



School of Psychology

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Experiences of Fatherhood in Forensic Settings

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THESIS PREFACE

The portfolio thesis presented is comprised of two discrete yet interrelated papers. The shared objective across both papers was to provide an increased understanding of men's experiences of fatherhood during their detainment in forensic services. The papers have been prepared for the *Psychology of Men & Masculinities (PMM)* journal. This journal was targeted due to its description (Appendix A) and correspondence with the editor, where both papers were considered suitable to PMM. Manuscript guidelines are documented in Appendix B. Further, a book chapter proposal on working with fathers in forensic inpatient care has been submitted and accepted.

There is limited focus on men's experiences of fatherhood whilst in prison. Consequently, there is inadequate theoretical understanding and guidance for clinical practice. This is concerning as research indicates the paternal relationship can improve outcomes for both father and child. For example, the father-child relationship can support men to lead a more pro-social life and reduce the risk that their children will develop future difficulties, such as mental health or offending behaviour. Thus, this is an area of public and government interest.

Paper One is a systematic review focused on men's experiences of fatherhood whilst imprisoned in England and Wales. The aim of the review was to integrate findings of qualitative studies in this area. A narrative synthesis approach was used for methodology and analysis. This approach was utilised as it allows flexibility in collating results from studies which vary in research design, analytic process, and participant sample. Ten studies were identified, all of which were conducted in England, as no studies meeting inclusion criteria were obtained from Wales.

Studies were evaluated for their quality, which overall was assessed to be poor. The review led to five main themes which included verification of fatherhood identity, shame associated with

perceived failure, hope & motivation, experience of loss, and guilt. The narrative synthesis undertaken offers a collective theoretical understanding of imprisoned fathers' experiences, recommendations for clinicians working in the field, and suggestions for policy.

The systematic review is relevant to Paper Two and clinical psychology in general, as many individuals in prison experience mental health difficulties. Consequently, Clinical Psychologists are often recruited into custodial settings to offer mental health provision. Further, fathers in prison and those in forensic inpatient care share other experiences such as separation from their children, involuntary detainment, tumultuous interpersonal relationships, and their own childhood trauma. Thus, the themes developed from the prison literature are likely to hold significance to fathers in forensic inpatient services. The potential influence of findings from Paper One on data analysis in Paper Two was recognised. Therefore, precautions were taken to ensure interpretation bias from Paper One was minimal.

Fathers in forensic inpatient hospitals may be transferred from prison, admitted from another hospital, or straight from court due to their mental health needs. There has been less attention focused on this client population than fathers in prison. It appears only one research study, dated in 2015, has focused on parents in forensic mental health services. This study was conducted in the UK and included fathers. Thus, this is an area which remains neglected.

Research in this area is of paramount importance as the paternal relationship can offer benefits such as supporting fathers' mental health recovery and desistance in offending behaviour. Paternal contact can also reduce the risk of children engaging in anti-social behaviour and developing their own mental health difficulties. Therefore, comparably to fathers in prison, there is a need to focus on this area as it can reduce current difficulties experienced by fathers, but also potentially prevent

difficulties repeating for future generations. Hence, this may improve outcomes for vulnerable families and reduce demand on a resource limited National Health Service (NHS).

Qualitative investigation in Paper Two involved interviewing fathers in forensic inpatient care. The aim of the study was to increase understanding of men's experiences of fatherhood in this setting through theory development. The research intended to identify areas of need, provide guidance for mental health practitioners, and offer suggestions for future research. Seventeen participants were approached to take part in the study. Some men shared that they felt it would be too emotionally difficult to participate. Eight fathers provided their consent to be interviewed.

Data was analysed using social constructivist Grounded Theory. Results from the study were developed into a theory and model, focused on the core concept of connectivity. This reflected the dynamic sense in which fathers feel connected to their paternal relationship. Core categories included the complex psychological processes fathers' experience, their interpersonal relationships, and the role of the institutional organisation. Paper Two contributes to the empirical evidence base by developing theory in this area. It further provides recommendations for clinicians and policy makers in this field.

PAPER ONE: SYSTEMATIC REVIEW

Experiences of Fatherhood in Prison: A Narrative Synthesis

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ABSTRACT

Aim: The current review aimed to offer a collective understanding of imprisoned men's experiences of fatherhood in England and Wales, through integrating the disparate findings of existing studies. *Method:* Four databases were utilised to search for relevant studies. Those which met inclusion criteria were all derived from England and appraised for methodological quality. Narrative Synthesis was utilised to analyse the data. *Results:* Themes included 1) Verification of Fatherhood Identity, 2) Hope & Motivation, and 3) Experience of Loss. *Conclusion:* Experiences of fathers in prison are complex and multifaceted yet continue to be overlooked. This is despite evidence the paternal relationship can improve outcomes for father and child. Implications for practice, research, and policy are discussed.

Keywords: *fathers, experience, prison, systematic review, narrative synthesis*

INTRODUCTION

Fatherhood in Prison

Fathers in prison have received little attention in the spheres of research, practice, and policy (Boswell, 2018). This is a concern as evidence, which is of sociopolitical interest, suggests that the paternal relationship can support fathers to desist from offending and improve future outcomes for their children (Dyer, 2005). Nonetheless, a marked dearth of research on incarcerated fathers remains. Boswell and Wedge (2002) note the empirical literature base reflects the marginalised and ostracised position of imprisoned fathers in wider society. Indeed, personal perspectives of those in prison do not appear to be valued (Bilby, 2008). Yet, pockets of research exist which have actively sought the direct experience of incarcerated fathers.

Imprisonment is often experienced as a time where fatherhood lays dormant as men are unable to adequately parent from prison. Multiple paternalistic roles are disrupted, which include traditional roles of being a provider and protector, but also contemporary expectations, such as being an emotional source of comfort (Arditti, Smock & Parkman, 2005^a). The inability to meet societal and personal expectations of fatherhood can lead imprisoned men to feel they have failed, undermining their sense of paternity and masculinity. Consequently, fathers may feel they are not a 'good father' or a 'real man', which can foster a negative emotional state (Ugelvik, 2014).

Incarcerated fathers may experience shame in relation to perceiving oneself as an ineffectual parent unable to meet the standards of fatherhood (Chui, 2016). Social stigma attached to imprisonment and involvement in the criminal justice system has also been linked to eliciting shame in fathers (Arditti, Lambert-Shute & Joest, 2003^a). Guilt appears primarily associated with the lack of ability to fulfill paternal duties and the subsequent impact on fathers' families (Chui, 2016).

Negative effects of imprisonment on families include issues such as children missing out on father-child activities, families experiencing community stigma, and increased economic strain (Chui, 2016). Some families face financial hardship, as imprisoned fathers were the primary source of income (Ugelvik, 2014). Fathers have also voiced the adverse impact their incarceration has had on their children, such as the development of anti-social behaviour, problematic alcohol use, and emotional difficulties (Dennison et al, 2014).

Fathers in prison often attempt to parent from the confines of the carceral environment, where they make efforts to maintain child contact and provide emotional support where possible (Arditti et al, 2005^a; Dennison et al, 2014). It has been observed that whilst fathers try to parent, many have no positive framework of fathering due to their own adverse childhood (Dennison et al, 2014). Many imprisoned fathers have experienced physical abuse, lack of emotional affection, and/or witnessed domestic violence; all perpetrated by their own father (Boswell & Wedge, 2002).

Arditti (2003^b) describes how imprisonment includes ambiguous and indeterminable losses, which are unable to be quantified. Changes to paternal roles and fatherhood identity may be considered such a loss. Incarcerated fathers can experience a loss of connection or alignment to their fatherhood identity, as they are unable to enact parenting practices from prison (Arditti et al, 2005^a; Chui, 2016). Dennison et al (2014) reported loss primarily related to missed opportunities to form emotional connection between father and child. Fathers may also experience loss of parental prerogative, where they are excluded from crucial life decisions, such as their children going into social care services (Boswell, 2018).

Imprisonment inevitably impacts on fathers' ability to parent, but it can offer opportunities for reflection and generativity. Prison for some men cultivated the desire to improve their paternal relationships (Arditti et al, 2005^a; Chui, 2016; Dennison et al, 2014). Arditti et al (2005^a) reported

that an aspiration to focus on parenting was related to the importance attached to fatherhood identity. Fathers in prison have been found to retain their paternal identity on some level, despite a sense of identity attrition (Chui, 2016).

Fatherhood Identity in Prison

Identity Control Theory (ICT; Burke, 2016) is concerned with identity formation, and how identities on a hierarchical structure of importance influence corresponding behaviour. Societal frameworks are closely linked to personal identities, and how they function on an individual level. Fatherhood identity is influenced by the ethos and milieu of the carceral environment, as well as the wider sociocultural context which stigmatises imprisonment (Arditti et al, 2003^a). Consequently, as aforementioned, men in prison may internalise the perception of being a ‘bad’ parent, as they are unable to fulfil societal expectations of fatherhood (Dyer, 2005).

Arditti, Acock and Day (2005^b) refer to ‘prisonisation’ as the process of identity transformation which involves acculturation and assimilation into the prison culture and environment. Pro-criminal values and existences are accepted, which are an antithetical to societal norms. Prison expectations of masculinity dictate men are expected to fight, avoid staff, and embody emotional stoicism (Phillips, 2001). Subsequently, male socialisation processes in prison often cause difficulties for imprisoned fathers (Dyer, 2005; Magaletta & Herbst, 2001).

Some fathers oppose acquiescence to carceral norms, resist unwanted prisoner status, and deny offender identities (Ugelvik, 2014). However, paternal identities may experience corrosion as they contrast with that of an imprisoned offender. Fatherhood identities in extreme circumstances may be abandoned, where they no longer integrate into one’s self-concept (Cast & Burke, 2002). Increased affiliation with ‘offender’ identities can adversely impact on family reintegration and resettlement, escalating the risk of re-offending (Dyer, 2005).

Fathers in prison often experience a fractured and fragmented sense of self (Clarke et al, 2005). This is perhaps expected as imprisonment affects multiple identities such as father, offender, prisoner, and those associated with masculinity and gender (Meek, 2007). ICT (Burke, 2016) postulates that pertinent identities influence behaviour. Thus, it is concerning that prison admission procedures do not enquire into fatherhood status, as this may further corroborate offender identities. Therefore, fathers require support and opportunities in prison to enact pro-social parenting behaviour reflective of their paternal identity (Dyer, 2005; Muth & Walker, 2013).

Fatherhood Deficit Narrative

The deficit model of fatherhood (Hawkins & Dollahite, 1997) encapsulates how men in general may be perceived as inadequate parents. Boswell (2018) and Walker (2010^a) identify how the deficit model is relevant to imprisoned men, who may experience a narrative in the criminal justice system that they are 'bad' fathers, solely due to their contact with forensic services. Concerns have also been raised that organisational prison culture may lead staff to surmise fathers do not care about their children, despite no empirical evidence for this (Ferguson & Hogan, 2004).

The attachment literature appears relevant, where initial hypotheses of the parent-child bond made no mention of fathers (Bowlby, 1958). Later developments led to the inclusion of fathers, but only subsidiary to the maternal figure (Bowlby, 1969). Pertinence of the fatherhood role is increasingly recognised in the attachment literature, but debate has been vociferous (Newland & Coyl, 2010). This controversy may reflect the deficit model which suggests fathers are subordinate, irrelevant, and/or nonexistent. Consequently, men may question their competency to parent, particularly in the criminal justice system (Walker, 2010^a). This is disconcerting, as fathering from prison can foster motivation for positive change (Magaletta & Herbst, 2001).

Recidivism, Intergenerational Offending & Risk Reduction

Fatherhood for some men can incentivise desistance from crime (Dyer, 2005). The process of offending desistance is complex and criminal activity may not cease immediately, but fatherhood can motivate contemplation of an alternative pro-social lifestyle (Helyar-Cardwell, 2012). Dixey and Woodall (2012) reported regular family visits improved mental health wellbeing, reduced re-offending, and increased success in community re-settlement. There is developing interest in the role of family ties and crime reduction, which may have significant social, economic, and political advantages (Ministry of Justice (MoJ), 2012). This is of interest as socioeconomic costs of re-offending in England and Wales in 2016 for example was an estimated £16.7 billion (MoJ, 2019).

Parental incarceration can heighten the risk of intergenerational patterns of offending (Clancy & Maguire, 2017; Murray & Farrington, 2005). The Adverse Childhood Experiences (ACEs) literature (Felitti et al, 1998; Public Health Wales (PHW), 2015) is relevant as early life trauma such as parental imprisonment can elevate the risk of anti-social behaviour, substance use, and mental health difficulties. Thus, perpetuating intergenerational patterns of trauma and offending. Prison visitation can benefit children, where father-child contact may potentially ameliorate negative outcomes (Dixey & Woodall, 2012; Kazura, 2001). Notably, parental contact should be supported unless it is not in the best interests of the child (Unicef, 1989). Boswell and Wedge (2002) report the UK has been slow to develop support for imprisoned fathers and their children.

Parents in the UK Prison Service

In England and Wales official statistics indicate in April 2020 there were 82,589 individuals detained in prison, 95.6% were male and 4.4% female (Prison Population Statistics, 2020). The UK prison service does not routinely collect data on parental status and no official record exists to

how many children imprisoned parents have (Boswell, 2018; Clarke et al, 2005; Helyar-Cardwell, 2012). This was confirmed by author attempts to acquire such information from the MoJ (Appendix A). The lack of statistical data is not limited to the UK and has been raised as an issue in other areas of the globe (Arditti et al, 2005^a).

The MoJ (2012) approximates 54% of the prison population have a child under eighteen years old; the majority being fathers due to inflated numbers of incarcerated men. It is estimated each year approximately 200,000 children in England and Wales have a parent in prison (MoJ, 2012; Williams, Papadopoulou & Booth, 2012). The number of children experiencing parental imprisonment is rising alongside increasing prison admissions (Clancy & Maguire, 2017).

Government commissioned investigation into national prison riots identified the importance of family relationships in supporting those incarcerated (Woolf, 1991). Recommendations included custodial sentences closer to home, enhanced home leave, increased visitation, and extended parental visits (Woolf, 1991). Increased attention in the UK has been on supporting father-child relationships during imprisonment and there are instances of good practice.

For example, HMP Parc in South Wales received international recognition for their Family Intervention Unit (FIU), which has been replicated in the UK and overseas (Farmer, 2017; McAllister et al, 2012). The ‘whole family’ approach of the ‘Invisible Walls Wales’ (IWW) project aims to restore, maintain, and develop family ties. Father-child contact includes activities such as ‘fire fighter for the day’, homework club, and co-creating books. The ‘Story Book Dads’ scheme where fathers record children’s books has also been implemented. Qualitative enquiry identified improvement in fathers’ relationships, organisational culture, and multi-agency working (Clancy & Maguire, 2017). Recidivism rates were anticipated to decrease, but this data is not yet available.

It is recognised whilst there is evidence of good practice, since the Woolf (1991) report, there continues to be an evident shortfall in supporting family ties across the UK prison estate (Farmer, 2017). In 2002 a UK wide government review reported that those in prison were on average 53 miles from home and nearly half had lost family contact (Social Exclusion Unit (SEU), 2002). Consequently, fathers may find they are placed a great distance from home and have difficulties maintaining family relationships. Further, parenting services are not widely available for fathers across the main prison population (Lanksey et al, 2016). There is a marked deficit in supporting incarcerated fathers, whose needs remain neglected in clinical practice, research, and policy (Boswell, 2018). This is despite evidence that the paternal relationship can enhance wellbeing and improve trajectories for both father and child (Dyer, 2005; Kazura, 2001; Pierce, 2015).

Father-Child Visitation in UK Prisons

Prison visitation can be hampered, as incarcerated men are often perceived as the embodiment of threat and danger, yet there are fathers in prison who have no history of violence (Ferguson & Hogan, 2004). Fathers have shared they are unable to demonstrate the extent they love their child, particularly when contact is irregular and insufficient (Pierce, 2015). It is recommended prison policies nurture and encourage rather than impede family contact (Pierce, 2015; Woolf, 1991). The government commissioned Farmer Review describes familial relationships as the ‘golden thread’ which should permeate all UK prison processes, as they are the cornerstone to crime reduction and intergenerational offending (Farmer, 2017). This review informed Her Majesty’s Prison and Probation Service (HMPPS, 2018) business plan for 2018-2019 to improve family ties. Government budgets were subsequently devolved to local areas to enhance family services.

This is promising yet some existing processes contradict this stance. The Incentives and Earned Privileges (IEP; Prison Reform Trust (PRT), 2019) scheme rescinded extra family visits as a

behavioural incentive for mothers, but this remains for fathers. This is irrespective of concerns it is not conducive to the paternal relationship (Liebling, 2008; Sharratt, 2014). Challenges to visitation also include travelling large geographical distances, financial strains, and inappropriate child facilities (Kazura, 2001; SEU, 2002). Telephone calls can be expensive with some UK prisons costing £1.79 per minute (Clarke et al, 2005). Letter writing may further pose difficulties due to the prevalence of literacy difficulties in prison (Kazura, 2001).

There has been limited focus on how imprisoned men experience fatherhood (Boswell, 2018). Notably, the rise of the prison population has not been met with an exponential increase in research focused on acknowledging imprisoned fathers (Dyer, 2005). Consequently, there is a lack of understanding in this area. Magaletta and Herbst (2001) note it is crucial to increase understanding of incarcerated fathers' paternal experiences to meet their needs. Thus, this area warrants attention.

Aims & Objectives

The aim of the current systematic review was to consider men's experiences of fatherhood whilst imprisoned in England and Wales, by integrating the disparate findings of available studies. Qualitative analytic methods from Narrative Synthesis (Popay et al, 2006) were utilised for this purpose. The intention of the review was to develop an aggregative descriptive account to increase understanding, rather than develop new theoretical concepts. This was in line with guidance for narrative approaches (Sandelowski & Barroso, 2006). The findings were anticipated to inform recommendations for practice, research, and policy.

METHODOLOGY

Narrative Synthesis (Popay et al, 2006) was the methodological approach taken throughout the review. The ethos of a narrative approach is to form a textual aggregative ‘story’ to answer the review question. It is intended to bridge the gap between research, policy, and practice. Guidance by Popay et al (2006) outlines an overarching approach to conducting a review (particularly qualitative in design) in its entirety which was applied to the current systematic review.

For example, recommendations in areas such as scoping the literature, developing the initial research question, creating inclusion criteria, searching the literature, recommending tools for quality appraisal and analysis, and describing the final aggregative synthesis were implemented in the current review. These stages of the process were executed from the perspective of a narrative ethos, where the ‘story’ of participants’ experiences were intended to be transparent and valid. Consequently, this is the rationale for Popay et al (2006) developing Narrative Synthesis guidance.

Popay et al (2006) for example outlines how specific tools such as thematic analysis can be utilised in the context of a systematic review rather than its usual purpose where it would be applied to primary data. Thus, consideration of how interpretations are made third-hand were taken into account and following the recommendations by Popay et al (2006), the tool of tabulation to enhance transparency was implemented. The following outlines the process of the systematic review which has been directed by Narrative Synthesis (Popay et al, 2006) guidance.

Search Strategy

Qualitative synthesis aims to locate all relevant studies to provide a representative account of the investigated phenomenon (Thomas & Harden, 2008). Database searches for relevant qualitative studies can pose difficulties in terms of identification sensitivity (Evans, 2002; Shaw et al, 2004). Thus, pertinent articles may be overlooked (Boland et al, 2017). Search criteria were intentionally left broad to increase opportunities for all relevant studies to be identified.

Database searches were conducted in PsycINFO, Scopus, Social Policy and Practice (SPAP) and Applied Social Sciences Index and Abstracts (ASSIA) in October 2019 (Appendix B). Key terms

with truncations were father* OR paternal AND prison* OR incarcerat* OR detain* OR detention OR institution* OR imprison*. Of note, the wider term ‘parent’ was not included in the database search, to refine and focus the search on the fatherhood literature. However, whilst the current search appears to have identified all available studies in the field, it is recognised that relevant studies may have potentially been overlooked. The search strategy was only adapted for database parameters in PsycINFO, where key terms were mapped to subject headings. No restrictions were placed on publication date to remain inclusive of all available studies.

Inclusion Criteria & Selection of Relevant Studies

The Population, phenomenon of Interest and COntext (PICO, Joanna Briggs Institute (JBI), 2019) tool for qualitative studies was utilised to refine the parameters and focus of the research question.

The PICO tool (JBI, 2019) further supported the study inclusion criteria documented in Table 1:

Inclusion Criteria for Study Selection
<ul style="list-style-type: none"> - Fathers (biological, adoptive, or step-parent) of any age - Participants either currently or previously detained in prison - Data collection conducted in England and Wales - Focus is on men’s experience of fatherhood whilst in prison - Qualitative or mixed-method research design/analysis - Non-experimental primary research - Peer reviewed journal articles

Table 1: Inclusion Criteria for Study Selection

The phases of the current review were documented in accordance with the Preferred Reporting Items for Systematic Reviews and Meta- Analyses (PRISMA; Moher et al, 2009) process. Documentation of the systematic procedure and diagrammatic representation in Figure 1 permits replication of methodology, thus maintaining integrity and rigour in the current review.

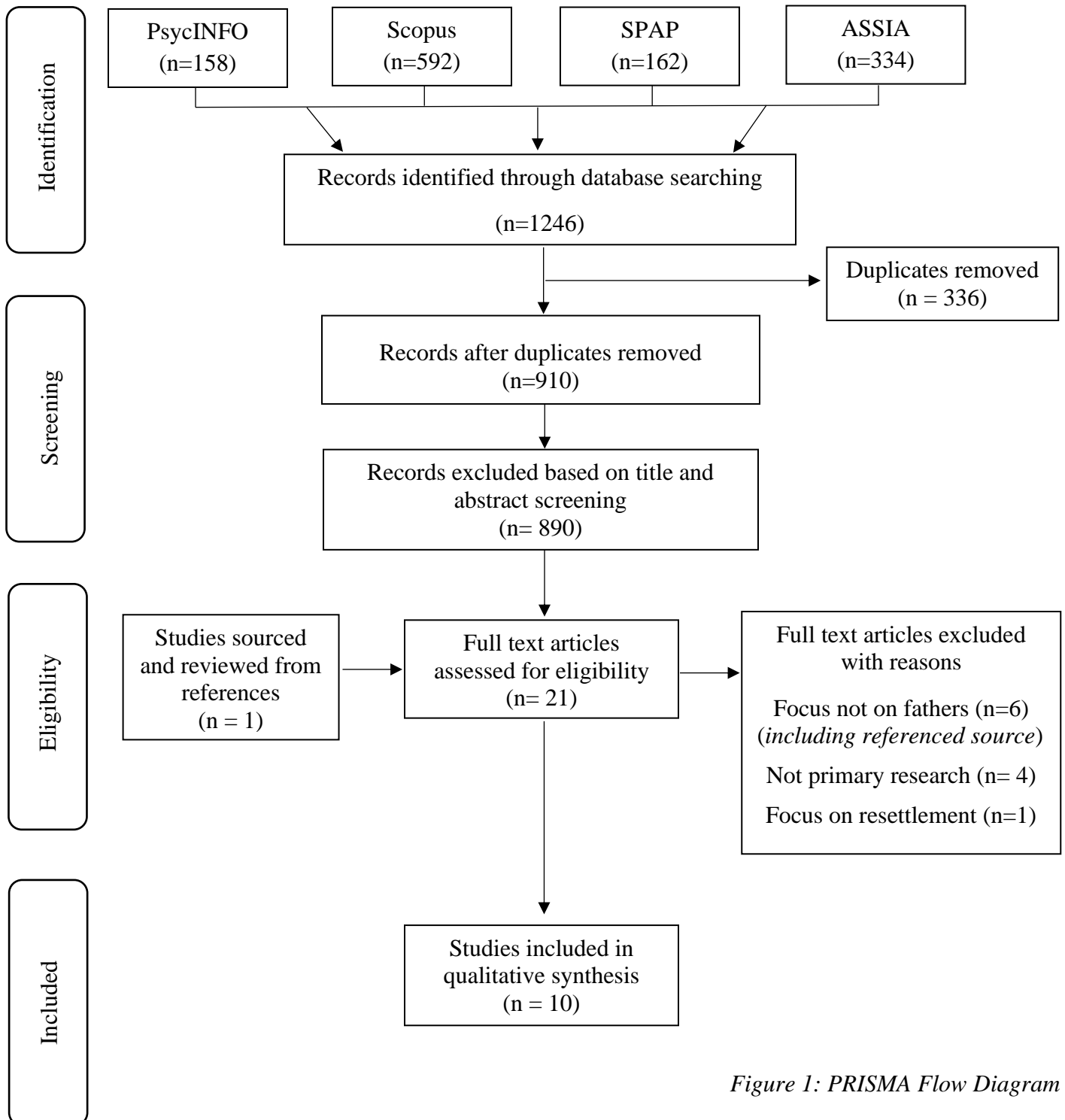


Figure 1: PRISMA Flow Diagram

Study Selection

Database searches yielded 1246 results, which was followed by removal of duplicate studies. The remaining 910 studies were screened by title and abstract. There was a conscious stance of caution as relevant qualitative studies can be difficult to identify from the title and abstract alone (Evans, 2002). Moreover, pertinent qualitative data may be embedded in larger scale projects (Boland et al, 2017). Thus, care was taken to ensure studies which offered any prospect of relevance were included for a full text review, which totalled 21 studies. Inclusion criteria were applied to ensure congruency amongst selected studies and reduce risk of selection bias. A second researcher (CH) supported decision making to further avoid selection bias. Ten studies were included for analysis.

Method of Data Synthesis

Narrative synthesis (Popay et al, 2006) was implemented as it is accommodating of participant heterogeneity, research methodology, and data analysis. It provides an explanatory narrative through providing a shared understanding of the findings that exist in and between studies, which was conducive to the aim of the review. Moreover, narrative synthesis has been suggested for systematic reviews focused on understanding lived experiences (Llewellyn-Beardsley et al, 2019). It is for these reasons narrative synthesis was considered suitable.

Guidance provided by Popay et al (2006) was adhered to throughout the systematic review process. The analytic nature of narrative synthesis is not linear or sequential but iterative. Therefore, care was taken to provide a transparent account of the data synthesis process. Narrative synthesis offers multiple methodologies. Those chosen for the review included tabulation and thematic analysis.

Quality Assessment

It is recommended that studies included for qualitative review purposes are assessed for methodological rigor and reporting quality (Popay et al, 2006; Thomas & Harden, 2008). This is fundamental as research quality is likely to influence analysis and interpretation. The Critical Appraisal Skills Programme (CASP; Public Health Resource Unit (PHRU), 2006) for evaluating qualitative research was utilised for this purpose; an extract example is provided in Appendix C. The CASP (PHRU, 2006) tool is well established and recognised in qualitative syntheses (Davenport et al, 2018). Scoring is an allocation of ‘Yes’, ‘No’, or ‘Can’t Tell’ to each domain. Total and cut off scores indicative of quality are not provided or intended, which was confirmed via correspondence with the service and conducive to the stance taken in qualitative research.

There is limited empirical evidence that relevant qualitative studies should be excluded based on quality alone (Thomas & Harden, 2008). Therefore, level of quality was not an exclusion criterion, but ratings were used to aid analytic interpretation. It is recommended at least 10% of studies are second rater reviewed (National Institute of Health and Care Excellence (NICE), 2012). Three reviewers (CH, SM & LG) rated 50% of articles to ensure inter-rater reliability; discrepancies were minimal yet discussed until a consensus was reached. Final quality ratings are shown in Table 2.

	Section A: Are the results valid? (Y – Yes, N – No & CT – Can’t Tell)						Section B: What are the results?			Section C: Will the results help locally?		
	Screening Questions		Is it worth continuing?	3) Was the research design appropriate to address the aims of the research?	4) Was the recruitment strategy appropriate to the aims of research?	5) Was the data collected in a way that addressed the research issue?	6) Has the relationship between researcher and participants been adequately considered?	7) Have ethical issues been taken into consideration?	8) Was the data analysis sufficiently rigorous?	9) Is there a clear statement of findings?	10) How valuable is the research?	
Author, Date of Publication & Title	1) Was there a clear statement of the aims of research?	2) Is the qualitative method appropriate?										
Akerman, Arthur & Levi (2018) <i>A Qualitative Study of Imprisoned Fathers: Separation and the Impact on Relationships with Their Children</i>	Y	Y			CT	CT	CT	CT	N	CT	N	Findings appear valuable to the prison recruitment site. The wider clinical implications have not been discussed in detail. Suggestions for future research are also limited. Further consideration could have been given to the influence on social policy. However, as an exploratory study it does hold value in offering initial insight into fathers’ experiences in prison.
Clarke et al (2005) <i>Fathering Behind Bars in English Prisons: Imprisoned Fathers’ Identity and Contact with Their Children</i>	Y	Y			Y	Y	Y	N	Y	N	Y	The broad ecological approach of the study allows systemic influences to be considered such as familial and societal influences. Policy and clinical practices implications have been identified. Future research needs identified but are limited.
Earle (2012)	Y	Y		N	N	N	CT	N	N	CT	The value of this research is under question as it does not contribute new ideas to the existing knowledge base, consider the implications for	

Table 2: CASP Quality Assessment Ratings (1)

<i>'Who's the Daddy?' – Ideas about Fathers from a Young Men's Prison</i>											clinical practice or identify suggestions for future research. It is a highly subjective study where no practices seem to have been adopted to enhance research validity.
Meek (2007) <i>The Parenting Possible Selves of Young Fathers in Prison</i>	Y	Y		Y	CT	Y	N	CT	Y	Y	Findings are discussed in relation to suggestions for clinical practice and considering planning for community resettlement. Future research in the 'possible selves' literature is outlined. There are limitations in clinical significance and the ability to apply results to other sites.
Meek (2011) <i>The Possible Selves of Young Fathers in Prison</i>	Y	Y		Y	CT	Y	N	N	Y	Y	Results are considered in relation to the existing theoretical knowledge base. New avenues for research are presented. However, the findings due to nature of methodological design have limited generalisability or clinical significance.
Moran et al (2017) <i>'Daddy is a Difficult Word for me to Hear': Carceral Geographies of Parenting and the Prison Visiting Room as a Contested Space of Situated Fathering</i>	CT	Y		Y	N	Y	N	N	N	CT	Findings in reference to the existing evidence base is very limited. Implications for clinical practice are not outlined and ideas for future research are not presented. The contribution of this study is under question, which may reflect the research aim, which was unclear.
O'Keeffe (2019) <i>'Start Treating me Like a Dad!' The Impact of Parental Involvement in Education on the Paternal Identity of fathers in the English Prison System</i>	Y	Y		Y	Y	Y	N	Y	N	Y	This exploratory study focused on a novel area of fathers in prison and involvement in their children's education. Identifies the need and suggestions for multi-agency working, prison intervention and policy. Results are discussed with reference to existing knowledge.

Table 2: CASP Quality Assessment Ratings (2)

Walker (2008) <i>Offending Fathers: Navigating the Boundaries Between Risk and Resource?</i>	Y	Y		CT	Y	Y	N	N	N	Y	Identifies challenges facing clinicians but offers limited suggestions on how to address them. Suggestions for future research are not outlined. Generalisability of findings and clinical significance is restricted. It is limited in scope but prompts consideration of the balance between risk and resource when working with fathers who have offended.
Walker (2010 ^a) <i>'My Son Gave Birth to Me': Offending Fathers – Generative, Reflexive and Risky?</i>	Y	Y		Y	Y	Y	N	Y	CT	Y	There are some implications for social policy and potential initiatives/interventions for prison and probation. Results are discussed in reference to the existing empirical evidence base which it both challenges and verifies. Builds on the Walker (2008) study and is valuable to the literature base.
Walker (2010 ^b) <i>'His Mam, my Dad, my Girlfriend, loads of People used to Bring Him Up': The Value of Social Support for (Ex) Offender Fathers</i>	Y	Y		Y	Y	Y	N	Y	CT	Y	Direction towards a theoretical model on how to support fathers and their families is provided, albeit this is limited. Draws on existing literature to support current research findings. Recommendations for clinicians in the field and potential generalisability of findings could have been elaborated. There are no suggestions for future research.
Total Allocation of Scores	Y = 9 N = 0 CT = 1	Y = 10 N = 0 CT = 0		Y = 7 N = 1 CT = 2	Y = 5 N = 2 CT = 3	Y = 8 N = 1 CT = 1	Y = 0 N = 8 CT = 2	Y = 4 N = 5 CT = 1	Y = 2 N = 5 CT = 3	Y = 7 N = 1 CT = 2	

Table 2: CASP Quality Assessment Ratings (3)

CASP (PHRU, 2006) Quality Appraisal Summary

The strengths of the current literature base have been in outlining the research aims, appropriately choosing qualitative methodology, describing the research design, and providing a clear statement of findings. However, there were marked weaknesses in considering the researcher and participant relationship, implementing suitable data analysis, recognition of ethical issues, and outlining recruitment strategies. These issues outweigh the strengths which were namely around planning and not the execution of the research.

The poor implementation of qualitative data analysis across the current research literature is of concern. Studies which identified specific methodology provided insufficient detail of the chosen analysis. For example, the epistemological stance taken and analytic coding process were not documented. It was unclear whether full analyses had been employed or an informed approach had been taken, which dilutes the rigor and integrity of the procedures adopted. Several studies made no mention of how data was analysed. Furthermore, a lack of acknowledgement regarding the researcher and participant dyad, which is influential in qualitative analysis is disconcerting. Thus, the validity and veracity of results are undermined in the current literature.

Ethical approval and subsequent procedures were often overlooked during reporting. This is concerning as investigations involved an emotive topic area with adults who are often vulnerable and may feel obligated to participate due to the prison/probation context. Power imbalances in the prison environment were not adequately considered and the method of participant recruitment was frequently neglected. This raises ethical issues and calls the methodological rigor of the research under question as processes to aid replication are not detailed. Overall, the current research base appears poor in quality, which is reflected in the limited recommendations for theory, practice, and policy. Thus, caution is required during interpretation of results. The summary of each CASP (PHRU, 2006) domain is documented in Table 3.

