

The Evolution of the Whole Child Program



Whole Child International

Founded in 2004, Whole Child International is a nonprofit organization that seeks to improve outcomes for orphans and vulnerable children worldwide.



Karen Spencer identifies a gap in child protection for children living in orphanages. She sees an opportunity to have a global impact on outcomes for these children by focusing on implementation of high-quality, relationship-based care in existing orphanages. She founds Whole Child International to address this problem.

2004

2005

We begin developing our relationship-based caregiving program for use in orphanages with the University of California, Davis; WestEd; the Pikler Institute and other partners. The program is designed to meet children's emotional and developmental needs with no increase in staff, making it a sustainable solution.



We establish an office in Managua, Nicaragua, and begin a six-year program of research and intensive intervention. Our initial intervention serves caregivers in cohorts of 50 to 100, providing workshops and lectures in child-focused, relationship-based care, followed by hands-on mentoring to ensure the best practices are fully applied in the residential care centers. Center administrators also receive special training and assistance in implementing administrative best practices throughout their centers.

2006

2009

Data collected and evaluated by the University of Pittsburgh's office of child development show that the program has made a significant impact on the children in seven orphanages. Key results include an increase in children's weight-for-age and height-for-age by 34% and 46% respectively. Children who had tested as though intellectually disabled decreased by 62%, and negative behaviors such as aggression, withdrawal, and self-stimulation had been reduced by 43%.

2010: Key Lessons

Lessons learned thus far in our work in Nicaragua lead us to develop a systemic, nationwide approach:

1. Our three-day director training was not sufficient to provide center directors with the depth of knowledge they needed to commit fully to what they had learned, undermining the program's sustainability and its promise for long-term improvements for children;
2. Government leaders also needed training in and understanding of best practices and principles in childcare to build and sustain practices and policies that support children's optimal development;
3. Local university faculty lacked training in the latest theory and practices, creating a nation of ill-equipped professionals;
4. Best practices in childcare were not only absent in orphanages, but across the larger system as well, including childcare centers and foster care;
5. Finding a quantitative way to measure quality of care in limited-resource care settings was and is crucial to measuring and maintaining improvements.

New program developments include:

Addressing lessons 1&2 — in partnership with prominent universities, we develop a university certificate program on best practices in childcare in limited-resource settings;

Addressing lesson 3 — we include the creation of capacity within local universities in key goals;

Addressing lesson 4 — we broaden our focus to these different implementation areas;

Addressing lesson 5 — we begin to develop WCI-QCUALS (Whole Child International Quality Childcare Universal Assessment for Limited-Resource Settings) in an effort to measure and guide our own work and provide governments with a tool to quantify, monitor, and maintain quality of care.

8/12/2019

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2011

While developing the above expanded program components, we continue caregiver training and mentoring in Nicaragua with funding from the Inter-American Development Bank.



By the conclusion of our work in Nicaragua, our evidence-based program will have reached seven centers and 500 caregivers, and improved caregiving for approximately 3,000 children.



We shift our partnership for third-party evaluation from University of Pittsburgh's Office of Child Development to Duke's Global Health Institute, which also partners on the further development of the WCI-QCUALS care center measurement tool.

2012

With a second, \$1 million grant from the Inter-American Development Bank, we begin negotiations with the government of El Salvador to do the first phase of a full-country systemwide implementation.

2014-2016

Based on a full analysis of the successes and challenges of our program, a new vision of our program as a systems-based intervention comes fully into view: relationship-centered care can only be permanently established if it is implemented and sustained across a nation's entire system, and if local institutions are supported to be the leaders in this effort. Our work shifts to put a large emphasis on strengthening government systems. In El Salvador, we plan and implement an intervention in partnership with the government that includes the nation's early-childhood centers as well as residential care centers. **In addition, we begin exploring how we can help residential care centers expand the breadth of their services to include family reunification and support, running small-scale foster programs, and appropriate monitoring. This allows us to leverage the resources within the existing residential-care community while safely reducing the number of children outside of family-based care.**

We begin the first phase of countrywide implementation — the education and mentorship of local government partners. We deliver our policy-level university certificate program to 72 government officials from 11 Salvadoran ministries, including those in charge of child protection, education, and family services, and all Supreme Court justices from the family court. Sixty-five technical government staff take a second university course, and we reinforce our work training caregivers and their government supervisors by beginning development of a caregiver assessment tool. We conduct an unprecedented national baseline assessment of 217 early childcare centers and 11 residential protection centers using our WCI-QCUALS center measurement tool, and begin a pilot implementation of our program in nine childcare centers.



A \$3 million capacity-building gift from philanthropist David Booth enables us to build the infrastructure needed for growth. We conduct a multifaceted strategic planning process, which determines three key ways to cost-effectively and impactfully meet persistent global need among the world's most vulnerable children: continuing to implement our relationship-centered care program at a system-wide level in El Salvador and in two other countries, testing and proving the program's capacity for global impact by working on three different continents; further developing the tools necessary to successfully implement systems change in relationship-centered care; and continuing to build the infrastructure to meet the challenge of reaching all children in need.

2017-2018

Following this process, **USAID awards us \$4.9 million** over five years toward building out our full, systemic, sustainable program across all of El Salvador. We scale up our team to implement across El Salvador's system of care and forge a partnership with the USC School of Social Work to conduct monitoring and evaluation and to broaden the social-casework capacities of residential childcare centers.

While continuing our USAID project in El Salvador, the program development team works to fully realize the possibilities determined through strategic planning. As part of the effort to elevate quality across the entire system, we mentor local organizations, sharing our tools, training materials, and expertise to increase our impact and create sustainability.

INDIA PARTNERSHIP: In July 2019, we enter into a relationship with the National Institution for Transforming India (NITI), advancing our efforts to begin reaching children of need in India and realizing our strategic goal of expanding to further regions to test and develop our program. The partnership will include customizing our assessment tool and training materials for the Indian government and collaboratively executing a pilot project in roughly 60 childcare centers. The pilot project will include a significant evaluation component carried out by our partners at the Duke University Global Health Institute.

2019