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ABSTRACT

Title IX mandates that pregnant students, regardless of marital status, have the same rights and responsibilities as other students. Because social pressures on pregnant and parenting students to leave school still exists, schools have been required to develop responses to their needs. To examine these responses and subsequent programs from the viewpoint of educators, community members, and parenting adolescents, field studies were conducted in 11 school districts around the country. The programs were categorized into three types: (1) inclusive curriculum programs which offered general education and a range of special coursework and services; (2) supplementary curriculum programs that provide relevant coursework for credit in addition to regular classes; and (3) noncurricular programs which did not grant credit but did provide relevant instruction and other services. Site visits to two exemplary, noncurricular programs revealed that the presence of motivated individuals who took the initiative to establish programs for pregnant students was critical for program success. Overall, however, the findings indicate that the generally passive response of schools to student pregnancy and parenthood reflects the widespread view that responsibility lies with the students rather than the school. (JAC)

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A Title IX Perspective on the Schools' Response to Teenage Pregnancy and Parenthood

Gail L. Zellman

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PREFACE

This report, the second of two by the author on the subject, analyzes the schools' response to teenage pregnancy and parenthood from the perspective of Title IX of the 1972 Education Amendments.[1]

Title IX mandated that the pregnant student, regardless of marital status, has the same rights and responsibilities as any other student. Pregnant students cannot be expelled from school or barred from any program, course, or extracurricular activity, nor can they be required to enter separate programs or take courses related to child care or pregnancy. Although schools can offer separate programs, these programs must be voluntary and comparable to those offered to nonpregnant students.

The passage of Title IX gave pregnant and parenting teenagers the legal right to remain in school, and made their condition a school concern. Growing acceptance of early pregnancy and parenthood by teenagers themselves has reduced the social pressures on pregnant and parenting students to leave school. These two forces have brought teenage pregnancy and parenthood into the schools in a way requiring some institutional response.

This study of the schools' response to teenage pregnancy and parenthood, sponsored by the Office for Civil Rights and the National Institute of Education (NIE Contract No. 400-78-0064), was designed to examine these responses by the schools from the perspective of educators, community members and parenting adolescents.

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[1]The first report, funded entirely by the National Institute of Education, provides a more comprehensive discussion of teenage pregnancy and parenthood in the schools. See C. L. Zellman, *The Schools' Response to Teenage Pregnancy and Parenthood,* The Rand Corporation, R-2759-NIE, 1981.

SUMMARY

Title IX of the 1972 Education Amendments specifically prohibited discrimination on the basis of sex in elementary, secondary, and postsecondary schools receiving federal funds. Although not widely known, Title IX mandated that pregnant and parenting students could no longer be excluded from school; student pregnancy and parenthood legally became school matters. Title IX required no affirmative action on the part of the schools, however. It permitted separate programs as long as their instructional components were "comparable" to those offered to nonpregnant students, but schools could meet the letter of Title IX by doing nothing.

Title IX provided legal grounding for the special programs that some local education agencies (LEAs) had begun in the late 1960s and early 1970s for pregnant and parenting students. This report examines 12 of these programs from the perspective of Title IX requirements. The study had three central objectives:

- To determine the extent to which programs for pregnant students and teenage mothers are comparable to those provided to nonpregnant students in terms of facilities, curriculum, and educational resources.
- To learn how policies and programs for pregnant students and teenage mothers came to be established in these school districts and to determine the extent to which the mandates of Title IX were known and considered in establishing them.
- To determine whether exemplary programs can be identified that have been effective in meeting the many needs of pregnant students and teenage mothers.

METHODS

We conducted field studies in 11 school districts around the country. Each has established a formal program to serve pregnant students or teenage mothers; one district runs two programs. The 12 programs we visited fall into three types, which vary in their rationale and their relation to the regular school curriculum:

Inclusive Curriculum Programs represented 7 of the 12 programs we visited. They offer enrollees both a general education curriculum and a range of "relevant" coursework, e.g., parenting, child development. Counseling, child care, and other services may also be offered. These programs assume that pregnancy is a highly stressful period for teenagers, and provide support and protection during this period in a separate environment. Few provide continuing services after delivery.

Supplementary Curriculum Programs provide "relevant" coursework for school credit to enrollees receiving general educational services in regular classes. Other services, such as child care and counseling, may also be provided. The rationale of these programs is that young mothers can best learn to function in their new role as parent in a regular school environment. Much of the focus is on the period after delivery.

Noncurricular Programs are not credit-granting, though they may provide "relevant" instruction and other services. Enrollees attend regular school though program services may also be available to dropouts. Proponents of noncurricular programs and of supplementary

curriculum programs agree that mainstreaming is the best approach, and that the post-delivery period is as important as the period of pregnancy, if not more so.

FINDINGS

Special Programs

Many barriers impede the initiation of a special program for pregnant students and teenage mothers. Surmounting those barriers depends largely on the dedication of a concerned person in the district. In the most successful programs, this person has been able to convince the superintendent and others of the need for the program. School boards have generally had little or no involvement in the establishment or operations of special programs.

Design of a special program usually depends on the personal views of the prime mover and the superintendent; few districts conduct a search for alternative program models. Outside funding sources dictated the program model in only a few cases.

Few special program staff had given serious consideration to whether their program was comparable to that provided to nonpregnant students. The staff of noninclusive programs consider the issue irrelevant, since their enrollees attend regular classes. The staff of inclusive curriculum programs generally consider comparability a misplaced concern, they believe that provision of relevant learning, smaller pupil/teacher ratios, and a supportive environment are the relevant issues.

Nevertheless, the inclusive curriculum programs are not comparable in many ways. They are located in central city areas, usually in older, vacant schools. As a consequence, they tend to attract only central city students. Physical plants are generally run down and few provide access to the handicapped. Instructional equipment is often outdated or lacking.

Staff, however, appear dedicated and highly qualified in most programs. Program resources go disproportionately to staff, with pupil/teacher ratios in the seven inclusive curriculum programs averaging 13 to 1. As a result, inclusive curriculum programs are costly, though in several cases these costs are borne in large part by outside agencies, usually states.

Few programs conduct comprehensive evaluations of their effects on enrollees, and none had been evaluated in terms of the requirements of Title IX. It is apparent, nevertheless, that the program models themselves have competing strengths and weaknesses. Inclusive curriculum programs provide enrollees a warm, protective environment, but they end rather abruptly soon after delivery. Enrollees must transfer out and back into regular school; many students disappear in this process. Noninclusive programs avoid transfer problems and continue services after delivery, but they cannot provide a sheltered environment away from school.

Most programs appear to have a secure future in the district, since the decision to initiate a program reflected a long-term district commitment. Costs may constrain continuation, however, if outside funds become unavailable, in these cases superintendent support may figure prominently in a program's long-term stability.

Exemplary Programs

Site visits were made to two noncurricular programs we characterized as "exemplary" in terms of five process criteria, including percent of eligible students served, level of coordination

with community agencies, quality of resources, level of district support and quality of services provided. Program K assigns each enrollee a counselor who coordinates all needed services. Few services are provided directly by the program; its goal is to utilize existing community services to promote school continuation. Program L locates primary care medical clinics in high schools. The clinics serve all enrollees of the high schools in which they are located, as well as providing the children of students pediatric services and a child care center. Their goals are to improve prenatal care and prevent unwanted teenage pregnancies. A third program, while not well implemented, had an "exemplary" model in which program social workers, backed up by a team of concerned faculty, provided enrollees counseling, referrals and information in a regular school setting.

The three exemplary program models share several strengths, including a commitment to provide services through pregnancy to graduation, to provide services regardless of what decision the pregnant teenager reaches on resolving the pregnancy, and to serve a high percentage of those eligible. Program K also makes services available to dropouts.

School Site Policies

Student pregnancy and parenthood are rarely discussed in the 30 regular schools we visited. Few schools have comprehensive policies designed to help parenting students maintain school attendance. Practices, however, are remarkably similar across schools, and generally are directed toward helping a pregnant student enroll in a special program. Counseling is limited, but when it occurs it focuses most often on school program selection. Pregnancy resolution decisions and dropout decisions are almost always left to pregnant students and their families. Special help for students who choose not to enroll in a special program or who return to regular school after delivery depends on the willingness of individual staff members to offer it; most schools exert no administrative pressure on staff to do anything special for pregnant or parenting enrollees, or even express an expectation that they will.

Title IX has had little effect on school site policies regarding pregnancy and parenthood in the schools we visited. Many regular school staff are not aware of the implications of Title IX for student pregnancy and parenthood. Those best informed generally construe the mandate of Title IX very narrowly; in most cases, nonexclusion is seen as the only implication of Title IX in this area. Such views are not surprising, since information about Title IX is provided in a *pro forma* manner, if at all, and inservice training is lacking.

The generally passive response of regular schools to student pregnancy and parenthood reflects the widespread view among staff that pregnancy and parenthood are primarily the responsibility of the student, not the schools. Many staff believe that the special program is a sufficient school response, and that program enrollees who return to regular school after delivery can function effectively without special help. Most staff also believe that, whatever the initial capability of a pregnant student, becoming a parent will inevitably reduce her educational and vocational success. Because she has "wasted" her potential, many staff do not want to invest a great deal of effort in her.

CONCLUSIONS AND POLICY IMPLICATIONS

Because of the many factors constraining school district response to student pregnancy and parenthood, the presence of a motivated person seems a necessary condition for the establish-

ment of a special program serving this group. Given a leadership vacuum at the federal, state, and local levels, the form and quality of this person's ideas usually determine the form and quality of the district's program.

As the major funding source for a number of local programs, State Education Agencies (SEAs) and other state agencies are in a unique position to provide substantive leadership for local efforts in this area. Few, however, have chosen to do so. A stronger state role could help to reduce the people-dependence of local programs, the resulting lack of programs in many LEAs, and the variation in quality across programs.

Federal staff, particularly those at the Office of Adolescent Pregnancy Programs (OAPP), could support state-level efforts to improve local program quality by using federal funds to develop, document, and evaluate a range of program models. Support for new rather than existing programs would increase the number of programs while allowing some federal input into decisions concerning new program models and appropriate evalution designs. Federal funds might also be used to develop and strengthen practitioner networks, which could lobby at the state level and provide technical assistance and support for local programs.

Staff of the Office for Civil Rights could help to improve LEA response to pregnant and parenting students by increasing technical assistance efforts to district Title IX coordinators and by educating the general public about the implications of Title IX for such students. Through a policy interpretation OCR staff could also highlight conditions in LEAs and special programs that might be considered civil rights violations.

At the local level, the superintendent could play a major role in establishing expectations that the district can and should attempt to meet the needs of parenting students. The principal could have much the same effect at the school site level, by discussing student pregnancy and parenthood and Title IX and by emphasizing the positive contributions that regular school staff can make.

There is clearly a role for the schools in student pregnancy and parenthood. For even the most motivated teenage parents, a host of extrinsic problems can make school continuation difficult; for those less motivated, the problems may make it impossible.

The inclusive curriculum program model, which for many is synonymous with special programs for pregnant students and teenage mothers, is costly and often inefficient. Thought should be given to other program models that provide many services at less cost to the district.

Adolescents are also changing. Although their needs are great, pregnancy is not as embarrassing as it once was to many; the isolation afforded by an inclusive curriculum program may be seen as a negative rather than a positive program feature.

In their efforts to succeed in the district, special program planners frequently ignore regular school staff. No matter what model the special program follows, regular staff can reinforce and multiply its effectiveness, or reduce it through their actions and inactions. Time spent eliciting the active cooperation of regular faculty, nurses, and counselors is time well spent.

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Chapter 1

INTRODUCTION AND STUDY OBJECTIVES

BACKGROUND OF THE STUDY

Title IX of the 1972 Education Amendments specifically prohibited discrimination on the basis of sex in elementary and secondary schools and in institutions of higher learning. Conflict over the formulation and interpretation of the regulations erupted immediately after the passage of Title IX and delayed its implementation for several years. Much of the conflict focused on the legislation's sports policy. College presidents and football coaches loudly protested the threats that they believed Title IX posed to intercollegiate football and other competitive sports programs.

The furor over sports eclipsed other important aspects of Title IX. Almost a decade after its passage, many people continue to believe that Title IX deals exclusively with sports; they are unaware that it is a comprehensive statute that prohibits sex discrimination in schools receiving federal funds.

A particularly obscure aspect of Title IX is its language concerning student pregnancy and parenthood. Title IX mandates that the pregnant student, regardless of marital status, has the same rights and responsibilities as any other student. Specifically, pregnant students cannot be expelled from school or barred from any program, course, or extracurricular activity. Students can reenter school at any time after delivery. A physician's approval is not to be required upon reentry unless such approval is required of all students who have been out of school owing to a temporary disability. Title IX stipulates that pregnant students cannot be required to enter separate programs or take courses related to child care or pregnancy, but permits schools to offer separate programs and special courses to pregnant students. These programs must be voluntary and their instructional component must be "comparable" to those offered to nonpregnant students.

Title IX had immediate implications for how schools were to treat students who become pregnant; student pregnancy and parenthood legally became school concerns. Title IX required no affirmative action on the part of the schools, however; they could meet the letter of Title IX by doing nothing.

Subsequent federal actions regarding student pregnancy and parenthood have been limited.[1] Most noteworthy is the Adolescent Health Services, and Pregnancy Prevention and Care Act of 1978, which provided limited federal funds for special programs on a competitive basis through the Office of Adolescent Pregnancy Programs (OAPP). Nor have states been active in this area. The National Association of State Boards of Education, in their survey of state policies related to adolescent parenthood, found that in all 46 states for which data were reported federal and/or state funds for services of some kind to pregnant and parenting teenagers were available, though which if any were available to special school programs is not known.[2] This same study found that state technical assistance is often lacking.

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[1]For further discussion of federal and state involvement in this area, see G. L. Zellman, *The Schools' Response to Teenage Pregnancy and Parenthood*, The Rand Corporation, R-2759-NIE, 1981.

[2]The data were collected in a way that makes it impossible to determine whether school programs may receive funds from a given source and, if so, whether the funds are provided on a competitive or entitlement basis, as a matter of general policy, or on some other basis (Alexander, personal communication).

As a result of inaction at the state and federal levels, responsibility for the establishment of special school programs for pregnant students and teenage mothers has fallen to local districts. The passage of Title IX of the 1972 Education Amendments gave legal emphasis to a growing belief among school staff that excluding pregnant students from school was no longer an acceptable or justifiable practice. Yet it was also clear that the view of most communities on this issue continued to be quite conservative, and their preferred disposition exclusionary. These inconsistent pressures led a number of LEAs to provide homebound instruction for pregnant students for the first time during this period and to allow them to return to school after delivery.[3] This policy met the exclusionary demands of communities, while providing services to pregnant students. But Title IX requirements for equal treatment were not met by homebound instruction, nor were the needs of those receiving it. While minimum educational progress might be assured, students were isolated, lost the momentum of school attendance, and were not provided any special instruction in subjects of great relevance, such as prenatal development and parenting. Moreover, homebound instruction was very costly to LEAs. For these reasons, some LEAs established special programs for pregnant students in the late 1960s and early 1970s. In this report we examine 12 of these programs and the factors that motivated their initiation.

STUDY OBJECTIVES

This report analyzes the schools' response to teenage pregnancy and parenthood from the perspective of Title IX requirements.[4] In the chapters that follow, we examine 12 programs in 11 school districts, focusing on their comparability to regular school programs offered to nonpregnant students. We also analyze the processes by which policy and programs for pregnant and parenting students were established in these districts. Our data collection was oriented toward three specific objectives:

- To determine the extent to which programs for pregnant students and teenage mothers are comparable to those provided to nonpregnant students in terms of facilities, curriculum and educational resources.
- To learn how policies and programs for pregnant students and teenage mothers came to be established in these school districts and to determine the extent to which the mandates of Title IX were known and considered in establishing them.
- To determine whether exemplary programs can be identified that have been effective in meeting the many needs of pregnant students and teenage mothers.

To address these objectives, we conducted fieldwork in 11 school districts around the country. This fieldwork, the procedures for which are described in App. A, was guided by four assumptions:

- Programs and services for pregnant students and teenage mothers depend for their equity and effectiveness on more than program characteristics. Institutional support,

[3]This reflects a change of policy. Before the 1960s, teenage mothers were often denied readmission after delivery on grounds that they would offend the morals of other students. Many school staff continue to believe that parenthood should be kept hidden as much as possible. Current rules in many LEAs against bringing children onto campus help to keep parenthood less visible.

[4]For a more comprehensive discussion of the schools' response to teenage pregnancy and parenthood, see Zellman, 1981.

referral policies, and staff attributes are among the many factors that are also important.

- Comparability of treatment, although required by Title IX, may not be of great concern to special program staff or school administrators for a variety of reasons. A focus on the unique needs of pregnant students and teenage mothers or on institutional needs to exclude these students from regular programs, for example, may take precedence over concerns about comparability of treatment.
- Formal policies, such as a statement of nonexclusion or a comprehensive pregnancy program, represent only a part of the schools' response. Equally important are informal policies that derive from staff supportiveness and concern and the attitudes of other students.
- The response of the schools to student pregnancy and parenthood depends both on endogenous factors, such as pregnancy rate and the LEA's sense of social responsibility, and exogenous factors, such as availability of services in the community and community views concerning the appropriateness of school involvement in this issue.

STUDY DESIGN

To obtain the necessary data for analysis, Rand staff conducted field studies in 11 school districts across the country.[5] The field studies consisted of observations and interviews with staff in regular program high schools, junior high schools, and special programs, with school district administrators, with community activists, and with pregnant and parenting teenagers. The purpose was to explore and compare the approaches taken by school districts to student pregnancy and parenthood.[6]

Because there is no existing theory or analysis concerning the schools' response to student pregnancy or parenthood, the fieldwork necessarily had an exploratory orientation. Although we sought a sample of school districts that varied in terms of region, urbanization, demographic characteristics, and political ethos, we cared most about a district's apparent promise to provide interesting data about the handling of student pregnancy and parenthood.

Since the fieldwork data were not to be supplemented, validated or integrated with quantitative data, site selection was critical. Given the exploratory nature of the study, a statistical sampling procedure was ruled out. Instead, we drew a purposive sample designed to maximize both the breadth of our results and the amount we could learn from each site. (See App. A for a discussion of site selection procedures.)

The 11 LEAs in our sample range in enrollment from over 200,000 to under 10,000. Each has established a formal program to serve pregnant students or teenage mothers; one district runs two very different programs. Yearly enrollment in these 12 programs ranges from a high of 350 to a low of 24, with the largest enrollments generally in the largest districts. The oldest program was established in 1966, the newest in 1977. Table 1 summarizes the characteristics of the fieldwork sample.[7]

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[5]The school district was taken as the unit of analysis since many policies and programs are district-wide.

[6]The results of interviews with pregnant and parenting teenagers are not included in this report. See Zellman, 1981, for presentation of this material.

[7]Because we assured our respondents complete anonymity, no identification of school districts or individual respondents will appear in this report.

Table 1

CHARACTERISTICS OF THE FIELDWORK SAMPLE

Characteristic	Districts
Characteristics of the 11 School Districts	
Region	
Northeast	3
North Central	5
South	2
West	1
Student enrollment	
<10,000	2
10,000-24,999	3
25,000-49,999	3
50,000-100,000	2
>100,000	1
Years program has been operating[a]	
<5 years	3
5-9 years	5
>10 years	4
Characteristics of the 4 States	
Region	
Northeast	1
North Central	2
South	1
West	0
Funds for special programs for pregnant students and teenage mothers:[b]	
Through specialized state program	1
Through special education	2
Through other state agency	1
None	1

[a] Numbers sum to >11 because one district operated two programs, both of which we visited.

[b] Numbers sum to >4 because one state provided funds through 2 agencies.

Scope and Limitations of the Analysis

This report presents a descriptive summary and a synthesis of the 11 case studies written by site visitors. The findings presented here are those that appear most consistently and compellingly throughout our case studies, though findings unique to a particular site or program are often noted as such.

Two general limitations of the analysis should be made explicit. First, since the fieldwork was exploratory, the analysis attempts only to describe and interpret the processes that were common to the sites we visited. Given our nonrepresentative sample, we cannot presume to generalize our findings to all school districts, or even to all LEAs of a certain type.

A second limitation is related to the first. We have made no attempt to give equal reference to the case study material we gathered. Instead, the case study data used throughout the text to illustrate our findings are drawn from those sites and programs which we believed had the most to contribute to our understanding of how schools respond to student pregnancy and parenthood. Any attempt to tabulate or quantify our findings across the case studies, then, would incorrectly imply that all the case data had been given equal weight in the analysis.

ORGANIZATION OF THE REPORT

Chapters 2, 3, and 4 each deal with one or more of the study objectives. Chapter 2 presents the programs we visited and describes their implementation. Chapter 3 describes three exemplary programs that serve pregnant students and teenage mothers. Chapter 4 discusses the treatment of pregnant and parenting students in regular school settings. The final chapter outlines study conclusions and recommendations.

