department of Pediatrics, and (5) to identify, refer, and track parents with children younger than three years of age who were interested in joining programs within the USEP network.

An Intermediary Stage of Development

It became apparent three years later (1977) that what 16 agencies were engaged in collectively in Cincinnati was an important translation of inter-agency coordination and cooperation. We seemed to be ready to spread the USEP concept, if not the organizational model, to other cities in Ohio. And, interest in USEP had been expressed by friends and colleagues who had attended the four-day short courses (Infant Enrichment Through Mother Training) offered twice a year by the IS/MT Program in Cincinnati.

How to proceed? Our tact was to try to involve decision-makers at the state level since the funding of birth-to-three programs was, at best, tenuous. A selected audience of 40 state leaders--heads of state departments, therapists, educators, social workers, doctors--attended a one-day symposium (May 19, 1977). The upshot of this symposium was that 12 colleagues agreed to form a steering committee to begin to bring together birth-to-three programs in the State of Ohio. These twelve were, in fact, the only members of the audience who responded enthusiastically to the organizational model embodied in USEP. While others seemed interested, they did not envision how USEP might facilitate the growth and development of primary prevention programs in Ohio. And there was no plan for implementation; that would take time to evolve.

Coming to know how the USEP concept might be incorporated across the state occurred during bi-monthly meetings of the 12 members of the steering committee. The first order of business was to find out where the programs were and whom they served. A program questionnaire was prepared by the committee and circulated by Home Extension Agents in each of the 88 Ohio counties. Completed questionnaires were returned to the USEP office in Cincinnati where an item analysis was run and a state directory of birth-to-three programs compiled.

First Ohio Statewide Parenting: Birth-to-Three Conference

Respondents to the questionnaire indicated an interest in attending a state conference for infant/family educators. The 12 members of the steering committee surmised that enlisting personal support was as important to these practioners as exchanging program information and strategies. Accordingly, a conference was planned for May 19-20, 1978--the anniversary date of the "decision-makers" symposium a year earlier. The conference, it was hoped, would offer an innovative approach to learning (Fairfield,

1977). The uniqueness of the conference, its planners hoped, would be to provide an environment for interaction among the participants based on the recognition that the necessary expertise already existed among the participants themselves. The challenge, then, was for each person to take charge of his/her own learning which would occur in private meetings, in scheduled workshops, and in rap sessions. State department heads were once again invited, and this time they were asked to describe their interest in, commitment to, and funding plans for early intervention programs, on short- and long-term bases.

The 120 persons who attended the conference were a diverse group of practitioners. They came from large institutional delivery systems as well as small privately funded programs. The latter often included indigenous, paraprofessional, and volunteer staff. They served young children with mental and physical handicaps, poverty populations, young and immature mothers, and inexperienced middle-class parents. In spite of the differences in programs and funding sources, the practitioners were united by their commitment to the fullest development of parent and child.

The steering committee had, in a sense, a private agenda as we planned the conference. We wanted to add to the baseline data gleaned from the program questionnaire and to recognize the expertise of the participants by covering in depth four areas of major concern: Intervention Strategies, Program Logistics, Child Development - Theory into Practice, and Program Evaluation. Topic outlines were prepared for a workshop in each of these areas with members of the steering committee present to facilitate discussion and problem-solving. As anticipated, the participants themselves provided a wealth of information.

Formation of USEP-OHIO

The work of the steering committee from the time of the symposium for decision-makers in May 1977 until the Parenting: Birth-to-Three Conference in May 1978 laid the groundwork for a statewide organization. At the wrap-up session of the Birth-to-Three Conference, the leadership of the steering committee was formally recognized. Further, the 120 conference participants delegated the committee (1) to prepare and circulate a state-of-the-art report and directory of programs from the data collected from the program questionnaires and the summaries of the four workshops, (2) to share relevant program information through a periodic newsletter, and (3) to continue coalition-building among birth-to-three program providers by planning a second statewide conference.

At a post-conference meeting of the steering committee, an organizational format began to evolve which included the following:

1. The organization and its membership will be partners in the USEP concept, adopting its name and its goals.
2. The USEP staff in Cincinnati will coordinate the meetings and activities of the steering committee, compile and circulate a State Directory, and publish and disseminate a periodic newsletter.
3. The steering committee of 12 will be increased to 30 members in order to provide representation from all geographic areas and to reflect urban and rural concerns.
4. USEP-OHIO will have formal identity when the 30 members of the expanded steering committee meet to participate in a 24-hour planning session (September 24-25, 1978). Individual and group responsibilities of leadership will be determined and defined for the year.

The 12 members of the original steering committee and 18 others who had been identified as potential leaders during the Birth-to-Three Conference came together as planned. In their letter of invitation new members were told that "during this 24-hour period, you will (1) understand the USEP concept, its history, and its development, (2) define the leadership roles you will provide, (3) plan for periodic communications among members through newsletters and a second annual conference, (4) decide on the formation of any working committees, and (5) determine the criteria for USEP-OHIO membership." Additionally, they were promised an "exciting respite from your daily routine, camaraderie, and an opportunity to exercise your leadership qualities."

