Understanding Follow-Through, Attendance, and Retention in Christian Adult Basic Education

A Strength-Based, Trauma-Informed Guide for Supporting Participants Affected by Generational Poverty, Trauma, Reentry, and Recovery

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Contents

Important Perspective

A missed class, an unfinished form, or a period of silence is information—not a complete explanation. CABE should ask, "What may be getting in the way?" before deciding, "This person does not care." Compassion and accountability belong together.

1. Executive Summary

Participants usually come to CABE because they want something to change. They may want a job, education, stability, healthier relationships, spiritual growth, or a new beginning. Their desire can be genuine even when their behavior appears inconsistent.

Follow-through is often affected by several pressures at the same time: unstable income, changing work schedules, transportation problems, child care, housing insecurity, court or supervision requirements, health concerns, recovery appointments, fear of failure, low literacy, digital barriers, shame, and previous experiences with systems that felt confusing or punitive. A participant may be trying to solve the most urgent problem of the day while also attempting to build a more stable future.

Retention improves when CABE combines clear expectations with practical support. The strongest approach is not to remove all responsibility from participants. It is to make expectations understandable, reduce avoidable friction, help participants plan for predictable barriers, respond quickly to absences, and preserve a dignified path back.

The central conclusions

- **Behavior has context.** An unfinished application or absence may reflect overload, uncertainty, shame, fear, literacy needs, or a practical barrier rather than indifference.
- **The first weeks matter.** Long delays, confusing intake, weak orientation, or a participant's early sense that she does not belong can lead to disengagement before trust develops.
- Relationships retain people. Participants are more likely to return when at least one consistent person notices their absence, communicates respect, helps identify the next step, and remains connected from the first inquiry through early participation. A trained volunteer may be especially approachable when the Director is perceived as the person who approves applications or enforces policy.
- **Practical support must be paired with ownership.** CABE can help with planning, reminders, referrals, forms, and transportation solutions while still asking participants to communicate honestly and follow through on agreed steps.
- **Return should be normal.** People affected by instability may "stop out" and later be ready to continue. A clear reentry process prevents one difficult season from becoming permanent separation.
- **Data should guide improvement, not label people.** Track where participants disengage, how quickly staff respond, and which barriers are common. Use the information to improve systems rather than to shame individuals.

2. A Better Way to Interpret Participant Behavior

CABE ministries need a balanced interpretation of behavior. Overly harsh interpretations can damage trust; overly permissive interpretations can prevent growth. The goal is a strength-based response that recognizes capability, names barriers honestly, and supports the participant in taking the next responsible step.

What staff may see	A quick assumption	Other possible explanations	A helpful CABE response
Application started but not returned	"She was not serious."	The form was hard to read; documents were missing; the participant feared being judged; internet or phone service failed; the next step was unclear.	Offer a scheduled application-support appointment, explain why information is needed, identify missing documents, and set one specific next step.
Participant misses class without calling	"She is irresponsible."	Phone service ended; work schedule changed; child care failed; a family crisis occurred; shame increased after the first absence.	Send a brief, non-shaming message, ask about the barrier, restate the next class date, and offer a path back.
Participant arrives late repeatedly	"She does not respect our time."	Unreliable transportation, school drop-off, medication schedule, probation check-in, or dependence on another person for a ride.	Discuss the pattern privately, identify the true constraint, and create a realistic arrival plan with clear limits.
Participant becomes defensive	"She has a bad attitude."	Correction may feel like earlier humiliation, control, or rejection; the participant may not understand the request or may feel exposed.	Lower the emotional temperature, clarify expectations, offer choices where possible, and return to the issue when safety and dignity are restored.

What staff may see	A quick assumption	Other possible explanations	A helpful CABE response
Participant disappears after progress	"She sabotaged herself."	Success can create fear, family pressure, increased responsibilities, benefit concerns, relapse risk, or uncertainty about a new identity.	Normalize mixed feelings about change, reconnect with goals, and identify support needed for the next stage.

Four questions to ask before labeling behavior

1. Does the participant clearly understand what is expected, when it is due, and what successful completion looks like?
2. Is there a practical barrier that CABE can help the participant plan around or address through referral?
3. Is fear, shame, trauma, low literacy, or previous system experience affecting the participant's willingness to ask for help?
4. What responsibility can the participant reasonably take now, and what support will make that step more likely?

A useful staff phrase

"We want to understand what made this step difficult. We will help where we can, and we will also work with you to decide what you can realistically commit to next."

3. What Current Research Helps Us Understand

The statistics below should not be used to predict an individual participant's behavior. They help CABE leaders understand how common trauma exposure, limited foundational skills, financial instability, and transportation barriers are in the wider population.

Area	Selected finding	Meaning for CABE
Trauma exposure	In a national CDC analysis, 63.9% of U.S. adults reported at least one adverse childhood experience, and 17.3% reported four or more.	A substantial number of participants may carry experiences that affect trust, stress response, concentration, and relationships. Trauma-informed practice should be a ministry-wide approach, not a special exception.

Area	Selected finding	Meaning for CABE
Adult literacy	NCES reported that 28% of U.S. adults ages 16–65 performed at Level 1 or below in literacy in the 2023 PIAAC assessment.	Applications, policies, schedules, online portals, and written directions may be harder than they appear. Plain language and private reading assistance are essential.
Adult numeracy	NCES reported that 34% performed at Level 1 or below in numeracy in 2023.	Time calculations, budgeting, pay information, dosage schedules, transportation planning, and forms may require support.
Adaptive problem solving	NCES reported that 32% performed at Level 1 or below in adaptive problem solving in 2023.	Multi-step digital tasks and unfamiliar systems can create overload. Demonstration and guided practice may be more effective than simply giving instructions.
Financial shocks	The Federal Reserve reported that 63% of adults could cover a $400 emergency expense with cash or its equivalent in 2024; 37% could not.	A repair, utility bill, medication, or child-related expense can immediately displace transportation, phone service, or class attendance.
Income instability	In 2024, 29% of adults reported income that varied at least occasionally month to month. Among adults with income below $25,000, 19% reported difficulty paying bills because income varied.	A participant may accept extra shifts, lose hours, or change jobs with little notice. Attendance planning should account for unstable work.
Transportation and no-shows	A study of more than three million medical appointments found that a major transit expansion reduced no-shows by 4.5% overall and 9.5% among Medicaid patients living near the expansion.	Transportation is not a minor excuse. Better access can measurably improve attendance.