Chapter 2

SPECIAL PROGRAMS

Given the many needs of pregnant students and teenage mothers, the availability of at least some relevant services in the community, and mixed community views about the appropriateness of school involvement in this area, school people are often unclear about what school responses may be needed, expected, and tolerated. Factors within the school context add to this uncertainty.

As noted in Chap. 1, Title IX of the 1972 Education Amendments prohibited discrimination against pregnant or parenting students, but mandated no affirmative response. The 1964 Civil Rights Act and subsequent court rulings, however, established a climate in which equal educational opportunity rather than equal treatment was the relevant criterion. The question then was: Since pregnant students and teenage mothers clearly had special needs, could they be said to enjoy equal educational opportunities if they received no special school services?

Within the schools, those who want to help often disagree among themselves about what kind of school help is needed, and how much. Some believe strongly that in addition to counseling and coursework in child development and related topics, pregnant students need isolation, nurturance, and protection in order to continue in school without significant interruption. Crowded hallways, stairs, and occasional violence, as well as the embarrassment suffered in remaining with peers, might otherwise overwhelm a pregnant student and precipitate school dropout. A special program that isolates and protects while it meets other needs is viewed as an appropriate and necessary school response. These views and their implication—that a separate school program is needed—are consistent with the views of some that pregnant students do not belong in regular school.

Others argue that isolation is not the answer—that the appropriate school role is to refer pregnant and parenting students to services available elsewhere in the community, and to provide only those not otherwise available. These people believe that "mainstreaming" helps pregnant students to cope with the multiple roles of adolescent, student, and parent, while allowing them to remain with friends and continue specialized coursework. Coursework such as parenting and child development can best be provided as electives or in a nonacademic context; students can be helped to use existing community-based services to meet their other needs. These views win support from those who oppose the establishment of a separate program on cost grounds, and those who fear that a separate program would be inherently unequal.

These varied and often competing views, interacting with the many constraints on a district's involvement, strongly influence the creation and form of school-sponsored programs.[1] In this chapter we examine the 12 school-sponsored programs represented in our sample of local education agencies (LEAs), with an eye to understanding their establishment, design, and operations.[2]

To facilitate discussion, we have grouped the 12 school-sponsored programs we visited into

[1]See Zellman, 1981, for discussion of constraints on LEA involvement.

[2]Since this was a study of school responses to adolescent pregnancy and parenthood, we do not analyze programs which are not at least partially school-sponsored, though we visited one or more in each site. However, community services and programs may influence the context in which school programs are established and are considered in this regard in the analysis of school-sponsored programs.

three categories on the basis of their relationship to the regular school curriculum. These three categories are briefly defined below.

Inclusive Curriculum Programs offer enrollees a general education curriculum as well as a range of "relevant" coursework, such as parenting and child development classes. They may also offer services ranging from counseling and referral to health monitoring and child care. The unifying feature of these programs is that students who enroll in them do not attend regular classes.[3]

Supplementary Curriculum Programs provide "relevant" coursework for school credit to enrollees who are receiving general educational services in regular classes. These programs may also provide other services, such as child care or counseling. The key feature of these programs is that students who enroll in them attend regular classes for most of the day and receive school credit for program coursework.

Noncurricular Programs are not credit-granting, though they may provide a range of "relevant" instruction. Students enrolled in these programs may receive counseling, medical care, and referrals, but they receive no school credit for their studies in the program. Enrollees attend regular classes in most cases, though program services may also be available to those attending other educational programs or to dropouts.

The staff and supporters of the programs we visited share strong views that student pregnancy and parenthood and its prevention are necessarily school concerns. They most often cite high dropout rates among pregnant students, and the prevalence of medical problems and child abuse among the children of teenage mothers, as reasons why schools cannot take a hands-off attitude. While most would like to see long-term care provided to pregnant students and teenage mothers, they diverge in their views about the critical phases of student pregnancy and parenthood. One group contends that the most vulnerable period is in the latter months of pregnancy when the pregnancy is visible and a student is likely to be exposed to embarrassment and stress. The period of pregnancy is also seen as critical in terms of medical outcomes: Proper nutrition and prenatal care during this time may improve outcomes for baby and mother. For these reasons, this group generally believes that special programs should focus on the pregnancy period. The other prevalent view is that while pregnancy may be a difficult time, the focus of school efforts should be on the postnatal period, when the mother must adapt to the new role of parent at the same time as she continues and necessarily modifies her adolescent/student role, and when problems occur that most threaten school attendance, such as child care needs. The way in which these views translate to program models in our sites is discussed in the next sections.

PROGRAM MODELS

Inclusive Curriculum Programs

The most prevalent program type is the inclusive curriculum program, which is common because it responds to institutional needs, the medical model, and the views of those who see school-age pregnancy as a trauma.

[3]A number of program heads noted that enrollees are permitted to attend regular classes, but differences in schedules and transportation problems mean that virtually no one does so.

All seven inclusive curriculum programs that we visited[4] are similar in being physically and in most cases administratively isolated from regular school. They may be under the supervision of the Director of Special Education, Handicapped or Homebound Instruction, or they may report to an Assistant Superintendent for Special Programs. In only two instances was the program under the same supervision as mainline academic programs. In one case the program had been transferred from Special Education because of administrative concerns about the poor academic quality of the program. This isolation is approved by school staff of all stripes; those hostile to pregnant students can remove them from regular school legally, while those most protective stress the advantages of the sheltered environment and homogeneous student body that a physically isolated program offers. For school administrators, the "problem" of student pregnancy seems to disappear when pregnant students transfer to the inclusive curriculum program. To assist a pregnant student, regular school staff need know nothing more than the phone number of the program director. Said one regular school counselor, "When I'm confronted with a pregnancy I immediately call the program. They know what to do. We don't."

In all the inclusive curriculum programs we visited, the emphasis is clearly on the period of pregnancy.[5] Services and support focus on prenatal care and preparation for delivery and parenting. The prenatal emphasis is underscored by requirements in all but one that enrollees must leave the program soon after delivery, "soon" being defined either in terms of elapsed time (typically six weeks) or in terms of the school calendar (the start of the next marking period or term). One program director regretted that requirement, feeling that many enrollees were not ready to return to regular school so soon after delivery. However, she said, "We simply could not accommodate currently pregnant girls if we allowed mothers to remain in the program past that time." A program director whose program serves six LEAs noted that LEA return policies have an important influence on postnatal school return. While all the participating districts have a policy that requires school return at six weeks or the nearest marking period to this time, LEAs that are more flexible in allowing program-stay to be extended tend to have more program enrollees returning to regular school.

The prenatal emphasis in these programs reflects the overriding concern our respondents feel for the physical well-being of mother and fetus. Most school staff ranked a healthy mother and baby as the first goal of a special program; a minimally interrupted school career was ranked second.[6] The prenatal emphasis also reflects views held by many staff about the effects of a pregnancy on a teenager. People involved in and supportive of inclusive curriculum programs emphasize that pregnancy is a traumatic experience for young women whether they admit it or not. Because the pregnancy is a trauma, during this time the major needs are for support, protection, counseling, and "relevant" learning, e.g., child development. Academic learning, while important, should take a secondary role.[7] These views are reflected in program curricula. A high percentage of program time is devoted to prenatal, parenting, and other relevant classes (e.g., budgeting), work in the child care center, and counseling: at least

[4]One site had two school programs, one of which was an inclusive curriculum program. We visited both special programs in this site.

[5]This prenatal focus continues a historical tradition, dating from the mid nineteenth century, in which pregnant adolescents were removed from their normal environment to a residential facility where they received care and strong encouragement to relinquish their infants for adoption. Upon relinquishment, the young woman returned to a "normal" (child-free) life (Sedlak, 1980).

[6]Yet, in spite of the often voiced concern for initiating early prenatal care, no special program made an effort to elicit regular school staff cooperation in identifying early pregnancies. This reflects in part institutional needs to deny or at least not to seek out a "problem." See Chap. 4 for further discussion of pregnancy detection in regular schools.

[7]Proponents of this view note that since most enrollees stay in inclusive curriculum programs less than a full school year, the lack of academic emphasis is only a short-term one.

one-third and in one case 70 percent.[8] The secondary status of academic learning is also reflected in the quality of the academic component of these programs. Most were described as weak or poor in the level and quality of instruction provided. A few were regarded as remedial. In several LEAs counselors advised bright students to stay in regular school because the academic component of the program was so weak.

In all but one inclusive curriculum program, no services are provided past the immediate postnatal period. Nor do other school programs or personnel provide such services in these LEAs. Students transfer out of the special program, presumably back into their regular schools, and become indistinguishable from the other students. Institutional needs, medical concerns, and the "pregnancy as trauma" viewpoint all dictate that continuing in a special program after delivery is less important.[9] Those who have delivered are not physically identifiable in the general student body, the baby has arrived, and the trauma is past. A few inclusive curriculum program directors regretted that no services are available in regular schools to mothers who have left their programs, and several noted efforts that students themselves had made to retain program ties, e.g., by entering the adult education program in the same building that houses the special program in preference to returning to regular school. But these directors felt impotent to help, citing restrictive LEA policies and the pressing needs of the currently pregnant.

Noninclusive Programs

Five of the 12 programs we visited do not follow the inclusive curriculum model. Two of these programs can be categorized as supplementary curriculum programs. Both provide parenting-related coursework for credit in lieu of other electives. Both programs provide child care; the child care center provides parents and nonparents a lab component to their parenting classes. One program is supervised by the District Coordinator of Home Economics, the other by the Director of Pupil Services. Thus both are administratively separate from regular school. Unlike inclusive curriculum programs, however, their enrollees are not physically isolated. One program operates in a single high school site; students from other high schools are bussed to the program. The second program operates in four district high schools; students in the other high schools do not receive program services.

Three programs we visited can be categorized as noncurricular.[10] One is a program of primary care medical clinics located in two high schools. These clinics provide prenatal care and counseling as well as a full range of medical services for all school enrollees. The two other programs provide counseling and other services as needed, program counselors are responsible for coordination of needed services. One of these programs operates in six high schools. Program staff enlist regular faculty involvement in identifying and counseling pregnant and parenting students. The other program relies on staff counselors to deliver services. Program enrollees are often seen in their homes. (See Chap. 3.)

Each noncurricular program is administratively separate from regular school. One is supervised by the Director of Pupil Services, one by the Coordinator of Social Work, and the third by the LEA Supervisor of School Health Services. Program enrollees generally attend

[8]Programs with the highest percentages tend to be part-day programs. They generally provide as much "relevant" learning as full-day programs, with time for academic programming necessarily reduced.

[9]Historically, programs for pregnant women ended at delivery because nearly all gave up their infants for adoption. In a period when very few teenagers are relinquishing their infants for adoption, adherence to this traditional prenatal focus may be less appropriate.

[10]These three programs are presented in more detail in Chap. 3 as exemplary program models.

regular classes on a full-time basis; one program also provides services to those who are attending other education programs or have temporarily left school.

The founders of supplementary curriculum and noncurricular programs generally share the view that pregnancy among high school and junior high school students is a natural, even if somewhat precocious, event. Although prenatal care, parenting information, and counseling must be provided, they believe it is not necessary to isolate pregnant students to do so. Supporters of these programs emphasize that while pregnancy and parenting are important, they must not overshadow other concerns, such as academic learning and social interaction, even for a short time. In their view, if students are to be successful teenage parents, they must learn how to integrate the roles of student, teenager, and (prospective) parent. They can best learn these skills by remaining in the environment in which they will be a parent, the regular school.

If there is a trauma associated with teenage pregnancy and parenthood, the founders of noninclusive programs believe the trauma begins, not ends, at delivery. It is at this point that mothers need counseling, support, child development information, and often child care. They may need a flexible school schedule to accommodate a sick child, a shortened schoolday to accommodate limited child care arrangements, or temporary exemption from required physical education classes to accommodate embarrassment over a body not yet back in shape.

Program services reflect the beliefs of their founders and supporters that parenthood rather than pregnancy is the time of greatest need. All five noninclusive programs in our sample, as well as one inclusive curriculum program that allows students to remain through graduation, provide a range of services to parents. In contrast, services to pregnant students are not wholly oriented to their special needs. Only a few noninclusive programs, for example, provide childbirth instruction or monitor prenatal care, though noncurricular programs make referrals for these services. Typically, pregnant enrollees in supplementary curriculum programs simply participate in the parenting classes provided by the program.

Four of the six programs that provide long-term services for parents provide child care services; the other two actively help mothers to identify available child care arrangements in the community. Program staff everywhere agreed that child care is crucial in keeping mothers in school. Yet no one denied its high cost, or the fact that the dominant view in many communities is that child care is not an appropriate school activity. Program staff in one supplementary curriculum program described the difficulties they had in getting outside money to fund their center. They persisted because they believed child care to be crucial to school continuation. They noted that the previous school year (1978-79), with the center in place, 16 students used the nursery and the program, and attended regular school. In fall 1979, when foundation monies that had previously supported the center were not available and the child care center did not open, most of these 16 were not able to enroll in school.

Institutional needs are not ignored. The general view is that mainstreaming programs are far less expensive (relative program costs are discussed in some detail below). A number of respondents noted that the absence of a pregnancy program in a separate, identifiable building may contribute to the illusion that the problem does not exist.[11] Several respondents believe that having pregnant and parenting teenagers on campus makes parenting less glamorous and is a useful deterrent.

[11] In a similar vein, several respondents noted that inclusive curriculum programs in large urban LEAs rarely serve all those who wish to enroll because the numbers of enrollees would be so great. Two or more "pregnancy" schools might come to the attention of the community and cause problems for the district.

FACTORS AFFECTING PROGRAM DESIGN AND OPERATION

Research on special projects (e.g., Greenwood, Mann, and McLaughlin, 1975) has shown that the ultimate character and effectiveness of new programs are significantly influenced by the way in which the programs are implemented. Implementation occurs in stages, beginning with initiation and moving through planning processes to implementation, outcomes, and longer-term stability. The outcome of each stage is strongly affected by fact rs in the institutional setting. In the pages that follow, the implementation of the 12 programs in our sample is discussed.

Initiation

Program initiation is the first phase in the life of a special program. The initiation includes generation of support within the LEA for a program, identification of funding sources and strategies, and establishment of program objectives and design. We observed that local programs were initiated in response to a range of positive and negative incentives from the federal, state, and local levels.

Motivations for having special programs serving pregnant students and teenage mothers must be viewed against a context where opposing motivations are always strong. Such special programs present the schools with a number of problems, several of which are common to all new programs:

- Dollar Cost. In a time of declining enrollment and inflation, the addition of costly new programs is regarded at best with hesitation. Few LEA administrators had a good sense of the marginal cost of the various program models, but all assumed *a priori* that any program will cost more than none at all.
- Administrative Costs. A special program requires special attention from administrators. Any program, but particularly a new one, may have problems that disrupt the system or at least create extra work for admin trators. Said the director of one program, "An administrator's definition of program success ... is above all that it present no problems."

Dollar and administrative costs may be fac.ors that militate against establishing any new program. Programs for pregnant students and teenage mothers carry additional costs as well:

- "Creating" a Problem. The existence of a program indicates the existence of a problem. While administrators readily agree that ignoring problems does not make them go away, they note that the broader community often believes student pregnancy is a rare event until a program is developed to address it. When it is, communities are often shocked at its magnitude (although few programs serve even 50 percent of the eligible population) and often blame the schools for the problem.
- Negative Attitudes. Some school staff members as well as members of the community believe that student pregnancy and parenthood are not or should not be school concerns. Special programs may create resentment among people who contend that education monies should be spent on the "good" students.

In sum, fiscal and administrative obstacles constitute an important set of reasons why LEAs are not inclined to establish special programs. But there are others as well. The incentives to design and implement special programs are few to nonexistent.

The first step in implementing a special program is to generate support for it. Such support

must eventually be found within the organizational setting, but may be generated by outside pressure. In most school districts no unitary outside interest group exists that could exert sufficient pressure for a special program The parents of the already pregnant often are ignorant of their rights under Title IX. They expect nothing and often are grateful for what services are available. The parents of the not (yet) pregnant do not believe that their children might become pregnant and need special services. Few people in local school organizations are eager to assume the burden of developing and implementing a special program in the absence of strong incentives to do so. The tendency is for LEAs to do no more than comply with the nonexclusion of pregnant students required by law, especially since a district is as likely to be criticized as praised for establishing such a program.

Given these negative motivations, it is not surprising that most LEAs do not have a special program for pregnant students and teenage mothers; rather, it is surprising that many do.

LEAS may have some reasons to develop programs, however, including the legal and regulatory climate, institutional needs to provide services more cheaply, and client needs. Unlike the situation with some other special programs, the availability of outside funds generally does not influence the decision to initiate a program, though their availability may profoundly affect program structure, continuity, and ultimate success. This is true for several reasons. First, student pregnancy not being acceptable in most communities, a high pregnancy rate can be embarrassing to the school district, which therefore is motivated to hide the problem and any programmatic response from public view. In the absence of local need or outside pressure, funds would probably not be sufficient to motivate program initiation. Second, until the establishment of the Office of Adolescent Pregnancy Programs in 1978, there was no single source of categorical funds for these programs. A few programs have received ESEA Title I, Title III, and Title IV-C funds, but these noncategorical sources often were not known or considered by our respondents, many of whom had no previous grantsmanship experience. While a number of states have provisions to fund substantial amounts of program costs (e.g., up to 80 percent of teacher salaries; an extra 2 3 ADA), local funds are still needed in most cases. And the common wisdom among educators is that these programs are always extremely costly, so that even with a state contribution, the LEA would have to bear a major cost.

Those programs in our sample that were developed in response to the requirements of law were located in conservative communities where local support in and out of school for any programmatic response to student parenthood was lacking. In these communities, no program existed prior to the passage of federal or state law that established the right of pregnant students to remain in school. Administrators in these districts saw only two legal responses to such statutes. permitting pregnant students to remain in regular classes or establishing a separate facility for them. As the first alternative was repugnant, the program decision seemed clear. In another LEA in a state with a nonexclusionary statute, passage of that law prompted program initiation as well. However, this LEA had already experimented with an inclusive curriculum program and had been forced to abandon it because of lack of LEA support, lack of transportation and resulting attendance problems. The response in this LEA was to create a limited noncurricular program. The programs we visited that were initiated in response to negative incentives were characterized by a lack of interest and commitment on the part of local participants (with the exception of the program head in one LEA). Compliance with the letter of the the law was deemed a sufficient response by most. As a result, program operations and outcomes were generally treated with indifference.

Several LEAs in our sample established an inclusive curriculum program as a means of reducing the scope of a homebound instruction program, which had grown larger and more

costly each year.[12] LEA administrators contend that homebound instruction isolates students, provides minimal education, and disrupts their school attendance pattern, but the overriding motivation is cost. Programs initiated to reduce costs tend to be funded at a fairly low level by the LEA, and lack administrative support. In one case, the program remained administratively under the supervisor of homebound instruction. As a result, program staff were recruited from lists of homebound teachers, a significant weakness in the program. Program quality and outcomes continued to be compared with "how it was when there was only homebound", as a result, LEA administrators regard these programs as highly successful. The many shortcomings of these programs in comparison to the regular school program were ignored.

Most of the programs we visited, however, were initiated primarily in response to client needs, usually defined in terms of high dropout rates among pregnant and parenting students. In about half of these cases, these needs were brought to the attention of the LEA by non-school groups. In one LEA, the State Department of Health approached the community because of its high rate of pregnancy. The policy in this state is to identify local communities which appear on the basis of vital statistics to need but do not have a program. Federal seed money is offered by this State Department of Health to begin a program. Local agency representatives, including school personnel, are brought together by the state coordinator and decide among themselves whether a program is needed, and if so, which community agency will sponsor it. In another site, a community group had begun a special program for pregnant and parenting students and lobbied the LEA to take it over. In all of these cases, the outside group found at least one sympathetic person in the LEA who took on the challenge of creating a program. In one of these LEAs, administrators promised a parents' group it would "look into" their concerns about a high dropout rate among teenage mothers from the local high school. However, they privately viewed the existing program (which was limited to the period of pregnancy and included pregnant with other "problem" students in a separate site) as a sufficient LEA response. A female administrator got wind of their resolve to do nothing and vowed to push for a program. Through force of will (and state funds that covered most program costs) she succeeded in establishing a supplementary curriculum program for student parents.

In the LEAs that had not experienced community pressures to initiate a program, one or more district staff members were instrumental in first identifying the need for special services for this group and then pushing for program implementation. In some cases, their efforts to conduct needs assessments were hindered by district administrators who did not want anyone to quantify the extent of the problem. In one LEA, a prevalence survey was allowed with the restriction that students could not be polled. In another LEA, survey plans were vetoed.

Districts were most likely to respond to demands for a program when the number of known pregnancies was high or when the LEA had a strong sense of social responsibility as defined by provision of other than strictly educational services, e.g., school lunch, breakfast programs, and after-school care.[13] Prevalence, defined in terms of total numbers of teenage pregnancies or high concentrations in certain schools, motivated a response in several LEAs in our sample.[14]

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[12]Holmes, Klerman, and Gabrielson (1970) note that pregnant students are major users of homebound instruction. In one LEA (without a special program) there were more applications for homebound instruction between 1965 and 1967 from pregnant students than from either male or nonpregnant female students. The percent of applications from pregnant students rose from 36 percent in school year 1965-66 to 47 percent in school year 1966-67.

