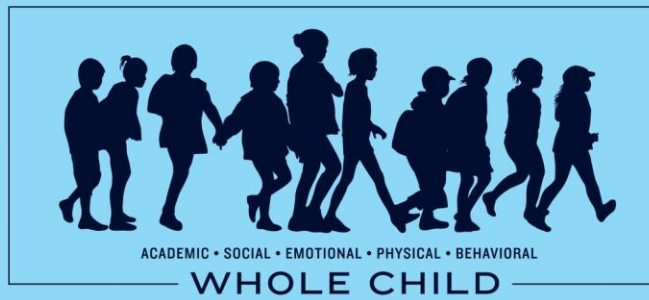


# THINK ABOUT THE LINK



Version 2. Updated August 2021

## Whole School, Whole Community, Whole Child (WSCC): Creating Briefs to Inform Practice

### What is the WSCC model?

In recent years, the reciprocal relationship between student health and educational outcomes has gained considerable attention. Researchers and practitioners have advanced an integrated model of health and well-being and no longer consider physical, behavioral, social, and emotional wellness as separate entities. The need for and benefits associated with **integrated health and learning** have been formally recognized through the [Whole School, Whole Community, Whole Child \(WSCC\) model](#).<sup>1</sup>

The WSCC model includes the following components:

- The center depicts meeting the needs of the **whole child** by ensuring each child is healthy, safe, supported, engaged, and challenged.
- The next layer depicts the need for coordination of **policies, processes, and practices** related to child well-being.
- This coordination occurs across **10 core domains** related to health and learning —physical education and physical activity, nutrition environment and services, health services, counseling, psychological, and social services, social and emotional climate, physical environment, employee wellness, family engagement, community involvement, and health education.
- Finally, the entire model is **surrounded by community** factors to acknowledge that schools reflect the communities in which they are situated and require their collaboration and resources.



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## ***Why did we develop these practice-informed briefs?***

The WSCC model represents a shift in how we think about our work to support student success and well-being. This shift has important implications for coordination of school health initiatives, school reform, and school policies. Although the WSCC model was founded within an evidence base and through consensus across leaders in health and education, less information has been organized regarding how to systematically plan, implement, integrate, and evaluate across roles and responsibilities in schools and communities. In addition, few resources exist that synthesize the evidence of practices within each of the model's ten core domains.

In these briefs, we identify evidence-based practices for each domain, which we broadly synthesize to support use within a WSCC framework. Users will find a summary of the domain and why it is important, followed by strategies that those working in schools can use to promote WSCC implementation in their own setting. We organize these strategies by resource demand (i.e., low, medium, and high) to provide a range of strategies that allow schools to select strategies that fit their contexts and available resources.

## ***How did we develop these briefs?***

Initially in 2017-2018, we used a multi-step process to identify evidence-based practices for each of the 10 domains. For each domain, we conducted a systematic review of reviews by searching for school-based systematic reviews and meta-analyses. Then, each study was coded for quality using a tool adapted from the [National Institutes of Health](#). We gathered the studies that scored highest on quality and then undertook an expert review process. We asked researchers with expertise in each domain to evaluate the selected articles to determine if they captured the current evidence base. Using feedback from our expert review process, each article was evaluated in detail to identify evidence-based strategies for each domain. At this stage, we focused not only on identifying strategies in each domain, but also the feasibility of implementation for school-based providers. For each domain, we classified evidence-based practices into three levels—low, moderate, and high resource intensity based on the resources (including time, training, and funding) needed to implement each strategy.

In 2020-2021, we repeated our systematic review of reviews to ensure that each brief contained the most up to date evidence and updated each practice brief accordingly.

The results of the work are presented across 10 different briefs—one for each domain related to health and learning as included in the WSCC model. Each brief contains three sections:

1. A description of the domain
2. A review as to how the domain is connected to student outcomes
3. A synthesis of evidence-informed practices in that domain

<sup>1</sup>Association for Supervision and Curriculum Development & Centers for Disease Control and Prevention (2014). *Whole school, whole community, whole child: A collaborative approach to learning and health*. <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>



## How can I access the briefs?

The briefs can be freely accessed at the [CSCH website](#). You can also click on the gears below to find the brief associated with each domain:



## School Policy Evaluation: WellSAT WSCC

We also encourage you to consider how school policies are aligned with the WSCC model. To engage in school policy evaluation, please visit the [WellSAT Suite website](#).



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