	Screening Questions	Overall Summary of CASP (PHRU, 2006) Domains
Section A: Are the Results Valid?	1) Was there a clear statement of the aims of research?	Nine studies outlined a clear statement of aims for the research undertaken. Moran et al (2017) noted the aim of the research study was to explore the material spaces and fathering practices of the carceral environment, with a focus on the visiting room. The description and explanation of the aim did not meet the criteria for a clear statement of aims and was coded as ‘Can’t Tell’ as it was unclear. This was further supported by second rater coding.
	2) Is the qualitative method appropriate?	The decision to implement qualitative methodology to address the research aims was deemed appropriate across all ten studies. The studies were generally focused on men’s experiences of fatherhood in prison. Qualitative methodology was considered appropriate for the investigation of personal lived experiences.
	<i>Is it worth continuing?</i>	
	3) Was the research design appropriate to address the aims of the research?	Research designs were considered suitable and implemented appropriately in seven studies where individual semi-structured interviews (Clarke et al, 2005; Moran et al, 2017; O’Keeffe, 2019), narrative interviews (Walker, 2010 ^a , 2010 ^b) and open-ended questionnaires (Meek, 2007, 2011) were conducted. The nature of participant interviews in Walker (2008) was unclear, therefore it was difficult to ascertain whether it was appropriate to the research aim. Semi-structured interviews and focus groups conducted by Akerman et al (2018) lacked rationale to why these methods were chosen and why two forms of data collection were used. Earle (2012) used semi-structured interviews and field observations. Reasoning for these methods were ambiguous, thus lacking justification for their use.
	4) Was the recruitment strategy appropriate to the aims of research?	There were only five studies (Clarke et al, 2005; O’Keeffe, 2019; Walker, 2008, 2010 ^a , 2010 ^b) believed to have appropriately outlined the process of participant recruitment. This process was unclear in three studies (Akerman et al, 2018; Meek, 2007, 2011) and not clearly documented in studies by Earle (2012) and Moran et al (2017).
	5) Was the data collected in a way that addressed the research issue?	Data collection methodology appeared appropriate in eight of the studies (Clarke et al, 2005; Meek, 2007, 2011; O’Keeffe, 2019; Walker, 2008, 2010 ^a , 2010 ^b ; Moran et al, 2017), where the process was outlined to aid replication. It was unclear in the Akerman et al (2018) study how data had been collected, where there was a lack of clarity on how participants were allocated to focus groups and/or individual interviews. Two participants were also involved as researchers in the project. It was not documented whether they participated in individual interviews and/or focus groups, which of concern as their involvement was likely to have been influential. There was also a marked deficit in the detail provided on the interviews and field observations conducted by Earle (2012).
	6) Has the relationship between researcher and participants been adequately considered?	None of the studies provided satisfactory consideration of the researcher and participant relational dyad. This is particularly pertinent in qualitative research where interpersonal relationships can influence data collection, methodology, and analysis. Eight studies did not make any reference to this area (Clarke, 2005; Meek, 2007, 2011; Moran et al, 2017, O’Keeffe, 2019; Walker, 2008, 2010a, 2010b). Earle (2012) and Akerman et al (2018) indicated some consideration of this issue but it was limited. In particular, the study by Akerman et al (2018) involved two imprisoned fathers who were both participants and part of the research team. This was not suitably addressed and further raises concerns with regards to ethics and access to sensitive data.

Table 3: Summary of CASP (PHRU, 2006) Domains (1)

Section B: What are the results?	7) Have ethical issues been taken into consideration?	Suitable recognition of ethical issues were only acknowledged in four studies (Clarke, 2005; O’Keeffe, 2019; Walker, 2010 ^a , 2010 ^b). However, there were some areas that had been neglected. For example, in the studies by Walker (2010 ^a , 2010 ^b) there was no mention of the power imbalance or risk of coercion in recruiting participants via the probation service in which fathers had statutory involvement and how this was mediated. Meek (2007) indicated ethical approval had been obtained but did not report subsequent procedures such as gaining informed consent. The remaining five studies (Akerman et al, 2018; Earle, 2012; Meek, 2011; Moran et al, 2017; Walker, 2008) did not document ethical approval and procedures were not always reported such as informed consent, participant anonymity, and debriefing following participation.
	8) Was the data analysis sufficiently rigorous?	<p>There were only two studies by Meek (2007, 2011) which appeared to utilise and adopt a qualitative Content Analysis (CA) as intended. Nevertheless, there seemed to be no recognition of the potential influence of own biases on data analysis or critical appraisal of their role in the analytic process. Akerman et al (2018) documented the use of Interpretative Phenomenological Analysis (IPA) and Walker (2010^a, 2010^b) reported taking a Grounded Theory (GT) approach to analysis. However, in these studies the method of data analysis was not elaborated on.</p> <p>Four studies (Clarke et al, 2005; Moran et al, 2017; O’Keeffe, 2019; Walker, 2008) did not report how data was analysed. Therefore, as this information is unavailable there is no opportunity to determine how valid the results are. Earle (2012) reported that reflexive vignettes were utilised to reflect key findings. The process of developing the vignettes was not reported, neither were procedures to mediate the subjective nature of the chosen analysis.</p>
	9) Is there a clear statement of findings?	Seven of research studies (Clarke et al, 2005; Meek, 2007, 2011; O’Keeffe, 2019; Walker, 2008, 2010 ^a , 2010 ^b) outlined a clear statement of findings. However, the outcome in Earle (2012) and Moran et al (2017) were unclear. In both papers the results and discussion appeared convoluted and ambiguous where the results and subsequent discussion were not clear and explicit. In the study by Akerman et al (2018), the findings were not clearly presented. The discussion section was limited, vague, and did not refer to the results.
Section C: Will the results help locally?		Overall, the value of the studies is in the attention it has drawn to fathers in prison and an exploration of their complex and multifaceted experience. These experiences hold implications for social policy, clinical practice, and future research. However, generally these areas are given limited consideration in the studies included for review. Qualitative methodology does limit generalisation of the findings yet recommendations and suggestions for wider practice and theory can be made with caution. Studies appear valuable to the local recruitment site but implications which may hold relevance elsewhere could be given more consideration.

Table 3: Summary of CASP (PHRU, 2006) Domains (2)

Data Extraction

Data extraction provides a structured summary of study characteristics, which preserves the context from which information has been sourced. This offers transparency from which interpretations and conclusions have been drawn (Thomas & Harden, 2008). Qualities from each study are documented in Table 4. Key documentation included areas such as sample size, mode of data collection, method of research analysis, and participant characteristics.

A total of 248 participants were recruited across all ten studies. Walker (2008, 2010^a, 2010^b) recruited one sample of 16 participants which was included once in this calculation. There was no restriction placed on age, yet all participants were over 18 years old. The ethnic composition of the participant sample was not always reported. However, available data indicated most participants were White in ethnicity. Participants were recruited from adult prisons (x 4), youth offending institutions (YOI x 3), and probation services (x 3). Of note, all studies were conducted in England as research obtained from Wales did not meet inclusion criteria.

Analytic Data Methodology

Narrative synthesis (Popay et al, 2006) proposes thematic analysis as a qualitative method. Guidance provided by Braun and Clarke (2006) was applied to the results/findings and discussion sections of each article, before comparisons within and between studies was made. This process involved 1) data familiarisation, which included reading and re-reading journal articles, 2) generating initial codes, where data was labelled into meaningful segments, 3) searching for themes, which involved identifying patterns in the data and collating initial codes into wider themes, 4) reviewing themes, which was marked by considerations such as whether themes were indeed exclusive/distinct, represented the data, and included sub themes, 5) defining themes, where

the final process of refining the themes took place, such as the meaning of sub themes in relation to wider themes, and 6) producing a descriptive narrative account, to conclude the findings.

Of note, Narrative Synthesis (Popay et al, 2006) outlines the caveat that thematic analysis is predominantly applied to primary data which can cause difficulties when utilised for systematic review purposes. Markedly, using secondary data can convolute the analytic process where the source from which conclusions have been derived are unclear. Thus, following recommendations by Popay et al (2006) care was taken to ensure the source of each theme was documented using tabulation. Further, direct quotes have been provided to support the development of the themes described.

An extract of preliminary notes, initial codes, and developing themes is provided in Appendix D. To ensure internal validity and enhance quality, two independent raters (AS & RH) coded 20% of selected studies, which indicated consensus.

Author & Date of Publication	Aim(s) of Study	Sample Size	Participant Characteristics			Method of Data Collection	Method of Data Analysis
			Age Range	Ethnicity	Location of Data Collection		
Akerman et al (2018)	Explore the impact of paternal imprisonment on fathers.	9	24-51 (mean 37)	Not Reported	Prison (x1) (Category B)	Semi-structured interviews & Focus Groups (60-90 mins)	Interpretative Phenomenological Analysis (IPA)
Clarke et al (2005)	Investigate men's parenting and couple relationships while in prison and on release.	43	23-48 (mean 32)	White (33) Black (7) White/Black (2) Asian (1)	Prison (x3) (Open x 1 – Category D; Closed x 2)	Semi-structured interviews (time unknown)	No specific analysis reported
Earle (2012)	Explore the ways ideas of fatherhood are institutionally implemented and personally experienced by young men in prison.	60	18-21 (mean unknown)	Not reported	Prison (x2) (Youth Offending Institute - YOI)	Semi-structured interviews and observations. (time unknown)	Vignettes (reflexive)
Meek (2007)	Investigate the parenting aspirations and concerns of young adult fathers in prison by exploring the content of possible selves.	39	18-21 (mean 19.83)	White (46%) Black (36%) Declined to Respond (18%)	Prison (x1) (Youth Offending Institute - YOI)	Possible Selves Questionnaire (open ended)	Content Analysis (qualitative)
Meek (2011)	Examine the extent to which the possible selves of young men in prison related to themselves as fathers. Exploring future self-concept of fathers in prison.	34	18-21 (mean 19.74)	White (34%) Black (43%) Declined to Respond (23%)	Prison (x1) (Youth Offending Institute - YOI)	Possible Selves Questionnaire (open ended)	Content Analysis (qualitative)

Table 4: Data Extraction of Study Characteristics (1)

Moran et al (2017)	Explore the material spaces and fathering practices in prison, with a focus on the visiting room.	32	Not Reported	Not Reported	Prison (x1) (Category B & C)	Semi-structured interviews (30-90 mins)	No specific analysis reported
O’Keeffe (2019)	Investigate involvement of incarcerated fathers in children’s education and the impact of this on their paternal identity.	15	18-60 (mean unknown)	White (15)	Prison (x1) (Category C)	Semi-structured interviews (time unknown)	No specific analysis reported
Walker (2008)	Explore how fatherhood identity and practice can be a resource to self and family in prison.	16	20-49 (mean unknown)	White (15) Not Reported (1)	Probation	Interviews (time unknown)	No specific analysis reported
Walker (2010 ^a)	To understand how men make sense of fatherhood in the context of criminality through reflection on perceptions, practices and aspirations.	16	20-49 (mean unknown)	White (15) Not Reported (1)	Probation	Narrative Interviews (20 – 90 mins)	Grounded Theory (GT)
Walker (2010 ^b)	Explore father's experience of social support in maintaining a parenting relationship in prison.	16	20-49 (mean unknown)	White (15) Not Reported (1)	Probation	Narrative interviews (20 – 90 mins)	Grounded Theory (GT)

Note: Prisoners in England and Wales are categorised on their risk of escape, harm to public if escape was successful and threat posed to the management and stability of the prison.
Closed Prisons: Category A = highest risk, if the prisoner were to escape, they would pose the most threat to the public, police, and/or national security. Category B = Either local or training prisons. Prisoners are taken from court to a prison in their local area (sentenced or on remand). Training prisons hold long-term and high security prisoners. Category C = Training and resettlement prisons which offer prisoners the opportunity for occupational development for release.
Open Prison: Category D = Minimal security where prisoners can spend time on licence away from the prison to undertake work, education and engage in other resettlement opportunities.
Youth Offending Institute (YOI): Individuals aged between 18-21 years old (Home Office, 2020)

Table 4: Data Extraction of Study Characteristics (2)

RESULTS

Thematic Analysis: Main Themes & Sub Themes

Three main themes were developed from the analysis; 1) Verification of Fatherhood Identity, 2) Hope & Motivation, and 3) Experience of Loss. Specific focus of each study varied but no significant discrepancies were found which warranted attention. Thus, results generally indicated consensus within and between studies. Narrative Synthesis (Popay et al, 2006) does not tend to document direct quotations (e.g. Clarke et al, 2016; Llewellyn-Beardsley et al, 2019; Schoeb & Bürge, 2012; Vallido et al, 2010). However, there can be a lack of clarity in how themes have been developed. Thus, data has been provided for the purpose of illustrating each of the themes. Further, tabulation was implemented to depict the source of each theme in Table 5. An integrated descriptive narrative is also provided.

AUTHOR & DATE OF PUBLICATION	MAIN THEMES & SUB THEMES					
	VERIFICATION OF FATHERHOOD IDENTITY			HOPE & MOTIVATION		
	Reliance on Others to Enable and Support Fatherhood	Attempting to Enact Fatherhood Practices in Prison	Offender Identity in Relation to Fatherhood	Desistance from Crime	'Keep Going' in Prison	Improved Father-Child Relationship
Akerman et al (2018)	✓	✓	✓	✓	✓	✓
Clarke et al (2005)	✓	✓	✓	✓	✓	✓
Earle (2012)		✓			✓	✓
Meek (2007)		✓	✓	✓		✓
Meek (2011)			✓	✓		✓
Moran et al (2017)	✓	✓			✓	✓
O'Keeffe (2019)	✓	✓		✓	✓	✓
Walker (2008)	✓	✓	✓	✓	✓	✓
Walker (2010 ^a)	✓	✓	✓	✓	✓	✓
Walker (2010 ^b)	✓	✓		✓		✓

Table 5: Tabulation of Themes (1)

Author & Date of Publication	MAIN THEMES & SUB THEMES		
	EXPERIENCE OF LOSS		
	Erosion of Fatherhood Status	Father-Child Experiences ('missing out')	Adverse Impact on Children
Akerman et al (2018)	✓	✓	✓
Clarke et al (2005)	✓	✓	✓
Earle (2012)	✓		
Meek (2007)		✓	
Meek (2011)			
Moran et al (2017)	✓	✓	
O'Keeffe (2019)	✓	✓	
Walker (2008)		✓	✓
Walker (2010 ^a)	✓	✓	✓
Walker (2010 ^b)	✓		

VERIFICATION OF FATHERHOOD IDENTITY

The theme of fatherhood identity permeated all ten studies which included reliance on others to enable and support fatherhood, fathers' attempts to enact parenting practices, and consideration of the offender identity in relation to fatherhood.

Reliance on Others to Enable and Support Fatherhood

The level of reliance fathers had on others to substantiate their paternal identity was apparent. Child contact was primarily dependent on the child's mother, where the relationship between mother and father influenced whether it took place (Akerman et al, 2018; Walker, 2008; 2010^a). The term 'maternal gatekeeping' was explicitly named by Moran et al (2017), O'Keeffe (2019) and Walker (2010^b) but the concept was described elsewhere as mothers having a central role in moderating and negotiating contact (Akerman et al, 2018; Clarke et al, 2005; Walker, 2008, 2010^a, 2010^b). Some mothers had declined to facilitate contact as their relationship with the child's father had deteriorated (Moran et al, 2017; Walker, 2010^b).

'[Fathers were] often heavily reliant on permissions granted by the gatekeeper (which in all cases was the mother)' – O'Keeffe (2019)

"We [father and child] kept in touch, writing to each other, and I'd phone her when I could and then towards the middle of my sentence, after I'd been in like maybe two years, the writing had practically stopped, the phone calls had stopped. I was getting a bit of grief from her mother at the time." – Walker (2010^b)

'a key interpersonal relationship is with the mother, who plays a central interface-moderating role, since her presence is needed to accompany children on prison visits and her influence crucial in facilitating letter writing or telephone calls.' – Clarke et al (2005)

Outside of the mother-father relationship, involvement of other family members often included paternal parents, grandparents, and siblings (O'Keeffe, 2019; Walker, 2010^b). Female family members predominantly played a critical role in supporting fathers (Walker, 2008; 2010^a).

'it was the women in the family who played a critical role in facilitating parenting relationships on behalf of their sons and brothers. In some cases, this included working with social services to ensure contact with the children'. – Walker (2010^a)

'Women in the family played a central role, keeping the relationship alive as much for the men as for their children. Mothers, in particular, parented on behalf of their sons' – Walker (2008)

This further included facilitating contact and ensuring children held their father in mind (Walker, 2010^b). Familial networks were a valuable resource and whilst reference was made to formal professional support (Akerman et al, 2019; Walker, 2010^a, 2010^b), this was not comparable.

The reliance fathers had on their familial network had adverse repercussions, which appeared to elicit guilt. Fathers reported their families faced increased financial pressure (Clarke et al, 2005; Walker, 2008, 2010^a), parental responsibilities (Akerman et al, 2018; Clarke et al, 2005), and demands required for visitation (Walker, 2010^a, 2010^b). Families often travelled substantial distances for visits, which were exhaustive of time, money, and energy (Walker, 2010^b).

"My dad could only get like there once a month because he's a lorry driver...he'd have to come up on a Saturday and he had to be there in the morning, so he'd have to set off at half five, six, pick my girlfriend up and that and it was, when he got home he were exhausted ... just to see me for an hour and a half, to come all the way back home" – Walker (2010^b)

Financial strain was associated with fatherhood expectations to economically contribute, which appeared to exacerbate guilt (Clarke et al, 2005; Walker, 2008, 2010^a). Some fathers reported animosity from the child's mother as they were left to parent alone (Clarke et al, 2005). Several children experienced behavioural and emotional difficulties which families attempted to manage (Walker, 2010^a).

"She [child's mother] had to look after the family, do everything, and look after my business as well. She could feel a bit of animosity towards me because it was the wrong thing I had done... I had put her in a bad situation" – Clarke et al (2005)

"My relationship ended when I was in prison, we just couldn't cut it. She

couldn't cut it. The kids just started to go off the rails when I was not there. It has been so hard" – Walker (2010^a)

Attempting to Enact Fatherhood Practices in Prison

Fathers attempted to enact parenting practices from the confines of prison, where they endeavoured to father from a distance (Walker, 2008, 2010^a, 2010^b). This included for example co-parenting by providing guidance and discipline (Akerman et al, 2018; Clarke et al, 2005), attempting to prevent distress (Earle, 2012), emotionally supporting the child's mother (Meek, 2007), actively asking about school (O'Keeffe, 2019), and seeking to provide gifts (Moran et al, 2017).

"I support them [children] by phone, I offer support and guidance. We agree on the rules together" – Akerman et al (2018)

Some fathers in open prison had the opportunity to change nappies and play with their children (Clarke et al, 2005). This level of contact was not common practice, as fathers in closed prison remain seated with limited physical contact permitted (Clarke et al, 2005; Moran et al, 2017).

'If you stand up, [staff] moan at you standing up. My son runs about, I chase him..if he's running off, I go and play with him or I'll go and chase him and ...they [staff] say, 'Well, stop jumping up'. I'll say, 'No, I'm not gonna stop jumping[up]. This is my visit; I do what I wanna do. I'm not causing no bother, so no, I won't sit down', you know what I mean? – Moran et al (2017)

Barriers to enacting fatherhood during visitation included perceived hostility of prison (Clarke et al, 2005; Moran et al, 2017), intense unnatural interactions (Moran et al, 2017; Walker, 2010^b), artificiality of carceral environment (Clarke et al, 2005), and child boredom (O'Keeffe, 2019). This is in adjunct to the notion of 'being there', where fathers tried to maintain a presence in their children's lives, yet felt unable to whilst in prison (Clarke et al, 2005; Meek, 2007; Moran et al, 2017; Walker, 2008, 2010^a, 2010^b). Nevertheless, fathers demonstrated parental characteristics such as protectiveness over their children's physical and psychological wellbeing. This included voicing concerns that men with sexual offences against minors attended visitation (Clarke et al,

2005; Moran et al, 2017), potential distress related to contact (Moran et al, 2017; Walker, 2008, 2010^b), and risk of normalising prison (Moran et al, 2017).

‘a significant proportion of sexual offenders [were] coming to the end of their prison term, respondents said they discouraged visits because they did not want to expose children to prisoners convicted for paedophilia’ – Clarke et al (2005)

“I don’t want them [children] growing up as if [prison’s] the norm, sort of thing... My son, [aged 12] knows of prison but I don’t want him to see the inside of one. I think as someone who understands, of 9, 10, 11, 12, it’s not the right place. It could give them the wrong attitude.” – Moran et al (2017)

Offender Identity in Relation to Fatherhood

Influence of ‘offender’ identities on fatherhood were shared by fathers. Offender identities and intergenerational patterns of crime appeared to permeate some families (Akerman et al, 2018; Walker, 2010^a). Societal stigmatisation seemed to accentuate ‘offender’ status and further marginalise men, weakening their fatherhood identity (Akerman et al, 2018; Clarke et al, 2005). Fathers disclosed fear of returning to previous substance/alcohol use and engagement in crime, as such behaviour was not conducive to fatherhood (Akerman et al, 2018; Meek, 2007, 2011).

‘My interviews with (ex) offender men revealed a sense in which fatherhood was one of the key dimensions of their lives that caused them to reflect on the high costs of their crimes to their children and themselves’ – Walker (2010^a)

‘The stigmatisation of imprisonment in the wider community may act to attenuate prisoners’ identities as respectable fathers and amplify their criminal identity’. – Clarke et al (2005)

“I identify with the criminal...my birth father was in prison [and my] adoptive father is in prison”. – Akerman et al (2018)

Further, in describing offending behaviour and incarceration fathers appeared to experience shame (Akerman et al, 2018; Clarke et al, 2005; Walker 2008, 2010^a). There was a fear of exposure where children may become aware of an index offence via other family members and/or social media (Akerman et al, 2018).

“I didn’t have a chance to tell her [daughter], her mum did, even the extreme of the violence, it’s shameful, degrading.” – Akerman et al (2018)

Fathers further shared their substance use and/or offending had taken precedence over their families (Walker, 2008; 2010^a), which appeared to prompt shame and failure. Clarke et al (2005) noted shame had led fathers to keep their distance as they did not wish for their children to see them in prison. Thus, whilst offending behaviour and incarceration appeared in line with an ‘offender’ identity, it adversely impacted on the father-child relationship.

“For some the punishment and shame of being in prison were also reasons to keep a distance for their children’ – Clarke et al (2005)

HOPE & MOTIVATION

Hope and motivation were prevalent across all ten studies, which included desistance from crime, to ‘keep going’ in prison, and to have an improved father-child relationship in the future.

Desistance from Crime

“I can’t get involved in crime again” – Akerman et al (2018)

“When I was on drugs I still loved her. I still cared for her, don’t get me wrong but because I was on drugs other things took precedence over your child but since I’ve got out of prison, I’m clean and I wouldn’t give her up for the world.” – Walker (2010^a)

Fathers voiced the paternal relationship motivated them to desist from future crime and drug/alcohol use, as the high costs were recognised as incompatible with parenthood (Akerman et al, 2018; Clarke et al, 2005; Meek, 2007, 2011; O’Keeffe, 2019; Walker, 2008, 2010^a; 2010^b). O’Keeffe (2019) and Walker (2008; 2010^a) noted the term going ‘straight’ reflected hope of a pro-social life. Imprisonment had offered respite as opportunity to appraise offending, leading fathers to consider future aspirations (Clarke et al, 2005; Walker, 2008).

'interviewees were keen to show their commitment to 'going straight' and living different lives on release' – O'Keeffe (2019)

"I really missed my family. If I didn't have had a family, I'd be in and out of jail all my life. Jail's hard if you got a family and a missus" – Walker (2008)

"[I hope to] never come back to prison" - Meek (2011)

'Keep Going' in Prison

Motivation to 'keep going' in prison was often shared by fathers (Akerman et al, 2018; Clarke et al, 2005; Earle, 2012; Moran et al, 2017; O'Keeffe, 2019; Walker, 2008, 2010^a), where the paternal relationship offered purpose and meaning to support fathers through their sentence. Poignant moments such as hearing their baby mumbling or receiving children's drawings appeared to offer hope (Clarke et al, 2005; Moran et al, 2017). Children were cognitively held in mind which provided aspiration for the future following release (Earle, 2012; Moran et al, 2017; O'Keeffe, 2019; Walker, 2010^a). This appeared crucial to fathers' mental health wellbeing and in some cases may have prevented carceral suicide (O'Keeffe, 2019; Walker, 2008; 2010^a).

"I would have killed myself in prison if not for my daughter" – Walker (2010^a)

'Men describe how hearing the sound of their child could be significant in "getting me through the day" - for instance, one girlfriend ensured that a respondent was able to regularly "listen to baby mumbling." – Clarke et al (2005)

"I've just got to get out and be there with my son" - Earle (2012)

Improved Father-Child Relationship

"I hope they will love me as much as I love them" – Meek (2007)

"I want to be able to see my lad [son] again, to take him away on holiday...to be free with him...I want to be his father again" – Walker (2010^a)

Fathers reported motivation to change and improve the relationship with their child (Akerman et al, 2018; Clarke et al, 2005; Earle, 2012; Meek, 2007, 2011; Moran et al, 2017; O’Keeffe, 2019; Walker, 2008, 2010^a, 2010^b). This included an emotionally reciprocal relationship, providing financially, increased involvement, and generally being a ‘good’ father (O’Keeffe, 2018; Meek, 2007, 2011; Walker, 2010^a). Motivation for an improved relationship appeared to give fathers a sense of existential reason, meaning, and hope to their lives (O’Keeffe, 2019; Walker, 2008).

“[I hope to be] a good father” – Meek (2011)

EXPERIENCE OF LOSS

Erosion of fatherhood status and missed parental experiences reflected loss in nine studies.

Erosion of Fatherhood Status

Some participants reported they no longer felt like fathers as other men had replaced them in this role (Walker, 2010^a). Children occasionally perceived their fathers as a friend, uncle, sibling, or a non-descript person (Akerman et al, 2018; Earle, 2012; Walker, 2010^a).

“I guess I am just happy to be called Uncle XXX now. I am not sure it would be right to be any other way. And, they have got their other dads. Their other dads that have raised them. But I don’t feel like dad because I’m not their dad ...not in the emotional sense” – Walker (2010^a)

“At the end of the day, I’m just a man in a big bright orange bib who’s got sweeties for him [son], that’s all I am really” – Earle (2012)

O’Keeffe (2019) described fathers felt they were no longer treated as a parent by the school system they were once actively involved in. Fathers also perceived a loss of entitlement to voice their opinion (Akerman et al, 2018; Clarke et al, 2005; Earle, 2012; Walker, 2010^a). Consequently, they felt unable to provide guidance around discipline and lifestyle choices (Akerman et al, 2018; Clarke et al, 2005; Moran et al, 2017).

“What right do I have to voice my opinion, I could have a solid opinion outside if I was always there...I’m not the parent that has been there” – Akerman et al (2018)

Father-Child Experiences (‘missing out’)

*“Time is slipping away nothing I can do.
They’re growing up, I’m helpless” – Akerman et al (2018)*

Fathers reported ‘missing out’ on events such as birthdays, holidays, school plays, and the birth of their child (Akerman et al, 2018; O’Keeffe, 2019; Walker, 2008, 2010^a). Developmental time periods were missed such as children navigating adolescence. Fathers described how time felt stagnant, yet their children were growing and changing (Akerman et al, 2018; Clarke et al, 2005). Some men found visitation difficult as observed father-child interactions reminded them of missed opportunities with their own children (Moran et al, 2017). Loss also included prospects to develop and/or maintain emotional connection, as it had been disrupted by imprisonment (Akerman et al, 2018; Clarke et al, 2005; Moran et al, 2017; Walker, 2008; 2010^a).

*It was very tough for me the first time. I saw one prisoner, his wife came with his kids, three girls he’s got, it was very tough. I kept on looking over and seeing his little one running over to him and playing with a little pram, it was very tough. I kept on seeing my [own] daughter.
– Moran et al (2017)*

“This last one [most recent sentence], it was the worst prison sentence that I’ve actually done and I’ve done a few, you know what I mean. It hit me hard, a year away from my daughter’s life. It was devastating. I felt gutted...now there is still that gap from when I was in prison...You know you have missed out.” – Walker (2010^a)

“I’m spending time in prison and not with my son” – Meek (2007)

In missing out on father-child experiences, participants appeared to experience loss associated with unmet paternal expectations. They did not perceive themselves as a ‘good’ father (Clarke et al, 2005; Meek, 2007; Moran et al, 2017). For example, fathers voiced they were unable to provide a positive role model (Walker, 2008), a stable two parent family (Walker, 2008, 2010^a), provide

protection (Meek, 2007), and share experiences due to their absence (Akerman et al, 2018; Moran et al, 2017; Walker, 2008, 2010^a).

“Every day I’m failing them, because I’m stuck in prison...boys like to go for their games, the girls like to go for their bits and their bobs, and I should be doing it. So, each day in here’s a failure to me...every night [when] I put my head on that pillow, mate, it does hurt” – Moran et al (2017)

‘They [participant fathers] had failed themselves in terms of their own expectations, of wanting to be different from their own dads fathering, they failed their children, and they failed their families. They quite simply weren’t there.’ – Walker (2008)

“I’m an even worse father than him [own father]” – Akerman et al (2018)

One father recalled his child associated him with the smell of alcohol, whilst another named feeling shame as he had chosen an anti-social lifestyle over parenting (Akerman et al, 2018). Some men had desired to parent differently to their own father who had been absent (several due to prison), abusive, and/or neglectful (Akerman et al, 2018; Walker, 2008; 2010^a). Fathers voiced failure in repeating patterns of adverse parenting (Walker, 2008; 2010^a). Ultimately, there was a sense of loss, as fathers’ paternal role expectations had not been achieved.

Adverse Impact on Child(ren)

Loss related to missed father-child experiences appeared to be associated with the subsequent impact on participants’ children. It seemed such loss was related to unmet paternal expectations as the nature and quality of the father-child relationship was affected by the adverse impact on fathers’ children. Fathers reflected on the impact of their behaviour and their incarceration on their children, which appeared to elicit guilt. Consequently, both father and child seemed to experience their own loss related to the paternal relationship.

“He [son] is holding back and I can’t blame him. I suppose in his own little head he does sort of think why has my dad stopped seeing me? why has he left me? And he’s probably a bit apprehensive that I am going to disappear again” – Walker (2010^a)

“I feel guilty for causing emotional trauma [to child] - it’s my fault” – Akerman et al (2018)

Akerman et al (2018) reported fathers shared their children had difficulties with bullying, mental health, school engagement, and anti-social behaviour due to their incarceration. Repeated patterns of offending and periods of time in prison caused children to feel confusion and trepidation (Akerman et al, 2018; Walker, 2008). Fathers explained paternal absence had led children to go “off the rails” which had prompted guilt (Walker, 2010^a). There were concerns children may engage in crime, whilst one father disclosed his child was in prison (Akerman et al, 2018). Thus, the loss experienced in the paternal relationship, namely in relation to fathers’ absence due to incarceration, seemed to have a profound effect on fathers and their children.

“[I have a] son in prison... crime was son’s way of bonding with me, It’s a vulnerability when the parent is away, they [children] take on the identity they think they should have, [my] son is in for similar crimes. He didn’t stand half a chance to stay out”. – Akerman et al (2018)

DISCUSSION

The aim of the current systematic review was to consider men’s experiences of fatherhood whilst imprisoned in England and Wales. Existent research findings were integrated to provide a shared understanding of incarcerated fathers’ experiences. The objective was not to develop new theoretical concepts but provide an aggregative description; the initial step in narrative approaches (Sandelowski & Barroso, 2006). Key themes included verification of the fatherhood identity, hope and motivation, and experience of loss.

Themes discussed in the current review reflect the wider literature. The importance of verifying fatherhood identity has been reported across the literature (e.g. Arditti et al, 2005^a; Dyer, 2005). It appears a sense of fatherhood identity remains despite limited or no child contact. The extent to

which this varies across fathers is unknown, but it is hypothesised factors such as culture are influential (Chui, 2016). Nevertheless, the high level of reliance fathers place on their family to substantiate and support fatherhood identity appears universal.

Experiencing guilt has been reported in literature beyond the current review, where fathers focus on their behaviour and subsequent outcomes. In the current study guilt was not a main theme in itself but appeared to be associated with loss and offender identities. In China, Chui (2016) reported guilt was associated with fathers' inability to provide for their families. Guilt was hypothesised to be associated with identities related to masculinity and fatherhood. Fathers imprisoned in Australia have voiced concerns regarding the negative impact of imprisonment on their children and the risk of intergenerational offending (Dennison et al, 2014). These concerns are justified as parental incarceration is identified as an adverse event in the ACEs literature, which increases the risk of behavioural and mental health difficulties (Felitti et al, 1998; PHW, 2015).

This is relevant to intergenerational adversity, as many individuals in prison have experienced childhood trauma (Ardino, 2012). Notably, in the current review participants reported absent, neglectful, and/or abusive fathers. Imprisoned fathers' desire to provide an alternative experience for their own children has been reported elsewhere; yet due to personal trauma they are not equipped to do so (Dennison et al, 2014; Boswell & Wedge, 2002). This is pertinent as a relationship between developmental trauma and shame has been reported (Schimmenti, 2012).

Of note, shame was not a main independent theme in the current study but appeared to be associated with loss and offender identities. Loss was prevalent in the current review and wider global adult prison literature in America (Arditti, 2003^b; Arditti, 2005^a), China (Chui, 2016), Australia (Dennison et al, 2014), and Norway (Ugelvik, 2014) for example. Changes in fatherhood

identity and missed opportunities for father-child connection can be difficult to quantify in terms of loss as they are abstract and indeterminable. Fathers often grieve losses such as reduced involvement in their child's life and changes in how they are perceived by their child, as their role can become undefined (Dyer et al, 2005).

Hope and motivation appear universal experiences which can remain present despite the challenges of prison (Arditti et al, 2005^a; Chui, 2016; Magaletta & Herbst, 2001; Maruna, 2001; Muth & Walker, 2013). Notably, desire and hope for change may only materialise once a fathers' situation has deteriorated, prompting reflection on paternal absence or ruptured state of parenting (Peled, Gavriel-Fried & Katz, 2012). Hope and motivation may be valuable vehicles for change, as fathers are offered a sense of meaning and purpose (Maruna, 2001; Peled et al, 2012). This lends consideration to clinical implications.