Area	Selected finding	Meaning for CABE
Reminders	A Cochrane review found appointment attendance of 67.8% with no reminders, 78.6% with text reminders, and 80.3% with phone reminders across included studies.	Reminders help, but they work best as part of a relationship and a clear plan—not as a substitute for support.
Recovery engagement	NIDA notes that, for residential or outpatient substance-use treatment, participation under 90 days is generally of limited effectiveness and longer treatment is often indicated.	CABE is not treatment, but the finding reinforces the value of sustained engagement, coordination with treatment, and patience with recovery as a long-term process.
Reentry needs	Federal reentry guidance identifies transportation, clothing and food, money, identification, housing, employment and education, health care, and support systems as core release-planning needs.	A CABE schedule may compete with several urgent, mandatory, and interdependent reentry tasks. Coordination and referral are essential.

Research findings come from different populations and settings. CABE should use them as direction for thoughtful practice rather than as exact predictions or universal benchmarks.

4. Why Participants Do Not Complete Applications

An application is often treated as a simple administrative step. For a participant, it may be the first test of whether CABE feels safe, respectful, understandable, and worth the effort. Every unnecessary question, unclear instruction, delay, or request for hard-to-find documentation increases the possibility of disengagement.

- **The form is harder to read than staff realize.** Long sentences, small print, unfamiliar words, multiple pages, and questions requiring written explanations can expose low literacy. A participant may protect dignity by taking the form home and never returning it.
- **The participant does not have required documents.** Identification, Social Security cards, proof of residence, income records, release papers, school records, or court documents may be lost, inaccessible, expired, or held by another person.
- **Digital access is unreliable.** Online applications may require a current email, password, text verification, uploads, scanning, data service, and comfort moving between screens. A phone-only process can be difficult.
- **The purpose of questions is unclear.** Questions about income, legal history, substance use, housing, safety, or family can feel intrusive when staff have not explained why the information is requested and who will see it.
- **The participant fears being rejected.** A person who has repeatedly been denied jobs, housing, benefits, education, or family support may avoid completing a process that could confirm another rejection.
- **The application is connected with shame.** Questions can bring attention to reading needs, gaps in employment, criminal history, debt, homelessness, custody issues, or recovery experiences.
- **The participant is interested but not ready.** The referral may have come from a family member, court, treatment program, church, or agency. Interest may be present, but the participant may not yet have decided to make CABE a priority.
- **The next step takes too long.** When days or weeks pass between inquiry, application, interview, and class start, the participant's circumstances can change and early motivation can fade.
- **There are too many competing applications.** Participants may be completing benefits, housing, employment, school, treatment, health, child care, and legal paperwork at the same time.
- **There is no relationship yet.** People are more willing to complete difficult forms when they believe a specific person will help, notice, and follow through.
- **Past systems have not kept promises.** A participant may have been told, "We can help," only to experience long waits, unclear rules, or referral loops. Caution may be learned self-protection.

- **The participant cannot visualize the benefit.** If the application emphasizes requirements rather than what the participant will gain, the effort may not feel worthwhile.

Application practices that improve follow-through

☐ Use a short first-step interest form. Collect only the minimum information needed to schedule a conversation.

☐ Complete the full application with the participant whenever possible instead of sending it home.

☐ Offer to read questions aloud privately without announcing that the participant needs reading help.

☐ Explain why each sensitive category is requested, whether it is required, and how the information will be protected.

☐ Mark optional questions clearly. Do not collect sensitive information merely because it might be useful someday.

☐ Create a document-recovery checklist with local locations, fees, hours, and transportation information.

☐ Provide a folder for documents and a simple written list of what is still needed.

☐ Break the process into visible steps: interest, conversation, documents, orientation, first session.

☐ Schedule the next appointment before the participant leaves. Give the exact date, time, location, contact person, and what to bring.

☐ Send a reminder and provide a simple way to reschedule.

☐ Avoid a long silence after the application. Make contact even when the next cohort has not started.

☐ Use a warm handoff when another agency must assist. With permission, contact the partner while the participant is present.

☐ Check forms annually for unnecessary length, education-level assumptions, confusing language, and questions that duplicate information already collected.

☐ Track the point at which applications stop. A repeated pattern usually identifies a process problem, not just a participant problem.

Application standard

A participant should leave every application contact knowing: what has been completed, what remains, who can help, and the exact next step.

An Optional Volunteer Participant Relationship Contact

Some participants may experience the Director as an authority figure because that person approves applications, explains requirements, monitors attendance, and makes decisions about continued participation. Even when the Director is warm and compassionate, a participant who has experienced trauma, incarceration, treatment systems, institutional rejection, or repeated failure may feel anxious about admitting confusion, missed appointments, relapse, transportation problems, or low reading confidence.

A CABE site may choose to assign a trained volunteer as the participant's primary relationship contact. This person can begin with the first inquiry, help with the simple beginning form and later application steps, explain what happens next, send approved reminders, and make the first supportive contact after an absence. Because the volunteer is not the primary decision-maker, the participant may feel safer asking questions and describing barriers before they become reasons to leave.

> **Key distinction:** The volunteer is a helper and relational bridge—not the person who approves admission, imposes consequences, provides counseling, or makes exceptions to CABE policy.

Suggested responsibilities

☐ Make the first welcoming call or text using the participant's safe, preferred contact method.

☐ Help the participant complete a short, easy-to-read beginning form without embarrassment.

☐ Offer to read questions aloud privately and explain unfamiliar words.

