What is the WSCC model?

In recent years, individuals and organizations studying child wellness and development have focused on understanding the reciprocal relationship between student health and educational outcomes. The need for an integrated model to understand health and well-being rather than conceptualizing physical, social, and emotional wellness as separate entities has been emphasized. In recognition of the need for and benefits associated with integrated health and learning, the Whole School, Whole Community, Whole Child (WSCC) model was released through joint effort by the Centers for Disease Control and Prevention (CDC) and ASCD (formerly known as the Association for Supervision and Curriculum Development).

The 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.
- The 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 community and require its collaboration and resources.
Why did we develop these briefs?

The Whole School, Whole Child, Whole Community (WSCC) model represents a shift in how we conceptualize 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 information exists to describe the model, fewer resources exist that synthesize the evidence within each of the model’s ten core components. In addition, although the WSCC model was founded within an evidence base and through consensus across leaders in health and education, its recent release means that less information is available regarding the “how” in terms of systemic planning, implementation, and evaluation to bridge across roles and responsibilities in schools and communities. Our goal was to identify evidence-based practices in each component, which we broadly synthesize to create briefs that support use of recommended practices within a WSCC framework. Users will find a summary of the component and why it is important, followed by strategies that those working in schools can use to promote WSCC implementation in their own setting.

How did we develop these briefs?

We utilized a multi-step process to identify evidence-based practices for each of the 10 components related to health and learning. To synthesize the available evidence, we first coordinated a large-scale systematic literature review; for each component/domain, we conducted a 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 NIH Quality Assessment of Systematic Reviews and Meta-Analyses rubric.² 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 the articles captured the current evidence-base in the selected component to the WSCC model.

Using feedback from our expert review process, each article was evaluated in detail to identify evidence-based strategies for each component. 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 component, 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.

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

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

How can I access the briefs?
The briefs can be freely accessed at the CSCH website: https://csch.uconn.edu/wscc-think-about-the-link/

You can also click on the gears below to find the brief associated with each component:

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