Implications for Clinical Practice

The crucial importance of the familial network in the current review has been highlighted. These families are often vulnerable systems themselves in which imprisoned fathers operate. Systemic family interventions have been advocated for incarcerated fathers and initial qualitative evaluation appears promising (Clancy & Maguire, 2017). Yet, a systematic review by Roberts et al (2017) outlined that whilst family intervention seems encouraging, ultimately there is limited empirical evidence for parents in prison.

The pressure to demonstrate treatment efficacy through risk reduction and recidivism rates is of relevance. To investigate the long-term value of systemic interventions requires longitudinal research beyond imprisonment to community resettlement. The lack of longitudinal research in

this area may reflect wider issues of funding as it is rarely allocated to prospective long-term studies (Boswell, 2018).

Large adult prison projects such as IWW in Wales (Clancy & Maguire, 2017) have received substantial grants which have allowed recruitment of multiple agencies and implementation of family based projects. Yet, systemic initiatives are not available for all fathers across the main UK prison estate (Lanksey et al, 2016). This would require philosophical change at an organisational and political level which necessitates extensive time, commitment, and funding. Nevertheless, systemic approaches have gained recent interest due to heightened focus on family ties during imprisonment, and are the primary intervention advocated by the current study.

On an individual level, it is plausible due to the complex experience of imprisoned fathers, that a multi-modal approach may be appropriate. Substantiating fatherhood identity was prominent in the current review. Narrative interventions are advocated as an approach to support re-alignment to the paternal identity in a non-stigmatising way; which is apt for the prison population (Arditti et al, 2005^a; Dyer, 2005; Maruna, 2001). This approach can motivate offending desistance as fathers may consider how offender identities are not conducive to parenting (Arditti et al 2005^a; Maruna, 2001). Thus, providing a catalyst for change.

Therefore, whilst the prison system treats fathers in line with offender identities for risk management purposes, it has an opportunity to explore an alternative pro-social fatherhood identity. This is theoretically supported by ICT (Burke, 2016) which hypothesises that multiple hierarchical identities influence subsequent behaviour depending on their prominence. The extent to which identities undergo change is dependent on the importance attached to it (Burke, 2016;

Peled et al, 2012). The role of shame is relevant, as it has been suggested central to identity formation (Matos & Pinto-Gouveia, 2010).

Compassion Focused Therapy (CFT; Gilbert, 2009) places shame at the core of its theoretical foundation and focus for intervention, suggesting it may be appropriate for fathers in prison. Shame has been reported to underlie offending behaviour and heighten the risk of mental health difficulties (Matos & Pinto-Gouveia, 2010). This is applicable to incarceration due to elevated mental health needs present in the prison population (Bradley, 2009; Durcan et al, 2014).

The CFT model may offer understanding of how shame can internally activate the threat system and be triggered by the external prison environment. Moreover, CFT (Gilbert, 2009) recognises early experiences of adversity and the impact on biopsychosocial development, which, as mentioned, is relevant to imprisoned fathers. It is partly derived from the forensic literature (Gilbert, 2009), and has been applied to offending behaviour in forensic settings (Taylor, 2017).

Implications for Government Policy

Governmental power to influence organisational change is required if appropriate provision for fathers is to be available. It is advocated that recording parental status and nature of child contact on admission is written into policy across all UK prison estates. This will ensure such data is available but potentially identify risk to self. Encrenaz et al (2014) note fathers over twenty-five years old who have a prison sentence longer than six months have a significantly higher risk of suicide. This risk increases alongside distress associated with father-child separation (Krüger et al, 2017). Thus, there are implications around duty of care to identify if imprisoned men are fathers.

The IEP scheme in the UK (PRT, 2019) has been rescinded for mothers yet disparity remains for fathers. It is recommended family visitation is no longer incentivised as it is not supportive of the father-child relationship (Liebling, 2008; Sharratt, 2014), which, as outlined, is a main source of hope and motivation. Further, the present scheme is not conducive to existing recommendations (e.g. Farmer, 2017; HMPPS, 2018; Woolf, 1991). Increased opportunities for father-child contact are advocated, including video-assisted contact which would support families with the geographical and financial challenges of visitation (McLeod & Bonsu, 2018). This would require mandated guidance to ensure such provision is regulated and managed safely.

Recommendations for Future Research

Imprisoned fathers' experiences remain neglected despite government recommendations to focus on relationships between those in prison and their families (e.g. Farmer, 2017; HMPPS, 2018; Woolf, 1991). Increased attention in this area is warranted and it is recommended qualitative research is implemented to gain rich contextual data. However, it is of paramount importance research is high quality as indicated in the current review. Quantitative methodologies offer the ability to investigate paternal demographics in the prison service, as this data is not yet available.

Representativeness of the current participant sample, namely in relation to age and ethnicity, identifies areas for future research. The present sample includes fathers over 18 years old, despite no restriction placed on age. There is an over representation of young fathers in the criminal justice system (Helyar-Cardwell, 2012), with an anticipated 10% of imprisoned males aged 15-17 in the UK having their own child (Parke, 2009). Consequently, this area necessitates future attention.

In England and Wales, there is an overrepresentation of ethnic minority individuals in prison (Jackson et al, 2010). Of note, most participants in the current review were White in ethnicity.

Thus, the present findings may not be ethnically representative. Fathers of ethnic minority status may have declined participation, but these reasons are unknown. Potential barriers to participation would be worthy of investigation.

O’Keeffe (2019) raised the issue of selection bias where fathers who had active involvement or a desire to parent were more likely to participate in research. It is possible fathers who experienced marked difficulties in their paternal relationships and/or a less defined fatherhood role were not represented. Walker (2010^b) interviewed prison officers who shared their perspective of the challenges facing fathers. Future research may seek to focus on recruiting staff, families, and children to triangulate data and further understand the difficulties present.

Fathers who are detained in forensic inpatient settings under the Mental Health Act (MHA; 1983, amended 2007) also require consideration. This is relevant as a large proportion of men in prison experience mental health difficulties and some may be transferred to inpatient services or go straight from court (Bradley, 2009; Durcan et al, 2014). Parrott, Macinnes and Parrott (2015) conducted a UK study in this context with parents in secure care, comparable themes to those identified in prison were reported. However, this appears to be the only study available in this area.

Context of Findings: Quality Appraisal

The CASP (PHRU, 2006) appraisal identified the overall quality of the current empirical evidence base is poor. Fundamental research procedures have been overlooked or inadequately executed, which undermines the integrity and rigor of the studies. Therefore, caution is recommended in interpreting the outcome of the current review. Notably, studies of a higher quality provided a greater contribution to the analysis due to richer data available. It is recommended research studies

of a high quality are conducted before an interpretative synthesis seeking to develop new knowledge and theoretical concepts is undertaken.

Consideration of Narrative Synthesis Methodology

Narrative Synthesis (Popay et al, 2006) offers versatile and flexible guidance to conducting a systematic review. It can be applied to heterogenous participant groups and various analytic methodologies. Consequently, it was considered appropriate for the current review. However, whilst guidance is available there is no standardised approach available, which raises issues around replicability (Sandelowski & Barroso, 2006). Therefore, care was taken to detail the review process and refer to published studies utilising the approach.

The current review provides an aggregative description of the findings available, which is recommended as the initial step in narrative synthesis (Sandelowski & Barroso, 2006). Moreover, whilst thematic analysis can be utilised to develop new knowledge, it is not usually chosen for this purpose (Popay et al, 2006). Therefore, it was suitable for the purpose of the current review. There is a caveat for using thematic analysis for systematic review purposes, as it can be difficult to identify the source of each theme (Popay et al, 2006). This was mediated through thematic tabulation to trace each theme to corresponding studies.

Strengths & Limitations of the Current Review

In the UK, systematic reviews form the basis of NICE guidelines for clinical practice. This is due to the strength in the systematic, transparent, and methodical nature in which they have been conducted (Boland et al, 2017). The current review implemented several practices to ensure methodological rigor and integrity. It was conducted in adherence to PRISMA (Moher et al, 2009),

and utilised the CASP (PHRU, 2006) tool for quality appraisal. Inter-rater coding was applied to 50% of quality coding and 20% of studies were thematically analysed to reduce bias and enhance validity. Five additional researchers were involved in the inter-rater reliability process.

The current review provides the first comprehensive and aggregative account of men's experiences of fatherhood in prison. Nevertheless, there are considerations worthy of note. It is recommended that systematic reviews acknowledge potential for contributing to publication bias (Song et al, 2000). It was recognised that the grey literature can be a valued resource, yet it was decided not to include it for several reasons. There is limited guidance around the process, replication can be difficult, peer review status is often unclear, and accessibility can be problematic (Mahood, Ven Eerd & Irvin, 2013). Inadvertently, the review contributes to publication bias as it is only representative of published research available in the field.

The rationale for focusing on England and Wales was due to marked differences in criminal justice legislation and procedures, prison environment, political climate, and cultural expectations of fatherhood within and outside of the UK. Shared themes across the globe may have been identified but this could have led to neglect of social, economic, and cultural influences. Thus, the context of data collection may have been lost. The review is limited to England, particularly as no studies were obtained from Wales, yet it may prompt consideration of fathers in prisons elsewhere.

It was considered how expanding the inclusion criteria beyond England and Wales may have affected the conclusions drawn in the current review. As aforementioned, differences in criminal justice legislation, policies for imprisoned parents, carceral environments, and cultural expectations differ across the world. Consequently, these wider influences are likely to influence fathers' experiences in prison depending on their geographical location.

It is recognised that cultural differences across the globe are not represented. For example, Chui (2016) hypothesised how imprisoned fathers in China may experience heightened levels of shame due to cultural narratives related to honor and dignity, which may vary from paternal expectations in Western culture. Further, consideration of how prison disrupts intergenerational processes of sharing cultural traditions throughout the world has been overlooked. Namely, Dennison et al (2014) report how indigenous aboriginal fathers in Australia voiced the importance of teaching their children cultural family traditions, which was ultimately restricted by their imprisonment. Thus, it is worthy of consideration that studies focused on fathers in other areas of the globe may result in different themes to those in the current review.

CONCLUSION

Fathers in prison experience complex and multifaceted emotions which require further investigation. They enter a pertinent time during imprisonment marked by changes in paternal identity and attempts to repair or maintain family contact. The ability for fathers to sustain their parental relationships is primarily reliant on others, namely their familial network. Professional support is required to support fathers in prison, through understanding their needs and helping them to navigate a crucial time in their lives. This may in turn reduce recidivism and intergenerational offending; issues which are considered of sociopolitical interest.

Declaration of Interest

The author concedes there are no conflicts of interest.

REFERENCES

- Akerman, G., Arthur, C., & Levi, H. (2018). A qualitative study of imprisoned fathers: Separation and impact on relationships with their children. *Prison Service Journal*, 238, 16-27.*
- Ardino, V. (2012). Offending behaviour: The role of trauma and PTSD. *European Journal of Psychotraumatology*, 3(1), 1-4.
- Arditti, J.A., Lambert-Shute, J., & Joest, K. (2003^a). Saturday morning at the jail: Implications of incarceration for families and children. *Family Relations*, 52(3), 195-204.
- Arditti, J.A. (2003^b). Locked doors and glass walls: Family visiting at a local jail. *Journal of Loss and Trauma*, 8(2), 115-138.
- Arditti, J.A., Smock, S.A., & Parkman, T.S. (2005^a). "It's been hard to be a father": A qualitative exploration of incarcerated fatherhood. *Fathering*, 3(3), 267-288.
- Arditti, J.A., Acock, A.C., & Day, R.D. (2005^b). Incarcerated fathers returning home to children and families: Introduction to the special issue and a primer on doing research with men in prison. *Fathering: A Journal of Theory, Research & Practice about Men and Fathers*, 3(3), 183-200.
- Bilby, C. (2008). Does it really matter what offenders think? The importance of uncovering offenders' experiences in prison and on probation. *Prison Service Journal*, 177, 38-42.
- Boland, A., Cherry, G., & Dickson, R. (2017). *Doing a systematic review: A student's guide*. London: Sage Publications
- Boswell, G., & Wedge, P. (2002). *Imprisoned fathers and their children*. London: Jessica Kingsley Publishers.

- Boswell, G. (2018). Imprisoned fathers and their children: A reflection on two decades of research. *Child Care in Practice, 24*(2), 212-224.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychology, 39*, 350-373.
- Bowlby, J. (1969). *Attachment and loss: Volume I*. Rochester: Vintage Digital.
- Bradley, K.J.C. (2009). *The Bradley report*. London: Department of Health (DoH)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Quality Research in Psychology, 3*(2), 77-101.
- Burke, P.J. Identity control theory. In G.Ritzer (Ed.). *The Blackwell encyclopaedia of sociology*. (pp. 2202-2206). Oxford: Blackwell Publishing.
- Cast, A. D., & Burke, P. J. (2002). A theory of self esteem. *Social Forces, 80*(3), 1041–1068.
- Chui, W.H. (2016). Voices of the incarcerated father: Struggling to live up to fatherhood. *Criminology & Criminal Justice, 16*(1), 60-79.
- Clancy, A., & Maguire, M. (2017). Prisoners and their children: An innovative model of 'whole family' support. *European Journal of Probation, 9*(3), 210-230.
- Clarke, L., O'Brien, M., Day, D., Godwin, H., Connolly, J., Hemmings, J., Van Leeson, T. (2005). Fathering behind bars in English prisons: Imprisoned fathers' identity and contact with their children. *Fathering, 3*(3), 221-241.*
- Clarke, C., Lumbard, D., Sambrook, S., & Kerr, K. (2016). What does recovery mean to a forensic mental health patient? A systematic review and narrative synthesis of the qualitative literature. *The Journal of Forensic Psychiatry & Psychology, 27*(1), 38-54.

- Davenport, K., Hardy, G., Tai, S., & Mansell, W. (2018). Individual experiences of psychological-based interventions for bipolar disorder: A systematic review and thematic synthesis. *Psychology and Psychotherapy: Theory, Research and Practice*, 92(4), 499-522.
- Dennison, S., Smallbone, H., Stewart, A., Freiberg, K., & Teague, R. (2014). 'My life is separated': An examination of the challenges and barriers to parenting for indigenous fathers in prison. *The British Journal of Criminology*, 54(6), 1189 – 1108.
- Dixey, R., & Woodall, J. (2012). The significance of 'the visit' in an English category-B prison: Views from prisoners, prisoners' families and prison staff. *Community Work & Family*, 15(1), 29-47.
- Durcan, G., Saunders, A., Gadsby, B., & Hazard, A. (2014). *The Bradley report five years on*. Centre for Mental Health. London: UK.
- Dyer, J. (2005). Prison, fathers and identity: A theory of how incarceration affects men's paternal identity. *Fathering*, 3(3), 201-219.
- Earle, R. (2012). 'Who's the daddy?' – Ideas about fathers from a young men's prison. *The Howard Journal of Criminal Justice*, 51(4), 387-399.*
- Encrenaz, G., Miras, A., Contrand, B., Galera, C., Pujos, S., Michel, G., & Lagarde, E. (2014). Inmate-to-inmate violence as a marker of suicide attempt risk during imprisonment. *Journal of Forensic and Legal Medicine*, 22, 20-25.
- Evans, D. (2002). Database searches for qualitative research. *Journal of the Medical Librarians Association*, 90(3), 290-293.
- Farmer, M. (2017). *The importance of strengthening prisoners' family ties to prevent reoffending and reduce intergenerational crime*. London: Ministry of Justice (MoJ).

- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACEs) study. *American Journal of Preventative Medicine*, 56(6), 774-786.
- Ferguson, H., & Hogan, F. (2004). *Strengthening families through fathers: Developing policy and practice in relation to vulnerable fathers and their families*. Waterford: Department of Social and Family Affairs.
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, 15(3), 199-208.
- Hawkins, A.J., & Dollahite, D.C. (1997). *Generative fathering: Beyond deficit perspectives*. Thousand Oaks: Sage Publishing.
- Helyar-Cardwell, V. (2012). Fathers for good? Exploring the impact of becoming a father on young offenders' desistance from crime. *Safer Communities*, 11(4), 169-178.
- Her Majesty's Prison and Probation Service (HMPPS). (2018). Business Plan 2018-2019. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/724911/HMPPS_Business_Plan_2018-19.pdf on 07/02/2020.
- Home Office. (2020). *Working in the Prison Service*. Retrieved from <https://prisonjobs.blog.gov.uk/your-a-d-guide-on-prison-categories/> on 20/01/2020.
- Jackson, J., Taylor, T.R., Bradford, B., Taylor, D., Shiner, M. (2010). Legitimacy and procedural justice in prisons. *Prison Service Journal*, 191, 4-10.

- Joanna Briggs Institute (JBI). (2019). *Reviewers manual*. Retrieved from <https://wiki.joannabriggs.org/display/MANUAL/10.2.2+Developing+the+title+and+question> on 02/03/2020.
- Kazura, K. (2001). Family programming for incarcerated parents: A needs assessment amongst inmates. *Journal of Offender Rehabilitation*, 32(4), 67-83.
- Krüger, S., Priebe, S., Fritsch, R., & Mundt, A. (2017). Burden of separation and suicide risk of prisoners with minor children. *International Journal of Law and Psychiatry*, 52, 55-61.
- Lanksey, C., Lösel, F., Markson, L., & Souza, K. (2016). Children's contact with their imprisoned fathers and the father-child relationship following release. *Families, Relationships and Societies*, 5(1), 53-58.
- Liebling, A. (2008). Incentives and earned privileges revisited: Fairness, discretion, and the quality of prison life. *Journal of Scandinavian Studies in Criminology and Crime Prevention*, 9(1), 25-41.
- Llewellyn-Beardsley, J., Rennick-Egglestone, S., Callard, F., Crawford, P., Farkas, M., Hui, A., Manley, D., McGranahan, R., Pollock, K., Ramsay, A., Sælør, K.T., Wright, N., & Slade, M. (2019). Characteristics of mental health recovery narratives: Systematic review and narrative synthesis. *Public Library of Science*, 14(13), 1-31.
- Magaletta, P.R., & Herbst, D.P. (2001). Fathering from prison: Common struggles and successful solutions. *Psychotherapy*, 38(1), 88-96.
- Mahood, Q., Van Eerd, D., & Irvin, E. (2013). Searching for grey literature for systematic reviews: Challenges and benefits. *Research Synthesis Methods*, 5(3), 221-234.

- Maruna, S. (2001). *Making good: How ex-convicts reform and build their lives*. Washington DC: American Psychological Association (APA).
- Matos, M., & Pinto-Gouveia, J. (2010). Shame as a traumatic memory. *Clinical Psychology and Psychotherapy*, 17(4), 299-312.
- McAllister, F., Burgess, A., Kato, J., & Barker, G. (2012). *Fatherhood: Parenting programmes and policy – A critical review of best practice*. London/Washington DC: Fatherhood Institute/Promundo/MenCare.
- McGregor, H.A., & Elliot, A.J. (2005). The shame of failure: Examining the link between fear of failure and shame. *Personality and Social Psychology Bulletin*, 31(2), 218-231.
- McLeod, B.A., & Bonsu, J. (2018). The benefits and challenges of visitation practices in correctional settings: Will video visitation assist incarcerated fathers and their children? *Children and Youth Services Review*, 93, 30-35.
- Meek, R. (2007). The parenting possible selves of young fathers in prison. *Psychology, Crime & Law*, 13(4), 371-382.*
- Meek, R. (2011). The possible selves of young fathers in prison. *Journal of Adolescence*, 34(5), 941-949.*
- Mental Health Act (MHA, 1983, amended 2007). *Chapter 20*. Retrieved from <https://www.legislation.gov.uk/ukpga/1983/20> on 29/12/2019.
- Ministry of Justice (MoJ). (2012). *Prisoners' Childhood and Family Backgrounds*. London: MoJ.
- Ministry of Justice (MoJ). (2019). *Economic and Social Costs of Reoffending: Analytical Report*. London: MoJ.

- Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., & PRISMA Group (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *International Journal of Surgery*, 8, 336 – 341.
- Moran, D., Hutton, M.A., Dixon, L., & Disney, T. (2017). ‘Daddy is a difficult word for me to hear’: Carceral geographies of parenting and the prison visiting room as a contested space of situated fathering. *Children’s Geographies*, 15(1), 107-121.*
- Muth, W., & Walker, G. (2013). Looking up: The temporal horizons of a father in prison. *Fathering*, 11(3), 292-305.
- Murray, J., & Farrington, D.P. (2005). Parental imprisonment: effects on boys’ antisocial behaviour and delinquency through the life-course. *Journal of Child Psychology and Psychiatry*, 46(12), 1269–1278.
- National Institute for Health and Clinical Excellence (NICE) (2012). *Methods for the Development of NICE Public Health Guidance (PMG4)*. England: NICE.
- Newland, L.A. & Coyl, D.D. (2010). Fathers’ role as attachment figures: An interview with Sir Richard Bowlby. *Early Child Development and Care*, 180(1-2), 25-32.
- O’Keeffe, H. (2019). ‘Start treating me like a dad!’ The impact of parental involvement in education on the paternal identity of fathers in the English prison system. *Cambridge Journal of Education*, 49(2), 197-213.*
- Parke, S. (2009). *HM inspectorate of prisons and youth justice board, children and young people in custody 2006-2008: An analysis of the experiences of 15-18 year olds in prison*. London: HM Inspectorate of Prisons.

- Parrott, F.R., Macinnes, D.L., & Parrott, J. (2015). Mental illness and parenthood: Being a parent in secure psychiatric care. *Criminal Behaviour and Mental Health*, 25(4), 258 – 272.
- Peled, E., Gavriel-Fried, B., & Katz, N. (2012). “I’ve fixed things up”: Paternal identity of substance-dependent fathers. *Interdisciplinary Journal of Applied Family Science*, 61(5), 893-908.
- Phillips, J. (2001). Cultural construction of manhood in prison. *Psychology of Men Masculinity*, 2(1), 13-23.
- Pierce, M. B. (2015). Male inmate perceptions of the visitation experience: Suggestions on how prisons can promote inmate-family relationships. *The Prison Journal*, 95(3), 370-396.
- Popay, J., Roberts, H., Sowden, A., Pettigrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme*. Retrieved from https://www.researchgate.net/publication/233866356_Guidance_on_the_conduct_of_narrative_synthesis_in_systematic_reviews_A_product_from_the_ESRC_Methods_Programme on 05/12/2019.
- Prison Population Statistics. (2020). *Prison population figures*. Retrieved from <https://www.gov.uk/government/statistics/prison-population-figures-2020> on 17/04/2020.
- Prison Reform Trust (PRT). (2019). *Incentives and earned privileges*. Retrieved from <http://www.prisonreformtrust.org.uk/ForPrisonersFamilies/PrisonerInformationPages/IncentivesandEarnedPrivileges> on 05/12/2019.
- Public Health Resource Unit. (2006). Critical appraisal skills programme (CASP) qualitative checklist. Retrieved from: <https://casp-uk.net/casp-tools-checklists/> on 17/05/2020.

- Public Health Wales (PHW). (2015). *Welsh adverse childhood experiences (ACEs) study. Adverse childhood experiences and their impact on health harming behaviours in the Welsh adult population*. Cardiff: PHW.
- Roberts, A., Onwumere, J., Forrester, A., Huddy, V., Byrne, M., Campbell, C., & Valmaggia, L. (2017). Family intervention in a prison environment: A systematic literature review. *Criminal Behaviour and Mental Health*, 27(4), 326 – 340.
- Sandelowski, M., & Barroso, J. (2006). *Handbook for synthesizing qualitative research*. New York: Springer Publishing Company.
- Schimmenti, A. (2012). Unveiling the hidden self: Developmental trauma and pathological shame. *Psychodynamic Practice*, 18(2), 195-211.
- Schoeb, V., & Bürge, E. (2012). Perceptions of patients and physiotherapists on patient participation: A narrative synthesis of qualitative studies. *Physiotherapy Research International*, 17(2), 80-91.
- Sharratt, K. (2014). Incentivising prison visits: New research findings on the needs of children with imprisoned mothers and fathers. *Prison Service Journal*, 216, 24-29.
- Shaw, R., Booth, A., Sutton, A.J., Miller, T., Smith, J.A., Young, B., Jones, D.R. & Dixon-Woods, M. (2004). Finding qualitative research: An evaluation of search strategies. *BioMedCentral Medical Research Methodology*, 4(5), 1-5.
- Social Exclusion Unit. (2002). *Reducing reoffending by ex-prisoners*. London: Office of the Deputy Prime Minister.

- Song, F., Eastwood, A. J., Gilbody, S., Duley, L., Sutton, A. J. (2000). Publication and related biases: A review. *Health Technology Assessment*, 4(10), 1-115.
- Taylor, J. (2017). Compassion focused working in secure forensic care. *Journal of Criminological Research, Policy and Practice*, 3(4), 287-293.
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *Biomed Central Medical Research Methodology*, 8(45), 1-10.
- Ugelvik, T. (2014). Paternal pains of imprisonment: Incarcerated fathers, ethnic minority masculinity and resistance narratives. *Punishment and Society*, 16(2), 152-168.
- Unicef. (1989). *United nations convention on the rights of the child (UNCRC)*. London: Unicef.
- Vallido, T., Wilkes, L., Carter, B., & Jackson, D. (2010). Mothering disrupted by illness: A narrative synthesis of qualitative research. *Journal of Advanced Nursing*, 66(7), 1435-1445.
- Walker, L. (2008). Offending fathers: Navigating the boundaries between risk and resource? *Prison Service Journal*, 177, 8-12.*
- Walker, L. (2010^a). 'My son gave birth to me': Offending fathers – generative, reflexive and risky? *British Journal of Social Work*, 40(5), 1402-1418.*
- Walker, L. (2010^b). 'His mam, my dad, my girlfriend, loads of people used to bring him up': The value of social support for (ex) offender fathers. *Child and Family Social Work*, 15(2), 238-247.*

Williams, K., Popadopoulou, V., & Booth, N. (2012). *Prisoner's childhood and family backgrounds: Results from the surveying prisoner crime reduction (SPCR) longitudinal cohort study of prisoners*. London: Ministry of Justice (MoJ).

Woolf, E. (1991). *The Woolf report: A summary of the main findings and recommendations of inquiry into the prison disturbances*. London: Prison Reform Trust (PRT).

(* studies included in systematic review)

PAPER TWO: EMPIRICAL RESEARCH PROJECT

"My kids will always be around me, if not physically, spiritually they will always be around me":

Experiences of Fatherhood in Forensic Inpatient Services

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ABSTRACT

Aim: The current study aimed to increase understanding of men's experiences of fatherhood in forensic inpatient care; a population overlooked in research and at risk of neglect in clinical practice. *Method:* Eight participants recruited from forensic inpatient services were interviewed. Data was analysed via social constructivist Grounded Theory. *Results:* The central psychological concept developed was that of paternal connection, reflecting a transient sense of participants connection to their father-child relationship. Core categories included 1) Psychological Processes, 2) Interpersonal Relationships, and 3) Institutional Organisation. *Conclusion:* Fathers in forensic inpatient care experience dynamic psychological connectivity to their paternal relationship, regardless of child contact. This multi-layered experience requires responsive intervention to support fathers in this context. Recommendations for research, practice, and policy are outlined.

Key words: father, mental health, parenting, forensic, inpatient

INTRODUCTION

Fatherhood & Social Constructivism

Social construction of fatherhood is described as the shared public discourse which defines the father-child relationship and paternal role expectations (Gregory & Milner, 2011). These ideas hold powerful influence and ubiquitous pressure, permeating fathers' experiences (Featherstone, 2009). Collective ideas vary across cultures and may gradually evolve over time in response to lifestyle changes, shifts in societal concerns, and developing gender role expectations (Boswell, 2018; Ramachandani & Psychogiou, 2009).

Fathers have received little attention in the parenting literature and may be perceived in the limited remit of financial providers, disciplinarians, and protectors (Dick, 2011). Yet, there is growing recognition of fathers due to contemporary changes in how men parent (Eggebeen & Knoester, 2001). In modern society, fathers can have more active involvement in birthing plans and parental activities, and also childcare since many mothers return to employment (Boswell, 2018). Notably, this primarily relates to Western culture.

Conceptual and social changes in modern fatherhood are reflected in the child attachment literature, which has received criticism for neglecting fathers (Palm, 2014). Bowlby (1958) made no reference to fathers in the early development of attachment theory, and later work only viewed their presence as subsidiary to the maternal figure (Bowlby, 1969). However, the father-child bond has gained traction in the literature. It is argued men can fulfil the primary care role alongside the mother, which has prompted vociferous debate (Grossman et al, 2002; Newland & Coyl, 2010).

It is proposed a new fatherhood role identity has emerged where fathers are generally more emotionally available, nurturing, and affectionate (Dick, 2011). Social construction has

significantly shaped contemporary fatherhood, where men are navigating a dynamic parenting landscape complicated by cultural, economic, and social change (Boswell & Wedge, 2002; Dick, 2011; Gregory & Milner, 2011). This is significant as transition into fatherhood can integrate into one's self and form a significant facet of their identity (Evenson et al, 2008).

Fatherhood & Identity

Identity Control Theory (ICT; Burke, 2016) hypothesises that multiple identities develop on a hierarchical formation of importance, shaping associated behaviours. Respective identities are entrenched in an influential social structure, each experiencing variable societal marginalisation, which is pertinent to how individuals perceive themselves (Burke, 2016). This is relevant to fathers who have offended and are detained under the Mental Health Act (MHA, 1983, amended 2007), as identities pertaining to 'offender' and 'mental health patient' experience social stigmatisation (Brooker & Ullman, 2008).

Personal identities can develop and alter over time, where affiliation with more pro-social identities can promote positive behaviour and reduce offending risk (Maruna, 2001). Yet, identity change is complex, requiring sustained emotional fortitude (Burke, 2016). Power and status further complicate this process, as vulnerable individuals unable to verify their identity may be influenced by those more dominant (Burke, 2016). This is relevant to parents with mental health (MH) difficulties as they are considered vulnerable adults (Department of Health (DoH), 2000).

Parental Mental Health

There has been increasing interest in qualitatively exploring the dual complexity of parenting with MH needs (Royal College of Psychiatrists (RCPSYCH), 2011). Literature has primarily focused on the impact of parental MH on children, with an interest in mothers' MH, and only more recently

fathers' MH (Krumm, Becker & Wiegand-Grefe, 2013). Specific focus on fathers' MH experiences appear limited, but pockets of research exist (Galasinski, 2013).

Evenson et al (2008) reported fathers with psychosis had a sense of purpose and meaning attached to their paternal role, where fatherhood was an essential feature of their personal identity. Reupert and Maybery (2009) also note the central importance of fatherhood identity, which can be present despite limited child contact. Further, the paternal relationship may provide direction for fathers' treatment and their lives in general. Yet, they can feel isolated and stigmatised due to MH needs.

Fathers in the Evenson et al (2008) study described how MH difficulties precluded their ability to fulfil paternal expectations, leading to shame and failure. They voiced how MH issues fostered alienation and an inability to develop an emotional connection with their child. Men further shared aspirations to parent differently to their own fathers, who had been physically and emotionally abusive during their childhood. Of note, fatherhood is highly influenced by men's relationship with their own father (Dick, 2011).

The Adverse Childhood Experience (ACEs) literature (Felitti et al, 1998; Public Health Wales (PHW), 2015) is relevant as negative early life events increase the risk of difficulties such as MH issues, substance/alcohol use, and offending. Parental MH issues are recognised to increase the risk of adverse child outcomes. Indeed, fathers' MH needs heighten the risk of behavioural, emotional, and relational difficulties in their children (Ramachandani & Psychogiou, 2009; Spector, 2006). Thus, an intergenerational cycle of ACEs may ensue (Woods-Jaeger et al, 2018).

Fathers in Prison

Imprisoned fathers share similar characteristics to those in forensic inpatient services, where they experience child separation due to detainment in an institutional setting. Furthermore, over 90%

of individuals in prison are estimated to have MH needs, some of which are pervasive and enduring (Bradley, 2009). Those in prison have often experienced abusive parenting themselves and many have associated trauma (Ardino, 2012; Goff et al, 2007). Argent et al (2017) reports over half the forensic inpatient population have experienced some form of childhood abuse.

Comparably to the MH literature, Boswell and Wedge (2002) found imprisoned fathers did not wish to repeat fathering from their childhood. Incarceration prompted reflection on their paternal absence, offending, and barriers in parenting from prison. Guilt and shame were experienced, as the idealised fatherhood role had not been achieved. Experiences of guilt are generally associated with the adverse impact on child and family (Walker, 2010^a). Shame has been reported in relation to offending (Clarke et al, 2005) and unmet fatherhood expectations (Chui, 2016).

Imprisonment includes implicit and indeterminable losses (Arditti, 2003). This appears relevant to incarcerated fathers who are reported to enter a period of grieving (Dyer, 2005). Yet, despite the costs of imprisonment and limited and/or no child contact, fathers can maintain a sense of paternal identity. The importance of fatherhood identity has been reported across the globe (e.g. Akerman, Arthur & Levi, 2018; Arditti et al, 2005^a; Dennison et al, 2014; Ugelvik, 2014). ICT (Burke, 2016) appears relevant, as it would suggest that for some men, fatherhood identity continues to hold meaning. This may explain why some imprisoned fathers maintain hope and motivation for change (Arditti, Acock & Day, 2005^b).

It is plausible given the prevalence of MH difficulties in prison that incarcerated fathers may share experiences with those detained in forensic MH services. Indeed, some parents have been detained in prison prior to their transfer into secure MH care. Nonetheless, parents in forensic inpatient services require particular attention (Parrott, Macinnes & Parrott, 2015).

Parents in Forensic Inpatient Services

It is estimated one-quarter to one-third of UK forensic MH clients are parents, some of whom maintain contact and have active child involvement (Chao & Kuti, 2009; Gow et al, 2010). Yet, higher rates of 46% have been recorded (Argent et al, 2017). The majority of parents in this context are likely to be fathers, as approximately 87% of the forensic inpatient population are male (Ministry of Justice (MoJ), 2018).

There remains a notable dearth of research on parents in forensic inpatient care (Parrott et al, 2015). This is concerning as hospitalisation and detention under the MHA (1983, amended 2007) can be traumatic for the parent, children, and family network (Reupert & Maybery, 2007). Trauma may occur on multiple levels for the parent, as they experience serious MH issues, detainment, and separation from loved ones (Akerson, 2003). Chao and Kuti (2009) identify that the negative impact of hospitalisation on parents and their children is at risk of neglect.