☐ Keep a simple checklist of application steps, missing documents, appointments, and agreed next actions.

☐ Schedule or confirm the next step before the participant leaves or ends the call.

☐ Send reminders and provide a simple way to reschedule.

☐ Contact the participant promptly after an absence with concern rather than accusation.

☐ Help the participant identify barriers and communicate needs to the Director when permission is given.

☐ Remain a familiar point of contact during the first 60 to 90 days and, when appropriate, throughout participation.

☐ Introduce the participant to instructors, mentors, and peers so the volunteer becomes a bridge into the whole CABE community rather than the participant's only relationship.

Role boundaries and supervision

☐ The Director retains responsibility for admission, policy, safety, confidentiality decisions, exceptions, and consequences.

☐ The volunteer uses approved CABE communication methods, records essential contacts, and reports concerns according to site procedures.

☐ The volunteer does not promise acceptance, transportation, money, housing, legal help, treatment outcomes, or confidentiality beyond CABE policy.

☐ The volunteer receives training in trauma-informed communication, boundaries, privacy, mandatory reporting, crisis procedures, cultural humility, and referral.

☐ A backup contact is identified so the relationship and application process do not stop when the volunteer is unavailable.

☐ The participant is told clearly which matters the volunteer can help with and which decisions belong to the Director.

Suggested introduction to the participant
"I am your CABE contact person. My role is to help you understand the application, answer questions, remind you about next steps, and help you stay connected. I do not make the final decisions about acceptance or attendance policy. You may tell me when something is confusing or when a problem may keep you from coming, and I will help you decide the next step."

A simple three-stage intake process

Stage	What the participant completes	Purpose
1. Welcome	A short interest form with basic contact information and goals.	Reduce fear, begin the relationship, and schedule the next step.
2. Conversation	A private conversation about goals, barriers, schedule, and support needs.	Explain CABE, offer help, and determine readiness without requiring sensitive details too early.
3. Full application	Only the information genuinely needed for admission, safety, services, or required reporting.	Complete necessary records after the participant understands the purpose and has an identified helper.

5. Why Attendance Becomes Sporadic

Sporadic attendance often develops when a participant's long-term goal repeatedly loses to an immediate crisis. The participant may care deeply about CABE and still lack the stability, routines, transportation, communication access, or emotional capacity needed for consistent attendance.

Daily instability

- Work hours change with little notice.
- A car problem or missed bus affects several days.
- Phone service is interrupted.
- Housing changes make the route longer or unsafe.
- Food, utilities, medication, or family needs become urgent.

Caregiving responsibilities

- Child care falls through.
- A child is sick or suspended from school.
- The participant cares for an older or disabled relative.
- Family members expect the participant to solve crises because she is seen as the dependable person.

Trauma-related responses

- New situations create hypervigilance or withdrawal.
- Correction is interpreted as rejection or danger.
- A crowded room, authority figure, topic, sound, or conflict becomes a trigger.
- Shame after one absence makes returning feel harder than missing again.
- Concentration, memory, sleep, or emotional regulation may be affected.

Generational poverty and scarcity

- The day may be organized around urgent needs rather than calendars.
- Short-term opportunities for cash can outweigh a future benefit.
- Transportation, child care, and phone service may depend on fragile informal arrangements.
- The participant may have limited experience with institutions that expect advance planning and immediate communication.

Reentry demands

- Probation or parole, court, testing, fees, treatment, identification, housing, and employment requirements compete for time.
- Mandatory appointments may be scheduled with little flexibility.
- Restrictions may affect transportation, location, internet use, or association.

- Criminal record barriers increase discouragement and the number of applications needed.

Recovery realities

- Treatment appointments, meetings, medication, sleep, health, or sober-living rules affect scheduling.
- Return to use may lead to shame and isolation.
- Early recovery can involve emotional intensity, new routines, and changes in relationships.
- A participant may need clinical or peer-recovery support beyond the role of CABE.

Program-related causes

- Class begins too long after application.
- The schedule conflicts with local work or school patterns.
- Content feels too difficult, too easy, or unrelated to the participant's goal.
- The participant has not formed a relationship with staff or peers.
- Policies feel punitive or are applied inconsistently.
- Staff contact focuses on what the participant failed to do rather than the next step.

Early warning signs

☐ The participant misses orientation or the first scheduled session.

☐ Application or document steps remain incomplete for more than one week without a new appointment.

☐ Contact information changes frequently or messages are not delivered.

☐ The participant attends but appears confused about the schedule or expectations.

☐ Late arrival, early departure, or missed assignments begins to increase.

☐ The participant stops interacting with a mentor or peer.

☐ A major life change occurs: new job, move, relationship change, release, court issue, relapse, illness, or child care disruption.

☐ The participant says, "I am behind," "I do not fit here," or "Maybe this is not for me."

☐ The participant avoids a staff member after conflict or correction.

☐ Progress brings a new fear: employment may affect benefits, success may change family roles, or graduation may end a valued support system.

6. Population-Specific Considerations

Participants are individuals, and categories should never replace listening. The following patterns help staff prepare for common barriers while avoiding assumptions about any one person.

Population/context	Possible retention barriers	Helpful CABE practices
Participants affected by generational poverty	Financial volatility; unreliable transportation; frequent moves; limited access to child care, health care, or technology; crisis-driven decision making; fewer institutional supports; fear that progress may threaten benefits or family relationships.	Use immediate and practical goals; teach planning through real tasks; schedule predictable check-ins; help build backup plans; avoid shaming survival decisions; celebrate stability steps; connect short-term actions to the participant's stated long-term purpose.
Participants with trauma histories	Mistrust; difficulty with authority; fear of exposure; emotional flooding; withdrawal; memory or concentration problems; sensitivity to correction; concern about safety or confidentiality.	Provide choice where possible; explain processes; ask permission before sensitive questions; maintain calm and consistent boundaries; avoid public correction; use predictable routines; repair relationship after conflict; refer for clinical care when needed.
Participants in reentry	Identification, housing, transportation, supervision, legal obligations, record barriers, technology gaps, family reunification, health needs, and multiple mandatory appointments.	Coordinate rather than duplicate; build a reentry calendar; help obtain documents; provide employer and legal-aid referrals; understand supervision limits; avoid requiring disclosure beyond what is necessary; use warm handoffs.

