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'With a little help from your friends'

Family Group Conferencing and home-evictions

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Preface

I have written this thesis to complete the master program 'Social policy and social work in urban areas'. Additionally, this study is part of a larger research project which focuses on prevention and outreaching care in Amsterdam. The project is one of the five research projects sheltered by the practice- and research institution 'ISCB-Karthuizer'. This institution is part of the department for social and cultural studies (ISCB) at the Hogeschool van Amsterdam (HvA). After my social work education I was hired as 'researcher in education' (Hogeschool Onderzoeker In Opleiding, HOIO) at the ISCB-Karthuizer and I became active in the 'Prevention and outreaching care' project. Carrying out this study and writing about it contributes to finding successful ways to prevent homelessness, which enhanced my motivation and enthusiasm to write this thesis.

During the period of data gathering and writing, I was supported by several persons. Firstly, my supervisor, Rineke van Daalen, guided me through the process and helped me refocus when my initial ideas could not be followed through. Secondly, the social workers of the three organisations were very cooperative and willing to share their stories with me. I was also supported by the project manager and social work managers who helped me focus my research and inspired me with their own views and ideas. Lastly, my father, brother, colleagues and supervisors were very active in structuring and revising this final version of the thesis. I would like to thank all the above mentioned people for their feedback, cooperation and support.

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Introduction

In the Netherlands, a wide variety of social work organisations put effort into helping the also wide variety of people who need their help. The most wide-ranging and easily accessible form of social work is *general* social work on which this thesis will partly focus. General social work in Amsterdam has departments in each neighbourhood. Clients can walk or call in for an appointment and ask assistance with their problem.

In Amsterdam, an increasing amount of people face serious financial, emotional and mental problems without seeking help. For many of those individuals this results in towering debts, months of rent overdue, unpaid water and electricity bills and eventually home-eviction. It is these individuals I am interested in. Why don't they ask for help and what happens to them? People can have a variety of reasons to not ask for help. For instance: they do not feel comfortable to turn to a stranger, they may think they need to clean up their own mess, they may not find their way towards the right kind of care, they have already had discouraging experiences with social work etcetera. Whatever the reason, the result is that problems keep piling up until something goes seriously wrong: the person gets evicted. In chapter two, a more extensive description of these 'care avoiders' will be given.

In 2003, 750 evictions were carried out, while in 2005 this number almost doubled to 1432 (de Jong & Räckers, 2006:145). The costs of an eviction are significant, approximately 7.000 Euros in each case (Räckers, 2007), not counting the costs of the shelter the evictees usually end up in. In addition, the emotional and social consequences of home-eviction are severe (de Jong & Räckers, 2006: 17).

About ten years ago, a team of social workers called 'De Vliegende Hollander' (The Flying Dutchman) was assembled. Their task was to track down individuals or households with serious (financial) problems who were on the verge of being evicted from their homes. The social workers would, in pairs, pay these people a visit and ask whether they needed help with their problems. Often, they were the first to pay attention to these people's problems and offer assistance. The reactions were mostly thankful and cooperative. Some people thought the professionals' interference was violating their privacy, but: 'if their own freedom [of living independently] is in danger, care is experienced positively' (Trouwborst & Teijmant, 2003: 9; translated from Dutch).

The team would intervene at a point when eviction was often only one or two weeks away. Thus, pressure on the clients to be fully cooperative was very high. They

needed to give the worker full access to their, often mismanaged, administration and they were required to accept external control of their income and expenditures. This would give creditors and housing associations enough confidence to postpone the eviction while waiting for the first payments.

Research shows that 75 to 80% of the tenants approached by the Flying Dutchman were successfully helped to maintain their residence on the short term (Trouwborst & Teijmant, 2003). The team lacked the capacity to handle all near-eviction cases, but still in 2003 managed to prevent 350 of the 1100 near-evictions (van der Lans et. al., 2003: 50). So, many home-evictions were prevented at the last minute and all clients were more or less forced to agree to have their income managed by the social workers. This allowed the Flying Dutchman team to keep a close eye on clients and their expenditures and to immediately notice if and when the clients were inclined to bow out. The rise in the number of evictions in later years cannot be blamed to the Flying Dutchman team. It was related to circumstances such as individualisation in urban areas, companies that give out loans too easily, etcetera. This rise makes clear that the importance of preventing evictions is growing.

The Flying Dutchman was intended as a temporary project. Its founders were convinced social work had the task to help these people, so the methodology The Flying Dutchman used was supposed to be implemented within existing social work organisations. This process was started in Amsterdam in 2005 and is still taking place.

The methodology of The Flying Dutchman was introduced in social work organisations under the name 'Eropaf!' (Go for it). Social workers receive reports from social housing associations when tenants who have failed to pay their rent for several months do not respond to efforts to contact them by telephone or mail. In such cases, two social workers with different focuses (mental problems, finances and administration, addictions, psychiatric problems, etcetera) go on a house call to offer help, and make an inventory of the tenant's problems. Each social worker observes different aspects of the tenant's living situation. Problems can be indicated by certain signals like piles of unopened letters, a counter filled with unwashed dishes, rows of empty wine bottles, lit candles because the power has been cut off and so forth. All these signals give professionals a more realistic image of the situation than the story a person tells at the social work office.

Next, the social workers discuss what the tenant (by then a client) needs to do and what the professionals can do to prevent the eviction. For instance, a social worker can negotiate postponing the planned eviction and a loan or gift the client might have a

right to. In return, clients will have to provide the right paperwork and agree to have their income managed. These agreements can convince the housing association to postpone the eviction and give tenants an extra chance to repair their income.

If the eviction is indeed cancelled, a social worker with the suitable speciality can attend to possible other problems (mental problems, addictions etcetera). If this social worker was present during the house call, contact has already been made and, provided there is no waiting list, further treatment can be started. However, often the most appropriate professional for the situation was not available during the house call and clients needed to be referred.

Unfortunately, these clients did not seek assistance on their own initiative and are not as cooperative as the organisations expect and require them to be. The threat of becoming homeless had fallen away, and with that the pressure to cooperate. Additionally, waiting lists obstructed the care-process and as a result many clients could not get any social work assistance.

Moreover, professionals working for social work institutions do not have the advantage of carrying out the income regulation themselves. Income management takes a lot of time, which they do not have; for this reason it has to be carried out by a separate organisation called Financial Services, which employs no social workers and has a waiting list. The result of this arrangement is that social workers easily lose track of these clients. The fact that referral to the proper professionals is often needed makes it even harder to follow clients in their care-process. As stated before, these clients are not comfortable asking for help or the assistance of professionals to begin with. A social worker told me about her Eropaf client: *He didn't do what we agreed on, so it was hard to really accomplish something or connect with him.* This is how most social workers I spoke to describe the typical Eropaf client. A more elaborate description of these clients will be given in chapter two.

To keep Eropaf clients on the radar and in a social work program, they need to be continuously and actively stimulated. The founders of Eropaf and other individuals concerned with how to provide long term support for these vulnerable clients were aware of this and started to look for a complementing method; a method in which a strong social network is gathered around the client. This network could stimulate clients to think about what *they* want, help them carry out *their* plans and stick with it. In short, the network can provide the emotional and practical support on the longer term, which social workers can not.

In April 2007, a pilot project was initiated by the social work organisation Puurzuid in Amsterdam, in which a new method was added to the Eropaf methodology. This method focuses on involving the social network of the client and is called Family Group Conferencing (FGC). It is a decision-making model which involves clients and their close relations, keeps or makes them responsible for the problems and the solutions, empowers family systems and gives clients a right to make their own decisions (Van Pagée, 2007). The main idea of this method is that knowledge and competences of clients and their extended family are extremely valuable in formulating problems and possible solutions. Social workers merely give information about the care options and facilitate the social networks' decisions; the plan is made by those who know the clients and the situation best: the clients themselves and their close ones. This method will be described extensively in the next chapter.

