



OTARA HEALTH  
CHARITABLE TRUST

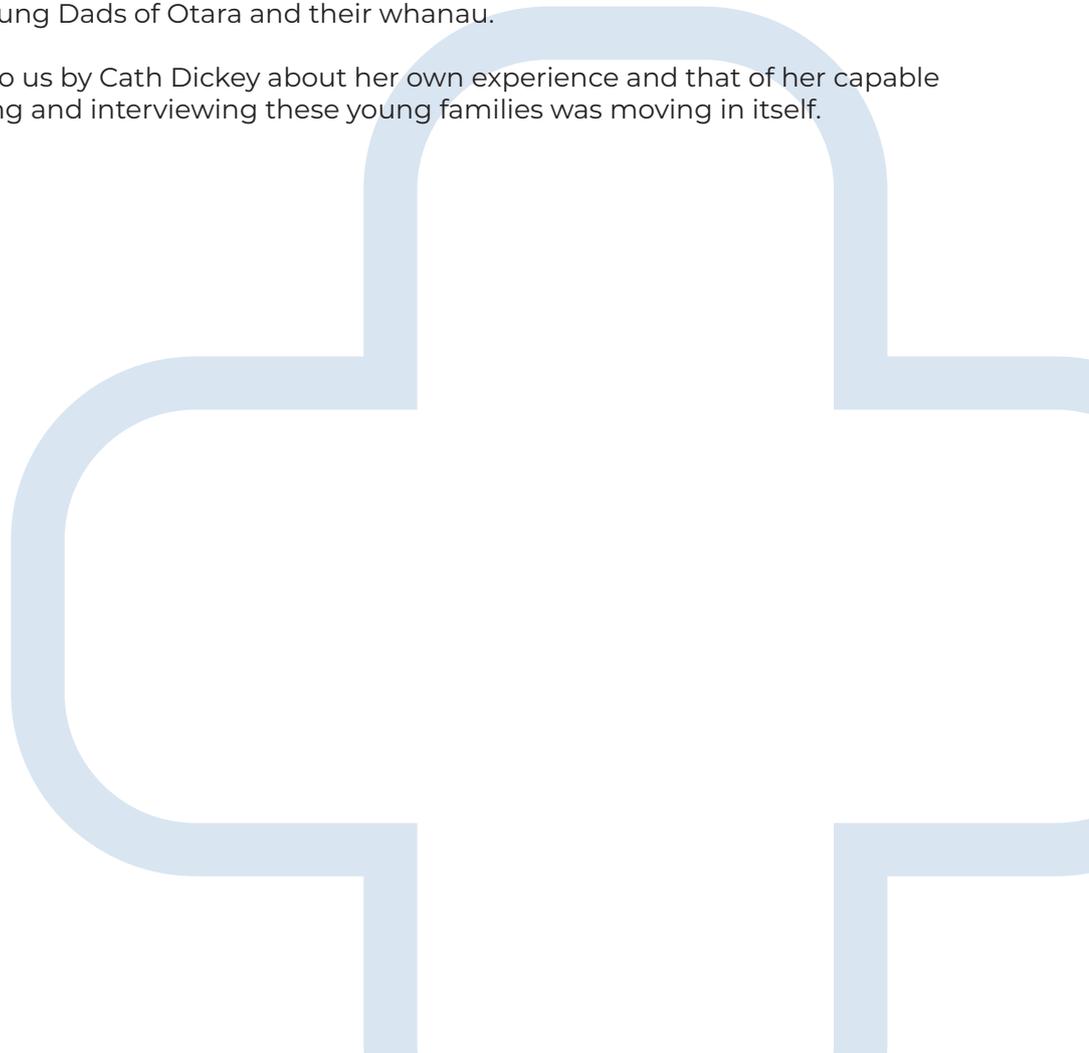
## WITH A GUITAR, UNDER A TREE OR OVER A FEED

For some years, the Otago Health Charitable Trust (OHCT) has been running parenting programmes for new parents, courses which have targeted solo mothers and young couples.

In 2014 the Trust recognised that there was a need for a course for teenage fathers, and therefore targeted them and encouraged them to participate in weekend camps and regular evening activities where they were mentored by other men who had had similar life experiences. Subsequently, at the request of the OHCT, Manukau Institute of Technology counselling students, guided by their lecturer, undertook a project to evaluate the effectiveness of this teen fathers programme. At the time these students were a small class of seven, undertaking their research course partway through the fourth semester of their studies for their counselling degree.