Population/context	Possible retention barriers	Helpful CABE practices
Participants in recovery	Treatment schedules; medication needs; return-to-use risk; shame; new peer groups; sober housing requirements; health needs; emotional and relationship changes.	Coordinate with treatment when authorized; make clear CABE is not treatment; use non-stigmatizing language; develop a plan for safe return after an interruption; connect with peer recovery support; protect confidentiality; focus on the next healthy step.
Participants with low literacy or digital skills	Difficulty reading forms, messages, schedules, policies, email, passwords, portals, uploads, or multi-step directions; fear of being exposed or treated like a child.	Use plain language and demonstration; offer private assistance; allow verbal response when appropriate; teach one digital task at a time; use icons carefully; verify understanding through "show me" rather than "do you understand?"
Participants experiencing domestic abuse or coercive control	Restricted transportation, money, phone use, documents, schedule, communication, or freedom to attend; increased danger when independence grows.	Follow safety policies; do not leave detailed messages without permission; ask for safe communication methods; maintain confidential referrals; do not confront the abusive person; consult qualified domestic-violence professionals.

Avoid deficit language

Describe the barrier or skill—not the worth of the person. Use "the participant needs support completing multi-step forms" rather than "she is incapable." Use "attendance has been interrupted" rather than "she is a dropout."

7. What Retention Means in a CABE Ministry

Retention is not simply the percentage of participants who finish on the original schedule. It is the ministry's ability to help participants begin, remain engaged, recover from interruptions, and move toward meaningful goals with increasing responsibility and stability.

Retention is not

- Keeping every participant enrolled regardless of safety, readiness, or behavior.
- Removing all consequences or expectations.
- Pressuring a participant to disclose private information.
- Doing every task for the participant.
- Measuring success only by perfect attendance.
- Treating staff availability as unlimited.
- Assuming a pause means permanent failure.

Retention is

- Creating a clear and respectful path from inquiry to participation.
- Identifying barriers early and making a realistic support plan.
- Building relationships strong enough for honest communication.
- Keeping expectations consistent, understandable, and connected to growth.
- Responding quickly when engagement changes.
- Helping participants develop routines, problem-solving skills, and ownership.
- Providing a dignified process for reentry after interruption.
- Learning from data and participant feedback.

A balanced ministry stance

Compassion without accountability can become	Accountability without compassion can become	CABE seeks
Rescuing, dependency, inconsistent rules, staff exhaustion, and unclear expectations.	Punitive, shaming, inflexible, dismissive of real barriers, and damaging to trust.	Truth and grace: clear expectations, practical support, shared responsibility, appropriate boundaries, and a path to repair.

8. The CABE Retention Framework

The following seven practices can guide decisions across application, orientation, classes, mentoring, and transition. They are designed to be simple enough for staff and volunteers to remember.

1. Relationship Before Paperwork

Make sure the participant knows one person by name who will help explain the process and follow up.

2. Reduce Avoidable Friction

Shorten forms, explain requirements, assist with documents, coordinate referrals, and remove unnecessary delays.

3. Make the Value Visible

Connect each requirement to a goal the participant has named. Provide a useful win from the first contact.

4. Build a Reliable Rhythm

Use predictable schedules, repeated routines, reminders, visible calendars, and regular mentor contact.

5. Respond Early

Contact participants quickly after missed steps or changes in attendance. Early care is easier than late recovery.

6. Share Responsibility

CABE offers support; the participant practices communication, planning, problem solving, and follow-through.

7. Keep a Door Back

Create clear conditions for returning after absence, conflict, relapse, incarceration, illness, work changes, or family crisis.

The three-part response to a retention concern

1. Connect: communicate care and reduce shame.

2. Clarify: identify what happened, restate expectations, and distinguish a temporary barrier from a continuing pattern.

3. Commit: agree on one realistic next step, who will do it, and by when.

9. Strategies Across the Participant Journey

Retention is built before the first class and continues through graduation and alumni connection. The following strategies address predictable risk points.

Stage	Common risk	Retention actions
Inquiry or referral	Participant is curious but uncertain; referral may be external; expectations may be vague.	Respond within one business day when possible; use a brief interest form; explain benefits and expectations in plain language; schedule a conversation immediately; identify a safe contact method.
Application	Paperwork, documents, shame, digital barriers, or fear of rejection.	Complete together; explain sensitive questions; use a document checklist; provide a folder; schedule the next step before departure; follow up on missing items.
Waiting period	Motivation fades; life circumstances change; participant feels forgotten.	Keep the wait short; send a welcome message; provide one useful activity; assign a contact person; confirm the start date; invite to an optional orientation or social connection.
Orientation	Information overload; policies feel threatening; participant is unsure she belongs.	Keep orientation interactive; use a simple calendar; review only essential rules; introduce mentors and peers; practice communication steps; discuss common barriers and backup plans.
First session	Anxiety, transportation, low confidence, fear of being behind.	Personally greet the participant; provide a quick success; explain what will happen; pair with a welcoming peer when appropriate; make follow-up contact after the session.

Stage	Common risk	Retention actions
First 30 days	Routines are not established; one absence can become withdrawal.	Use weekly check-ins; respond to the first absence the same day; review goals; solve one barrier; celebrate small progress; keep assignments manageable and relevant.
Middle of program	Fatigue, slow progress, life changes, conflict, or content that feels less relevant.	Review the personal goal plan; vary learning methods; add practical application; recognize progress; address conflict promptly; adjust supports without changing core expectations.
Transition or completion	Fear of losing support; new work or school demands; uncertainty about next steps.	Begin transition planning early; make warm referrals; develop a 30- or 90-day plan; schedule alumni contact; offer ways to remain connected without creating dependency.
Stop-out and return	Shame, changed circumstances, relapse, incarceration, illness, or family crisis.	Use non-shaming outreach; explain reentry steps; update the plan; determine what can be resumed and what must be repeated; welcome return without ignoring safety or accountability.

