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Is Attachment Theory and the Concept of a 'Secure Base' relevant to supporting women during the process of resettlement?
Observations from The Women's Turnaround Project, Cardiff

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Contents

<u>Executive Summary</u>

The Women's Turnaround Project (TWTP) provides female offender and those at risk of offending with a 'gateway' to multi service support specifically for women on a voluntary basis. The project emerged directly out of the recommendations of the Corston Report (Home Office 2007) and the intention is to establish a "women's centric service" eventually to be rolled out through Wales and beyond (NOMS 2007.) Each client is allocated a key worker to facilitate support in a wide variety of areas.

Via semi structured interviews of nine women engaging with the project and six key workers, this research paper takes an unprecedented look at TWTP's key worker relationships with those female offenders utilising the project during resettlement. It specifically explores whether Attachment Theory, (as originally defined by JR Bowlby and developed by others,) helps us to understand the lives and experiences of the women and their engagement with TWTP key workers.

Discussion One explores attachment to parents during childhood and adolescence in the clients engaging with TWTP. The chapter argues that clients working with TWTP are affected by their childhood attachment styles and that lack of a secure base in childhood can result in lack of self esteem, poor trust in others and a desire to find a secure base as an adult.

Discussion Two proposes that in voluntarily turning to TWTP during the resettlement process women are subconsciously seeking a secure base which can be provided by their relationship with their key worker. TWTP utilises the skills and personal characteristics of its key workers to foster a safe environment in which self esteem and the ability to trust can be nurtured and self reliance and independence achieved.

Discussion Three highlights good practice of supporting women during the resettlement process and makes numerous suggestions with regards to what can be learnt from this research to improve future practice for the Turnaround Project,

Probation Service and other agencies working with women during the resettlement process.

This research concludes that:
- Further research in this area would be valuable.
- TWTP key workers and senior staff members should be introduced to the concepts of Attachment Theory to improve their understanding of their clients and the role they can play in supporting them.
- Recruitment needs to focus upon potential staff member's personal characteristics as well as previous experience and training.
- Care to keep caseload levels low in TWTP, the Probation Service and other agencies should be taken; and the problems transfer of cases can cause because of client's attachment needs to be fully understood.
- TWTP should remain a voluntary service providing support indefinitely.
- Other agencies (including the Probation Service) should revisit Attachment Theory and consider the key worker (or Offender Manager) role in terms of a secure base from which their clients can address their more practical needs in an effort to avoid re-offending. With this in mind it is recommended that more emphasis is placed on fostering relationships with clients in order to reduce re-offending rather than the current focus on meeting assessment and court report targets.

This research does not argue that poor childhood attachments are a cause of later offending; however it does suggest that failing to consider and address the attachment needs of women during the process of resettlement may amount to a wider failure to provide effective support and supervision.

Introduction:

<u>"I blame the parents myself..."</u>
We have all heard this kind of retort in response to a crime, most often when committed by young offenders. But where does it spring from? Whether the speaker realises it or not, this kind of attitude stems from the ilk of Freud and Bowlby who were both strong advocates of the relationship between inappropriate parenting and anti-social or criminal behaviour in later life. Whilst Freud's theories focused on children's instinctual drives and the parent's need to suppress these drives to avoid future deviance (Freud 1923) Bowlby formed the concept of 'Attachment Theory.' In short, this is the idea that the type of 'bond' a primary caregiver (usually although not always parent) has with their child will form a 'blueprint' of how to deal with future attachment relationships as an adult (Bowlby 1989).

<u>Attachment theory and the secure base:</u>
Bowlby claimed that children need to be emotionally attached to someone who can provide them with security, safety and reassurance when they are fearful or anxious (Purnell 2004) and it is this 'Secure Base' that should be provided by the primary caregiver, (usually mother) in order for the child to feel able to interact and explore the world in the full knowledge that they will always be able to return to their secure base for comfort when needed (Cassidy 1999). The instinctual need for a secure base is so strong that Purnell (2004) argues a child will always attempt to develop this bond with their primary caregivers, whether the caregivers respond appropriately to this or not. If a caregiver is attentive, sensitive, empathic and comforting, especially when the child is fearful or anxious, a Secure Attachment is created (Bowlby 1973) and a Secure Base should be internalised. Once developed even if the child (or subsequent grown adult) cannot physically be near the individual to whom they are securely attached, they can mentally return to their internal secure base for security, confidence and self soothing, perhaps by thinking of comforting thoughts or images or utilising self soothing behaviours such as hot baths, a favourite book or music (Holmes 2003). According to Van Ijzendoorn and Sagi (1999) approximately 70% of children become securely attached. However where a caregiver fails to respond

as sensitively to a child's attachment needs as required, failing to provide a secure base, Bowlby (1989) claims the child will adapt its behaviour and develop 'Anxious Attachments'. Attachment relationships can be greatly disrupted by a parent's mental health difficulties (Jacobson and Miller 1999) alcoholism (O'Connor et al 1987) or drug addiction (Rodning et al 1991).

Attachment styles:

A tripartite classification of attachments was developed by Mary Ainsworth and colleagues based on her extensive observation of children with their carers, most famously within the 'Strange Situation' experiments (Ainsworth et al 1978). She noted that when the attachment system is activated by anxiety or fear (in the Strange Situation test by the caregiver leaving the child alone in a room), some children appear content and happy but seek proximity to the carer when they re enter the room for a short period of time before resuming play. This behaviour demonstrates a Secure Attachment.

However she also noted that some children showed limited response to separation and both the child and the mother on her return appeared to avoid interaction and contact (Insecure-Avoidant). Avoidantly attached children have had their distress consistently ignored by their parents and consequently hide their need to be comforted (Purnell 2004).

Finally some children responded to their mother's departure with intense distress and sought close proximity but resisted interaction on her return; perhaps by clinging to the mother but hitting out; thus being described as Insecure-Ambivalent. Ambivalent children have had inconsistent caregivers who react to their child's distress sometimes by comfort and sometimes by rejection or anger; the child unsure of the response it will get often responding by acting out or maximising its distress in the hope their caregiver will comfort them (Purnell 2004). Ainsworth (1985) considered attachment as a continuum of suppression and expression of attachment behaviour (Prior and Glaser 2006) with 'Insecure-Avoidant' and 'Insecure-Ambivalent' Attachments being on either end, and Secure Attachment in the centre.

<u>A further attachment style:</u>

However Main and Soloman (1986, 1990) re-examined the recordings of the Strange Situation and found that there was another group of children who did not seem to be utilising any particular strategy for coping with the stress of their parent departing. The children behaved in contradictory and confusing ways, some appearing dazed and even apprehensive towards their carers. This led to a fourth Attachment category; 'Insecure-Disorganised' namely when the cause of the distress is the caregiver him/herself. These parents can be physically, emotional and/or sexually abusive, 'emotional unreachable' or fail to protect their child.

> "At the very time when a child needs to be emotionally understood,
> regulated, contained and protected by the carer, the attachment figure is

actually experienced as dangerous, unpredictable or distressed." (Howe 2005:46).

The simultaneous opposing desire for attachment and encounter of fear from the very person attachment is sought (Main and Hesse 1990); is a very traumatic experience for a child (Howe 2005).

<u>Attachment into adulthood:</u>

Although is important to note that these 'internal working models of attachment' (Bowlby 1989) are open to revision and change in later life (Purnell 2004) research consistently suggests that adults have a tendency to demonstrate similar attachment styles as when they were children (Van Ijzendoorn 1994).

Hazan and Shaver (1987) and Main and Goldwin (1985) explored and created measurement tools for adult attachment styles, the 'styles' corresponding with those childhood attachment styles described previously. Broadly Secure adults are confident that they have reliable and available attachment figures around them and they are capable of intimacy (Nelson 2005). Avoidantly attached children grow up to be 'dismissing adults' who avoid close relationships and have little interest or awareness in their own and others emotions and feelings (Ansbro 2008). They are not able to trust in the reliability and availability of attachment figures, are compulsively self reliant and emotionally distant (Nelson 2005). Ambivalent children are thought to mature into 'pre-occupied' adults, nervously

switching between wanting intimacy and distance within relationships (Ansbro 2008) as they are unable to trust in their attachment figures. Although they are desperate for an attachment bond they also fear rejection (Nelson 2005).

Finally childhood disorganised attachment has been linked to the development of behavioural problems in adolescence and adulthood. (Howe 2005, Gerhardt 2009). Adults who are considered to fall into this category often have chaotic and confused relationships with their attachment figures, one minute seeking care, the next avoiding it. Care-giving by others can provoke fear and hostility (Nelson 2005).

