ENGAGING A WHOLE SCHOOL APPROACH IN RE-OPENING SCHOOLS

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Planning for re-opening schools has further highlighted the critical importance of a comprehensive whole school approach to student success and overall well-being. A whole school approach acknowledges the reciprocal influences of learning and health; non-health factors such as education play an important role in influencing health outcomes and education outcomes are influenced by health factors, such as low physical activity and trauma stress reactions.1 As schools grapple with establishing and enacting re-opening plans in response to the double pandemic of COVID-19 and racism, there is clear basis for integrating education and health in the mission and activities of schools.

Defining a Whole School Approach

The Whole School, Whole Community, Whole Child (WSCC) model offers a compelling visual to organize what a comprehensive whole school approach looks like in meeting the needs of the whole student. The model incorporates 10 interrelated components related to health and learning:

- physical education and physical activity;
- nutrition environment and services;
- health services;
- behavioral supports (counseling; psychological, and social services);
- positive social and emotional climate;
- safe (physical) environment;
- physical environment;
- employee wellness;
- family engagement;
- community involvement; and
- health education

Engaging a Whole School Approach in Re-Opening

The COVID-19 pandemic has taxed education leaders with an increased number of decisions that are both novel and time-limited as best directions for re-opening are determined. A whole school approach – engaging the WSCC model – can facilitate capacity to provide an emotionally and physically safe environment through purposeful coordination of work to meet the diverse needs of every student across academic, social, emotional, behavioral, and physical domains of functioning. Engaging the WSCC model also strengthens capacity to sustain integrated health and learning efforts over time.
Although the immediate (short-term) efforts are heavily focused on establishing protocols for a safe physical environment (e.g. CDC guidance), attention to other components in the WSCC model and across domains of functioning are needed to create a comprehensive strategy that targets not only proximal but also medial and distal outcomes. For example, we know that the double pandemic of COVID-19 and racism present potential for increased trauma stress reactions given the associated long duration, high intensity, negative consequences, and limited predictability.

As such, re-opening strategies are needed that offer increased opportunities for all students and staff to strengthen social connectedness and trust in others. Higher proportions of students and staff may need more intensive social, emotional, and behavioral supports that may be met by establishing larger community networks. Including planning for a trauma-informed identification and response effort now to address WSCC components of positive social and emotional climate and behavioral supports will bolster school capacity to use current frameworks of service delivery, such as multi-tiered systems of support (MTSS), in an integrated way.\(^2\)

Integrated-MTSS facilitates use of current operational systems and familiar frameworks for organizing work to engage across WSCC components and deliver services to address student and staff needs, thereby meeting the general mission of schools in nurturing student academic, social, emotional, physical, and behavioral well-being.\(^3\)

**Additional Resources:**


CDC Briefs on WSCC strategies: https://www.cdc.gov/healthyschools/wscc стратегии.htm

UConn CSCH Think about the Link Page: https://csch.uconn.edu/wscc-think-about-the-link/

UConn CSCH WSCC Evidence-Informed Practice Briefs: https://csch.uconn.edu/wscc-in-practice/

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