We are very grateful to the wonderful people from MIT who generously undertook this work as a free service to our community, helping to tell the story of the struggle and success too experienced by our Young Dads of Otago and their whanau.

The oral story related to us by Cath Dickey about her own experience and that of her capable team, when researching and interviewing these young families was moving in itself.



# With a guitar, under a tree, or over a feed

## An evaluation of the Otago Health Charitable Trust Teen Dads Programme

Aueanau John Sadaraka-Robert, Catherine Dickey,  
Danielle-Crystal Lama, Fale Uaine, Kaivelata Tu'atalatau,  
Meliame 'Iongi, Melissa Lund-Jackson, Seble Gebremichael

### Abstract

New Zealand society in general does not have a positive view of teenage fathers. Seven Year-2 counselling students and their lecturer were asked to evaluate a programme provided by the Otago Health Charitable Trust (OHCT) for teen fathers. The Trust had become concerned that these young people became almost invisible in the community where there were few services available for teen fathers. Those who had come to its attention told the Trust that being “invisible” was preferable to being reviled by those who should care most for them. The Trust had developed a programme to help teen fathers when the teen had behaved in such a way that his family would choose not to know him—the time when the child biologically becomes a father. Seven students from the Manukau Institute of Technology counselling programme worked with their lecturer to undertake this project as a cooperative inquiry form of participatory research. A total of 17 participants in the Teen Dads programme took part in the project. Guided by the participants’ preferences about setting and structure, one initial individual interview led to eight subsequent group interviews with participants and researchers together, as the teenage fathers became increasingly comfortable describing their experiences of the programme, of counselling, and of being teen fathers.

**Keywords:** teenage fathers, counselling, evaluation, education, family

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fathers, and therefore targeted them and encouraged them to participate in weekend camps and regular evening activities where they were mentored by other men who had had similar life experiences.

Subsequently, at the request of the OHCT, Manukau Institute of Technology counselling students, guided by their lecturer, undertook a project to evaluate the effectiveness of this teen fathers programme. At the time these students were a small class of seven, undertaking their research course partway through the fourth semester of their studies for their counselling degree.

The purpose of the evaluation was to find out what activities in the programme were meeting the needs of the teen fathers: what did they participate in and find valuable, and how did they experience and perceive the various aspects of the programme? The student researchers aimed to obtain the kind of information that would help the programme to continue effectively. From their own perspective, they were particularly interested to find out whether counselling was part of the support package offered by the OHTC, whether this was taken up by the teenage fathers, and how they perceived it.

### **The research methodology**

Participatory research was chosen as the most suitable approach for this project because it was hoped that some benefits, “some form of transformative action or social change” (Giddings, 2005, p.224), would ensue for the participants and the group they represented. We wanted to challenge some of the hegemonic behaviours that resulted in the disempowerment of these teenage fathers. Cooperative inquiry, a branch of participatory research that was developed by John Heron (1996) was the methodology that seemed most suitable to evaluate the effectiveness of the Teen Dads Programme. This approach has been described as “research ‘with’ rather than ‘on’ people,” in which “validity is tested in action by the degree to which the results satisfy the participants’ goals and needs” (Greenwood & Levin, 2007, p. 209).

### *The sample*

To gather the sample needed for this evaluation the OHCT approached teen fathers who had been part of the programme and asked them on our behalf if they would like to be part of the evaluation. The Trust explained to the teenage fathers that they needed some “robust research” to help them to raise funds to continue the Teen Dads programme. The Trust also gave them a participant information sheet and told

them that a researcher would ring them about a meeting place and at that meeting they would be able to ask questions about the project and be asked to give their consent to be included. In total, 17 teen fathers took part, all of whom had one or more children.

#### *The student evaluators/researchers*

The researchers were a group of students of mixed ages (20 to 52 years) and ethnicities. Of the seven, three were male and four female. Because of serious illness one researcher was unable to participate in the interviews but contributed in other ways. Initially, they expected to interview the teen fathers they had to contact based on the information from the Trust. They expected that the teen fathers would be easy to contact using their mobile telephones. They decided that a non-threatening location to meet the first time was necessary. They expected that when they interviewed the teenage fathers, they would use a number of open-ended questions to gather responses.