Professional focus on the parent-child relationship centres around risk and visitation. This is of upmost importance, yet, decisions involving parental MH can be influenced by assumptions of violence and harm to children, which may be inaccurate (Reupert & Maybery, 2007). Stallard et al (2004) noted staff may assume clients are not child focused or their parental relationship is not a current priority. Thus, judgements of a poor parental relationship may be held (Aldridge, 2006).

This leads to consideration of formal assessment into paternal circumstances and needs. The Care Programme Approach (CPA, MHA, 1983, amended 2007) in the UK and Care and Treatment Plan (CTP, Mental Health (Wales) Measure, 2010) in Wales are frameworks for MH provision, which include awareness of parenting relationships. However, the extent to which fathers' needs are explored in clinical practice is unclear. Moreover, specific guidance for forensic inpatient services

is limited. Recommendations outline logistical advice around safeguarding and visitation (RCPSYCH, 2019), yet emotional needs appear overlooked.

Furthermore, a suitable assessment tool for fathers does not appear available. The Camberwell Assessment of Need (CAN; Phelan et al, 1995) is widely used to understand the needs of individuals with serious MH difficulties. Several versions are available including the CAN-FOR (Thomas et al, 2003) for forensic settings and the CAN-M (Howard et al, 2008) for mothers. No comparable assessment appears available for fathers. This is an oversight as the father-child relationship can motivate MH recovery (Evenson et al, 2008; Reupert & Maybery, 2007) and reduce criminogenic risk (Clancy & Maguire, 2017).

Experiences of Parents in Forensic Inpatient Care

Parrott et al (2015) conducted a UK qualitative study investigating parents' experience of forensic inpatient care. This appears to be the only study to include fathers in this context. It was reported that parental identity remained significant despite hospitalisation, similarly to the prison literature (e.g. Chui, 2016). Participants also shared the importance of staff acknowledging parental status. The quality of parent-child relationships and ability to meet children's needs fluctuated depending on parental MH wellbeing (Parrott et al, 2015).

Loss, shame, and guilt appeared associated with failed parenting aspirations (Parrott et al, 2015). Offending behaviour especially elicited shame, comparably to imprisoned fathers (e.g. Clarke et al, 2005). Consequently, fathers in particular chose to prevent child contact. Nonetheless, MH stigma was the most prominent barrier to visitation, where fathers struggled to explain their admission and MH difficulties to their children. Stearn and Parrott (2012) note how shame fosters avoidance of social contact, to prevent public evaluation.

Evenson et al (2008) reported fathers appeared to avoid child contact during hospitalisation due to MH shame and their children seeing them at their most unwell. They also attempted to protect their children from other clients and the hospital environment. Parrott et al (2015) noted fathers were less likely to maintain child contact, which is common in forensic secure care (Argent et al, 2017). Lack of child contact and distress of separation adversely impacted some fathers' MH, which led to one attempted suicide. Of note, fathers were less likely to seek professional support.

Fathers with serious MH issues seldom receive attention in empirical research (Evenson et al, 2008; Grube, 2011; Ramachandani & Psychogiou, 2009). Those with MH needs are less likely to have child contact (Chao & Kuti, 2009), which may offer reason for lack of focus in this area. Recruitment in parental MH is challenging (Stallard, 2004), particularly in fathers (Nolte & Wren, 2016). This may be due to MH stigma (Price-Robertson, Reupert & Maybery, 2015) and offending shame, as identified by Parrott et al (2015). There is a deficit in understanding fathers' experiences during forensic inpatient admission, as no studies appear to have focused exclusively on this area.

Aims & Objectives

The aim of the current study was to investigate men's experience of fatherhood in forensic inpatient care. The outcome was intended to increase understanding in this context through theory development. It was anticipated results would inform future research, clinical practice, and policy. This is of importance, as fatherhood can promote MH recovery, and reduce reoffending risk. The current study was exploratory and inductive, placing precedence on generating theory borne directly from participant data. Therefore, no pre-determined hypotheses were developed.

METHODOLOGY

Ethical Approval

Ethical approval was obtained by the South Wales NHS Research Ethics Committee (REF: 18/WA/0124; Appendix A) and local Research and Development (R&D) team (Appendix B). Cardiff University sponsorship is documented in Appendix C.

Design

Grounded Theory (GT; Charmaz, 2014) taking a social constructivist stance was utilised throughout the study, including facilitation of participant interviews. Qualitative methodology was deemed suitable as it is appropriate for exploratory research unsuitable for numerical quantification (Brown & Lloyd, 2001). Smith and Osborn (2003) note qualitative approaches can yield rich data, whilst acknowledging the emotive topic under investigation, which is relevant to parental MH. Qualitative designs further allow parents with MH difficulties to construct a personal narrative, eliciting meaningful data (Rapp et al, 1994).

Recruitment Context & Inclusion Criteria

Participants were recruited from South Wales in the UK. Seven participants resided in a National Health Service (NHS) medium secure forensic hospital, whilst one father was recruited from a low secure unit in private inpatient care. All participants were detained under the MHA (1983, amended 2007) and had capacity to consent (Mental Capacity Act (MCA), 2005). Notably, Wales also operates under the Mental Health (Wales) Measure (MHM, Welsh Government, 2010), which holds comparable legal status to the MHA (1983, amended 2007) but is primarily concerned with MH provision. Participant inclusion criteria are documented in Table 1.

Inclusion Criteria for Participation
<ul style="list-style-type: none"> - Fathers (biological, adoptive or step-parent) - Participants \geq 18 years old - Hospitalisation over one month in duration - Suitability for participation discussed by Multidisciplinary Team (MDT) (<i>including consideration around nature of offending and risk</i>) - MDT have unanimous consensus for participation - MDT report capacity to consent (MCA, 2005) - Participation unlikely to exacerbate MH difficulties - Ability to engage in interview for at least 45 minutes - Translator to be provided for non-speaking English participants

Table 1: Inclusion Criteria for Participation

Participant Recruitment

Project information was distributed to recruitment sites to support decision making. Potential participants were identified by their MDT, including a Clinical Psychologist (CP) who was also a member of the research team. The CP approached all suitable participants for recruitment and shared the research information (Appendix D). Information was ‘easy read’, as a disproportionate number of individuals in custodial settings have lower levels of cognitive functioning (Freeman, 2012). It was anticipated participants may have comparable needs, yet a more detailed version was available on request (Appendix E).

Prospective participants were given at least 72-hours to ask questions and make an informed decision regarding their involvement. Fathers who gave verbal consent were then approached by the lead researcher, who revisited the information sheet and outlined the consent form; also available in two versions (Appendix F & G). Consenting participants proceeded to an audio taped

interview. Time was taken to ensure fathers were at ease, particularly as recording dialogue can have implications for those who have experience of police interviews (Dixey & Woodall, 2012).

Participant Information

Seventeen potential participants were invited to take part in the current study. Of these, eight provided their consent, as nine fathers felt unable to engage due to the emotive subject area. Ethnic composition of the participant sample included White British (n=7) and Black African (n=1), categories self-defined by fathers. Participants ranged from 27-54 years old, with a mean age of 43. Length of current admission varied from three months to nine years. Fathers from the medium secure NHS hospital were either on an intensive care, admission/assessment, or recovery unit.

Participants were detained under forensic section (MHA, 1983, amended 2007), apart from the father on a low secure treatment unit. No participants had committed an offence against their own or any other children. Participants had between one to three children, aged 2 to 39 years old. Five fathers had regular telephone contact and visitation, whilst three fathers had no contact. Participant details are in Table 2, where pseudonyms have been implemented to retain anonymity.

PARTICIPANT PSEUDONYM	AGE OF PARTICIPANT	ETHNICITY	TIME IN CURRENT INPATIENT	CARE PROVIDER, SECURITY & NATURE OF UNIT	MHA SECTION (1983, amended 2007)	AGE & GENDER OF CHILDREN (F-female/M – male)	STATUS OF CONTACT
Mark	35	White British (Welsh)	3 months	NHS Medium Secure Recovery	37/41	F12	No Contact
Adam	54	White British (Welsh)	9 years	NHS Medium Secure Recovery	37/41	F25, M26, M30	Telephone & Visits
Peter	53	White British (Scottish)	5 years	NHS Medium Secure Recovery	37/41	F36, M39	Telephone & Visits
John	54	White British (Welsh)	5 weeks	NHS Medium Secure Recovery	47/49	M19, M24	No Contact
Gary	32	White British (Welsh)	6 months	NHS Medium Secure Intensive Care	47/49	F13	No Contact
Nick	51	White British (English)	4 ½ months	NHS Medium Secure Admission/Assessment	38	F22, F30 M19, M18	Telephone & Visits (F30) No Contact (F22, M19, M18)
Ryan	27	Black (African)	2 months	NHS Medium Secure Admission/Assessment	48	M4, M2	Telephone & visits
Hugh	41	White British (English)	6 months	Private Independent Low Secure Treatment	3	M14	Telephone & Visits

Note: Medium and low secure pertains to the level of risk posed to others. Levels of security are higher in medium than low secure and relate to corresponding physical, procedural, and relational measures in place. In practice, the distinct boundary between medium and low secure appears more ambiguous (Joint Commissioning Panel for Mental Health (JCPMH), 2013).

Table 2: Participant Characteristics

Mental Health Act (MHA, 1983 amended 2007) Sections: *Section 37/41* – hospital order with restrictions, *Section 47/49* - transfer from prison to hospital with restrictions, *Section 38* - interim hospital order for assessment and intervention, *Section 48* - transfer to hospital for unsentenced prisoners, *Section 3* – admission for treatment.

Data Collection

Development of Semi-Structured Interview Schedule

The initial semi-structured interview schedule was co-produced with two fathers who had previous lived experience of MH difficulties (Appendix H). Charmaz (2014) reports GT allows flexibility in the interview schedule, where questions evolve to focus on areas of interest arising during data collection. Thus, the initial schedule was a transient guide, responsive to data from completed interviews. Developments to the interview schedule are documented in Appendix I.

Participant Interviews

Intensive interviewing guidance was referred to as Charmaz (2014) reports this approach is synonymous with GT in terms of balancing focused attention and open-ended enquiry. It offers a gently guided interactional space to investigate personal experiences, which are often emotive and sensitive in nature (Charmaz, 2014). Interviews were conducted in a quiet room on the unit to reduce risk of disturbance and increase confidentiality.

Participants were generally seen on a lone basis with the lead researcher. One participant had a member of staff witness explanation of project information to ensure understanding, and two had staff present for standard risk management procedures. Interviews ranged from 31-75 minutes; an average of 57 minutes in duration. Verbal debrief included reiteration of how data would be utilised, enquiry into wellbeing, and outlining support available.

Data Analysis

Grounded Theory & Social Constructivism

The GT process of data collection and analysis is recursive, constructing plausible theory ‘grounded’ in the information obtained. GT is exploratory and investigative, where focus is initially kept broad, lending itself to the development of preliminary theories in neglected areas of research (Charmaz, 2014; Willig, 2008). Thus, GT was suitable to the current research aim. The overall GT process is depicted in Appendix J.

There are divergent forms of GT, including social constructivist epistemology. It assumes multiple realities exist rather than one objective truth awaiting discovery (Charmaz, 2014). Participants and researchers co-construct a shared interpretation of the investigated phenomenon (Bryant, 2002). It is argued an unbiased stance of neutrality is not possible due to researcher and participant subjectivities (Charmaz, 2014). Yet, there are GT procedures to enhance analytic rigour.

Self-reflexivity in GT is advocated to raise awareness of own biases (Charmaz, 2014; Willig, 2008). Reflexive bracketing was used to identify personal biases by ‘bracketing’ or suspending them, to ensure influence on analysis was marginal. This process is advocated to demonstrate validity of data collection and analysis (Ahern, 1999). To further mitigate bias, supervision and a reflective journal were utilised. Journal extracts are documented in Appendix K.

Charmaz (2014) raises the importance of reflexivity in power and status. Power is relevant to forensic inpatient care as individuals are involuntarily detained under the MHA (1983, amended 2007). It was recognised whilst the lead researcher was not employed by the recruitment sites, an intrinsic position of power was held due to professional status. Inherent power dynamics also exist

in the interviewer-participant dyad (Schwalbe & Wolkomir, 2001). Efforts to mediate this included reiterating there was no obligation to participate, answer all questions, or complete the interview.

Interviews can be threatening due to lack of interactional control, which is further influenced by personal characteristics, for example gender, age, and race (Schwalbe & Wolkomir, 2001). Demographic differences such as socio-economic status require acknowledgement, as the perception of the interviewer influences what participants will share (Charmaz, 2014). Of note, the interviewer had no prior experience of working at the research sites or contact with participants. The interviewer was female, White, in their 30s, and conducting postgraduate research, markedly different to some participant characteristics. A reflexive account is detailed in Appendix L.

Data Coding & Memo Writing

Elliot and Lazenbatt (2005) describe GT data collection and analysis as a continuous cycle rather than distinct procedural steps. Constant comparative analysis is an iterative process where analytic interpretation perpetually refers to data already obtained, to guide the research (Charmaz, 2014). Thus, interviews were transcribed immediately and analysed whilst data collection continued in parallel. Transcription was undertaken by the lead researcher or an independent provider, as per contractual agreement (Appendix M). Audio tapes were revisited, and transcripts were read several times to allow for data immersion.

Data coding involved two processes: initial and focused coding. Initial line by line coding was a heuristic process, remaining close to raw data and offering multiple trajectories for analysis. Focused coding was more selective and directive, subsuming significant initial codes. This process allows for marked similarities and differences between and within data to be acknowledged (Charmaz, 2014). An extract of initial and focused coding is provided in Appendix N.

Samples of initial and focused coding were reviewed by two researchers (CH & VS) both affiliated with GT to ensure integrity to the approach (Appendix O). Sample pages from two transcripts were second coded by CPs inside (LG) and outside (AS) of the research team, both unaware of preliminary coding. No significant discrepancies were apparent. Categories, theory, and model development were discussed with the research team (CH, LG & SM). These measures were used to enhance validity and rigour of analytic processes, as advised in the literature (Guion, 2002).

Memo writing included preliminary informal notes of contemplative musings related to focused codes; an extract example is provided in Appendix P. This process maintains analytic momentum to map developing ideas and remain interactive with the data (Charmaz, 2014). Conceptual ideas began to form which prompted consideration of category and theory development (Appendix Q).

Theoretical Sampling

Theoretical sampling obtains data until the point of category saturation. It delineates and shapes emerging ideas, where attention becomes more directive (Charmaz, 2014). In the current study category saturation seemed to occur after six interviews. This was tested by conducting a seventh interview, where no new concepts emerged. GT seeks variation in participant samples to test theory development (Charmaz, 2014). Therefore, a father from a secondary site was recruited.

The final participant was under Section 3 (MHA, 1983, amended 2007), in a low secure private inpatient hospital, and had no prior experience of prison. These factors all differed from previous participants. Theoretical concepts held relevance, suggesting saturation, where the data obtained could be understood by the categories already established. Notably, theoretical saturation in GT is deemed indicative of validity (Charmaz, 2014).

RESULTS

Charmaz (2014) describes analytic coding in GT as developing to an elevated conceptual, abstract, and theoretical level. The central psychological concept developed was that of paternal connection. This core concept is at the heart of Figure 1, reflecting the internal sense of connection that fathers have to their parental relationship, as is illustrated in the example quotes below:

“I know for a fact I love...my kids will always be around me (.) if not physically (.) spiritually they will always be around me” – Ryan

“I think about my daughter every day” – Mark

“It’s [fatherhood] a big part of...a big part of my life, yeah. I know I’m not in contact with the other three kids, but yeah, it’s...really the only positive thing that’s going on in my life.” – Nick

The psychological concept of paternal connection appeared relevant to both fathers who had contact and those who had limited or no communication (e.g. *“they [children] are a part of you”*). Yet, a sense of psychological connection could be compromised at times not only for fathers who had limited or no contact but also those who had regular physical contact (e.g. *you can’t take any notice of what is going on in the room*).

The model illustrated in Figure 1 posits that paternal connection for fathers in forensic inpatient care is influenced by core categories pertaining to 1) Psychological Processes, 2) Interpersonal Relationships, and the 3) Institutional Organisation. The core categories are comprised of multiple components, each independently able to act as a barrier and/or an enabler, influencing paternal connection at the core of the model. Fathers may feel a transient sense of connection (depicted by the plus and minus signs in the model) depending on their psychological, interpersonal, and institutional circumstances. Examples in relation to the core categories are provided below and detailed further, alongside the sub themes, in the narrative provided thereafter.

Psychologically, there were times where fathers seemed to experience a barrier to their sense of paternal connection, where they had previously felt an emotional bond (e.g. *“I was really close to him [son] but now I don’t know where he is (.) I don’t know what he is doing.”*). Disconnection was also related for example to participants appearing to describe loss related to their fatherhood role (e.g. *“my daughter is out there being brought up by different men in her life...I don’t want my daughter calling someone else dad basically”*). Yet, fathers had periods of time where they seemed to experience paternal connection as demonstrated for instance as enabled through their motivation to improve their father-child relationship (e.g. *“there is always hope for the future, that’s my main focus [child contact] (.) get out and get better (.) and take it from there.”*).

The experience of fluctuating paternal connection for participants appeared to be reflected in their interpersonal relationships. For instance, the dynamic interpersonal relationship between fathers and the child’s mother may act as an enabler (e.g. *“It’s not bad at the moment...I have contact with the mother so I can speak to them [children] when I need to.”*) or become a barrier (e.g. *“she [child’s mother] just rang...and stopped contact (.) I couldn’t write, I couldn’t phone (.) nothing”*) to paternal connection. Thus, a sense of paternal connection was influenced by the nature of the father-mother dyad which seemed changeable.

Similarly, in the institutional organisation staff support may enable connection through actions such as asking about a father’s child (e.g. *“bags of support in here from staff with regards to family (.) “when are you visiting your daughter?” (.) “when is your daughter picking you up?” (.) “when is she coming in?”*) or a barrier, where some fathers felt unable to comment on staff support as they did not have child contact or felt staff were imposing during visitation (e.g. *“I don’t feel pleased...they [staff] are taking the moment from the visit”*).

The individual elements of the model must work in harmony for fathers to feel consistently connected, and ultimately experience a richer paternal relationship. The following results illustrate how each component of the model can impact on the core concept of paternal connection. The narrative outlines each of the categories in the model, which are detailed and mapped in Figure 2. Capitalised bold typeface indicates **CORE CATEGORIES**, uppercase font represents CATEGORIES, and lowercase italics reflect *sub-categories*. Interview transcription symbols are in Table 3 below, as verbatim quotes are provided to exemplify categories. Further, participant quotes to illustrate each sub-category are documented in Appendix R.

Interview Transcription Key	
...	Removal of superfluous or redundant dialogue
[]	Clarification in speech.
()	Non-verbal language
(.)	A micropause of insignificant duration.
.....	A pause of longer than five seconds.
<u>h</u>	Underline indicates emphasis in speech.

Table 3: Interview Transcription Key

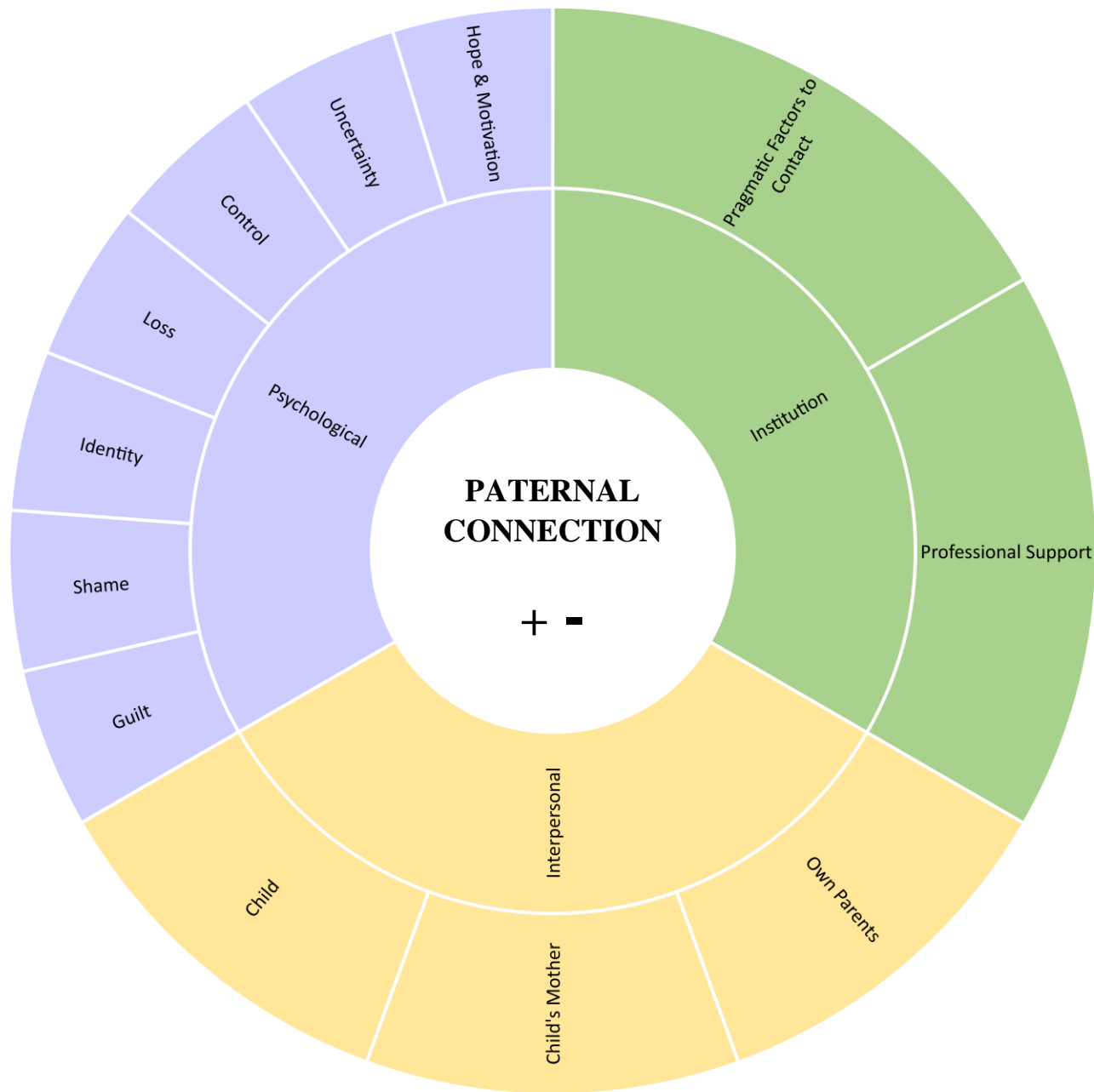


Figure 1: Diagrammatic Representation of Paternal Connection Model

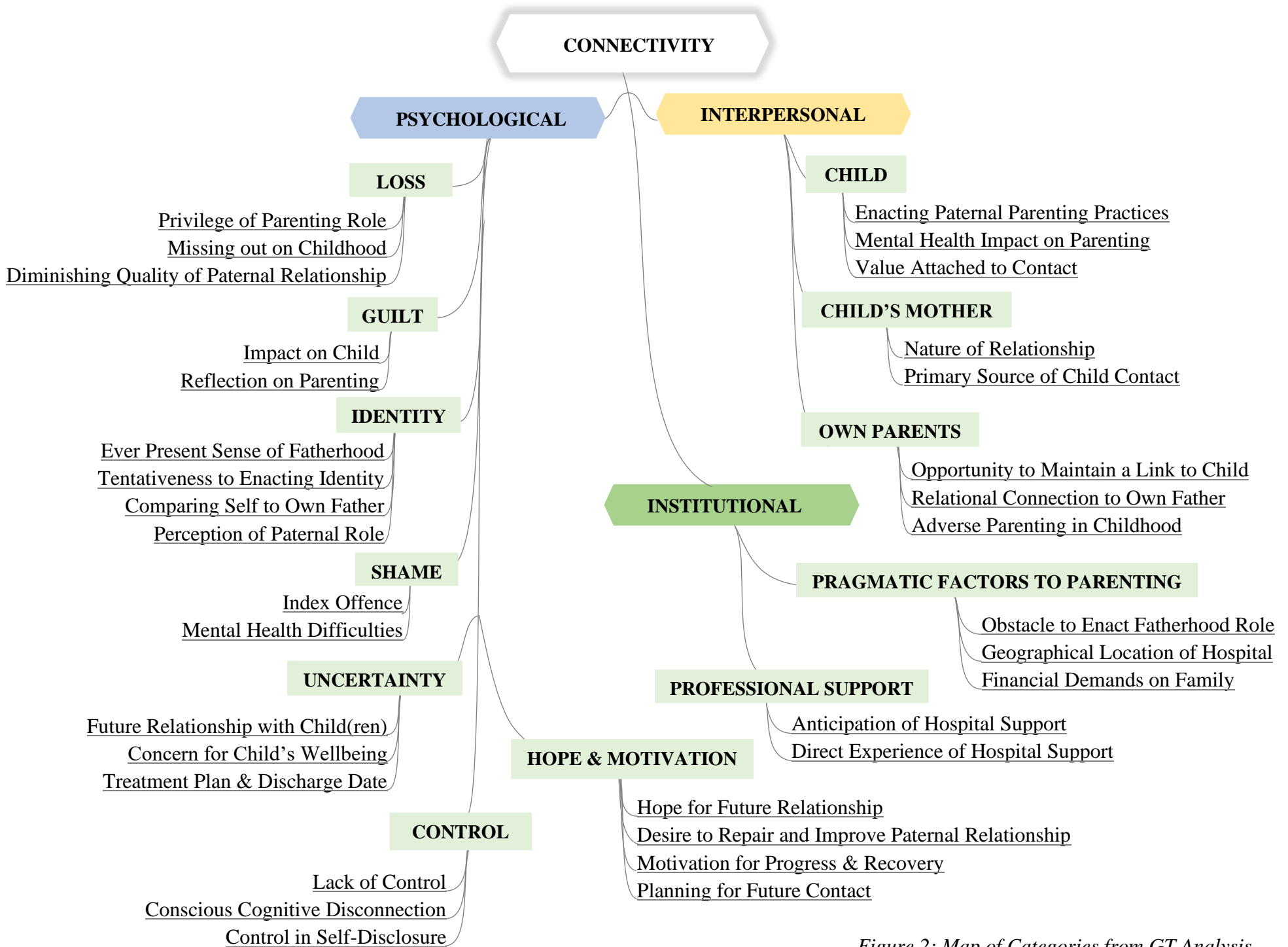


Figure 2: Map of Categories from GT Analysis

PSYCHOLOGICAL PROCESSES

Psychological processes, the most prominent core category, refers to fathers' internal experience. The complexities of this experience and how it relates to paternal connection is outlined below in regard to loss, guilt, identity, shame, uncertainty, control, and hope & motivation.

LOSS

Loss included *privilege of parenting role*, where fathers felt unable to voice their opinion over childcare, had concerns other men may be perceived as a father figure, felt their views were dismissible, or were not involved in crucial life decisions. Thus, it appeared there was a disconnect or a barrier from paternal connection due to a loss in parental privilege. Several participants were not actively involved in their fatherhood role, which for some had also led to the loss of the father-child relationship.

"I wasn't aware... that he'd [son] gone into care" – Hugh

"other males punish her [daughter] for doing something wrong...I disagree with that you see but because I don't have contact it's quite difficult...you know?" - Mark

Periods of time where fathers were disconnected from their child(ren) were related to *missing out on childhood*, as they were either physically or psychologically absent due to their MH needs.

"I haven't seen him since he was six and when I looked at his photo I thought 'who's that?' ... I had a picture in my head of a six year old child (.) when I seen him last that was the image I had of him...now a fifteen year old boy and he's completely changed...it was really hard for me to take in (.) thinking he has grown up so much (.) and I've missed it all" – John

Emotional connection between some father-child dyads had changed over time which led to *diminishing quality of the paternal relationship*. There was a sense of previous relational closeness,

which had deteriorated. In some cases, there was no longer any form of contact. Thus, loss appeared to facilitate fathers' disconnection from their sense of paternal relationship.

GUILT

Fathers' guilt included the *impact on their child* primarily in relation to hospital admission. For example, one father anticipated the difficulties his daughter may face at school in answering questions regarding his whereabouts. Fathers also *reflected on parenting* where they acknowledged their absence, questioned themselves in their parental role, and made reference to their own behaviour in relation to the father-child relationship. It appears these factors may have adversely influenced their sense of paternal connection.

"I sometimes feel I could have cuddled her more (.) told her I loved her more (.) you know, been a better dad" – Nick

"to support them [children] (.) be there for them when they need you (.) unfortunately that is one thing I haven't been... through my own fault (.) it's hard". – John

IDENTITY

There was an *ever-present sense of fatherhood* where participants described cognitively holding their child(ren) in mind which seemed to facilitate paternal connection. Paternal identity existed as part of who fathers were, and participants shared they would undoubtedly be there for their child(ren). Fathers were connected to their paternal identity despite little or no child contact.

"they [children] are part of your life (.) they are part of you" – Ryan

"It's [fatherhood] a big part of...a big part of my life" - Nick

Yet, despite affiliation to a paternal identity, participants described a *tentativeness to enacting fatherhood identity*, where they envisioned a reserved and unobtrusive approach to father-child interactions. This included ‘softer’ parental boundaries due to their absence, feeling they were a ‘stranger’ in their child’s life, and adopting an alternative ‘friendship’ role to develop connection.

“I know he is my son but because he is an adult it would be more like....friends (.) becoming close that way (.) because it’s not just going to be like turning a stone ‘yes, we’re fine, we’re great, let’s get on’ because I will like a stranger to him.” – John

Participants would *compare self to own father* in relation to their own paternal identity. There was an evident desire to avoid repeating fathering practices. Most participants felt they were different to their own fathers, who were primarily described as physically abusive. However, one participant described repeating his father’s absence, despite his premeditated wish to be different.

Expectations of fatherhood appeared to influence *perception of the paternal role*. Participants described the importance of fathers providing for their child(ren), namely a financial contribution. Provision also included offering guidance, protection, and generally ‘being there’ as a role model. These notions of fatherhood were future aspirations of how fathers could verify their identity.

SHAME

Shame related to *offending* and *mental health* appeared to provide a barrier to the concept of connection. Offending behaviour was associated with exposure of an index offence to their child(ren). MH shame was linked to feeling inherently flawed as a person, developing into a father they had not envisioned, and/or feeling different to others.

“if I meet someone and they sit down and talk to me they can see it, I don’t know how but they can see that I’ve got something wrong with me” – Nick

UNCERTAINTY

Participants described ambiguity regarding their *future relationships with child(ren)*, where they sat with uncertainty related to their paternal relationships beyond hospital admission. This appeared to act as a barrier to paternal connection and was relevant to both fathers who had child contact and those who did not.

“she [daughter] could say to me in a few years’ time ‘I don’t want anything to do with you’ (.) but then at least then I would know (.) not knowing is just as bad” – Gary

Thus, uncertainty appeared to undermine a sense of paternal connection, particularly in considering the future of the father-child relationship. Uncertainty further included *concern for child(ren)’s wellbeing* which mainly involved their lives in general, but one father was concerned for his child’s safety, where other men provided discipline. Hospital admission regarding *treatment plan and discharge date*, elicited uncertainty which provoked frustration and stress, mainly for one father and his children.

CONTROL

Fathers experienced *lack of control*, where they felt little could be done regarding their current situation. A *conscious cognitive disconnection* was utilised as a coping strategy, where participants engaged in experiential avoidance and minimisation to increase internal control. It appeared that whilst fathers had a psychological connection to their child, there were times it was overwhelming, and they chose to cognitively disconnect. Thus, providing a barrier to paternal connection.

“I do think about her [daughter] but I switch off.” – Mark

Further, there appeared to be *control in self-disclosure* where fathers reported they did not tend to share their feelings with others.

“I have swallowed it [emotions] all up” – Adam

“pride...embarrassment, shame, feeling weak...I don’t like talking” – Gary

“I don’t speak to no-one” - Ryan

The purpose of controlling self-disclosure was not explored further in the current study but it is possible that it was an avoidant protective mechanism, which for some fathers led to temporary paternal disconnection where they intentionally had no child contact.

“When I don’t feel [mentally] well I don’t speak to her [daughter] for a couple of days” - Nick

HOPE & MOTIVATION

“I just hope and wish that at some point when she gets a little bit older (holding hands to chest) she will want to get to know me” – Mark

Fathers held *hope for a future relationship*, where they yearned to develop a parental relationship, which appeared to enable a sense of paternal connection, but participants explained the decision for future contact would rest with their child(ren). There was a *desire to repair and improve paternal relationships*, reflective of motivation to redress the situation. This was relevant to all participants, although primarily related to fathers with no contact. Father-child relationships also provided *motivation for MH progress and recovery* where participants described their efforts were focused on hospital admission to enrich future paternal ties and paternal connection.

“one of my goals...[is] to have contact with my daughter and have a relationship with her but I can’t do that until I get better, progress, and I get out.” – Gary

The need for professional support and initiating contact the ‘right way’ in *planning for future contact* was outlined. Fathers described how it was necessary to seek professional support rather than make contact of their own volition, as this may heighten the risk of rupturing the relationship. However, fathers appeared actively passive as most had not begun to seek support to action plans.

INTERPERSONAL RELATIONSHIPS

Interpersonal relationships encapsulate personal interactions in the fathers’ relational sphere. This encompasses fathers’ relationships with their child(ren), the mother of their child(ren), and their own parents. The nature of these interactions was crucial to the paternal relationship.

CHILD

Fathers attempted to *enact paternal parenting practices* in the confines of hospital. This included providing emotional support, guidance, and money which appeared to enable connection. Participants further described attempting to protect their children from the hospital environment and when their own MH had deteriorated. They described the *MH impact on parenting*, namely in terms of MH difficulties precluding a paternal connection with their child(ren).