The incredible energy and enthusiasm of the group were reflected in the outcome of this extended meeting. The State of Ohio was divided into 12 geographic regions and everyone agreed to work within assigned areas in beginning coalition-building efforts. The Cincinnati experience was shared so that they could replicate the USEP model as it had begun and evolved. Further, they agreed to document their coalition-building efforts by sending progress reports to the Cincinnati office for inclusion in bi-monthly newsletters. And, not surprisingly, they also eagerly agreed to plan and lead workshops for the second annual statewide conference. The spirit of excitement and shared involvement in the agenda of this first meeting set the stage for subsequent meetings. The personal investment that every member promised was a dramatic testimonial to the potency of grassroot efforts as instruments of social action.

USEP-OHIO became a non-profit corporation with a constitution, bylaws, and IRS tax exemption status. Two of the major corporate officers (the authors) were located in the Cincinnati office which was housed at U.C.

College of Medicine. Members of the expanded steering committee, later called the Ohio Council, were appointed as the organization's Board of Trustees.

Progress of USEP-OHIO

It has been almost two years since USEP-OHIO became incorporated and the 30 members of the Ohio Council began to provide leadership and direction in coalition-building efforts within 12 designated regions of the state. Their goals have been (1) to build bridges between programs at the local, regional, and state levels, (2) to offer consultation to the membership and community at large, (3) to coordinate program services and resources, and (4) to establish local central referral sites. These goals have been translated in the following ways:

-- Through bi-monthly meetings of USEP-OHIO board members (the Ohio Council) who are the planners and doers at the local, regional, and state levels

-- Through monthly regional meetings of program deliverers which serve to improve in-service training and program coordination and delivery at the local level

-- Through a bi-monthly newsletter which provides featured articles, book reviews, and items of interest on the technology of early intervention/prevention programs

-- Through a Directory of Services which catalogs parenting (birth-to-three) programs in Ohio

-- Through an annual statewide conference which serves not only to strengthen and coalesce the efforts of program providers but also to address their survival.

It is apparent that the leadership provided by members of the Ohio Council is the strength of the organization. These individuals have worked

diligently and creatively to replicate the Cincinnati experience in their regions. While coordinating programs and services at the local level is the most difficult and time-consuming part of their job, they have nonetheless persevered. The reinforcement they have received from other Council members as they share their respective successes and failures at the bi-monthly meetings has served to intensify their efforts in regional coalition-building. We have learned that (1) each city has to develop its own way; the Cincinnati model can offer only a guideline, (2) a core group within a limited geographic area needs to be strengthened before reaching out to far away counties, (3) a change in the monthly meeting site and an interesting program or speaker are keys to success, and (4) the *strengths* of all the members of the regional group must be recognized and utilized. At this point, none of the 12 regions has established a central referral site, although three of the cities with the highest density of programs appear ready to do so.

Interestingly, the organization has not grown in numbers over the past two years, at least as reflected in the attendance at the last two annual conferences. The announcement of the annual conference has continued to go to the programs listed in the State Directory. The agenda of the last two conferences has included outside experts who provided the kinds of program information practitioners requested (i.e., infant attachment, child development theory, adolescent parenting). We have witnessed many programs which have lost their funding, only to have new ones take their places. Community colleges, hospitals and health care agencies, and pre-natal programs (Red Cross, Birthline, Birthright) have begun to expand their service commitment to include training in parenting. Thus, USEP-OHIO has

functioned to provide sustenance and support to both traditional and non-traditional program providers. It has encouraged a diversity of program models, recognizing that parents should have choices, based on their needs and expectations for their children.

Conclusions

Our grassroot efforts hinge on the leadership provided by a small group of program practitioners. What has occurred thus far is largely a "labor of love." Our experience in coalescing birth-to-three programs in the State of Ohio encourages others to exercise their leadership capabilities in behalf of young children and their parents. Our success thus fare, as translated through the leadership of individuals at the regional level, through an annual conference which recognizes the expertise of program deliverers, and through a directory of programs and bi-monthly newsletter which communicates useful information, has resulted in the following outcomes:

-- Grassroot efforts to coordinate programs at the service delivery level address the survival of early intervention efforts at a time of tenuous funding.

-- Personal development of program practitioners occurs through a support system which provides a forum for sharing, resolving, and directing individual and group concerns.

-- Professional development of program practitioners occurs through their collaborative efforts in developing a sound educational psychology for infancy and the preschool years.

-- Coordination of programs can be demonstrated at the service delivery level even if it is difficult or impossible at the administrative level.

-- Cooperation rather than competition among program deliverers is manifested through the sharing of resources, referrals, staff development, and program information.

-- Improved service to families occurs when communication transcends professional disciplines as well as the boundaries of agencies and institutions.

-- Program accountability is a natural outcome of a process which promotes self-evaluation and peer approval.

-- Child and family advocacy as well as program survival is possible through unified, informed action on social policy issues.

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