#### **Procedure**

The students were supplied with telephone numbers to call those who had said they would participate, and a meeting place outside the local Subway was arranged. The first day only one teenage father turned up, although five had said they would attend. Two male Pacific Island students spent two hours talking with this participant about his experience as a teenage father and how the OHCT programme had helped him. A lot of tears were shed during those two hours. The participant left, determined to bring more of his teenage-father friends back the next week.

True to his word, a week later at Subway we now had four teenage fathers in the project. This time the first participant thought it would be good to have the six available students with them, not just the male students. After discussion this idea was accepted and the consent form amended. The third week began with a “feed” as usual, for seven participants and the six students. A total of nine interviews were held.

Although we had thought that the telephone call, after the Trust had spoken with possible participants, and a neutral meeting place would be sufficient for our recruitment of participants, we quickly adjusted the process to allow our first participant to invite others. The process of eating and talking was instrumental in getting positive outcomes for this project.

#### **Findings and discussion**

In reporting these findings, we have deliberately not given pseudonyms to the participants because the sample was too small. We had thought that following through

with pseudonyms or any other identifier might mean that the participants could be more easily recognised by others who knew of them. As a result, we have not attributed responses to specific participants.

In those early discussions, the teenage fathers told us that none had had any counselling about “being a father” until their interaction with OHCT. All the young men described their counselling as group sessions about things “to do with babies.” None had received one-on-one counselling. From these conversations, a number of themes emerged that our student counsellors began to explore and analyse, using the participants’ narratives.

### *Masculinity and responsibility*

Weber (2012) suggests that “teen mothers and fathers are located in a tough position, having openly violated various societal expectations, especially those that dictate that individuals follow a ‘normal’ life path (e.g., education, job, marriage, and then family)” (p. 904). Young men use the discourses of masculinity, on the one hand to deny responsibility for the baby, but on the other, to use norms of masculinity to maintain their “good-guy image.” In this context, all the participants described similar challenges around masculinity, lack of real knowledge of human growth and development, and the need to keep face as a male around their friends.

None of the participants considered that they were “responsible” for the girl’s getting pregnant. They relied on cultural assumptions that women were in charge of contraception. Three participants believed that since the women “could get the pill” easily enough, then that was that! The girls would “get the pill” if they did not want to have a baby. Only one of the participants said that he had had sex with his girl several times before he realised that if she became a mother, he would be a father. He went on to say that other males in his whānau had become fathers but they had never had anything to do with the mother or the child. As a result, he thought it was okay to keep having sex, and when his girlfriend became pregnant, he “‘bailed on’ [abandoned] the mother and child.”

Some of the teenagers had bought condoms, not to use as a birth control method but to stop themselves from getting sexually transmitted infections (STI). The teenage fathers (accompanied by embarrassed giggles) said that they had learnt about STIs at school and “they looked really ‘badas’ and scary!”

What was alarming about this discussion was the feeling that when men had sex and got someone hapū (pregnant), they were “less culpable than a woman’s not-doing...”

(Weber, 2012, p. 908). This thinking appears to be located in a “long cultural history that has valued, and continues to value, men’s sexual pleasure over women’s” (Brumberg, 1997, as cited in Weber, 2012, p. 908). These male teenagers expected their girls to be hesitant about sex—that is, they only wanted it when their male partners loved them, but the girls were still expected to “plan ahead” (Weber, 2012, p. 909) by taking precautions not to get pregnant. All participants believed that pregnancy was just an “accident,” with causes that ranged from the old argument “boys will be boys” (that is, they can’t control their sexual urges) to broken condoms, to the girl missing a pill, to overindulgence in alcohol and illegal drug-taking.

Initially, none of the participants said that they had enjoyed the experience. At a much later interview, some admitted that they did enjoy it and so did their girlfriends. All the participants disclosed that they had talked to their friends about having sex. One rather sheepishly admitted that he got a “buzz” when his friends told him “You’re the man!” Only one of the participants claimed that (at age 15) he had sex with his girlfriend because she was the one he wanted to marry when the time was right.

Using love to explain the “accidents” seems, from the point of view of masculinity, to be a contradiction. The teenage father who made this statement had explained to the group that in his family actions like hugs for his dad and brothers and kisses for his mum and sisters were the norm. This set him apart from the others who mainly explained the pregnancy as a result of their masculinity and the girl not taking precautions.