“she [daughter] says why ain’t you phoned me? I don’t want to say on the phone really [child’s name] I feel suicidal today” – Nick

“I was pretty immobilised...you know 24/7 I had voices (.) screaming in my head (.) all sorts of nasty things (.) you are basically chasing your tail (.) you are arguing and arguing and arguing with them (.) you can’t take any notice of what is going on in the room (.) what is in front of you (.) you have this massive difficulty in your head”- Adam

Fathers shared the *value attached to contact* with their child(ren). Notably, contact had not always been consistent, reflecting the vulnerability of the paternal relationship. Children provided an emotional connection and source of support, which assisted fathers during their hospital admission.

This support appeared to transcend the father-child dyad for one participant, where contact not only offered a paternal connection but offered a gateway to the local community.

“[child contact] takes away the...severity of having to serve a sentence as such in a mental hospital (.) I can pick up the phone any time and phone the children and I’m aware subconsciously that they are in the community (.) and we can talk and I can relate to the community...I’m in touch with reality” – Adam

CHILD’S MOTHER

Participants had been in a heterosexual relationship and advised their child(ren)s’ primary caregiver was female, namely the child’s mother. The *nature of relationship* between all fathers and the child’s mother had broken down in terms of maintaining an intimate relationship. Most fathers did not describe an amicable relationship with their former partner, although one participant explained he was attempting to keep the relationship harmonious so child contact would continue.

The child’s mother was the *primary source of child contact*, where they moderated father-child interactions. Thus, relations with the child’s mother were pivotal to the quality and nature of the paternal relationship and fathers’ sense of connection in terms of a parental bond.

“really hard (.) because it’s trying to keep that bond with them [children] (.) trying to keep the bond going while you’re see them (.) and getting to see them as well (.) and then it’s down to your other half and whether they want to bring them in or not and how you are getting on with them” – John

This was mainly pertinent for fathers with younger children, but those with older children shared current and previous times of disconnection.

“I didn’t see them [children] or communicate with them for a few years (.) mostly because of my ex (.) I would phone and say I would like to speak to [child’s name] please and she would say “he’s not here” ...he was never there (.) that was quite tough” – Peter

OWN PARENTS

Participants referred to their own mother as an *opportunity to maintain a link to child(ren)*. This involved asking their mother to involve themselves in their child's life and pass on information about their wellbeing. Consequently, fathers appeared to utilise their own mother to enrich, enable, and enhance a sense of paternal connection. However, for some fathers it also appeared this relationship may also provide a barrier to the paternal relationship.

“I speak to my mother and I've been waiting for my ex's new address for weeks and my mother will say to me 'yeah, I'll get it, I'll get it' but it's just waiting.” – Mark

Notably, participants predominantly focused on their relationship with their own father. The *relational connection to own father* was described by all participants. This relationship generally appeared distant, devoid of love, and lacking affection. Most participants referred to *adverse parenting in childhood*, where their father had been physically abusive, neglectful, or absent. The nature of the relationship between men and their own fathers is of importance as it appears to have influenced participants' current wellbeing. For example, one father explicitly voiced that childhood adversity led to his MH difficulties, which as aforementioned can impact on paternal connection.

“when I was growing up and I used to get beaten (.) my dad used to come home drunk and give me a crack...I had anxiety from when I was very young (.) as I've grown up it's stemmed to other things (.) so now I'm not very well” – Nick

INSTITUTIONAL ORGANISATION

PRAGMATIC FACTORS TO PARENTING

Inpatient hospital admission posed a substantial *obstacle to enacting fatherhood role*. Fathers felt the physical impact of detainment, where they were unable to engage in father-child activities and fulfil paternal expectations.

“I can’t be there with them to help out and do things like a father would do” – Peter

Influential factors also included the *geographical location of hospital admission*, where fathers described the large distances their child(ren) had to travel, which posed difficulties for visitation. This was particularly an issue for families who did not have their own means of transport. The *financial demands on family* were also problematic, as fathers described the lack of available income and cost of visitation. Consequently, in the current study it appeared geographical and financial factors for most fathers were a barrier to the paternal relationship as participants were not placed close to home and/or travel expenses were costly.

“Being far away is an issue (.) it is a big issue (.) sometimes it’s virtually impossible for your family to...they don’t drive or anything like that.” – John

“I can’t get visits here because of her [daughter] – well it [travel] costs £150...she’s not rich.” – Nick

PROFESSIONAL SUPPORT

Participants referred to professional inpatient support available. There was an *anticipation of hospital support* for fathers who felt promise for their future. This referred to foreseen MH progress but also their observations, where fathers witnessed staff attempting to support paternal relationships. Several fathers had *direct experience of hospital support* and shared the value of staff support. Generally, the environmental milieu appeared supportive for some fathers. Several participants spoke positively about staff support during their admission, which appeared to maintain a conversation and connection to the father-child relationship.

“bags of support in here from staff with regards to family (.) “when are you visiting your daughter?” (.) “when is your daughter picking you up?” (.) “when is she coming in?” (.) they always want to know what else she [daughter] is doing (.) like her job (.) my boys come in and they tease them a little bit (.) it’s good like...very supportive and very important to me.” – Adam

Nonetheless, some participants felt unable to comment on staff support as they had no child contact. One participant who did have child contact felt unsupported, which primarily related to staff presence during visitation, due to standard child protection procedures. It seemed his fatherhood role was undermined, whilst eliciting the perception he was a danger to his children. Further, it appeared staff presence in the visitation room and their involvement in family conversations disrupted and provided a barrier to the opportunity for father-child connection.

“it affects the contact and the communication [staff talking to family during visits] because I don’t feel like ...I basically told them to stop whilst I’m having a visit with my kids; someone that wasn’t invited in the conversation” - Ryan

DISCUSSION

The aim of the current study was to investigate men’s experiences of fatherhood in forensic inpatient care. It was intended to increase understanding through theory development, making recommendations for clinical practice and policy. Connectivity was the core psychological concept at the centre of theoretical development, comprising of psychological processes, interpersonal relationships, and the institutional organisation.

Psychological Processes

Loss in the Parrott et al (2015) study primarily related to child contact, but the current study also encapsulated indeterminable losses, such as the diminishing quality of paternal relationships and changing fatherhood role. In other qualitative studies, participant responses indicate that incarcerated fathers appear to enter a period of grieving (Arditti et al, 2005^a; Dyer, 2005), which seems relevant to forensic MH care. It appeared in the current study that a focus on loss perpetuated paternal disconnection.

Participants also experienced guilt, which can be functional, where it may foster motivation for reparation (Stearn & Parrott, 2012). Plausibly, guilt may drive a desire to increase paternal connection. Conversely, shame cultivates relational disconnection through avoidance of others (Stearn & Parrott, 2012). Shame was elicited, similarly to Parrott et al (2015), in response to offending, but also included MH issues, reflecting findings from Evenson et al (2008).

Notably, the influence of MH difficulties described by participants was not only a feature in shame but was present across the core categories developed. This is perhaps expected due to the context in which participants were recruited, yet only some fathers had the ability to reflect and offer insight into the impact of their MH on their paternal relationship. Nonetheless, as described below, fathers appeared to maintain a psychological connection to their child.

Fathers retained connection to their paternal identity, where they held their child in mind despite little or no contact, reflecting other studies in the MH literature (e.g. Parrott et al, 2015; Reupert & Maybery, 2009). Notably, whilst paternal identity may remain at some level, an intense disconnection can cause it to entirely dissipate (Cast & Burke, 2002). Thus, it is vital fathers enact parenting practices to substantiate their paternal identity (Dyer, 2005). Further, this may alleviate uncertainty and increase control, areas fathers experienced difficulties with during their admission.

The continual sense of fatherhood identity may offer explanation for the presence of hope and motivation despite the challenges of hospital admission. This is comparable to the reported experiences of imprisoned fathers (e.g. Arditti et al, 2005^a; Chui, 2016; Maruna, 2001). Parrott et al (2015) posits parental relationships offer motivation for MH recovery for those who have child contact. The current study suggests it is also present for fathers with no contact.

Interpersonal Relationships

Fathers in the current study were no longer in an intimate relationship with their child's mother and often had fraught relationships with their former partners. Imprisoned fathers experience tumultuous relations which pose issues in establishing and maintaining child contact (Magaletta & Herbst, 2001). This can be particularly problematic where young children are involved, as fathers rely on the child's mother for contact (Walker, 2010^b). The quality of the parental dyad appeared pivotal to whether father-child contact could exist. Fathers in the current study experienced fluctuation in child contact, suggesting fragility and instability in their relationships. The term 'maternal gatekeeping' is often used to signify the crucial role mothers have in paternal contact (Dyer, 2005; Walker, 2010^b).

Paternal relationships without child contact were solely psychological, where children and future plans were held cognitively in mind. Those with contact attempted to enact parenting in the confines of hospital. Fathers did not wish to repeat parenting patterns of their own father. Indeed, Evenson et al (2008) reported participants referred to their fathers as 'anti-role models'. Impetus to avoid repeating parenting is termed 'reworking', where early life adversity is compensated by providing a positive experience for one's own child (Pruett, 2000). It is questioned how men with childhood trauma, can autonomously rework fathering patterns with no professional input.

Institutional Organisation

Forensic inpatient care can act as a catalyst or blockade to paternal connection. Some fathers felt unable to comment on staff support as they had no child contact. Schen (2005) notes staff may overlook parental status and the needs of those who have no contact. Staff may assume parents are not child focused and/or preoccupied with their MH difficulties (Akerson, 2003; Stallard et al,

2004). This is concerning as being a father can motivate MH recovery (Evenson et al, 2008; Reupert & Maybery, 2007) and support offending desistance (Clancy & Maguire, 2017).

Further, vulnerable individuals such as those with MH needs, may be influenced in how they perceive their personal identity (Burke, 2016). Thus, staff interaction with fathers may either verify or undermine their paternal identity. Therefore, it is pertinent staff assess fathers' needs whilst suspending their own potential judgements around paternal MH (LeFrançois, 2010).

Assessment of Paternal Need

Pragmatic guidance regarding safeguarding and visitation is available for parents in forensic inpatient services (RCPSYCH, 2019). Yet, emotional needs appear neglected. This is relevant to CPA (MHA, 1983, amended 2007) and CTP (Mental Health (Wales) Measure, 2010) frameworks, as investigation into how parenting needs are considered in clinical practice would be beneficial. This further prompts consideration of a suitable assessment tool. The CAN-M (Howard et al, 2008) is a standardised tool for maternal MH needs, but no measure appears available for fathers. Thus, this area warrants attention.

Father-Child Contact in Forensic Inpatient Services

It is an expectation that forensic inpatient services have amenities to facilitate child contact (RCPSYCH, 2011, 2019). Yet, many secure hospitals in the UK do not have suitable visitation facilities for children (Parrott et al, 2015). This is concerning as the current study and wider literature indicates the importance of paternal relationships as a motivator for MH treatment and recovery (Evenson et al, 2008; Parrott et al, 2015; Reupert & Maybery, 2009). Governmental policy should mandate need for appropriate amenities, which may potentially lead to financial investment to improve existing facilities.

Technology equipment such as video assisted contact may also support parent-child relationships (McLeod & Bonsu, 2018). This option is particularly apt for families where geographical distance and financial concerns preclude visitation. Creative ideas such as ‘story book dads’, ‘fire fighter for the day’, and ‘learning together’ club are available for imprisoned fathers (Clancy & Maguire, 2017). Innovative schemes such as these are intended to aid paternal connection. It is recommended prison interventions are considered for their applicability to inpatient services.

Implications for Clinical Intervention

Fathers in the current study and empirical literature have often experienced childhood adversity (e.g. Evenson et al, 2008). This is relevant to the ACEs literature (Felitti et al, 1998; PHW, 2015), as the risk of MH and offending appear systemic in nature. Thus, family based intervention for parental MH is recommended (Aldridge, 2006; Maybery et al, 2016). Fathers with MH difficulties have also identified the need for family intervention (Reupert & Maybery, 2009). Fundamental shifts in the philosophical foundation of MH services are required, as a universal move towards family focused care is advocated (Shah-Anwar et al, 2019). Hence, there is pressure on adult MH services to work systemically (Foster et al, 2012). Yet, MH services in the UK do not routinely provide family intervention (Evans, 2019).

Several barriers have been identified for family intervention in adult MH services. Lack of clarity in defining family working has been raised, as it can range from psychoeducation to formal therapy (Foster et al, 2016). Further, MH staff often lack training and expertise to undertake systemic work, have high workloads, and limited time (Byrne, 2000; Maybery et al, 2016; Reupert & Maybery, 2007). Issues also pertain to policy, particularly in the UK, which is limited in endorsing family

working in MH care (Shah-Anwar et al, 2019). Therefore, systemic intervention requires commitment from policy makers.

To overhaul the ideological approach underpinning adult MH care is a substantial proposition. Nationwide implementation would require funding, time, and organisational re-structure, which is challenging during NHS austerity. However, it is an investment, advocated to mediate and alleviate prospective demands on limited resources, as it may prevent future difficulties for parents and their children. The prison literature pertaining to ‘a whole family’ approach with fathers at HMP Parc in South Wales appears promising (Clancy & Maguire, 2017). A comparable model of selecting several MH inpatient hospitals in the UK could be adopted, to trial family working and measure efficacy on a smaller scale.

At client level, narrative approaches are advocated for working with individuals who offend and have MH needs (Maruna, 2001). Implementation with fathers who offend can facilitate closer connection to their paternal identity (Dyer, 2005). ICT (Burke, 2016) is relevant as heightened importance on specific identities enables growth and change, thus influencing behaviour. Consideration of pro-social fatherhood identities may motivate offending desistance as it is incongruent with parenting (Arditti et al 2005^a).

Gardner-Elahi and Zamiri (2015) reported in their qualitative study that it appeared men in forensic inpatient care could be supported with narrative techniques to develop identities beyond ‘offender’ and ‘patient’. It seemed based on participants’ perceptions that fathers can enrich alternative subjugated narratives and connect to their personal values, feeling empowered to hold expertise in their own narrative. Instilling power is pertinent as forensic inpatient care inherently operates in a staff-client differential and can be deficit focused (Gardner-Elahi & Zamiri, 2015).

Of note, whilst the GT model of connectivity suggests all factors must be congruous for fathers to experience habitual connection, this is unlikely to occur without professional input. Inpatient admission is an apt opportunity to meet fathers' needs. Pacing intervention is crucial, as fathers with psychological investment in their paternal relationship can become overwhelmed. This may lead to cognitive disconnection to maintain emotional equilibrium and internal control.

Recommendations for Future Research

Future research would be well placed to trial and evaluate systemic interventions. Challenges of systemic working may be identified and suggestions for navigating issues could inform clinical practice. For example, there is scope to consider staff attitudes towards parents in forensic inpatient services and working with families (Chao & Kuti, 2009; Stallard et al, 2004).

Fathers who experience underrepresentation in the current study and empirical literature require acknowledgement. Gajwani et al (2016) note ethnic minority groups are disproportionately detained under the MHA (1983, amended 2007). This includes overrepresentation in forensic inpatient care (Coid et al, 2000). It is recommended studies actively recruit ethnic minority fathers, to ensure consideration of influential contextual factors, such as variation in cultural expectations.

Future research may focus on developing specific factors of the GT model outlined. There is a need to evoke and sustain interest in this area, as increasing understanding will aid theoretical development and clinical intervention. This may reduce future offending and MH risks for father and child. Therefore, continued efforts are of sociopolitical interest.

The ability for qualitative research to inform policy related to forensic inpatient care and systemic approaches should not be undermined. Quantitative methodology usually informs policy as it is

timely and cost-effective. However, there is a role for qualitative research in the political sphere, as it adds context and holistic understanding (Greenhalgh et al, 2016; Sallee & Flood, 2012).

Strengths & Limitations

The Critical Appraisal Skills Programme (CASP; Public Health Resource Unit (PHRU), 2006) tool was applied to the current study by a CP (CC) independent from the research team. This was conducted for quality appraisal purposes and is documented in Appendix S.

Research Design & Data Analysis

This is the first study to solely focus on fathers in forensic inpatient care, thus cultivating insight into their experience to inform theory, practice, and policy. Fathers with lived MH experiences co-produced the interview schedule, offering valuable contribution to the research. It is beneficial that fathers with limited or no child contact were included in the study. Their experience indicates how paternal connection can remain, despite no active relationship.

Data collection and analysis maintained integrity to GT, as described by Charmaz (2014), a well-recognised qualitative methodology. Efforts were made to enhance validity, such as having second coders, as recommended in the literature (Guion, 2002). Theoretical concepts also continued to hold relevance when tested at an additional recruitment site.

Sample size

It is recognised the sample size in the current study is small. Participant recruitment in parental MH is notoriously challenging (Stallard et al, 2004), particularly amongst fathers (Nolte & Wren, 2016). Recruitment and engagement are further complicated by the forensic context. Nonetheless, Burmeister and Aitken (2012) note data quality is prioritised over sample size. Many GT studies

have small samples as ample data had been obtained (e.g. Clegg, 2003; Gale et al, 2016; Gee, Pearce & Jackson, 2003; Scanlon, 2006; Sharrack & Happell, 2006). Theoretical saturation appeared to have been met, yet future focus on specific category development is recommended.

Representativeness

Fathers who participate in research often under-represent those who experience elevated psychosocial difficulties (Costigan & Cox, 2001). Those who declined participation may have experienced heightened relational challenges and found services unsupportive. Verbal feedback indicated nine fathers felt unable to participate due to the emotive topic. Three other fathers were not approached due to poor MH. Further, one father was not deemed suitable due to the nature of his offence involving his child. Thus, potential selection bias should not be overlooked.

Most fathers were White British and from South Wales. This may restrict findings to the ethnic group recruited and subsequent cultural expectations. Markedly, as ethnic minority clients are over-represented in forensic inpatient care (Coid et al, 2000), the current study is not representative of such client diversity. This requires consideration in interpreting the current results.

CONCLUSION

Fathers in forensic inpatient care appear to experience dynamic connectivity to their paternal relationship. Connectivity is influenced by psychological processes, interpersonal relationships, and the institutional organisation. Inpatient admission offers a pertinent opportunity to support fathers, regardless of child contact, in developing a richer connection to their paternal relationship. In turn, this may have beneficial outcomes for MH recovery, offending desistance, and intergenerational risk reduction. Consequently, this is a public health and social concern requiring commitment to developing research, policy, and ultimately adult inpatient provision.

Declaration of Interest

The author concedes there are no conflicts of interest.

REFERENCES

- Akerson, B.J. (2003). Coping with the dual demands of severe mental illness and parenting: The parent's perspective. *Families in Society*, 84(1), 109-118.
- Ahern, K.J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9(3), 407-411.
- Akerman, G., Arthur, C., & Levi, H. (2018). A qualitative study of imprisoned fathers: Separation and impact on relationships with their children. *Prison Service Journal*, 238, 16-27.
- Aldridge, J. (2006). The experiences of children living with and caring for parents with mental illness. *Child Abuse Review*, 15(2), 79-88.
- Ardino, V. (2012). Offending behaviour: The role of trauma and PTSD. *European Journal of Psychotraumatology*, 3(1), 1-4.
- Arditti, J.A. (2003). Locked doors and glass walls: Family visiting at a local jail. *Journal of Loss and Trauma*, 8(2), 115-138.
- Arditti, J.A., Smock, S.A., & Parkman, T.S. (2005^a). "It's been hard to be a father": A qualitative exploration of incarcerated fatherhood. *Fathering*, 3(3), 267-288.
- Arditti, J.A., Acock, A.C., & Day, R.D. (2005^b). Incarcerated fathers returning home to children and families: Introduction to the special issue and a primer on doing research with men in prison. *Fathering: A Journal of Theory, Research & Practice about Men and Fathers*, 3(3), 183-200.
- Argent, S.E., Riddleston, L., Warr, J., Tippetts, H., Meredith, Z., & Taylor, P.J. (2017). A period prevalence study of being a parent in a secure psychiatric hospital and a description of the parents,

the children and the impact of admission on parent-child contact. *Criminal Behaviour and Mental Health*, 28(1), 85-99.

Boswell, G., & Wedge, P. (2002). *Imprisoned fathers and their children*. London: Jessica Kingsley Publishers.

Boswell, G. (2018). Imprisoned fathers and their children: A reflection on two decades of research. *Child Care in Practice*, 24(2), 212-224.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis*, 39(5), 350-373.

Bowlby, J. (1969). *Attachment and loss: Volume 1*. Rochester: Vintage Digital.

Bradley, K.J.C. (2009). *The Bradley report*. London: Department of Health (DoH).

Brooker, C., & Ullman, B. (2008). *Out of sight, out of mind: The state of mental healthcare in prison*. London: Policy Exchange.

Brown, C., & Lloyd, K. (2001). Qualitative methods in psychiatric research. *Advances in Psychiatric Research*, 7(5), 350-356.

Bryant, A. (2002). Re-grounding grounded theory. *Journal of Information Technology Theory and Application*, 4(1), 25-42.

Burke, P.J. (2016). Identity control theory. In G.Ritzer. (Ed.). *The Blackwell encyclopaedia of sociology*. (pp. 2202-2206). Oxford: Blackwell Publishing.

Burmeister, E., & Aitken, L. M. (2012). Sample size: How many is enough? *Australian Critical Care*, 25(4), 271-274.

- Byrne, L., Hearle, J., Plant, K., Barkla, J., Jenner, L. & McGrath, J. (2000). Working with parents with a serious mental illness: What do service providers think? *Australian Social Work*, 53(4), 21–26.
- Cast, A. D., & Burke, P. J. (2002). A theory of self esteem. *Social Forces*, 80(3), 1041–1068.
- Chao, O., & Kuti, G. (2009). Supporting children of forensic in-patients: Whose role is it? *Psychiatric Bulletin*, 33, 55-57.
- Charmaz, K. (2014). *Constructing grounded theory*. London: SAGE Publications Ltd.
- Chui, W.H. (2016). Voices of the incarcerated father: Struggling to live up to fatherhood. *Criminology & Criminal Justice*, 16(1), 60-79.
- Clancy, A., & Maguire, M. (2017). Prisoners and their children: An innovative model of ‘whole family’ support. *European Journal of Probation*, 9(3), 210-230.
- Clarke, L., O’Brien, M., Day, D., Godwin, H., Connolly, J., Hemmings, J., Van Leeson, T. (2005). Fathering behind bars in English prisons: Imprisoned fathers’ identity and contact with their children. *Fathering*, 3(3), 221-241.
- Clegg, A. (2003). Older south Asian patient and carer perceptions of culturally sensitive care in a hospital community setting. *Journal of Clinical Nursing*, 12(2), 283–290.
- Coid, J., Kahtan, N., Gault, S., & Jarman, B. (2000). Ethnic differences in admissions to secure forensic psychiatry services. *British Journal of Psychiatry*, 177(3), 241-247.
- Costigan, C., & Cox, M. (2001). Fathers’ participation in family research: Is there a self-selection bias? *Journal of Family Psychology*, 15(4), 706-720.
- Department of Health (DoH). (2000). *Safeguarding adults: The role of health service practitioners*. London: DoH.

- Dennison, S., Smallbone, H., Stewart, A., Freiberg, K., & Teague, R. (2014). 'My life is separated': An examination of the challenges and barriers to parenting for indigenous fathers in prison. *The British Journal of Criminology*, 54(6), 1189 – 1108.
- Dick, G.L. (2011). The changing role of fatherhood: The father as a provider of selfobject functions. *Psychoanalytic Social Work*, 18(2), 107-125.
- Dixey, R., & Woodall, J. (2012). The significance of 'the visit' in an English category-B prison: Views from prisoners, prisoners' families and prison staff. *Community Work & Family*, 15(1), 29-47.
- Dyer, J. (2005). Prison, fathers and identity: A theory of how incarceration affects men's paternal identity. *Fathering*, 3(3), 201-219.
- Eggebeen, D.J., & Knoester, C. (2001). Does fatherhood matter for men? *Journal of Marriage and Family*, 63(2), 381-393.
- Elliot, N., & Lazenbatt, A. (2005). How to recognize a 'quality' grounded theory study. *Australian Journal of Advanced Nursing*, 22(3), 48–52.
- Evans, N. (2019). *Family work in mental health: A skills approach*. Keswick: M & K Publishing.
- Evenson, E., Rhodes, J., Feigenbaum, J., & Solly, A. (2008). The experiences of fathers with psychosis. *Journal of Mental Health*, 17(6), 629 – 642.
- Featherstone, B. (2009). *Contemporary fathering: Theory, policy and practice*. Bristol: Policy Press.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACEs) study. *American Journal of Preventative Medicine*, 56(6), 774-786.

- Foster, K., O'Brien, L., & Korhonen, T. (2012). Developing resilient children and families when parents have a mental illness: A family-focused approach. *International Journal of Mental Health Nursing*, 21(1), 3-11.
- Foster, F., Maybery, D., Reupert, A., Gladstone, B., Grant, A., Ruud, T., Falkov, A., & Kowalenko, N. (2016). Family-focused practice in mental health care: An integrative review. *Child & Youth Services*, 37(2), 129-155.
- Freeman, J. (2012). The relationship between lower intelligence, crime and custodial outcomes: A brief literary review of a vulnerable group. *Vulnerable Groups & Inclusion*, 3(1), 1-15.
- Gajwani, R., Parsons, H., Birchwood, M., & Singh, S. (2016). Ethnicity and detention: Are Black and minority ethnic (BME) groups disproportionately detained under the Mental Health Act 2007? *Social Psychiatry and Psychiatry Epidemiology*, 53(5), 703-711.
- Galasinski, D. (2013). *Fathers, fatherhood and mental illness: A discourse analysis of rejection*. London: Palgrave Macmillan.
- Gale, L., Channon, S., Lerner, M., & James, D. (2016). Experiences of using pro-eating disorder websites: A qualitative study with service users in NHS eating disorder services. *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity*, 21(3), 427-434.
- Gardner-Elahi, C., & Zamiri, S. (2015). Collective narrative practice in forensic mental health. *Journal of Forensic Mental Health*, 17(3), 204-218.
- Gee, L., Pearce, E., & Jackson, M. (2003). Quality of life in schizophrenia: A grounded theory approach. *Health and Quality of Life Outcomes*, 1(1), 31 – 42.

- Goff, A., Rose, E., Rose, S., & Purves, D. (2007). Does PTSD occur in sentenced prison populations? A systematic literature review. *Criminal Behaviour and Mental Health*, 17(3), 152-162.
- Gow, R.L., Choo. M., Darjee. M., Gould. S., & Steele. S. (2010). A demographic study of the Orchard Clinic: Scotland's first medium secure unit. *Journal of Forensic Psychiatry & Psychology*, 21(1), 139–155.
- Greenhalgh, T., Annandale, E., Ashcroft, R., Barlow, J., Black, N., Bleakley, A.,...Ziebland, S. (2016). An open letter to the BMJ editors on qualitative research. *British Medical Journal*, 352, i563. doi: 10.1136/bmj.i563.
- Gregory, A., & Milner, S. (2011). What is 'new' about fatherhood?: The social construction of fatherhood in France and the UK. *Men and Masculinities*, 14(5), 588-606.
- Grossmann, K., Grossmann, K.E., Fremmer-Bombik, E., Kindler, H., Scheuerer-Englisch, H., & Zimmermann, P. (2002). The uniqueness of the child–father attachment relationship: Fathers' sensitive and challenging play as a pivotal variable in a 16-year longitudinal study. *Social Development*, 11(3), 307–331.
- Grube, M. (2011). Fatherhood and mental illness. *Psychiatric Praxis*, 34(2), 66-71.
- Guion, L.A. (2002). Triangulation: Establishing the validity of qualitative studies. Retrieved from <https://journals.flvc.org/edis/article/view/108267> on 29/03/2020.
- Howard, L., Hunt, K., Slade, M., O'Keane, V., Seneviratne, T., Leese, M., & Thornicroft, G. (2008). *CAN-M: Camberwell assessment of need – Mother's version: Camberwell assessment of need for mothers*. London: RCPsych.

- Joint Commissioning Panel for Mental Health (JCPMH). (2013). Guidance for commissioners of forensic mental health services. Retrieved from <https://www.jcpmh.info/resource/guidance-for-commissioners-of-forensic-mental-health-services/> on 01/04/2020.
- Krumm, S., Becker, T., & Wiegand-Grefe, S. (2013). Mental health services for parents affected by mental illness. *Current Opinion in Psychiatry*, 26(4), 362-368.
- LeFrançois, B.A. (2010). Distressed fathers and their children: A review of the literature. *International Journal of Social Psychiatry*, 58(2), 123-130.
- Magaletta, P. R., & Herbst, D. P. (2001). Fathering from prison: Common struggles and successful solutions. *Psychotherapy: Theory, Research, Practice, Training*, 38(1), 88–96.
- Maruna, S. (2001). *Making good: How ex-convicts reform and build their lives*. Washington DC: American Psychological Association (APA).
- Maybery, D., Goodyear, M., Reupert, A.E., Grant, A. (2016). Worker, workplace or families: What influences family focused practices in adult mental health? *Journal of Psychiatric and Mental Health Nursing*, 23(3-4) 163-171.
- McLeod, B.A., & Bonsu, J. (2018). The benefits and challenges of visitation practices in correctional settings: Will video visitation assist incarcerated fathers and their children? *Children and Youth Services Review*, 93, 30-35.
- Mental Capacity Act. (MCA, 2005). *Chapter 9*. Retrieved from <https://www.legislation.gov.uk/ukpga/2005/9> on 04/01/2020.
- Mental Health Act (MHA, 1983, amended 2007). *Chapter 20*. Retrieved from <https://www.legislation.gov.uk/ukpga/1983/20> on 29/12/2019.

- Ministry of Justice (MoJ). (2018). *Restricted patients: 2018*. Retrieved from <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2018> on 21/02/2020.
- Newland, L.A. & Coyl, D.D. (2010). Fathers' role as attachment figures: An interview with Sir Richard Bowlby. *Early Child Development and Care*, 180(1-2), 25-32.
- Nolte, L., & Wren, B. (2016). Talking or keeping silent about parental mental health problems – A grounded theory of parent's decision making and experiences with their children. *Journal of Marital and Family Therapy*, 42(4), 731-744.
- Palm, G. (2014). Attachment theory & fathers: Moving from “being there” to “being with”. *Journal of Family Theory & Review*, 6(4), 282-297.
- Parrott, F.R., Macinnes, D.L., & Parrott, J. (2015). Mental illness and parenthood: Being a parent in secure psychiatric care. *Criminal Behaviour and Mental Health*, 25(4), 258 – 272.
- Phelan, M., Slade, M., Thornicroft, G., Dunn, G., Holloway, F., Wykes, T., Strathdee, G., Loftus, L., McCrone, P., & Hayward, P. (1995). Camberwell assessment of need: The validity and reliability of an instrument to assess the needs of people with severe mental illness. *British Journal of Psychiatry*, 167(5), 589-595.
- Price-Robertson, R., Reupert, A., & Maybery, D. (2015). Fathers' experiences of mental health stigma: Scoping review and implications for prevention. *Advances in Mental Health*, 13(2), 100-
- Pruett, K. D. (2000). *Fatherneed: Why father care is as essential as mother care for your child*. New York: The Free Press.

- Public Health Resource Unit. (2006). Critical appraisal skills programme (CASP) qualitative checklist. Retrieved from: <https://casp-uk.net/casp-tools-checklists/> on 17/05/2020.
- Public Health Wales (PHW). (2015). *Welsh adverse childhood experiences (ACEs) study. Adverse childhood experiences and their impact on health harming behaviours in the Welsh adult population*. Cardiff: PHW.
- Ramachandani, P., & Psychogiou, L. (2009). Paternal psychiatric disorders and children's psychosocial development. *The Lancet*, 374(9690), 646-653.
- Rapp, C. A., Kisthardt, W., Gowdy, E., & Hanson J. (1994). Amplifying the consumer voice: Qualitative methods, empowerment, and mental health research. In E. Sherman & W. J. Reid (Eds.), *Qualitative research in social work* (pp. 381–395). Columbia University Press: New York.
- Reupert, A., & Maybery, D. (2007). Families affected by parental mental illness: A multiperspective account of issues and interventions. *American Journal of Orthopsychiatry*, 77(3), 362-369.
- Reupert, A., & Maybery, D. (2009). Fathers' experience of parenting with a mental illness. *Families in Society: The Journal of Contemporary Social Services*, 90(1), 61-68.
- Royal College of Psychiatrists (RCPSYCH). (2011). *Parents as patients: Supporting the needs of patients who are parents and their children*. Council Report (CR164). London: RCPsych.
- Royal College of Psychiatrists (RCPSYCH). (2019). *Standards for Forensic Mental Health Services* (CCQI304). London: RCPsych.
- Sallee, M.W. & Flood, J.T. (2012). Using qualitative research to bridge research, policy, and practice. *Theory into Practice*, 51(2), 137-144.

- Scanlon, A. (2006). Psychiatric nurses' perceptions of the constituents of the therapeutic relationship: A grounded theory study. *Journal of Psychiatric and Mental Health Nursing*, 13(3), 319-329.
- Schen C.R. (2005). When mothers leave their children behind. *Harvard Review of Psychiatry*, 13(4), 233-43.
- Schwalbe, M., & Wolkomir, M. (2001). The masculine self as problem and resource in interview studies of men. *Men and Masculinities*, 4(1), 90-103.
- Shah-Anwar, S., Gumley, A., & Hunter, S. (2019). Mental health professionals' perspectives of family-focused practice across child and adult mental health settings: A qualitative synthesis. *Child & Youth Services*, 40(4), 383-404.
- Sharrack, J., & Happell, B. (2006). Competence in providing mental health care: A grounded theory analysis of nurses' experiences. *Australian Journal of Advanced Nursing*, 24(2), 9-15.
- Smith, J. A. & Osborn, M. (2003). Interpretative phenomenological analysis. In J.A. Smith. (Ed.) *Qualitative psychology: A practical guide to research methods*. (pg. 51-80). London: SAGE Publications.
- Spector, A.Z. (2006). Fatherhood and depression: A review of risks, effects, and clinical application. *Issues in Mental Health Nursing*, 27(8), 867-883.
- Stallard, P., Norman, P., Huline-Dickens, S., Salter, E., & Cribb, J. (2004). The effects of parental mental illness upon children: A descriptive study of the views of parents and children. *Clinical Child Psychology and Psychiatry*, 9(1), 39-52.
- Stearn, D.C., & Parrott, W.G. (2012). When feeling bad makes you look good: Guilt, shame, and person perception. *Cognition & Emotion*, 26(3), 407-430.