The first 30 days: minimum recommended contacts

☐ Application contact: next appointment scheduled.

☐ Pre-start reminder: date, time, location, transportation details, and contact person.

☐ First-day welcome: personal greeting and confirmation of next step.

☐ Week-one check-in: what is going well and what may interfere next week?

☐ Response to any absence: same day or next business day.

☐ Two-week goal review: one visible accomplishment and one barrier plan.

☐ Thirty-day progress conversation: celebrate, clarify expectations, and update the support plan.

10. Attendance Policies That Support Growth

Attendance policies are necessary, but the way they are written and applied affects retention. Policies should be simple, consistent, connected to learning and trust, and paired with a process for communication and repair.

Recommended policy principles

☐ State the purpose: regular attendance helps participants build skills, relationships, and routines—not merely satisfy a rule.

☐ Use plain language and review the policy verbally.

☐ Define what counts as attendance, late arrival, early departure, excused absence, and communication.

☐ Explain how and when to contact the ministry. Offer more than one approved method when possible.

☐ Distinguish a single emergency from a pattern that needs a plan.

☐ Require a conversation after a defined number of missed sessions rather than immediate automatic removal.

☐ Use a written attendance improvement plan for recurring patterns.

☐ Include safety-based limits and behavior expectations.

☐ Define a reentry process after withdrawal or extended absence.

☐ Apply the policy consistently while allowing reasonable individualized supports.

☐ Review attendance privately. Do not shame participants publicly or use the prayer list to disclose private circumstances.

☐ Document exceptions and decisions so that similar situations are handled fairly.

A sample stepped response

Point of concern	Recommended response
First missed session	Warm reminder and check-in. Confirm the next date and ask whether there is a barrier to address.
Second missed session or repeated lateness	Brief private conversation. Review expectations and identify a backup plan.
Continuing pattern	Written attendance support plan with one or two specific commitments and supports.
No contact or unsafe behavior	Pause participation according to policy; document outreach and reasons; explain what is required to return when appropriate.
Return after interruption	Welcome meeting, updated plan, review of missed content, and clear restart date.

Avoid "perfect attendance or failure" thinking

Consistency is the goal, but for some participants progress may first look like communicating before an absence, returning after one missed day instead of disappearing, creating a backup ride, or moving from sporadic to mostly regular attendance.

11. Communication and Reengagement

Communication should be timely, brief, respectful, and safe. A message that reduces shame and identifies the next step is more likely to produce a response than a message that emphasizes disappointment.

Communication practices

☐ Ask each participant which methods are safe and reliable: call, text, email, messaging app, or mailed note.

☐ Obtain consent before texting and explain that text messages are not fully private.

☐ Do not include sensitive health, legal, recovery, domestic-violence, financial, or criminal-history details in routine messages.

☐ Use the participant's preferred name and a consistent ministry contact number.

☐ Send reminders at predictable times and include the exact date and time.

☐ Make rescheduling easy. A participant who cannot attend should know exactly how to preserve connection.

☐ Use two-way messages when staff capacity allows. Reminders alone do not solve practical barriers.

☐ Document important attendance agreements in the participant record.

☐ Set staff boundaries for response times and emergencies. CABE is not a crisis hotline or clinical provider.

Sample messages and scripts

Situation	Sample language
After an unfinished application	"Sandra, it was good to meet you. Your next step is to bring your photo ID on Tuesday at 10:00. We can finish the rest together. Reply C if you can come or R if you need to reschedule."
Before orientation	"We look forward to seeing you Thursday, August 13, at 9:00 a.m. at [location]. Bring [items]. Call or text this number if transportation or child care may prevent you from coming."

Situation	Sample language
After a first absence	"We missed you today and hope you are safe. You are still welcome. Our next session is Monday at 6:00. Is there one barrier we can help you problem-solve before then?"
After several absences	"We care about you and also need to know whether this schedule is realistic right now. Let's talk for ten minutes and decide whether to continue, adjust your plan, or pause with a clear path to return."
Returning after a long absence	"You do not have to explain every detail to come back. We will review what is needed, update your plan, and identify the next manageable step."
Accountability conversation	"We understand that transportation has been difficult. We can help explore options. We also need you to contact us before class when possible. What communication plan can you commit to?"
After conflict	"Our last conversation was difficult. We want to address the concern respectfully and clarify what is needed for us to continue working together. Are you available at [time]?"

12. Mentoring, Peer Support, and Belonging

Participants may continue because the curriculum is useful, but they often return because someone knows their name, notices their growth, and believes change is possible. Mentors and peers can strengthen hope, belonging, practical problem solving, and accountability.

Helpful mentor practices

☐ Contact the participant on the schedule agreed in the mentoring covenant.

☐ Ask about goals before offering advice.

☐ Help the participant break a large task into one or two next steps.

☐ Practice communication: calling an employer, rescheduling an appointment, asking a question, or explaining an absence.

☐ Notice strengths and specific progress rather than offering only general praise.

☐ Help develop backup plans for transportation, child care, work changes, and phone service.

☐ Encourage the participant to speak directly with staff rather than speaking for her when she is able.

☐ Maintain confidentiality within the limits of policy and safety.

☐ Avoid lending money, providing housing, becoming the only support person, or making promises the ministry cannot sustain.

☐ Know when to refer to qualified professionals.

Belonging practices for the whole site

☐ Greet every participant by name.

☐ Explain unfamiliar routines rather than assuming everyone knows them.

☐ Avoid insider language and church language that is not explained.

☐ Do not compare participants publicly.

☐ Use small groups or pairs so quieter participants can speak.