### *Legal matters*

A number of the participants recognised that they had broken the law by having sexual intercourse with someone under 16. Some of the young men were worried about this, but thus far none of them had been charged. Some said they had been threatened by the girl’s parents but it was mostly about telling them they were no longer to see the girl or were forbidden from seeing the baby when it was born. When asked about the worry of being charged, one said he had been given advice by an older teenager that “when the girl’s family calmed down, they wouldn’t do anything because they wanted to keep it quiet ’cause it was shameful.”

None of the young men knew much about birth certificates or how you got them. Most knew that they may or may not have been named by the mother of the child. They knew that it cost money when they started work because they had to pay child support if their name was on the birth certificate. None of the cohort had thought about this

unless they were committed to the teenage mother or were going to get access and so have some say in the naming of the child. What was beginning to worry some was when they later wanted to be involved with the child and found that they were not recorded as the father. After this discovery, they very soon found out how hard it was to get acknowledged as the father when they had “grown up.” They weren’t a kid anymore!

### *The interface with agencies and health professionals*

A number of the cohort experienced much negativity from both health professionals and non-governmental and governmental agencies. In discussion with those young men who had been with their partner to WINZ, or Housing NZ, or to parenting courses, they echoed what Rouch (2005) found when he suggested that these agencies or health professionals were working on “the prevailing assumption that the teenage mother will be the primary caregiver, and that the father will be disinterested” (p. 88). Furthermore, Rouch asked whether these groups recognised the teen fathers’ “needs and their potential contribution to positive parenting” (p. 89). How do these teenage fathers “become effective, loving fathers?” (p. 89).

### *Breaks in education*

As long ago as 1986, Pitt (as cited in Breiding-Buss, Guise, Scanlan, & Voice, 2003) suggested that there would be no solutions to teenage pregnancies since most sexual behaviour was male-initiated and little work had commenced with male teenagers around realistically managing their sexual behaviour. Clinically, the young men in this cohort were quite well-informed about STIs and male and female anatomy, but knew little about how to manage their own responses to the emotions that were occurring in them around sex.

These young men discussed at length their need for, or exclusion from, formal learning situations. Several of them were told by their families that they must leave school and “get a job!” Others were told that they needed to get on with their education. Another was given no guidance or support from anyone about his education. The teens spoke retrospectively about their knowledge of programmes available in the community for teenage mothers. In their discussion they were not sure if this was “fair.”

However, they were more vocal about the issues they encountered if they did continue in school. For example, the young person who had his first child at 14 reported that a number of his friends made him the recipient of both negative jibes and positive “You’re the man!” type comments. He had hoped to just go along to school

without anyone knowing he had made somebody pregnant. He also spoke about his own feelings, especially in the night or when he was alone and when he did not have to act as “the man” with his mates. He told us that he had no help in understanding himself. This participant said:

*I wake up at night, or get up from doing homework, or when I put my uniform on and I would feel “munted.”*

(Tell us about what you mean by “munted”?)

*Well, I made someone pregnant and I am still in school in Year 10, I am still in the junior part of school. I still wear school uniforms!*

A contrasting view was offered by the older Year 11 and 12 students. They felt that continuing in school presented different barriers for them. They said they were caught between at least two value systems. The ones who were told to leave school and get a job and step up to their new responsibility felt that they needed to leave, but in doing so, their dreams for further education “were blasted away.” If they did return to school and were still in contact with the mother (and/or child), they said that,

*putting on a short pants school uniform troubled (them) inside.*

(Tell us more about your “troubled inside.”)

*I thought that wearing a school uniform and being a father didn’t go together. No matter how you tried to keep this quiet there was always someone who knew. I often thought about the rest of my class, especially my home (form) class. I thought they were always looking at me. I think they had decided I shouldn’t be there. I thought so, too. Having a baby and being at high school didn’t seem to be right.*

(Why did you continue at school?)

*My family made me, and my partner’s family agreed. They both said I needed a good education to get a good job. Thinking back, this was a bit about my culture. I guess I followed the culture where it was okay for males to have sex early—they didn’t insist on the girl going to school. I think that was about males’ education being more important than a female’s education.*

(What do you think about this?)