- Thomas, S., Harty, M., Parrott, J., McCrone, P., Slade, M., & Thornicroft, G. (2003). *CANFOR: Camberwell assessment of need forensic version*. London: RCPsych.
- Ugelvik, T. (2014). Paternal pains of imprisonment: Incarcerated fathers, ethnic minority masculinity and resistance narratives. *Punishment and Society*, *16*(2), 152-168.
- Walker, L. (2010^a). 'My son gave birth to me': Offending fathers – generative, reflexive and risky? *British Journal of Social Work*, *40*(5), 1402-1418.
- Walker, L. (2010^b). 'His mam, my dad, my girlfriend, loads of people used to bring him up': The value of social support for (ex) offender fathers. *Child and Family Social Work*, *15*(2), 238-247.
- Welsh Government. (2010). *Mental Health (Wales) Measure 2010*. Cardiff: Welsh Government.
- Willig, C. (2008). *Introducing qualitative research in psychology*. Maidenhead: Open University Press.
- Woods-Jaeger, B.A., Cho, B., Sexton, C.C., Slagel, L., & Goggin, K. (2018). Promoting resilience: Breaking the intergenerational cycle of adverse childhood experiences. *Health Education & Behavior*, *45*(5), 1-9.

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THESIS PREFACE

Appendix A: Editor's Description of Psychology of Men & Masculinities Journal

Psychology of Men & Masculinities is devoted to the dissemination of research, theory, and clinical scholarship that advances the psychology of men and masculinity. This discipline is defined broadly as the study of how boys' and men's psychology is influenced and shaped by both gender and sex, and encompasses the study of the social construction of gender, sex differences and similarities, and biological processes.

We are interested in work that arises from applied specialties (clinical, counseling, school, and I/O psychology), foundational areas (social, developmental, cognition, emotion, and biopsychology), and integrative fields (neuroscience, behavioral medicine, and behavioral neuroendocrinology). We welcome research using diverse methodologies, including both quantitative and qualitative approaches.

Scholarship advancing our understanding of men's psychology across the life span; across racial, ethnic, sexual orientation and gender identity groups; across national boundaries; and across historical time is welcome.

Examples of relevant topics include, but are not limited to:

- the processes and consequences of male gender role socialization, including its impact on men's health, behavior, interpersonal relationships, emotional development, violence, and well-being
- biological factors influencing male development
- gender role strain, stress, and conflict
- masculinity ideology and norms
- fathering
- men's utilization of psychological and physical health services
- assessment and measurement issues
- conceptualization and assessment of interventions addressing men's understanding of masculinity
- body image and muscularity
- sexual development, health, and dysfunction
- addictive behaviors
- the victimization of male children and adults
- boys' and men's relationships with girls and women and with each other

***** Correspondence with the editor of *Psychology of Men & Masculinities* indicated that the word count for qualitative submissions could be extended to 8,000 – 8200 words*****

Manuscripts for *Psychology of Men & Masculinities* may be regular-length submissions (7,500 words, not including references, tables, or figures) or brief reports (2,500 words, not including references, tables, or figures). Please include your submission's word count on the title page.

Masked Review Policy

Psychology of Men & Masculinities uses a masked review process.

Each copy of a manuscript should include a separate title page with author names and affiliations, and these should not appear anywhere else on the manuscript. The first page of the manuscript should include only the title of the manuscript and the date it is submitted. Footnotes containing information pertaining to the authors' identity or affiliations should be removed. Every effort should be made to see that the manuscript itself contains no clues to the authors' identity. Please ensure that the final version for production includes a byline and full author note for typesetting.

Manuscript Preparation

Prepare manuscripts according to the [Publication Manual of the American Psychological Association \(6th edition\)](#). Manuscripts may be copyedited for bias-free language (see Chapter 3 of the *Publication Manual*). Review APA's [Journal Manuscript Preparation Guidelines](#) before submitting your article. Double-space all copy. Other formatting instructions, as well as instructions on preparing tables, figures, references, metrics, and abstracts, appear in the *Manual*. Additional guidance on APA Style is available on the [APA Style website](#). Below are additional instructions regarding the preparation of display equations, computer code, and tables.

Tables

Use Word's Insert Table function when you create tables. Using spaces or tabs in your table will create problems when the table is typeset and may result in errors.

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Authors who feel that their manuscript may benefit from additional academic writing or language editing support prior to submission are encouraged to seek out such services at their host institutions, engage with colleagues and subject matter experts, and/or consider several [vendors that offer discounts to APA authors](#). Please note that APA does not endorse or take responsibility for the service providers listed. It is strictly a referral service. Use of such service is not mandatory for publication in an APA journal. Use of one or more of these services does not guarantee selection for peer review, manuscript acceptance, or preference for publication in any APA journal.

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Abstract and Keywords

All manuscripts must include an abstract containing a maximum of 250 words typed on a separate page. After the abstract, please supply up to five keywords or brief phrases.

Public Significance Statements

Authors submitting manuscripts to *Psychology of Men & Masculinities* are required to provide 2–3 brief sentences regarding the public significance of the study or meta-analysis described in their paper. This description should be included within the manuscript on the abstract/keywords page. It should be written in language that is easily understood by both professionals and members of the lay public. When an accepted paper is published, these sentences will be boxed beneath the abstract for easy accessibility. All such descriptions will also be published as part of the Table of Contents, as well as on the journal's web page. This new policy is in keeping with efforts to increase dissemination and usage by larger and diverse audiences.

To be maximally useful, these statements of public health significance should not simply be sentences lifted directly from the manuscript. They are meant to be informative and useful to any reader. They should provide a bottom-line, take-home message that is accurate and easily understood. In addition, they should be able to be translated into media-appropriate statements for use in press releases and on social media. Prior to final acceptance and publication, all public health significance statements will be carefully reviewed to make sure they meet these standards. Authors will be expected to revise statements as necessary.

References

List references in alphabetical order. Each listed reference should be cited in text, and each text citation should be listed in the References section.

Figures

Graphics files are welcome if supplied as Tiff or EPS files. Multipanel figures (i.e., figures with parts labeled a, b, c, d, etc.) should be assembled into one file. The minimum line weight for line art is 0.5 point for optimal printing. For more information about acceptable resolutions, fonts, sizing, and other figure issues, [please see the general guidelines](#). When possible, please place symbol legends below the figure instead of to the side.

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It is a violation of APA Ethical Principles to publish "as original data, data that have been previously published" (Standard 8.13). In addition, APA Ethical Principles specify that "after research results are published, psychologists do not withhold the data on which their conclusions

are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release" (Standard 8.14). APA expects authors to adhere to these standards. Specifically, APA expects authors to have their data available throughout the editorial review process and for at least 5 years after the date of publication.

Authors are required to state in writing that they have complied with APA ethical standards in the treatment of their sample, human or animal, or to describe the details of treatment. The APA Ethics Office provides the full [Ethical Principles of Psychologists and Code of Conduct](#) electronically on its website in HTML, PDF, and Word format. You may also request a copy by [emailing](#) or calling the APA Ethics Office (202-336-5930). You may also read "Ethical Principles," December 1992, *American Psychologist*, Vol. 47, pp. 1597–1611.

PAPER ONE: SYSTEMATIC REVIEW

Appendix A: Ministry of Justice (MoJ) Correspondence



Michelle Wells
WellsM2@ac.uk

Disclosure Team
Ministry of Justice
102 Petty France
London
SW1H 9AJ

data.access@justice.gov.uk

14/10/2019

Dear Ms Wells

Freedom of Information Act (FOIA) Request –190924035

Thank you for your request dated 24th September 2019 in which you asked for the following information from the Ministry of Justice (MoJ):

Do you have any data or estimations on how many parents are currently in prison in the UK and how many children they have?

Your request has been handled under the FOIA.

The MoJ does not hold the information in the scope of your request.

The FOIA does not oblige a public authority to create information to answer a request if the requested information is not held. The duty is to only provide the recorded information held.

Appeal Rights

If you are not satisfied with this response you have the right to request an internal review by responding in writing to one of the addresses below within two months of the date of this response.

data.access@justice.gov.uk

Disclosure Team, Ministry of Justice, 10.38, 102 Petty France, London, SW1H 9AJ

You do have the right to ask the Information Commissioner's Office (ICO) to investigate any aspect of your complaint. However, please note that the ICO is likely to expect internal complaints procedures to have been exhausted before beginning their investigation.

Appendix B: Database Search Strategies

PsycINFO (04.10.2019) – 158 results

# ▲	Searches	Results	Type	Actions	Annotations
1	Incarceration/	4838	Advanced	Display Results More ▼	
2	Legal Detention/	738	Advanced	Display Results More ▼	
3	Prisons/	6925	Advanced	Display Results More ▼	
4	Correctional Institutions/	2868	Advanced	Display Results More ▼	
5	1 or 2 or 3 or 4	13833	Advanced	Display Results More ▼	
6	Fathers/	10014	Advanced	Display Results More ▼	
7	Paternal.mp.	10255	Advanced	Display Results More ▼	
8	6 or 7	18236	Advanced	Display Results More ▼	
9	5 and 8	158	Advanced	Display Results More ▼	

Social Policy and Practice (SPAP; 04.10.2019) – 162 results

# ▲	Searches	Results	Type	Actions	Annotations
1	Incarcerat*.mp. [mp=abstract, title, publication type, heading word, accession number]	637	Advanced	Display Results More ▼	
2	Detain*.mp. [mp=abstract, title, publication type, heading word, accession number]	624	Advanced	Display Results More ▼	
3	Detention.mp. [mp=abstract, title, publication type, heading word, accession number]	965	Advanced	Display Results More ▼	
4	Prison*.mp. [mp=abstract, title, publication type, heading word, accession number]	4054	Advanced	Display Results More ▼	
5	Institution*.mp. [mp=abstract, title, publication type, heading word, accession number]	9523	Advanced	Display Results More ▼	
6	imprison*.mp. [mp=abstract, title, publication type, heading word, accession number]	585	Advanced	Display Results More ▼	
7	1 or 2 or 3 or 4 or 5 or 6	14535	Advanced	Display Results More ▼	
8	father*.mp. [mp=abstract, title, publication type, heading word, accession number]	2941	Advanced	Display Results More ▼	
9	paternal.mp. [mp=abstract, title, publication type, heading word, accession number]	287	Advanced	Display Results More ▼	
10	8 or 9	3047	Advanced	Display Results More ▼	
11	7 and 10	162	Advanced	Display Results More ▼	

Applied Social Sciences Index and Abstracts (ASSIA; 05.10.2019) – 334 results

(noft("father*" OR "paternal") AND noft("incarcerat*" OR "detain*" OR "detention" OR "prison*" OR "institution*" OR "imprison*")) AND (la.exact("ENG") AND PEER(yes))

334 results

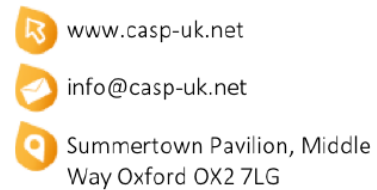
[Modify search](#) [Recent searches](#) [Save search/alert ▼](#)

Scopus (05.10.2019) – 592 results

592 document results

[View secondary documents](#) [View 553 patent results](#) [View 11905 Mendeley](#)

TITLE-ABS-KEY ("father*" OR "paternal" AND "prison" OR "incarcerat*" OR "detain*" OR "detention" OR "insitution" OR "imprison*") AND (LIMIT-TO(SRCTYPE, "j")) AND (LIMIT-TO(DOCTYPE, "ar")) AND (LIMIT-TO(LANGUAGE, "English"))



CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference: Akerman, Arthur & Levi (2018)

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments: The aim of the research was to explore the impact paternal imprisonment on fathers. It was hoped that increased knowledge and understanding around experiences, needs and effective responses to fathers and their children would be gained. There could have been further consideration to why research in this area is important and its relevance to clinical practice and social policy. However, the aims of the research have been clearly stated.

2. Is a qualitative methodology appropriate?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments: Yes, qualitative methodology is appropriate for the aim of the research. The research study is exploratory in nature and concerned with the subjective experiences of fathers in prison. Qualitative methodology is felt suitable for studies focused on lived experiences as it offers opportunity to explore the studied phenomenon in more depth to elicit a personal narrative.

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments: Semi-structured interviews and focus groups were used for data collection, which are felt to be suitable. However, there is limited justification to why both semi-structured interviews and focus groups took place. There is also a lack of clarity to how many participants were involved in both an individual semi-structured interview and a focus group. Thus, further clarification would have been appropriate.

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: The procedure in how participants were identified and recruited has not been explicitly outlined. The inclusion criteria for research participation has not been provided. There is no discussion to why some fathers may have chosen not to take part. Therefore, more detail in this area could have been provided.

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments: The use of semi-structured interviews and focus groups appears appropriate for data collection. However, there is no justification why two methods of data collection have been implemented and how it was decided who would be offered an interview and who would attend the focus group. There is no mention of data saturation. Moreover, two current service users (published authors on the journal article) were involved as researchers and participants. Their role and responsibilities are unclear in the study.

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments: Yes, this has been considered in the section focused on Interpretative Phenomenological Analysis (IPA). However, this could have been expanded on as two service users were both researchers and also participants in the study. Therefore, a potential conflict of interest in considering their relationship to the research project could have been outlined.

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments: There is reference to ethical issues in the study but this is limited. For example, there is no mention of an ethics approval process, informed consent, confidentiality in the focus groups and/or debrief procedures. In addition, the ethical issues in having service users as participants and researchers in the prison context could have been given further consideration, particularly as they were involved in data analysis.

8. Was the data analysis sufficiently rigorous?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments: It is reported that IPA was used for data analysis. However, there is no detailed account of the analytic process and how themes were derived from the participant data. There is sufficient data to support the findings, but the presentation is unclear (i.e. superordinate and subordinate themes). It has been reported that an independent reviewer coded data.

9. Is there a clear statement of findings?

Yes	<input type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments: The credibility of the findings have been discussed in relation to triangulation and having an independent researcher to review IPA analysis. However, the way in which the results have been discussed does not offer a clear statement of findings and does not adequately relate back to the results section. Thus, the discussion section could have involved explicit reference to the findings.

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: The research appears valuable in the context of the current prison. The applicability of the research outside of the recruitment site has not been fully discussed but it may hold relevance to prisons elsewhere. There are some recommendations for further research but they are limited. Other ways in which the research could have been used is also limited. Further consideration could have been given to clinical practice and/or social policy. However, as an exploratory study it does hold value in offering initial insight into fathers experience of prison.

Appendix D: Extracts of Thematic Analysis

Extract from Akerman et al (2019)

I missed her teenage years being in before— now missing it again. She shot up. She's gone	Wells	Repeating patterns of offending
through the teenage years. That's one of the hardest things. That's what I've done. Hope to be	Wells	Absence during childhood years
out just before her 18th. Only out for 3 of 18 years. We are where we are now— but daughter	Wells	MISSED FATHER-CHILD EXPERIENCES - LOSS
growing up—nearly 14—it's more like talking to a little woman now. for her she doesn't want	Wells	Daughter's birthday milestone for release – HOPE
to be talking to dad on phone— she wants to be on Snapchat, but I've only got myself to blame.	Wells	Missed majority of child's life
(...) She tells me, talk to mum, you're wasting your credit. I can't force her back on the phone.	Wells	Blames self for situation – taking responsibility?
Now she usually wants to talk if her mum has told her off. It's horrible for me. It's part of the	Wells	Perceives daughter has no time for him
process of them growing up—you can't change, you can't press pause (Participant 6, page 21)	Wells	Lack of control over time
[I have a] son in prison. I didn't meet my own dad. I'm an even worse father than him. Crime	Wells	Intergenerational offending
was son's way of bonding with me. It's a vulnerability when the parent is away they take on	Wells	Own father absent
the identity they think they should have. Son is in for similar crimes. He didn't stand half a	Wells	Perceives self to be worse than father – SHAME
chance to stay out (Participant 2, page 21)	Wells	Crime facilitates emotional bonding & closeness
I grew up visiting jail—it was a badge of honour. Thought when I got out it'd be like when dad	Wells	Negative impact on son - GUILT
get out—it wasn't (Participant 4, page 21).	Wells	Son has adopted offender identity
	Wells	Pride in visiting prison as a child
	Wells	Intergenerational offending

[I]Identify with the **criminal**. Biological mother was in prison in the short time we were together. My birth father was in **prison**. Adoptive father in prison (*Participant 5, page 21*).

I **didn't** visit prisons—I was aware my dad and uncle were in **prison**, but I was living in a children's home. I **didn't** have that experience. Kids say, 'dad's away doing this'—It's

embarrassing for **us**, for them it's like a badge of **honour**. You are a product of your **environment**. I grew up everyone was a **thief**. It's what you show **them**

(*Participant 6, page 21*)

- W** **Wells**
Affiliation with criminal identity - IDENTITY
- W** **Wells**
Intergenerational offending – family identity
- W** **Wells**
Familial offending
- W** **Wells**
Exposure father is in prison
- W** **Wells**
Perceives children feel prison is a 'badge of honour'
- W** **Wells**
Influence of family environment
- W** **Wells**
Collective identity as a 'thief' - IDENTITY
- W** **Wells**
Self-fulfilling prophecy - IDENTITY

Journal

MEEK (2011) 5
 UNOC (1994)
 MEEK (2007) 4

PRESENT
 POOR PARENT 31% (themselves)
 SEPARATION FROM CHILD 24%
 Earle (2012) 3

reimpossibility
 therapy (talking pg 10) Akerman (1)

1. Ackerman
 Outside of family unit
 mother
 reliance on others (practical)
 inappropriate boundaries
 not like father-child
 Father
 Shame?
 connection
 Doing the right thing
 Guilt
 Not a 'good' dad
 Changing feelings
 Masculinity
 Visits

Motivation
 Hope for future - improved paternal relationship
 COMMUNICATION
 huge reliance on others
 maternal gatekeeping
 change in relationship over time (in custody)

Identity
 criminal identity? Wanting to rise from original identity
 belongs to prison
 father offender/prisoner
 intergenerational offending
 feels unable to live again
 SHAME
 Hence STIGMA
 Broken promises
 Behaviour
 Repeating adverse patterns of parenting
 FAILURE
 false expectations and behaviours
 unmet fatherhood expectations

LOSS
 loss of relationship with children
 loss of fatherhood
 NO CONTROL
 impact on child
 issues around communication

ASSESS
 impact on family (financial, psychological, physical)
 FEAR OF FAILURE

MORAN ET AL (2017) 6.
 VISITS → NOT SEEING CHILDREN → REFERENCE OF OTHERS FAMILY DID NOT WISH TO VISIT IT

O'KEEFE (2019) 7.
 linked to identity

8. Walker (2008)
Walker (2010)
 complicated families → fluid, transient, constantly changing

10. Walker (2010)
 nikes (1) - parenting partnership
 2 - ces
 mly context - complex, intricate, fragile
 → repeated
 → some children in care or had been
 able & fragile.
 both supportive & challenging.
 fatherhood desire.
 family - nature of rel prior to prison.
 transition from prison-family
 iraction
 Desistance from crime (identity)
 → facilitate role.
 → maternal gatekeeping
 → father from distance.

PAPER TWO: EMPIRICAL RESEARCH PROJECT

Appendix A: NHS Ethical Approval: Integrated Research Application System (IRAS)



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales

Gwasanaeth Moeseg Ymchwil
Research Ethics Service



Wales Research Ethics Committee 1
Castlebridge 4
15-19 Cowbridge Road East
Cardiff
CF11 9AB

Telephone: 02920 785738
E-mail: jagit.sidhu@wales.nhs.uk
Website : www.hra.nhs.uk

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

16 May 2018

Miss Michelle Wells
Trainee Clinical Psychologist
Cardiff University
South Wales Doctoral Programme in Clinical Psychology
Cardiff University, 11th Floor Tower Building
CF10 3AT

Dear Miss Wells

Study title: **Fatherhood and Mental Health: Experiences of Fathers from Forensic Inpatient Services**
REC reference: **18/WA/0124**
Protocol number: **SPON 1664-18**
IRAS project ID: **242091**

Thank you for your letter dated 2nd May 2018 responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact hra.studyregistration@nhs.net outlining the reasons for your request.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation [as revised], subject to the conditions specified below.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA and HCRW Approval (England and Wales)/ NHS permission for research is available in the Integrated Research Application System, at www.hra.nhs.uk or at <http://www.rdforum.nhs.uk>.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" above).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Covering letter on headed paper [Response to Provisional Opinion]		02 May 2018
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Cardiff University Indemnity]	1	15 July 2017
Interview schedules or topic guides for participants [Semi-Structured Interview Topics]	1	09 March 2018
IRAS Application Form [IRAS_Form_12032018]		12 March 2018
Letter from sponsor [Sponsorship Letter]	1	13 February 2018
Participant consent form [Participant Consent Form - Accessible V2]	2	08 May 2018
Participant consent form [Participant Consent Form - V2]	2	08 May 2018
Participant information sheet (PIS) [Participant Information Sheet - Accessible V2]	2	08 May 2018
Participant information sheet (PIS) [Participant Information Sheet V2]	2	08 May 2018
Referee's report or other scientific critique report [Peer Review Confirmation]	1	29 January 2018
Research protocol or project proposal [Project Proposal]	1	09 March 2018
Summary CV for Chief Investigator (CI) [Chief Investigator CV]	1	09 March 2018
Summary CV for student [Chief Investigator (Student)]	1	09 March 2018
Summary CV for supervisor (student research) [Christopher Hartwright CV]	1	
Summary CV for supervisor (student research) [Sara Morgan CV]	1	23 January 2018
Summary CV for supervisor (student research) [Leigh Gale CV]	1	23 January 2018

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document "*After ethical review – guidance for researchers*" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: <http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/>

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at <http://www.hra.nhs.uk/hra-training/>

18/WA/0124

Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely



p.p.
Dr K J Craig
Chair

Service Identifiable Information has been Removed from this Section

Re: Fatherhood and Mental Health in Forensic Inpatient Services

IRAS Ref: 242091

Sponsor: Cardiff University

Thank you for submitting the above named research proposal to [REDACTED] for NHS R&D permission. The attached listed documents were reviewed.

Health Board R&D Governance checks have been completed and passed. Please accept this letter as confirmation of local NHS R&D Health Board permission.

As part of Research Governance, you are required to:

1. Adhere to the protocol approved and inform the R&D office and the relevant Research Ethics Committee of any changes to the study, including the end date, for review/approval and record update.
2. For Health Board Sponsored studies, notify the R&D office of serious adverse events immediately upon knowledge, in accordance with local Standard Operating Procedure on Pharmacovigilance and as outlined in your Study Initiation meeting.
3. For Externally Sponsored studies, the Health Board should only be notified of SAEs or Suspected Unexpected Serious Adverse Reaction (SUSAR) arising in [REDACTED]
4. Complete any interim and final reports requested by the R&D office. If sponsored by [REDACTED] you will be asked to complete a 6 monthly progress report for submission to the Joint Scientific Review Committee along with your final report at study completion.
5. Ensure that your research complies with any relevant regulatory requirements and legislation relating to: Clinical Trials, Data Protection Act 1998, Health & Safety, Caldicott Guidelines, the use of Human Tissue for research purposes, Mental Capacity and ICH Good Clinical Practice (GCP). The R&D team can advise you on applicable regulatory and statutory requirements relevant to your study.
6. Comply with Data Protection requirements, notably no personal or patient identifiable data should leave the Health Board unless explicit consent from the individual or patient has been taken and documented. Unless consent is present, all study related documents must be either fully or linked anonymised. *'Identifiable patient data includes name, address, full postcode, date of birth, NHS number and local patient identifiable codes as well as photographs, videos, audio tapes or other images of patients. Personal identifiable information includes the member of staff's name, address, full post code, date of birth, NI number and staff number as well as photographs etc'* – [REDACTED] Protection & Confidentiality Policy, Version 2.1 September 2013.
7. Ensure that all training courses requested by the Sponsor are completed by all relevant members of the research team before any research activity is carried out. All research staff undertaking clinical trials of an investigational medicinal product (CTIMPs) must be GCP trained, and should continue to update their GCP training every 2 years. Copies of GCP certificates should be filed in the Trial Site File, with a copy forwarded to the R&D Department.
8. Ensure the research is undertaken in compliance with all Health Board R&D Standard Operating Procedures (SOPs). The latest versions of all SOPs can be obtained by contacting the R&D Department or from the R&D Intranet pages
9. If the study is sponsored by [REDACTED] you must notify the R&D Office of your intention to open the study in other sites.
10. For [REDACTED] Sponsored studies, sign a Conditions of Sponsorship Agreement & attend a Study Initiation meeting as organised by the R&D Department.

Clinical Research Portfolio Studies

If your study has been adopted onto the Clinical Research Portfolio (CRP), it will be a condition of our permission that the Chief Investigator site uploads local recruitment data onto the portfolio database.

For more information on the process of uploading recruitment data please look at the following link:

<http://www.healthandcareresearch.gov.wales/uploading-recruitment-data/>

Uploading of recruitment data will enable Health and Care Research Wales to monitor research activity within Health Boards, resulting in NHS R&D allocations to be driven by activity.

For more information and advice on the Health and Care Research Wales Portfolio please email:

portfolio@wales.nhs.uk

Amendments to the Study

Any changes made to the study after the issue of this letter will be treated as an amendment. Amendments can be 'substantial' or 'non-substantial'. It is the duty of the Sponsor to classify the amendment and notify all relevant regulatory bodies accordingly, this duty may be delegated to the Chief Investigator or other authorised individual.

For a substantial amendment, the Sponsor or delegated individual will be required to submit a Notice of Substantial Amendment form to the REC, the lead permission co-ordinating function for the study and the MHRA (if applicable). For all [REDACTED] studies substantial amendments must first be submitted to the Joint Study Review Committee (JSRC) for approval prior to submitting to REC and Health and Care Research Wales Permissions (Research-permissions@wales.nhs.uk).

For non-substantial amendments, the Sponsor or delegated individual are required to submit the amendment details to the lead permission co-ordinating function for the study. They will then pass the amendment details onto all relevant nations, for Wales this would be Health and Care Research Wales who will notify [REDACTED] for review.

Details of how to classify your amendment as substantial or non-substantial are available from Health Research Authority - <http://www.hra.nhs.uk/research-community/during-your-research-project/amendments/>

Indemnity Arrangements

The Sponsor indemnifies and holds harmless [REDACTED] Board, its employees and agents for any harm caused by negligence on behalf of the Sponsor, including any harm caused to participants by the administration of the investigational product. However, please note that the Sponsor will not

indemnify [REDACTED] for any harm caused by negligence on behalf of the research team or other individual or agent. Researchers employed by [REDACTED] including those holding Honorary Contract status are indemnified against actions for negligent harm via standard arrangements with Welsh Risk Pool (WRP).

Please discuss any planned use of in-house work instructions/sops with the Sponsor company during Initiation to ensure localised documents correctly summarise the protocol requirements and this is agreed to, in writing, by the Sponsor Company.

[REDACTED] reserves the right to suspend approval of any research study where deviation from appropriate RG & GCP standards is uncovered.

May I take this opportunity to wish you well in undertaking the research. We will write to you in the future to request updates on the progress of the research and look forward to receiving outcomes of the study.

Yours sincerely,



Full title of study:	Fatherhood and Mental Health: Experiences of Fathers in Forensic Inpatient Services
IRAS Project ID:	242091
Sponsor Amendment Notification number:	NonSubAmend02
Sponsor Amendment Notification date:	14.10.2019
	Study Extended until- August 2020

[REDACTED] Research & Development department has received notification of the above named study amendment.

There is no local objection based on capacity to implement the amendment at site. Therefore, please accept this email as confirmation of '**No objection**' to the amendment being implemented at [REDACTED]



Research and
Innovation Services

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ac Arloesi

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13/02/2018

Dr Christopher Hartwright
School of Psychology
Cardiff University
11th Floor, Tower Building
70 Park Place
Cardiff CF10 3AT

Dear Dr Hartwright

Title “Fatherhood and Mental Health: Experiences of Fathers from a Forensic Inpatient Setting”

I understand that you are acting as Chief Investigator for the above Doctorate in Clinical Psychology project to be conducted by Michelle Wells.

I confirm that Cardiff University agrees in principle to act as Sponsor for the above project, as required by the UK Policy Framework for Health and Social Care Research.

Scientific Review

I can also confirm that Scientific Review has been obtained from: The supervisory team

Insurance

The necessary insurance provisions will be in place prior to the project commencement. Cardiff University is insured with UMAL. Copies of the insurance certificate are attached to this letter.

Approvals

On completion of your IRAS form (required for NHS REC and NHS R&D/HRA approvals), you will be required to obtain signature from the Sponsor (‘Declaration by the Sponsor Representative’).

Please then submit the project to the following bodies for approval:

- NHS Research Ethics Committee;
- Health & Care Research Wales Permissions Coordinating Unit - to arrange host organisation R&D approval for Welsh NHS sites

Once Research and Innovation Services has received evidence of the above approvals, the University is considered to have accepted Sponsorship and your project may commence.

Roles and Responsibilities

As Chief Investigator you have signed a Declaration with the Sponsor to confirm that you will adhere to the standard responsibilities as set out by the UK Policy Framework for Health and Social Care Research. In accordance with the University's Research Integrity & Governance Code of Practice, the Chief Investigator is also responsible for ensuring that each research team member is qualified and experienced to fulfill their delegated roles including ensuring adequate supervision, support and training.

If your study is adopted onto Health & Care Research Wales Clinical Research Portfolio you are required to upload recruitment data onto the portfolio database.

Contracts

The following contracts will be in place prior to research commencing:

Roles and responsibilities are detailed adequately in the research protocol- no contract required.

May I take this opportunity to remind you that, as Chief Investigator, you are required to:

- register clinical trials in a publicly accessible database before recruitment of the first participant and ensure that the information is kept up to date
- ensure you are familiar with your responsibilities under the UK Policy Framework for Health and Social Care Research;
- undertake the study in accordance with Cardiff University's Research Integrity & Governance Code of Practice (available on the Cardiff University Staff and Student Intranet) and the principles of Good Clinical Practice;
- ensure the research complies with the Data Protection Act 1998;
- where the study involves human tissue, ensure the research complies with the Human Tissue Act and the Cardiff University Code of Practice for Research involving Human Tissue (available on the Cardiff University Staff and Student Intranet);
- inform Research and Innovation Services of any amendments to the protocol or study design, including changes to start /end dates;
- co-operate with any audit, monitoring visit or inspection of the project files or any requests from Research and Innovation Services for further information.

You should quote the following unique reference number in any correspondence relating to Sponsorship for the above project:

SPON 1664-18

This reference number should be quoted on all documentation associated with this project.

Yours sincerely



Dr K J Pittard Davies
Head of Research Governance and Contracts
Direct line: +44 (0) 29208 79274
Email: resgov@cardiff.ac.uk

Cc Michelle Wells



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PARTICIPANT INFORMATION SHEET

Fatherhood and Mental Health: Experiences of Fathers in Forensic Inpatient Services



	<p>Hello, my name is Michelle Wells. I am a Trainee Clinical Psychologist.</p> <p>I am interested in listening to your experience of being a father and what this has been like in an inpatient hospital.</p> <p>It is hoped that the research will help services in how they can support fathers in inpatient settings.</p>
	<p>It is important that you have all the information about the project before you decide if you want to be involved.</p>
	<p>It is up to you if you want to take part in the research. You are able to say no without having to provide a reason. This will not affect the healthcare you receive or your legal rights.</p> <p>You may decide to take part and later change your mind, this is okay and again you do not have to give a reason. You will be able to withdraw from the study up until it is published.</p>
	<p>If you decide to take part, the interview will last a maximum of 2 hours. You can have a comfort break or stop the interview at any time. The interview could be over two sessions.</p>
	<p>The interview would be voice recorded. This is to make sure that everything is recorded and the interview can be typed up.</p> <p>The voice recording will be listened to by myself and may be listened to by a transcription service to help type up the interview. Your name and location will not be included in the recording. The audio file will be encrypted (protected) to ensure it can only be opened by individuals who are typing up the interview.</p>

	<p>Once the interview has been typed up, the audio recording will be deleted. The typed up interview will be kept in lockable storage and destroyed after 15 years.</p>
	<p>The information you provide will be kept private.</p> <p>Any personal information that could identify you (e.g. your name) will be removed. No one will know it is you except us.</p> <p>You will be asked to provide some participant details including your age, ethnicity, period of time in current setting, age of child (ren), Section of the Mental Health Act (1983, amended 2007) and status of your contact with your children. You will not be identified by the information provided and will remain anonymous.</p>
	<p>There may be times where I have to tell your care team something you have said. This will be if I am concerned about risk to yourself and/or others. It might also be if you talk about a crime that has not been reported.</p> <p>If I do need to tell someone else, I will try and tell you first.</p>
	<p>You will not be paid for the project.</p>
	<p>If you become upset in the interview then I will suggest that we have a break or stop the interview.</p> <p>You will not have to talk about anything you do not want to.</p>
	<p>If you would like a copy of the results when the project is finished, I can send you a summary.</p> <p>Please let me know if you would like this.</p>
	<p>This research will be submitted as part of a Doctorate in Clinical Psychology. It will also be submitted for publication.</p> <p>No-one will be able to identify you in the project or the publication.</p>
	<p>NHS research needs to be agreed by a group of people called the Research Ethics Committee. This is to make sure you are protected. This study has been agreed by them.</p>
	<p>If you have any questions about the research project you can contact a member of the research team, their contact details are below.</p> <p>If you want to make a complaint about the project, you can contact the</p> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>

	<p>██████████ will ask if you want to take part in the project. Please let them know your decision.</p> <p>If you choose to take part an appointment will be arranged by myself (Michelle Wells). We will go through this information sheet and a consent form which you will be asked to sign.</p>
	<p>██ if you have any questions or ask someone else to contact us on your behalf.</p>
	<p>Thank you very much for taking the time to read this information leaflet. Please keep it for your own records.</p>

Name of Participant (Please Print):.....

Date:.....

Signature:.....

Name of Researcher (Please Print):.....

Date:.....

Signature.....

Name of Witness (Please Print):.....

(if applicable)

Date:.....

Signature.....