The pilot project, incorporating Eropaf and FGC's, was supposed to be the main focus of my thesis. However, during the process of data gathering, I was faced with the problem that only two conferences were conducted for these vulnerable clients. It would be invalid to draw conclusions about the process and effects of FGC's for these clients, on the basis of only two experiences. Therefore, I changed the focus of my research. In addition to the study of FGC's with Eropaf clients, I studied FGC experiences with other target groups. By comparing the clients, the social workers and the actual conferences to the Eropaf target group, I can draw conclusions about the process and effects of FGC's for Eropaf clients. Thus, I compare the use of the method with Eropaf clients to two other target groups: domestic violence victims and people with physical and/or mental limitations (within the MEE organisation). My central question is the following:

When studying social workers' FGC experiences with three different target groups, which conditions can be identified for a successful implementation of the FGC method with Eropaf clients?

The main focus will be on the effects of the FGC decision-making model on the Eropaf clients' social capital and empowerment, and on the steps that can best be taken when assisting these vulnerable people. I will include an analysis of the implementation of the model by social work organisations because that appears to be problematic for all target groups.

As will be more thoroughly explained in the next chapter, FGC's have their origin in childcare. However, I have chosen not to include FGC's for children in this thesis

because much literature and many research reports already exist about that target group. Little has been written about how the conferencing model could complement care-methods for other target groups because it has rarely been tried out. So, to include three target groups other than childcare enlarges the scope of FGC research.

Looking at the basic idea of the decision-making model, two important notions stand out: firstly, an important role is appointed to clients' social network, and secondly the goal is to *activate* both clients and their networks. Congruent theoretical concepts are those of social capital and empowerment. Before moving on to a thorough explanation of the method, I will define these concepts. Later on in this thesis, their significance for FGC's and for vulnerable clients will be clarified.

Social capital has been described in different ways by various authors. In this thesis I will use the concept as conceived by Bourdieu. According to him, social capital: '[...] is the sum of resources, actual or virtual, that accrue to an individual or group by virtue of possessing a durable network of more or less institutionalized relationships of mutual acquaintance and recognition' (Field, 2003: 14). Important aspects are the density and durability of relationships, with either family or others.

Additionally, Bourdieu states that a high level of social capital relates positively to a high social class. Eropaf clients are usually members of a lower class since they have low or no education and are often jobless. This could be related to their low social capital. However, their joblessness could also be related to the fact that they do not have an extended social network which could lead them towards a job informally.

The sociologist Coleman also described social capital. In contrast to Bourdieu, he regards family relationships as more important than other ties, with friends, neighbours, etcetera (Field, 2003: 26). For Eropaf clients all ties are important as long as they are dense and durable. Therefore, Bourdieu's broader definition of social capital is more suitable for describing this type of clients and their problems.

Putnam, a third sociologist who has written about social capital, believes that vertical ties are less helpful than horizontal ties (Field, 2003: 33). Again, in the case of Eropaf clients both horizontal and vertical ties are important as clients need emotional support from people that are close to them, *and* help to break through their isolation and to move up the social ladder.

The strength of the relationships, or ties, is an important aspect of social capital. Granovetter (1973) distinguishes strong and weak ties. Strong ties usually exist between

people with the same social background. To climb on the social ladder, one needs weak ties, i.e. contacts with people in a higher social class. According to Granovetter, weak ties stimulate integration of the social classes and vertical mobility and strong ties do not. However, this does not mean strong ties are unimportant. Putnam distinguished bonding and bridging ties (Field 2003: 33). Strong ties can have a bonding function, since they exist between people with the same views, interests and backgrounds. A strong social network, therefore, consists of both strong bonding and weak bridging ties.

The definition of empowerment, given by Rosenfield (in Tilley & Pollock, 1998: 57), briefly describes empowerment as '[...] a process, a mechanism by which people [...] gain mastery over their lives.' However, this definition lacks a description of ways in which this can be done or who should do it.

Mostly, vulnerable clients do not empower themselves, they need to be empowered by someone else, which may be a professional or a member of the client's network. Kees Penninx of the Dutch Institute of Care and Wellbeing¹ formulated a definition of empowerment, focused on vulnerable individuals. He states that: '[...] empowerment is a process in which people regain mastery over their own existence and increasingly make their own decisions, using own strengths and possibilities like elementary social skills and a strong social network' (Penninx, 2004: 4; translated from Dutch). With this definition, he implies that an important aspect of empowering individuals is strengthening their network. He sees empowerment and social capital as strongly linked. He makes this point even stronger, by saying that:

'[...] if you want to live an independent life, you need to know what is out there, make choices and take steps. It is easier if you do not have to do that by yourself, but together with others. To find your own way in society is impossible without a solid social network and without the skills to build up and maintain it (Penninx, 2004: 11; translated from Dutch)'.

This is a suitable definition of empowerment related to Eropaf clients, who find it even harder than most individuals to make choices and take steps in life. This is confirmed by a study that shows that many of the Eropaf clients have little motivation to take responsibility for their own lives. In Amsterdam in 2001, 38% of the Eropaf clients were not motivated (Trouwborst & Teijmant, 2003: 30). Consequently, these clients had a much bigger chance to actually be evicted. On the other hand, 78% of the clients that were motivated, were able to stay in their homes; eviction was successfully prevented

¹ Nederlands Instituut voor Zorg en Welzijn, NIZW

(Trouwborst & Teijmant, 2003: 31). This confirms the necessity of Eropaf clients to be empowered.

Several forms of empowerment can be distinguished. Zimmermann & Rappaport (in Wallerstein, 2002) differentiate between three levels of empowerment: the individual, the organisational and the community level. They define individual empowerment as: '[...] a concept that extends intra-psychic self-esteem to include people's perceived control in their lives, their critical awareness of their social context, and their participation in change' (Wallerstein, 2002: 74). Eropaf clients particularly need psychological empowerment at the individual level, which helps them make their own decisions and will increase their self-esteem. So, the focus of this research project is on this type of empowerment.

Zimmermann and Rappaport do not refer to the social network as a level of empowerment. I think there are good reasons to add such a level. Eropaf clients often are 'care avoiders'. In many cases, they have had bad experiences with social workers or they feel too ashamed to ask for help. To get and to stay in touch with them is easier said than done. For social workers to empower such a client, it may be more effective to focus their efforts on the client's social network, including family members, friends or neighbours. Network empowerment is different from community empowerment. The first focuses on the empowerment of members of the social network themselves, which is meant to benefit the individuals and relations in the network. Empowerment on the community level can be described as '[...] allow[ing] individuals and groups to better organise and mobilise themselves toward social and political change' (Laverack, 2006:4). In short, network empowerment is inwardly focused and community empowerment is focused on participation in and influence on the 'outside world'.

Social capital and empowerment are the central concepts in this thesis. Chapter one describes Family Group Conferences, their historical background, the current political context in the Netherlands and the two other target groups: domestic violence victims and the physically and/or mentally handicapped. It also explains the relation between social capital, empowerment and FGC's. Chapter two will describe the characteristics of Eropaf clients, and will apply the concepts of empowerment and social capital to their problems and to the Eropaf methodology. The third chapter explains my research methodology, my research design and form, my data gathering and sampling methods and my plans for disseminating the results. It also discusses some epistemological aspects. Chapter four contains a description of the two Family Group Conferences in

Eropaf situations which were held so far. Chapter five will explain the slow implementation process in the social work organisations. The three target groups will be compared on the types of clients and their social networks, on the problems and questions the FGC's focus on, and on dilemmas.

Finally, in the conclusion the central question will be answered.

Chapter 1 Family Group Conferencing (FGC)

In the introduction, Eropaf has been described as an effective method to prevent evictions. However, the structure and methods of social work institutions seem to be inappropriate for dealing with these elusive clients with their multiple problems, lack of motivation and reserve towards social work. Different methods are needed, which focus on enhancing their social capital and on empowerment. Family Group Conferencing is such a method.

1.1 What is an FGC?

The Family Group Conference is '[...] a model for decision-making in child welfare involving the wider family network in partnership with social agencies' (Marsh & Crow, 1998). An FGC is a meeting between clients and their networks in which they discuss the clients' problems and possible solutions, and set up a care plan.

