Whole School, Community and Child Approaches to Promoting Youth Well-Being: Strategies for Translating Research to Practice

Presenter: Deinera Exner-Cortens, Assistant Professor, Faculty of Social Work, University of Calgary

What you need to know:

The creation of school environments that promote student health and well-being is a topic of increasing interest to stakeholders in multiple sectors. In 2015, the Centers for Disease Control and Prevention and the Association for Supervision and Curriculum Development introduced a new model to facilitate the creation of these environments, known as Whole School, Whole Child, Whole Community (WSCC). The WSCC model specifies 10 components that are critical to promoting both health and learning outcomes, with the goal of enabling students to be healthy, safe, engaged, supported and challenged. The WSCC also includes an explicit focus on the role of community in supporting health and learning outcomes, as well as the need to align policies, programs and practices both in and outside of the school building. However, the WSCC is a framework, and not an intervention. Thus, it is critical that collaborative school-community teams are formed to determine the actions required to achieve whole child well-being within the local context.

What is the issue?

Increasingly, there is interest in using holistic approaches to promote child and youth well-being in the school environment. Different frameworks for such an approach include whole-school approaches, coordinated school health, health-promoting schools, and comprehensive school health. However, many existing frameworks are limited in their consideration of all of the components required to promote wellness both inside and outside of the school building. As a result, in 2015, the Centers for Disease Control and Prevention and the Association for Supervision and Curriculum Development introduced the “Whole School, Whole Community, Whole Child” (WSCC) model. This model combines many of the aspects of existing models, and focuses on promoting learning and health through the creation of collaborative school-community partnerships.

Figure Source: Centers for Disease Control and Prevention

Why is this important?

Unlike some existing models, the WSCC explicitly includes a focus on the role of community. The WSCC model also includes specific details on child and youth outcomes that are the goal of this approach. Within the WSCC, school-community partnerships are formed to foster the following components inside and outside of the school building: 1) health education; 2) physical education and physical activity; 3) nutrition environment and services; 4) health services; 5) counselling, psychological and social services; 6) social and emotional climate; 7) physical environment; 8) employee wellness; 9) family engagement; and 10) community involvement.[1] These 10 components were chosen based on research evidence that supports their links to both academic *and* well-being outcomes[2]: including outcomes that matter to multiple sectors facilitates the building of collaborative school-community teams.[3] By promoting these 10 components through school-community partnerships, the WSCC aims to enable children and youth to be healthy, safe, engaged, supported and challenged.[4]

For organizations already using other whole-school models, important questions the WSCC introduces are:

- Does my model include an intentional focus on including stakeholders from outside the school building?
- Does my model include key components identified as important to promoting health and learning, including healthy behaviors, health services, safe and positive school environments, and engagement of communities and families?[2]
- Does my model focus on the coordination of policies, programs *and* practices to address these components?
- Does my model include an explicit focus on child and youth outcomes?

If the answer to any of these questions is no, organizations may find the information from the WSCC useful in revising their current approach.

What does the evidence tell us?

The evidence that the WSCC model is built on tells us several things. First, the evidence tells us that health and education are symbiotically related: promoting academic achievement improves well-being, and promoting well-being improves academic achievement.[3] As such, both health and education equity require a joint response between those whose mandate is for educational outcomes and those whose mandate is for promoting health and well-being.[5,p810]

Second, the evidence tells us that building partnerships among individuals from multiple sectors is not easy. These partnerships take intentional, collaborative efforts. Important facilitators of successful collaborative partnerships include having a common agenda, developing shared measurement systems, conducting mutually reinforcing activities, being in continuous communication and creating a 'backbone' support organization (i.e., dedicated staff who can oversee and support the initiative).[6,pp39-40]

Finally, the evidence tells us that the WSCC is a framework, and not an intervention. Thinking towards the intervention, Murray and colleagues[7] identify that three key factors underlying the success of school-based change initiatives include the availability of a coordinator position at the district and building level; the presence of an inter-disciplinary, collaborative team at the district and building level; and a focus on data-driven decision making and accountability systems. A pilot study conducted by Valois and colleagues[8] with 11 school-community change initiatives in the US and Canada further identified nine levers that predicted significant change. Although the sites most effective in bringing about change had all of these levers, two emerged as particularly important: having the principal as a key leader in the initiative, and integrating the initiative with the school improvement plan.[8] Both of these levers speak to accountability, as well as the ability to implement real change.

