



Region of Waterloo  
PUBLIC HEALTH



Planning of services for  
young children and their  
families through multi-use  
community sites:  
*A Public Health Perspective*

## Themes and Principles



# ONE Stop

### Overview

The One Stop project was initiated in November 2008 to explore the feasibility of co-locating Public Health family support services with other community services in Waterloo Region. This work builds on the efforts of communities, including Waterloo Region, to address the need for more integrated service provision among children's services, and provides specific direction for Region of Waterloo Public Health (ROWPH). Service integration has been identified across Ontario and Canada, and locally, as a key strategy to provide better access to services for families especially those families who may face significant barriers to programs.

### Methodology

Themes and principles for co-location of family support services for young children 0–6 years of age and their families were generated through the One Stop project. These were the result of analysis of information from three sources:

**A literature review and work of six Public Health Units in Ontario** which helped to define co-location and service integration, provided a rationale for pursuing service integration, and provided some guidance for practice.

**A review of ROWPH planning and evaluation documents** which provided synthesis of lessons learned over the last number of years in ROWPH in addition to key recommendations.

**A stakeholder consultation** which provided a forum for service providers working with families with young children, and parents, to identify public health programs and services they would like to see co-located in a community site with other programs, as well as recommendations for practice.

### Using this document

This document contains the One Stop themes and principles as found in the One Stop full report. The information in these reports represents a consolidation of information from Waterloo Region and other communities related to service integration and its benefits, as well as practical guidance for organizations pursuing integrated approaches in program and service delivery. While the themes and principles will be used for Region of Waterloo Public Health program planning purposes, these reports may also be useful for any organization or group of organizations to consider where co-location of services is a goal.

# ONE Stop Themes

## Grouping 1: Co-planning among partners in a multi-use site leads to better service

### 1. **Cooperation and collaboration between organizations are key benefits related to a co-location model of service delivery**

The benefits of co-locating family support services in multi-use community sites do not come from co-location alone, but from agreement of all parties involved to plan site functions, including administration (promotion, referrals, program scheduling, and front desk processes), programming, strategic planning for the site, describing and discussing challenges, and developing solutions in partnership.

### 2. **Good relationships between staff within multi-use sites lead to better service integration**

Good service integration happens when all staff working in one site have good working relationships. This can be attained through opportunities for staff interaction in formal and informal settings through involvement of all staff in meetings, training opportunities, and collegial consultation.

## Grouping 2: Community-wide planning is needed to provide comprehensive supports

### 3. **Multi-use sites with a comprehensive list of available services and programs should be the ultimate goal and continue to be pursued through a community-wide planning process**

Co-location of Region of Waterloo Public Health (ROWPH) services with other family support programs is important, but there are other essential services not delivered by ROWPH that would make a multi-use site even more beneficial for parents, especially those who experience multiple and more significant barriers to service and program access. Community-wide planning, where all partners in services planning and delivery for families are present, is essential.

### 4. **Coordination between frontline services operating in multi-use sites across the Region of Waterloo will decrease the seams between services**

Greater communication, coordination, and collaboration between front-line staff working in multi-use community sites would help reduce gaps through increased and better referrals, consultation, and co-planning, e.g. staff working in community organizations, Prenatal Nutrition Workers, Public Health staff, Community Outreach Workers and Peer Health Workers.

## Grouping 3: Work with partners towards a community-wide intervention related to parenting programs and supports that are evidence-based, multi-layered and comprehensive

### 5. **Working towards a comprehensive, community-wide approach to parenting programs would require investment and commitment from multiple organizations**

Parenting programs are provided by multiple organizations. While referrals are often made between programs, the system of programs as a whole remains somewhat disconnected and vulnerable to gaps. Community partnership both in planning and implementation of a community-wide comprehensive parenting support strategy with proven effectiveness is needed.

## Grouping 4: Any additional step that parents need to take to use a program will reduce the likelihood that it will be used

### 6. **Services delivered at parents' doorsteps are best, either in the neighbourhood or as close as possible including locations that are commonly frequented**

Services that are viewed as less of a priority, without immediate outcomes, are less likely to be used when they are inconvenient. Being available in the neighbourhood or in places that they already go to is one of the most important factors in a parent's decision to use a program.

## Grouping 5: Community engagement to create community-ownership of multi-use sites

### 7. **Multi-use centres would be used when the physical setting is welcoming and easy to use and when parents feel like they belong and/or have a sense of ownership**

- Community ownership of the multi-use site is attained through opportunities for input and planning when the site is first established and on an ongoing basis.
- Multi-use centres that are planned in ways that makes sense for families with young children (e.g. have ample space for strollers) and offer opportunities for families to meet informally in attractive and functional spaces are recommended. Parks, playgrounds, indoor gyms and places to eat and socialize are such examples.