*I didn’t think about that until you guys asked me. I just took it as okay for me (the male) to carry on in class. I did hate putting on short pants to go to school. It always reminded me of my having a baby and I’m still at school. It made me feel shitty.*

([After a while]—What do you think might have been better for you?)

*Having met you guys I think it would be easier for both of us to carry on our education at a place like MIT because everyone there is going on a course to get an education to help their families. They will have kids or are having kids like me. They don't wear school uniforms! (Much laughter)*

As we listened to the responses that we received when we asked the teen fathers about their education, we recognised how sad the teen fathers were. In this safe place they were able to talk about their feelings towards their education. Those who had been made to continue at school identified that being a teen father and then putting on a uniform to continue their secondary school education did not feel right.

Even the teens who were in more senior classes and were supported by the family only stayed a short time after the pregnancy was known. Those Year 11 and 12s who had little or no contact with the mother (and child), but who continued at school, reported that for one reason or another they dropped out of school within less than three months after finding out they were responsible for a pregnancy. When asked why this happened, the three participants had difficulty in answering. Their responses included:

*It was sort of cool being a father. I got this sort of feeling that I was now an adult and school wasn't necessary.*

*You got a lot of "cred" in the yard. (What do you mean?)*

*Mm. The man talk. You got elevated up with older men who had kids. You got more status. It's like you've proved yourself. You know you get slaps on your back. You've got strong swimmers [sperm] (Laughter). You know you can do it!*

*(What about a job? Were you going to support the mother?)*

*Nah! Her parents didn't want anything to do with me or for me to have anything to do with the baby.*

*(How did you feel about that?) Chill! [All good]*

*(Do you still feel like that?) Sort of. Sometimes I want to know how the kid is.*

*(Sort of? Can you tell us more?)*

*I'm 17 now and I am feeling... I think I am missing something. The baby is two now. I wonder what it's like now, I think I want to have something to do with it. I'm working, but I don't think I am on the birth certificate. (Why?) Nothing is coming out of my wages. (Do you want to pay something for the baby?) At work there are some others who have a baby from before and they all complain about paying for that baby now that they have other kids. Sometimes I think I would, but my parents tell me it isn't necessary.*

One outcome from this project was the discovery that no-one had asked these young men about how they felt about being a father until now. For most, the reaction of their parents had been as bad as they imagined it would be. In this research setting they were able to think about and share what was happening to them when their families and friends knew about the pregnancy.

The last participant went on to say:

*I do need to talk about this. Could I come to one of 'you's guys' for counselling? (Maybe not us—because now we are in a special relationship with you. We could suggest someone who could help. Maybe next year we could set up a counselling office at MIT.)*

*Mm. Okay. I had counselling for anger (four times) when I was younger and that wasn't much good. I was with mostly older people who really had beaten their partners more than once. Nah! I don't want that sort of counselling.*

(So when would you have liked a different style of counselling?)

*Probably after a while. Like when I dropped out of school. I don't know if I would have listened then but I needed it. I still need it. The OHCT did help me then and I still go to their activities, especially the camp.*

The need for a different “style” of counselling was raised by the teen fathers frequently.

If they had taken part in counselling of any kind in the past it was usually in an office somewhere that allowed others to see who was going to counselling, and this was a matter of concern. Their privacy was very important to them.

### *Access to counselling*

These young men were very clear initially that they “didn’t do” counselling. Some admitted that when at school they did sometimes “use the counsellor” to get out of a class they didn’t like or to borrow missing pieces of uniform or to get a uniform pass for a non-regulation uniform article. Some of the group had gone to mandatory counselling a few times or the OHCT people had organised this kind of support for them. However, after being exposed a number of times to the second-year counselling students in the research process, their collective views on this “new style” of counselling were changing. They conceded that if it was offered now, they might take it.

The “new style” of counselling referred to the discussions we were having under a tree, over a feed, and with breaks for a song or two. We had set some ground rules about how the participants could either “park” their conversation if they were finding it

too hard to continue, or could leave the group with one of the counselling students if something had triggered them, so that they could address the issue. If dealing with the “trigger” was beyond the scope of the student, then both knew the teenage father could access counselling staff to provide the support needed. This happened once only. For both the student and their participant there were positive outcomes.

The young men identified three different times that each possibly could have done with some counselling. The first was when they discovered “their girl” was pregnant and the families needed telling. They all said they were really worried at this time, knowing that things could get “ugly.” The second time was when decisions were being made about their education or going to work. The third time was when they had “grown up a bit” but had not had any contact with mother or child, but now they wanted to be in the child’s life.

