

WHOLE SCHOOL,
WHOLE COMMUNITY,
WHOLE CHILD (WSCC):
Support the Whole Child to
Achieve Developmental and
Academic Outcomes



Office of the State Superintendent of Education
Division of Health and Wellness

IN THIS DOCUMENT I’LL FIND:

- Whole Child Model to Achieve Developmental & Academic Outcomes
- Reflection Questions to Assess Your Environment
- Resources for Implementation



WHAT IS WSCC?

Whole School, Whole Community, Whole Child (WSCC) is a collaborative approach to learning and health. It’s action-oriented and focuses on the whole child using a **child development facility or school-wide** approach. It integrates health and wellness into learning as a strategy to meet educational outcomes.¹

HOW DOES WSCC HELP ACHIEVE DEVELOPMENTAL AND ACADEMIC OUTCOMES?

From **birth through adolescence**, lifelong health and development is impacted by a child’s health, wellness, and the environments in which they develop, play, and learn.^{2,3} WSCC provides the framework and tools for child development facilities and schools to integrate health and wellness into their program structure and create a **WSCC-Influenced Learning Environment (WILE)**. It’s **within these environments** that children’s health barriers to learning are addressed so their **learning potential can flourish**.

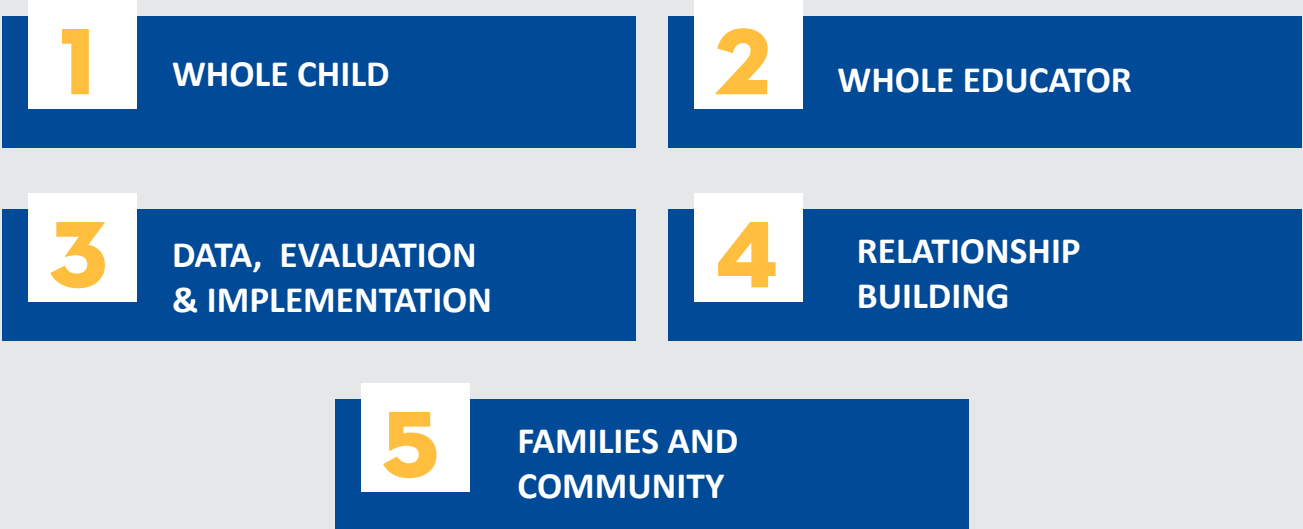
A WSCC-INFLUENCED LEARNING ENVIRONMENT (WILE) IS AN ENVIRONMENT THAT HAS:

POSITIVE ORGANIZATIONAL CULTURE AND SYSTEM	TRUSTING AND SUPPORTIVE RELATIONSHIPS	STRATEGIC SUPPORTS AND VALUING OF EACH CHILD
Implementation of policies, procedures, practices, and partnerships that ensure children, families, educators, and community members feel safe, supported, and valued.	Educators, staff, and families are valued as individuals and seen as a whole person. Positive adult-adult and adult-child relationships are modeled and built in trust, partnership, inclusivity, and welcoming of diversity.	Intentional collaboration, coordination, and integration of social, emotional, behavioral, and physical supports to meet each child’s needs.

HOW TO CREATE A WSCC-INFLUENCED LEARNING ENVIRONMENT (WILE)

A WILE IS THE SUCCESSFUL OUTCOME OF WSCC IMPLEMENTATION.