[13]It is important to keep in mind that since we visited only LEAs with some program, we cannot make definitive statements about factors that may discriminate LEAs with and without programs. But we do have LEAs where program motivation was based on legal and fiscal concerns. These can be compared with programs motivated out of client need.

[14]The motivating force of prevalence helps to explain the tendency for large urban LEAs to offer programs while small or rural LEAs do not. Although teenage birth rates in rural areas are as high as or often higher than rates in

Districts in our sample characterized by a strong sense of social responsibility tend to have programs that are innovative in form and receive strong support from the superintendent. Superintendents in socially responsive LEAs often reported that LEA responsiveness to pregnancy as well as other needs is consistent with community views that the schools ought to do more than teach basic subjects. One exception to the pattern of association between LEA social responsiveness and high-level support for the special program is the largest city in our sample. In this case, special program support from top administrators is minimal. They regard the pregnant student program as merely one of many special programs that have to be provided to their urban minority enrollment.

The school board in nearly every district had little or no involvement in initiating the special program. Board members generally believed that any involvement would be troublesome for the board and, by making the program more public, troublesome for the program as well. In only two LEAs did the board actively involve itself in the program: In one LEA, the board set up a number of restrictions on program costs and operations that had to be met in order to win board approval for program initiation; in the other, some board members publicly supported the program. In most of the other districts, the school board limited its involvement in the program to approval of proposals for extramural funds, or (in two cases) approval of a change in location. In three LEAs, the program bypassed board consideration entirely.

This lack of involvement reflected the general desire of boards to avoid dealing with student pregnancy and parenthood. Only two school boards had established any formal policy on this issue.[15] Several had avoided doing so because a special policy would attract unwanted attention. In other LEAs, inaction reflected the lack of a strong constituency for special programs. One board member noted that mandatory desegregation and the requirements of PL 94-142 were demanding most of the board's time and energy. "Since no one out there is pressuring us (for more services for pregnant students and teenage mothers), we just haven't dealt seriously with this issue." In two other LEAs, community desires to avoid the issue have been compelling, particularly because the LEA depends on the city for funding.

Program Design

Once a tentative understanding has been reached by or with LEA administrators that a program for pregnant students and teenage mothers should be established, a program must be designed and developed. One might expect LEAs, particularly those that are approaching program development as a means of meeting recognized local needs, to conduct a systematic search for program models or materials that have been designed or used elsewhere. But this search rarely took place among the LEAs in our sample. When it did, it was limited to nearby programs or to a program that planners had already decided to use as a model for their own. In some cases, the individual pushing for the program in the LEA had firm personal views about

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nonrural areas, rural LEAs may be less likely to offer a program for three reasons. (1) Inclusive curriculum models, which are often considered to be synonymous with special programs, encounter practical difficulties when students are located at a distance from school sites and each other. Special buses may be required, and many students are unwilling to undertake rides of over an hour each way to attend school at a special site. (2) In many communities teenage pregnancy is still viewed as an exclusively urban minority phenomenon. Lack of awareness and acceptance of high pregnancy rates impedes establishment of special programs. (3) Although the pregnancy rate may be high, the absolute number of pregnancies (in the district as a whole or in any given school) often is not. With only a few pregnancies at each school, the problem seems "ignorable."

[15] In both LEAs, board policy guarantees pregnant students access to some schooling during pregnancy and specifies procedures for dealing with pregnancy. These policy statements conform closely with state law. A third LEA had established a policy but had not sought or received board approval for it.

the most appropriate program type. In others, motivation for initiation determined the form a program would take.

In general, programs designed to reduce the costs of homebound instruction or to comply with nonexclusionary legislation took the form of inclusive curriculum programs. In the former case, an inclusive curriculum program simply "brought them all in." In the latter case, the legal requirement to include pregnant students in school programs and the LEA's desire to exclude them from regular classes led to adoption of this program model. In another LEA a very conservative community made an inclusive curriculum program the only feasible choice, both from the schools' and the students' perspective. "The community simply wouldn't have tolerated pregnant students in regular school," said the program head, "nor would pregnant students have been willing to stay."

Programs initiated in response to recognized local needs were freer of institutional constraints on their design and were more diverse in their ultimate form. Typically, the prime mover, who would be the program head, met with the superintendent to discuss program ideas.[16] She usually went into this meeting with a model already in mind, which reflected her own views of the most pressing needs and her assessment of the superintendent's commitment and the community's tolerance limit. The superintendent's support figured heavily in the formulation of the program design; his support in turn often depended on his reading of the community's likely reaction. In a few cases, the superintendent lent support despite anticipated community opposition.

Generally, strong superintendent support was associated with the establishment of more visible noninclusive programs. In conservative districts or in the absence of strong superintendent support, inclusive curriculum programs were more common.[17]

The availability and requirements of outside funding sources had little direct influence on program design. In only two cases did a program tailor its form to meet funding requirements. In one case, the program was housed in an adult school in order to qualify for state adult education funds. In another case a supplementary curriculum, parenting-oriented program had to be initiated in order to qualify for state funds. However, in this case the program director had been instrumental in lobbying for the state program; therefore her own philosophy was highly consistent with state funding requirements.

Outside funding sources influenced the administrative location of several programs, however. In several states funds are available to programs classified as "special education" programs. In these cases the program for pregnant students and teen mothers was so classified. An LEA's autonomy in these cases is limited; locating such a program anywhere *but* special education would cost essential funds. In other cases, however, an LEA may be free to designate a home for its special program. This choice may have an important influence on its autonomy, visibility, and financial prosperity.

In our sample, programs assigned to special education supervisors tend to receive little supervision. The special education director often noted that the demands of other special education programs are far greater. The fact that the pregnancy program has a very competent person on site directing a relatively small operation reduces the need for supervision. Most special program heads like th autonomy they have, and their complaints focus on special

[16]No efforts were made in most sites to obtain inputs from regular school staff in designing the program, the superintendent-future director partnership was the norm.

[17]One program head noted that in a time of fiscal retrenchment the establishment of inclusive curriculum programs is unlikely. Holmes et al. (1970) note that placing together groups of students with similar problems, as inclusive curriculum programs do, may be only an intermediate step between homebound instruction and reincorporation. Hence several forces may be pushing districts inclined to develop any program toward noninclusive program models.

requirements (such as Individual Education Programs (IEPs)) associated with their "special education" designation. In a few cases, however, program heads were bitter about the lack of support they receive. One program head said that the only interaction she has with the special education director has to do with assuring the program's compliance with a maze of district, state, and federal special education requirements, most of which are irrelevant to pregnant students. Her requests for help on a funding proposal were ignored.

Two programs were supervised by the head of secondary instruction. In one district we visited, the inclusive curriculum program had been transferred from special education to secondary education out of concern for the quality of the programs' academic component. Most people felt this move was helpful in several ways. It forced the program head to talk to other teachers and principals, which spread the word about the program and its services. It helped her to understand the need for better academic training in the program to help new mothers make a smooth transition back to regular school. It also provided the program, now a "school," with a pot of discretionary funds to which each school in this district is entitled.

Program Sponsorship

Of the 12 programs we visited, 10 were sponsored solely by the LEA. Two others were jointly sponsored by the schools and a local medical center, one of these programs was located on the hospital site. Such joint sponsorship seems desirable because provision of two major services—health and education—can thereby be assured. However, successful joint sponsorship seems to require more than shared commitment—a careful delineation of responsibilities based on expertise and ability and willingness to pay is required. One of the jointly sponsored programs we visited ran primary care clinics within high schools. The medical center ran the clinics and financed them with outside funds, while the school enrolled and taught pregnant, parenting, and other clinic users in regular classes. While there was some overlap (e.g., clinic staff taught in some regular school health classes), each agency did its own job in its own area of expertise. As long as funding continued, the medical-center school partnership seemed secure. The second jointly sponsored program, a hospital-based inclusive curriculum program, was not so well endowed financially. While the LEA provided teachers, the hospital financed the program director as well as the facilities and related costs. At the time of our visit, there was some feeling among hospital administrators that the hospital was using these funds inappropriately, there was pressure to divert program funds to the hiring of primary care nurses. Whether this program can continue may depend on a larger financial role by the schools.

This hospital-based program was benefiting in several ways from its location, however. As Klerman and Jekel (1973) note, a hospital provides an essential service, delivery, which may enable a hospital-based program to reach pregnant teenagers who may be less motivated to complete school. The director of this program had taken steps to learn of school-age patients who were coming to the hospital's prenatal clinic. She was sometimes successful in enrolling them in the program.

A hospital may also be seen as having a more legitimate role in pregnancy programs than do the schools. A number of respondents in our study noted that school health personnel who were employed by health agencies felt freer to work in this area because they were seen as medical rather than school personnel. Hospital employees in a hospital setting might feel even less constrained.

The two jointly sponsored programs were not the only instances of active interagenc-

cooperation we found. In several LEA-sponsored programs, other agencies participated by assigning staff to the program on a full- or part-time basis. In one site a particularly active youth coordinator employed by the Department of Social Services worked closely with the program.

However, we saw only limited instances of strong informal communications networks among professionals in local agencies. More commonly, the LEA program was known but isolated. In no case did the school take on the role of lead agency in directing a community-based effort to control and respond to school-age pregnancy.[18]

Seeking Funds

Once the idea of a special program for pregnant students and teenage mothers gained high-level district acceptance, its implementation was virtually assured. Although one future program director was told that she could have a program only as long as it was funded wholly without LEA money, this was the exception. More commonly, an agreement was struck to have a program, and the prospective head then went to look for funds that allowed the agreed-upon model to be implemented with as much outside support as possible.

Most programs looked no farther than the state.[19] All but one of the seven states included in our purposive sample had some provision for funding of programs for pregnant students and teenage mothers, usually under special education. In two states, special funds for just such programs had been set aside.[20] A few programs received federal funds directly. A number of program directors cited the large amounts of paperwork and the lack of a clear categorical program as reasons for not seeking federal support. Others noted they had received no support or encouragement from LEA administrators to seek outside funds. Three program directors had applied for funds from the Office of Adolescent Pregnancy Programs (OAPP), a source of federal funds available only recently. Two of these three programs had previously received competitive funds from other sources.

The general lack of grantsmanship among the programs in our sample reflects the noninnovative nature of these programs, the lack of grantsmanship experience among program planners, and the limited involvement of LEA grants personnel in these efforts. In our sample of 12 programs, only four had applied for and received other than entitlement funds. Only one of these was an inclusive curriculum program, and in this case the outside funds were provided by a local foundation concerned with prenatal and infant care.

Planning

The period between the decision to have a program and its first implementation varied enormously. In one case, the program already existed in a church and would be changed only

[18]Allen and Bender (1980) note that the emergence of a seriously committed or lead agency is an important factor in a community's successful response to school-age pregnancy. Whether the schools would ever take such a role is questionable, given the many constraints on LEA involvement. The seed money policy used by one state in our sample to encourage local efforts to initiate programs would seem to be a promising strategy for encouraging community-wide recognition of the problem and the emergence of a lead agency.

[19]States may provide support from the state's general fund, from federal sources, or from a combination of both. Since the state has discretion concerning the use of these funds, the decision to make them available to special programs serving pregnant or parenting students reflects a state commitment to this population.

[20]A number of states provide state special education funds for these programs. In several of these states, stronger special education constituencies, e.g., of the blind and deaf, are exerting pressure to exclude pregnant students from this category.

marginally by formal LEA sponsorship. On the other extreme, the implementation of the in-school clinic program which had already received substantial extramural funds was delayed for over a year while the superintendent met with staff and community members in order to gain broad-based acceptance for its innovative approach.

Programs designed to meet recognized local needs tended to undergo a more intense planning process. These programs usually were able to articulate program goals, though frequently these goals, e.g., prevention of child abuse, were not measurable given the limited evaluation design envisioned. The supplementary curriculum programs devoted some planning time to recruitment of program sites. Several began operation with fewer sites than their planners had envisioned; staff hoped reluctant principals would agree to participate after the first sites were operating successfully.

In most LEAs virtually no planning time was spent working with regular school staff. Surprisingly, programs to be located in regular schools ignored regular staff as much as those to be located off-campus. No efforts were made to describe the program or its objectives, or to elicit regular staff views about how it might serve and relate to the needs of students and staff. This blind spot characterized most programs years after their initiation and seriously impaired their ability to provide continuing services to current and past enrollees. Few special program staff were even aware of the need to actively enlist the support of regular school staff; in their view the services they provided spoke eloquently enough. Others who felt some efforts should be made to establish rapport were hampered by the opinions of high-level administrators that the more visible a pregnancy program is, the more likely it is to be vulnerable to the attacks of school staff and community members. In a few cases, professional jealousies caused initial efforts at communication to be rebuffed.[21]

Summary

Programs initiated in response to local needs, defined either by LEA staff or outsiders, were more likely to win support from the superintendent and other high-level administrators and were more likely to adopt an innovative program design. However, even when programs were initiated in response to target group needs, LEA support was not assured. Yet administrative support is critical to the success of programs for several reasons.

First, special programs cost money. Even when outside funding is available, funding delays or changes in categorical program focus may require a program to fall back on the LEA for stopgap or longer-term funding.

Second, pregnancy programs compete in some sense with a number of other "special" programs for district resources such as space, equipment, and good will. High-level support for the program will help the flow of these resources.

The third reason why local needs motivation and LEA support are important is that program founders want these programs to grow and change to meet enrollees' needs. A building and a staff are just a beginning; without continued district support, they may be the only things given gladly. Said the director of one program that received little LEA support, "They just let us exist. If the program were a priority, money would be found in the (LEA) budget for needed services. They'd also be more helpful in getting grants."

[21]See Zellman, 1981, Chap. 4, for further discussion of this matter.

PROGRAM IMPLEMENTATION

Once the decision is made to have a special program for pregnant students and teenage mothers and a program model has been chosen, plans for the program must be translated into practice. Decisions about siting, staffing, and equipping the program must be made. These decisions are often made in response to initial motivations for the program. In turn, they often profoundly affect program operations, quality, and outcomes.

Program Site

Where a program is located has a major effect on who attends. Site and enrollee characteristics in turn influence how the program is viewed by both insiders and outsiders. Program siting decisions for the seven inclusive curriculum programs we visited were generally made by the superintendent or his deputy; rarely was the prospective program director included in these decisions. The decisions were generally made with the schools' needs in mind; programmatic implications were not considered.

In two LEAs, the superintendent decided that the program could not be located on school property because of strong opposition from the community and school staff. The LEA had, perhaps appropriately, little influence on where the program was housed in these cases. One program was located in a building adjacent to the sponsoring medical center. The other program was located in a community center.

The other five inclusive curriculum programs were located on LEA property. With the exception of one Title I-funded program, which used these funds to construct housing for the program, the programs were located in schools that had been vacated because of enrollment decline, age, or in some cases, the requirements of a desegregation plan. These decisions obviously reflected LEA efforts to use space efficiently; in several cases they also reflected the program's low status and LEA motivation to limit awareness of the program.[22]

Every one of these five programs is located in a central city area. Some respondents believe that the inner-city location is appropriate and sometimes advantageous to potential enrollees, many of whom live in the central city and nearby areas. In one LEA, in fact, students attending the special program were the only minority students who were not bussed under the LEA's desegregation plan. Other respondents decry these inner-city locations, arguing that student pregnancy is not a strictly minority phenomenon, though inner-city sites may make it appear so.[23] In several cases, the special program site had been a minority school before it had been reassigned to the pregnancy program; the "minority" label stuck, and few nonminority students would enroll. In one LEA, the racial stereotype of the program is so strong that LEA staff actually have different informal policies for minority and nonminority students who become pregnant. Minority students from anywhere in the LEA are expected to transfer to the program; nonminority high school students are expected to drop out of school, while nonminority junior high school students are encouraged to get physician approval to remain out of school until after delivery. Two LEAs provide city bus tokens or transportation to the

[22]One LEA administrator noted that the community believed student pregnancy and parenthood to be strictly minority problems. Location of the program in an abandoned school in a minority area confirmed that belief and reduced the opposition that would have arisen had the program been located on the other side of town.

[23]Klerman (1979) notes that while the number of births to white teenagers far exceeds those to minorities, special programs serve largely minority populations. Our data suggest that inner-city location contributes to this phenomenon.

special program as a means of attracting a more racially heterogeneous enrollment; this policy has met with limited success.

In only two sites have any resources been devoted to improving program facilities, which were generally old and run-down. In one case, the non-LEA sponsor went to considerable expense to restore the building for program use. One LEA also did some upgrading; window air-conditioners were installed (the other LEA high schools are air-conditioned), the institutional green walls were repainted with more cheerful colors, and the former boys' restrooms were "converted" by changing the sign on the door. None of these sites provide outdoor recreation areas comparable to regular school facilities—former playgrounds are now often parking lots. The abandoned school sites also lack convenient access for the physically handicapped. Built prior to concerns about access, many have steep steps to all entrances and few have elevators. Program location within the school building rarely takes access into account. Often, the program is located on the second or third floor. No site has been retrofitted; the few sites that can accommodate the handicapped are able to do so only fortuitously (e.g., because of already existing elevators). Curiously, regular school staff often urge transfer to the program because there will be "no stairs." This is untrue more often than not. While some programs operate on one floor, requiring only a single daily climb up and down, several meet on two floors, necessitating several trips each day.[24]

Rand fieldwork staff were asked to compare special program facilities with those available in the regular program high schools they visited during fieldwork in each site. They rated special program facilities on 11 dimensions, using a five-point scale with 1 = much better, 2 = somewhat better, 3 = equal, 4 = somewhat inferior, and 5 = much inferior to regular school facilities. Included in these 11 ratings were building age, location, landscaping, outdoor area availability, toilet facilities, maintenance, carpeting, air-conditioning, lighting, textbook age, and sufficient space for single uses.[25] A 12th rating, lab equipment, was dropped from analysis because such equipment was available in only one inclusive curriculum program. An additional (noncomparative) item queried whether appropriate specialized supplies, e.g., toys, exercise mats, were available at the special program site.

Six of the seven inclusive curriculum program sites we observed appear to be inferior in their physical facilities to the regular high school we visited (overall mean = 3.80). Only one program (Program C) was rated better than equal overall; it is located in a central-city district and housed in a building of recent vintage built especially for the program with Title I funds. As shown in Table 2, the inclusive curriculum programs were judged to be inferior on nearly every dimension; they were rated as equal to regular school programs only in terms of space—and achieved that only because two programs, both in abandoned schools, have almost limitless space available. The programs were rated worst on availability of outdoor areas for recreation, which helps to explain our finding that no inclusive curriculum program provided physical education other than prenatal exercise class. Building age and landscaping were also judged poor in comparison with those of regular school plants. This reflects their frequent location in older school buildings in run-down areas.

Siting decisions for the five noninclusive programs seemed to be made with more concern for the location's programmatic implications. One reason may be that the easy alternative of an unused school was not available in these cases; another was that the program was to be far

[24]It is not clear that climbing stairs is an activity to be avoided by pregnant women. Yet many regular school staff listed it as a reason to transfer. The fact of stairs in special programs is therefore an interesting finding.

[25]This meant that lack of space did not impose constraints on programming. The program had enough space to schedule separate activities in separate spaces.

Table 2

COMPARATIVE RATINGS OF INCLUSIVE CURRICULUM PROGRAM FACILITIES

Dimension	Program A	B	C	D	E	F	G1[a]	G2	Mean
Building age	4.5[b]	5	2	5	5	4	5	5	4.4
Location	4	4	3	4	5	---	3	3	3.7
Landscaping	5	3	3	5	4.5	3	5	4	4.1
Outdoor areas	5	5	4	4.5	4.5	5	5	4	4.6
Toilet facilities	2.5	3	2	4	4	3	4	4	3.3
Maintenance	3	4	2	3.5	3.5	3	3	4	3.2
Carpeting	3	4	3	3	3	3	---	---	3.2
Air conditioning	4.5	---	---	3	3.5	---	---	---	3.7
Lighting	3.5	5	2	3.5	3	3	3	4	3.4
Textbook age	5	3	---	4	4	3	3	3	3.6
Sufficient space	1.5	5	3	2	3	3	3	4	3.0
Specialized equipment	yes	no	no	yes	yes	yes	yes	yes	

NOTES: Entries represent interviewer ratings of the special program on the named dimensions. Ratings were based on comparisons with regular program high schools and were based on a 5-point scale, with 1 = much better (than regular high school); 2 = somewhat better; 3 = equal; 4 = somewhat inferior; 5 = much inferior. --- = missing data.

[a] Program G serves a number of LEAs, two of which Rand staff visited. Comparisons were made between Program G and regular high schools in both these districts.

[b] Each visitor made separate ratings, and ratings were averaged over the 2 site visitors. Overall, the level of agreement was high, with very few ratings varying by more than one point.

more visible. A third reason was that in nearly every case the noninclusive programs had more support from the superintendent; he ensured an advantageous location in several cases.