☐ Recognize persistence, honesty, kindness, problem solving, and return after setbacks—not only major achievements.

☐ Invite participant feedback about schedule, pace, safety, usefulness, and barriers.

☐ Create alumni roles that are appropriate, supported, and never exploit personal stories.

Faith and dignity

CABE can offer prayer, Bible study, encouragement, and a clear witness to Christ while respecting participant dignity. Spiritual activities should never be used to pressure disclosure, minimize trauma, replace professional care, or suggest that a practical barrier exists because the participant lacks faith.

13. Building an Effective Referral Network

No CABE site can directly meet every need. Retention improves when staff know which barriers they can address, which require a partner, and how to make a referral that is more than handing the participant a phone number.

Priority referral categories

Category	Examples
Identification and documents	Birth certificates, state ID, Social Security cards, driver's license reinstatement, release documents
Transportation	Bus routes and passes, volunteer ride policies, gas assistance, rural transportation, vehicle repair resources
Housing and utilities	Emergency shelter, transitional housing, rapid rehousing, eviction prevention, utility assistance
Child care and family support	Subsidies, licensed care, school programs, parenting support, child-welfare navigation
Education and digital access	Adult education, GED/HiSET, ESL, tutoring, library computers, affordable internet, digital-skills training

Category	Examples
Employment	Workforce agencies, fair-chance employers, vocational training, uniforms, tools, expungement or record-review resources
Legal and reentry	Legal aid, supervision requirements, fines and fees, child support modification, record remedies, restoration of rights where applicable
Health and behavioral health	Primary care, mental health, substance-use treatment, medications for opioid use disorder, peer recovery, crisis services
Domestic violence and safety	Qualified advocates, shelter, safety planning, legal protection, confidential communication
Food and financial stability	Food resources, benefits screening, financial counseling, tax preparation, emergency assistance

Warm handoff standard

1. Explain the referral and why it may help.

2. Ask permission before sharing information.

3. Confirm current eligibility, hours, documents, cost, and contact method.

4. Call, text, email, or complete the online referral with the participant when possible.

5. Write down the next step in plain language.

6. Ask at the next contact whether the connection occurred and what obstacle remains.

7. Update the referral list when information is wrong or a partner is unresponsive.

14. Measuring Retention Without Shaming Participants

Measurement helps CABE identify where its process is working and where participants are being lost. The purpose is improvement. Numbers should be reviewed alongside participant stories, local conditions, cohort design, and the kinds of barriers being addressed.

Measure	Simple calculation	Question it helps answer
Inquiry-to-application rate	Number starting an application ÷ number making an inquiry	Is the first contact clear, welcoming, and accessible?
Application completion rate	Completed applications ÷ applications started	Where do forms, documents, or delays create friction?
Orientation show rate	Participants attending orientation ÷ participants scheduled	Are reminders, transportation details, and wait times adequate?
First-session show rate	Participants attending first session ÷ participants enrolled	Does the transition from intake to program feel connected?
30-day active rate	Participants still active at day 30 ÷ participants who started	Are routines, relationships, and early support developing?
Attendance rate	Sessions attended ÷ sessions scheduled for active participants	Are schedule, transportation, child care, and relevance affecting participation?
Completion rate	Participants completing the defined course or plan ÷ participants who started	Are goals and program length realistic?
Reengagement rate	Participants returning after outreach ÷ participants contacted after disengagement	Are outreach and return pathways effective?
Referral connection rate	Confirmed partner connections ÷ warm referrals made	Are referral partners accessible and current?
Time to first service	Days from inquiry to first meaningful service	Is delay contributing to loss of motivation or changed circumstances?

Recommended reason codes

Use a short list so staff can track patterns without recording unnecessary personal details. Allow “unknown” when the participant has not shared a reason.

Reason code	Reason code
Work schedule or employment change	Transportation
Child care or caregiving	Housing or relocation
Health or disability	Court, supervision, or reentry requirement
Treatment or recovery schedule	Safety or relationship concern
Phone or digital access	Program schedule or fit
Conflict or policy concern	Moved to another service
Completed goal another way	Participant chose to pause
Unable to contact	Other
Unknown	

Data safeguards

☐ Collect only information needed for ministry operations, evaluation, safety, or required reporting.

☐ Do not place Social Security numbers, detailed criminal records, treatment information, domestic-violence details, or medical information in general attendance spreadsheets.

☐ Limit access to participant records and use secure storage.

☐ Explain how information may be used and shared.

☐ Report group data whenever possible. Small groups may still identify individuals in a local community.

☐ Review retention by stage and barrier, not simply by labeling participants successful or unsuccessful.

No universal retention target

CABE sites differ in population, services, length, entry process, and local conditions. Establish a baseline, improve it over time, and examine whether participants receive a fair opportunity to engage. Do not compare sites without understanding these differences.

15. Staff Practices That Can Help—or Harm—Retention

Practice that helps	Practice that harms
Explain the reason for rules and requests.	Use "because that is our policy" as the only explanation.
Correct privately and calmly.	Correct publicly, use sarcasm, or compare participants.
Ask what happened and what is needed next.	Assume the motive behind the behavior.
Use consistent boundaries.	Make exceptions based on which staff member is present or which participant is liked.
Offer choices within clear limits.	Control every decision or offer choices the ministry cannot honor.
Help participants practice tasks.	Take over tasks that participants can learn to do.
Recognize small, specific progress.	Wait until graduation to acknowledge growth.
Repair after conflict.	Avoid the participant or act as though trust should return without conversation.
Coordinate with qualified partners.	Try to provide clinical, legal, or crisis services beyond staff competence.
Protect privacy.	Share stories, prayer requests, photos, or testimony details without informed permission.
Invite feedback and examine the ministry process.	Explain every disengagement as a participant failure.

Staff reflection questions

☐ Where in our process do we ask participants to complete difficult tasks alone?

☐ How long is the wait from first interest to first meaningful service?

☐ Which rules are essential, and which exist only because "we have always done it this way"?