As well, two participants thought they needed counselling at other times. One teenager had had sleepless nights because of these new experiences and the emotions he was feeling. He said these nights made him feel quite sick. One of the younger teenagers said that he was feeling overwhelmed that he had fathered a child. He thought “that babies were what adults had.”

The participants knew that the mother of their baby had or would get some counselling help. They thought this came as part of the process for the girl because she would blame them for the pregnancy. One participant had been faced with the possibility that the pregnancy might be terminated. He was told that it was not up to him; it was the girl’s decision. We did not pursue this comment as it was clear that he was very upset by his disclosure. After the meeting, he was taken to our counsellors for support.

### *Social isolation*

A major issue identified by many of the young men was how often they felt very lonely. Those who chose to stay with the mother and baby now had additional daily responsibilities which prevented them from going to rugby practice and meeting their friends. They were working to provide for the baby and the mother. They couldn’t jump in a car and go off with their mates just because they wanted to. One participant remarked:

*Once I was walking home from work and some mates came by in the car. They stopped and asked me to go with them to Rewa. I said I couldn’t because the baby was unwell and my partner needed a break. At that time, our families were still*

*angry with us about the baby and they didn't help out at all. My friends drove off and I sat down on a fence and howled.*

As he told us this he became very tearful (and so did everyone else). The other participants also affirmed they had all had similar experiences. They felt that everybody was mad at them and they felt quite alone.

One young man said that he had been sent to stay in a town about an hour from Otago because of getting a girl pregnant. He told us that one day while there, he went down to Kimihia Lake. It was early on a very foggy morning with not much wind. As the sun came up streaks of fog started to lift and a bit more water could be seen. Where the streaks lifted, he said he felt like he was in a cocoon looking out for somebody, anybody to talk to. *Where has everyone gone?*

The teenage fathers who stayed with the mother and baby were also very tired. If the baby was sick or woke often through the night, both parents would become tired. This tiredness often became chronic and further affected their functioning and ability to socialise or take part in other activities.

#### *Evaluation of the support provided by the Otago Health Charitable Trust*

For at least one of the teenage fathers, the support given by OHCT had been crucial to his survival: it was the reason he was “still around.” The Trust staff recognised that these adolescents were trying to define themselves physically, emotionally, intellectually, spiritually, and socially. They recognised that societal pressure meant the young fathers were having to grow up “real fast” to begin understanding that biologically they were now a “sire,” but did they want to be a “father”? From the conversations with the young men, some key aspects of the support provided by the OHCT staff emerged.

#### *The young men identified the things provided by OHCT that benefitted them:*

1. The Trust staff supported them through whatever processes, challenges, and scary times these young men had faced during and after the pregnancy.
2. They provided a safe space where many of the young men's challenges and processes as teenage fathers could be dealt with. In this safe space, they had a mentor from beyond their immediate family to partner with them as they came to terms with whatever they had to manage.
3. The staff supported the teenagers as mediators, negotiating issues between the two families. These issues could range from how much input the teenage father wanted or was going to be allowed to have with the child, to their housing, or going to WINZ or other agencies with the young couple.

4. The Trust staff helped with transportation to important appointments.
5. They started discussions with the teenage fathers about continuing their education.
6. They provided a cultural safety net for either the young man or the young couple.
7. They provided or accessed courses/workshops that the teenage parents needed.
8. They provided activities for the teenage fathers and, where appropriate, for the teenage mums as well. The weekend camps had a profound, positive effect on the young men.
9. They introduced the teenage fathers to other people who had managed their own family commitments as a teenage father, and to older men as role models.
10. They obtained some counselling sessions for individual teenage fathers.
11. They also enabled the young men to interact with women beyond those in their own families.

### **Key challenges faced by the teenage fathers**

As is apparent from the results presented above, the conversations also revealed key challenges these young fathers faced:

1. Getting in touch with people who could help them when it was known that the girl was pregnant. At that time, all the attention was on the pregnant young women, while these young men were mostly receiving attention that was negative.
2. Maintaining contact with the child and the mother.
3. Getting further support which they needed to be part of their children's lives as they themselves, as well as their children, were growing up.