Besides the clients and their networks, some 'outsiders' are involved: a social worker and/ or representatives from other organisations, and a coordinator, appointed by the regional FGC head office. The coordinator organises the conference and meets the participants beforehand. These preparations are crucial for the success of the FGC. Two conditions will make it easier for coordinators to successfully facilitate a conference: they must not have a social work background, so FGC participants will more easily see them as 'one of them' and not as a professional; and they must have the same ethnic and/or social background as the clients and their network, which helps coordinators and members of the network to understand and relate to each other (Stichting Eigen-kracht: website 2007).

The social worker provides information about care possibilities, resources and legal issues. Representatives from other organisations can give information about psychiatry, rehabilitation-programs, housing, and etcetera. This can support clients and their network in setting up a realistic assistance plan.

The FGC process has four phases (Sundell et al., 2001: 328). During phase one, the coordinator and the client identify the client's network. Clients decide who to invite for the conference or specifically not invite. Coordinators can determine to exclude individuals from the conference if they have a good reason to do so; safety concerns for instance. Subsequently, coordinators contact the members of the social network who are going to be invited and have preparatory talks with each one.

Phase two includes the start of the meeting, during which the professionals provide the social circle with the information it needs to make the care plan. The participants can ask for clarifications and more elaborate explanations if needed.

In the third phase the client and the network deliberate; the professionals and the coordinator are not present. Only at the explicit request of the participants the professionals can provide additional information. The network needs to agree on a plan, come up with alternatives, and decide how to review the plan.

During the fourth and last phase, the professionals, the coordinator, the client and the network finalise the plan and negotiate the resources needed. If the plan includes the support of a social worker or other professionals, they stay involved. Otherwise, carrying out, evaluating and altering the plan is entirely up to the client and the network.

1.2 FGC's, social capital and empowerment

FGC's can contribute to enhancing the clients' social capital by restoring contacts with their social network, which has often fallen apart. Clients or coordinators will contact the people they wish to include in the conference. Additionally, the participants in the conference set up a care-plan in which many of the members take up tasks in helping the client on the short term but also on the long term. This way, FGC's can structurally improve contacts between members of the network and the client, and contacts among the members of the network. They get to know each other or their acquaintance is renewed. This improves the structure of the network and enhances the chance the results of the conference will be lasting.

FGC's can contribute to the empowerment of Eropaf clients in several ways. Firstly, decisions about whom to invite and leave out are entirely up to the clients themselves. By letting them decide, social workers show that they trust the clients' decisions. Secondly, by leaving the room during the 'private time' of the conference, social workers make it clear that they trust the client and the social network to be capable of setting up a decent and realistic care plan.

1.3 Historical background

The method originated in New Zealand, where the Maoris have been using it to solve problems concerning their children for centuries (Sundell et al., 2001: 327). However, the FGC method, and especially the involvement of the (extended) family was not incorporated in the child care legislation. During the 1980's, Maori children were

overrepresented in the New Zealand child care system, which sadly did not seem to match with the Maori norms of family life and decision making. In 1989, this was acknowledged by the New Zealand government and the FGC method became mandatory within the child care legislation. Child care workers have the duty to conduct an FGC if they believe a child to be in need of care or protection (Connelly, 2006: 346).

In New Zealand, this decision-making method has been proven to work well. No less than 93% of the plans made by the social network are approved of by professionals (Sundell et al., 2001: 328) and can be followed through. Although the success of the model on the short term has been thoroughly researched, not much is known about the long term results.

Still, the successes on the short term drew the attention of governments of other countries. If in New Zealand people were so positive about the model, why would it not be an appropriate method for other countries?

During the last decade the decision-making model has been 'discovered' by several countries like Australia, Canada, The United States, The United Kingdom, Norway and Sweden (see among others Holland & O'Neill, 2006; Sundell et al., 2001; Lupton & Nixon, 1999; Marsh & Crow, 1998; Merkel-Holguin, 2004; Adams & Chandler, 2004). In these countries, the method is mainly used within child care. However, Nixon et al. (1996) do mention FGC's are since recently being used for the elderly in New Zealand. According to them, it might be useful for even more different target groups.

Overall the studies show positive results concerning the FGC process and the satisfaction of the participants. However, these studies rarely focus on long term outcomes, so little is known about long term effects of FGC's compared to traditional child care procedures (Holland & O'Neill, 2006: 93). In an overview of research in Scotland (Barnsdale & Walker, 2007) the few British studies after long term effects are summarized. This summary shows that outcomes vary widely; in between 25 and 69% of the cases, the plan is implemented as supposed to. Additionally, there is a lack of evidence on cost benefits; there is no clear increase or decrease in the demand for services. However, the researchers find it likely that the decision-making model is either cost neutral or providing savings. Other, more qualitative, outcomes are that more people contribute to setting up and carrying out the plan, the participants are mostly positive about the conference and the plan and people feel listened to.

Until now, the method is not widely and structurally used within child care in most countries, except for New Zealand (Adams & Chandler, 2004: 111), some Australian

states (Doolan, 2002) and since recently Ireland (Merkel-Holguin, 2004, 159), where FGC's are incorporated in child protection legislation. On and off, pilot projects are started and terminated; more or less attention is paid to the implementation or reestablishment of the method, dependent on political or organisational changes. However, compared to ten years ago, the FGC method is gaining ground within child care in many countries (Merkel-Holguin, 2004: 159).

1.4 The Netherlands

In the Netherlands youth care organisations have, on a small scale, been experimenting with FGC's since 2001 (van Beek, 2003a). In 1999, some youth care experts started to discuss the possibility of implementing FGC's within the Dutch youth care system. They thought it could fit well within the system and the political climate, which since those years focussed on the clients' questions and rights. In the year 2000, preparations were made, the method was given a Dutch name (*Eigen-kracht conferenties*) and the first coordinators were trained.

Then, in 2001, the first conferences were held in three pilot regions (Amsterdam, Gelderland and Rotterdam). Out of 21 referred clients, 15 conferences were held and 14 produced a plan. Clearly, proposing the model to a client did not always lead to an actual conference. Some clients and professionals were reluctant, but a start had been made.

A national, independent FGC head office was founded in 2002 to handle the nation-wide implementation of the method within youth care. Additionally, pilot projects were set up in four other provinces. The number of referrals and conferences doubled. In recent years, the number of pilot projects expanded even more and the number of referrals and conferences keeps rising.

Studies in the Netherlands focusing on the outcomes after 3 to 5 months show that between 21 and 50% of the plans is carried out fully, 49 to 69% partly, and 3 to 10% is not carried out at all (Van Beek, 2003b: 43; Van Beek, 2006a: 59; Van Beek, 2006b: 82). A plan is already considered to be carried out partly if only one of the agreements is not fulfilled.

Politicians in Amsterdam and the rest of the country have a predominantly positive attitude towards this method and its wider use, beyond youth care. Early 2007 the Community Support Law (*Wet maatschappelijke ondersteuning, Wmo*) was introduced, which wants to enhance every persons ability to participate in society, whether old or young, disabled or not, with or without problems (Ministerie van Volksgezondheid,

Welzijn en Sport, 2004: 7)². People should not lean on the government but take care of themselves as far as they can, if necessary with the help of others (Ministerie van Volksgezondheid, Welzijn en Sport, 2004: 2). Public organisations should only step in if individuals and their networks are unable to arrange the care they need by themselves.

The FGC's fit well into this idea of people helping each other as much as possible. After all, clients and their networks come together to discuss what *they* can do to help the client. Most of the activities included in the FGC plans, 80% on average, are assigned to a member of the network, not to a professional (van Beek, 2003b: 56).

For the government, this aspect is important. The Dutch population is aging, which results in rising medical expenses. If there are methods to limit this rise and replace formal by informal care, it will receive a warm welcome from the government. Burford (2004) states that professionals believe this to be the only reason for the government to encourage the implementation of the model. Politicians admit to this, but add the importance of people supporting each other, both practically and emotionally, and being able to participate in society.

Whichever the reason, it is important to emphasise that the actions proposed by the family are carried out according to plan, whether this entails much or little professional (expensive) care. While the clients and their social networks are responsible for their problem and the solution, professionals have the responsibility to provide information about all the available care options and the government should enable them to provide the services asked for.

1.5 Other target groups

In addition to youth care and the social work organisation Puurzuid which works with Eropaf clients, two other social work organisations in Amsterdam have recently implemented the FGC method. These organisations work with people with physical and mental limitations, and with women who face domestic violence, respectively.

