Engaging Attendance

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Talking Points

- Attendance Data
- ACES (Adverse Childhood Experiences)
- Intervention Strategies
Learning Objectives

- Understand how ACES and attendance are linked together
- Use support strategies to increase attendance rates in the classroom
- To make staff knowledgeable about how childhood trauma effects life skills
Attendance

Average Daily Attendance

Severe Chronic Absenteeism

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What are ACE’s
Adverse Childhood Experiences

• ACEs are experiences in childhood that are unhappy, unpleasant, hurtful.
• Sometimes referred to as toxic stress or childhood trauma.
• Barriers for children to be successful in school.
Growing up (prior to age 18) in a household with the following adverse childhood experiences are barriers to a child's academic success.

- Reoccurring physical abuse.
- Emotional abuse.
- Sexual Abuse.
- Emotional or Physical Neglect.
- An alcohol or drug abuser
- An incarcerated household member.
- Someone who is chronically depressed, suicidal, institutionalized or mentally ill.
- Mother being treated violently.
- One or no parents.
Why is this important?

Because ACEs are:

• Surprisingly common
• Occur in clusters
• The basis for many common public health problems
• Strong predictors of later and current social functioning, well-being, health risks, disease, and death.
Adverse Childhood Experience (ACEs)

- Original Kaiser Permanente Study for participants with 4 or more ACEs: 12.5% (California residents)
- Original Kaiser Permanente Study for participants with at least 1 ACE: 26% (Tehama County residents)
- California residents with 4 or more ACEs: 16.7% (61.7% of California residents)
- Tehama County residents with 4 or more ACEs: 21% (66.2% of Tehama County residents)
- Engage in risky sexual behavior, Be a current smoker, Binge drink
- Abuse ↔ Neglect ↔ Household Dysfunction ↔ Poor Attendance
- Most likely
- And...
- Life expectancy is cut by 20 years for people with 6 or more ACEs
- Lifetime costs for ACEs is estimated to be $124 Billion

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Tehama County Head Start ACEs Study

- The risk factors/behaviors underlying these adult diseases are actually effective coping devices.
- What is viewed as a problem is actually a solution to bad experiences.
- Dismissing these coping devices as “bad habits” or “self destructive behavior” misses their functionality.

63 Shasta College Early Childhood Education Students participated in this study
Tehama County Head Start ACE’s

- We used the ACE’s Questionnaire in three of our classrooms.
- We implemented the “ACE’s Self-Awareness Improvement Plan”.
- Out of 43 children, 18 of those had moderate absenteeism and 22 of them had severe absenteeism.
- Out of the 18 that had moderate absenteeism, the ACEs score was between a 2-4.
- Out of the 22 that had severe absenteeism, 76% of those had a score between 4-6 and 24% had a score of 7 or higher.
Strategies for improving self-awareness/attendance

- All staff are trained in using the ACEs Questionnaire.
- The ACEs introduction video is shared at all parent meetings program wide.
- Classrooms are given attendance reports on a monthly basis to identify the families with low attendance.
- Case management for families with moderate to severe attendance.
- Families with moderate to severe attendance receive at least three home visits per month by the teacher or the home visitor.
Implementing the strategies.

1. Setting up a re-occurring scheduled time to meet with families at the center or their home (preferably their home).

2. Use the “Attendance Contract” to discuss low attendance and set goals to decrease surface barriers.

3. Introduce the ACEs and have parents take the ACEs Questionnaire.

4. Discuss their ACE’s score and how events in their childhood may be linked to the surface barriers effecting attendance.

5. Introduce the “Resilience Questionnaire” have parents complete the “Resilience Questionnaire”

6. Implement the Self-Awareness Improvement Plan
   • Identify parents attachment style.
   • Identify parenting style.
   • Develop a parenting goal and a self awareness goal.
What we know

• Behavioral Interventions Should Target Caregiver Relationships.

• Individual Risk Factors and Family Risk Factors all effect the ability for children to succeed.

• Increasing Family Protective Factors is key.

• If you live in dysfunction you don’t see dysfunction.

What our parents need to know

• Breaking the cycle of dysfunction takes education and an “awakening.”

• Our families need to know that their parenting stress, poor parent-child relationships, and negative interactions are generational.

• They need to take responsibility by identifying their attachment style, understand how it is effecting their child’s learning, and setting small goals to change the dysfunctional negative behaviors to positive interactive behaviors.

Safe • Important • Belonging
ACEs Often Last a Lifetime . . .
But They Don’t Have To

• Healing can occur
• The cycle can be broken
• Safe, stable nurturing relationships heal the parent and the child.

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Resources

• Iowa ACEs 360
www.iowaaces360.org

• Dr. Nadine Burke-Harris
www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

• Aces Too High-California Report

• Attendance Works
http://www.attendanceworks.org/
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