Because the noninclusive programs each have a site on a school campus, their facilities are generally no better or worse than the facilities for regular students. The noncurricular program that was a medical clinic, however, has particularly attractive and well-equipped facilities. Care had been taken in one high school clinic to create a waiting room to be shared with the regular school nurse so that students would not be embarrassed to be seen there. One supplementary curriculum program that provides child care and parenting classes uses classrooms that were altered only sightly to accommodate the program. Nevertheless, the nursery is bright and cheerful. Only one noninclusive program, a noncurricular program that focuses on counseling, has facilities that appear to hinder its operations. Its program counseling facilities open

directly out onto a busy outdoor walkway. Several respondents believe that this creates a privacy problem for potential users because anyone seen going in is assumed to be pregnant.

Staff

A program's quality hinges on the skills and enthusiasm of its staff, a fact recognized by most programs in formulating staff recruitment policies. In 11 of the 12 programs we visited, the project director makes the hiring decisions.[26] In 7 of these 11 programs, the director is wholly responsible for the recruitment process as well. In a number of LEAs, program directors advertised widely, looking for potential staff members who were skilled in their subject area, flexible enough to be able to teach to a wide range of skills, and concerned about pregnant students and teenage mothers; directors did not expect to find staff with experience in working with pregnant students and teenage mothers, and few staff members had extensive experience. Recruitment efforts seemed to be effective: Staff in most programs seem sensitive and concerned as well as qualified in their subject area.

In a few programs, however, LEA policies hinder recruitment efforts. In one LEA, the director has no say in who teaches in her program. When she has an opening, a teacher is sent to fill it. Because of declining enrollment in the LEA, a new staff teacher is typically sent because she is no longer needed at her regular school but has tenure in the district. Until recently, male teachers were often sent to staff the program. After repeated requests from the director, this practice was stopped.[27] In another site, the program's administrative placement under home and hospital teaching requires that program teaching staff be recruited from substitute lists. Said the director of this program, "Some substitutes are subs because they lack the qualifications to be regular teachers. Others want to be homebound teachers because they don't want the responsibility of a classroom. Neither type is appropriate for a special program for pregnant students and teenage mothers. This is one of the biggest weaknesses in our program."

Equipment

The presence of needed equipment in good repair contributes to a productive learning environment. Lack of equipment may put pressures on staff to compensate by altering curricula or making do. In some cases, lack of equipment may mean that certain courses or experiences are not available.

Every inclusive curriculum program we visited claimed that their policy is to use the same texts an enrollee would be using had she continued in regular classes. When questioned more closely, it became clear that this policy is difficult to implement and often fails in practice. In most cases, programs are not assigned texts in the same manner that regular schools are, although in several cases, this is the LEA policy. A number of directors described the extraordinary efforts they have to make merely to receive texts. Said one, "Everyone else's texts are just *there* when school starts. I have to call (downtown) at least four or five times before I get anything." One program tried to solve the problem by having students bring their books with them from regular school. The regular schools protested and the practice was stopped. Another program, administratively a school, was given a discretionary budget like every other school

[26]Often the person had to be reviewed by the program's supervisor, but this review was generally pro forma.

[27]Not all program heads prefer an all-female staff. However, the point here is that directors need autonomy in making staffing decisions to maximize staff quality and enthusiasm.

in the district. This money was to be spent on updating texts and buying workbooks and other materials. But the money was rarely available for these purposes. "Something always comes up that takes precedence," the program director said. Last year, for example, the state enforced for the first time a law long on the books that requires car seats for children being transported to school programs. Unable to obtain seats or money from manufacturers or foundations, the director had to use her discretionary funds for car seats or lose the child care center.

Other instructional equipment is even more difficult to obtain. We encountered only one program that has any science lab equipment, and this is minimal and outdated. As a result, no lab courses were available in any inclusive curriculum program. Most program staff regard this as only a minor inconvenience. They generally advise enrollees simply to delay lab courses until they return to regular school. A number also note that most program enrollees are not interested in such courses anyway. In some cases, however, lack of such equipment poses problems. In the one program we visited where enrollees may stay until high school graduation, lack of such equipment has a direct and detrimental effect on both learning and qualifying for postsecondary study. And even in short-term programs, a senior may need a lab course. In one program where this occurred, the science teacher taught nonlab chemistry to a prenursing student. The director believed in this case that the one-to-one relationship compensated for lack of lab experience. Similar comments were frequently made by special program staff.

Few inclusive curriculum program sites have library facilities, and none have language labs or facilities for fine arts pursuits (music, drama, dance, graphic arts). Physical education facilities are limited to exercise mats in the better equipped programs. In sum, the program sites generally provide a warm, accepting human environment but do not compare to the regular schools as a learning environment for students.

Specialized equipment, particularly nursery equipment, tends to be in better supply than instructional materials in both inclusive and supplementary curriculum programs. One reason may be that such materials contribute to "relevant" learning which constitutes a major part of inclusive curriculum and the major activity of supplementary curriculum programs. Another may be that child care arrangements are not established until necessary equipment is assured —learning without texts may be difficult, but a nursery without cribs is impossible. Further, there may simply be more sources for specialized equipment. While texts come from the LEA in every case, March of Dimes and foundations contribute funds for equipment to several programs.

COSTS

Special programs that provide services to pregnant students and teenage mothers that are not available to other students, or that provide similar services in a more intensive way (e.g., a lower pupil/teacher ratio in academic courses), necessarily cost more than providing no special services at all. Most of the respondents to our study assume that such costs are enormous, and that even with outside funds, the district's contribution to these programs would be substantial. In our telephone survey of school staff in 14 LEAs early in the project, cost was often cited as a reason that a given district did not have a special program. Many respondents considered only inclusive curriculum programs in their discussion of costs, and assumed that those costs are exorbitant.

During our visits to the 12 programs in our sample, we collected necessary data for a limited analysis of special program costs. This analysis focused on three major questions: (1) How much do special programs cost? (2) How much more does it cost to educate a student who receives

special services from a pregnancy or parenting program than it does to educate a student who receives no extra services? (3) What percentage of total program costs are covered by outside (non-LEA) sources of funds?

Table 3 presents the results. Column 1 indicates a substantial range in annual expenditures per pupil. Not surprisingly, inclusive curriculum programs generally cost more than supplementary curriculum and noncurricular programs. A substantial part of these costs is explained by the far lower pupil/teacher ratios in the academic component of the inclusive curriculum programs than in regular high school classrooms. The average pupil/teacher ratio in the seven inclusive curriculum programs we visited is less than 13/1, with the ratio in one program less than 4/1. Additionally, every inclusive curriculum program has at least one on-site administrator, whether enrollment is 350 or as little as 25.

As shown in column 2 of Table 3, the total annual expenditures per special program enrollee (which includes time spent in the regular program) range from 1.12 to 2.90 times the total annual expenditures per regular pupil, with the exception of the one outlier program with a very high staff-to-student ratio. The supplementary curriculum programs have the lowest mean total cost ratio, even when Program G is excluded from the calculation of the mean total cost ratio for inclusive curriculum programs. This finding makes sense since supplementary curriculum programs replace only a small part of the school day, and provide only those services not available in regular classes. In contrast, inclusive curriculum programs replace the entire regular school program, while noncurricular programs provide services in addition to the full-time regular school program.

The programs in our sample generally are quite successful in securing outside funds to support program operations. Outside funds cover from 21 percent to 121 percent of total special program expenditures, with the mean contribution equal to 63 percent of total special program expenditures. These outside funds reduce the amounts LEAs must expend from their own funds for special programs. Consequently, the ratio of total annual unreimbursed expenditures per special pupil to total annual expenditures per regular pupil (District Cost Ratio) is often far lower than the total cost ratio in column 2. These ratios ranged from a low of 0.51, indicating that the district is benefiting financially from the program, to a high of 2.28.

The expenditure analyses indicate that special programs for pregnant and parenting students do cost more than educating them without special services. In our sample the average total cost ratio was 2.60. However, the programs in our sample, which was biased toward successful programs, were able to cover on average more than half of these costs with outside funds. Consequently, the district cost ratio averaged only 1.24. These ratios are not excessively high considering that many special services are provided.[28] It is also important to remember that the average enrollee remains in a special program for only a short time, often less than one school year, unlike programs for the handicapped, in which excess costs are often incurred year after year for each student.

The data suggest that these special programs need not pose a major financial burden on a sponsoring LEA. Receipt of state entitlement funds, in-kind services from community agencies, and perhaps some federal grant monies, may enable a district to initiate a program without taking on a major financial burden. Selection of a noninclusive program model would seem to be a way to limit an LEA's financial commitment.

At the same time, the outside funds received by programs in our sample were far from secure in many cases. State level lobbying by strong special education constituencies may

[28]These services may have long-term effects such as delayed subsequent pregnancy and school continuation that will reduce welfare and personal costs in the long term. (See 'Effects on Enrollees," below.)

Table 3

Total Program Expenditures Per Enrollee in School Year 1979-80

Special Programs	(1) Annual Special Program Expenditures Per Pupil in Yearly Enrollment[a]	(2) Total Cost Ratio[b]	(3) District Cost Ratio[c]
Inclusive Curriculum Programs			
A	$1,880.42	2.90	1.39
B	1,408.80	2.07	0.91
C	822.20	1.80	1.24
D	436.33	1.19	0.86
E	644.23	1.64	0.51
F	1,744.20	2.47	2.28
G	7,102.88	9.29	1.86
Supplementary Curriculum Programs			
H	777.49	1.77	1.38
I	393.24	1.41	1.14
Noncurricular Programs			
J	96.83	1.12	1.09
K	1,312.50	2.73	1.00
L	21.60[d]		

[a] Entries represent the total amount spent per enrollee by the special program. Expenditures for special students while they are attending regular classes (either part-day or part-year) are excluded.

[b] Entries indicate the ratio of annual per pupil expenditures for special program enrollees to that for regular program students. An entry of 1.0 would mean that total expenditures are identical for both groups; entries greater than 1.0 indicate that expenditures are greater for special program than for regular program enrollees. These calculations take into account the fact that most special program enrollees do not spend a full school year in the program. Therefore the numerator of this ratio includes expenditures in both regular and special programs.

[c] Entries indicate the ratio of annual unreimbursed per pupil expenditures for special program enrollees to expenditures for regular program students. Entries less than 1.0 indicate that the district spends less for special program enrollees than for regular students. These calculations take into account the fact that most special program enrollees do not spend a full school year in the program. (See App. B for discussion of analysis methods.)

[d] The average cost per clinic visit. The number of visits made varies widely, depending on several factors including how early prenatal care begins, how many appointments are kept, and whether the student attends prenatal and parenting classes. Additionally, cost calculations require data concerning length of visit by visit type. Collection of these data was beyond the scope of this project.

reduce or eliminate state special education funding for pregnancy programs in the future. Transfer of federal funds into bloc grants may also diminish funds for special programs. Local funds are becoming more constrained as well, because of fiscal retrenchment. In this fiscal climate, efforts to secure stable funding for special programs take on added significance.

Program Operations

Programs vary considerably in schedules, format, and services provided. In the sections below, these program operations are detailed.

Program Services. As shown in Table 4, the inclusive curriculum programs provide far more services than the noninclusive programs, in part because they supply enrollees with educational services that regular schools provide to enrollees of supplementary curriculum and noncurricular programs. They also supply more services because they subscribe to the notion of "pregnancy as trauma." This idea dictates the provision of a separate nurturing environment in which those who may be in crisis and therefore unable to function effectively in the larger community can be provided continuing support and needed services.

All but one of the seven inclusive curriculum programs we visited provide formal counseling; one of the two supplementary curriculum programs and all three noncurricular programs do so as well. Staff in the two programs that do not provide formal counseling discuss personal difficulties as they arise and see such discussion as part of the program's services. Most counseling is conducted in groups, with individual counseling reserved for special cases and problems. One program director, herself an MSW, regretted that so little time is available for counseling, but said that individual sessions during the hours of her part-time program would take students out of class too often.

All inclusive and supplementary curriculum programs provide coursework in parenting, child development, and child care, as do two of the noncurricular programs. Programs with child care components use the nursery to provide lab experience for enrollees. Supplementary curriculum programs with child care provide these lab experiences to nonparents as well.

Several programs provide a prenatal curriculum that focuses on fetal development, nutrition during pregnancy, and delivery. Several include Lamaze instruction and exercises in this curriculum.

Nine programs have the services of one or more nurses, who typically teach prenatal and health units and keep health charts on mothers (and, when child care is available, on babies). They monitor clinic attendance and compliance with prescribed regimens or diets. No program except the high school clinic provides primary health care.

Consistent with the shared goal of reducing the incidence of subsequent teenage pregnancies, most programs provide birth control information and spend time discussing sexual relationships and the option to abstain from sex. But such information is often provided informally and presented as an afterthought, although most program staff regard a reduction in subsequent teenage births as an indicator of program quality. This is particularly true in the inclusive curriculum programs, where health concerns focus strongly on the current pregnancy and delivery. The programs that enroll students for a substantial time after delivery or are exclusively parenting programs appear to present this information more forcefully.[29]

[29]Most programs offer information about and access to birth control devices along with encouragement to delay future pregnancies for the sake of the child about to be or just born. Only one, the clinic program, monitors birth control compliance on a continuing basis. These efforts are facilitated by the clinic's in-school location and the program's commitment to continuing care and pregnancy prevention.

Table 4

Services Provided by Special Programs

A. Coursework

Program	English	Math	Social Science	Lab Science	Foreign Language	Vocational Education	Art/ Music	Health/ Nutrition	Parenting, Child Development	Prenatal	Life Skills
Inclusive Curriculum Programs											
A	X	X				X[a]		X	X		X
B	X	X	X			X		X	X	X	
C	X	X	X			X[a]		X	X		X
D	X	X	X	X		X[b]		X	X	X	
E	X	X	X			X	X		X	X	
F	X	X	X	X		X[a]		X	X		
G	X	X	X	X				X	X	X	X
Supplementary Curriculum Programs											
H									X	X	X
I									X		X
Noncurricular Programs											
J									X		
K									X	X	
L										X	X

B. Services

Program	Counseling	Exercise	Child Care	Health Monitoring	Transportation	Breakfast/ Snacks	Job Placement	Library
Inclusive Curriculum Programs								
A	X		X	X	X			X
B	X			X	X			
C	X			X	free bus tokens	X		
D	X	X		X	free bus passes			
E	X		X	X	X	X	X	
F		X		X	X			
G	X	X		X		X		
Supplementary Curriculum Programs								
H			X	X	X	X		
I	X		X					
Noncurricular Programs								
J	X							
K	X							
L	X		X	X				

NOTE: Services described are regularly provided. Many programs provide special courses (e.g., foreign language, journalism) on an as-needed basis.

[a] Limited to business courses (typing, shorthand).

[b] Limited to filmstrips on careers.

All inclusive curriculum programs provide lunch, and four provide breakfast or snacks as well. The three programs with nurseries provide food for babies. Four programs provide transportation, though in one case only between the home school and the program site in the other high school. Two programs provide enrollees with city bus passes.

Six of the seven inclusive curriculum programs provide career counseling or vocational education coursework. In three of these programs, career preparation is limited to coursework in shorthand and typing; in a fourth program, the vocational education program includes filmstrips on careers. Advanced business machines are not available in any program, although at the time of our visits individual students in two programs were taking vocational education courses through adult schools that share the program site.[30] No program tries explicitly to help enrollees reconcile their need to earn money in the short term with longer-term needs to train for meaningful work.

Although nearly every program director believes that provision of on-site child care is critical for keeping mothers in school, only four of the 12 programs provide this service. Most cited the enormous costs of child care services as the major barrier; and several directors noted that large segments of their communities are strongly opposed to school involvement in the provision of such a service. Each of the programs in our sample that provide child care supported it with non-LEA funds.[31]

Program Schedule. All inclusive curriculum programs run for the full school year. Four of the seven we visited operate full school days. Three others operate four or five hours daily. The directors of the part-time programs listed several advantages in running less than a full day, including reduced disruption from clinic appointments that can be scheduled outside of class hours, and more time for enrollees to rest each day. Regular school staff noted that a part-day schedule makes the inclusive curriculum program more attractive than regular school to less motivated students, and may help to keep some from dropping out.

Each of the three part-day programs receives low levels of superintendent support. Although the fact was not discussed, a part-time program is less expensive to run. This factor may have influenced scheduling decisions.

At least one "full-day" program is actually a part-time program, though in this instance the reduced teaching time is a policy decision made by the director. In this program, one day a week is set aside for outside speakers, field trips, and catching up on school work. Several enrollees in this program told us they appreciate the "catch up" days, which enable them to do more homework than they had ever done in regular school.

Though specific schedules vary, most programs have a daily schedule of classes that includes one class period for each academic subject and child development/parenting. To the extent possible, subject area specialists teach appropriate classes. Other subjects, e.g., crafts, cooking, are taught less frequently if at all.

Some of the larger programs assign enrollees to classes roughly on the basis of grade levels in order to follow the regular school curriculum as closely as possible. Because of large variations in age and skill level, however, every program offers individualized instruction within classes. Several directors noted that this approach has worked well for some time, but that they are increasingly concerned about how well this approach will work in the future since the mean age of enrollees is declining and the age range in programs is increasing dramatically. They

[30] In one site this option seems available in fact only to unusually bright or motivated enrollees.

[31] In two programs, money is provided out of Title XX Social Security Act to local social services departments. These departments provide funds to the child care center for welfare-eligible mothers. In the third program, state funds pay child care costs. The fourth program depends on foundation funds, which are committed on a short-term basis.

noted that few teachers are able to teach effectively the whole high school age group; teaching junior high school pupils and some elementary school students as well might be almost impossible. Only one program in our sample has attempted to actively deal with the "junior high problem." Its director hired one junior high teacher who teaches a self-contained junior high class while the high school enrollees are taught by subject specialists. This solution, which was possible because of a large yearly enrollment (about 300), has its own problems, notably that a qualified "generalist" must be found. Her knowledge in each subject area would necessarily be more superficial.

The limited curriculum in every inclusive curriculum program, and the reduced teaching hours in some, were defended on the grounds that students receive far more individual attention than is possible in regular classes. In support of their contention, program staff often pointed to the fact that the grades of most enrollees improve in the program. In rebuttal, regular school staff in several LEAs pointed to these improved grades as evidence that the program's academic curriculum is easier and the staff less demanding. The fact that enrollees virtually never fail courses in most of these programs was advanced by regular school faculty as evidence for the "coddling" view. Regular school faculty in several districts in our sample are sufficiently unhappy about the academic quality of the inclusive curriculum program that they encourage bright and ambitious students not to transfer. Special program staff and students generally agree it is unusual for an enrollee to fail. Failure usually occurs only when attendance is very poor.[32]

In some contrast, regular school faculty and other respondents spoke with strong approval of the child development and parenting courses offered by special programs. Several of them do indeed seem exemplary. Their focus on applicable learning and realistic expectations for children was designed to meet the needs of soon-to-be parents; they appear to be doing so. During interviews with Rand staff, many teenage respondents discussed at some length the things they had learned in parenting classes and how they would or did apply to their own experiences. Part of the reason that parenting courses won approval was that there was nothing to directly compare them with in most cases. Regular school courses that cover similar subjects are far less intensive and practically oriented. More important, however, is their relevance: Program and regular school staff frequently noted that the teaching of parenting skills is a major responsibility of special programs. Program directors regard these courses as the most important aspect of their programs. This feeling was reflected in the commitment of time and resources. As noted above, a substantial amount of class time is devoted to "relevant" courses. These courses are also better equipped than any others.

Attendance in special programs is generally poor, with the worst attendance problems in inclusive curriculum programs. In one program, as many as 50 percent of the enrollees might not come on a given day; however, some of them are out for delivery or are receiving postdelivery homebound instruction. Most program directors believe that poor attendance in their programs is simply a carryover of earlier attendance problems, not a situation unique to pregnancy. Some support for this view can be found in the variation in attendance patterns across programs. Programs that tend to attract good students have better aggregate attendance figures than do programs that attract more remedial students. This explanation squares with the better attendance patterns in supplementary curriculum programs: More academically motivated students tend to stay in school, while poor students with poor attendance are more

[32]Several program directors noted that the relative lack of emphasis on academic coursework is particularly helpful to nonacademically oriented enrollees who might drop out if this component were heavily stressed. As it is, they often stay in the program and benefit greatly from the relevant coursework provided.

likely to transfer. Programs with waiting lists also have better attendance; enrollees are warned they will not be continued in the program if they do not attend regularly. Program directors feel justified in instituting this policy since the place might go to a more motivated student.

A few programs use the "carrot" approach to improving attendance by providing door-to-door transportation to enrollees. Most program staff believe that this service is very useful in improving attendance.

Enrollee Characteristics. Special programs appeal to different types of students, depending on a range of program factors. In general, inclusive curriculum programs appeal to those less academically oriented. These students attach lower value to the academic offerings of regular programs and are motivated by the parenting-related coursework, the reduced competitiveness, the friendlier atmosphere, and the often shorter hours of inclusive curriculum programs. As discussed above, siting may influence enrollee decisions; programs located in minority areas tend to have predominantly minority enrollments. Efforts to integrate the student body in these programs are rarely successful. In more than one of these LEAs, nonminority students drop out of school rather than attend a program that has been labeled "minority."