Tips for effective practice

The WSCC model introduces 10 components that contribute to holistic child and youth well-being. However, taking on all 10 components at once is likely too much for any one organization, and may not be necessary: as part of strengths-based practice, it is important to conduct a process of asset and needs mapping to identify current areas of strength, as well as areas for improvement. The school-community team can then work together to address the area of improvement that will have the greatest impact on the well-being of children and youth in their community. Hunt and colleagues[1,pp806-808] outline the key steps in this process as:

1) Form an interdisciplinary committee of individuals (from both inside and outside of the school building) who are passionate about improving the health and academic outcomes of students.
2) Conduct asset and needs mapping to determine the health-risk and health-promoting behaviors that are prevalent among students in the school and community, and how these behaviors are related to academic achievement.
3) Identify the specific outcome(s) of greatest priority.
4) Determine the relationship between the selected health outcome(s) and academic achievement.
5) Identify promising or effective policies, programs and/or practices (i.e., the intervention) that will have the greatest potential for impacting the chosen health outcome(s).
6) Determine how the committee and other stakeholders will collaborate and align to maximize success in achieving priority health and academic outcome(s).
7) Create an action plan to impact the chosen health outcome(s).
8) Develop a plan to monitor the implementation and outcomes of intervention(s).
9) Implement and monitor the implementation of the action plan.
10) Celebrate successes at each step along the way!

Given the reliance of this process on the school-community team, it is important to allow sufficient time for this step, including to identify who should be on the team, to build trust between team members, and to develop shared language and goals.

Additional resources:

Background Information: Components of the Whole School, Whole Community, Whole Child (WSCC). Centers for Disease Control and Prevention [CDC] website. https://www.cdc.gov/healthyschools/wscc/components.htm. Updated August 19, 2015. Accessed January 25, 2017.

Tools to Get Started: Whole School, Whole Community, Whole Child. Association for Supervision and Curriculum Development [ASCD] website. http://www.ascd.org/programs/learning-and-health/wscc-model.aspx. Updated 2017. Accessed January 25, 2017.

WSCC and Youth Voice: Morse LL, Allensworth DD. Placing students at the center: The Whole School, Whole Community, Whole Child model. *J School Health.* 2015; 85: 785-794.

References:

1. Hunt P, Barrios L, Telljohann SK, Mazyck D. A whole school approach: Collaborative development of school health policies, processes and practices. *J School Health.* 2015: 85; 802-809.
2. Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H. Critical connections: Health and academics. *J School Health.* 2015: 85; 740-758.
3. Lewallen TC, Hunt H, Potts-Datema W, Zaza S, Giles W. The Whole School, Whole Community, Whole Child model: A new approach for improving educational attainment and healthy development for students. *J School Health.* 2015; 85: 729-739.
4. Whole Child. Association for Supervision and Curriculum Development [ASCD] website. http://www.ascd.org/whole-child.aspx. Updated 2017. Accessed January 25, 2017.
5. Blank MJ. Building sustainable health and education partnerships: Stories from local communities. *J School Health.* 2015; 85: 810-816.
6. Kania J, Kramer M. Collective impact. *Stanford Social Innovation Review.* 2011; Winter: 36-41.
7. Murray SD, Hurley J, Ahmed SR. Supporting the whole child through coordinated policies, processes, and practices. *J School Health.* 2015; 85: 795-801.
8. Valois RF, Slade S, Ashford E. *The Healthy School Communities Model: Aligning Health and Education in the School Setting*. Alexandria, VA: ASCD; 2011. Available at http://www.ascd.org/ASCD/pdf/siteASCD/publications/Aligning-Health-Education.pdf. Accessed January 25, 2017.

About the author:

Deinera Exner-Cortens, PhD, MPH, is an Assistant Professor in the Faculty of Social Work, University of Calgary, Canada. Dr. Exner-Cortens' research focuses on dating violence prevention and healthy relationships promotion program implementation, evaluation and scale-up in both school and community settings.

Keywords

Whole school, whole community, whole child; well-being; health; academic outcomes