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PARTICIPANT INFORMATION SHEET

Fatherhood and Mental Health: Experiences of Fathers in Forensic Inpatient Services

There is little research which has sought to hear about father's experiences of being in inpatient care. We think it is important that fathers have an opportunity to share their experiences and are conducting a research study in this area. The research project is being conducted by Michelle Wells (Trainee Clinical Psychologist at Cardiff University), [REDACTED]

You are being provided with this information as we would like to invite you to take part in this study. The information is provided so you can make a decision on whether to participate. Participation is voluntary and there is no pressure to be involved. If you choose not to take part this will not impact on the healthcare you receive or your legal rights. If you do decide to take part you can change your mind at any time where all of your data will be removed if you choose to withdraw from the study. This will only be possible up until the point of publication. You do not have to provide a reason and there will be no effect on the healthcare you receive.

You can have time to read the information yourself or if you prefer you can request for a member of your research team to read through the information with you. You will be given a few days to consider the information and make your decision. There will be a chance to ask any questions you have to help you make a decision.

What is the aim of the project?

The aim of the project is to offer fathers who have experience of inpatient care the opportunity to talk about their experience. This will include asking participants about their children, their mental health difficulties in relation to parenting, and their experience of services in supporting their role as a father. It is hoped that the outcome of the research will guide services in how they can support fathers whilst they are in inpatient care.

What will the research project involve?

[REDACTED] if you want to take part in the research. You will have an opportunity to ask any questions you may have. If you choose to take part in the research project an appointment will be made with myself Michelle Wells (Trainee Clinical Psychologist). The 'Participant Information Sheet' will be reviewed and you will be asked to read and sign a 'Participant Consent Form' to make sure you are happy to take part. You can ask questions about the project at any time during the research.

The interview will focus on your experience of being a father in an inpatient setting. There will be set questions but there is opportunity to discuss areas that may be important in understanding your individual experience. It is anticipated that the interview be a maximum of two hours. There will be time to have a comfort break or the interview can be conducted over two sessions. If you decide you do not want to continue with the interview, you do not have to provide a reason.

Will my participation be confidential and anonymous?

The information that you provide will be kept confidential. No one other than myself (Michelle Wells, Trainee Clinical Psychologist) will know that you have provided specific information. There are occasions however where confidentiality has to be breached. These circumstances usually relate to concerns around risk to self or others. In addition, if an individual disclosed a crime that had not been reported, confidentiality would be breached. If this happens I will try and talk to you first before I speak with your care team.

The interview will be audio recorded so that the interview can be typed up. The audio file will be kept on a password protected computer under a password protected file. The Dictaphone used to record the interview and your consent form will be kept in lockable storage. These documents and equipment will only be accessible by myself (Michelle Wells, Trainee Clinical Psychologist).

In transcribing the interview the audio recording will be listened to by the interviewer (Michelle Wells) and may be listened to by a transcription service to help type up the interview. Your name and location will not be included in the recording. The audio file will be encrypted (protected) to ensure it can only be opened by individuals who are typing up the interview. If an unreported crime was disclosed during the interview then a MDT decision will be made whether to continue with participation and if so, it will be transcribed by the interviewer (Michelle Wells)

A fake name will be used instead of your real name when writing up the research. What you say in the interview may be directly quoted but you will not be identified from these quotes. Other researchers may read the transcripts but they will not know who you are. You will be asked to provide some participant details including your age, ethnicity, period of time in current setting, age of child(ren), Section of the Mental Health Act (1983, amended 2007) and status of your contact with your children. You will not be identified by the information provided and will remain anonymous. The anonymised interview transcripts will be kept in lockable storage for up to 15 years once the study is complete. However, all other documentation will be destroyed.

What happens if I feel distressed during the interview?

It is recognised that some participants may experience distress when talking about fatherhood. Before the interview a member of your care team will be identified to support you should you need it. You will not be encouraged to discuss anything that appears to be causing you distress. I will support you in the interview to either take a break or stop. If you find you are distressed following the interview, we want to ensure that you receive the support you require. A careful handover will be given to a member of your care team.

How will the results from the research study be used?

The results from the research will be written and submitted as part of the qualification for a Doctorate in Clinical Psychology at Cardiff University. It will also be submitted for publication. Throughout this process you will remain anonymous.

If you would like a summary of the results or some feedback from the research, please let us know and we can share the results with you.

Who is funding and monitoring the research?

In accordance with the Research Governance Framework for Health and Social Care the research study is funded by Cardiff University. This funding does not include payment for participation, therefore participants will receive no payment for their involvement. The project has been approved by a NHS Research Ethics Committee. The research study will be monitored by two Clinical Supervisors and an Academic Supervisor to ensure best practice throughout the research project.

Their contact details are below:



What if I have concerns about the research project?

If you have a concern or complaint that is unable to be answered by a member of the research team, please contact the Director of the Doctoral Programme below:



THANK YOU FOR TAKING THE TIME TO READ THIS INFORMATION

Kind Regards,

Michelle Wells

Trainee Clinical Psychologist (Project Lead)



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PARTICIPANT CONSENT FORM




Fatherhood and Mental Health: Experiences of Fathers in Forensic Inpatient Services



Thank you for taking interest in the above study. It is important that before taking part, you have read the 'Participant Information Sheet - Accessible' and your questions have been answered to your satisfaction.

Please read the following statements and place a tick ✓ next to them if you agree or a cross ✗ if you do not. If you require support in reading this form a person who is not part of the research team can read it to you. They will act as a witness who will sign this form to indicate it has been read to you. Please sign the end of the form indicating your consent to take part – Thank you.

		Yes ✓	No ✗
	Have you read (or has someone read to you) the Participant Information Sheet?		
	Have you been able to ask all the questions you want to and they have been answered?		
	Do you understand that participation is voluntary? You can say no to taking part in the study at any time up until the point that the research has been published, without having to give a reason. This won't affect the care you receive.		
	Do you understand that if the researcher is worried about your safety or someone else's safety they will need to let other people in your care team know? They will also let others know if you talk about a crime that has not been recorded before.		
	Do you understand that the interview will be voice recorded? This recording will be deleted once it has been written up (without your name on it). This information will be kept securely for 15 years. Are you aware that the voice recording will be listened to by the interviewer (Michelle Wells) and may be listened to by a transcription service to help type		

	<p>up the interview? Your name and location will not be included in the recording. The audio file will be encrypted (protected) to ensure it can only be opened by individuals who are typing up the interview.</p> <p>If an unreported crime was disclosed during the interview then a MDT decision will be made whether to continue with participation and if so, it will be transcribed by the interviewer (Michelle Wells).</p>		
	<p>Do you understand that the things you say may be quoted in the research? Only the researcher will know it is you. All information that is identifiable to you will not be included in the write up (e.g. your name and children (s) names)</p> <p>Do you understand that you will be asked for participant details (e.g. age, ethnicity) but you will not be identified by the information provided and will <u>remain anonymous</u>?</p>		
	<p>Do you understand that the final report will be submitted for publication so other people can read it?</p>		
	<p>Do you agree to take part in the above study?</p>		

Name of Participant (Please Print):..... Date:.....

Signature:.....

Name of Researcher (Please Print):..... Date:.....

Signature.....

Name of Witness (Please Print):.....
(if applicable)

Date:.....

Signature.....



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PARTICIPANT CONSENT FORM

Fatherhood and Mental Health: Experiences of Fathers in Forensic Inpatient Services



Thank you for voicing your interest in taking part in the above study. It is important that before taking part, you have read the 'Participant Information Sheet' and your questions have been answered to your satisfaction. Please read the following statements and place your initials next to them if you agree and sign the end of the form indicating your consent to take part – Thank you.

	Please Initial
1. I have read the 'Participant Information Sheet' for the above study.	
2. I have been given the opportunity to ask any questions and they have been answered to my satisfaction.	
3. I understand that participation in the study is voluntary and I can change my mind at any time and withdraw from the study up until the point of publication without having to provide a reason. This decision will not affect any current healthcare that I receive or my legal rights.	
4. I understand that if the researcher should have concerns around my safety, the safety of others or disclosures that relate to criminal activity that have not been documented, they will have a duty to breach confidentiality.	
5. I understand that the interview will be audio recorded. The audio recording will be listened to by the interviewer (Michelle Wells) and may be listened to by a transcription service to help type up the interview. I am aware that my name and location will not be included in the recording. The audio file will be encrypted (protected) to ensure it can only be opened by individuals who are typing up the interview. The audio recording will be destroyed once it has been transcribed. The written transcription will be kept in lockable storage for a period of up to 15 years.	
6. I understand that the information I provide is likely to be quoted in the write up of the research. I will be provided with anonymity where all personally identifiable information will be removed. I understand that the participant details I do include (e.g. age, ethnicity) will not identify me as taking part in the research and I will remain anonymous.	
7. I understand that the research will be submitted for publication.	
8. I am willing to take part in the research study.	

Name of Participant (Please Print):..... Date:.....

Signature:.....

Name of Researcher (Please Print):..... Date:.....

Signature.....

Background Information/Context

1a) Can you tell me a little bit about yourself?

- i) How old are you?*
- ii) How do you describe your ethnicity?*
- iii) How long have you been in the current setting?*
- iv) What Mental Health Act section are you currently on?*
- v) Where were you prior to admission?*

1b) Can you tell me about your child(ren)?

- i) How many children do you have?*
- ii) How old are they?*
- iii) Where are they currently living?*

1c) Can you describe the current contact (if at all) that you have with your child(ren)?

- i) Do you keep in touch by letter, telephone, visits?*
- ii) How frequently do you have contact?*
- iii) When was the last time you had contact with your child(ren)?*

1d) What is their understanding of where you are?

- i) How old were they when you were admitted into inpatient care?*
- ii) Did you explain the inpatient admission and reason yourself?*
- iii) Has their understanding of where you are changed over time? (if so, in what way?)*

1e) Who is currently caring for your child(ren)?

- i) What is your view on this?*
- ii) What is your relationship like with the person who cares for your child(ren)?*

1) Expectation of Fatherhood Role

2a) How would you describe the role of a father?

- i) What characteristics do you think are important to have when being a father?*
- ii) How do you feel you have been able or unable to meet these characteristics?*
- iii) How would it be different? (if unable to meet expectations)*

2b) What (if any) were your expectations of being a father before you had a child(ren)?

- i) How do you feel these expectations developed?*
- ii) In what way do you feel these expectations reflect your own fathers' expectations?*

2c) What are your expectations now?

- i) Have these expectations changed at all over time?*

2d) What are your expectations of being a father in the future?

- i) Have you thought about how to meet these expectations?*

3) Experience of Fatherhood

3a) How would you describe your current relationship with your child(ren)?

- i) Has this relationship (s) changed at all over time?*

ii) *How would you like this relationship (s) to be in the future?*

3b) How has being in a secure inpatient service impacted on this relationship?

3c) To what extent do you feel your mental health impacts on you being a father?

i) *If so, in what way has your mental health impacted on your relationship?*

4) Fatherhood as an Identity

4a) To what extent do you feel being a father is part of who you are, your identity?

4b) How important is it for you that other people in the service acknowledge that you are a father?

i) *Do you feel that the services you have experienced have all acknowledged you are a father?*

4c) What opportunities do you have to talk about being a father?

i) *Are there opportunities to talk to other service users and staff about being a father?*

5) Service Support

5a) Can you describe the inpatient services you have received care from?

i) *Can you tell me how long you spent in each service?*

ii) *Can you tell me the geographical location of each service?*

5b) Can you describe your experience of these services in terms of supporting you as a father?

i) *How would you describe the support you have received from inpatient services?*

5c) Do you have any suggestions on how inpatient services can provide support for fathers?

i) *What advice may you give to a father being admitted to inpatient services?*

ii) *How do you feel you cope with separation from your child(ren)?*

6) Ending the Interview

6a) Do you have anything you would like to add?

6b) Do you have any questions at all?

Thank you for your time, it is valued and appreciated. You are welcome to contact myself with further questions at any time. It is recognised that discussing this topic can be emotionally difficult. You also have 24-hour staff support available should you require it and the unit Clinical Psychologist who is involved in this research.

Thank you again.

Verbal debrief included reiteration of how information would be used, enquiring into participants' emotional wellbeing, and ensuring that they had a plan for the rest of their day following the interview. A written and verbal handover was provided to nursing staff.

Adaptation 1

Own Experience of being Fathered

Can you tell me about your own father?

How would you describe what he was like?

What was your relationship like with him?

How would you describe your father's relationship with his father?

In what way do you feel your relationship with your father influenced how you wanted to be?

Did you have an adult male in your life as a child who you felt close to?

Do you feel this person influenced how you wanted to be as a father?

Exploring hope for the future

When you think about the future with your children, what comes to mind?

How would you like your relationship to look like in the future?

What steps do you feel you need to take to get to this point?

What kind of support from services do you feel you would need to achieve this?

Adaptation 2

Identification of Coping Strategies

Have there been times where you have found it difficult to maintain a relationship with your child?

If you were experiencing difficulties in your relationship, what would you do?

Has there been a time where you found it particularly hard to accept the current situation?

If so, can you tell me more?

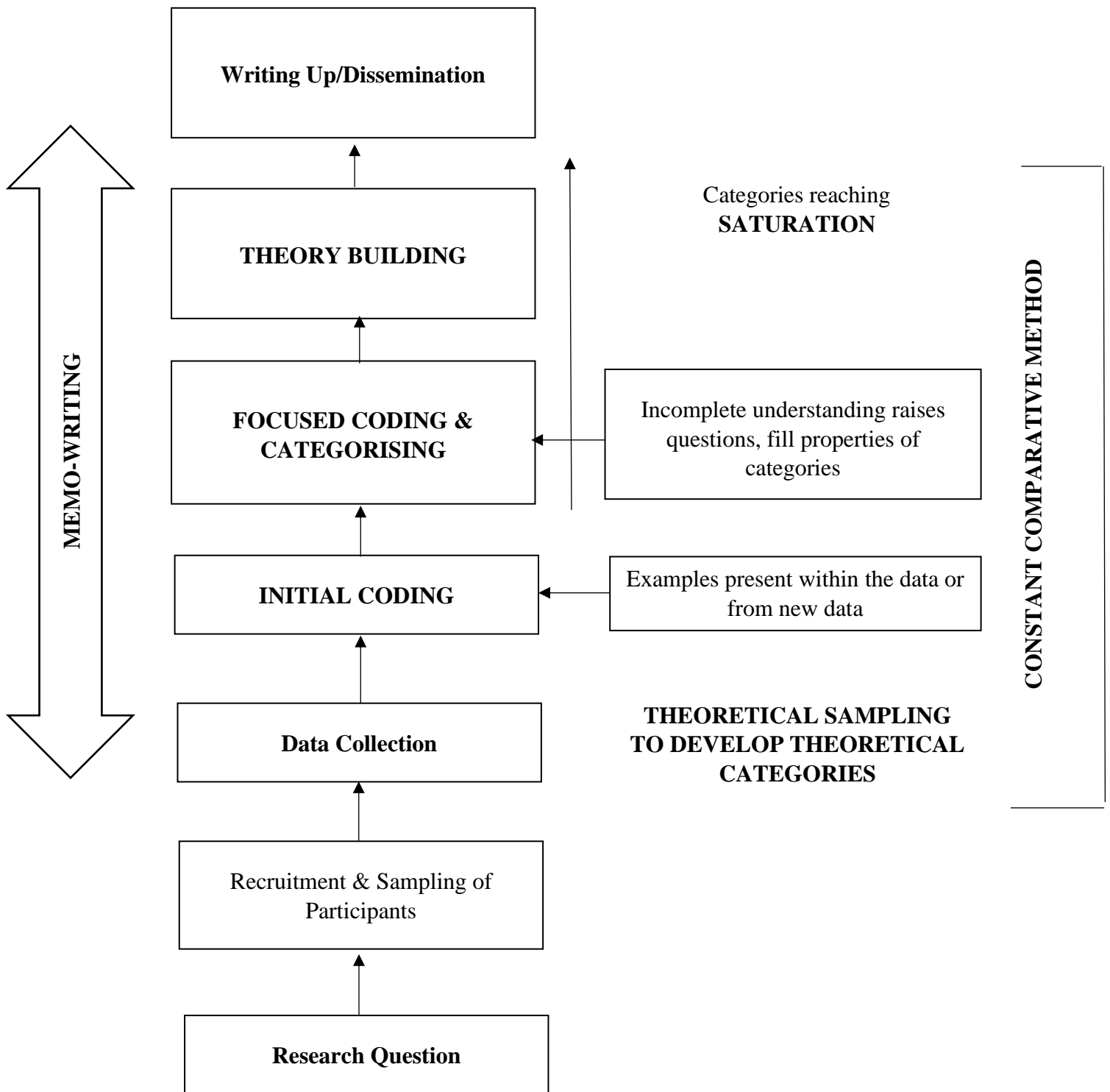
How have you managed during these times in the past?

Have there been times where you tried to cope in a way which wasn't helpful in the long term?

What do you feel led you to try and cope in this way?

What motivated you take part in this research?

Was there a time you may have chosen not to take part in this research?



Appendix K: Extracts from Reflective Journal

'Peter'

I noticed a sense of relief when the interview had finished which was also accompanied by a feeling of guilt, as he had set aside his time to participate in the interview. It had been a particularly challenging interview in terms of finding it difficult to build a rapport with him and open a dialogue. I perceived him to be somewhat guarded and I felt he was attempting to make sense of my intention/agenda despite a thorough explanation of the research and his agreement to take part.

He reminded me of clients I have worked with in the past who have presented as reserved, measured, and careful in their interactions. I wonder if this is a way in which he protects himself – what has he experienced in his life that has made him feel he has to be wary of others? He mentioned a difficult relationship with his father who was punishing and neglectful. I got the sense he didn't want to talk further about this, but is that because I didn't want to ask any more questions, for fear of upsetting him in some way? Perhaps being tentative and cautious around potential adverse childhood experiences perpetuates the shame and stigma participants may feel? The participants I have interviewed to date have all mentioned relationships with their fathers indicative of abuse. I feel I need permission to explore this area further. I will speak to the research team about what their thoughts on this are.

(Reflective Journal Extract dated 07.09.2018)

'Nick'

I have considered the concept of transference in previous interviews, but it feels particularly relevant in this case. I am a similar age to his daughter and was conducting an interview for the doctorate course which he had praised. This feels significant as he later mentioned how he was proud of his daughter. He had identified from my accent that I was from England and generally from the wider geographical area his daughter is currently living.

I wonder whether the unconscious process of transference took place in the interview room and to what extent different interviewer characteristics such as gender and age would have influenced his engagement. I feel that it is also appropriate at this point to consider counter-transference as I noticed that when he was discussing that he had raised his daughter on his own, that this reminded me of my own father as he was my primary care-giver in childhood. I need to maintain my awareness of my own personal biases. This appears particularly important in the interview with him as unlike other participants so far, he was the sole caregiver for his daughter. My father was not a lone parent, but I could sympathise with the participant. The duties and responsibilities he had in caring for a young girl was during a time where this would have been unusual in society.

(Reflective Journal Extract dated 11.10.2019)

'Anthony'

I am disappointed the interview had not gone ahead, but also feel relieved as it was the right decision. We were about to start the interview when the participant said, "I'm feeling suicidal". I had been advised by nursing staff that this was his way of voicing emotions he was unable to articulate, in situations he found difficult. I had been reassured that there was no intent, motive or planning behind his statement. Yet, I felt uneasy. I didn't know the participant, the only experience that I had of him was in the interview.

I validated and named that he may naturally find the interview difficult as it would be talking about his daughter. The participant voiced he wanted to take part in the interview because his daughter meant a lot to him. He explained they had lost touch but recently re-connected. I asked him how he felt talking about his relationship with his daughter, to which he said he found it very difficult. I noticed my instinct was not to pursue with the interview if it was going to cause distress, as this would have been unethical. I explained that I wanted to hear about his experience but did not want to cause him any upset and asked if he would like to take longer to think about the interview. The participant explained he wanted to take part but did not think now was the right time for him.

I wonder if the initial questions I asked had provoked anxiety in the participant which I had not anticipated. If a participant knows they are entering a research interview focused on fatherhood, which could be upsetting, perhaps there are no questions that are safe or harmless? It also plays on my mind that the participant has a story to tell but it remains untold. I wonder how many fathers want to take part in the study, but feel unable to? What is the difference between fathers who participate and those who do not?

(Reflective Journal dated 08.11.2019)

The majority of my clinical practice has taken place in forensic inpatient settings. I am aware of how such settings can be oppressive due to the inherent power imbalance between staff and clients, primarily due to risk management procedures. I am conscious that whilst I am not employed by the research site my position as a staff member holds authority, status, and power. I am aware that if participants ask if I have worked in forensic mental health care this may foster a sense of competence or disempower clients from speaking freely about such establishments.

Personal characteristics such as gender, race, age, and socioeconomic status are likely to influence data collection and analysis. I am a White female in my 30s and whilst I am considered middle class due to my education, I believed myself working class during my childhood and teenage years. Some of my personal demographics are likely to be markedly different to the fathers I will interview. I have taken a conscious stance of self-awareness to recognise these differences and possible similarities are likely to influence the dyadic interaction taking place during research interviews. Further, my own personal interest in this area may influence the research process.

I was raised primarily by my father and consider him to have had a large influence on my childhood. This was considered unusual during the 1980s and 1990s and I recall assumptions being made that my parents had divorced and that my father was a lone parent, which was not the case. I was drawn to this research project due to the importance that I place on the fatherhood role and my interest in why this area remains neglected in research and clinical practice. I recognise I hold a position which places importance on the role of fathers which could perhaps influence what I expect or hope to find. I think there is the risk that fathers continue to remain neglected in modern society despite changes to the way men can now parent.

I am interested in the impact of adverse experiences on child development. This is reflected in my elective placement choice where I work with young people who have experienced developmental trauma and engage in offending behaviour. This includes working with youth offending teams (YOTs) and in a Youth Offending Institute (YOI). I have had the opportunity to work with various agencies during team formulation to understand a young person's difficulties where the parental relationship is often key. This may influence the degree to which I interpret parental mental health and absence to impact on child outcomes. I recognise that children may not necessarily develop emotional or behavioural difficulties due to the presence of protective factors. However, I am aware that this clinical experience has influenced my preference for systemic ways of working.

I am influenced by social constructionism in the understanding of mental health difficulties and the role of fatherhood. I take the position that mental health difficulties exist on a continuum where there is a progressive point that more serious issues may lead to hospitalisation, which continues to hold a strong sense of shame and stigmatisation. During training I have been encouraged to consider whether such establishments are necessary, which has prompted thought to my own moral standpoint. I recognise hospital admission can be traumatic but equally provide care for individuals during their most vulnerable, where themselves and/or others may be at risk. I feel when hospitalisation is required that individuals should be placed as close to home as possible and supported to maintain relationships with their families.

TRANSCRIPTION

BOOK-KEEPING

SECRETARIAL SERVICES

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VIRTUAL ASSISTANT

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CONFIDENTIALITY AGREEMENT

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Appendix N: Sample of Initial and Focused Coding

Participant 2: Adam

I: I was going to ask if you had any expectations of what you would be like as a father, before you were a father?

P: I always wanted to (.) I always looked forward to when they were toddlers, because I find them quite amusing (.) the problem is I started to hear voices early, so I missed out on that (.) not so much toddlers but when they were eight, nine, ten (.) when they were young and discovering things in life (.) girlfriends and possibly try their hand at smoking or drinking you know or whatever and being able to be there and having prior experience of both (.) being constructively discipline with some pleasantness (.) inject a bit of pleasantness (.) pleasant surroundings (.) sit down for a cup of tea (.) and we have a chat like (.) I never had that from my father (.) my father was very disciplined (.) very strict and very old fashioned (.) he would smack you will no reasonable explanation as to why (.) but...if I found out sooner than later that my son had been drinking (.) experimenting with drink (.) I would sit down and talk to him about it (.) as in discussing a time and place (.) that time and place being when you are older (.) certainly too young at present.

I: From what you said it sounds like how you describe that you wanted to be a father is different to how your father was[...]

Wells	Looking forward to toddler age
Wells	MH DIFFICULTIES PRECLUDED PARENTING (<i>bond, connection, involvement?</i>)
Wells	Missed out on childhood due to MH difficulties
Wells	LOSS OF CHILDHOOD YEARS
Wells	Missed children discovering life
Wells	Unable to 'be there' and provide advice
Wells	Unable to provide 'constructive discipline'
Wells	UNMET FATHERHOOD EXPECTATIONS
Wells	Missed out on parental bonding activities with children
Wells	Own father 'strict' and 'disciplined'
Wells	EARLY CHILDHOOD TRAUMA – OWN FATHER
Wells	Own father administered physical punishment
Wells	Talking through issues together as father and son
Wells	PERCEPTION DIFFERENT TO OWN FATHER
Wells	Explanation provided to son (unlike own father)

P: [much] difference to what my father was (.) he's only just died my father (.) funnily enough.

I: I'm so sorry to hear that.

P: Yeah (.) a couple of months ago (.) but (.) totally different to my father (.) like I say my father would tend to lash out...without really explaining in full as to why (.) so you don't get the benefit then (.) you shouldn't lash out at anyone but if you were going to smack your children for doing something wrong then they need to realise that you are making this entirety as to why they are being smacked (.) it's important (.) otherwise just go about like you are adults (.) and a) the most important, the child will get the impression that they are being abused as opposed to being disciplined (.) which is important...yeah, I had a strict upbringing (.) I tried to make bringing up my children as pleasant as possible (.) but the voices really got in the way (.) terrible (.) they got in the way.

I: *What do you think (.) and it's quite a hard question but what made you think actually I want to be a different type of father?*

P: Well (.) there was an incident once where I didn't go to school for a day one morning and (.) my father found out about it and (.) I was very outgoing as a child (.) I used to go to a friends of mine with ponies and horses (.) and I was looking forward to the summer holidays (.) school summer holiday (.) and he kept me in my bedroom for the full six weeks of the holiday (.) I

- Wells** Loss of own father
- Wells** Perception he is 'much different' to own father

- Wells** Perception different to own father
- Wells** COMPARISON TO FATHER
- Wells** EARLY CHILDHOOD TRAUMA – OWN FATHER

- Wells** Importance for providing reason/explanation for actions

- Wells** Not condoning physical discipline but stating it needs explanation

- Wells** Importance of explaining actions

- Wells** Child may feel abused rather than disciplined (*reflection of own feelings?*)

- Wells** Feels he had a strict upbringing
- Wells** MH DIFFICULTIES PRECLUDED PARENTING
- Wells** DESIRE TO PARENT DIFFERENTLY

- Wells** Reflection on school – missed school one morning

- Wells** Father aware of missing school

- Wells** Looking forward to summer as a child
- Wells** Grounded for six weeks during summer
- Wells** Example of strict discipline

never forgave him for that (.) what was his motive? I really don't know (.) so grounding wise as in you can't go out to play for a couple of days (.) I never went down that road (.) I disciplined them where they would be a smack (.) just a gentle smack and give them a good stiff talking to (.) and an hour later they would go out (.) then they wouldn't do it again (.) in the near future (.) they would learn by it.

I: From what you are saying from your own experiences (.) you thought I don't want that for my own children.

P: No (.) no

I: What are your expectations now about being a father (.) moving on from here? How do you see that being?

P: Well (.) they are older (.) but providing guidance (.) guidance and support (.) see my daughter is a social worker and she works long hours (.) you know with children who have been physically abused or otherwise...the job has brought the best out of her (.) she is very intelligent and very proper (.) she certainly has learnt from her younger days (.) she does say to my aggravation now and again that she comes from a dysfunctional family (.) I'm sure she only does it to wind me up (.) she says she is learning quite fast if you like (.) when she says that

Wells Never forgave father for actions

Wells PERCEPTION DIFFERENT TO OWN FATHER

Wells Difficulty understanding father's actions

Wells Felt unreasonable response to behaviour

Wells Example of more appropriate discipline (*yet includes physical punishment?*)

Wells Children would learn from discipline

Wells PERCEPTION DIFFERENT TO OWN FATHER

Wells Example of own parenting practice

Wells Confirming desire to be different to own father

Wells Fathers perceived to provide guidance and support (*regardless of age?*)

Wells Explanation of daughter's job role

Wells PROUD OF DAUGHTER

Wells *Caring for children who would have been like her father?*

Wells Feels daughter has 'learnt' from younger days

Wells Frustration family is referred to as 'dysfunctional'

Wells Feels daughter intentionally 'winds' him up

she's aiming it at her mother (.) because her mother wasn't very loving towards to her (.) her mother had a rough upbringing herself...but my daughter resents the fact that she wasn't very close to her mother (.) she obviously works with childcare services and would like every door she knocks to be happy family but that's not the case (.) it just doesn't work that way.

I: So in the future when you move on from here (.) to your shared accommodation do you see that relationship with your children changing?

P: Improving (.) I will see a lot more of them (.) I will feel better (.) for example in normal shared house situation you go out early in the morning and come back late at night (.) so I should get my fill of my children if you like (.) fully charged (.) play a full electing part (.) whereas now it's only a couple of hours (.) so much closer.

Wells Perceives term 'dysfunctional' is due to children's mother
Wells REFLECTION ON MOTHER-DAUGHTER BOND
Wells Child's mother had a 'rough' childhood
Wells Children's mother repeated parenting patterns
Wells Daughter finds it difficult she was not close to mother
Wells Daughter wants to see 'happy' families
Wells Highlights reality is fraught with difficulties

W Wells
Anticipated positive effect on wellbeing

W Wells
HOPE FOR IMPROVED RELATIONSHIP

W Wells
Anticipation for more time

W Wells
Hope for more time with children

W Wells
HOPE FOR IMPROVED RELATIONSHIP

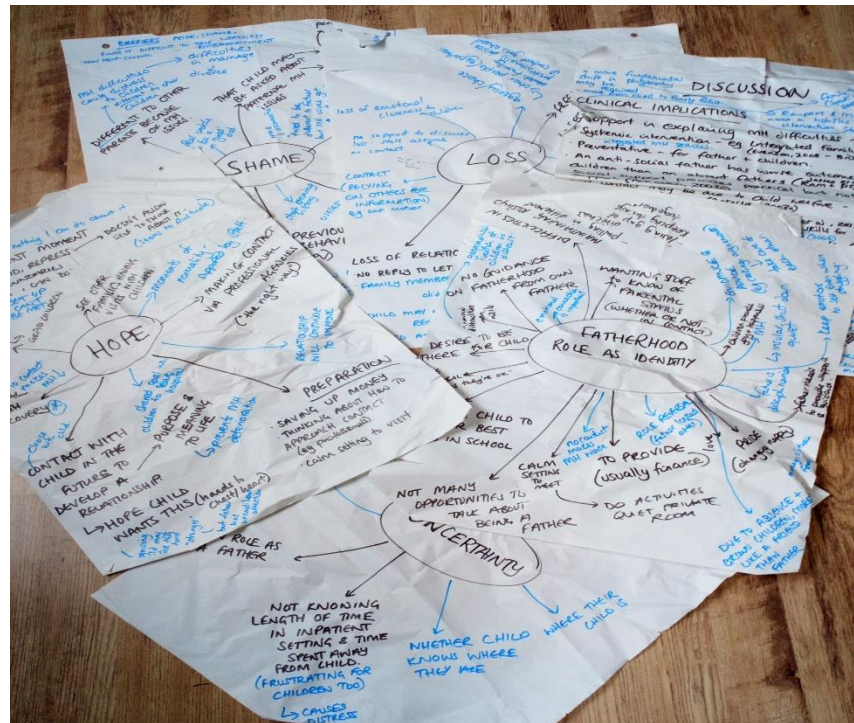
W Wells
Anticipation of being 'fully' involved and present

W Wells
HOPE FOR DEEPER EMOTIONAL CONNECTION

W Wells
Limited contact at present

Database of Focused Codes & Notes of Developing Themes

	A	B	C	D	E	F	G	H
PARTICIPANTS (FOCUSED CODES)								
	Mark	Adam	Peter	John	Gary	Nick	Ryan	Hugh
1	Limited Involvement	Emotional connection via Phone Calls	Barrier to Visits (Ability to Travel)	Mother Gatekeeper to Contact (x4)	Level of Acceptance - No Control (x5)	Own Childhood Trauma	Insight into poor MH (x2)	Sense of Pride in Child
2	Contact is Challenging	Feeling Needed	Supportive Experience in Hospital and Prison x2	Fluctuating Contact in Relationships (x3)	Failed Attempts at Contact	Feeling different to Others (x5)	Uncertainty around Hospital Admission (x2)	Fear for Child's Wellbeing (x2)
3	Contact Stopped due to Emotional Difficulty	Young Children Confused around MH (x2)	Fatherhood Expectations (x3)	Barrier to Visits (Geographical Location) (x4)	Rules of Conducting Onself - (do not discuss emotions)	Acceptance of MH issues (x2)	Psychological Distress in Prison	Care System Exacerbated Childs MH Issues
4	Adult Men cause Concern (Childs Safety)	Uncertainty around discharge date (x2)	Joy and Happiness in Fatherhood Role (x2)	Reliance on Others for Contact (x6)	Rules of Prison - (do not discuss family)	Interpersonal Difficulties	Prison Perceived as Uncaring and Disinterested in MH	Missed Fatherhood Events
5	Replaced by Other Men in Fatherhood Role	Insight into poor MH	Own Childhood Trauma	Barriers to Visits (Concern for Children) (x2)	Fatherhood Expectations	Familial risk of MH issues	Prison Exacerbated MH issues (x4)	Lost Contact due to Geographical Location (x3)
6	Other Men Enact Parenting Practices (e.g. discipline)	Supportive Experience in Hospital (x3)	Barrier to Visits (Finances)	Protect Children VS Desire to have Contact	Not Able to 'Be There'	Prison neglects MH issues	No Involvement in Parenting Decisions	No support in Fatherhood Role
7	Unjustified in Sharing Opinion (x2)	Children Provide Support	Not Able to 'Be There'	Ease of Visits in Prison (x2)	Avoidant of Emotions (x2)	Reliance on others for contact (x4)	Reliance on family for contact (x5)	Own Absent Father
8	Viewed as 'Bad' and 'Dangerous' - Stigma	Self-Medication of MH Issues	Attempts to Enact Fatherhood	Difficulty in Hospital Visits (x2)	Hope for future contact (x2)	Barrier to Visits (Geographical Location) (x3)	Mother Gatekeeper to Contact (x2)	Unsure how to Connect with Child
9	Unfair Treatment by Services	Relational disconnection due to MH issues	Mother Gatekeeper to Contact	Unsupportive Experience in Prison	Uncertainty about Future	Protect Children VS Desire to have Contact	Perceived Violation of Rights	Uncertainty around Hospital Admission
10	Concern for child's safety (x4)	Hope for release date	Fluctuation in nature of relationship	Unfair Treatment by Services	Hope for a 'Good' Relationship	Protect Child from own MH issues (x4)	Viewed as 'Bad' and 'Dangerous' - Stigma	Hospital Admission Disrupted Relationship
11	Concern child experiences stigma	Continual movement of goal	Recognition of poor MH	No interest in personal life (prison)	Voice to be heard	Avoidance of Emotions	Loss of Voice	Uncertainty around discharge date



conditional statement.