Explaining crime and delinquency:

As Attachment Theory advocates that the quality of our bond to our parental figures affects our future adult relationships with others, delinquency has often been explored in terms of insecure childhood attachment. Bowlby believed that delinquents are "affectionless" and unable to connect intimately with others (Bowlby 1944) resulting in lack of empathy and self control (Horner 1991). Pickover (2002) goes as far to say that children with insecure attachments to their caregivers develop a hostile manner whilst Ward (2002) asserts that they have enduring difficulties in mood management, self esteem, self efficacy and problem solving. But has this been evidenced? The Cambridge Delinquency Study (Farrington 1997) followed 411 males from South London for forty years. Although the study did not investigate attachment per say it concluded that those that went on to offend as adults were more likely to have behaved anti-socially as children, been impulsive and hyperactive. Interestingly they were also more likely to have received parenting characterised by harsh authoritarian discipline and poor supervision, their parents often in conflict with each other (Ansbro 2008). Boswell (1998) conducted her research on 200 young offenders imprisoned for the most serious of offences. Nearly all of the young men she interviewed had experienced severe loss, neglect or abuse as children. Raine, Brennan and Mednick (1997) researched the interaction between birth complications, early maternal rejection and violence in adults and concluded that insecurely attached children were more likely to engage in violent behaviour in the future (Katz 1999). A Home Office research paper by Gilchrist et al (2003)

investigating the characteristics and needs of domestic violence offenders identified that disrupted attachment patterns as a child was a risk factor for future perpetration of domestic violence. Furthermore Chaffin (1992) researching sexual abusers found that this group of offenders tended to have been insecurely attached as children and had low levels of empathic understanding as adults.

<u>Female offenders:</u>
Some authors have suggested that issues with parenting are particularly acute for female offenders (Austin et al 1992, Bloom 2000, Alarid, Burton and Cullen 2000). Farrington and Painter's (2004) exploration and comparison of a number of studies focusing on males, females and siblings concluded that inadequate parenting and poor attachment to parents were stronger predictors of future deviance and offending for women than men. Furthermore Simourd and Andrews found in their 1994 study that a poor caregiver-child attachment relationship has a moderate correlation with later offending behaviour amongst females whilst Blanchette and Motiuk (1995) found that lack of family ties, dissatisfaction with childhood and negative feelings towards the mother in particular were strongly linked to re-conviction for female offenders. Finally Dowden and Andrews (1999) and Dowden (2005) both concluded that the quality of family relationships and affection in childhood relationships had a strong bearing on the likelihood of offending in the future for women. In fact Blanchette and Brown (2007:91) state that

"Meta-analytic research with both adult women and adolescent girls has demonstrated that family process variables such as attachment, affection and supervision are robust predictors of recidivism."

<u>Sexual and physical abuse:</u>
Disorganised attachments formed in childhood perhaps particularly due to childhood physical and sexual abuse has a particular resonance given the prevalence of victims within the female offending population. Blanchette and Brown (2007:108) claim:

"It is now incontestable that there is a strong correlation between experiences of abuse and criminal behaviour with the majority of

female offenders having been victimised at some point in their lives."
That said, Blanchette and Brown do not claim that victimisation as a child is predictive of female offending, (or male for that matter.) Indeed collectively the expansive literature on this particular question does suggest that experience of sexual or physical abuse as a child or adolescent is common among female offenders, but it does not necessarily follow that it is the cause of offending in the first place (Blanchette and Brown 2007). Indeed there is likely to be a number of confounding variables at play. For instance Byrne and Howells (2002) argue that some women may suffer post traumatic stress following abuse and that this may elicit coping mechanisms including the use of drugs and alcohol. The subsequent offending behaviour could therefore be a product of the victimisation itself, the post traumatic stress, the substance abuse, a combination of all three or other variables. However whether or not being a surviving victim of abuse or lack of a secure base as a child are criminogenic needs, the consequences of such early experiences may impact upon a female offender's ability to engage with appropriate resources during the process of resettlement (Blanchette and Brown 2007) and consequently should be addressed.

Criticisms of attachment theory:
Whist Attachment Theory is a well respected facet of psychological and medical disciplines it is not without criticism. Rutter et al (1976) criticised Bowlby in particular following their study of a large number of boys on the Isle of Wight, aged nine to twelve, who had all been separated from their mother for some time during early childhood. They found the majority did not become delinquent, but for those who did it was the difficulties that often follow separation that caused the problem, and not simply the separation, for instance divorce proceedings, a parent in prison or a parent with mental health problem.

Attachment Theory and in particular Bowlby's early assertions have also been criticised by Feminist writers who feel that far too much emphasis is placed on the mother and child relationship and that this 'mother blaming' is derived from our patriarchal culture. They argue that the assumption that any separation from the mother can be damaging for the child results in unwarranted pressure for mothers (Oakley 1981) and that in fact there is a hierarchy of attachment figures. Although

the mother is usually at the top they reason that she should by no means have sole responsibility for providing a secure base (Holmes 2001).

Harris (1998) also believes that peers shape children's personalities a great deal more than caregivers do. He argues that if a child grew up in an area with high levels of crime and socialises with delinquents he will most likely become a delinquent, despite the best efforts of his parents. Whereas if the same child is moved to a suburban area with low crime rate and socialises with pro-social children, he is likely to refrain from offending behaviour (Harris 1998.) Harris points to various Twin Studies which have concluded that personality traits are established from parents' genes ('nature over nurture'), and also to siblings who are brought up by the same parents in the same household but who mature into different types of people. Harris feels that Attachment Theorists, in particular Bowlby, place far too much blame on parents for the criminal and antisocial behaviour of their children and his critique of Bowlby is supported by Field (1996). Field argues that Bowlby places too much emphasis on parental attachment and suggests that the concept be widened. Field argues

> "A parsimonious model of attachment would need to accommodate multiple attachments to a variety of figures at different stages of life" (Field 1996:545).

So what hope is there for offenders?:

The argument that the importance of the secure base and positive attachments should be widened to include other personal relationships a child, adolescent or adult is a valuable one. It also echoes Sampson and Laub's (1993, 2005) Age Graded Lifecourse Perspective which suggests that attachments or social bonds in adulthood to other humans (own child, partner etc) or practical things (school, employment, own home etc) can be the catalyst for individuals to desist from crime, although it is worth noting Sampson and Laub focused on male offenders. And perhaps therefore practitioners should be more aware of the power of attachment with regards their own relationship with an offender? Indeed Ansbro (2008) argues that a practitioner's contact with an offender should try to replicate the secure base that is lacking, in order to help the offender desist from crime. If an offender is to be expected to explore him/herself, his/her reasons for

offending and his/her criminogenic needs to be able to desist he/she would require a safe and secure environment and a trusting relationship with a supportive practitioner (Purnell 2004).

Therapeutic alliance:

The discipline of psychotherapy has perhaps benefited the most from Bowlby's attachment theory. Within this discipline the effectiveness of therapy is believed to relate directly to the 'therapeutic alliance' between therapist and client (Martin, Clarke and Davis 2000.) Bowlby (1988) himself believed that the relationship between therapist and client mirrors the essential features of an attachment relationship; the therapist providing a secure base for clients to explore their personal material by being responsive to the client's needs. Bowlby felt that it is the task of a therapist to create a secure base;

> "to be available regularly and reliably, to be courteous, compassionate and caring; to be able to set limits and have clear boundaries; to protect the therapy from interruptions and distractions; and not to burden the patient with his own difficulties and preoccupations" (Holmes 2001:153).

Whether the client's attachment style is secure or insecure is predictive of the quality of a therapeutic alliance (Eames and Roth 2000, Mallinckrodt, Porter and Kivlighan 2005). A strong therapeutic alliance has been positively correlated with the security of client attachment to the therapist (Romano et al 2002). Bordin (1979) developed the concept of the Therapeutic Alliance into a pan-theoretical construct (Ross et al 2008). He theorised that the working relationship between client and therapist consisted of three factors: goals, tasks and a bond. If these factors are present and a strong therapeutic alliance continues throughout therapy a positive treatment outcome is more likely. Trehan found from her qualitative research of women engaging with the Drug Intervention Project in Hull that ninety percent of the women interviewed cited their relationship with their Case Manager as "crucial to their continued engagement" (Trehan 2007:50).

Working with offenders:

Recent interest in offender responsivity and effective interventions has highlighted that little research has been undertaken into process issues in offender

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rehabilitation compared to psychotherapy (Ross et al 2008). However Ward et al (2004) and Ward and Muruna (2007) bring psychotherapy practices into the offender rehabilitation realm using Bordin's definition when discussing treatment with offenders; believing that the therapeutic alliance with offenders does not differ from any other therapeutic setting. Ward and Muruna (2007) argue that to motivate offenders to change it is necessary to first develop a good relationship with them; to foster trust and mutual respect. In addition Ward et al (2004) also cite other authors who claim that personal qualities of therapists such as interpersonal warmth and own attachment style are more important than professional variables (training, learned counselling skills) that reportedly have little or no impact on the therapeutic alliance (Dunkle and Friedlander 1996, Hersoug et al 2001).

National Offender Management Service:

The National Offender Management Service (NOMS) implicitly acknowledges the importance of the relationship between offender and practitioner through its concept of 'end to end management' and a designated Offender Manager whose relationship with the individual offender is continuous from pre- sentence to end of licence/order (Ansbro 2008.) Is this an attempt at forming a 'secure base' for the offender? That said in practice with current high workloads and high turnover of staff, changes in Offender Manager are frequent and time to form positive secure attachments is limited. Furthermore Offender Managers/Probation Officers actually spend very little time with their clients (Farrall 2004). Farrall estimated that over a year, if a Probation Officer was to spend 45 minutes per session with an offender and see them in line with National Standards they would only spend 20 hours in total with them compared to the 760 hours an offender would be away from them. This is the equivalent of a third of 1% (Farrall 2004). In my experience as a Probation Officer with current high workloads and emphasis on assessment and court report targets Farall's calculations appear to over-estimate the time spent one to one with a service user, especially for those low risk of harm offenders who are seen much less frequently. How can a secure base be achieved in this context? Indeed Ansbro (2008) suggests that inconsistent supervision and lack of contact replicate the behaviours of unreliable attachment figures from an offender's childhood.