Community and school attitudes about student pregnancy and parenthood may also influence students' transfer decisions. In one site we visited, the inclusive curriculum program enrollment is predominantly middle class and academically motivated. In this community, students do not feel free to remain in regular school during pregnancy. Family pressures and personal motivation rule out even temporary school withdrawal.

Overall, however, embarrassment about a pregnancy had less effect on enrollees' decisions concerning school programs than we expected. In the one LEA we visited where both a noncurricular and an inclusive curriculum program are available, students who chose to transfer to the inclusive curriculum program cited program features as the major reason; those who enrolled in the noncurricular program were attracted by the opportunity to stay with friends and continue their education uninterrupted.[33]

Enrollment in supplementary curriculum and noncurricular programs depends on a set of different factors. A primary factor is academic motivation. These programs allow enrollees to continue their normal educational progress while being exposed to "relevant" learning. They also provide a way to remain among friends. A second factor affecting enrollment in on-campus programs is program features. For example, one program we visited focuses on the postnatal period and provides parenting coursework tied to child care. Students often enroll in this program because they need child care; relevant coursework is a bonus.

A substantial percentage of eligible students do not enroll in an available special program. In the case of inclusive curriculum programs, distance and lack of transportation are often-cited reasons. Supplementary curriculum programs pose different, often more complex, barriers. These programs are established in regular schools only with the approval of the principal. Some principals are not willing to have the program in their building. Pregnant students and teenage mothers attending such schools do not receive program services, even though their districts "have a program." In other cases, principals are willing, but small numbers of eligible students may make program sites in each school very costly, particularly if child care is involved. The logistics involved in transporting enrollees from nonprogram schools to the school that houses the program can be complex and may result in a decrease in enrollment among those who would

[33]For further discussion of the factors pregnant students and teenage mothers consider in making program decisions, see Zellman, 1981, Chap. 5.

be transported. For example, in one LEA the supplementary curriculum program is located in one of the two district high schools. Students from the other high school bring their babies to the child care center in the program high school, then are bussed to their own high school for a morning of academic coursework. During lunch period they are bussed back to the program high school for parenting classes in the afternoon. No transportation is available to junior high school students; in order to participate in the program, junior high level enrollees must attend a special secondary alternative school with "problem" students in the morning. These complex arrangements decrease participation among those from nonprogram schools; strong intramural competition between the two high schools further reduces enrollment from the nonprogram high school.

Overall, estimates of the percentage of those eligible who attend any special program range from 20 to 90 percent.[34] Program philosophy may strongly influence this figure. Some programs have chosen to provide intensive services to a small number: These programs often have waiting lists and may serve a low percentage of the eligible population. Other programs, such as supplementary curriculum programs oriented to parenting and child care, may serve low percentages of eligible teenagers because students may not need (or think they need) the services they provide. A few noncurricular programs have taken as their goal the provision of services to the universe of those eligible. These programs tend to have the most flexible features (i.e., counseling and referral) so that indeed almost anyone might find some assistance.

PROGRAM OUTCOMES

Special programs can succeed or fail in a number of different ways. Programs may directly affect enrollees by promoting school continuation and graduation, reducing the likelihood of subsequent teenage pregnancies, increasing self-esteem, and promoting career ambitions. These effects may be long-term or short-term. Special programs may also have system effects. Program staff may be effective or not in increasing awareness and concern for the long-term needs of parenting students among LEA administrators and staff and members of the larger community.

Finally, programs may be successful or not in engendering their own stability. This stability may be achieved by securing a dependable outside funding source or by gaining sufficient support from LEA administrators that the program is accorded a secure status in the district.

Effects on Enrollees

All the programs we visited, regardless of how long a student might be enrolled, hope to have long-term effects on enrollees. Program staff typically cited school completion and delay of subsequent adolescent pregnancies as long-term program goals; a few also cited absence of child abuse and pursuit of postsecondary education as desired long-term outcomes. Shorter-term objectives were generally less clearly defined. School continuation was seen as necessary to school completion, but other long-term goals often were not translated into shorter-term objectives.

[34] These figures can be only rough estimates because no data were available in any district on the number of student pregnancies, or the number carried to term. Most LEA administrators noted how difficult it would be to collect accurate figures, given that many students drop out without giving pregnancy as a reason; followup on dropouts is expensive, as discussed above.

Program staff everywhere reported motivation to conduct comprehensive program evaluations, but said they did not do so for lack of funds. No program staff felt the program could afford to divert its own already limited funds from direct service to evaluation, no matter how important in the long run such assessment might be. As a result, evaluation data are often limited to "count" data required by each funding source. Outcome data are often not available, and when available, are of limited value, based as they often are on the informal impressions of the project director and the reports of those students who chose to return to the program, either to display their successes or seek succor in their failures.[35]

Comparability to Regular Program

No program has attempted or even considered evaluation in terms of the requirements of Title IX.[36] In the case of the noninclusive programs, enrollees attend regular classes, so these issues are not of concern to special program staff.

In the inclusive curriculum programs, staff often acknowledge that the instructional program is not comparable, but believe such concerns are misplaced. Relevant learning during pregnancy, smaller pupil/teacher ratios, and a supportive environment make the program *as a whole* good for pregnant students, and that is what matters. A foreign language or science class not available in the program could be made up after return to regular school, but nothing could replace lost opportunities for child development coursework and psychological support.

The fact remains, however, that the academic component of the inclusive curriculum programs is in many ways inferior to the regular school curriculum. Few programs provide physical education of any sort, and those that do limit it to prenatal exercise. Science lab courses do not exist. Music and art are rarely provided, and when they are they tend to be presented in highly applied form, e.g., crafts for the home. Foreign language courses are not offered, and vocational education is limited in most cases to shorthand and typing.

Some of these weaknesses are inherent in inclusive curriculum programs. Their typically small enrollment makes it impossible to provide a full high school (as well as junior high) curriculum. Their physical isolation precludes enrollment in nonprogram courses, except when the program is housed with an adult education or other program. Furthermore, their focus on relevant learning may limit the time available for a full range of courses. Basic courses in English, math, and social studies may be all the regular coursework there is time for, particularly if the program has shorter hours than regular school.

Given these constraints, strict comparability may not be desirable or even possible. Still, some efforts could be made to improve and enrich the instructional components of inclusive curriculum programs. We found a number of policies and practices that impede comparability. For example, textbook orders from the inclusive curriculum program tend to be given a low priority. As a result, the program often receives its texts late. Program staffing policies in a few districts were designed to meet district rather than program needs. Program directors in these districts have a limited voice or no voice at all in who teaches the program—a major weakness.

More typical, however, is a lack of concern about comparability or enrichment of the academic component of the inclusive curriculum program. Neither administrators nor special program staff press for music or art teachers, or a real physical education program. Special

[35]See Zellman, 1981, for further discussion of special program evaluation.

[36]Title IX specifies that if a separate program for pregnant students and teenage mothers exists, the district "shall ensure that the instructional program in the separate program is comparable to that offered to nonpregnant students."

program staff tend to concentrate their efforts on getting cribs, toys, exercise mats, and other "relevant" items. Administrators see the program as rich in terms of support and relevant coursework; many believe it is too costly already and are therefore unwilling to upgrade services.

Enrichment would be facilitated if comparability were more generally recognized as both a desirable and necessary goal. Increased awareness of the implications of Title IX for programs serving pregnant students and teenage mothers would be a first step in creating a climate more hospitable to these concerns. Explicit delegation of responsibility for monitoring programs in terms of these concerns would help to point out areas where improvement is needed.[37]

Comparison of Program Types. In the absence of outcome evaluations from most programs, we obviously cannot offer a conclusive discussion of the relative strengths and weaknesses of the programs we visited, in terms of enrollee effects. However, our observations illuminated a range of strengths and weaknesses in these programs that were consistent across sites, suggesting that underlying program models themselves influence program effectiveness, quite aside from variations in local program implementation. These strengths and weaknesses are discussed below.

Inclusive curriculum programs are generally effective in providing what they intend to provide—a warm, caring, sheltered environment in which students may feel free to discuss their problems and concerns. Their location away from regular school allows those who are embarrassed or harassed a chance to escape without dropping out of school. They also appear to do a good job in providing and teaching "relevant" materials; coursework in nutrition, prenatal development, and parenting are the strengths of these programs.

Their underlying "pregnancy as trauma" model contributes to many of the weaknesses of these programs as well as their strengths. Probably their major weakness is their time-limited perspective. Program staff do not work with regular school staff in detecting pregnancies so that prenatal care can be begun early, in spite of shared beliefs that early and continuing care is a program goal. More obviously, the strict time limitations on program attendance after delivery in most inclusive curriculum programs means that enrollees must make the transition back into the rough-and-tumble of regular school at a time when the demands of parenthood and the transition to parent status may be taking a severe toll on their capacity to function effectively. The early transfer back to school is made all the more difficult by lack of any direct followup by program staff or significant efforts to engage regular school staff in monitoring school return and supporting school continuation. As a result, new mothers may be thrust back into the often indifferent or hostile environment they sought to avoid by transfer to the inclusive curriculum program at a time when their needs may be greater than ever.

Another weakness of most of the inclusive curriculum programs we visited is the academic coursework, as discussed above. Program offerings are severely limited everywhere, and both program and regular school staff often view the academic curriculum as a maintenance effort. Such a focus might be appropriate for many, but our sense was that these programs are often so maintenance-oriented that even when it is inappropriate for certain individuals, little or no accommodation could be made. Some have argued that academics in such a program are appropriately secondary to relevant learning, and enrollees generally spend less than a year in the program. Program staff also argue that the lower student-to-staff ratio compensates for fewer hours devoted to academic subjects and for other academic program deficiencies.

[37]By law, each LEA must have a TIX coordinator. This person is technically responsible for such monitoring. However, TIX coordinators spent most of their time on other better known facets of TIX (and most devote only part-time to TIX) Some were not aware of the implications of TIX for pregnancy and especially for pregnancy programs.

Nevertheless, the academic quality of programs is of much concern to referring staff and potential enrollees. As the embarrassment of pregnancy decreases among many teenagers, potential enrollees are less willing than in the past to sacrifice academic quality for the advantages that inclusive curriculum programs offer.

Noninclusive programs have a number of advantages and disadvantages, some of which are the mirror image of the strengths and weaknesses of the inclusive curriculum program model. A primary strength is that no transfer is required; students cannot get lost in transferring out or back, which is assumed to happen commonly. However, this does not necessarily mean that students do not get lost to the system. Supplementary curriculum program staff appear no better at engaging regular school staff in monitoring efforts than staff of inclusive curriculum programs, though their on-campus location may make it easier for program staff themselves to keep track.[38] Noninclusive program models, which stress postnatal adjustment, motivate staff followup and concern. Often, young mothers may remain in or use program services (e.g., counseling, child care) well past the immediate postnatal period, which facilitates school continuation in many cases.

A major disadvantage of most noninclusive programs is that enrollees must remain in regular school.[39] If a student is embarrassed about her pregnancy or is the target of cruel jokes, she cannot escape into a protective environment. Junior high students may have to be transported to another site or attend a continuation school in order to receive supplementary curriculum program services, because the low incidence of pregnancies in junior highs does not justify on-campus services. There are other problems as well. A disadvantage in one program has to do with the linking of other program services with child care. If for any reason a student obtains child care help outside the program, she is not eligible for parenting classes or other program services. The reason makes some sense—parenting classes include a lab component where parents work with their children—but the result is that the program serves less than 25 percent of those eligible. Since students generally prefer that their infants be cared for by a family member (Furstenberg, 1980), the program has limited its usefulness to those lacking family support or resources.

System Effects

Few of the programs in our sample have attempted to promote broader district concern for pregnant and parenting students. Program directors cited a number of reasons for not making these efforts, including a felt need to maintain a low profile, the press of direct service needs, limited funds, and the low probability of success they would encounter. Although special program staff could act as advocates for pregnant and parenting students, this opportunity is rarely seized.

Ironically, the mere existence of the special program appeared to preclude a broader system response in several LEAs. Because regular staff and administrators in these districts view the special program as a sufficient LEA response to student pregnancy and parenthood, they have little inclination to do more.

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[38] In some cases, supplementary curriculum and noncurricular program staff have poor relations with regular school staff because of professional jealousies. See Zellman, 1981, for further discussion of this point.

[39] One noncurricular program we visited serves dropouts. Program staff have been successful in reenrolling several in school.

Long-Term Stability

Given the many constraints it faces, an LEA's initiation of a special program represents a significant commitment. Program continuation is expected; in only a few districts did the superintendent set conditions (such as total outside funding) for the program's longer-term existence.[40]

In our sample, the future appears secure for almost every program, though some of them will probably have to engage in a continuing fight for funds or undergo significant changes in operations, such as a change of sponsor or a reduction in services.

Some patterns emerged in examining the relationship between prospects for long-term stability and initial motivations to establish the program. Programs that were initiated in response to institutional needs to legally exclude pregnant students seem most secure; while LEA administrators have done little to improve program quality or services, they are clearly committed to the program's long-term survival. Those programs initiated in response to recognized client needs are less secure. However, it was programs in this latter group that were most likely to receive strong and continuing superintendent support. Such support is always valuable, and may mean the difference between survival and extinction during a fiscal crisis. Two programs in our sample were experiencing such fiscal crises because of withdrawal of outside funds. In one case, material and moral support from the superintendent helped the program survive through a difficult period and secure stable state funding. A second program, lacking such support, faces an uncertain future.

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[40]However, it costs more to educate special program than regular students, as discussed above. Most programs in our sample receive substantial outside funds, often entitlement funds, that contribute to an apparently secure financial base for the program. If outside funds were to decrease or disappear, however, cost would pose a genuine constraint on program continuation.

Chapter 3

MODELS FOR SUCCESSFUL PROGRAMS

An important component of this study concerned the definition, identification, and documentation of exemplary programs. Initially, we intended to locate LEAs in which the dropout rate among pregnant students is lower than would be expected given student characteristics, general (nonpregnant) dropout rates, and other background variables. This strategy proved unworkable, however, because no LEA or special program we contacted could furnish data on pregnancy-precipitated dropout rates. Respondents said a number of factors make collection of valid data impossible, including failure of LEAs to follow up over-age dropouts, unwillingness of students to give pregnancy as a reason for dropout, and lack of notation of pregnancy on school records to protect students' privacy.

We next elicited nominations of "exemplary" settings and programs from practitioners and others involved with teenage pregnancy and parenthood. The resulting list was dominated by large, full-day, inclusive curriculum programs located away from regular school campuses. Confining our visits only to programs of this type would have limited the usefulness of the "exemplary" portion of the study in two important ways: First, looking only at inclusive curriculum programs might have implied that this model is the only "good" approach. Second, we were concerned that in the absence of outcome data, nominators might be overweighting program inputs in making "exemplary" nominations.

Given the unavailability of outcome data and the potential biases of nominators, we decided to alter our approach, moving away from selection based on outcome criteria to selection on the basis of program model and a set of process criteria. While such an approach meant that we could not select our "exemplary" sites using generally accepted procedures for investigating program effectiveness, such an approach would allow us to highlight program models that some LEAs may not be aware of or consider when deciding how or whether to establish a formal program for serving pregnant and parenting students.[1]

THE NOMINATION PROCESS

We adopted a two-step nomination process. First, we compiled a list of programs that provide services to pregnant students and teenage mothers based on models other than inclusive curriculum models. From this list we selected several approaches that were not already represented among our eight fieldwork sites.[2] From among this group we selected two programs

[1]See Zellman (1981) for further discussion of exemplary program selection.

[2]Six of the eight programs we visited during the fieldwork phase were inclusive curriculum programs. In the other two fieldwork districts, and in the eleventh (additional) district we visited, noninclusive programs were operating. Consistent with our desire to learn as much as possible from our sample, we selected for visits during the "exemplary" phase noninclusive programs based on models not represented in the fieldwork sample. (One of these districts ran both the noninclusive program and an inclusive curriculum program. We visited both.) Once the exemplary programs were chosen, we went back and applied the process criteria used to select them to the noninclusive programs visited earlier. One program met several of these criteria and is included in the discussion of exemplary program models in this chapter.

that came closest to meeting a set of exemplary process criteria that we developed over the course of the project.

These criteria were:

- Percentage of eligible students served;
- Level of coordination with other community agencies involved in serving this population;
- Quality of resources available to the program;
- Level of district and community support, and
- Extent and quality of services provided.

In determining how well a nominated program met our process criteria, we validated its status on each criterion to the extent possible. For example, we compared live birth rates to teenagers with program enrollment as a means of assessing the validity of reports concerning the percentage of eligible students served; we contacted other community agencies to ask them about the extent to which they were involved in the program.

This lengthy procedure allowed us to select, for "exemplary" site visits, two programs that appeared to meet our process criteria. A third model visited during the earlier fieldwork phase is included as exemplary in this discussion because it met several exemplary process criteria and has significant potential, though it was poorly implemented.

The discussion in the next section briefly describes our three "exemplary" models; it then describes the programs as they operate in their respective sites.

EXEMPLARY PROGRAM MODELS

Program K is based on a noncurricular model. Each enrollee attends regular school and is assigned to a program counselor, who renders tutoring and counseling services and is responsible for establishing linkages to those community services needed by each young mother in her caseload.

The rationale behind Program K is that both pregnancy and parenthood can threaten a young mother's school completion and personal development. Young mothers are seen as having a range of special needs that must be addressed on a continuing basis in order to facilitate school continuation and graduation.

The Program K model assumes two major program objectives: (1) school continuation and graduation, and (2) establishment of a community service network for program enrollees. For a high school senior, participation might be limited to a period of several months; for a 7th grader, program involvement would likely last five years. It is significant that program involvement may continue until high school graduation even if the student drops out of school for a period of time.

Program L is prevention oriented and noncurricular. It locates primary medical care clinics in high schools in order to achieve two major objectives: (1) to provide prenatal care to students who may not seek out care in other community-based clinics, and (2) to reduce the rate of pregnancy through counseling and provision of birth control information and devices. The clinics also provide health maintenance services to all students, and provide pediatric and child care services to the children of students.

The rationale underlying Program L is that teenagers need health and related services, but may find access to them difficult when they are located in the community instead of the school.

[3]Identifying letters correspond to those in Tables 2, 3, and 4.

Teenage parents in particular need prenatal care and a range of support services in order to continue in school.

Enrollees in Program L attend regular school and receive prenatal care, counseling, birth control information and devices, pediatric and child care for their children, general medical services, and health education on both a drop-in and appointment basis.

Program J operates on a noncurricular model. Enrollees attend regular school and receive counseling from a program social worker about once a week during school hours. A team of concerned faculty members at each participating school identifies and refers pregnant students to the program social workers and counsels them at times when the social workers are not available.

Counseling done by the social workers includes supportive therapy, provision of information, referrals, help with decisionmaking, and assistance in resolving problems that threaten school attendance. Most work is done on an individual counseling basis. Help is available throughout pregnancy and continues to be available until a student completes (or leaves) the participating high school.

Exemplary Program Descriptions

Program K. Program K is a regional program serving six school districts.[4] The program grew out of the concerns of the LEA coordinator of home teaching, who noted that the schools displayed little sensitivity to the multiple needs of pregnant students and teenage mothers. As a result, many students dropped out when they became pregnant, and nearly all who remained enrolled through pregnancy left school by six weeks after delivery, when home teaching eligibility was terminated. She took her concerns to the superintendent, who supported her in her efforts to establish an LEA-funded pilot program. This program served nine 9th grade students who had been on homebound instruction. Program services included tutoring and counseling and establishment of linkages to a range of community services.

The pilot program convinced the coordinator of home teaching that the major needs of parenting students were counseling and outreach; academic needs could be met effectively enough through regular school attendance and time-limited homebound instruction. In her view, school dropout occurred because young parents could not cope with school demands when they had many unmet needs such as child care, housing, and social support. If these needs could be addressed, regular school attendance would be both possible and appropriate. At the end of the pilot program the coordinator of home teaching met again with the superintendent, who supported her in her conclusions and in the writing of a proposal for external funds. The proposal was funded.

Program counselors generally receive referrals from school personnel or from a worker in one of the many community agencies that compose the project's network. An intake interview is arranged and is usually conducted in the enrollee's home with her parents' participation. The intake interview focuses on needs assessment, with the potential enrollee playing an integral role. Once she agrees to participate, the counselor acts as the advocate for her and her family and as the liaison person for all service needs.

During the intake interview, a pregnancy plan is discussed, including educational, health, and social implications and options. Students who choose abortion or adoption are referred for

[4]Some program details have been altered to maintain anonymity, which was promised participating sites. However, no changes have been made in the description of the basic program model or its implementation.

these services. Those who leave the community to deliver may return for post-adoption counseling and educational assessment; those who remain in the community may use program services on a continuing basis.

The program operates out of a portable building annexed to a high school. Each participating high school also provides a counseling space for program staff. Program counselors visit junior highs on request and use assigned space as the need arises. Most counseling occurs in enrollees' homes, however.