Physical and mental limitations

An organisation called MEE that supports the mentally and/ or physically handicapped, has been carrying out a pilot project from August 2004 to October 2005, in which the aim was to carry out at least five FGC's (Joanknecht & Daane, 2007). The manager of the MEE department in Amsterdam wished to find out whether FGC's could work for their

² 'Het doel van de Wet Maatschappelijke Ondersteuning is dat iedereen - oud en jong, gehandicapt en niet-gehandicapt, mét en zonder problemen - maatschappelijk mee kan doen.'

clients. The fundamental idea of the organisation is to temporarily support individuals, to help them develop the strength and power to take control again, and/ or to lead them towards long term care if needed. FGC's fit precisely into this empowering idea, while structurally adding the involvement of the extended family.

The implementation of FGC's within the organisation entailed a two day course for the social workers, an FGC contact person was appointed for each team, an FGC intranet page was developed, and every three months a return-meeting was organised. Additionally, FGC's have become a structural part of the case-review meetings, which take place, on average, once every three weeks.

Despite all these efforts to properly introduce the method and keep it on the social workers' agenda, only three FGC's were held during the pilot period. Some possible reasons for this can be found in chapter 5, in which FGC experiences with the different target groups are compared. To provide some insight into the situations in which FGC's are conducted by the MEE organisation, I will present two cases, provided by social workers of this organisation.

The first case concerns a Surinamese boy in his twenties, with an autistic disorder. There were doubts about his intellectual abilities, his IQ was below average. Besides that he was not an easy boy; he repeatedly spent some time in prison and kept making the wrong choices. His mother came to MEE with him, because she, his father and his sister were emigrating to Surinam and he was not to come along. They thought he had better chances in the Netherlands. In about six months, they would be leaving and many things still needed to be arranged. The professional did not think about an FGC yet, because she thought other things needed to be arranged first. There already was so little time to find a place to stay for the boy, arrange his income and find some activities to fill his days with. The MEE social worker started to take care of these things, so the boy would not be left with nothing after the departure of his parents and sister. According to the social worker, all these arrangements were already complicated for her, let alone for the client and his family. She thought it would be best if she, with the client and his parents' help, would take care of those things.

A couple of weeks before the departure of the parents and sister, the social worker discovered that most of the remaining family members and friends were not aware of the coming emigration, let alone of the fact that her client would remain in the Netherlands by himself. The social worker was already planning on conducting an FGC to strengthen the boy's social network, but this became even more urgent when knowing

the network was so uninformed. The family members understood the importance of keeping an eye out for the client, considering his criminal history and limited mental abilities. Luckily, the boy himself also saw the importance of involving his family; he clearly preferred their interference over professional care. He did not like social workers, he found them annoying. He liked to be looked at as a 'cool dude' and social workers were not very cool in his opinion. The less social workers were involved the better. So, the FGC would take place and the client and his extended family would be there.

The conference took place on a Saturday afternoon, in a small community building near the Vondelpark. There were eight or ten family members and friends, and the boy himself. Besides the MEE social worker, there were no professionals. It was planned on a Saturday and none of the other professionals involved with the boy were able (or willing) to come on a weekend day. The professionals invited were a receiver, a coach for helping the client to live independently and a professional for mental support. The social worker especially wanted the mental health professional to be there to teach the participants about autism, which the boy suffered. Now, she had to explain the disorder to them, while she herself knew little about it. The social worker said to me: 'It was a shame, a real shame other professionals weren't more involved'.

The client himself was late, three quarters of an hour. All the people were there for him, and he kept them waiting. The social worker was, in a way, glad that her client was late because this was typical for him. The participants did not all know him very well and this was a good introduction of his personality. His mother thought his behavior was rude, which she told him openly in front of all his family and friends. The social worker was pleased to see that the family let him know they would not accept his behavior.

During the information phase, the social worker gave her impression of the situation and explained the available care options. Then, she and the coordinator retired and let the family deliberate. Every now and then, the social worker walked in to serve drinks and was able to hear pieces of the conversation. She heard an uncle give the boy a strong worded lecture which seemed to make a big expression on him. Clearly, the family members were starting to take a position in the client's life and he seemed to accept their interference. This made the social worker hopeful; she thought this could result in a solid and stern plan.

After about two hours the social worker and the coordinator were called back in, the plan was ready to be presented. Some concrete agreements had been made. The family members and friends promised to call the client more often, keep an eye on him. His uncle would act up as a father figure and come by at the boy's house unannounced

to check up on him. They had also thought about how he would stay in touch with his parents and an aunt agreed to be contact person; she was expected to organise a follow-up meeting. The contact with the social worker would gradually be ended.

According to plan, the social worker had several meetings with the client after the FGC; he told her the plan was working out well. However, she does not have a clear view on the current situation and the way the plan is carried out. She does look back at the conference with a positive feeling. After a few months, the social worker phoned the contact person to ask whether a follow-up meeting had already been planned. It had not, but the contact person was definitely willing to call the family and friends together again. The social worker hopes this will happen shortly.

Another MEE social worker told me about her FGC experience with a 65 year old man with intellectual limitations, who still lived with his mother at the time she started to work with him. He was referred to MEE because his mother was dying; he would need support with the changes her death would cause. He needed another residence, since his mother's house was registered on her name, and he had also reached the pensionable age which meant he would have to find new activities to fill his days. These things needed to be arranged, but for the client the contact with his family was much more important.

The social worker told the client about the possibility of an FGC some time after his mother died. He reacted enthusiastically. Although his brother and sister, who lived in Amsterdam, were there for him when he needed them, he felt neglected by his other four sisters. His brother and sisters, however, did not see why an FGC was needed; they visited him and cared enough for him in their eyes. He clearly wished to see them more often and to feel supported by them. After some persuasion by the coordinator, his brother and sisters agreed to participate.

The client's questions, to be answered during the conference, were: 'How can the contact with my family be strengthened? What can I arrange myself and what can the family do for me?' The other questions, about the man's residence and daily activities, were not taken up in the FGC and would be arranged by the social worker, together with the client. The social worker told me she was a little scared to leave the man and his family alone. There had already been so much tension because one of the sisters thought a card-playing evening was more important than helping her brother and because the client would not stop talking, which worked on the others' nerves. If he would start talking, he could go on and on, which irritated his family and which they told

him in a somewhat blunt way. However, these tensions were necessary to clarify some issues and they did not lead to extreme situations.

After about forty-five minutes of private time, the coordinator and the social worker could come back to hear about the family's plan. The family members were willing to be there for him more often, but in exchange they expected something from him as well; for example, he needed to take the initiative more often, write down his appointments in a proper diary and refrain from making financial arrangements without consulting his brother. In return, one of his brothers and sisters would visit him at least once a month and his brother would assist him with his administration. In the plan, no task was appointed to the social worker or other professionals.

After three months, the coordinator called the contact person, one of the client's sisters, to evaluate the plan. He then contacted the social worker to tell her all was going well, something she also heard from the client himself a little later. The client was happy, working as a volunteer at a centre for residential care and living on his own in a new home, offered to him by the housing associating. However, these arrangements were not made during the FGC, these were arrangements made by the social worker. The contact with his brother and sisters had improved, they visited more often and he felt supported.

Domestic violence

The other pilot project was started by an organisation for victims of domestic violence. The organisation's aim was to more intensively involve the social network into their approach and methods. FGC's seemed to fit well into that goal and a pilot project was carried out from January 2002 to January 2004 (Van Lieshout, 2004). The aim was to have twenty FGC's within these two years. In September of the first year and March of the second year, a total of sixty-five employees participated in a course on how to introduce the method to clients. In principle, the method could be introduced at every point in the treatment of domestic violence victims: during the first face-to-face or telephone contact, after some appointments or during the follow-up treatment. So, social workers from all different departments were trained and could conduct FGC's.