### **Challenges for the Otago Health Charitable Trust**

From the evaluation key challenges for the OHCT that were apparent included:

1. Making contact with these young men as early as possible.
2. Continuing to communicate with these young men. (It was very clear that the young men were appreciative of the organisation's support).
3. Lack of funding.

### **Additional matters arising**

#### *Pastoral support in school*

Perhaps the biggest challenge evident in this study is the difficulty of identifying the young father early. The younger the teen, the less ready he is to "meet the demands" (Tuffin, Rouch, & Frewin, 2010, p. 494) of being a father. Most of the young men in

this study lacked support from their families and most had no idea where they could seek help. Most of our teen fathers were still at school when the pregnancy occurred. This raises the question as to why there was no pastoral support at school. None of our participants sought help from their school at this time although some had used the school counsellor previously to avoid classes or to get uniform passes. Some of the participants knew that their pregnant partner had been to see the school counsellor and had disclosed who the father was but none had received an “invite” to discuss this situation from any staff member in their school.

William Glasser in 1998 and 2001 (as cited in Kirven, 2014) highlighted the five basic needs that everyone should be able to experience, those being, “survival, love and belonging, power/achievement, freedom/independence, and fun” (p. 24). For teen fathers, it is very possible that these needs may become marginalised because they do not know where to go for help (Kirven, 2014). One of the teens, when asked why he didn’t go to see the school counsellor even though in the past he had used the counsellor to avoid going to a particular class, reported that he had a “war going on inside of him.” One side was the acceptance of his mates saying that he was a “real man now,” versus “I am really scared about this but it’s not cool to go to the counsellor.”

Among the counselling students were two who, in Year 12, became Peer Support leaders for Year 9 and 10 students. They wondered whether, if these teen fathers had been in a school that had peer support working well, their experience would have been so negative. Kiefer, Alley, and Ellerbrock (2015) suggest that teens “have a heightened awareness of and interest in peer relationships” (p. 4) but that they also “need at least one non-familial adult in school who understands their developmental needs and enjoys working with them” (p. 2). Three of the cohort said they had had a favourite teacher, but none felt they could speak to this teacher about their situation.

### *Group interviewing and group counselling*

At the beginning of this project the research group had no intention of interviewing the participants as a group, and when one of the participants suggested we should work as a group the counselling students were quite concerned. Vlasto (2010), in a research project on bereavement, explored the relevant efficacy of individual and group counselling. Vlasto’s research showed that both approaches were effective in bereavement counselling but that they “fulfilled different functions” (p. 63). Vlasto considered that group counselling reduced the participants’ isolation and they could empathise with others experiencing similar emotions, whereas individual counselling was a

setting where clients could tell their stories and where their feelings were not exposed to others. This distinction is also relevant to group and individual research interviewing. The ground rules that the group established when they moved from individual interviews to a group setting worked well for this project, but those who wanted follow-up individual counselling were set up with five free sessions of counselling with trained personnel.

When everything is added up, this cohort's responses indicate that school counsellors are best placed to provide early support for these teens, but if this is to happen, counsellors need to develop a proactive strategy that encourages teens to go to them as early as possible. Counsellors can then source additional help from agencies like the OHCT.

### *Implications for counselling*

For the counselling students, both male and female, who took part in this project, it became very clear that when they were in practice, they needed to be flexible about where counselling sessions should take place with young men such as these. It might be hanging out with a guitar, under a tree, or having a feed. As long as both counsellor and client(s) are respected and safe, then new spaces to meet for counselling sessions may be more appropriate. They recognised that, theoretically, counselling takes place most often between a counsellor and a single client, but group sessions such as occurred during the research process may have a valuable place when people are truly bonded by what the client group considers an adverse event for them.

### **Conclusion**

The main outcome for the research team and the teenage fathers was the clear evidence that adolescent males who become fathers are in need of support and guidance, and that services can effectively offer such help. Agencies such as the OHCT provide young men with ways to help them manage the challenges of fatherhood in the midst of their own adolescent development because, given their circumstances, they would rather not be seen as irresponsible, antisocial young men, and a scourge on teenage women. Early exposure to a counsellor could mean that these young men did not have to deal with negativity or disdain alone. The counsellor could help a teenage father address the issues he faces from both families. He could be guided into making the best psychosocial decisions about the partner, the baby, leaving school, going to work, and any cultural issues that may arise. Most importantly, he would not be alone.

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