Program K staff work cooperatively with school counselors and out-of-school educational personnel in developing assessments and considering options such as adult education, regular school, homebound instruction, and tutoring. Enrollees receive needed health services according to a plan supervised and coordinated by the Program K counselor. Program volunteers with appropriate professional backgrounds directly provide health counseling, Lamaze instruction, and postnatal instruction. Counseling sessions with prospective fathers and grandparents are conducted when appropriate.

Program staff have developed a profile of community agencies that provide services to young mothers. Needs for housing, financial assistance, and day care are addressed through counselor coordination with these agencies. Enrollees are seen by their program counselor at least once monthly during their enrollment in the program. The staff includes a director and three counselors. At the time of our visit, there was an active caseload of 80. According to the director, the program serves more than 80 percent of those eligible.

Outcomes. An evaluation conducted by outside investigators to fulfill the requirements of outside funding sources suggests that the program is doing well. Fully 83 percent of active participants made progress toward or completed their secondary education during the evaluation period, and 100 percent of the agencies offering relevant services knew of the program. Less formal assessments point to program success as well. The director of pupil personnel services observed that pregnancy-precipitated dropouts are less common since the program has been operating. A high school counselor believes the program has directly helped enrollees a great deal, largely because of the director's dedication, program outreach, and the active referral system.

This program model is strong for several reasons. First, the program makes a commitment to the pregnant young person that continues until she finishes high school, regardless of her pregnancy resolution decision or whether she drops out of school at any point. Thus, the program is available to *all* pregnant and parenting students and may help dropouts to return. Second, program counselors feel responsible for arranging *any* needed service. The fact that available community services are used as much as possible allows the program to accomplish a great deal with few staff members. Third, enrollees need not transfer out to the program and back in to regular school after delivery. Respondents in many sites noted that students often "fall through the cracks" in the transfer process, particularly after delivery and during term breaks

Program L. Program L is a system of primary care health clinics located in high schools in a moderate-sized city. The program is a joint effort between the schools and a local medical center to provide prenatal care to students who were not receiving it, and to reduce a high pregnancy rate. As a medical facility, the clinics emphasize health care, but have a strong preventive and counseling focus.

The in-school clinic idea was appealing to the LEA superintendent on several grounds. The clinics would provide medical, social, and child care services on campus, thereby supporting school completion for pregnant students and teenage mothers, as well as providing health maintenance services for all students at no cost or responsibility to the LEA. The medical center

was successful in assembling a package of funding sources for the project, including Title V, Maternal and Infant Care, Title XIX, and state funds.

Each clinic is staffed by a family planning nurse practitioner, who serves as the site director, and a social worker, both of whom are present whenever the clinic is open. A range of other health professionals, such as an ob/gyn, pediatrician, nutritionist, and internist have a regular clinic time each week. Students may use the clinic on a drop-in basis, though in response to teacher complaints, clinic staff encourage appointments to minimize time away from class.

Pregnant students receive full prenatal care, including gynecological exams, coursework in prenatal development, and a life skills/counseling group. A mothers' group is available on an ongoing basis. Child care and health care for babies is also provided. Clinic staff stress preventive services, particularly (off campus) dispensing of contraceptives.[5] Staff are sensitive to the many factors that may diminish contraceptive acceptance and compliance, and try to establish an individualized system for monitoring each student. Their in-school location facilitates such monitoring, which may occur as often as every day. Staff may also suggest contraceptive devices more consistent with irregular adolescent sexual behavior, such as diaphragms and condoms, although such devices are generally seen by medical practitioners as less effective.

According to the director of one of the clinic sites, the clinics serve 80 to 90 percent of known term pregnancies.

Outcomes. Program I has collected a large amount of outcome data. However, because of the program's medical orientation, most data focus on medical rather than educational outcomes. The findings of evaluation studies indicate that, on a range of measures, the in-school clinics produce better results than adolescent clinics located elsewhere in the same community. For example:

- A higher percentage of students attending the in-school clinic began prenatal care in the first trimester.
- Pregnant patients using the in-school clinic averaged more antenatal visits.
- Rates of anemia, toxemia, and urinary tract infections were lower

Clinic staff attribute the superiority of the in-school clinics to the greater accessibility of the school location, and the fact that follow up and monitoring are facilitated by having patients in the building.

Fertility rates have also decreased substantially in clinic schools, because of both a reduction in conceptions and an increase in abortions. Staff report that subsequent deliveries among clinic users are rare. Unfortunately, no firm figures are available on school completion, though clinic staff estimate a rate greater than 85 percent.

This program model is strong because it serves all students on campus, avoiding problems of transfer and isolation. Students who choose to abort a pregnancy are as welcome as those who carry to term. A particular strength of this model is its preventive focus; most other programs we visited and learned of concentrate on those who are already pregnant. However, its strengths may be seen as drawbacks to many who contend that medical services, and contraceptive counseling in particular, are not appropriate school functions.

Program J. Program J is a noncurricular program that provides services to approximately

[5]The superintendent made it a condition of clinic approval that contraceptives were not to be dispensed on school campuses. Clinic staff conduct the exam, counsel about methods, and monitor compliance. Contraceptives are available at a clinic very close to each in-school clinic site.

40 parenting and 40 nonparenting students in six of the district's high schools. Its focus is on counseling and prevention of subsequent teenage pregnancies among its pregnant clientele.

The impetus for Program J came from the directors of home economics and social work. Passage of a state law barring exclusion of pregnant students led to attempts by some principals to transfer pregnant students to other districts. The two directors believed that some positive programmatic response to student pregnancy should be undertaken. They approached the superintendent about conducting a needs assessment. Not entirely supportive, he allowed a needs assessment but did not allow them to speak to students. Through a network of school site counselors and other teachers, 90 pregnant students were found to be enrolled in the district in one school year. This figure, which was assumed to represent less than half of term pregnancies, supported the need for a program.

Discussions with the superintendent, however, made it clear that the LEA was not willing to pay for a special program. The two women thereupon sought and received funding from a local agency that funds programs for children.

The program has two components: counseling provided by social workers, who visit each participating high school one day a week, and a team of concerned faculty members at each participating school who identify and refer pregnant students and counsel at times when the social worker is not available. Social workers provide individual supportive therapy, information, referrals, help with decisionmaking, and assistance in resolving problems that threaten school attendance. Faculty teams comprise concerned teachers from all disciplines. A series of training sessions conducted by project social workers are provided them each fall, and they are encouraged to meet regularly to compare experiences and provide mutual support.

Outcomes. No formal evaluation of any kind has been made of Program J. The Supervisor of School Social Workers affirms that the program has been highly successful; the incidence of subsequent pregnancies has declined, and more parenting students finish high school.

The particular strength of this program model is that it actively involves regular school staff, who receive training in pregnancy detection and counseling. It serves students at the school site, and receives referrals from faculty team members, who, because of their interest and training, are aware of pregnancy and likely to detect it early.

STRENGTHS AND WEAKNESSES OF PROGRAMS K, L, AND J

Continuity

A major strength of all three program models described above is their commitment to providing continuing services to pregnant students and teenage mothers through motherhood to graduation. Program K is particularly strong in this respect because it is available to parents and parents-to-be at any grade level and stays with them even if they drop out of school. Most program heads reported that in recent years more junior high school age students have needed program services. Many inclusive curriculum programs serve young enrollees, though often no special arrangements are made to accommodate them. Because they are often located within high schools, noninclusive programs frequently are not able to serve younger students. Program K is able to do so. All three programs provide services that are not contingent on a pregnancy resolution decision, Program K explicitly offers post-abortion and post-adoption counseling, while Programs L and J are open to any student of a participating high school.

Program K's attempts to acquaint enrollees with community service agencies and what

they can offer help to foster independence from the program, at the same time that the program meets immediate needs in making these referrals. This orientation toward "life after high school" is missing from nearly every other program we visited. Said one program head, "I think getting girls through high school is very important, but then they're *completely* on their own. Post high school support systems are critical and lacking."

Percentage Served

Although no program could provide a confident figure about the percentage of eligible individuals served, Program K seemed to be serving a high percentage. Several factors contribute to its success in this regard: (1) Program staff have excellent relations with many agencies that work in relevant areas. These agencies often refer potential enrollees. (2) Staff make active efforts to locate dropouts. (3) Staff are very willing to go to enrollees' homes to provide services. Said the Program K director, "Outreach is critical. Many girls will not seek assistance, no matter how badly they may need it. Programs that depend on girls coming to them are missing a lot (of potential enrollees)."

Estimates of the percentage of pregnant teenagers served by Program L varied enormously. A major factor is that the Program L LEA has an inclusive curriculum program as well as the clinic program. While a choice of programs is desirable for potential enrollees, many school staff view the programs as competing for enrollees; they may bias their enrollment estimates according to their loyalties.

Many programs lose potential enrollees because they depend on regular school staff to identify pregnant students and follow up dropouts. Special program staff could do more to engage their cooperation and support.[6] The Program J model is exemplary in this regard for identifying and "deputizing" regular program teachers to serve as scouts, referral sources, and back-up counselors.

Agency Involvement

The involvement of community agencies in special programs is advantageous for many reasons. Their help is critical for programs that provide few direct services. For those that provide many services, community agencies may furnish staff, equipment, or consultation. For all programs, agency staff may serve as an important referral source and a source of support for the program in the community. In programs with active community agency support, enrollees have an opportunity to become acquainted with community resources they may need and use long after they leave a special program. Some programs consciously facilitate enrollee knowledge of community agencies by arranging field trips or bringing in agency speakers. Directors of many programs try to introduce enrollees to at least one person in each agency so that they will have a name and a contact should they need services in the future.

Program K owes its great success in engaging the active support of community agencies to several factors. First, program staff are highly committed to this approach. They believe that duplicating available community services is both costly and unnecessary. They also believe that active community involvement in service delivery contributes to a more supportive com-

[6] In one LEA, not a single mother transferred to an on-campus supplementary curriculum parenting program from an off-campus inclusive curriculum pregnancy program. Parenting program staff did not know why, but their failure to recruit or even visit the pregnancy program certainly was a factor.

munity environment for young parents. Second, the high priority of agency involvement has been institutionalized in the creation of a Community Coordination Specialist position in the program. This person's job is to establish and maintain good working relationships between the program and relevant community agencies. Third, the commitment of staff is enormous. Each counselor is committed to overseeing the total care package for an individual enrollee. Counselors typically give enrollees in their caseloads their home phone numbers and it is not unusual for a counselor to rush to the delivery room in the middle of the night.

Exportability

Program J's model of in-school counseling is highly exportable to other sites, particularly rural sites where distances preclude the possibility of an inclusive curriculum program. Similarly, the model for Program L may be transportable, since a critical mass of *pregnant* students is not necessary to make an in-school clinic successful. The Program K model is also exportable, since staff can be hired in proportion to the number of pregnant students and teenage mothers.

PROGRAM MODEL IMPLEMENTATION

A good program model may be necessary but certainly not sufficient to ensure a good program. How well a program actually works depends on how well the program model is translated into practice. In the course of our visits to our "model" programs, we identified three factors that appeared most important to successful implementation.

Staff

Staff qualifications and enthusiasm are of primary importance. Many respondents noted that the commitment and enthusiasm of the director in particular is critical. The dedicated directors we learned about felt a strong personal as well as professional commitment to the program. Often, they had long years of experience in the LEA and had earned respect that helped them keep the program running. Sometimes they were young, and saw the program as an opportunity to do something different and help students in need. The program gave a few of them a new professional status as principal or director.

In the limited sample of programs we visited, an early and instrumental involvement in the program's development were associated with director enthusiasm. For staff, some sense of ownership appeared critical.[7] In one of the more poorly implemented projects, Program J, staff turnover was high at all levels. New social workers did not feel the personal commitment to the project that their predecessors had felt. Social workers did not take responsibility for the total care package for an individual; often, referrals to outside agencies were made but not followed up. One problem was that program social workers were now supervised by the coordinator of social workers for the LEA, who had 33 other social workers under him; the special program coordinator position had been eliminated in an effort to save funds. The

[7]Studies of program implementation underline the importance of staff and director enthusiasm, which often stem from perceived ownership of the program (Greenwood, Mann, and McLaughlin, 1975). A number of the program directors we interviewed were approaching retirement and were concerned about finding enthusiastic replacements. How serious a problem this will be is unclear. However, we did encounter two "second generation" program directors. Both appeared enthusiastic and committed.

program staff thereupon lost their "special" status, from which enthusiasm often flows. A second factor was that they were hired by the social worker director; he may not have looked for the "self-starter" qualities their predecessors had possessed. They are now merely two more school social workers who seemed to take on the more limited responsibilities typical of regular school social workers rather than the broader responsibilities often found among "special" program staff, such as those in Program K. Faculty team members had stopped meeting, thinking it pointless to devise plans and strategies since each new set of social workers seemed to want something different. Lack of any financial incentive to meet may have quickened the demise of the faculty teams, but instability of program leadership was the key.

In Programs K and L, staff and director enthusiasm were high. Program K is run by its initiator, a woman who feels a strong commitment to helping pregnant students and teenage mothers. After long service in a small district, she has the superintendent's ear and his continuing support for the program. Program L is run by site directors in each clinic who report to supervisors at the medical center. These directors are young and were recruited especially for the job. Both see their job as a unique way to deliver services to teenagers who might otherwise not receive them. Clinic staff see their school location as a way to reduce the compliance and followup problems common among teenage patients. Each clinic operates with little direct supervision, so that clinic staff set their own policies and solve site problems together. Staff receive strong support from medical center personnel, and support from the superintendent as well.[8]

Coordination with Regular School Staff

Pregnancy and parenthood, while clearly major events in a young person's life, are only two of several roles that a parenting teenager must fill. School and social roles are also important. Special programs, whether they cloister enrollees for a brief period or serve them while they attend regular school, must coordinate with regular school staff to promote successful multiple role integration. For inclusive curriculum programs, coordination must center on facilitating transfer in and out of the program. For noninclusive programs, coordination needs to be ongoing, with concern for the integration of the roles of parent-to-be, parent, student, and teenager.

Few programs we visited have been successful in establishing or maintaining coordination between their own and regular school staff. Many attempt some coordination, but these attempts are frequently superficial and often ignored. Typical were the efforts of one inclusive curriculum program. Program staff had prepared a brochure which they regularly distributed to school counselors as well as staff members of community agencies and private doctors. The brochure presents the program model, describes referral and enrollment procedures, and includes the program's phone number, which counselors readily call when a pregnant student is identified. However, this is the extent of the coordination. Counselors rarely visit the program and may or may not read the brochure. Few attempts have been made by program or regular school staff or by LEA administrators to arrange joint staff meetings or training, to smooth transfers, or to facilitate regular school adjustment after delivery.

We assumed that programs located in regular schools would be more successful in working with regular school staff because they shared the same building, principal, and lunchroom.

[8]The directors of Programs L and J noted that stable, committed staff may suffer burnout. Formal inservice training as well as informal sharing of problems helps to reduce this problem.

More often than not, this was not the case.[9] Supplementary curriculum programs are often viewed with some hostility by regular program staff, particularly health and home economics teachers and nurses, because of felt threats to their jobs or "turf." Overtures by special program staff were often viewed as takeover attempts. One supplementary curriculum supervisor had cautioned staff to maintain a low profile, so little coordination was attempted. In another, staff concerned about maintaining their image to students as "nonschool" made only cautious and limited attempts to coordinate, and these were often initiated only after problems emerged.

Failure to establish close working relationships has much to do with the attitudes of regular school staff, who often do not want to deal with student pregnancy and parenthood, either because they do not regard it as an appropriate school function, or because they feel overburdened. Staff in this latter group are pleased that the program exists and are happy to refer, but want no further involvement.[10]

Coordination might have been improved in many cases if district higher-ups had stressed its importance and acted as facilitators. This occurred in only one site, and the attempt was minimal. In this case, the inclusive curriculum program was designated a school, and its supervision transferred from the director of special education to the director of secondary education. It was believed that the program's academic curriculum would be strengthened and more related to regular high schools in this way.

Coordination is more likely if the special program sees coordination as a central program function. Program K staff believe such coordination is critical to success. Coordination between Program K and regular school staff is the closest and most productive we saw in any site. Many programs fail to develop that degree of coordination because the program model stresses intensive, short-term, direct services. Given that model, coordination seems an ancillary function for which limited staff cannot be spared except for brief periods. In other cases, special program directors fear that they will engender more hostility than good will by contacting regular school staff. Typical was the response of the director of one supplementary curriculum program. "Right now, the less visible (the program) is, the better off we are. As the program gets more established, we hope that the good results we produce may win us more friends (among regular school staff)."

Administrative Support

In the sites we visited, the extent of support for the program at the top levels of LEA administration influenced the program's implementation and effectiveness. In many sites, supportive superintendents allow program directors full discretion in the choice of staff members from within or without the district. These programs tend to have enthusiastic, dedicated staff.

In several sites, supportive superintendents were actively involved in program initiation. In the Program L site, the superintendent is enthusiastic about the program model, and meets frequently with high school principals to describe the program and encourage their participation. Although the principals were assured of their right to refuse the program access, principals of the two high schools the program most hoped to attract because of high pregnancy rates ultimately cooperated. Superintendent enthusiasm "undoubtedly played a role," according to the project director. In contrast, in the Program J site, lack of high level support limited the

[9]In one instance, the regular school nurse was unable to direct Rand site visitors to the office of the program nurse

[10]See Chap. 4 for a discussion of pregnancy and parenthood in regular schools

program's expansion to additional schools, although the project had sufficient resources to do so. As a result, the program diversified its clientele in the schools in which it already operated. At the time of our visit, only 50 percent of program participants were pregnant or parenting students. The others used program counselors to discuss family problems, including divorce, sexual abuse, and other teenage problems. While such problems are worthy of attention, the program seemed to have lost its focus at the same time that pregnant students and teenage mothers in nonparticipating schools were denied needed and potentially available services.

A few supportive principals have acted to assist special programs in their buildings. One principal paid for a part of a program staff member's salary out of building-level discretionary funds. Another meets regularly with program staff to discuss and anticipate problems. None, however, has acted to encourage coordination (or reduce hostility) between regular and special program staff.

CONCLUSIONS

Based on our visits to 12 programs, we cannot advocate a single program model that would be best for any given LEA. The success of a program depends significantly on how well it fits its environment. Community and school staff attitudes, level of resources available, geographic dispersion of students, and number of pregnancies, among other factors, have a bearing on the best program model and on its successful implementation. For example, in a very open and accepting community, a noninclusive program may be the model of choice, because most pregnant students will not be made to feel embarrassed to be in regular school. In a community where family ties are strong, a program that requires teenage mothers to bring their babies to the program's child care center in order to receive other services may serve few.

Inclusive curriculum programs in rural areas may not be able to attract sufficient numbers to sustain their operations, and will almost certainly fail to serve a substantial percentage of those eligible. Pregnant students, or any students for that matter, resist very long bus rides, and often program funds can be better spent bringing the program to potential enrollees. Similarly, when small numbers of pregnancies occur in the district as a whole, inclusive curriculum models may not be feasible, since a critical mass is not available to ensure the provision of needed services on site. The identification of the best model for a community should be made by community people actively considering a range of options.

Chapter 4

STUDENT PREGNANCY AND PARENTHOOD IN THE REGULAR SCHOOL CONTEXT

The manner in which regular school staff treat student pregnancy and parenthood is of major importance to the school careers of student parents, even when the district has established a special program to meet some of their needs. Special programs, particularly those located off-campus, rely on regular school staff for identification and referrals. In districts where the special program is time-limited or is located on campus, student parents attend regular school and may need help in maintaining attendance in the face of problems surrounding child care, parenting, and related issues. The question, then, is how willing are regular school staff to assume these responsibilities? To what extent has Title IX influenced policy and staff behavior towards these students? In this chapter we examine these questions.

SCHOOL SITE POLICIES

None of the 30 regular schools we visited has a comprehensive written policy concerning all phases of the treatment of pregnant students and teenage mothers.[1] If a policy exists at all, it is usually limited to issues such as excused absences, doctor's notes, and time out for delivery. In most cases, lack of an explicit policy reflects the absence of such a policy at the district level.

In the absence of formal policies, schools in our sample established fairly elaborate and remarkably similar procedures for dealing with pregnancies. A major feature of these policies is the widely shared belief that pregnant students should continue their schooling with as little interruption as possible, but school-site pregnancy policies and procedures may not further the goal of maintaining school attendance. No policy or set of procedures we encountered was self-consciously established to do so.

Informal policy at the school site can be characterized as follows.[2]

Detection

Little time and scanty resources are devoted to increasing regular school staff awareness of student pregnancy and parenthood. Principals' noninvolvement in nearly every school reflected and reinforced the views of many staff that student pregnancy and parenthood should be ignored if possible.

Referrals

A "contact" person, e.g., nurse, counselor, receives referrals from teachers, counselors, and other staff members when a pregnancy is suspected or revealed. These referrals are often

[1]This includes vocational high schools and all other schools that students in our sample might attend when not pregnant.

[2]See Zellman, 1981, for more detailed discussion of informal policies.

initiated in response to physical signs of pregnancy or in response to parent or student inquiries. As a result, most referrals are not made until well into the second trimester.

In most schools the person "in charge" is expected to take responsibility for calling the student in, discussing the pregnancy, and making appropriate referrals for needed services, including the special program. In a few schools we visited, the contact person is expected only to be available, with initiation of contact remaining the pregnant student's responsibility.