<u>What works for female offenders:</u>

"Although the question of what works for general offender populations has received considerable attention within the rehabilitation literature,   very   little research has examined female offenders" (Dowden and   Andrews 1999:1).

Indeed Carlen and Worrall (2004) suggest there has been a structural resistance to considering differences between male and female causes of crime. However since the 1970s Feminist criminologies have become increasingly recognised within mainstream 'male' criminology (Newburn 2007) and terms such as 'the gender gap' are now widely renowned (Heidensohn 2006). Whilst traditional criminology tended to presume that theory based on male offenders applied to female offenders also (Newburn 2007), feminist research seems to suggest that female offenders have different 'pathways to crime' than their male counterparts and consequently require different interventions than men if they are going to desist. A meta analytic review conducted by Dowden and Andrews (1999) on female offenders revealed that stronger predictors of treatment success for women were not practical issues, (including substance abuse and lack of education and employment) but interpersonal criminogenic need targets and in particular family process variables. They therefore argued that female offenders require a more human service where risk, need and responsivity are taken into account. Anecdotal evidence seems to concur with this, Lowthian referring to a prison minister who claimed that

> "women's offending is inextricably linked to their life experiences… family and community ties and experiences of abuse are widely accepted as criminogenic factors for female offenders" (Hughes cited in Lowthian 2002:158).

Interestingly both Hughes and Dowden and Andrew's argument that family is central to female offending perhaps echoes that of the attachment theories outlined previously.

Zaplin (2007:77) advocates for the Systematic Perspective, arguing that female offenders need to be considered as "displaced community members" who require practitioners to focus on the root causes of their offending. Zaplin (2007) argues that as a result of poor attachments as a child female offenders are

emotionally deprived, unable to empathise or feel self worth. She claims this results in emotional distress, drug use, poor mental health issues, impulsiveness, poor memory, issues with employment and education and marginalisation. To be able to rectify this, Zaplin (2007) argues practitioners need to ensure that female offenders receive interventions that are consistent with their individual rehabilitative needs that address all these areas simultaneously.

Recent focus on female offenders:
Despite the increased recognition of the experiences of women in the criminal justice system since the 1970s, interventions have tended to focus on the needs of the majority: that is of male offenders. However efforts have been increasingly made to explore and address the deficit, particularly in recent years. The Corston Report (Home Office 2007), the Women Offender Accommodation Pathfinders Report for Wales (National Probation Directorate 2007) and a report commissioned by the Fawcett Society (Gelsthorpe, Sharpe and Roberts 2007) bring together various research findings on female offending related needs, what works with women, and the different models of practice currently being utilised (NOMS 2007.) There seems no doubt that provisions designed for male offenders do not always meet the needs of female offenders, (or even male offenders!) especially perhaps in the realms of resettlement. The reports recommend women only provision and focus on a 'holistic approach' whereby women are treated as individuals with their own set of individual support needs and are empowered to take responsibility and make the changes needed to avoid offending.

A recent NOMS (2008) guidance document for Offender Managers has been disseminated through the Probation Service in response to these reports. NOMS (2008) recognises female offenders are a particularly vulnerable group with specific needs which are not catered for effectively by the Criminal Justice System. It particularly recognises the increased relationship and emotional-wellbeing needs of women compared to men following a comparative analysis of OASys assessments, (a nationally used prison and probation risk assessment which numerically scores an individual's needs with regards to accommodation, education, training and employment, finance, alcohol use, drug

use, lifestyle, relationships, attitudes, emotional wellbeing, and thinking skills). The document to some extent recognises the value of the therapeutic alliance in addressing these areas by appreciating the need for continuity amongst Offender Managers in the supervision of women in particular and highlighting the relationship between Offender Managers and female offenders (NOMS 2008.) It also suggests that interventions for women should be sought across the spectrum of public, private and voluntary agencies to offer female offenders the most effective package of intervention available.

The Women's Turnaround Project (TWTP):

NOMS has recently been working to develop a demonstrator project in Cardiff - The Women's Turnaround Project (TWTP) to provide female offenders and those at risk of offending with a 'gateway' to multi service support specifically for women. The project emerged directly out of the recommendations of the Corston Report (Home Office 2007) and the intention is to establish a "women's centric service" eventually to be rolled out through Wales and beyond (NOMS 2007). Engagement with the Service is purely voluntary, however referrals are practitioner led most often via the Prison and Probation Services. The Project aims to provide guidance and support on a range of needs including accommodation, finances, legal issues, education and training, employment, health, relationships and substance misuse and each client is allocated a key worker to facilitate this. The project prides itself on its ability to provide a service for vulnerable women

> "In a safe, non-threatening, centrally-located environment within which they can be helped to identify their problems and find solutions for them"
> (Brookman and Holloway 2008:3).

The Centre for Criminology at the University of Glamorgan has been commissioned to conduct a process and impact evaluation to assess how well the project meets these needs. However this research paper takes an unprecedented look at TWTP's key worker relationships with those female offenders utilising the project during resettlement and specifically explore whether Attachment Theory helps us to understand the lives and experiences of the women and their engagement with TWTP key workers.

Aims and objectives of this research:

1. To explore attachment to parents during childhood and adolescence in the clients engaging with TWTP: Was a 'secure base' lacking in childhood/adolescence and prior to Turnaround intervention?

2. To examine whether attachment needs are addressed by The Women's Turnaround Project: Does the key worker and client relationship provide a 'secure base' for female offenders during the resettlement process? If so, how is this achieved and what are the difficulties faced?

3. To highlight good practice of supporting women during the resettlement process and suggest what can be learnt from this research to improve future practice for the Turnaround Project, Probation Service and other agencies working with women during the resettlement process.

Methodology

Establishing contact:

Contact with TWTP Director and Co-ordinator was achieved via email in the first instance in April 2008 and followed up by a meeting in October 2008 once a request to conduct my research was confirmed via the TWTP Board of Members. A further meeting was conducted with Dr Fiona Brookman and Dr Katy Holloway, Centre for Criminology at the University of Glamorgan who have been commissioned to conduct a process and impact evaluation on TWTP on behalf of its beneficiary NOMS. This was carried out to avoid overlap in subject matter and respondent disenchantment (Bell 2005).

Sample selection:

At my request TWTP provided a breakdown of their clientele to aid me in highlighting the population from which to sample. At the time the research began (January 2009) TWTP had 62 active cases, 42 referrals that they had been unable to contact (incorrect addresses provided etc), and 69 cases known to them who were choosing not to engage at that present time. Out of the 62 active cases 21 had been released and were deemed to be in the process of resettlement by the TWTP database. A decision was made to interview ten clients, representing almost half of the total population of resettling clients actively engaging with TWTP.

Given the vulnerable nature of the client base it was decided that the key workers themselves would select ten women who they felt would not be negatively affected by participating in the research, allowing for at least one client per key worker. On ten occasions the key workers themselves discussed the research with their prospective suitable clients first, arranging interview appointments on my behalf or passing on their contact details to me to follow up via telephone. On five occasions contact details were provided for me to make the initial contact myself via telephone. On one occasion the client was known to me in my capacity as Probation Officer and I contacted her directly. In total fifteen women were contacted by myself or TWTP key workers. Two did not respond to TWTP calls, one declined immediately and three initially agreed to be

interviewed but later changed their minds. Nine women in total agreed to and participated in interview. A tenth was sought but no suitable candidate was available for interview during the fieldwork period. Five key workers were represented by at least one of their clients, although the sixth was unable to provide a suitable and willing participant despite her best efforts.

Where possible a statement of purpose/pamphlet was sent via mail or provided by hand by key workers or myself to each client in advance of the interview. Where this proved not to be possible due to time constraints the pamphlets were offered by hand prior to commencement of the interview. The pamphlet outlined the nature of the research, what should be expected in interview, the background of the interviewer and the confidentiality policy of the research. This was reiterated verbally prior to commencement of the interviews. All interviewees were reminded that engaging with the research was not compulsory and they could withdraw from the process at any time. If a client failed to attend an interview they were contacted by telephone by myself or their key worker and asked if they would like to reschedule or withdraw from the process. If they wished to withdraw another client was contacted; if they wished to continue the interview was rescheduled.

Data collection tools:
1) Prior to sample selection and conducting interviews time was spent at TWTP office in order to get a more robust understanding of the role of the key workers and witness them conducting their duties first hand. This also went some way to familiarising myself with the population groups, both key workers and clients. Two key worker-client sessions were conducted in my presence and on each occasion the key worker involved stated that the session was typical of her normal contact with that particular client. Throughout the data collection phase I was in regular contact with all key workers and the Project Coordinator and frequently attended the TWTP offices which allowed for numerous observation opportunities of key workers undertaking their duties. I also read through random client's paper files and the computer database.

