

Truancy Prevention

Rhode Island Policy Recommendations Brief

Funded by Substance Abuse and Mental Health Services Administration (SAMSHA), U.S. Department of Health and Human Services in collaboration with Parent Support Network and the Youth At Risk Coalition

Rhode Island rates of truancy and chronic absence put youth at a higher risk for dropping out, ultimately costing individuals and the state millions.^{1,2,3,4}

The national drop out rate is 7%.⁵ In Rhode Island the rate is 12%.⁶ The average high school drop out will earn \$10,386 less annually than a high school graduate.⁷ Ultimately 30% of high school drop outs will live in poverty.⁸ During the recession unemployment among high school drop outs has been nearly triple that of those with bachelor's degrees.⁹ A Northeastern study found that high school drop outs were 60 times more likely to be incarcerated than someone with a bachelor's degree and that Blacks and Hispanics are disproportionately impacted.¹⁰ This study also found that the average high school drop out will cost tax payers \$292,000 more over a lifetime compared to a high school graduate. Rhode Island suffers when students drop out through lost tax revenue, increased costs of incarceration and an increasing skills gap that discourages business from expanding in Rhode Island.

Research shows that chronic absenteeism is a strong predictor for dropping out. Chronic absenteeism rates highlight this as an important area of concern for our state.

RI Rates of Chronic Absenteeism¹³

- 12% of Rhode Island children in grades K-3
- 15% of Rhode Island middle school students
- 25% of Rhode Island high school students

Taking An Evidence-Based Approach

Early and ongoing identification of the underlying root cause of chronic absenteeism is the first step in truancy prevention. There is no one size fits all solution. The best approaches include school, family and community partnerships that positively engage families, children and youth, using a positive youth development approach and a focus on building family and protective factors.¹²

Chronic absenteeism is defined by RIDE as “The percentage of students who missed 10% or more school days during the year. This calculation only includes students who were enrolled at least 90 days in a given school or district.”¹¹ Some Rhode Island schools are beginning to look at chronic absenteeism on a more regular basis, such as monthly or weekly, still using 10% days missed in a given period as a guideline. This approach has helped those schools track absenteeism before it leads to academic failure, truancy or drop out.

Why Do Students Miss School?

Chronic absenteeism and truancy are often symptoms of a larger underlying problem at home or in school. A child’s refusal to attend school may be the result of a child or parent health or mental health issue or disability, school environment, issues with academic achievement, bullying or safety, living situations, transience and homelessness, the value placed on education or alcohol and drug abuse.^{14,15}

Best Practices in Prevention Planning¹⁶

- Examine your local policies and identify gaps or inconsistencies
- Develop a strategic plan involving multiple stakeholders
- Focus on attendance and engagement not just truancy
- Adopt promising practices that fit at the local level
- Create both incentives and graduated sanctions
- Involve students and parents/caregivers in planning programs
- Get baselines and track progress

What Youth Say About Why They Are Missing School^{17,18}

- *Dealing with emotional issues and do not know who to talk to or trust*
- *Bullying, safety, racial discrimination*
- *Loss of interest in school and classes they are attending*
- *Feeling that there is a lack of respectful communication with the school*
- *Parents found out too late about school attendance issues/personal problems*
- *Substance abuse*
- *Lack of sleep*
- *Taking care of a sibling or someone else*
- *Behind on homework*
- *Low reading level causes embarrassment*
- *Losing credits through school transfers (particularly for youth in DCYF care)*
- *Time between release from Juvenile Corrections and school enrollment causes youth to backslide*
- *Transportation*
- *Underlying health issue*

Rhode Island Evidence-Based Practice Highlight: Wraparound/FCCP Supports

Family Care Community Partnerships (FCCP) bring community care service providers, family members and friends together to build a stronger, brighter future for families. Using the evidence based Wraparound model developed by the National Wraparound Initiative (<http://www.nwi.pdx.edu>) they meet to assess families needs and wrap around the right local services, community programs, family members and friends to create an individualized plan. The following children and youth are eligible: Children birth to age 18 who have serious emotional, behavioral and/or mental health challenges; Youth who are transitioning from the Juvenile Correction Facility into the community; Children and families at risk of involvement with DCYF.