Counseling

When counseling occurs it is usually a brief process whose goal is often to encourage the pregnant student to enroll in a special program. If an inclusive curriculum program is available, motivation to encourage transfer is strong, because then the regular school need not be involved again until after delivery. If the special program is located on campus, enrollment motivation remains, because then special program staff will assume responsibility for counseling and services which regular program staff often feel unqualified or too pressed to provide.

School staff are very unwilling to become involved in pregnancy resolution decisions, which they regard as both personal and problematic. They are more willing to be involved in decisions about schooling; this is their area of expertise, and is free from the heavy emotional concomitants of pregnancy resolution decisions. Nearly all of the schooling decisions in which school staff participate concern *where* and how to attend during pregnancy, but not *whether*. Students ordinarily decide early in the pregnancy whether or not to drop out on their own or in conjunction with their parents, without involving the school. Those who decide to drop out often do so before the pregnancy becomes known, and may present a fictitious excuse for doing so.

For continuing students, school staff we interviewed are often actively involved in schooling decisions and willing to make a recommendation and push it hard. Said one school nurse, "I'll sell it (the inclusive curriculum program) or not, considering the girl's needs, level of achievement, etc." In many schools, there is also widespread reluctance to recommend to students that they remain in regular school, though usually, but not always, their right to do so is acknowledged. In almost every junior high we visited, pregnant students are expected to leave regular school as soon as possible, for their own benefit as well as for the benefit of other students. At the high school level, remaining in regular school may be treated as a more feasible option though counselors generally advise transfer to an inclusive curriculum program. Staying in regular school may be encouraged in cases where the student is motivated and the academic component of the inclusive curriculum program is considered weak.

Transfer

Once a student agrees to transfer to an inclusive curriculum program, regular school staff transfer all responsibility for the student to program staff. Although the student is not allowed to stay for more than a year in six of the seven inclusive curriculum programs we visited (and most stay for a shorter time) the regular school acts as though the student is leaving permanently. As with other types of transfer, all her records are send to the program and she is dropped from her counselor's caseload. As far as the official records are concerned, the student leaves the school. Whether she reenters is thus not that school's business. On the informal level, plans for regular school return are seldom discussed. Rarely does a regular school counselor suggest a student call or keep in touch while enrolled in the special program. The opportunity to build in an expectation of regular school return is simply not seized, the emphasis is on

transferring out, and the time frame of concern is the period of pregnancy. In the case of supplementary curriculum and noncurricular programs, counselors maintain the student in their caseload, but their involvement with pregnancy is limited to such matters as schedule changes necessary to accommodate a parenting or prenatal class.

Nontransfer

In general, the school's limited policies surrounding pregnancy-related activities come to an end at the point at which enrollment in the special program is recommended; few policies or procedures exist for working with a pregnant student who does not enroll in an inclusive curriculum program or who enrolls in a noninclusive program. This lack of policy reflects widespread convictions that pregnant students should not be on campus, that an available inclusive curriculum program can best meet their needs, and that refusal to enroll in it shows a student to be ungrateful and therefore undeserving of further assistance, or may indicate she does not need special attention. When a student has enrolled in a noninclusive program, it is assumed she is receiving sufficient help from program staff.[3]

Any extra help or support pregnant students get in most regular schools depends entirely on the willingness of individual staff members to offer it. There is no administrative pressure or even expectation that staff will do anything special for pregnant enrollees. Students report that the responses of individual teachers run the gamut. Without any policy, teachers may treat different students quite differently. Several respondents enrolled in one high school we visited reported that a particular counselor had gone out of her way to be helpful; other respondents in her caseload reported that she gave them no help at all. In general, students described staff as neutral, though a few instances of negative comments and unpleasant behavior were reported. The dominant feeling among school staff—that pregnancy is not a school problem—is not lost on students. Most expect little from school staff in the way of sympathy or support.

Post-Delivery

Generally, parents have more problems staying in school and keeping up with their nonparent peers than do pregnant students. Child care must be arranged, children fall ill and, if financial support is not provided by family members, a parent may be working to meet basic expenses. All of these problems are chronic.

Parenthood is a much less salient issue to school staff than pregnancy, however. One reason is that the physical invisibility of parenthood allows it to be ignored more easily. School staff often do not know that a student *is* a parent. A second reason is that many regular school staff believe that participation in a special program during pregnancy prepares students to return to regular school after delivery and successfully fulfill both student and parent roles without further assistance.[4]

Problem invisibility, lack of policy, and beliefs that student parents do not need assistance means that student parents can expect only limited help from the regular school in their efforts

[3]In this latter case, many of a pregnant student's needs probably are being met by the program. Regular school staff may still have a role to play, e.g., in helping a student to keep up her coursework, in modifying her schedule as needed, and in providing encouragement and support.

[4]This view often reflects a realistic assessment of the inclusive curriculum program and its goals. Intensive services during pregnancy, and little or no coordination with regular school staff, convey the message that the program has "solved" the problem.

to continue. Students who ask for help may get it, but the burden is clearly on the student to initiate contact. In many schools, the "policy" for student parents is to do nothing unless a student asks, and even if she does ask, support may not be forthcoming.

TITLE IX

By banning the exclusion of pregnant and parenting students, Title IX has had a direct and profound effect on the schools' response to student pregnancy and parenthood. As discussed in Chap. 1, Title IX has made student pregnancy and parenthood a school concern, whether or not schools or communities wish it to be so. In the districts we visited, Title IX has had only small and generally indirect effects. In only two of the 12 districts we visited did Title IX precipitate a major policy change—in one case, a reversal of the district's exclusionary policy, and in this as well as one other district, the establishment of a special program.[5] At the school site level, its effect has been minimal in all districts. A major reason is that respondents—if they were at all aware of the implications of Title IX for student pregnancy and parenthood—generally construed the mandate of Title IX very narrowly; in most cases, nonexclusion was seen as the only implication of Title IX in this area.

We asked counselors, principals, school board members, and school district administrators how Title IX has affected the treatment of teenage pregnancy in their districts and schools. With few exceptions, they replied that it has had no impact on pregnancy policy or procedures. In some cases, lack of impact was attributed to timing: Policies that conformed to Title IX had been implemented years before its passage. Usually, conformity to Title IX was perceived narrowly, in terms of nonexclusion of pregnant and parenting students. More often, respondents expressed surprise at the question—they were not aware that Title IX *had* any implications for the treatment of pregnant and parenting students. Only a very few interviewees responded to this question in terms of the broader goal of Title IX—equal educational opportunity. These respondents noted that the general message of Title IX had contributed to a climate of more equality. Said one high school principal, "Title IX has been important. It has exerted pressure and has forced educators to be careful about how they treat students. It . . . has made people aware that all students are to be treated equally." However, neither this respondent nor any other could describe any specific policy or program (besides nonexclusion) that had been formulated or revised in response to Title IX.[6]

This limited view of Title IX among school site personnel was not surprising, given that information about Title IX was provided, if at all, in a *pro forma* manner. Inservice training on Title IX was generally lacking, and even Title IX coordinators were not always aware of its implications for student pregnancy and parenthood.

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[5]The limited impact of Title IX in our study is most probably an artifact of sample selection. Since we limited our sample to LEAs with special programs and oversampled "innovative" program models, the LEAs we visited are unusually progressive as a group. The overall impact of Title IX is probably far greater.

[6]We did encounter several instances of staff inaction in the face of student pregnancy that were attributed to Title IX. Said one counselor, "According to Title IX, we aren't supposed to treat pregnant students any differently. Calling in a girl because we think she's pregnant would violate Title IX, so we don't do it." Whether this response represented a rationalization or an honest (if misguided) interpretation of Title IX is not clear. Certainly, staff inaction was not uncommon in the schools we visited.

STAFF ATTITUDES

Policies may serve to override attitudes, but more commonly reflect and reinforce them. When policies are informal and casually enforced, attitudes dictate policy. The fact that policy regarding the treatment of pregnant students and teenage mothers is not strongly enforced or does not exist at all in regular schools allows staff attitudes about student pregnancy and parenthood, and about the appropriate role of regular school staff, to dominate. Many educators visualize pregnant teenagers and teenage parents as academically marginal, low-achieving, low income, and usually minority students who might have completed high school without a pregnancy, but only through luck, inertia, and the general tendency of public schools eventually to graduate everyone who shows up for classes.[7]

Most staff believe that, whatever the initial capability of a pregnant student, becoming a parent will inevitably vitiate her educational and vocational success. They view her as having made a mistake that "wastes" her potential; consequently, many do not want to invest a great deal of effort in her. While interviewees were clearly reluctant to acknowledge it, it was evident that more than a few regard teenage pregnancy as a moral violation, and are unaccepting and unsupportive. Most school staff agreed, however, that those who return to school after delivery have changed in a positive way. Respondents told us that mothers are more modestly groomed, more academically motivated, and generally "more together" than they were before delivery. In many sites, respondents told us that students who return from delivery earn better grades and often catch up academically. Several attributed such effects to the support received in the special program, and students concurred with these views. Teenage mothers often described themselves as more serious about school. Parental responsibilities left them less time to "fool around," and many had a sense now (and for some, for the first time) that school is important because they would soon have to work to support their child. Said one mother, "It's hard enough to get a good job with a high school diploma. It would be impossible without one." Students generally attributed their more mature attitudes to the fact of being a parent and to their baby's dependence on them for financial and emotional support.

In spite of general agreement that delivery is a maturing experience, school staff disagree about mothers' future prospects and the appropriateness of their reenrollment in regular school programs after delivery. One common approach is to extend feelings about pregnant students to parents, seeing them as academically marginal and, given the added burdens of parenthood, unlikely to succeed in a regular school setting. Some believe that parents do not fit socially or psychologically in a regular school. In their view, the experience of pregnancy and parenthood leaves these students more sophisticated and sexually experienced, and more interested in adult concerns. Such students were said to regard the amusements and concerns of adolescents as silly and frivolous.

A contrasting view often held by counselors and nurses is that the returning student parent brings an enhanced academic potential with her. That is, such students were not marginal at the outset, and the individualized attention they received during pregnancy often enables them to achieve above the level at which they left (the latter point was disputed by no one). Further, because of being mothers, they often have greater incentive to do well than before and have a more realistic sense of educational and occupational aims than do their peers. Even for the

[7]Such stereotypes are encouraged by a number of factors: (1) Most data related to teenage pregnancy and parenthood have been collected from inner-city minority samples; (2) there is a higher incidence of abortion among upper-income white students, so that visible or reported pregnancies overrepresent minority teenage pregnancy; (3) everyone would prefer to believe that teenage pregnancy does not happen to "our" kind of people, it happens only to "them."

highest-achieving students, however, the demands of parenthood often impose insurmountable obstacles to continuation in regular school. Counselors and nurses emphasized that the problems were not intrinsic but extrinsic; if, for example, a child care center were attached to the school, and teenage mothers were routinely offered support, the picture would change dramatically. But the widespread belief that teenage parents are marginal, combined with feelings that parenthood is a "mistake" outside the concern of the school, weakens efforts to establish policies and services that might promote and maintain attendance.

The dominant attitude of staff in most schools is that pregnancy and parenthood are primarily problems of the female student and her family, and therefore they (not the school) should initiate information-seeking and decisionmaking. School staff are willing to make reasonable efforts to help such students cope with what they see as a mistake, but they are generally unwilling to invest a great deal of extra energy in students who have narrowed their options; they would rather expend their efforts to help nonpregnant and nonparenting (that is, nonproblem) students first.

These attitudes contribute to the essentially passive operations and procedures we found in most schools for dealing with student pregnancy and parenthood. Staff feel little responsibility to inform themselves about the special program or other options, or offer help in an active way. It was not unusual to hear stories from special program staff or students about regular staff apathy. For example, one student attending a high school that offers a supplementary curriculum program told us that it was *she* who told her counselor that he could enroll her in the program's prenatal class instead of study hall; he had not recommended it.

Staff members in many schools commented that information and guidance are available to pregnant students and teenage parents if they ask for it—if they are self-starters and initiate the process. But those who are shy, less socially competent, or less motivated—those most in need of help—are not likely to get it because the schools have not developed the procedures or personnel to provide it. Said one respondent, "The weakness of most counseling at the high school level is that unless kids call attention to their problems, the counselor does not offer help." Many regular school staff view the special program as a sufficient LEA response to student pregnancy and parenthood. As a consequence, regular school involvement is often limited to helping students enroll in the special program. Early detection and counseling are forgone, and an expectation for return is not built in. Those who return to regular school after delivery can expect little extra support in coping with the multiple roles of student, parent, and teenager. Those who choose to stay in regular school during pregnancy receive little or no extra help from regular school staff.

CONCLUSIONS

The importance of the regular school is likely to increase as more students choose to remain in regular school throughout their pregnancies. These students cite the advantages of remaining in a diversified, high-quality academic program and staying with friends as major factors in their decisions not to leave. The reduced stigma of pregnancy among their peers allows them the freedom to make this choice.[8] Inclusive curriculum program staff everywhere have noted

[8]Tolerance for sexual behavior, pregnancy, and parenthood have all increased among teenagers (Zellman and Goodchilds, forthcoming). Marital status is generally viewed as irrelevant, though most teenagers and school staff agree that young mothers are best off unmarried, a view supported by research on the effects of parenthood and marriage on school continuation (e.g., Moore et al., 1979). See Zellman, 1981, Chap. 5, for further discussion of teenagers' views concerning marriage and sexual behavior.

the increasing numbers of "stayers" and the need to provide them some services in regular schools.[9]

Yet provision of such services receives limited support for a variety of reasons. Many believe that the inclusive curriculum program is a sufficient school response to student pregnancy; students who reject the program have no right to expect expensive duplicate services at regular school sites. A few support the inclusive curriculum program because it removes pregnant students from the school. Obviously, on-site services would not be acceptable to this group. More commonly, resistance can be found among regular school staff who contend they simply cannot handle another "problem." Many regard "problem" students as outside their roles as teachers and advisors; even those who are inclined to be helpful cite lack of time and training.

The lack of special services for regular school students, however, may reduce the likelihood that they will succeed in school. Special program models that serve students in regular school may be one approach to equalizing their educational opportunities. Infusing the schools with the spirit of Title IX may be another.

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[9]In several LEAs we visited, students who stay in regular school are allowed in theory to use inclusive curriculum program services, but rarely do so because of scheduling and transportation problems

Chapter 5

CONCLUSIONS

This report has focused on three aspects of the schools' response to student and teenage mothers: (1) special school-sponsored programs designed to serve the needs of pregnant students and teenage mothers; (2) the response of regular schools to student pregnancy and parenthood; and (3) the impact of Title IX on school response. The study supports the following general conclusions about the schools' response:

The schools neither seek nor want an active role in student pregnancy or parenthood. Given the many constraints on school involvement in this area and the competing demands of other programs and services, such a posture is not surprising. Policy or programmatic involvement in this area often involves the schools in difficult issues such as sex education, contraception, and abortion. Significant portions of school communities believe limited education resources should not be used to meet the needs of pregnant and parenting teens; school staff may resent spending their limited time on students they regard as having created barriers to their own success and as morally tainted as well.

The initiation of a special program for pregnant students and teenage mothers in an LEA depends for the most part on the dedication of a single individual. This may be a concerned teacher or other practitioner, or it may be the superintendent, who recruits a program director. Given a lack of program leadership at all levels of the policy system, the resulting program generally reflects the views of this individual about the best model for providing services to pregnant students and teenage mothers. Rarely is a search conducted to learn of alternative models; a lack of program outcome data precludes any weighing of program alternatives on this basis.

The quality of special programs is uneven, both within and across programs. Most special programs do an excellent job of providing teenage parents information about pregnancy, delivery, child development, and parenting, either through formal coursework or informal learning. Teenage interviewees appeared to retain a great deal of information provided in these courses and found it to be highly and immediately applicable to their own lives.

In contrast, the academic component of inclusive curriculum programs generally is weak. A lack of appropriate texts, supplies, and equipment frequently exacerbates this weakness. To some extent this underemphasis on academics is intentional—program staff emphasize the overriding importance of relevant learning during the brief period of program enrollment.

The programs in our sample varied substantially in terms of staff qualifications and enthusiasm, staff morale, degree of coordination with community agencies, and quality of services offered. An important factor in program quality is the amount of administrative support the program can draw on. Programs that receive high-level district support are allowed to do their own staff recruiting and find excellent staff; LEA financial commitment contributes to higher staff morale and higher-quality, continuous services. District support often encourages a higher program profile, which in turn is associated with greater coordination with community agencies.

Each special program model is effective in meeting some of the diverse needs of pregnant students and teenage mothers but none is able to meet all of them. Inclusive curriculum models offer pregnant teenagers a protective, supportive environment and relevant learning during

pregnancy. Program services generally end soon after delivery, however; new mothers return to regular school, where special help is rarely offered.

Supplementary curriculum programs provide relevant learning to pregnant students and teenage mothers attending regular school; frequently child care is also provided. Services usually continue until an enrollee completes school or drops out. Because of their on campus location, supplementary curriculum programs cannot offer students the isolation and protection of a separate site.

Noncurricular programs typically provide support and services on a continuing basis beginning in early pregnancy. While in most cases program enrollees must attend regular school in order to receive program services, one program in our sample provides services that are not contingent on school enrollment. Like supplementary curriculum programs, noncurricular programs cannot provide pregnant students and teenage mothers the isolation some may want or need.

Very little information is available concerning longer-term outcomes for adolescent parents. Many special programs conduct no outcome evaluations at all. Those that do are often limited in their focus and time frame by lack of funds, lack of interest among school administrators, and unavailability of comparison group data. Consequently, little is known about the impact of parenthood on school completion, postsecondary training, or employment. Nor do we know much about the effectiveness of special programs in improving the longer-term outcomes of teenage parents. More and better data, ideally longitudinal data on individual parents, are critical to designing and improving school policies and programs, particularly as funds for these efforts become more limited and difficult to obtain.

A special program usually is viewed as a sufficient LEA response to student pregnancy and parenthood. As a result of this view, regular school involvement is often limited to helping students enroll in the special program. Student pregnancy and parenthood are rarely discussed in regular schools; regular school staff are often ignorant of the dimensions of the problem. Principals take no leadership role on this issue, and do not establish any expectation that regular school staff should or will actively intervene to help parenting students. Special program staff rarely work actively to overcome these attitudes. In-service training, when available at all, is provided exclusively to special program staff. This policy reinforces the opinion of regular staff that special program staff are best able to handle student pregnancy and parenthood.

As a result of these attitudes and consequent inaction, the schools lose valuable opportunities to help pregnant students and teenage mothers to continue in school and receive the help they need. At several key points, including early detection, decisionmaking with regard to pregnancy resolution, school continuation and post-delivery return, regular school staff could provide guidance, referral, and support. These actions would reinforce the efforts of the special program by extending the time frame in which help is offered and by making the regular school environment a more supportive one.

Title IX has had only a limited and indirect impact at the school site level. Many school site staff to whom we spoke were ignorant of the implications of Title IX for student pregnancy, and those who were aware of them construed the mandate very narrowly; In most cases, nonexclusion was seen as the only implication of Title IX for student pregnancy and parenthood. Very few respondents construed it in more general terms as promoting equal educational opportunity. Only rarely do district policies serve to inform these views. Generally, information about Title IX is provided, if at all, in a *pro forma* manner. Inservice training is seldom given, and even Title IX coordinators are not always aware of its implications for student pregnancy and parenthood.

The negligible effects of Title IX are therefore not surprising. Neither policies nor staff attitudes are endeavoring to further equal educational opportunity for pregnant and parenting students, and in many cases, may undermine that goal.

Title IX has had a similar small impact in special programs. Noncurricular program staff rarely consider Title IX, even if they are aware of its implications, noting that their enrollees attend regular schools for the most part. The staff of inclusive curriculum programs, while often acknowledging that the program's academic component is not comparable to that provided to nonparenting students, typically view such concerns as misplaced. They contend that relevant learning during pregnancy, smaller pupil/teacher ratios, and a supportive environment meet the needs of pregnant students, and this, not academic equality, is the relevant concern. Administrators, often concerned about the costs of the special program, willingly acquiesce to these views.

These conclusions have important implications for policymakers and practitioners. The following sections provide federal, state, and local officials and practitioners with concrete recommendations for future action.

IMPLICATIONS FOR POLICYMAKERS

Given the many factors constraining any district response to student pregnancy and parenthood, the presence of a motivated individual seems a necessary condition for the establishment of a special program. Because of the leadership vacuum at the federal, state, and local levels, the form and quality of this individual's ideas generally determine the form and quality of the district's program, although lack of LEA support may erode program quality.

As the major funding source for many local programs, SEAs and other state agencies are in a unique position to provide substantive leadership for local efforts in this area. Few, however, have chosen to do so. State departments typically have at most one full-time equivalent (FTE) responsible for providing such assistance; in some states no one has been assigned this responsibility. In a few states, state department staff members have noted the lack of staff fulfilling these functions and have taken on these responsibilities in addition to their regular jobs.