To create a **WILE**, child development facilities and schools **focus on these five areas**:



1 WHOLE CHILD: Implement **physical, social, emotional, and academic supports** that align to the whole-child tenets at the center of WSCC, i.e., healthy, safe, engaged, supported, and challenged.



How do you support the whole child?

Who is included in the whole-child support planning process? How are they included?

Are there barriers to implementation?
What steps could be taken to strengthen a whole-child focus?



IDEAS TO PRACTICE: WHAT COULD THIS LOOK LIKE?

Reflect on each statement. Use the letters to assess your program.

- A: We currently implement this or something similar.
B: We're in the early planning/implementation stages.
C: We don't do this.

Implementation of a whole-child approach to education is a cornerstone of our early learning or school plan and is included in our data collection and analysis process.⁴

LETTER

We implement a proactive approach to identifying children's social, emotional, physical, and academic needs and design coordinated interventions among all educators and student support service providers.⁴

LETTER



A DC EXAMPLE

LOCAL WELLNESS POLICIES: Local wellness policies (LWP) function as a framework for local education agencies (LEAs) and schools to establish health and wellness standards and programs to promote student wellness. The LWP policy template, provided by OSSE, is organized using WSCC and provides LEAs and schools a roadmap for how to integrate whole child supports into school processes and policies to support child wellness and academic achievement. For more information visit: bit.ly/3puHAsn

2 **WHOLE EDUCATOR:** Implement organizational and individual systems that provide a positive culture and relationships that **support the needs of educators** to effectively support child outcomes.



What causes educator stress?
How is educator wellness supported?
Who has a voice in planning and implementation?
Are there any challenges? What steps could be taken to strengthen whole educator supports?



IDEAS TO PRACTICE: WHAT COULD THIS LOOK LIKE?

Reflect on each statement. Use the letters to assess your program.

- A: We currently implement this or something similar.
B: We're in the early planning/implementation stages.
C: We don't do this.

Our organizational system includes methods to support educators' professional development that is individualized to meet needs, and their physical, social, and mental health.⁴

LETTER

Our organizational system and culture address the health and well-being of each staff member.⁵

LETTER



A DC EXAMPLE

SOCIAL-EMOTIONAL LEARNING (SEL) TRAINING AND RESOURCES: SEL is important for both children and adults in the learning environment. Through SEL, adults can learn to manage emotions, show compassion for others, maintain positive relationships, and make positive decisions. OSSE offers trainings and resources to increase educator SEL capacity that provides the knowledge and skills to create environments that promote wellness and self-care. For more information visit: bit.ly/2UkFqwR

3 **DATA, EVALUATION, & IMPLEMENTATION:** Use data and evaluation to **assess and understand** the root needs of your community and **implement** programs to address those needs.



What data is used to assess needs?
Does it include physical, social, and mental health metrics for children, families, and educators?
If so, how is that used in planning to improve child outcomes? What steps could be taken to strengthen data, evaluation, and implementation?



IDEAS TO PRACTICE: WHAT COULD THIS LOOK LIKE?

Reflect on each statement. Use the letters to assess your program.

- A: We currently implement this or something similar.
B: We're in the early planning/implementation stages.
C: We don't do this.

Our staff, community-based service providers, families, and other stakeholders share research, appropriate data, idea generation, and resources to provide a coordinated, whole-child approach for each child.⁴

LETTER

We and all our partners consistently assess and monitor our progress on all indicators of child success to ensure progress and make necessary changes in a timely manner.⁴

LETTER



A DC EXAMPLE

OSSE WELLNESS GUIDELINES FOR CHILD CARE FACILITIES: These guidelines include a collection of specific actions and a self-assessment that can help early childhood development facilities integrate key components of wellness into their education programming and facility operations in support of the whole child. The self-assessment helps child care facilities identify best practices and serves as a guide to assess strengths and weaknesses in their current program. For more information visit: bit.ly/2Uku8J1

4 **RELATIONSHIP BUILDING:** Implement processes to **team** across roles and responsibilities and with external **partners** to provide social, emotional, and physical supports.



Are there systems in place to collaborate across teams and partners?

If so, are they implemented effectively?
If not, what challenges are in place to implementation?

What steps could be taken to strengthen teamwork and partnership?



IDEAS TO PRACTICE: WHAT COULD THIS LOOK LIKE?

Reflect on each statement. Use the letters to assess your program.

A: We currently implement this or something similar.

B: We're in the early planning/implementation stages.

C: We don't do this.