## Grouping 6: Strategies to increase access for priority populations

### 8. Relationships matter

Trust comes from long-term, reliable relationships between individuals, and results in willingness of some harder-to reach communities and individuals to use programs and services.

### 9. The needs of families are often complex and multi-layered and often need to be addressed before families can respond to issues perceived as less urgent

Addressing basic needs such as language, housing, food, inclusion and literacy is often needed before families can address issues perceived as less urgent. To make inroads on overcoming some of the most persistent and complex issues like poverty, long-term and dedicated community wide planning and advocacy is needed.

### 10. Collaboration and partnership in program delivery leads to better access to public health information for families

There are many programs or organizations that successfully reach priority populations. Because they have existing relationships with parents, working in partnership to provide information directly or through organizations' staff (i.e. train-the-trainer sessions) can help priority populations access public health information.

### 11. Long-term investment in priority neighbourhoods or with priority groups is crucial

Multi-use centres in priority neighbourhoods and rural areas take time to get established. Flexibility in program planning and delivery is needed to best respond to the needs of priority individuals and groups.

### 12. Strategies that are flexible and comprehensive and consider the challenges that are unique to service delivery in rural areas, for young mothers, for people who are new to Canada and for people living in poverty continue to be needed

Continuing to engage in community-wide planning is needed to develop four separate strategies for groups most at risk for poor health outcomes and/or where barriers to services are significant. Strategies should be flexible and comprehensive and consider the unique challenges experienced by each group. At the time of the *One Stop* report, the following groups were identified as requiring particular attention:

- Rural communities
- Young mothers
- People new to Canada (Immigrants and Refugees)
- People living in poverty

## Grouping 7: The types of programs that ROWPH should consider in a multi-use community setting

### 13. Parents and community service providers identified public health topics that they would like co-located in a multi-use community site. These include:

- Parenting education and support on a number of topics related to newborns, toddlers and preschoolers including dealing with
  - Pregnancy
  - Common parenting challenges such as sleep patterns, temper tantrums, crying, discipline
  - Nutrition
  - Breastfeeding
  - Family dynamics
- Growth and development of children;
- Injury prevention;
- Vaccinations (education about safety and flu shots);
- Dental health; and
- Information about Public Health hot topics (e.g. H1N1, air quality, sun safety).

### 14. When possible, deliver health promotion information through existing programs

Parents would like to receive information and support through programs that they currently use. Partnership or collaboration to deliver public health topics in existing programs is important when feasible.

### 15. More practical parenting support is needed

Programs on parenting topics are important especially in relation to common challenges that parents face such as temper tantrums, sleeping patterns, and mealtime routines and nutrition. Sessions that are practical are best.

## Grouping 8: Peer support strategies should be considered

### 16. Peer support strategies have an important role to play in program delivery strategies and can increase access to health promotion programs and information

Peer support programs are valuable in terms of outreach, building supportive relationships, leadership development, and their ability to be tailored to meet the needs of communities.

## Grouping 9: Internal planning between ROWPH divisions should be pursued

### 17. More collaborative planning between ROWPH divisions is an important first step

Further partnership between ROWPH divisions would increase opportunities to deliver and continually improve programs and could identify opportunities for collaboration and coordination.

# ONE Stop Principles for Planning

**Principles provide a foundation for the development of program decisions and planning directions. They serve as reminders about what was learned and provide “golden rules” to guide program development and implementation.**

**Based on the themes, the following five principles were generated:**

## Pursue comprehensive, seamless services through community-wide planning processes

The research clearly illustrates that co-location of public health services increases access for parents and children 0–6 years of age. Continually seeking opportunities to decrease the gaps between all services for families with young children should, however, remain the ultimate goal and can only be achieved through community-wide collaborative planning.

## Continually seek to understand barriers in order to create meaningful solutions

Waterloo Region's population is ever changing. Global events and shifting demographic patterns (e.g. birth rates) may create social conditions that result in complex barriers to services that require special solutions. Staying apprised of local needs through research and partnership with community organizations is essential.

## Commit to cross departmental and cross organizational collaboration in service and program delivery

Programs that are delivered in isolation from other related services can lead to duplication and more work for families to access those services. Working in partnership within Public Health, and across organizations, creates a more convenient and accessible system of programs for families, a better referral process, and shared understanding of the needs of families.

## Target programs and services for families most in need

Some families have more significant barriers to accessing programs and services and, as a result, are at greater risk for poor health outcomes. General approaches to program delivery and promotion do not effectively reach every community member. Programs that target groups and communities characterized by poor access to programs and services and strategies should be implemented (e.g. outreach).

## Involve families in site functioning and planning processes

Engagement of families in the site planning process helps to create a community location that is welcoming and conducive to their needs. Families' investment in site planning and functioning not only leads to sites that are well-planned, but also increases community ownership and the likelihood that families will use them.



**A full report is available. For copies or questions, contact:**

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