2) Quantitative data was provided from TWTP database by an Administrative

Assistant and the key workers themselves.

3) Given the nature of the research a decision was made to utilise semi structured interviews to allow the respondents a "considerable degree of latitude" (Bell 2005:161) to be able to talk about the topic and provide their own views whilst keeping the interview focused and responses comparable.

4) After six clients were interviewed a staff interview schedule was created. Six out of the seven total key worker population formed the sample, the final key worker excluded due to the limited hours of her working week and her own hectic timetable.

Interviews:

Interviews were conducted where the women chose, with flexibility in location designed to minimise respondent anxiety. With regards the client group six chose to be interviewed in their homes, one in a TWTP office interview room, one in a quiet bar local to her and one in a probation office interview room. All were asked if the interview could be conducted without the presence of a third party however two women preferred for their partners to be present during all or part of the interview. This was facilitated. With regards the key worker group, all except one were interviewed in a private office room within TWTP building. The final key worker was interviewed within a quiet café to enable her to eat her lunch at the same time!

Prior to client interviews the statement of purpose was summarised and the respondents were given the opportunity to ask questions. This process was not undertaken with key workers as they were already aware of my background and research topic. They were however afforded the opportunity to gain clarification and ask any questions they wished to prior to the commencement of the interview. Both groups were also reminded that they did not have to answer any question they felt uncomfortable with, could ask for breaks and could end the interview at any time. With permission from the respondents the interviews were recorded digitally to enable the interviewer to maintain eye contact and retain a detailed transcript. Notes were taken following the interview recording any

relevant disclosures or observations made before during or after the recording device was used. Interview schedules were used to focus the interview however additional questions and comments were used to prompt, probe and clarify understanding in order to aid interpretation of the data.

Interviews lasted between 23-68 minutes for clients and 17-36 minutes for key workers (approximately.) Interviews were transcribed for analysis and fictional names assigned to each respondent to protect anonymity.

Ethical considerations:

Care was taken not to leave the respondents, (in particular the client group) ruminating over sensitive or upsetting issues and so I picked up on the more positive subject matter or made general upbeat conversation once the recording had ended. This I hope resulted in leaving the respondents in a positive disposition. I did not feel the need to provide information on additional support services to any of the women interviewed as they were already aware of available services via TWTP.

All were advised with regards the timeframe of the research and promised copies of the research summary via their key worker once published if they wished to have one. All respondents expressed a desire to have a copy of the summary, a number asking if they could have a copy of the entire research paper; this was agreed where requested.

A particular issue was considered with one member of the client group for whom I was supervising in my capacity as Offender Manager at the time of research. This individual volunteered to be interviewed on hearing about my research and was deemed to be a suitable candidate by her key worker. Care was taken to thoroughly brief the individual prior to interview regarding my dual role as Offender Manager and researcher in terms of the difference in confidentiality policy and voluntary nature of her participation. The interview was conducted at her home on her request, was in addition to and not instead of her weekly National Standards appointment and followed the same process as described in previous sections.

<u>Client group demographics:</u>

Seven women were 'White British', one 'Black Caribbean' and one 'Black Other.' They ranged between twenty and fifty-one years old, the majority in their thirties. Five resided in Cardiff, one in Ebbw Vale, one in Aberdare, one in Tonypandy and one in Caerphilly. Three women described being in lesbian relationships and two in heterosexual relationships at time of interview. Of those who did not disclose a current relationship, three were heterosexual and one lesbian. Seven of the women had been most recently released from custody in 2008 however one was last released in 2002 and one had been remanded but had not served a custodial sentence. The women had been supported by TWTP for differing lengths of time at point of interview ranging between two and fourteen months, the average being approximately eight and a half months.

<u>Key worker demographics:</u>

As a requirement of the project, all key workers were female. All were also 'White British' and aged between twenty-three and fifty-two years old, four being in their forties. At the time of interview they had between two and nineteen months experience in their key worker role, two of them having worked at the project since its commencement. Their previous employment ranged considerably, but all had previous experience working with female service users within voluntary or statutory agencies and/or had studied this topic at university. During interview they were asked how many women they personally held on their caseload who had been released from custody and were undergoing the process of resettlement. They all approximated between one and eight, the average being five cases.

Discussion - Objective 1

Childhood attachment and lack of a 'Secure Base'

Childhood attachment styles:

Six out of nine of the client group interviewed described evidence of disrupted attachment to at least one parental figure during childhood ranging from suffering sexual and physical abuse at the hands of a parent through to neglect and failure to protect. Whilst attachment styles were not formally assessed (due to my lack of training in the recognised assessment tools), every woman described childhood experiences that would in all likelihood have negatively influenced their development of attachments with their parents and future relationships. The childhood experiences of some of the women interviewed were especially traumatic. Cath described being sexually and physically assaulted by her father from the age of seven until seventeen, whilst her mother did little to protect her:

> I can remember he dragged me by the hair into the car, he punched me in the face straight away and I got out of the car and tried to run into the house but he grabbed me at the bottom of the stairs and he started beating me with a stick and I had this black eye and bruises all down my back where he beat me with the stick and the next day I just couldn't go to school…I told her why and what happened and she said 'why didn't I tell her' and I can remember saying to her 'cos every time I tell you you're just not interested. She never used to say anything like 'why are you hitting her?' (Cath).

Cath's experiences of an abusive father figure and neglectful mother were echoed by Trish. In addition Trish's mother was also emotionally abusive herself repeatedly telling Trish that she "will never amount to anything", "your nothing." This is likely to have fundamentally effected Trish's self worth (Gerhardt 2009.) She also did knowingly failed to protect Trish from years of physical and mental abuse at the hands of her step-father:

> It was just so much. Literally loads. And that was day in day out. 'Don't cry,' 'Crying? I'll give you something to cry for' and I'll be crying cos he made me cry and then he would batter me for crying then and give me

something to cry for. It was just never-ending like. And the control. I can honestly say in my whole life he is the only guy I have ever been scared of (Trish).

Both Cath and Trish's experiences are classic examples of disorganised attachments with their parental figures; their parents directly causing them fear and pain. Howe describes why disorganised attachments are so damaging:

> "At the very time when the child needs to be emotionally understood, regulated, contained and protected by the carer, the attachment figure is actually experienced as dangerous, unpredictable or distressed" (Howe 2005:40.)

This, he argues, affects the ability to regulate emotions in the future.

Cath and Trish recognised that their parents failed to provide a secure base for them, in a sense of providing a warm protected environment:

> I can't remember once growing up in my childhood years my mother or my father putting their arms around me, cuddling me, telling me they loved me (Cath).

> So I missed out on two loving and caring parents who support you and point you in the right direction (Trish).

Carly, whose father was not present during her childhood was repeatedly sexually and physically abused by her elder brother; her mother reportedly being aware of the abuse and allowing it to continue. Again, the failure to protect from abuse is a classic characteristic of disorganised attachment.   Sarah and Joanne also had absent fathers and experienced neglect at the hands of their mothers. Both Sarah and Joanne felt their mothers put their sexual partners first and described a revolving door of men entering their lives:

> I'd come home and there would be a different man in the house all the time, hitting her, locking me and Lenny in my room, hitting us. (Joanne).

Sarah described being physically assaulted by her mother at nine years old, being evicted from the family home at twelve, living on the streets until thirteen and then being taken into a Children's Home where she was repeatedly sexually

abused by a male staff member at the age of fourteen. Sarah, whose father was a violent schizophrenic drug user, described no loving bond with her mother, at times calling her "evil" and asserting that she has never felt like her mother was there for her. Sarah may have developed an avoidant attachment style as she appears to have been consistently neglected and ignored by her mother; an avoidant style typically resulting from such parenting. Joanne described her mother as an intermittent heavy drug user and had no father for support as he was serving an 18 year sentence for drug offences when she was around five years old. Joanne who described regularly coming home with her brother to find drug users sprawled around her home and perhaps unsurprisingly turned to drugs herself at a young age and began sex working at the age of thirteen years. Although Joanne noted that her mother stopped using drugs and married a 'stable' man, Joanne found this equally difficult:

> But then she got married and I had it, I didn't like it. I just wanted my mother you know. I'd have loved it to just be me and my mother (Joanne).

Joanne reported that her mother tried to build a positive attachment with her later but that for Joanne, this effort had come too late displaying an ambivalence that is a characteristic result of inconsistent parenting.

Sheila also felt at odds with her mother stating "I don't think she even knows how to react around me." Shelia described a disjointed childhood whereby her younger sister was treated very differently to her. Sheila felt she and her mother were not able to communicate as she felt mother and daughter should and consequently argued a lot. Although Sheila reported to have a secure relationship with her father she felt her mother was not there for her. This was perhaps linked to her mother's mental health issues ("nerves") and alcohol use.