We regularly review the alignment of our policies and practices, across our organization, and with partners, to ensure each child is healthy, safe, engaged, supported, and challenged.⁴

LETTER

We integrate health and wellbeing into our ongoing activities, professional development, curriculum, and assessment practices.⁴

LETTER



A DC EXAMPLE

DC SCHOOL BEHAVIORAL HEALTH EXPANSION (SBHE): The SBHE works to implement a comprehensive and coordinated school behavioral health system through strategic collaboration between school personnel, community mental health providers, students, and families to create a positive school culture that provides timely access to high-quality, reliable supports for children, youth, and their families. For more information visit: bit.ly/2lwO6NW

5 **FAMILIES AND COMMUNITY:** Authentically **engage** with families and the community to give voice and ensure their representation in the education of their children.



How do you engage with families and community? Are there ongoing processes?

Is there diverse representation and inclusion that is reflective of your families and community?

What are the challenges? What steps could be taken to strengthen engagement?



IDEAS TO PRACTICE: WHAT COULD THIS LOOK LIKE?

Reflect on each statement. Use the letters to assess your program.

A: We currently implement this or something similar.

B: We're in the early planning/implementation stages.

C: We don't do this.

We identify and collaborate with community agencies, service providers, and organizations to meet specific goals for children.⁴

LETTER

We welcome and include all families as partners in their children's education and significant members of our community.⁴

LETTER



A DC EXAMPLE

HEALTHY TOTS WELLNESS GRANT (HTWG): The HTWG supports the dissemination of healthy eating, physical activity, and wellness programming in the DC early child care community. The grant supports individual behavior change as well as policy and environmental changes. CBOs are funded to partner with early child care programs and provide technical assistance to implement wellness programming. Through this grant early learning programs engage with community organizations to meet the needs of children and coordinate family engagement opportunities that help promote wellness. For more information visit: <https://bit.ly/2l6lILs>

TAKE THE NEXT STEP: RESOURCES AND REFLECTIONS

- **STEP 1:** Count your letters, write the totals below, and see where you are on the continuum.
- **STEP 2:** Ready to think about implementation or take WSCC further in your child development facility or school? Use the reflection questions in this document and below resources to start discussions at your child development facility or school.

Number of **A's**: ____ Number of **B's**: ____ Number of **C's**: ____



You actively work to implement WSCC! Use the resources below to grow the work and address possible barriers.

- **[ASCD Whole Child Network](#):** Register to access a suite of tools to assess your school alongside ASCD's whole child tenets (the center green band of WSCC) and guides to support school planning in alignment with the whole child tenets and WSCC.
- **[School Behavioral Health Teaming, DC School Behavioral Health Community of Practice](#):** While focused on behavioral health teaming in schools, this resource provides best practices that can be applied across all areas of wellness and academics.
- **[Speaking Education's Language: A Guide for Public Health Professionals Working in the Education Sector](#), National Association of Chronic Disease Directors (NACDD):** This resource provides helpful tips and ideas for how to discuss health and wellness as linked with educational priorities.
- **[A Guide for Incorporating Health & Wellness into School Improvement Plans, NACDD](#):** This resource identifies opportunities to incorporate health and wellness goals with school planning with specific examples at the state, district, and school level.



You're on the road to full implementation! Review the resources below to support implementation.

- **[OSSE Early Learning Professional Development \(PD\) Course Offerings](#):** Early childhood education professionals can visit this link to view and access multiple training and professional development opportunities, including health and wellness topics.
- **[OSSE Health and Wellness \(H&W\) PD Opportunities](#):** For training and resources on Child Nutrition Programs and Services click [here](#). For other PD opportunities, e.g., Youth Mental Health First Aid, click [here](#) and check back frequently for updates.
- **[OSSE Teaching and Learning PD Opportunities](#):** Explore this page to find trainings that support WSCC implementation e.g., Positive Behavior and Supports, Response to Intervention, Trauma-Informed Approaches, and educator wellness.
- **[The Whole School, Whole Community, Whole Child Model: Ideas for Implementation](#), ASCD:** Access this resource to see multiple examples of how WSCC has been implemented at the national, state, and district level.



You're at the beginning of your WSCC journey! Use the resource below to further investigate WSCC.