☐ Do participants know who will contact them after an absence?

☐ Are our forms, messages, and policies readable by adults with limited literacy?

☐ Do our class times reflect the work, transportation, and child care realities of our community?

☐ Do staff members agree on attendance, confidentiality, boundaries, and reentry after interruption?

☐ How do we respond when a participant relapses, is reincarcerated, moves, or experiences family crisis?

☐ Are mentors trained to support without rescuing?

☐ Do we celebrate honest communication and return after a setback?

☐ Are participants asked what helped them stay and what almost caused them to leave?

16. A 90-Day Retention Improvement Plan

A site does not need to redesign everything at once. The following plan focuses on high-impact changes that can be completed in three months.

Time period	Actions	Products
Days 1–30: Understand	Map every step from referral to first month. Review application length, wait time, attendance policy, reminder process, and current data. Ask several current and former participants what helped and what made participation difficult.	A one-page participant journey map; baseline rates; top five barriers; list of immediate process problems.
Days 31–60: Simplify	Shorten the first-step form; revise confusing language; create an application-support appointment; select reminder scripts; create a first-absence response; update referral partners; train staff on trauma-informed communication and boundaries.	Revised forms and scripts; staff agreement on response steps; current referral list; privacy safeguards.
Days 61–90: Test and improve	Use the new process with one cohort. Track completion, first-session attendance, 30-day engagement, barriers, response time, and reengagement. Meet twice to review what is working and make adjustments.	A simple retention dashboard; documented lessons; next-quarter priorities; participant feedback summary.

Five changes to make first when capacity is limited

1. Complete applications with participants instead of sending them home.

2. Schedule the next step before every participant leaves.

3. Contact participants promptly after the first missed session.

4. Assign one consistent staff or mentor contact during the first 30 days.

5. Create a simple and dignified return process after an interruption.

17. Practical Tools and Forms

The following tools may be copied and adapted by local CABE sites. They are designed for discussion and planning, not for diagnosis. Do not collect private details that are not necessary for the ministry's role.

Tool 1: Brief Barrier and Support Conversation

☐ What is the main reason you want to participate in CABE right now?

☐ What usually makes it difficult for you to keep appointments or attend regularly?

☐ Which days and times are most realistic for you?

☐ What is your usual transportation plan? What is your backup plan?

☐ What child care or caregiving responsibilities may affect attendance?

☐ Do work hours change with little notice?

☐ Is there a safe and reliable way for us to contact you?

☐ Would you like help reading, completing forms, using email, uploading documents, or remembering passwords?

☐ Are there court, supervision, treatment, recovery, health, or housing appointments that must be considered when planning?

☐ What kind of support is helpful? What kind of support is not helpful?

☐ When a problem occurs, what can you commit to doing to keep us informed?

☐ What is one barrier we should plan for before your first day?

Agreed first goal: _____

Participant's next step and date: _____

CABE staff/mentor next step and date:

_____

Tool 2: Application Completion Checklist

☐ Participant understands the purpose of CABE and major expectations.

☐ Preferred and safe contact method confirmed.

☐ Application completed with assistance offered privately.

☐ Required and optional questions clearly distinguished.

☐ Consent and confidentiality information reviewed.

☐ Missing documents identified.

☐ Document-recovery plan created if needed.

☐ Transportation and child care discussed.

☐ Orientation or next appointment scheduled before departure.
☐ Written reminder provided in plain language.
☐ Reminder entered into staff system.
☐ A primary relationship contact is identified, such as a trained volunteer, staff member, or mentor.

Tool 3: Participant Attendance and Support Plan

Participant name: _____ Date: _____

Primary goal for participation: _____

Expected schedule: _____

Primary transportation plan: _____

Backup transportation plan: _____

Child care/caregiving plan: _____

Work schedule concerns: _____

Safe contact method: _____

Appointments or requirements affecting attendance: _____

Early warning sign that support is needed: _____

Participant agrees to: _____

CABE agrees to: _____

Plan review date: _____

Tool 4: First-Absence Response Record

Participant: _____ Missed date: _____

Outreach date and time: _____

Method: ☐ Call ☐ Text ☐ Email ☐ Other: _____

Message used safe, non-sensitive language: ☐ Yes ☐ No

Participant response: _____

Barrier category: _____

Agreed next step: _____

Next contact/session: _____

Referral/support needed: _____

Staff initials: _____

Tool 5: Reengagement Conversation

☐ Begin with welcome: "We are glad to hear from you."
☐ Ask what has changed without requiring a full personal explanation.
☐ Review safety, current readiness, and the participant's goal.
☐ Clarify any unresolved conflict, policy, or attendance concern.
☐ Decide what can resume immediately and what needs review or repetition.
☐ Update transportation, schedule, communication, and referral plans.
☐ Set one first-week success step.
☐ Schedule a follow-up within seven days.

Tool 6: Monthly Retention Dashboard

Measure	This month	Previous month	Notes/action needed
Inquiries			
Applications started			
Applications completed			
Orientation scheduled			
Orientation attended			
Participants starting			
Active at day 30			
Course/program completions			

Measure	This month	Previous month	Notes/action needed
Participants contacted after disengagement			
Participants reengaged			
Warm referrals made			
Confirmed referral connections			
Average days from inquiry to first service			

Tool 7: CABE Retention Self-Audit

Application and access

☐ Yes ☐ Partly ☐ No ☐ Our first-step form is short and uses plain language.

☐ Yes ☐ Partly ☐ No ☐ Participants can receive private help completing forms.

☐ Yes ☐ Partly ☐ No ☐ We explain why sensitive information is requested.

☐ Yes ☐ Partly ☐ No ☐ We have a current document-recovery and referral list.

☐ Yes ☐ Partly ☐ No ☐ The next step is scheduled before the participant leaves.

Attendance and communication

☐ Yes ☐ Partly ☐ No ☐ Participants receive a clear calendar and know how to report an absence.