The organisation for victims of domestic violence has two departments: women shelters for residential and longer term support, and support stations for ambulant and short term care. According to the coordinator of the pilot project, the FGC method appears to fit better with the support station methods, than with those of the shelters. When women seek refuge in these shelters, the violence has often grown to

considerable proportions; women have been in a turbulent situation and feel the need to calm down in a safe environment. Involving their family and friends, who often are not aware of the violence, can be stressful and shameful. Involving the offender's network seems even more contradictory and, according to some social workers, it can even be dangerous. On the other hand, support stations already focus their methods on the client's social network. Only five to ten appointments are made and they focus on how to stop the violence. The couple often does not wish to split up or officially report the violence to the police; they just want it to stop. So, in the support stations, it seems more logical for social workers to involve the offender and the network. The social worker is only there for a short period of time, the network is needed to help the couple on the long term to stay together without violence.

Like the MEE pilot project, the number of conferences within this pilot project was also meagre. In the first year, only one conference was held and after two years no more than six. Possible reasons for this will be identified in chapter five. The causes and processes of FGC's in cases of domestic violence differ from those conducted for MEE clients. The two following stories, told to me by two social workers, can clarify this.

A social worker from the domestic violence support station had been invited as a professional to give information during an FGC conducted by a child care professional. She described her FGC experience to me. In this Turkish family, instances of domestic violence kept repeating themselves. There were also numerous other problems: debts, the father's business went bankrupt, his adultery caused a lot of tension, one of the children was disabled which caused tensions, and so on. The child protection agency threatened to place the four children, between four and twelve years old, in care, and the child care institution decided to conduct the FGC to try to avoid this.

On a Saturday, in a hotel in Amsterdam, the conference took place. Both the man's and the woman's family were present, and some neighbours. Additionally, professionals from the child protection board and the institution for advice on child abuse were there, besides the social worker of the domestic violence support station. The man behaved hostile, he did not want any person or institution to interfere with *his* problems. He was extremely dominating, screaming and never giving his wife the chance to speak her mind. The family members were reluctant to interfere, the children were very distraught. Finally, one of the neighbours started to talk back to him, confronting him with his choices and their effects on his wife's and children's lives. The rest of the two

families backed her up, stating they had had it with his behaviour. The man, however, was extremely stern and could not be reasoned with.

This all happened during the information phase. Subsequently, all the professionals left and the private family time started. Since the social worker who told me this story had not initiated this conference, she had been invited as a professional to give information about the domestic violence support station, her task was completed and she left. She left her business card so the family could contact her if assistance was wanted, but she never heard from them again. Although she had not heard the contents of the plan, she suspects it contains a minimum of professional care. Later, she heard they were one of the five multi-problem families in their part of Amsterdam, which did not surprise her.

Another social worker of the domestic violence support station told me about her FGC experience. It involved a Moroccan family where domestic violence was the core problem. The social worker had been working with them for months and did not know how to help them with the traditional methods used at the support station. The violence had not stopped and even more problems had occurred. The social worker knew there was a strong social network around this man and woman, which was already aware of the problems. So, an FGC could be a suitable option. The man immediately was very willing to participate in an FGC. The woman was reluctant, she was scared and angry. However, she could be persuaded by the social worker. The coordinator started to invite and have preparatory talks with the family members and friends the man and woman wanted to be present during the FGC. The social worker was glad with the persons that were invited, they already knew about the problems and she thought they could be very supportive.

Consequently, the conference took place, on a Saturday in a hotel. Both the man and the woman were very tense, especially the woman. She told the social worker she did not want to go if her husband would not be honest with her and answer her questions. The social worker could again convince her, saying the woman could always leave if she wished to. In the beginning, there was a lot of tension; the social worker could strongly feel it. During the private family time, the social worker heard them screaming and yelling; she feared they were fighting and would quit the conference. Fortunately, this was not the case. The family needed to clear things up and make a strong statement, saying: we are willing to help you, but you need to keep to our conditions. The plan was exceptionally clear, concrete and realistic. For instance, the

family agreed to watch the children once a week, so the parents could go out and have fun and an aunt would teach the woman how to cook. At the end of the conference all participants were pleased and all were eating together, there was a good atmosphere.

After three months, the social worker called the contact person, who told her things were going well. The parents felt supported by their social network, which gave them confidence and made them feel secure. The family approached the situation more seriously and with more respect.

In conclusion, this chapter gave an overview of the principles of FGC, its historical background, political relevance in the Netherlands and the implementation in two target groups: persons with a mental and/or physical limitation and victims of domestic violence. Both organisations implemented the model slowly, but the results of the actual conferences were mainly positive. The two MEE evaluation reports (Joanknecht & Daane, 2005, 2007) do not list the successful and unsuccessful experiences, but the overall picture the report paints is positive. In the domestic violence evaluation report (van Lieshout, 2004), the results are listed: all six families for whom an FGC was conducted were pleased with the results. The only negative case reported was the unsuccessful story described above.

The next chapter will focus on the clients' characteristics and why FGC's could, theoretically, benefit these clients.

Chapter 2 Vulnerable individuals

In this chapter, a general description of vulnerable tenants with rent arrears, Eropaf clients, will be given. Individual characteristics and problems related to their environment will be discussed and connected with the theories around social capital and empowerment.

2.1 Clients' characteristics

In 2003, the clients of the year 2001 were evaluated (Trouwborst & Teijmant, 2003) and a somewhat clear picture can be painted.

The amounts of men and women in the population of clients are about equal; they concern mostly single men or women without children, in their twenties and thirties. In 2001, 36% of the clients had a paid job; the rest lived on welfare or other sources of income. 90% lived in housing owned by social rent associations (Trouwborst & Teijmant, 2003: 25). The backgrounds of the problems differ greatly. One major cause is addiction to alcohol, drugs or gambling; 26% of the clients in 2001 suffered some kind of addiction (Trouwborst & Teijmant, 2003: 26). Other causes include joblessness, low or no income, personal mismanagement, (light) mental problems and many more (Lupi, 2000: 22-23).

The Eropaf target group is defined by Lans et al. (2003: 32) as: 'people who have fallen through all safety-nets, who are completely confused, isolated or filthy and dependent upon themselves.'³ Being unemployed, single and without children is not a profound basis for building up or maintaining a strong and supportive social network. Furthermore, an addiction undoubtedly costs a lot of money and is not good for maintaining or building a positively contributing social network either.

These characteristics are congruent with those mentioned by other (international) authors as constituting the greatest risk for people on the threshold of being evicted. Böheim & Taylor (2000: 289-290) state that young, single, jobless individuals with low or no education and often with health problems, run a great risk of getting into financial and/ or housing problems. To this, Hill et. al. (2002: 82) add addictions and mental problems as risk factors.

³ Original quote in Dutch: '...mensen die door alle vangnetten van de verzorgingsstaat zijn gevallen, en totaal verward, geïsoleerd of vervuild op zichzelf zijn teruggeworpen.'

2.2 Social capital

In the introduction, several ways to look at social capital came to the fore, and I explained why Bourdieu's viewpoint is most suitable for tenants with rent arrears and additional problems. According to him, both weak and strong ties are important in a strong social network. Unfortunately, Eropaf clients have little of both kinds of ties. Therefore, they receive little direct emotional support from strong ties, and have little chances to get out of their isolated position and perhaps even find a job through weak ties. But why do they lack both weak bridging and strong bonding ties?

This can have several reasons, of which some have already been mentioned like unemployment, mental problems and addictions. Several authors confirm the relevance of these causes. Firstly, Davies (1998: 130) says: 'One of the most effective forms of service for the development of social networks is the provision of employment.' Since most Eropaf clients are unemployed, a job can not supply them with social contacts.

Secondly, many of the Eropaf clients have mental problems. A couple of decades ago, the mentally ill lived in large institutions, far away from the cities. Now, they live in normal neighbourhoods, between 'normal' people, which is supposed to be supportive and helpful. However, Prior (1993: 124) states that the people in these neighbourhoods are not very willing to have contact with the mentally ill. Thus, communities are in some cases known to even *contribute* to the social isolation of certain individuals.

Finally, objectionable and unobjectionable dependability, described by Schmitz & Goodin (1998: 118-120) play a role. This relates more to the view outsiders might have on the clients, than on their actual situation. This outsiders' view, however, is very important for the clients' chances to build up a social network, and for their self-image. When looking at Eropaf clients, society often regards their dependency as unjustified, sees them as 'objectionably dependent' (Schmitz & Goodin, 1998). Most of them receive social security from the state, while there is no obvious reason why they should not work (voluntary dependency). They often have high debts with high monthly interests, which could mean they depend on the wrong people or services. As Schmitz & Goodin say: they depend on the 'independable'.