**stipulating what he would be like as a father → if he had a choice.*

P: How would I...

I: Describe what a father is

P: I would say a father is (.) I wouldn't say to punish my daughter but to give her guidance on how to behave (.) also, I would say to show her the right track to go down in life, like obviously she is in school, I would like her to remain in school and do well in whatever she is doing (.) especially she is like twelve/thirteen years old (.) so I'm not saying I would be a bad parent and saying she can't have this, she can't have that (.) I wouldn't have it in me to do that (.) but because I have been away (.) not in her life for a very long time, I would say I would be a little bit more... softer in my approach (.) you know like I say about giving her money but I won't let her take advantage of it (.) at the end of the day she is my daughter so you know, I'm bound to give her money but (.) on the other hand I'm not trying to buy her love, it's just me trying to say 'I'm sorry for the things that I've done in my past', which she's been told about but this is what I've said in letters, I would like you to hear it from me as well, not just from your mum, but from me as well.

I: How does it feel knowing that she knows something about you but you haven't had that chance to talk to her yourself about it?

ACT - justifying & emphasising

DELINEATING WHAT A FATHER DOES

IMAGE OF HOW HE WOULD PARENT

DESCRIBING THE MEANING OF MONEY

MONEY IMBUES VALUE

stating boundaries

realistic - agency & choice. * legitimising

*** flits between present and past tense → discourse - 'I want', 'I would'**

*** initial & open coding - stick close to the data!**

Commented [MW(aVU-PT119)]: Clarification of question

Commented [MW120]: FATHERS PROVIDE GUIDANCE

Commented [MW(aVU-PT121)]: Father is to provide guidance, not punish – same term used for other men in daughter's life.

Commented [MW(aVU-PT122)]: Father to role-model the 'right' path in life – how does he feel that he has not done this? "RIGHT TRACK"

Commented [MW(aVU-PT123)]: Desire for daughter to remain in education

Commented [MW(aVU-PT124)]: Identifying that he would not be a 'bad' parent

Commented [MW(aVU-PT125)]: Feels a 'bad' parent would not give the child anything

Commented [MW126]: DIFFICULTIES IN ESTABLISHING BOUNDARIES

Commented [MW(aVU-PT127)]: Due to lack of involvement, would have softer boundaries in parenting – feels loss of entitlement?

Commented [MW(aVU-PT128)]: Balance between providing but not too much.

Commented [MW(aVU-PT129)]: Financial support reiterated as providing care.

Commented [MW130]: FATHERS PROVIDE FINANCIALLY

Commented [MW(aVU-PT131)]: Finances are not meant to elicit affection but to apologise for missing out on life.

Commented [MW(aVU-PT132)]: Apologising through finances for past.

Commented [MW133]: DESIRE FOR OWN VOICE TO BE HEARD

Commented [MW134]: REMORSE FOR NOT BEING PRESENT

Commented [MW(aVU-PT135)]: Wanting voice to be heard – have an opportunity to say it in own words, not other people's?

Relationship with Child's Mother

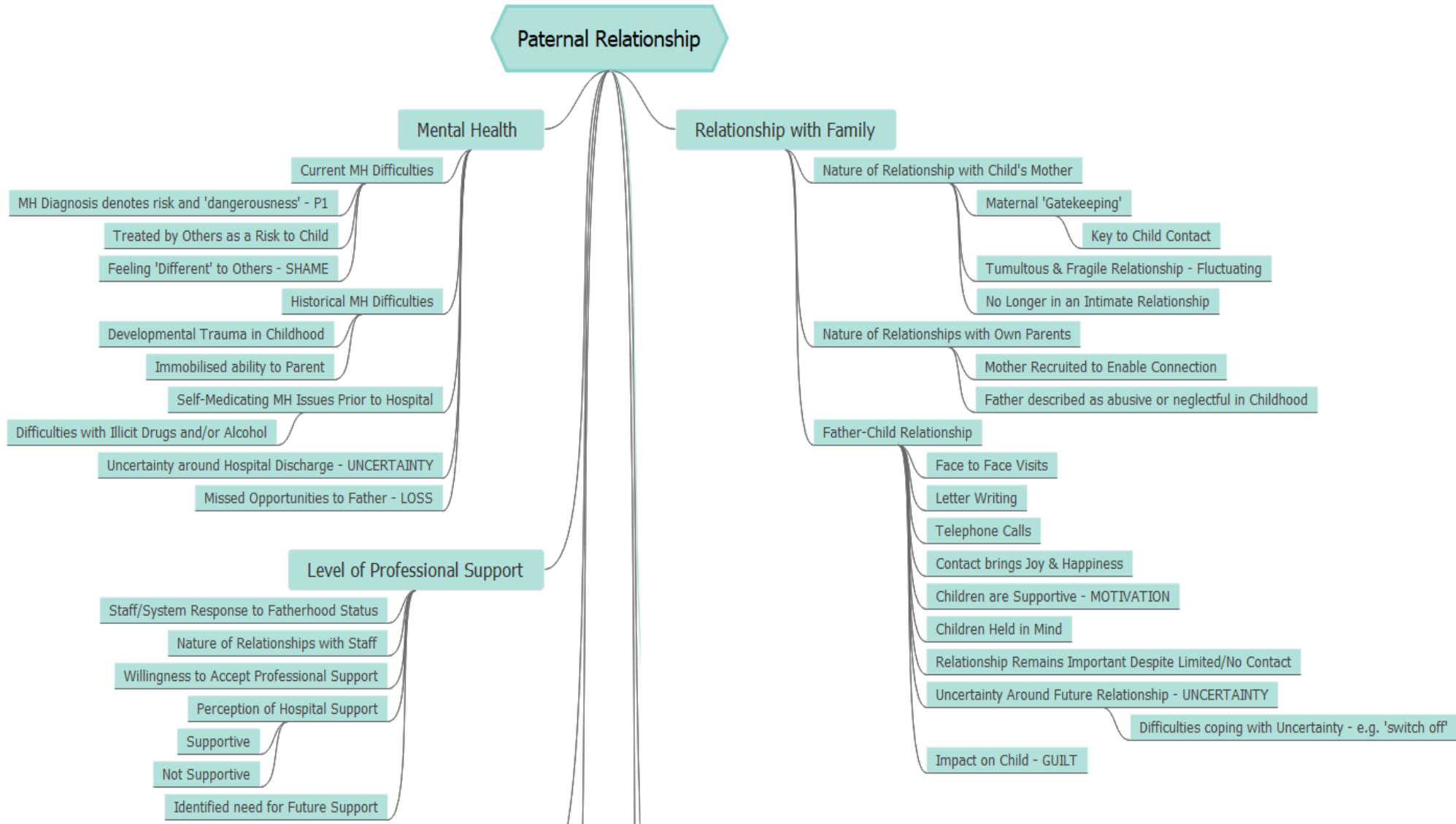
Participants seem to have complete reliance on other people to support, maintain, and develop their paternal relationship. This responsibility primarily falls to family members, but the key relationship is the one that fathers have with the child's mother. Most participants have a problematic relationship marked by animosity with the child's mother, who is usually their ex-partner as many are no longer in an intimate relationship.

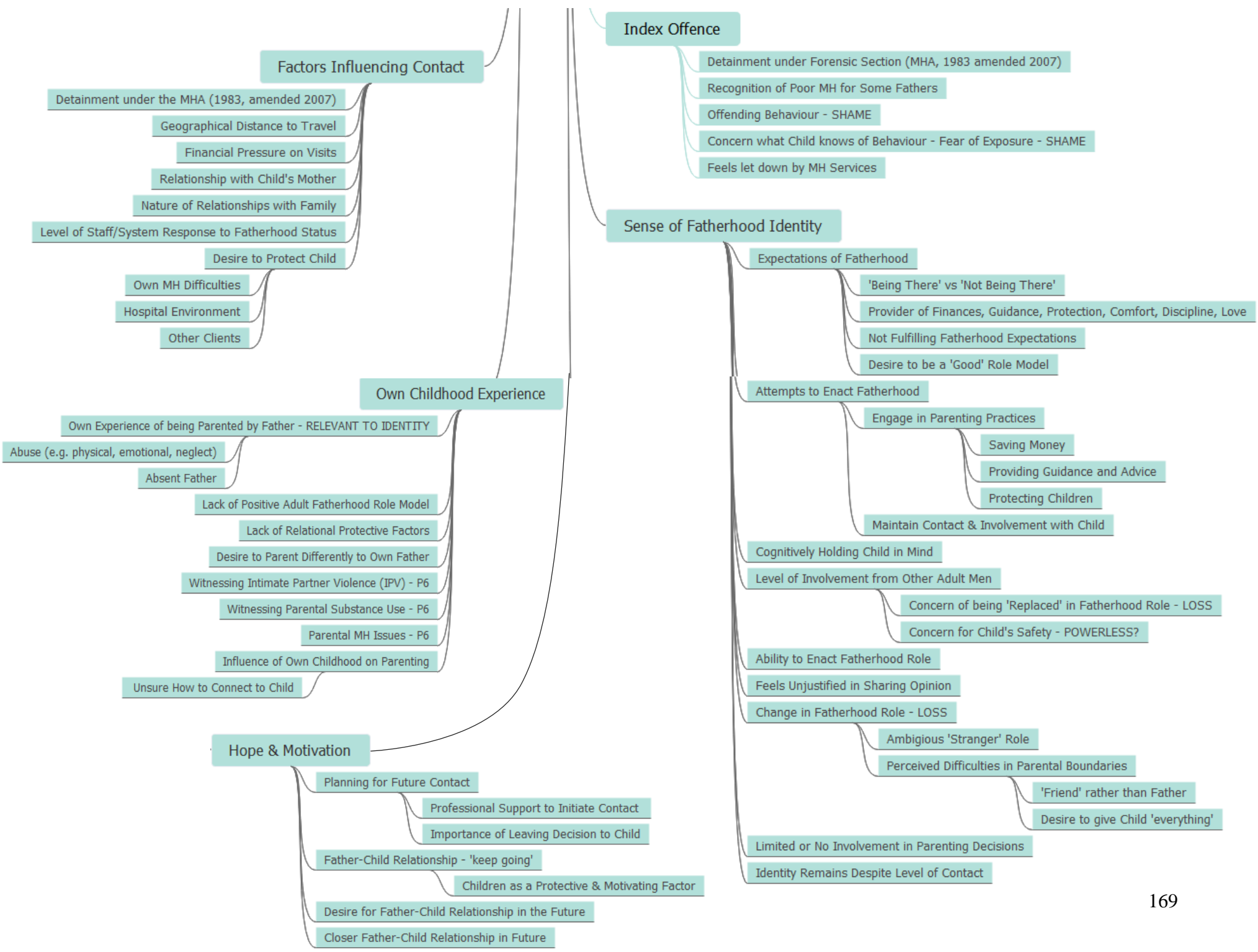
Many participants have shared their experience of early life adversity. Their experience of childhood trauma increases the likelihood they have had disruption in developing a secure attachment, which influences their ability to form healthy relationships in adulthood. This may form some understanding of the current difficulties they experience in their personal relationships.

I am often coming across the term 'maternal gatekeeping', which is mainly from the prison literature, where the mother of the child tends to be the primary figure for deciding whether contact between father and child takes place. There appears to be negative connotations associated with this term, but I recognise and understand the desire for mothers to ensure the wellbeing of their children. The parental relationship appears fragile and unpredictable for many fathers.

I wonder how fathers can be expected to navigate and manage the problematic relationships they have with the child's mother? How can they maintain a relationship with their child when they appear to have limited control over whether contact takes place? If contact takes place how can they be expected to know how to develop a healthy relationship with their child, when they have no experience of being the recipient of attuned and responsive care in their own childhood?

Memo writing entry dated 12.02.2020





PSYCHOLOGICAL PROCESSES

1) LOSS

1a) Privilege of Parenting Role

“I wasn’t aware... that he’d [son] gone into care” – Hugh

“my daughter is out there being brought up by different men in her life...I don’t want my daughter calling someone else dad basically” – Mark

“I wasn’t happy and said ‘what are you doing hitting him with a belt?’ and she [ex-partner] said ‘you’re not here to look after him, it’s none of your business, nothing to do with you’”. – John

“What right have I got?” – Peter

“other males punish her [daughter] for doing something wrong...I disagree with that you see but because I don’t have contact it’s quite difficult...you know?” - Mark

1b) Missing out on Childhood

“I haven’t seen him since he was six and when I looked at his photo I thought ‘who’s that?’... I had a picture in my head of a six year old child (.) when I seen him last that was the image I had of him...now a fifteen year old boy and he’s completely changed...it was really hard for me to take in (.) thinking he has grown up so much (.) and I’ve missed it all” – John

“I always looked forward to when they were toddlers, because I find them quite amusing (.) the problem is I started to hear voices early, so I missed out on that (.) not so much toddlers but when they were eight, nine, ten (.) when they were young and discovering things in life.” – Adam

“I wasn’t there when he was born” – Hugh

1c) Diminishing Quality of the Paternal Relationship

“I was really close to him but now I don’t know where he is (.) I don’t know what he is doing.” – John

“I think it got to the point whereby they [children] thought I was incapable really of helping them (.) it hurts (.) it wasn’t very nice.” – Adam

“I was very tight with her [daughter]” – Nick

2) GUILT

2a) Impact on their Child

“I hear voices and I do struggle, and I struggle on that fact because my daughter may feel (.) I don’t know...it makes me, like...when kids go to school or when she is in high school and her friends ask who is your dad? where is he? and things like that.” – Mark

“it was hard for him [son] as well (.) wanting me to do things with him but not being there.” – John

2b) Reflection on Parenting

“I sometimes feel I could have cuddled her more (.) told her I loved her more (.) you know, been a better dad” – Nick

“to support them [children] (.) be there for them when they need you (.) unfortunately that is one thing I haven’t been (.) I was when they were younger but that was taken away (.) through my own fault (.) it’s hard”. – John

“I look back now and think to myself a father is there to provide for his children.” – Mark

“they didn’t get that much support from me because I was bad for years” - Adam

3) IDENTITY

3a) Ever-Present Sense of Fatherhood

“It’s [fatherhood] a big part of...a big part of my life, yeah. I know I’m not in contact with the other three kids, but yeah, it’s...really the only positive thing that’s going on in my life.” – Nick

I think about my daughter every day. – Mark

“they [children] are part of your life (.) they are part of you” - Ryan

Yeah, every day, every day, all the time [thinking about daughter]. – Nick

“I would still be there for them [children], there is no doubt.” – John

“if her [daughter’s] mum reached out to me, I would be there and anything she [daughter] needed she would get (.) I would like her to know that.” - Gary

“I know for a fact I love...my kids will always be around me (.) if not physically (.) spiritually they will always be around me” – Ryan

3b) Tentativeness to Enacting Fatherhood Identity

“I know he is my son but because he is an adult it would be more like...friends (.) becoming close that way (.) because it’s not just going to be like turning a stone ‘yes, we’re fine, we’re great, let’s get on’ because I will like a stranger to him.” – John

“I have been away (.) not in her life for a very long time, I would say I would be a little bit more...softer in my approach.” – Gary

“she is at an age where she is allowed to drink and things like that (.) I wouldn’t try to stop her, because the thing is (.) I’ve not been in her life, so... she could go ‘well hang on here, you haven’t been in my life’, so that would make a little bit more difficult to (.) like if she did something wrong, you know, for me to punish her...but (.) I don’t know.” – Mark

3c) Compare self to own father

“I would be totally different with my kids (.) from how my dad was with me, you know (.) that will never happen... I wouldn’t hit my kids, or slap (.) I would punish them, ground them and things but I wouldn’t hit them, you can’t do that...and that’s it.” - Gary

“[I’m] totally different to my father (.) like I say my father would tend to lash out...without really explaining in full as to why.” – Adam

“I didn’t want to be like him [father].” - Nick

“my father is totally different [to me] ...yeah, more aggressive” – Mark

“keep food on the table (.) role model. To teach them [children] right from wrong the best you can, make them go to school so they get an education. Just try and be polite and calm around them (.) because I’ve done everything that I didn’t have. I’ve done everything different.” – Peter

“I said to myself I would never be like him [own father] (.) in a way I was, because...I’ve never been there for them [children] (.) so if we look at it that way I haven’t been...I always said I would never be like him [own father] (.) it turned out that way.” – John

3d) Perception of the paternal role

“support is just being there, being there for when they need you (.) buying them clothes (.) anything that they want (.) just general support really (.) knowing that they are cared for and that you are there.” – John

“try to be there for them as much as I can and just give them the best guidance and protection.” – Ryan

“It’s not just money (.) it’s about letting your kids know that you love them, you know (.) that’s why you would provide for them (.) food on the table (.) taking them on (.) you know walks and things like that.” – Mark

“Someone who is always there for you (.) give you everything that you need (.) look after you (.) protect you and be a good role model.” – Gary

“Be there when they need you...and help them out when they ask for help (.) I don't think (.) I don't think it's the father's job to tell their kids what to do but it is to be there to listen and provide advice when necessary.” - Peter

4) SHAME

4a) Offending

“my ex-partner was letting her [daughter] go on Google, and [she] Googled me which then a load of information comes up, she basically lets her read my offence [looking down], so it's put her [daughter] off getting to know me” – Mark

“I went to prison for murder...I've never been right” - Nick

“it used to stress me out [children knowing of index offence] (.) eventually I sort of told them.....basically about my index offence.....and that took me some time like.” – Adam

4b) Mental health

“if I meet someone and they sit down and talk to me they can see it, I don't know how but they can see that I've got something wrong with me” - Nick

“I wouldn't involve myself in any of it [social occasion] and I didn't want to show her [daughter] up ...so I just used to go in the bedroom...because of my personality disorder” - Peter

“I'm a sort of lunatic [looking down]” – Mark

5) UNCERTAINTY

5a) Future relationships with child(ren)

“she [daughter] could say to me in a few years' time 'I don't want anything to do with you' (.) but then at least then I would know (.) not knowing is just as bad” – Gary

“they [children] have suddenly not wanted to know me (.) it's just stressful.” – Adam

“he [son] hasn't seen me since he was six (.) 'will he recognise me?' (.) 'will he know who I am?' (.) how hard it is going to be? – John

“I don't even know if that's ever going to happen [father-child relationship].” – Mark

5b) Concern for child(ren)'s wellbeing

"I have been kind of worried that they're not getting on and building a life for themselves". – Peter

"He [son] has had problems in the past, mental health problems, and there's still some...some concerning things about that at the moment." – Hugh

"I would say the difficulty is not knowing how she is doing in school, not knowing who she is mixing with and all that sort of stuff (.) for all I know my ex-partner may be letting her get up to all sorts and I don't want that to happen." - Mark

5c) Treatment plan and discharge date

"they [children] found it frustrating (.) they used to get a little bit angry because they would ask when are you coming home...they don't ask me now when I will necessarily be out (.) other than it could be this year or be in the next like (.) no specific month or week." – Adam

"I keep worrying and thinking 'Oh, I could be down back at the prison', because I don't want to go back to there." – Nick

"They [hospital staff] just say to me they think I am unwell, that's why I'm here, but no one's given me any full details, the reason why I'm here... no one has sat me down and said you are here because of this and that." – Ryan

"[it's] uncertain for me at the moment...because I was going for release and then dragged into hospital, do you know what I mean?" – John

6) CONTROL

6a) Lack of control

"there is nothing I can do about it (.) to change the situation." – Gary

"it is what it is." – Peter

"it is what it is (.) I can't change it now." – Hugh

"you are losing grip of keeping things together" – Adam

"I feel helpless ... what can I do?" – Ryan

"You've just got to sit around and wait for them [staff] to say you can go home." – Nick

“I’m wanting to be in control (.) I’m the father (.) I’d like to pull them towards me (.) show them that I am strong and a father figure...I have certainly felt in the past (.) times when (.) I was losing the fight” - Adam

6b) Conscious cognitive disconnection

“I do think about her [daughter] but I switch off.” – Mark

“the memories are always there of the day [child visitation], you just try and minimise it” – Ryan

“I take each day as it comes.” – Mark

“I take it as it comes.” - Peter

“I’m just an everyday person, day to day person (.) I don’t think months down the line, I think every day (.) take each day as it comes.” – Gary

6c) Control in self-disclosure

“I have swallowed it [emotions] all up” - Adam

“pride...embarrassment, shame, feeling weak...I don’t like talking” – Gary

“I don’t speak to no one.” – Ryan

“I hate talking.” – Nick

“I tend to close down if you like.” – Adam

“I don’t talk to the other patients about my family...I don’t talk about it with anyone ... it’s your personal life and I don’t talk about that with anyone else. – John

“When I don’t feel [mentally] well I don’t speak to her for a couple of days” - Nick

7) HOPE & MOTIVATION

7a) Hope for a Future Relationship

“I just hope and wish that at some point when she gets a little bit older (holding hands to chest) she will want to get to know me” – Mark

“fingers crossed I really hope he does turn around and says ‘yes, I do want to meet him’.” - John

“I really would like to get to know my daughter.” – Gary

7b) Desire to Repair and Improve Paternal Relationships

“I’m bound to give her money...I’m not trying to buy her love, it’s just me trying to say ‘I’m sorry for the things that I’ve done in my past’.” – Mark

“it’s getting out and picking up the pieces (.) starting again from scratch.” – John

“I want it to be a good one [relationship]...I don’t want her to grow up and think I weren’t actually there.” – Gary

“I would like it [relationship contact] to improve slightly (.) the amount that I see them (.) for the duration that I see them (.) if I was to be discharged now I would spend time possibly with each of them (.) or all of us together.” – Adam

7c) Motivation for MH Progress and Recovery

“I would make sure that my medication and all that is sorted out before [making contact].” – Mark

“there is always hope for the future, that’s my main focus [child contact] (.) get out and get better (.) and take it from there.” – Peter

“one of my goals...[is] to have contact with my daughter and have a relationship with her but I can’t do that until I get better, progress, and I get out.” – Gary

“I’ll get the hospital out the way and then I’ll try and reach out.” – Nick

“they [children] want me out of here and I want to get out of here as soon as possible (.) they don’t want anything to spoil that...my daughter says “well why don’t you leave the drink alone” (.) if I had kept on drinking daily the way I was before I came into [hospital name] (.) then I don’t know (.) I might have been in a bit of a state now health wise.” – Adam

7d) Planning for Future Contact

“I’m not going to go and knock on their doors and find them...I’m going to do it the right way (.) I am going to be under probation so I will probably go through probation and have them contact my younger son.” – John

“I like them [staff] to know that I am a dad (.) I know I don’t have contact but I’m going to try my best now to get some sort of contact and speaking to my team (.) I will wait until I see my team to set something up.” – Mark

“get the solicitors involved, do it that way, do it the right way, not just turn up out of the blue.” – Gary

“we [father and child] could maybe go to the beach together (.) we would have to sort of work it out (.) but I’m sure something like that could happen [visitation]” – Peter

INTERPERSONAL RELATIONSHIPS

1) CHILD

1a) Enact Paternal Parenting Practices

“[He] would phone me at all hours to ask me how to cook the basic things when he [son] was at university (.) right across to an argument with his girlfriend or if he needed money” – Adam

“things happen in their life and they just talk to me about it (.) and I will ask them how they feel about it and I will give them my advice if I have got any” - Peter

“even though you can’t get a lot because you don’t earn a lot (.) so you just have to save.” – John

“I’ve always said that you know I will buy a card for her birthday, I won’t post it, but every birthday she has I buy her card for her and put money inside (.) I won’t post it (.) I just do all that you know so that when I get out, I will be able to give her all the cards with the money (.) the money would have built up you know and she can spend it however she wants”. – Mark

“I give him £50 a month at the moment.” – Hugh

“as long as the money was spent on him [son] (.) he didn’t have to know it was from me (.) but as long as the money was spent on him, I don’t care” – John

“I didn’t really want them to see too much (.) there were a lot of wards where people were very bad (.) they were just children (.) very old mental hospital...I don’t think the children liked it very much going there (.) it wasn’t a very nice place (.) and there wasn’t a great deal of welcome either.” – Adam

“I didn’t feel well either (.) so it’s not that I didn’t want to see her [daughter](.) I would have loved to have seen her but I knew that I wouldn’t be good on a visit because of my mental health.” – Nick

“mental health you see (.) it’s a bit trickier when you have mental health because...I didn’t want my daughter to see me in a bad way (.) where things are quite difficult” – Mark

1b) MH Impact on Parenting

“I was pretty immobilised...you know 24/7 I had voices (.) screaming in my head (.) all sorts of nasty things (.) you are basically chasing your tail (.) you are arguing and arguing and arguing with them (.) you can’t take any notice of what is going on in the room (.) what is in front of you (.) you have this massive difficulty in your head” - Adam

“I did struggle to bring her up...wanting to be closer but I couldn’t do it. I wanted to be closer to my daughter, but I couldn’t do it. I didn’t know how to do it (.) and I put it down to personality disorder (.) wanting to do things but can’t do them.” – Peter

“she [daughter] says why ain’t you phoned me? I don’t want to say on the phone really [child’s name] I feel suicidal today” – Nick

“I tried to make bringing up my children as pleasant as possible (.) but the voices really got in the way (.) terrible (.) they got in the way.” – Adam

“kids might think ‘why does my dad not want anything to do with me’ without realising the situation...his [pointing to own head] heads gone.” - Gary

1c) Value Attached to Contact

“[child contact] takes away the...severity of having to serve a sentence as such in a mental hospital (.) I can pick up the phone any time and phone the children and I’m aware subconsciously that they are in the community (.) and we can talk and I can relate to the community...I’m in touch with reality” – Adam

“She [daughter] is my rock” – Nick

“I get immense enjoyment from phoning my children (.) we can speak for some time on the phone (.) it’s special (.) it’s important and special” – Adam

“it’s important to have that relationship (.) it’s nice to be able to talk to your son and daughter...it would be terrible if we couldn’t do that” – Peter

“I am glad after seeing them [children]. So, you want to be...you want to make the most of that time that you’ve seen them” - Ryan

2) CHILD’S MOTHER

2a) Nature of Relationship

“I don’t get on with her [daughter’s] mum at all.” – Nick

“it [mental health] basically wrecked the marriage (.) to the extent where we started voluntarily (.) not putting any pressure on each other but talked about divorce.” – Adam

“it is not bad at the moment [relationship with child’s mother], I have contact with the mother so I can speak to them [children] when I need to.” – Ryan

2b) Primary Source of Child Contact

“I didn’t see them [children] or communicate with them for a few years (.) mostly because of my ex (.) I would phone and say I would like to speak to [child’s name] please and she would say “he’s not here” ...he was never there (.) that was quite tough” – Peter

“really hard (.) because it’s trying to keep that bond with them [children] (.) trying to keep the bond going while you’re see them (.) and getting to see them as well (.) and then it’s down to your other half and whether they want to bring them in or not and how you are getting on with them” – John

“I just want my daughter to know me (.) so I can explain things to her but like I said it’s my ex-partner is preventing me getting to know her.” – Mark

“she [former partner] just rang...and stopped contact (.) I couldn’t write, I couldn’t phone (.) nothing.” – Gary

3) OWN PARENTS

3a) Opportunity to Maintain a Link to Child(ren)

“she [own mother] brought my son in to come and see me” - Ryan

“I will say to my mum you know... please have as much contact with her [daughter] as you can” – Mark

“It would be nice to know what he is doing (.) I hear little bits (.) my mother sees him.” – John

“I speak to my mother and I’ve been waiting for my ex’s new address for weeks and my mother will say to me ‘yeah, I’ll get it, I’ll get it’ but it’s just waiting.” – Mark

3b) Relational Connection to Own Father

“when I was growing up and I used to get beaten (.) my dad used to come home drunk and give me a crack...I had anxiety from when I was very young (.) as I’ve grown up it’s stemmed to other things (.) so now I’m not very well” – Nick

“he [father] would smack you with no reasonable explanation as to why.” - Adam

“my father buggered off when I was twelve (.) I didn’t see him much after that (.) I haven’t seen him for about thirty years.” – John

“he [father] sort of disappeared.” – Hugh

“me and him [father] were not, we weren’t that close...we haven’t been that close.” – Ryan

INSTITUTIONAL ORGANISATION

1) PRAGMATIC FACTORS TO PARENTING

1a) *Obstacle to Enacting Fatherhood Role*

“I can’t be there with them to help out and do things like a father would do” – Peter

“They [children] don’t understand (.) they see their friend’s fathers going out and doing things with them and you know you can’t.” – John

“you can’t physically do anything. You can’t protect them outside when you are in here.” – Ryan

“it is certainly not a normal situation ... I doubt they have any fathers who are in the same predicament (.) what they would like is a bit of normality like their friends have got” – Adam

1b) *Geographical Location of Hospital Admission*

“Being far away is an issue (.) it is a big issue (.) sometimes it’s virtually impossible for your family to...they don’t drive or anything like that.” – John

“they [children] never had the transport to get here.” – Peter

“it’s not going to help the relationship if you are five hundred miles away, how are you going to get visits off your children? talking to them every day on the phone, that’s not good enough, you need to see them.” – Gary

“I spent three years in a hospital up north and barely got to see him [son].” – Hugh

“it’s a long way... it was nice of her to come (.) it was really appreciated (.) I hadn’t seen her for (.) I didn’t see her for a year” – Nick

1c) *Financial Demands on Family*

“money might be an issue because it is very tight at the moment.” – Peter

“I can’t get visits here because of her [daughter] – well it costs £150...she’s not rich.” – Nick

2) PROFESSIONAL SUPPORT

2a) Anticipation of Hospital Support

“within the twelve years I’ve been locked up [in prison] I’ve made no progress whatsoever...so this is why I’ve come to the hospital, because the hospital can help me move forward.” – Mark

“Show support, show they [hospital staff] care (.) I’ve seen they have tried to mediate between father and son (.) chatted to the son and said ‘shall we try and mediate.’” - Gary

“the doctor [in hospital] assures me there is always the possibility of moving into shared accommodation where I have my leave and...things will be for the better like” – Adam

2b) Direct Experience of Hospital Support

“bags of support in here from staff with regards to family (.) “when are you visiting your daughter?” (.) “when is your daughter picking you up?” (.) “when is she coming in?” (.) they always want to know what else she [daughter] is doing (.) like her job (.) my boys come in and they tease them a little bit (.) it’s good like...very supportive and very important to me.” – Adam

“it affects the contact and the communication [staff talking to family during visits] because I don’t feel like ...I basically told them to stop whilst I’m having a visit with my kids; someone that wasn’t invited in the conversation” - Ryan

“talking helps and especially because I know I’m not the only dad in here that’s having trouble with the kids (.) reaching out to them more and...communication” - Nick

“It is generally a supportive environment.” – Peter

‘I am meant to protect my kids so why are you [staff] making me feel like my kids have to be protected from me? when I feel like I should be protecting them?’ – Ryan



Paper for appraisal and reference: Wells (2020)

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments: There was a clear statement of aims and objectives of the research. The importance of the research was highlighted in regard to mental health recovery and reduce re-offending risk.

2. Is a qualitative methodology appropriate?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments: The aim of the study was to be exploratory and to increase understanding of fathers' experiences in forensic inpatient care. A qualitative methodology is appropriate for this research goal.

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments: Qualitative approach using interviews was appropriate to aid in collection of rich data which would allow for parents to construct a personal narrative as well as eliciting meaningful data. Grounded Theory method appropriate as exploratory and allows theory to be 'grounded' in the information obtained.

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: The paper details step by step method of recruitment appropriate for the design and aims of the study. The paper also details inclusion criteria for participation. Recruitment was thoughtful in providing 'easy-read' information for participants to allow for gaining informed consent.

5. Was the data collected in a way that addressed the research issue?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments: The interview schedule is provided and describes how it was developed. Developments of the interview also included in the appendix. Appropriate measures were taken for conducting the interviews, such as a quiet room to aid in confidentiality and comfort for the participants. Adaptations to ensure participants understanding also taken and described.

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments: The researcher describes using 'bracketing' process throughout data collection and analysis. The researcher also describes using supervision and a reflective journal, (abstracts included in appendices) to aid in self-reflexivity. The researcher was aware of the inherent power in professional status and personal characteristics which were mediated by highlighting no obligation to participate and completing a reflexive account, also detailed in appendices.

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments: The researcher describes how issues around gaining informed consent and maintaining confidentiality, checking for understanding, managing issues of power as previously described. Ethical approval sought and obtained by the South Wales NHS Research Ethics Committee.

8. Was the data analysis sufficiently rigorous?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence

Comments: A detailed description of data analysis is provided including initial and focused coding and how this was reviewed by two experienced researchers in GT. Method of theoretical sampling described in order to obtain data saturation. The paper includes a diagrammatic representation of GT connectivity model demonstrating the themes as well as a map of categories of GT analysis. The results section includes quotes to demonstrate the themes and categories. The researcher used a range of methods of reflexivity as described previously.

9. Is there a clear statement of findings?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments: A clear statement of findings is described in results section and at beginning of discussion and relates the results to the aims of the study. More than one analyst used, as described previously. A thorough discussion is provided for evidence for the themes. Strengths and limitations of the study are included.

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: The researcher describes and discusses in detail the implications of the research for clinical intervention, such as how mental health services may work with families over individual client work, the need for training and clinical expertise for systemic work, and how these methodologies may be implemented and measured. A whole section on directions for future research is included. The research is important as it provides the voices of vulnerable and perhaps neglected group in society and provides useful information to aid in the development of services, to help fathers and their families in an incredibly difficult situation they find themselves in.