

Whole Child International

envision a world in which the most vulnerable children can reach their full potential



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

The problem:

Millions of vulnerable children around the world suffer from a lack of stable, nurturing relationships in low-quality care settings. This is particularly true for children in developing countries growing up in residential care and those from low-income families who spend the majority of their day in early childcare centers. These children's social-emotional needs are often not met, resulting in damage across all developmental domains and long-term adverse outcomes that reinforce the cycles of poverty, criminality, and child abandonment through generations.

Current systems tend to be over-reliant on residential care, but replacing residential care has many obstacles. In particular, residential care is generally funded by individual charities whose resources cannot simply be transferred to family-based systems. In addition, the existing social-workforce is inadequate to respond to child protection needs and supervision of family-based care.

Our solution:

Our program in its entirety, and at all levels, focuses on building capacity within and building upon a country's existing government infrastructure, with decision-makers and supervisors being our main focus. In addition, we train and mentor local academia, center directors, and caregivers. Working in early-childhood centers, residential care centers, and foster care programs, we implement evidence-based best practices in relationship-centered care, establishing such care as a national standard.

Within residential care centers, in addition to the implementation of best practices, we work collaboratively to expand the breadth of their services to include family reunification and support, running small-scale foster programs, and appropriate monitoring. This leverages existing resources within the existing residential-care community while safely reducing the number of children outside of family-based care.

Six steps for leveraging existing resources, building the capacity to create meaningful, sustainable change:

- 1 Local academic community**
 - University faculty receive training and mentoring in order to update their academic knowledge.
 - Updating this knowledge at the academic level ensures a pipeline of local professionals with the knowledge and skills they need, in perpetuity.
- 2 Government decision-makers**
 - attend Whole Child's university course on best practices in limited-resource settings.
 - receive hands-on support and mentoring to implement the necessary changes across the system of care for children.
- 3 Childcare center & residential care directors**
 - attend our university certificate program on best practices in childcare in limited-resource settings.
 - receive support and mentoring to implement relationship-centered, evidence-based best practices in centers.
- 4 Government supervisors**
 - receive two years of training and hands-on support focused on creating capacity to be the leaders on implementation and monitoring of quality in residential care and early-childhood care and development centers.
- 5 Children's Direct Caregivers**
 - receive nine months of training to improve quality of care and strengthen relationships with children.
 - receive hands-on support to implement the changes in childcare practices in their centers.
- 6 Residential Care Centers**
 - in addition to the implementation of best practices described in bullet 3, we work with residential care centers to broaden the scope of their work to include family reunification and support, running small-scale foster programs, & appropriate monitoring.

Immediate outcomes:

Quality care is implemented and the national child welfare system has the capacity to sustain it in the long term.

Caregivers provide high-quality care, characterized by stable, nurturing relationships with the child.



Long-term outcomes:

Children are better prepared to participate in family life and society as healthy and well-adjusted individuals — benefiting them as well as their family, community, and society as a whole.

How we know it works:

Since its founding in 2004, Whole Child has worked with third-party evaluators to measure our impact and inform future program development. Until 2012 we worked with the University of Pittsburgh Office of Child Development, and since 2012 we have worked with Duke University's Global Health Institute.

Whole Child International's Results



Our program is designed to be implemented in existing residential and childcare centers without requiring additional caregivers...

Before:

Children are kept in large groups by age and “graduate” to new caregivers and peers regularly.
Caregivers are overwhelmed and don't know how to connect in a meaningful way with children, considering the constraints of time and the large number of children for whom they are responsible.
Children have no personal space or record of the moments and developments that form their identity.
Countries over-rely on residential care (orphanages).



After:

Children are placed in family-like small groups where primary caregiver relationships are formed and maintained as long as they are in care.
Caregivers are trained to use routine moments to connect with each child and feel confident in their ability to provide what the child needs.
Caregivers keep records of developmental milestones; children have cubbies for their own things and a binder of progress and past history to help form an identity.
Residential care centers are supported in expanding their programs to include services in family reunification and support, running small-scale foster programs, and appropriate monitoring.

Whole Child developed WCI-QCUALS (Quality of Care in Limited-Resource Settings), a measurement tool that allows agencies to assess the quality of care in childcare facilities. Third-party evaluation* confirmed that WCI-QCUALS works better than other standardized tools used in limited-resource childcare settings, and that the outcomes from this tool correlate to children's well-being.

... resulting in improved developmental outcomes for vulnerable children**

Intellectual development

At baseline, 82% of children scored as though intellectually disabled on the Battelle Development Inventory.

In less than two years, only 14% of children scored as though intellectually disabled, which reflects a 62% decrease in children presenting as if they had intellectual disability.

Physical development

Children experienced a 46% increase in height and 34% increase in weight with no changes to nutrition.



Relationship development

The social-emotional relationship between caregiver and children improved by 150% as noted by the Caregiver-Child Social/Emotional and Relationship Rating Scale (CCSERRS).

Behavioral development

Negative behaviors such as aggression, withdrawal, and self-stimulation were reduced by 43% in children.

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* Comparison of WCI-QCUALS and ECERS-R in Twenty Child Care Centers in El Salvador, 2016. Ostermann, Whetten, et al. Duke University Global Health Institute.

** As measured in five residential care centers in Managua, Nicaragua. (October 2012 Summary Brief: Implementation Results under Technical Cooperation ATN/KP12327-NI. Groark, C.J., McCall, R.B., University of Pittsburgh Office of Child Development, Prepared for Whole Child International and the Inter-American Development Bank.)