So what can be the consequences of the lack or presence of social capital for these individuals? When lacking social capital, individuals are likely to face poverty, exclusion and economic failure. Without weak, bridging ties many doors, especially on the labour market, will stay closed. Additionally, for Eropaf clients the formal procedures can seem even more overwhelming since they often have mental problems or addictions which

cloud their common sense and their problem solving capacities. The importance of weak ties is supported by Field (2003: 2) who says that: 'to make things happen, people often prefer to bypass the formal system and talk to people that they know.'

According to Mayer (2003: 114) the most important benefits people can have by having an extended social network with both strong and weak ties is improved competitiveness, which for Eropaf clients would especially be important on the labour market, and stronger social cohesion. Thus, a strong and extensive social network can make it easier to find a way through difficult formal procedures and to get in through the backdoor.

To what extend does the Eropaf methodology contribute to enhancing the client's social capital? This is a question I asked myself and the social workers I interviewed for this study. The methodology is mainly used to drive off the threat of home- eviction. During that process, none of the clients' social contacts are explicitly activated. One of the social workers I spoke to did mention, however, that in one Eropaf case the client's family started to call her once they heard about the near eviction. In that case, some of the family members were present during the house call. So, depending on the family's attitude they can be involved, but involving them is not incorporated in the Eropaf methodology. After the crisis, regular social work methods are employed. According to the social workers I spoke, they always inquire after the clients' social network. It is up to the clients, however, to decide upon involving them. Social workers do admit to putting some pressure on clients if they think involving the network is important and the clients are unwilling to do so. Additionally, the professionals thought it to be more important with Eropaf clients to involve the social network than with most of the social work clients. If family members, friends or neighbours are indeed present during a house call or an appointment at the social worker's office, it is only *part* of the social network. Those contacts that are already active or close to the client will come. Other contacts, which have distanced themselves or have lost touch, will stay out of sight.

2.3 Empowerment

The tenants' disempowered attitude is largely the reason why they have gotten so close to an eviction. They are no longer capable of individually organizing their lives, they can not support themselves without support or assistance (De Vliegende Hollander, 1999: 5). Which strategies can be employed to empower clients? Research carried out by Tilley & Pollock (1998: 57) identifies several aspects in respect to the empowerment of clients.

Some of them are: giving information, letting clients make their own decisions, letting them know they have a right to services, involving them in planning care, enabling them to feel in control, enabling them to decide their own fate, letting them be heard and valued, allowing them to make choices and not taking control (as a professional). To what extent can these activities be found in the Eropaf methodology?

One specific empowering aspect of Eropaf is the fact clients need to undertake certain actions to prevent the eviction. Although the social workers made it clear that they are the mediators between the housing associations and the clients, the clients themselves need to provide certain forms and papers and show up at appointments, for instance at the social service. So, although the social worker takes care of most of the necessary arrangements, the clients are pressed to take action as well.

Eropaf does not reach beyond preventing the eviction and other empowering aspects can be found in the regular social work methods, as with social capital. Social workers give information about the available options, so the clients can make a grounded decision. However, Eropaf clients often find it hard to make decisions. In many cases, this has to do with mental problems, substance abuse, lack of knowledge or lack of social skills. One social worker told me in those cases she tries to explain the options, and the best option according to her, as best as she can so clients can make grounded decisions. However, social workers will try to convince clients if there are certain things they find especially important. Clients can still refuse, though, it remains their own decision. This is the same for 'regular' clients, people with difficulties in making decisions are not treated differently; no *extra* empowering activities are undertaken.

So, Eropaf is only moderately empowering but more of the empowering aspects can be found in the regular social work methods. However, the three social workers recognise that on many occasions, Eropaf clients stop showing up at appointments after the crisis is driven off. So, they are only empowered for a limited amount of time.

Now that we have an overview of Eropaf clients and their low level of empowerment, how realistic is it to attempt to empower them? According to Penninx (2004: 7) clients need to have certain characteristics in order to be empowered; the notions '*to want*' and '*to be able to*' are indispensable in his eyes. So clients need to have a goal and in order to reach that goal be confident, skillful and have access to information and resources. Eropaf clients are not known to have clearly stated care goals; they did not even approach a professional on their own account. In addition, social workers report them to be uncertain about their wishes and choices, easily persuaded to think or act in a certain

way and incompetent to arrange many life necessities. All these characteristics are contradictory to the notions found important by Penninx for empowerment. How important these notions, '*wanting*' and '*being able to*', are, future experiences will have to point out.

Chapter 3 Research methodology

Before presenting the data gathered, in this chapter I describe the methodology of this study. First, the basic epistemological idea behind this study and the types of theory used as underlying concepts are explained. Secondly follows a description of the sampling and data gathering methods, an explanation of the choice for qualitative research and a justification of the validity and reliability of the study. Thirdly, the research design, central question and sub-questions are clarified. Finally, the data-analysis and dissemination methods are described.

3.1 Epistemology

In this project, the opinions and views of the professionals and coordinators involved are very important. They provided most of the information which allows me to reach conclusions concerning my central question. Therefore, I take an interpretivist stance (Bryman, 2004: 13). In other words, respondents tell me their story, which is an interpretation of a certain situation; the way they experienced things. They emphasize certain aspects of that situation which specifically caught their attention. Additionally, by listening to their story, I interpret it in my own way, emphasizing the aspects of their story I find most interesting. Hence, I will interpret others' interpretations (Bryman, 2004: 15).

3.2 Type of theory

The concepts of empowerment and social capital are used to study social reality. These concepts can be seen as theories of the middle range (Bryman 2004: 5), because they were initially constructed as to explain observed regularities. Theories of the middle range are usually concerned with quite specific situations and can fairly easily be linked to reality. The concepts of empowerment and social capital are easily applicable to the target group, practical and down to earth. Another type of theory is the grand theory which is formulated on a higher level of abstraction and not easily linked to the 'real world'. In most social research projects, theories of the middle range are used instead of grand theories (Bryman, 2004).

3.3 Sampling

Since the application of FGC's to Eropaf clients is new and only one social work organisation in the Netherlands is involved in a pilot project to test this method, sampling was not possible. Three social workers followed a training-program and were appointed

to propose FGC's to their clients. I focus on the first conferences these social workers participated in. Due to time constraints this narrow focus is inevitable.

As noted before, only two conferences were held during the period of my data gathering process. These two FGC's did not provide enough information for me to base my conclusions on, so I had to widen my sampling-group to other target groups. From MEE and the women's shelter I interviewed the two leaders of the pilot projects and in total four social workers who actually held one or more FGC's. The sampling method was 'snowball-sampling'; the FGC region coordinator referred me to the two pilot leaders, who then gave me the names of their employees.

3.4 Quantitative or qualitative

Qualitative information was gathered through in-depth interviews with professionals and coordinators. Firstly, I interviewed the three social workers who first started to work with FGC's for Eropaf clients, before they actually started to carry out conferences. Secondly, one of the social workers was interviewed again after her first and after her second FGC to obtain more information about her experiences and opinions. Thirdly, one of the coordinators of the conferences was interviewed. She had been selected on specific characteristics by the regional institution of FGC's (Eigen-kracht Centrale), which trains coordinators and registers clients. She already had experience with FGC's within youth care and has ideas about differences and commonalities between the conferences she experienced. The other coordinator was willing to cooperate with the research but could not be reached within the data gathering period. The clients and their network were not interviewed. In both cases, the network was extremely small and the client was very reluctant to even participate in the FGC. Therefore, I did not want to disturb the delicate balance of the situation by my involvement.

Fourthly I spoke to two pilot leaders and four social workers of MEE and the women's shelter to be able to make a comparison between the clients, the social workers and the actual experiences and predict the process and effects of FGC for Eropaf clients.

Lastly, I was able to attend several training and evaluation meetings organised for the Eropaf/ FGC pilot project, during which I learned more about thoughts, expectations, dilemmas and questions of the social workers.