Interestingly despite negative experiences with their parents a number of the women interviewed are either actively seeking to restore their relationships with their mothers and to a lesser extent fathers now they are adults (Sarah and Cath), or expressed a wish to do so (Sheila): a classic sign of ambivalence. Others most notably Trish disclosed that as a child, despite the harm that was being inflicted on them by their parents, they still longed for them to provide comfort

and security to them (a secure base). This paradoxical attachment desire versus the wish to escape from fear (Main and Hesse 1990) gave rise to profoundly ambivalent or conflicted feelings:

> I was kind of torn as well. I loved my parents. I didn't want anything…I wanted to be away from the situation more than anything else (Trish).

For Nat, Mandy and Laura, who did not disclose any sexual abuse, physical violence, neglect or emotional abuse at the hands of their parents, attachments to their mothers appear to have been secure, but all of them experienced absent fathers. Nat's step father to whom she described a close and loving relationship was murdered when she was nine years old causing understandable grief for the family, not least her mother. Whilst there is evidence to suggest that having a grief stricken parent can negatively affect the forming of secure attachments (Gerhardt 2009), Nat did not describe any symptoms of anxious attachments either prior to or after her step father's death. Therefore withstanding the lack of a father figure from the age of nine, her mother seemed to have developed a secure attachment from which Nat could take comfort as a child. However whilst Nat continues to have a positive relationship with her mother and feels she can rely on her for some things, because her mother does not know about her drug use she feels unable to access this source of support:

> No I don't talk to my mother when I am low. Oh no. She will say 'don't be stupid now, come home.' And how can I say I can't come home? (Nat)

Mandy and Laura also described positive attachments to their mothers during their childhoods and felt they could turn to them in times of need:

> My bedroom was mine always, even though I wasn't there she would change the bedding every week, whatever. Just my bed was always there…Yeah, yeah. The door was never shut. She was good (Mandy).

Laura, whose father died in the mines when she was five, described a positive, secure attachment with her mother to whom she was devoted:

> Well me and me mum were very close, we were like that. We used to go everywhere together on trips and things like that. Me and my mum were very close (Laura).

Both Laura and Mandy experienced the death of their mothers and Nat felt unable to return home; consequently all three are unable to physically return to the security and comfort of their mothers during difficult times. If they had enjoyed a secure base as a child, had it been internalised? For Laura in particular it does not seem so; her offences having been repeated telephone calls to the Emergency Services when intoxicated because of feelings of isolation and helplessness. Mandy and Nat also disclosed past and current drug use, an activity which Holmes (2001) has linked to 'self-soothing' disrupted attachment. It is therefore worth noting that the need for attachment figures and a secure base does not expire after childhood, but simply that childhood is the area most studied due to the particular importance it has in development (Bowlby 1973). Interestingly whilst Laura, Mandy and Nat may have benefited from a secure attachment to their mothers as children, adolescents and young women, they do not appear to have been able to internalise a secure base. Their current lack of a secure base as adults may have a bearing on their relationships with their key worker to be explored later in this paper.

Grandparents as a secure base:
Although the majority of the women interviewed described anxious attachments and a lack of a secure base with their parents, a number also described experiencing a secure base from other relatives, most notably their grandparents. Mandy described her grandmother as "the centre of my universe" and the "backbone" of her family. Sarah felt she could have gone to her grandmother for comfort "at any time" and Cath stated "that's where I used to have the love really" when discussing her grandparents. During her time in care Joanne would often run away, travelling long distances on her own just to get back to her foster grandmother, and Sheila stated:

> My mother wasn't there for me. But my Nan was there do you know what I mean? (Sheila).

Interestingly similarly to Laura when her mother passed away, both Cath and Sarah said they began offending following the death of one of their grandparents and the consequential loss of the only source of security and comfort they had

suggesting they had not internalised their secure base. Cath described her feelings on her grandfather's death:

> And when my grandfather passed away then like cos of the relationship with my husband, my mother wasn't really there for me, I could take no more. I had four kids to look after, I was really angry cos my grandfather just left me. I was angry at him for just leaving me like that. I couldn't understand why he had to die. I can remember screaming like when he was there, screaming at him not to leave me. I tried to take my own life to go with him (Cath).

Whilst no firm conclusions can be drawn these findings are suggestive of a link between lacking (or indeed losing) an attachment figure or secure base with subsequent offending behaviour, supporting those studies outlined on pages 11-12.

Effects of negative parental attachments on the self:

Howe argues that:

> "Securely attached children develop high self esteem…Children who develop good reflective function or 'meta cognition' (thinking about thinking) are able to manage their own thoughts and feelings. Secure individuals are least likely to have mental health problems" (Howe 2005: 32).

When considering prison leavers on their caseloads, three out of six key workers described the group as generally having low self esteem. As Key Worker 6 put it:

> They've got a lot to give and it's just like they have been put down all their lives. They've been put down, put down (Key Worker 6).

Three out of six also highlighted lack of trust in others as being a characteristic they would attribute to this group. Discussing these issues with key workers served to triangulate the qualitative data obtained from the women themselves.

Five of the women said they suffered with low self esteem or found it difficult when others made negative judgments about them. Four women felt that they struggle to trust others, (including romantic partners) because of their childhood relationships with their parents, most notably Trish and Sheila who stated:

> All my life I have never been able to trust. I've got a lot of trust issues.
> Can't stand being lied to (Trish).
>
> I seem to have put up barriers type of thing. Dunno why but, maybe
> because of what, my past like you know. There were so many people I
> trusted that messed me around you know (Sheila).

According to Howe (2005) low self esteem and difficulties trusting attachment
figures result from anxious attachments whereby a parent's negative behaviour
towards a child affects their internal working models of self as described on page
6 above. Howe's assertions are consistent with a number of retrospective self
report studies of the relationship between childhood and adult attachment styles,
which broadly conclude that an individual's adult attachment style tends to be a
"straight forward reflection" of a person's childhood attachment style (Sperling and
Berman 1994:84.) According to Mills:

> "One of the most salient problems attachment disordered populations
> have is trusting and opening up to other people. As a consequence
> they don't let others into their lives very readily and when they do, it is
> usually under the condition of guardedness and emotional reservation."
> (Mills 2005:129).

This in consequence has a substantial effect on the ability of those individuals with
anxious attachments to engage with TWTP key workers and other agency
representatives.

Desire for a secure base:

Five out of six of key workers either did not have a theoretical grounding in
attachment theory or did not consider it particularly relevant to their work. The sixth
key worker however did demonstrate an understanding of its relevance to her
work when describing one of her cases she felt had become overly attached. In
explaining this she said:

> She hasn't formed any good attachments so anything positive she grabs
> hold of with both hands and struggles to let go" (Key Worker 5).

This comment demonstrates that Key Worker 5 believes her client's past
attachment relationships affects her working relationship.

Although Key Worker 5 was the only staff member to refer directly to attachment

theory, all bar one key worker did suggest that the women they work with tend to lack a close supportive family. Five of the six key workers referred to a lack of family support and isolation when discussing their clients during interview and linked this to what they felt were their client's motivation for engaging with TWTP. Three key workers also directly referred to a number of their cases suffering childhood sexual or physical abuse.

The key workers seemed to feel that their clients lacked a secure base, but were the women themselves seeking one when they were referred to TWTP? Although most women leaving custody are referred for practical reasons (lacking accommodation, employment, finances etc), the women's accounts suggest they may also have been seeking a secure base as well. All clients were asked in interview why they chose to be referred and why they continue to engage with TWTP. Every client referred to needing and utilising emotional support or as Mandy put it: "just knowing there's somebody there." Mandy explained that she lacked family support and asked to be referred to the project to try and address this: "I'll have a support network to put around me. If I fall over there's always somebody else there." Cath wanted someone who she could turn to if she began to struggle with drug relapse; a person available to her when she needed emotional support: "Someone I could just pick up the phone and talk to, somebody who could come and see me and talk to me if I've got problems, just talking to them." Laura's explanation for her referral echoes Mandy and Cath: "Well I decided I needed help and I needed somebody to be there for me and that's why I went to the Turnaround Project." I would argue that this need for 'somebody to be there' described by all nine of the client sample indicates a lack of external or internalised secure base for the clients and an expression of their desire for one during the resettlement process; a person to support and comfort them during times of fear or stress. Indeed as the father of Attachment Theory asserts

> "Fear and anxiety are greatly reduced by the mere presence of a trusted companion" (Bowlby 1973:148).

Discussion - Objective 2
The Women's Turnaround Project

<u>Addressing attachment needs:</u>

The aim of providing a secure base both in terms of childhood development and within a therapeutic alliance is to develop self-reliance (Bowlby 1973) and develop independence, (not dependency) as an adult. Whilst this may require a period of dependency (such as through a child's early years) a securely attached child should mature into a resilient individual with high self esteem who is able to manage emotions, adapt successfully and function under adversity (Garmezy 1997, Howe et al 1999) because they have internalised their secure base (Holmes 2001). The aim of a therapist (or key worker in this instance) is to provide a secure base and secure attachment with her client in order to develop the client's confidence, resilience and independence, to the point that they will no longer need the support of their key worker. It was clear from interviewing the key workers that they felt that their role was to provide emotional as well as practical support; to motivate, to build their client's self esteem and to encourage them to have confidence to utilise other resources independently:

> Probably a lot of them have never had anybody show positive support. Because what we do is we don't focus on what they haven't done we look at what they have done and what they could do a little better (Key Worker 1).