- **[Centers for Disease Control and Prevention \(CDC\) School Health Index](#):** Aligned to WSCC, the School Health Index is a self-assessment and planning tool designed to support schools in implementing health and wellness policies and practices.
- **[OSSE Early Childhood Wellness Guidelines](#):** Aligned to WSCC, conduct a self-assessment of your early learning program's wellness policies and create a plan for improvement.
- **Use OSSE health and wellness resources to better understand program needs:** [Data to Action Guide: Addressing Youth Risk Behavior through Health Education](#), [DC Youth Risk Behavior Survey](#), [Health and Physical Education Assessment](#), and the [Local Wellness Policy](#) and [School Health Profiles](#).
- **[The Whole School, Whole Community, Whole Child Model: A Guide to Implementation](#), NACDD:** Access this guide to gain more insight to the WSCC model (Part I) and step-by-step guidance for implementation (Part II).

APPENDIX

WSCC: A CLOSER LOOK ^{6,7}

WSCC is made up of four bands. With the child at the center, each band represents the intersecting factors needed to ensure a healthy and productive education community.



COMMUNITY: Child development facilities and schools are not expected to implement WSCC on their own. The **yellow band** represents the important role of partnership and local community representation. Community, government agencies, and outside organizations provide knowledge, input, and resources to support the whole child.

10 COMPONENTS: In the **blue band** are the essential health and wellness components to be integrated into child care or school programming. They represent the full range of health and wellness support systems critical to a whole child approach and achievement of developmental and academic outcomes.

- **Health Education:** Build knowledge, attitude, and skills to make healthy decisions.
- **Physical Education & Physical Activity:** Develop motor skills, knowledge, and behaviors.
- **Nutrition Environment & Services:** Opportunities to learn about and practice healthy eating.
- **Health Services:** Wellness education and promotion, prevention and emergency services, and chronic care coordination.
- **Family Engagement:** Partnership between families and schools in support of learning, development, and health.
- **Counseling, Psychological, & Social Services:** Prevention and intervention services inclusive of counseling, consultation, and community referrals.
- **Social & Emotional Climate:** Positive social and emotional climate that is conducive to effective teaching and learning.
- **Physical Environment:** Ensuring the health and safety of children and staff to promote learning.
- **Employee Wellness:** Actively supporting the physical and mental health of staff.
- **Community Involvement:** Partner with local groups and businesses to support health & education as part of the community.



POLICY, PROCESS, & PRACTICE: The **white band** elevates the important role of building and sustaining a program that supports learning and health. Through coordination and collaboration child development facilities and schools create environments effective at supporting child wellness and meeting learning outcomes by: 1) facilitating awareness of issues among administrators, staff, and community partners; 2) leveraging new resources; 3) reducing duplication; 4) providing consistent messaging to build awareness and support for priority areas; and 5) leveraging data.

WHOLE CHILD TENETS: The **green band** reflects the child focus of the model on which the rest of the model is built and states the desired outcomes for each child. It is based in Maslow’s hierarchy of needs and reflects that a child must be healthy and safe before they can be engaged, supported, and challenged in their learning.



HEALTHY	SAFE	ENGAGED	SUPPORTED	CHALLENGED
Each child enters school healthy and learns about and practices a healthy lifestyle.	Each child learns in an environment that is physically and emotionally safe for children and adults.	Each child is actively engaged in learning and is connected to the school and broader community.	Each child has access to personalized learning and is supported by qualified, caring adults.	Each child is challenged academically & prepared for college or further study, for employment & participation in a global environment.

REFERENCES: Visit these resources to learn more about WSCC and the connection between health, development, and learning

1 ASCD. CDC. (2014). Whole School, Whole Community, Whole Child. Retrieved from Learning and Health: <https://bit.ly/2Po0u6x>

2 Harvard University. What is Early Childhood Development? A Guide to the Science. Retrieved from Center on the Developing Child: <http://bit.ly/3dYI8EA>

3 Basch, C. (2011). Healthier students are better learners: a missing link in school reforms to close the achievement gap. Journal of School Health, pp. 593-598.

4 ASCD. The Whole Child Initiative: Sustainable. Retrieved from The Whole Child: <http://bit.ly/3bLzPli>

5 ASCD. ASCD Whole Child Network and WSCC Integration: A Crosswalk to Integration. Retrieved from ASCD Whole Child Network: <http://bit.ly/381Dalk>

6 ASCD. Whole School, Whole Community, Whole Child. Retrieved from Learning and Health: <http://bit.ly/2ZYERvE>

7 Centers for Disease Control and Prevention. Whole School, Whole Community, Whole Child (WSCC). Retrieved from CDC Healthy Schools: <http://bit.ly/2LsIYIS>

For more information, please visit [OSSE.dc.gov](https://osse.dc.gov). For questions, email osse.hydt@dc.gov