3.5 Validity/ reliability

Since this research is qualitative, I shall discuss the criteria mainly used for qualitative research. These are: credibility, transferability, dependability and confirmability (Bryman, 2004: 30). Credibility refers to whether the results are believable. By thoroughly explaining my methodology, my data gathering methods are transparent. The data consist of stories told by professionals and coordinators who participated in FGC's. I am aware of the fact that my own ideas, values and norms will play a role in the way I interpret their stories, this is inevitable. However, by checking my interpretations of stories and situations with the providers of that information, my presentation will be as close as possible to the way the participants experienced the process of the FGC. Bryman calls this process 'respondent validation' (2004: 275), which also has everything to do with the confirmability of the research, which entails the extent to which the researcher lets his or her values intrude. Furthermore, findings can be made more credible by being clear and open about the research strategy and data gathering methods that were utilised.

Transferability and dependability are respectively concerned with the applicability of the results in other situations and at other times. This research focuses on a specific group of individuals with the risk of being evicted due to multiple financial and social problems, within society as it currently functions. Although it is a specific group, it is growing. Many projects are set up, not only in the Netherlands but also in other European industrialized countries (COOP consortium, 2005) to find better ways to deal with these individuals. So, the results of this research can be generalized to cities in other industrialized countries. Besides that, this thesis gives information about the applicability of the FGC method to other target groups, which can also be useful for the same target groups in other countries.

3.6 Research design

The research design most resembling my strategy is a case study; I focus on three different organisations within which FGC's are conducted. Owen & Rogers (1999) distinguish five different types of evaluation research, which they call Forms. This research can be seen as the Interactive Evaluation Form, since it is set up to provide information about the implementation of FGC's and the way they function within three social work organisations. The major Approach of this research is a responsive evaluation (Owen & Rogers, 1999: 45), which '[...] involves the documentation or illumination of the delivery of a program [...]. In addition to being focused on the process,

responsive evaluation takes account of the perspectives and values of different stakeholders.' According to Owen & Rogers (1999: 223) an evaluation is responsive if

'It orients more directly to program activities than to program intents; it responds to audience requirements for information; the different value perspectives of the people at hand are referred to in reporting the success and failure of the program.'

3.7 Central question and sub-questions

Central question: *What conclusions can be drawn from social workers' experiences with three different target groups about the process and effects of FGC's for Eropaf clients?*

Sub-questions:

Eropaf

- What does the Eropaf methodology entail?
- What are characteristics of Eropaf clients?
- To what extent are clients empowered by the Eropaf methodology?
- To what extent is the client's social capital enhanced by the Eropaf methodology?

Family Group Conferences

- What are Family Group conferences?
- What are the experiences within MEE with FGC's?
 - To what extent were clients and their networks empowered by the FGC?
 - To what extent was the client's social capital enhanced?
- What are the experiences within the field of domestic violence?
 - To what extent were clients and their networks empowered by the FGC?
 - To what extent was the client's social capital enhanced?
- What are the experiences with Eropaf clients with FGC's?
 - To what extent were the two clients and their networks empowered by the FGC?
 - To what extent was the social capital of the two clients enhanced by the FGC?

3.8 Data analysis

The in-depth interviews were analysed with the computer program *Maxqda2*. This program provides a structured manner in which interviews can be coded. Additionally, the evaluation reports about the MEE and domestic violence pilot projects were analysed focusing on the above listed sub-questions.

3.9 Dissemination

The results are of interest, to begin with, for the social work organisation involved in the pilot project, PuurZuid. They will be informed about the results during the research and through a presentation for management and social workers. Furthermore, other social work organisations confronted with Eropaf or similar clients are possibly interested. Some organisations already know about the FGC method and might be curious about whether results are positive or negative. Additionally, many social work organisations are not aware of the existence of the method and its possible applicability to the Eropaf target group. If the results are positive, they should be informed about it. This can for instance be done by publishing an article in a social work journal. Thirdly, it is important to incorporate this new role for social workers into the social work educations. To accomplish that, the results of this study will be described in a chapter of a study book.

Chapter 4 FGC experiences with vulnerable individuals

The Eropaf FGC pilot project started in April 2007. The idea was to have 20 conferences before the end of the year, monitor the process and write a report about the results. As stated in the introduction, this plan was too optimistic. During the period of my research, there were only two conferences. Looking at the implementation of FGC's within youth care, MEE and the domestic violence field, this should not have been surprising. Within each organisation, the method required adjustments within the organisation, the professionals and the clients. In this chapter, the two experiences, as told to me by the two social workers and one coordinator, will be described.

4.1 Case 1

During my research period, I was able to attend one FGC conducted for an Eropaf client. The client was Surinamese man who lived by himself. Besides his rent arrears he had many other debts and his administration was a chaos. Additionally, the client was forgetful, which caused him to forget important appointments.

The FGC was scheduled on a Thursday morning, in a community centre. I arrived about ten minutes early. The receptionist showed me to the appointed room, the coordinator and the social worker were already there. The tables were set up in a rectangle, each containing a piece of paper which explained the phases of the conference and the client's central questions. Coffee, tea and biscuits were placed on one of the tables. Before the arrival of the other participants, the coordinator told me he was expecting the client's brother and his wife, and a friend. However, he was afraid the brother and his wife would not come; they had expressed doubts about attending the conference. I am not sure why.

The client and his friend arrived on time. The client's brother was not coming after all, and his wife had to be called by the client's friend and it would take her about an hour to get there. We decided to start without her, since the friend let us know she could only stay for an hour. Consequently, the sister in law and the friend would not be present simultaneously, to deliberate with the client and formulate a plan. Both the coordinator and the social worker were very disappointed about this unexpected circumstance. The coordinator tried to persuade the friend to come back after her other appointment, she said she would try but at the end of the information phase she called to say she would not make it.

So, during the first phase the party consisted of the coordinator, the social worker, the client, his friend and me. The questions to be answered were: 'what needs to be done to prevent the eviction, where will the client live if the eviction does occur, how can the client be helped to pay off his debts, how can the client be helped to get his life back on track, and is there a possibility for the client to go to Surinam to get treatment for his leg?' The social worker started to explain the situation and the practical actions that needed to be taken to prevent the home-eviction. There was little time and much that needed to be done. The client's friend was well aware of the situation and could occasionally complement the social worker's explanation. She asked many questions and already started the discussion she and the client were supposed to be having during the second phase. If the client would be evicted, he could always stay with her, she promised. Additionally, she was willing to help him with some banking issues and his disorganised administration. The coordinator asked her if he could take up these actions in the plan already, since she would not be there to formulate the final plan. She agreed.

Then, the hour was up and she had to go. On her way out, she met the sister in law and the financial social worker, who had both just arrived. This social worker would be able to give information about income repair and management, debt payments, etcetera. This again produced many questions, since the sister in law knew little about those financial arrangements.

Consequently, the private family time started, leaving only the client and his sister in law to deliberate. We expected them to finish quickly but it still took an hour for them to discuss the plan. However, they had not completed a plan, they still had many questions. Together, the client, his sister in law, the two social workers and the coordinator started to formulate a plan. The points taken up in the plan were very technical and centred on financial issues. Most tasks were to be executed by the two social workers, some by the sister in law or the friend. The client himself agreed to gather the paperwork needed to prevent the eviction, to structurally pay his fixed costs until income management was started, to register himself at a shelter if the eviction could not be prevented, to visit his home doctor to have his forgetfulness examined and to think about attending a cooking school. The plan was accepted by all the participants and the social worker was glad that a concrete plan was formulated.

A couple of weeks after the FGC, I attended a pilot evaluation meeting, where the social worker told me that the client had cancelled the plan and all the activities in it. She had no idea what else to do now; he had ruined his chances with the social security service and he did not want to meet with the social worker. All that could be done was to

send a last invitation and make it clear that social work could not help him if he would not show up. He never came.

4.2 Case 2

After the second and, for the present, last FGC, I spoke to both the social worker and the coordinator. They told me the client was a 58 year old, intelligent man with a master's degree. Because he was lonely and naive, he was cheated and robbed; he lost his job, developed a depression and started to drink.