<u>Self Esteem and Empowerment:</u>

This research does not purport to show that women working with TWTP committed offences because of low self esteem, indeed

> "the vast body of quantitative studies does not establish level of self esteem as a cause of crime and violence" (Mecca, Smelser and Vasconcellos 1989:177).

Emler (2001) also states that longitudinal studies demonstrate that low self esteem is not a risk factor for offending. However it does recognise the strong link between parenting style and self esteem as argued by Emler (2001), and that low self esteem can reportedly negatively impact upon the development of a therapeutic alliance between client and therapist (Ward and Maruna 2001).

Consequently Ward and Maruna (2001) argue that efforts to increase an offender's self esteem are vital if one is to motivate them to change. When discussing their roles as key workers self esteem-building was deemed to be the most important task for Key Worker 1, as it was for Key Worker 4 who summarised her role thus:

> A lot of our clients feel very alone and feel that no one will be interested in them. I think our support is vital and we can play a huge part in helping the women to see themselves as valuable and capable (Key Worker 4).

Her description also echoes the idea of providing a secure base for her clients although she did not explicitly recognise the value of attachment theory in interview.

The women themselves also recognise the efforts their key workers have made in boosting their self esteem. Mandy felt that her key worker "made me feel…important." Trish recognised that she felt comfortable working with TWTP as staff were not judgmental about her past life and Sheila also felt that her key worker did not judge her for her offences as she felt other professionals did. Laura's partner felt that she was at rock bottom following the death of her husband and mother:

> She had no self esteem. She didn't have no care for herself. She was untidy, she was unclean but where, with the people that she has gone to they have helped her get out of it (Laura's partner).

However the most influential account of key workers boosting their clients self esteem came from Sarah. Sarah described how she was suicidal, having an array of pills in front of her ready to take when her phone rang; TWTP were on the other end. Whilst many agencies have reportedly given Sarah a wide berth because of her extensive and violent criminal record, TWTP did not turn her away and have actively sought to engage her with the project:

> They boosted my confidence unbelievable like. Cos I used to hatemyself, I used to think that I was worth nothing. And they made me feel like I'm worth something" (Sarah).

The process and impact evaluation on TWTP conducted by The Centre for Criminology at the University of Glamorgan supports my findings, highlighting that the key workers' ability to be non-judgemental and to "uplift and empower"

them is particularly important to the seventeen clients in custody and the community that they interviewed (Holloway and Brookman 2008:3).

But how are the key workers increasing the self esteem of their clients? One way described by Key Worker 6 was to gradually let them take more responsibility for dealing with their own practical issues. The vast majority of referrals to TWTP are made in order to provide practical support in areas of housing, finance, education etc. The key workers work tirelessly making telephone calls, writing letters and completing forms on behalf of their clients, who would otherwise have been unlikely to do so. Gradually, it seems the key workers introduce their clients to the practical skills they have been so far unable to develop or employ. Key Worker 6 described times that she had thrust the telephone into her clients hand so that she can take over the conversation with another agency and feel good about herself for doing so. Key Worker 4 reminisced about a client for whom she purchased a calendar to help her attend appointments without the need for her reminders. And Key Worker 3 explained why these practical tasks are so important:

> And then hopefully the aim is to empower them to let them pick the reins up then. When it's all not so daunting and overwhelming to gradually see them start doing things for themselves and feeling more confident in, you know, getting their lives back on track (Key Worker 3).

Having listened to a sample of their clients speak about their relationships with their key workers I would also argue that simply by being available for their clients, a friendly ear when they need it, also in itself increases their self esteem, making them feel important enough for someone else to care about. Indeed

> "'Being there,' interested and responsive should never be underestimated by community-based field workers" (Howe 2005:274).

Providing a secure base:

All the clients interviewed described their key workers in ways that were suggestive of a secure base. They all described a consistent, reliable source of support that they can turn to when they are anxious, scared or upset. Perhaps the best example of this is Cath who described her key worker as:

> A friend, a support. Like I go to her for everything. The first person I think

about if I have a problem, the first thing, like I don't phone my mother, it's [Key Worker 3] I first think of (Cath).

Trish also described her key worker as "a friend when you need one" and Nat felt that TWTP are "always there for you." But how are key workers achieving this?

As Holmes asserted: the first task for creating a secure base and therapeutic alliance is "to be available regularly and reliably" (Holmes 2001:156). All key workers are supplied with mobile phones from which they can contact and be contacted by their clients. A number of clients and key workers referred to the use of text messages as an informal form of communication that is not usually used between clients and the agencies with which they engage. Key workers regularly remind their clients that they are available to them when needed in a variety of ways. Joanne told me:

She will always be, you know, [Key Worker 3's] here' or she will write letters or she can see you are a bit upset when she is leaving and she will say 'P.S. [Key Worker 3] is here for you' or something like that. She keeps ringing you every day. She will. She will ring you or give you a text saying 'hiya, hope everything's fine (Joanne).

Interestingly key workers not being available outside 9am-5pm working hours did not seem to be a concern for any of the clients interviewed.

When an individual stops engaging with TWTP key workers never officially 'close the case', rather they 'shelve' it until such a time that the women makes contact again. A letter is sent to the individual concerned reiterating that they can always contact them in the future should they wish for support. This knowledge, that TWTP will always be available to them for as long as they choose, (funding permitting), seems to be an important factor in engaging vulnerable clients and creating a secure base. For the women who have never developed a secure base, this factor seems to be particularly important to them. Sarah put it this way: "I like to have that feeling that they will always be there", whilst Joanne referred specifically to the lack of time limit as a positive characteristic of TWTP. The key worker's interviews served to triangulate data: Key Worker 4 felt that the fact that the service is voluntary is key to developing secure attachments with clients and Key Worker 6 felt it is her consistency and continued reminders that the service is

voluntary that encourages individuals to engage. Key Workers 1, 2 and 3 felt the fact that the service is not time bounded also has a positive effect on the individuals engaging with it. By making the intervention indefinite, the project places the onus of ending contact on the clients themselves. TWTP seems to work on the basis that if key workers encourage their clients to internalise their secure base they will become self confident and independent women who no longer feel they need the support that their key worker provides and will disengage.

Building trust:
Another prerequisite for fostering the therapeutic alliance and creating a secure base is "to be courteous, compassionate and caring" (Holmes 2001:153) or as Carlat describes it to build "a sense of rapport, trust and warmth" (Carlat 2004:14). Eight out of nine clients felt that they trusted their key worker implicitly and were able to disclose anything to them without fear of being judged. Given the lack of trust this client group appears to have had previously it is impressive that the key workers of TWTP have been able to foster such a relationship. Cath stated:

> I've never trusted anybody before and I've really put my trust into [Key Worker]…Cos she is like, she is, she makes me feel like telling her everything, she makes me feel comfortable and I'd tell her anything (Cath).

Sarah, Carly and Joanne felt that they could tell their key workers anything if they so chose and Sheila described herself as more comfortable speaking to her key worker than any other person she has worked with before. With regards key worker perspectives, Key Worker 1 believes that TWTP have "created a very safe area for them to disclose." And Key Worker 3 attributes this to TWTP being a "non judgemental" and "confidential" service.

Only one client felt reluctant to disclose particularly personal information (about her abusive childhood) to her key worker and she attributed this to not yet being able to fully place her trust in her key worker having not yet "got to that point." She did however express a feeling that she would like to get to this stage and felt with time she will be able to build this rapport with her key worker (this client had only

been engaging with TWTP for two months at point of interview).

<u>Personal characteristics of key workers:</u>

Key Worker 1 stated in interview that it is an individual's personal characteristics that make them good key workers, not necessarily their training or previous experience:

> For me its not about somebody who is well trained in supporting women, you need to be aware of the needs of them but you have to have the right attitude…It's quite hard to test for it in interview, if someone has the skills (Key Worker 1).

The TWTP clients seem to agree. Every client interviewed described their key worker's personal characteristics rather than experience or training as the reasons why they engage. Trish described one key worker as "so jolly" and referred to getting " a good vibe" from her and Sheila described hers as "a very warm person." Carly's smile visibly broadened when discussing her key worker and she described her as "sound" and Sarah described her key worker as: "on your level like, she'll talk to you like one of the girls." According to Nat: "when I'm sad she makes me happy…she puts a smile on my face." While Mandy also described her key worker in very positive terms: "She's an angel. She puts a smile on my face because she is so friendly. Nothing phases her."

Every one of the clients interviewed described their key worker in extremely positive terms. A number of women including Mandy, Joanne and Sheila despite admitting to having difficulties trusting others, all described getting along with their key workers straight away and feeling comfortable talking to them. Most women also perceived their key workers to be non-judgemental, a trait they valued highly. Although all were aware that their key workers are not volunteers many clients seemed to feel that their key workers were supporting them because that is the kind of people they are, not just because that is what they get paid to do:

> I just feel that she cares about me. She's just not there for the money like most other people are (Sarah).