☐ Yes ☐ Partly ☐ No ☐ We confirm safe communication methods.

☐ Yes ☐ Partly ☐ No ☐ We respond to the first absence promptly.

☐ Yes ☐ Partly ☐ No ☐ Our policy distinguishes an emergency from a continuing pattern.

☐ Yes ☐ Partly ☐ No ☐ We have a written path for returning after an interruption.

Relationships and learning

☐ Yes ☐ Partly ☐ No ☐ Each new participant has one consistent contact person.

☐ Yes ☐ Partly ☐ No ☐ The first session includes an achievable success.

☐ Yes ☐ Partly ☐ No ☐ Content is clearly connected to participant goals.

☐ Yes ☐ Partly ☐ No ☐ Staff correct privately and respectfully.

☐ Yes ☐ Partly ☐ No ☐ Mentors are trained in boundaries and referral.

Data and improvement

☐ Yes ☐ Partly ☐ No ☐ We track application completion, first-session attendance, 30-day engagement, and reengagement.

☐ Yes ☐ Partly ☐ No ☐ We use general barrier categories rather than unnecessary private details.

☐ Yes ☐ Partly ☐ No ☐ Staff review retention data at least quarterly.

☐ Yes ☐ Partly ☐ No ☐ We ask participants what helps them stay.

☐ Yes ☐ Partly ☐ No ☐ We change ministry processes when patterns show an avoidable barrier.

Tool 8: CABE Welcome and Interest Form (Simple Beginning Form)

Leader use: This is a first-contact form, not the full application. It intentionally collects only enough information to begin a relationship and schedule the next step. Do not add sensitive questions simply because they may be useful later. Offer to read the form aloud or complete it conversationally in a private setting. Do not request a Social Security number, detailed criminal history, treatment information, domestic-violence details, medical information, or other highly sensitive information unless a specific legal, safety, or ministry requirement makes it necessary.

WELCOME TO CABE
We are glad you contacted us. This short form helps us know how to reach you and what you hope to work on. You may ask for help reading or completing any part.
Name you want us to use: _____
Best way to contact me: ☐ Call ☐ Text ☐ Email
Phone: _____ Email: _____
Is it safe to leave a message that says CABE? ☐ Yes ☐ No ☐ Please ask me first
Best day or time to contact me: _____
What would you most like help with? ☐ Education or GED/HiSET ☐ Job or work skills ☐ Life skills ☐ Money or stability ☐ Relationships or family ☐ Spiritual encouragement ☐ Other: _____
What could make it difficult for you to come? ☐ Transportation ☐ Child care or caregiving ☐ Work schedule ☐ Court, supervision, treatment, or recovery appointments ☐ Health needs ☐ Phone or internet ☐ I am not sure yet ☐ Other: _____
Would you like someone to help you with the next form? ☐ Yes ☐ No ☐ Maybe
Is there anything that would help you feel more comfortable at your first visit? _____
The best next step for me is: ☐ Phone conversation ☐ Visit ☐ Orientation ☐ Other

Next date: _____ Time: _____ Place: _____
My CABE contact person is: _____ Phone: _____

Tool 9: CABE First Steps Card (Participant Copy)

Give this card to the participant after the first contact. It should be completed together and written in plain language. The participant leaves knowing exactly who to contact, what happens next, and what to do if a problem occurs.

MY FIRST STEPS WITH CABE
You do not have to do everything today. Keep this card and take one step at a time.
My CABE contact person: _____
Phone or text number: _____ Safe hours to contact: _____
My next visit or call is on: _____ at: _____
Location or link: _____
I need to bring: _____
My transportation plan: _____
My backup plan if transportation or childcare changes: _____ _____
If I cannot come, I will call or text: _____
My one next step: _____

Tool 10: Participant-Friendly Form Review Checklist

Use this checklist when creating or revising applications, attendance agreements, releases, assessments, and participant plans.

☐ Use at least 12-point type and leave generous white space.

☐ Use familiar words, short sentences, and one idea per question.

☐ Ask only what is needed at that stage of participation.

☐ Place the easiest and least sensitive questions first.

☐ Clearly mark what is required and what is optional.

☐ Explain why sensitive information is requested and how it will be protected.

☐ Use checkboxes or short answers when a long written response is unnecessary.

☐ Avoid crowded pages, long blocks of instructions, unexplained abbreviations, and all-capital text.

☐ Provide examples when a question could be misunderstood.

☐ Offer private help without asking the participant to identify herself publicly as needing reading assistance.

☐ Allow the form to be completed aloud as a conversation when appropriate.

☐ Provide the name and phone number of one person who can answer questions.

☐ Give the participant a copy of commitments, dates, and next steps.

☐ Review translations with fluent community members rather than relying only on automated translation.

☐ Ask a participant, graduate, or community advisor to test the form and explain what feels confusing or threatening.

☐ Review every form annually and remove questions that no longer serve a clear purpose.

A form should not become the first barrier to ministry. The goal of the beginning form is to open the door, establish a safe relationship, and create one clear next step. More detailed information can be gathered later when it is truly needed and the participant understands the process.

18. Selected References and Research Notes

These sources informed the statistical summaries and recommended practices. Some evidence comes from health care, education, treatment, or reentry settings rather than CABE specifically. CABE leaders should adapt strategies to local ministry context and evaluate their own results.

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Research-use cautions

- Statistics describe groups, not individual participants.
- Association does not always prove that one factor caused another.
- Evidence from appointment, treatment, or education settings may not transfer exactly to a local CABE ministry.
- Terms and methods differ across studies. Retention should be defined clearly before comparing results.
- Local participant feedback and site data are necessary for responsible adaptation.

Final Ministry Perspective

CABE cannot remove every hardship, and participants must make their own decisions. The ministry can, however, make the road clearer: explain the next step, reduce unnecessary barriers, provide a trustworthy relationship, maintain healthy expectations, respond early, and keep a dignified door open for return. Small acts of consistency can help a participant practice consistency in her own life.