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Recommendation: Early Identification and Engagement

- Establish strong, culturally and linguistically responsive relationships with parents/caregivers beginning in the early grades
- Ensure parents/caregivers are aware of the importance of children attending and engaging in school and available supports that promote school success
- Engage families and youth in planning to address absenteeism at an early stage
- Establish a system to track on a regular basis students that are missing 10% or more days of school and provide this information to school counselors, nurses, social workers, other school personnel, and the student's family and community partners that can provide supports.
- Establish and implement written policies that include multi-tiered systems of support that build family and youth protective factors and utilize positive youth development approaches based on the Search Institute's Developmental Assets (<http://www.search-institute.org/developmental-assets>)

Rhode Island Evidence-Based Practice Highlight: Trauma-Informed Approach

The Substance Abuse and Mental Health Services Administration (SAMHSA) Defines Trauma-Informed Care as an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

The Children's Treatment and Recovery Center at Family Services of Rhode Island is a grantee of the National Child Traumatic Stress Network that provides Evidenced Based Treatments for children and families exposed to trauma, in particular children exposed to violence, abuse and neglect. In addition the CTRC provides trainings and consultations, works in partnership with the Department of Children, Youth and Families, schools, the Family Care Community Partnerships (FCCP), System of Care Networks and other home based services which promote positive youth development. Our newest focus is on Military Families.


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Recommendation: Provide a Full Continuum of Supports for Families and Youth

- Assign at least one individual in the school (teacher, mentor, counselor, community partner) to connect personally with youth who are struggling with attendance
- Ensure families of youth who are struggling with attendance are engaged early, involved in planning, and receive culturally responsive, personalized supports
- Ensure the availability of multi-tiered systems of supports that include academic supports, social-emotional supports, mental health supports and flexible family supports. Engage existing school systems and community partners whenever possible
- Offer trauma informed supports to youth with mental health or behavioral challenges
- Specific supports that are often needed include: transportation support; providing credit recovery and partial credit options; supporting students with reading at grade level; bullying intervention; and addressing family or youth health/mental health needs

Recommendation: Close Gaps for Youth Transitioning Out of DCYF Care and Juvenile Corrections

- Ensure youth in DCYF care can remain on grade level in their new school – utilize multiple pathways.
 - Ensure youth leaving Juvenile Corrections are enrolled immediately in school upon their release. Allow enrollment and placement while records are being transferred.
 - Utilize technology solutions to ease transfer of information and records for all students transferring to new schools within Rhode Island.
 - Collaborate with Family Care Community Partnerships, which work with youth whose families are at risk of entering DCYF care or families of youth who are transitioning from the training school.
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Recommendation: Develop a Prevention-Minded Approach

- Recognize chronic absenteeism and truancy as a symptom of underlying issues and align prevention approaches to those issues
- Take an individualized and personalized approach focused on building family and youth protective factors such as parental supports, community connections, coping strategies and flexible supports
- Plan to provide supports at key transition times when research shows absenteeism increases (such as the transition from middle to high school)
- Support school administrators, social workers, nurses, guidance counselors and community partners with information on evidence based prevention. Use existing professional development opportunities as a conduit when possible
- Address school-level issues affecting student attendance such as:

Climate: address bullying, peer issues, teacher absenteeism and a lack of interactive and relevant programs to engage student interest