Given this general opinion among the client group I was not surprised that the key workers themselves all seemed to describe their employment as a vocation

they very much enjoy. The six key workers come from a variety of statutory agency and voluntary service backgrounds but all appear to share similar personal characteristics; most notably emotional warmth and friendliness. Key Worker 4 particularly felt her personal characteristics encouraged rapport to build with her clients. As did Key Workers 2 and 5 who both felt it was their personal characteristics that encouraged their clients to disclose to them. Both Key Workers 2 and 5 describe having "that sort of nature" (Key Worker 2) whereby all their life people have chosen to open up to them in an "agony aunt" (Key Worker 5) fashion.

It seems the personal characteristics of the key workers; their emotional warmth and friendliness in particular, are central in developing the therapeutic alliance and secure base. This would come as no surprise to Carlat who advocates that therapists 'be themselves,' and argues that a number of interview styles are effective, so long as the therapist has an ability to be "warm, courteous and sensitive" (Carlat 2004:14).

Transference and maintaining boundaries:

I have explored how the TWTP key workers appear able to develop a Secure Base with their clients through their personal characteristics of warmth and friendliness, their non-judgemental manner and ability to foster trust and build self esteem within a confidential, voluntary and indefinite project. Now I will turn to another important element of maintaining a secure base. A third premise of Holmes (2001:153) is that a good therapist needs: "to be able to set limits and have clear boundaries." This is in a large part to avoid client dependency on the therapist and allow them to internalise their secure base so they can self-soothe in the future. Because of the very nature of attachments, individuals with anxious attachments can struggle to form a secure attachment with a therapist (Mills 2005) replicating their previous attachments by being too dependent and clingy or paradoxically struggling to trust or open up to a therapist. Whilst a secure attachment needs to be formed, therapists need to maintain a professional distance at the same time to protect the client. TWTP key workers are not seeking to replace parental figures but provide secure attachments that may not have been previously experienced to enable their clients to feel confident to develop and progress. Consequently TWTP key workers are careful to maintain

a balance between warmth / friendliness and forming personal friendships. Key Worker 4 described struggling to balance the feeling that she goes through so much with her clients and the reality that she is supporting them as a professional, not a friend. Whilst Key Worker 2 recognised that for some, she is the only person that her clients can turn to and that sometimes this can lead to them turning to her for things she does not feel qualified to help with.

Upholding boundaries is understandably not always an easy task, particularly as quite often 'transference' can occur whereby a 'patient' transfers his/her positive or negative feelings about a previous attachment relationship to the working relationship they have with the 'therapist' or indeed 'counter transference' when a therapist does this to a patient (Carlat 2004). The concern for TWTP key workers is likely to be that clients associate their key workers with the only other secure attachments they have experienced and sometimes then blur the boundaries of the relationship in their minds, expecting more than a key worker should offer. This process seems to have been experienced by at least one of the clients I interviewed, Sarah. In interview Sarah described her Key Worker as*:* "like talking to your Nan or something." This was a particularly powerful comparison given her strong attachment with her Nan (see page 34.) Key Worker 1 also recognised this and the potential difficulties it raised, stating:

> Her Nan was a stable figure in her life….but she saw me as being almost a surrogate Nan. Which is kind of like, hmmm, this is not healthy (Key Worker 1)*.*

Mandy referred to having to "cut the apron strings" when discussing eventually disengaging from TWTP, suggesting that she is aware that for her the therapeutic alliance is to some extent replicating the secure attachment she had to her mother as a child. Key Worker 5 also described a client whom was struggling with transference and had to be reminded more than once that her role is that of key worker, not friend:

> She thought 'no you are my friend, I don't want you to do this, I mean I get paid for it' and so you know 'yes I'm friendly but I am here to support you and I am here for you (Key Worker 5).

Whilst it is important to recognise that transference is not always a negative

process within the therapeutic alliance (Carlat 2004); indeed it is an integral part of the therapeutic relationship (Holmes 2003), care needs to be taken to recognise its existence and be aware of the potential it has for blurring professional boundaries between client and key worker. Key Worker 1 perhaps had the most useful insight into the need for this:

> We are not their Mum, we are not their Nan and there are things I would do with my daughter that I would never do with somebody from the project so they would have different expectations from a mum or a nan as they would a support worker. So it's about, you know, keeping boundaries there (Key Worker 1).

Key workers described times they have had to gradually transfer a case to another key worker to protect the client from developing an inappropriate relationship with them. Others such as Key Worker 5 have had to remind their clients of the boundaries in their relationship. Finally TWTP rules have had to include the switching off of mobile phones outside of working hours to encourage both parties to maintain boundaries.

Managing endings:

Every client interviewed expressed reservation and concern at the potential prospect of being transferred to another key worker and/or TWTP ending. In my opinion this was one of the most telling signs that secure bases have been developed by key workers (although perhaps not internalised by clients); but it also highlighted the most difficult task facing the project, that of managing attachment needs at times of staffing changes or should the project lose funding and have to end. All the clients interviewed felt they would be disadvantaged by having to be transferred to another key worker and stated that it would take time to establish a fruitful relationship with a different key worker. Even those clients who felt they bonded relatively instantly with their key worker (Sheila, Mandy and Joanne) believed it would take them longer to build rapport and trust with another one and a number of women felt any new relationship would never be as strong as their existing one (Cath, Sheila, Nat and Sarah). Trish perhaps summed up this concern best:

> For any person who is vulnerable it's a hard thing to be pushed from pillar to post. You will have trust issues (Trish).

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That said, when endings of a relationship (e.g. transfer) are managed well it appears clients' fears are alleviated and new key worker / client relationships can develop appropriately. Indeed despite the reservations described, a number of clients interviewed had actually had more than one key worker before and did not describe their current relationship with their key worker as being the worse for it (Trish, Mandy, Sarah and Joanne).

As already described, the clients appear to value the fact that the project supports them for as long as they wish to engage; its indefinite nature being an important factor in its ability to develop a secure base with its clients. Consequently I would have concerns for the women should funding for the project cease. Given the vulnerable nature of the clients and the strong bonds created between key workers and clients. the sudden loss of TWTP could have serious implications for the women working with them. Indeed a sudden ending to TWTP would result in those key worker attachments replicating those poor attachments experienced as a child and could greatly affect the women's self esteem, ability to trust and ability to manage emotions. Considering the impact that losing a childhood attachment had prior to a secure base being internalised on Mandy, Sarah, Cath, Nat and Laura (see pages 33-35) the sudden loss of a key worker could result in very negative consequences.

That said, TWTP continues to move from strength to strength and is receiving positive media and political support. Presuming TWTP continues indefinitely its intervention is, as already discussed, not time bound which seems to have a very positive effect on the clients' willingness to engage. The concern however is that some women may not ever wish to disengage. Whilst this would obviously present a resource issue, of more concern would be that the client may enjoy the secure attachment so much that she does not wish to become independent and self reliant and remains dependant on her key worker in order to keep the secure attachment going. As described in previous sections key workers continue to try and encourage and empower their clients to become self confident and independent in order to develop their internal Secure Base and discourage dependency. TWTP is also in the process of developing a 'one stop shop' centre where clients can drop in and utilise a kitchen and lounge area

as well as engage with various agencies and activities. Alongside this TWTP are also trying to develop ways in which clients can volunteer for the project, considering the possibility of those more stable clients becoming mentors for those less stable individuals working with TWTP. This would afford those clients whom have developed appropriate self confidence and stability, an arena in which they can continue developing their independence whilst remaining in contact with (although not reliant) on TWTP key workers. Seeing other clients behaving independently and self confidently may also serve to inspire and encourage those individuals with less self esteem and more reliance on their key worker, if not to 'cut the apron strings' (as Mandy put it) then to loosen them.

Discussion - Objective 3
Highlighting Good Practice

This research paper suggests that the clients working with TWTP are affected by their childhood attachment styles and that lack of a secure base in childhood can result in lack of self esteem, poor trust in others and a desire to find a secure base as an adult. I further propose that in turning to TWTP during the resettlement process these women are subconsciously seeking a secure base which can be provided by their relationship with the key worker. TWTP utilises the skills and personal characteristics of its key workers to foster a safe environment in which self esteem and the ability to trust can be nurtured, and self reliance and independence achieved. In this section I explore those areas of good practice highlighted in my research which can be developed by TWTP and replicated by other agencies, in particular those similar projects being developed following the Corston Report (Home Office 2007) to provide support for women at risk of offending.

Understanding of attachment theory and secure base:
Whilst the majority of key workers did not refer to attachment theory directly they appeared to draw on 'common sense notions' that can be understood in terms of attachment theory.   All to a greater or lesser extent seemed to understand the influence of childhood experiences and lack of support on self esteem and trust. Furthermore all key workers were also aware of the influence of these factors on their own relationships with their clients and on the need to maintain boundaries to provide a safe environment for both clients and staff. Consequently key workers were sensitive to their client's needs and clients felt understood, respected and supported. I would argue that a greater understanding of attachment theory and the therapeutic alliance would be beneficial for key workers and indeed for any individual working with women who have damaged attachment styles.