Most departments have not adopted coherent strategies for improving the quality of local responses; fewer efforts still have been devoted to motivating a response in districts that have not "self-started." Lack of staff is an enormous and powerful constraint on such efforts; SEA staff in several states have tried to multiply their own impact by establishing informal networks of practitioners around the state.

A stronger state role could help to reduce the people-dependence of local programs, the resulting lack of programs in many LEAs, and the variation in quality across existing programs. State-developed materials that present guidelines, program models and their implicit priorities could help local staff committed to creating a program make more informed decisions about a program model and its implementation. A presentation of potential funding sources for special programs would be of immense value. Strengthening program evaluation requirements would help the state to build a data base on program effects that could be shared with districts considering program initiation. A more active state role, including community organization and provision of seed money, might encourage inactive districts to make a programmatic response. This strategy has met with some success in one state in our sample because it legitimizes a response while building in a perception that a local program is needed.

Federal staff, particularly those at OAPP, could support state-level efforts to improve local

program quality by using federal funds to develop, document, and evaluate a range of program models. Support for new rather than existing programs would increase the number of programs while allowing some federal input into decisions concerning new program models and appropriate evaluation designs. Federal funds might also be used to develop and strengthen practitioner networks that could provide encouragement and technical assistance to new and established local programs through support for conferences and newsletters. In our study, we found that such networks effectively substituted for lack of state or local technical assistance in many cases. Federal support for practitioner lobbying efforts would help to focus state and community concern and increase the number of local programs.

Staff at the Office for Civil Rights could help to improve school district responses to student pregnancy and parenthood in several ways. Most obviously, OCR staff could provide technical assistance to local Title IX coordinators that focuses on the implications of Title IX for pregnant and parenting students. Many Title IX coordinators are unaware that Title IX has any implications for these students; making them aware is a necessary first step toward improving LEA response. In a similar vein, OCR staff might work to increase public awareness of the rights of pregnant and parenting students under Title IX. We found that most parenting students and their parents are passively grateful for any help or services the LEA provides; they rarely approach these servies as though they have a right to them. Finally, through a policy interpretation, OCR staff could examine and highlight conditions in LEAs and in special programs that might be considered civil rights violations, such as the allocation of other textbooks to the inclusive curriculum program than those given to regular classes, and the possibility of unequal educational oppotunities attributable to the lack of any special school services for pregnant and parenting students.

At the local level, the superintendent can wield great influence in establishing the expectation that the district can and should attempt to meet the needs of parenting students. His or her support for a program and commitment to an LEA-wide effort is a critical back-up resource for committed staff in their efforts to serve these students. Small actions, such as asking principals to collect school-level prevalence data and report them to the superintendent and district staff could help to create a climate of awareness and concern. Other actions, such as provision of funds for inservice training for regular school staff, public support for the district's special program, and flexibility in the implementation of a range of absence, transfer, and graduation policies would communicate the superintendent's concern to staff and the larger community and contribute to the perceived legitimacy of district support for these students.

At the school site level, the principal could have much the same effect by discussing student pregnancy and parenthood and emphasizing positive actions that regular school staff can take. In most schools the principal's involvement in student pregnancy and parenthood is limited to delegating full responsibility for handling pregnancies to the nurse or counselors. Such a designation often signals to the rest of the staff that this is a low priority matter for which they need take no responsibility. When the principal is actively involved, however, keeping track of numbers of pregnancies, receiving and reading reports of the disposition of pregnancies, setting up and monitoring policies concerning pregnancy—he or she communicates a personal concern and helps to establish an expectation that staff will be involved with parenting students.

IMPLICATIONS FOR PRACTITIONERS

The schools clearly have a role in student pregnancy and parenthood. For even the most motivated adolescents, a host of extrinsic problems can make school continuation difficult, for

those less motivated they may make it impossible. At the same time, the growing fiscal problems that school districts face, combined with a lack of incentives, make schools an often reluctant partner in efforts to meet the needs of these young people.

Some thought needs to be given to alternative methods of providing needed services. The inclusive curriculum program model, which for many is synonomous with special programs for pregnant students and teenage mothers, is often viewed as costly and inefficient. While such programs provide unique services, in particular an isolated, protective school environment, there are other program models that can provide many services at less cost to the district. Some practioners are questioning the need for LEAs to provide services already available in the community. Further, they contend that provision of these services in the context of a special program is ultimately counterproductive, since programs are short-term while the need for services is not. A more lasting and valuable service is to teach pregnant students and teenage mothers how to identify, locate, and use existing community resources. Such an approach may also meet with greater LEA support, since program costs are less and responsbility is shared.[1]

Adolescents are also changing. Though in most cases their needs are great, pregnancy is not as embarrassing as it once was to many, they may regard the isolation afforded by an inclusive curriculum program may be seen as a negative rather than a positive program feature. From their perspective, a choice of service models would be ideal; they could then match their needs to available programs without having to compromise educational progress or lose needed services. The provision of multiple service alternatives may meet opposition, however, owing to costs, duplication of services, or professional jealousies. Some consideration of program models that link existing community services rather than supplying them directly may make multiple program models in an LEA more acceptable in a period of fiscal decline.

In their zeal to design a successful program, special program planners frequently ignore regular school staff. Only one program in our sample solicited support from this group, and yet some faculty in each school were willing to actively participate when asked. Regular school staff directly or indirectly play a role in every student's pregnancy by providing or withholding information, counseling, and support. No matter what model the special program follows, regular staff can reinforce and multiply its effect, or diminish it through their actions and inactions. Time spent eliciting the active cooperation of regular faculty, nurses, and counselors is time well spent.

In sum, school response to student pregnancy and parenthood is often limited or nonexistent. A range of constraints has contributed to a leadership vacuum at all three levels of the policy system. As a result, there is little institutional impetus to make a response; instead, LEA response depends on the presence and drive of a motivated individual. When a program is established, the common tendency is to view it as a sufficient response to student pregnancy and parenthood; service gaps inherent in the program model are rarely filled by regular school staff. A more cooperative approach in many more districts is needed to meet the needs of school-age parents. Leadership and support from all three levels of government are needed to broaden and improve this response.

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[1]Because some services provided in inclusive curriculum programs are paid for by community agencies, no cost savings would be realized in these cases if services were returned to the community. However, responsibility would be diffused to a greater extent.

Appendix A

STUDY METHODS

SAMPLE SELECTION

Given the exploratory nature of the study, a statistical sampling procedure was ruled out. Instead, we drew a purposive sample designed to maximize both the breadth of our results and the amount we could learn from each site.

In selecting our sample, we followed the diversity strategy described by Murphy (1980). First, we sought to identify important dimensions along which school districts might vary. An informal telephone survey of practitioners and other knowledgeable people in this area early in the project was most helpful in this regard. Respondents to this survey described policy and operations in their home districts and suggested a number of factors they felt would be important in analyzing a district's policies, e.g., level of community concern about teenage pregnancy and district involvement with sex education. Several previous Rand studies in school districts suggested more general dimensions, e.g., centrality of the issue to LEA concerns, superintendent leadership, and state-level policies.

The possible importance of state policy and stance on student pregnancy and parenthood led us to select our sample in two stages. In the first stage, we selected four states; in the second phase, we selected two districts within each of these states.

The state sample was selected to assure variation in state strategies and characteristics that we believed might influence local policies and behavior. In selecting states, we sought variation in three characteristics:

- State Department of Education policy and level of support for local efforts to serve pregnant students and teenage mothers,
- The presence of formal and informal statewide networking about school-age pregnancy and parenthood, and
- Presence of advocacy groups at the state level.

We also sought to achieve some variation in geographic location, State Education Agency (SEA) innovativeness, and state commitment to education. A final consideration in the selection of the state sample was that there be a sufficient number and variety of local programs so that our selection of local districts would not be unduly constrained. Information about programs was obtained from state department staff, district staff, experts in the area, and published reports, including the National Directory of Services for School Age Parents (NACSAP, 1976).

Once the states to be visited were chosen, we proceeded to select two LEAs within each selected state for site visits. In selecting local districts, we sought to achieve some diversity both within and between states in terms of:

- Rural/urban location and clientele,
- District size,[1]

[1]Districts with very small enrollments (<4000) were excluded because the telephone survey results indicated that such districts rarely made any response at all to student pregnancy and parenthood.

- Special program model,
- Community political ethos, and
- Level of district support for the program.

To the extent possible, we made our selections of LEAs iteratively, so that feedback from early visits could inform later selections.

Upon completion of our fieldwork visits to the four selected state capitals and the eight LEAs, we proceeded to identify two "exemplary" LEAs to visit in the final round of fieldwork. As discussed in detail in Chap. 3, defining and selecting these LEAs was difficult since we lacked the dropout and program outcome data required to make an informed choice based on the relative effectiveness of program outcomes. Instead, in selecting these sites we chose from among LEAs with innovative program models that appeared to be effective in terms of a set of process criteria established over the course of the Phase I fieldwork. These process criteria included:

- Percentage of eligible students served,
- Level of coordination with other community agencies involved in serving this population,
- Quality of resources available to the program,
- Level of district and community support, and
- Extent and quality of services provided.

The state location of exemplary programs was not considered in their selection. (See Chap. 3 for further discussion concerning the selection of the exemplary programs.)

At the last minute, we chose an eleventh LEA for a brief site visit. This site, located in a previously unvisited state, houses a program oriented toward student mothers that includes a child care center in the high school building. Earlier site visits suggested that increasing expenditures and a growing unwillingness on the part of pregnant students to leave regular schools may make on-campus programs a preferred program model in the future. By adding another program of this type to our study sample, conclusions about the utility of the in-school program model would be based on a wider range of programs.

ACCESS

Although we did not have to eliminate a selected site because of noncooperation, access to the LEAs in our sample was frequently problematic. We lacked the stick of mandated involvement in a federal program evaluation; for many, our carrot (sharing of knowledge and information) was insignificant compared with the perceived risks of participation. One superintendent told us directly that a visit by Rand staff might bring the problem unwanted publicity, and a few superintendents put limits on the people we could speak to in order to reduce these risks. A few program heads initially resented the time involved, and a number were rightly concerned about the privacy of their enrollees. In several cases, LEA administrators noted they were "over-visited" and wondered how much longer they could allow staff to be unpaid research subjects.

Ultimately however, all the sites to which we applied for access permitted us to conduct fieldwork in their midst. Once on site, we were treated with exceptional courtesy and good will in every case. We are most grateful for the cooperation of our respondents, without whose help this study could not have been conducted.

FIELDWORK

During the school year 1979-80, a two-person team spent 3 to 5 days in each district.[2] A total of 354 respondents were interviewed. These interviews included:

- 10 school superintendents or assistant superintendents;
- 17 supervisors for handicapped, special programs, school health, or social work;
- 5 pupil personnel services directors;
- 16 school board members;
- 35 high school and junior high school principals and assistant principals;
- 38 teachers;
- 33 counselors;
- 16 school nurses;
- 04 school social workers;
- 24 special program staff;
- 24 community health care or social service providers;
- 11 other knowledgeable people in the community, such as representatives of Planned Parenthood, March of Dimes, or local church groups;
- 104 pregnant and parenting teenagers attending special programs and regular school programs; and
- 17 pregnant and parenting teenagers who had dropped out of school.

Field staff used open-ended field interview guides in conducting interviews and asked questions that tapped each respondent's unique expertise and perspective. Because most interviewers were quite familiar with the workings of schools and with teenage pregnancy, they were encouraged to pursue independent lines of inquiry they believed would be interesting and useful to the project.[3]

On the average, interviews lasted one and a half hours. Interviews with adult respondents focused on the nature of formal and informal policies surrounding student pregnancy and parenthood, the establishment and operations of the special program, and the community context for these efforts. Interviews with teenagers focused on personal and peer responses to pregnancy and parenthood, pregnancy and school career decisionmaking, and evaluation of the special and regular school program in terms of ability to serve their needs.[4]

In addition to these interviews in the 11 school districts, field staff also spent 1 to 2 days in each of four state capitals. Here they interviewed a total of 13 people, including:

- 4 state health department employees or consultants,
- 2 members of state legislatures,
- 2 members of state boards of education,
- 1 member of the governor's staff,
- 1 staff member of a legislative committee,
- 2 state department of education staff members, and
- 1 state-local volunteer organizer.

The purpose of these interviews was to obtain a state-level perspective on state and local

[2]In the case of one very small district only one interviewer visited the site.

[3]The members of the field staff included a school counselor, a former school psychologist, two clinical psychologists, and a former high school teacher.

[4]Interviews with teenagers are not presented in this report. See Zellman, 1981, Chap. 5 for presentation of this material.

policy and practice and to determine whether the pregnancy and parenthood policies and procedures in the districts we visited were typical of others in the state.

At the conclusion of the fieldwork, a case study (between 40 and 100 pages in length) was written for each site. A detailed outline was used in writing case studies to ensure that reports contained comparable information that allowed for comparisons across districts.

Appendix B

METHODS AND ASSUMPTIONS UNDERLYING PROGRAM EXPENDITURE ANALYSES

Because this was not primarily a cost-analysis study, we had neither the resources nor inclination to conduct a full-fledged analysis of the cost of special programs. However, we believed that some analysis of their costs might be of help to policymakers and to LEAs considering whether to initiate or modify a special program designed to serve pregnant students and teenage mothers. In particular, analyses that included a range of program models might encourage districts to consider a variety of approaches to meeting the needs of pregnant students and teenage mothers.

In conducting the analysis, we sought to address three questions:

1. How much did the special programs in our sample spend per enrollee? Here we were interested in total special program costs per participant.
2. How much more was spent for special program enrollees than for regular students? Here we compared the total annual resources devoted to pregnant students (who are in the special program part of the year and in the regular program the rest) with the total annual expenditures for the average regular student.
3. How much more did the LEA have to expend for special program enrollees than for regular students? Here we were interested in comparing the district's nonreimbursed expenditures for special students with those for regular students.

DATA COLLECTION

In each site, fieldworkers collected the following data:

Regular Program

- Pupil/teacher ratio
- School-level services available, e.g., 1 nurse, 4 counselors
- School enrollment[1]
- School-level administration, e.g., 1 principal, 2 assistant principals, 1 secretary

Special Program

- Teaching staff (in FTEs)
- Service staff (in FTEs), e.g., 0.5 nurse, 2 social workers
- Mean daily enrollment
- Total yearly enrollment[2]
- Administrative staff, e.g., 1 director, 0.5 secretary

[1]When there was more than one high school, enrollment and school-level services were averaged across high schools in the district.

[2]Both mean and yearly enrollment figures were collected in special programs because most enrollees stay less than one year. As a result, yearly enrollment figures overestimate enrollment at any given time.

- Outside funds received by the program[3]
- Percent of periods each day enrollees attend the special program (in the case of noninclusive programs)

Some obvious costs were not considered in the analysis because they would have increased its complexity while adding only a marginal increase in accuracy. Among these costs are:

- Central administrative costs, e.g., the superintendent's salary. We surmised that these costs were fairly equal per pupil across regular schools and special programs.
- Plant operations and maintenance costs. While some inclusive curriculum programs allotted far more space per enrollee than did regular schools, the special program sites were generally inferior. Therefore, we felt that building and maintenance costs were fairly equal.
- Equipment costs. In general, there was more equipment in better repair in regular schools. On the other hand, some programs had specialized costly equipment that was in good repair. In addition, the annual cost of equipment per pupil over the life of the equipment is usually very small compared with other costs, e.g., personnel.

These data were supplemented by salary data published in *Scheduled Salaries for Professional Personnel in Public Schools, 1979-80* (Educational Research Service, 1980). This volume lists salaries by districts within states. In cases where a fieldwork district was not listed, an LEA in the same state with a comparable enrollment was used.[4]

High and low salaries for each position were published; we used the mean of these figures as our salary figure. Use of such average salaries eliminated the effects of price differences across areas, which is consistent with our interest in program effects rather than price effects. Use of average salaries also eliminated potentially large cost differences which would occur when new, inexperienced, and less expensive staff are used in some programs while older, more experienced, and more expensive staff are used in others. As a result, our final figures are not precise figures for the year under study, but rather represent average expenditures over a period of time.

DATA ANALYSIS

To address the three questions posed by the cost analysis, seven calculations had to be made:

1. Annual per pupil expenditure for regular students (PPE);
2. Annual special program expenditure per pupil in yearly enrollment;
3. Total outside funds earmarked for the special program;
4. Total annual expenditure per special program enrollee;
5. Total annual unreimbursed expenditure per special program enrollee;
6. Ratio of total annual expenditure per special program enrollee to total annual expenditure per regular student (total cost ratio); and

[3]If nonmonetary resources are provided, e.g., a half-time counselor is provided by the Department of Social Services, the value of her services was estimated using figures presented in *Scheduled Salaries for Professional Personnel in Public Schools, 1979-80* (Educational Research Service, 1980).

[4]Some salaries were not included in this volume. In these cases, a salary figure was derived based on a published salary. For example, an aide salary was calculated = 0.6 teacher, a Licensed Vocational Nurse = 0.6 nurse, and a secretary = aide.

7. Ratio of total annual unreimbursed expenditure per special program enrollee to total annual expenditure per regular student (district cost ratio).

Each calculation is discussed below in turn.

1. Annual per pupil expenditure for regular student (PPE) was calculated as the sum of a, b, and c, where:

a. Classroom cost = teacher salary ÷ average class size.
b. Services cost = the sum of counselor, social worker, and nurse salaries ÷ average school enrollment.
c. Administrative cost = the sum of principal, assistant principal, and secretary salaries ÷ average school enrollment.

2. Annual special program expenditure per pupil in yearly enrollment was calculated as the sum of e, f, and g, where:

e. Staffing costs = teachers' + aides' salaries ÷ total yearly enrollment.
f. Services costs = social worker + nurse + counselor salaries ÷ total yearly enrollment.
g. Administrative costs = director + secretary salaries ÷ total yearly enrollment.

3. Total outside funds earmarked for the special program was calculated as the sum of state, federal, and local funds earmarked for the program as well as the value of in-kind services provided for the program.

4. Total annual expenditure per special program enrollee comprises two elements: (1) total expenditure per special program enrollee while in the special program, and (2) total expenditure per special enrollee while that student is in regular school. By including these two elements, the calculation takes into account that, on average, inclusive curriculum program enrollees remain in the program for less than a full school year and that in supplementary curriculum programs enrollees spend only part of each day in the program.

Average total expenditure per special program enrollee while in the special program is equal to annual special program expenditure per pupil in yearly enrollment (see Formula 2, above).

Total expenditure per special program enrollee while attending regular school was calculated as follows:

a. Average daily special program enrollment was multiplied by the number of days in the school year and by the percentage of the school day spent in the special program (in the case of supplementary curriculum programs).[5]
b. The resulting figure was then divided by total annual special program enrollment. The quotient is the number of school days spent in the special program by the average special program enrollee.
c. The number of days spent in the special program (b) was then subtracted from the total number of days in the school year. The result is the average number of school days spent by special program enrollees in the regular program.
d. Number of days in the regular program was divided by the length of the school year to yield the average percentage of time the special student was in the regular program.
e. Finally, the percentage of time in the regular program (d) was multiplied by annual

[5]Inclusive curriculum programs that had shortened days were treated as full-day programs since they replaced a full school day.

per pupil expenditure for regular students (Formula 1 above). The result is the *average expenditure for a special program enrollee during the time she spends in regular classes*; this figure was then added to the annual *special program expenditure per pupil in yearly enrollment* (Formula 2, above) to determine the total annual expenditure per special program enrollee.

5. Total annual unreimbursed expenditure per special program enrollee. This calculation is similar to the one used in Formula 4, but in this case, the expenditure per special program enrollee is the unreimbursed cost to the LEA, rather than total program cost. The unreimbursed cost per special enrollee is calculated by subtracting total outside funds earmarked for the program (Formula 3, above) divided by total yearly special program enrollment from Annual Special Program Expenditure Per Pupil in Yearly Enrollment (Formula 2, above). This figure is then added to the total expenditure per special program enrollee while attending regular school (calculated above). The result is the total annual unreimbursed expenditure per special program enrollee.

6. Ratio of total annual expenditure per special program enrollee to total annual expenditure per regular student (total cost ratio). This ratio allows a quick comparison between expenditures for regular and special program enrollees. It is calculated by dividing total annual expenditure per special program enrollee (Formula 4) by Per Pupil Expenditure (Formula 1). When the result is greater than 1.0, it indicates that expenditures for special program enrollees are on average higher than expenditures for regular students. A result = 1.0 would indicate no difference in expenditures between regular and special program enrollees.

7. Ratio of total annual unreimbursed expenditure per special program enrollee to total annual expenditure per regular student (district cost ratio). This ratio allows a quick comparison between expenditures per special program enrollee not covered by special outside funds and district expenditures per regular student. Hence, it reflects the often substantial amount of money that special programs receive from outside sources and the consequent reduction in the district's financial share in the program. The ratio is calculated by dividing total annual unreimbursed expenditure per special program enrollee (Formula 5) by per pupil expenditure (Formula 1). The resulting ratio may be more than 1.0, indicating that the district expends more for special program students than for regular enrollees, or it may be less than 1.0, indicating that the district spends less for special program students than for regular enrollees.

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