Curriculum: ensure the curriculum is engaging and accessible

Multiple Pathways: ensure there are multiple pathways for students

Rhode Island Evidence-Based Practice Highlight: Restorative Practice

Youth Restorative Practice (YRP) and Family Service RI (FSRI) are collaborating to bring Restorative Practice to Rhode Island. Currently most of the work they are doing in Rhode Island is in schools. Restorative practices focus on building relationships and community strengths to help children and youth learn how to manage conflict and tensions and how to be resilient, empathic and independent problem-solvers. YRP is 4/5ths community building without punishment and retribution – the main focus - and 1/5th the heavy-lifting of helping to restore the lives of children struggling with maintaining socially-appropriate norms, for whatever reason (family issues, mental health, etc.). Hence, the need for a strong social-service partner like, FSRI. Together the organizations have collaborated on adapting internationally-proven family and community-building techniques and on creating training and duties for professionals (Restorative Specialists) to implement the changes needed for a restorative mindset. YRP projects are currently in Central Falls, Westerly and one charter school.

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Rhode Island Strengths and Next Steps

2012 Rhode Island legislation prohibited out of school suspension for attendance-related infractions.

Next steps: Work to limit all out of school suspensions. Other communities that have done this have significantly decreased attendance issues.

State law requires youth involved with the Department of Children, Youth and Families to be immediately registered in school to avoid unnecessary gaps in education.

Next steps: Schools and communities can work together to ensure that students can remain on grade level in their new school and youth transitioning from the Juvenile Corrections are immediately enrolled and placed.

Attendance is typically not a factor in grading in RI. Funding for districts is not dependent on seat time as it is in some other states.

Next steps: Identify situations when attendance does affect grading and address.

RIPTA has piloted offering free bus passes to all freshman in Providence living between 2 and 2.9 miles from school.

Next steps: Expand this pilot to all students living between one and three miles from school.

Rhode Island is currently one of only six states that collects information on chronic absenteeism. This information is available for each district.

Next steps: Schools can collect data on students that are missing 10% of classes on a weekly, bi-weekly or monthly basis in order to intervene early.

A new statewide policy on bullying went into effect in 2012.

Next steps: Schools can develop local policies modeled on best practices to identify and address bullying. Schools can follow the Rhode Island Coordinated Health Program recommendations at http://thrivetri.org/components/school_safety.html

An early warning system is in development as part of Race to the Top. In accordance with best practice, it will likely include attendance, grades and behavior indicators.

Next steps: Schools can implement and use early warning indicators to identify students in need of support and develop prevention based policies that include a full continuum of supports.

Promising Local Practice – Walking School Bus

The Providence Children's Initiative (PCI) is a multi-agency collaboration created to improve academic and economic outcomes in low-income neighborhoods. Inspired by the Harlem Children's Zone in New York, they are currently focusing on South Providence. An attendance improvement project was kicked off in November of 2011 by the PCI and the faculty and staff at Providence's Mary E. Fogarty Elementary School. As part of the project, PCI mapped the locations of the homes of the families reached through phone calls, and who self-identified barriers, to spot trends. This mapping showed that most of the families with attendance issues live within a mile of the school. Seventy-nine percent of the barriers involved physical health, parental work schedules, and other issues that might affect the child or children from leaving home in the morning to go to school. In response, PCI developed the "Walking School Bus" which made its debut September 2012. The program engages volunteers to help walk children to school.

Youth At Risk Coalition Membership

Thank you to all the Youth At Risk Coalition members, school personnel, families and youth that provided information for this policy recommendations brief.

Parent Support Network of Rhode Island
Department of Children, Youth and Families
Department of Education, RIDE, Office of Student, Community, and Academic Supports
Department of Health, Office of Special Health Care Needs
Rhode Island Family Court
Rhode Island Behavioral Health Developmental Disabilities & Hospitals
Rhode Island Parent Information Network
Rhode Island Student Attendance Officers
Mental Health Association of RI
Neighborhood Alliance
Pawtucket Assessment Referral Team
Comprehensive Community Action Program
Family Care Community Partnerships
The Rhode Island Care Management Network
Ocean State Network for Children and Families

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