Personal characteristics of key workers:
That said, I do not advocate a rigid training programme for key workers, nor do I suggest that only trained psychotherapists should be working with women during the resettlement process!   Indeed I recognise that the Vanderbillt Study

concluded that working rigidly to a therapeutic alliance manual does not translate into more skilful therapy (Strupp and Anderson 1997) and that the main foundations of a therapeutic alliance are warmth, courtesy and emotional sensitivity (Carlat 2004), which are arguably personal characteristics. With this in mind I would reiterate Key Worker 1's assertions that it is not the amount of qualifications or training that an individual has that is of greatest importance in employing individuals in projects such as TWTP, but the personal characteristics they have that will foster positive attachments with clients. This needs to be remembered during future recruitment processes for TWTP and other similar projects.

Understanding of the role of self esteem:

It was clear to me that all TWTP key workers interviewed understood how low self esteem affects their client's ability to be independent and self reliant and that they felt their role was to increase their client's self esteem so they can then address the practical issues facing them. Every professional working with women during the process of resettlement needs to be aware of the impact low self esteem has on their relationships with their clients and their client's ability to solve practical issues. It would also be useful for professionals to be aware of the impact childhood experiences of abuse and neglect have on self esteem (as well as attachment styles) and on later life. However I would note that care needs to be taken to remember that the research suggests there is not a direct link between low self esteem and offending (Mecca, Smelser and Vasconcellos 1989, Emler 2001.)

Small case loads:

Although satisfaction with levels of caseloads were not discussed with key workers or clients it is logical to consider that the higher the caseload of a key worker the less time a key worker will be able to devote to developing relationships with clients. Feeling that their key worker was available to them when needed was an important characteristic for the client group and should this not be achievable due to high caseloads the very nature of the relationship with suffer in consequence. Sarah, Nat, Joanne and Sheila all compared their relationship to their Offender Manager (Probation Officer) with their key worker

during interview. All four described their Offender Manager contact as fleeting and consequently ineffective due to high caseloads. Nat put it this way:

> I used to go in there, sign on the dotted line, 'see you next week. Here's your bus fare.' That's no help (Nat).

Key Worker 5 also compared her relationship to her clients with anecdotal evidence of her client's relationships with their Offender Managers and concluded that due to high workloads Offender Managers often "tick the box and off they go."

If TWTP or any similar project is to succeed in developing secure attachments to their clients, care needs to be taken to maintain appropriate staffing levels and workloads, as is being done by TWTP currently. Furthermore if the Probation Service wished to work more productively and effectively with its female clients, major changes will need to be made to current high caseloads and less emphasis placed on current targets to allow Offender Managers to have the time required to develop and maintain positive relationships with their cases. As Ansbro purports:

> "As far as we can we should measure the effect of our work, but we should remember that sometimes things that matter are difficult to measure" (Ansbro (2008:241).

Consistency of key worker:

Given that the attachment relationship formed between key workers and clients is so important, it logically follows that this relationship needs to be fostered where possible and disruption avoided. As Key Worker 6 put it:

> They form relationships with prison officers and they move out of their lives. They form relationships with probation officers, they move out of their lives. The women are chaotic, they have different GPs, different Practice Nurses, um, them might have been in four or five different schools. There has been no consistency in that women's life (Key Worker 6).

Consistency is therefore central and transfer of cases needs to be avoided where possible and managed sensitively where not with consideration given to the attachment styles of the clients. Other projects need to consider long term

appointment of staff where funding allows and discourage the unnecessary transfer of particularly vulnerable female cases. The Probation Service in particular needs to reconsider the practice of transferring the supervision of cases to lesser qualified officers once risk has reduced (as the Offender Management Model encourages), for the most vulnerable female cases. Such practice potentially disrupts secure attachments, presuming of course that secure attachments have been achieved in the first place.

Voluntary and indefinite service:

Whilst by their very nature some agencies cannot be voluntary or indefinite (such as the Probation Service) it is worth mentioning the value of projects such as TWTP that are. These characteristics had a very positive effect on the women engaging with TWTP and I would suggest that making TWTP intervention time bound or mandatory would likely have a negative impact on the project's ability to support women during the process of resettlement. By choosing to attend and engage with the Project the women are empowering themselves to make changes; making attendance mandatory via Court orders, Child Protection agreements or Bail contracts for instance would fundamentally change the nature of the project. This opinion is supported by Key Worker 6 who stated:

> But the fact that she has got control to come to us and if she doesn't want to come to us she doesn't have to; that gives her control. And I think that's part of it; that these women have never had control over what has happened to them (Key Worker 6).

Making the intervention time bound would also affect the ability of key workers to provide a secure base; clients would no longer have the knowledge that their key worker is always there for them as long as they need. I would argue this would also fundamentally affect the project's ability to support women during the resettlement process.

Useful skills for key workers:

The therapeutic alliance is developed in a number of ways but some particularly useful tools for practitioners to consider are:

- "Offer a secure, containing attuned relationship in which the client feels his or her mental state is recognised, understood and mirrored back" (Howe 2005:

273) - make comments on how you believe your client is feeling to demonstrate you understand.

- Be self aware (Schon 1983); reflecting on your own skills, feelings and experiences will improve your ability to develop a secure base with others.

- Develop your style with each new case; do not stick to a rigid manual - "Treating new cases as unique and constructing new theories to fit them." (Safran and Muran 2000).

- Agree on the goals and tasks with your client (Bordin 1979)

- Increase you client's ability to trust in you by projecting competence (Carlat 2004)

- 'Ruptures' in the therapeutic alliance will no doubt occur (for instance a disagreement over goals) however it is how these ruptures are managed that is important (Safran and Muran 2000)

- Avoid transferring cases if possible. Where transfer has to occur manage this sensitively and give the client time to build trust.

- And perhaps most importantly "Be yourself" (Carlat 2004:14).

Conclusion

Through this research I aimed to examine whether attachment theory and in particular the concept of a 'Secure Base' is relevant to women undergoing the resettlement process. I focused on those women utilising The Women's Turnaround Project (TWTP), a community-based 'holistic' service "closely in tune with the recommendations of the Corston Report" (Holloway and Brookman 2008:3) who provide a designated key worker to support any woman who wishes to voluntarily engage with the project. Nine clients and six key workers were interviewed. Six clients appeared to describe a lack of a secure base during childhood and all nine clients seemed to describe a lack of a secure base as adults, having never had, lost or been unable to access a secure base. All nine clients appeared to be seeking a secure base through their referral to TWTP and all nine appear to have found one in their key workers. All six of the key workers interviewed understood to a greater of lesser degree the effect of childhood experiences on their clients' self esteem and ability to trust. All six key workers recognised their role in providing a secure base and assisting the women in internalising this by increasing their self esteem and empowerment. This they appear to be achieving in large part through their personal characteristics of emotional warmth and friendliness but also through the voluntary and indefinite nature of the intervention. Preserving small caseloads, sensitively maintaining professional boundaries and managing transfer of cases has served to sustain the project's integrity and ability to support their clients with their attachment needs. I argue that TWTP are successfully addressing the attachment needs of their clients undergoing the resettlement process and that this is the why their clients choose to engage with them. Finally I outlined areas of good practice within TWTP and suggested what could be learnt to improve future practice of supporting women during the resettlement process for TWTP, similar current and future projects and the Probation Service. This section is summarised in the following Recommendations.

Recommendations

Future Research:

- Further research would be valuable in examining whether addressing attachment needs decreases the risk of re-offending for those women engaging with TWTP.

- I would also welcome a comparison study between those women working with TWTP and those subject to Probation Service supervision only, with regards their relationships with their key workers and Offender Managers.

- Finally I believe further research focusing on the effect of never having or indeed losing a secure base on offending behaviour for women would be valuable.

Recommendations for TWTP and NOMs:

- I recommend that key workers and senior staff members are introduced to the concepts of Attachment Theory and in particular the 'Secure Base' and the 'Therapeutic Alliance' to improve their understanding of their clients and the role they can play in supporting them.

- I also recommend that future recruitment focuses upon potential staff member's personal characteristics as well as previous experience and training.

- I suggest that care to keep caseload levels low is continued and transfer of cases minimised where possible and managed sensitively where not, with consideration given to the client's attachment needs and the problems transfer could cause.

- Finally I recommend that TWTP continues to remain a voluntary service providing support indefinitely. I direct my concerns regarding a loss of funding for TWTP to NOMS and reiterate that a sudden end to TWTP could have very detrimental effects on those clients engaging with it.

Recommendations for other agencies:

- I suggest that other agencies in particular the Probation Service and any existing or future projects looking to follow TWTP into providing holistic

support to women at risk of offending revisit Attachment Theory and consider the key worker (or Offender Manager) role in terms of a secure base from which their clients can address their more practical needs in an effort to avoid re-offending. With this in mind I recommend that transfer of cases be minimised and more emphasis be placed on fostering relationships with clients in order to reduce re-offending rather than the current focus on meeting assessment and court report targets.

- I suggest that the Probation Service reduce the caseloads of Offender Managers in general. Alternatively I suggest the development of Case Management teams for women offenders only, whereby those Offender Managers can maintain a reduced caseload to allow for appropriate relationships to be developed between Offender Managers and female offenders.

This research suggests that failing to consider and address the attachment needs of women during the process of resettlement may amount to a wider failure to provide effective support and supervision.

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