Before the FGC, the client was supposed to invite his friends and family. He did not take action though; the coordinator gave him some time but she and a friend of his ended up doing it. Before the conference, he could not be reached, he did not come at his appointments with the social worker and he was extremely passive. The person involved from the housing association would not come, the lawyer was on a holiday and the home doctor could not be reached. Only the social worker was present as a professional at the FGC.

The coordinator told me that if she would not have insisted, the FGC might not have taken place. A couple of hours before the conference, she went to the client's house with his friend and they literally took him by the hand to take him there. The man was mentally unstable and he had asked her to do so, during one of his 'clear' moments. The social worker told me that during the preparations, on the day of the FGC, it became clear that the client would not get social security and that there was a big chance he would be evicted anyway. This changed the focus of the conference, the social worker needed to find out more about temporary and structural shelter facilities, among other things. At the shelter, they told her the client could subscribe the day before or the day of the eviction. Then, he would have to wait for a place in a paid shelter and he could be supported with paying off his debts. Later on it turned out that this was too positive a picture.

Six people from the client's network showed up at the FGC. They were all serious, involved and committed. Both the social worker and the coordinator thought the plan they came up with was very good, they only needed to make it more concrete. His friends would help him with his administration, his doctor's appointment (for his drinking problem and depression) and listing his problems. The social worker would coordinate the execution of the plan until the client could be placed in a shelter, where a different social worker would take over. If something would go wrong with the shelter arrangements, it would be possible to arrange a second conference. One important

additional agreement was that the client would be more cooperative and take more initiative.

After the FGC, the client and his friends were incredibly happy. The coordinator and the social worker felt good about it as well, the cooperation went well, the plan was good and the conference went better than expected. However, some of the client's actions after the conference reduced the enthusiasm. One of the client's friends lent him some money to pay for his stay in another friend's room. This stay was cancelled and the client never returned the money but spent it on alcohol. He had neglected other tasks as well; they were behind schedule with the entire plan.

Additionally, the social work team captain was surprised about the outcomes of the conference, the goal was supposed to be preventing the eviction which was the opposite of what had happened. Consequently, she planned to cancel some of the decisions. This changed the social worker's feelings about the FGC from positive to ambivalent.

These two cases give some insight into the first experiences with incorporating the decision-making model into the Eropaf methodology. This chapter does not paint a positive picture of FGC's for Eropaf clients, while the theory in chapter two clarified how suitable the model could be for these clients. What went wrong in the first two cases and what insights does a comparison with the other target groups give? These questions will be answered in the next chapter.

Chapter 5 Comparing target groups

What are the results of conducting FGC's for clients of the different target groups? The two stories MEE social workers shared with me were reasonably positive. One client was very pleased, even on the long term. The other client told the social worker he was positive and even though she could not be sure, she did have a positive feeling about the conference. The two MEE evaluation reports (Joanknecht & Daane, 2005 and 2007) give no general information on the results of the pilot project. The picture drawn in the reports is positive, though.

In the field of domestic violence, more ambivalent results came to the fore. Of the two cases the social workers shared with me, one resulted in a fine plan and good results on the long term, the other was very likely to produce a plan with as little care as possible and no changes for the better. The evaluation report, which shows results of the six conferences that took place during the pilot project, shows a more positive picture. It states that all six families were happy with the results of the FGC. Unfortunately, no research has been done on the long term effects (van Lieshout, 2004: 5).

The two FGC's conducted in Eropaf situations show less positive results. The first FGC resulted in a complete cancellation of the plan by the client and the other conference resulted in an eviction, which the team captain attempted to undo. What explanations can be found for these negative results and what can be done to increase the chances at positive outcomes of FGC's in Eropaf situations?

To answer these questions, I will make a comparison between the clients, the social networks, the professionals, problems, questions, goals and dilemmas of the three different target groups. Additionally, I will include youth care experiences with FGC's in the Netherlands. Within youth care there are much more FGC experiences and structural research has been done and written down in several reports. With these larger figures, the results based on only a few experiences in the other target groups can be grounded. First, however, I will give an explanation for the fact that only two conferences were conducted during the six months of my research.

5.1 Why only two conferences?

As mentioned in chapter 4, the implementation of FGC's so far has been a slow process within each organisation. Some general reasons for this slow implementation have been given in the MEE and domestic violence evaluation reports. Firstly, social workers need to adjust to this method. It takes a while before they are properly trained, informed and

ready to propose the method to their clients. After all this, however, they are still not sure how to explain it, especially because they have never done it themselves; they can not tell about an FGC from their own experience.

Moreover, before actually experiencing a conference, social workers often find it hard to see why an FGC would have better results than their own interventions. Hearing a team member's positive story can persuade professionals of the surplus value of an FGC.

These general factors also apply to Eropaf professionals. Yet, some specific factors can be added. Firstly, the Eropaf methodology has only been implemented in Puurzuid three years ago and the city-wide implementation is still going on. As a result, social work organisations and housing associations still need to get used to Eropaf. Consequently, housing associations do not yet refer many clients to social work and social work organisations have no extra capacity for Eropaf activities because the referrals are too sporadic and there is no extra money yet. So, there are few Eropaf clients and social workers can only propose an FGC to these few clients, who are not all willing to cooperate. These specific impediments, added with the general obstructing factors, can explain the slow implementation of FGC's in Eropaf situations.

5.2 Clients and their social circle

Eropaf clients are not the easiest to deal with. As described in chapter two, they are very isolated; they hardly have any contact with their social network or with professional organisations. They are scared, often have weak personalities and their position in society is unstable as well. So, their social capital is exceptionally low. On top of that, they do not like the interference of social work professionals. All these characteristics can make persuading them to participate in an FGC hard.

MEE clients and victims of domestic violence, on the other hand, mostly report themselves voluntarily at the care organisation. Generally, they recognise they have a problem and roughly know with which aspects in their lives they need assistance. In the field of domestic violence, clients can either need help with stopping the violence or with separating from the perpetrator. MEE clients can have questions on more different aspects, like housing, employment, finances and caring for their children. The fact that they are asking for help can make it easier to convince them of the benefits of involving their friends and family. This complies with Penninx's idea about empowerment (see introduction). He thinks clients need 'to want' to make a change in their lives, which clients who ask for help are more likely to want than those who do not.

When looking at clients' social networks, some differences and commonalities between the three target groups can be seen. At the three FGC's held until now for Eropaf clients, between three and six participants attended the conference. With MEE clients, the average is eleven, in the domestic violence field eight and in youth care in the Netherlands, the average is even over fifteen (van Beek, 2003a: 30). Professionals and participants from the different target groups stress the importance of having a large social network present during the conference (van Lieshout, 2004; Joanknecht & Daane, 2007; van Beek, 2003c). Advantages are that tasks can be divided among more persons; more participants can have more different and contributing views on the problem and the solutions, and the plan rests on more shoulders which enhances the chance of success. So, part of the failing of the Eropaf FGC's could be subscribed to the small social network.

Additionally, when looking at the FGC participants, a distinction can be made between family and other social contacts. Until now, for Eropaf clients only friends and in-laws attended the conferences. Eropaf clients mostly have no partner or children and their family is small or detached. Contrastingly, in the MEE and domestic violence conferences mostly family members participated. The same can be said about youth care FGC's, where in most situations family members of both parents attend the conference. Family ties are often strong ties while relations with friends or neighbours can also be weak. While both types of ties are important (see introduction), contacts with family members are often more lasting and family members are more likely to give their brother or daughter another chance. If clients are mostly dependent on friends and neighbours to help them, chances are they will be willing to carry out fewer tasks. Research within youth care confirms this statement (van Beek, 2003b: 79). In youth care, 42% of the tasks are carried out by the parents and/or their children, 31% by the family and only 7% by other members of the social network. Additionally, the first and most important reason for individuals to participate is the wish to contribute to the improvement of the child's situation (van Beek, 2003c: 47). If no children are involved, this strong incentive to contribute falls away. In the domestic violence field (van Lieshout, 2004: 26) and with mentally or physically limited clients (Joanknecht & Daane, 2007: 9), children are often part of the client's family. Eropaf clients, as stated in chapter two, are often single and childless, so of these target groups only Eropaf clients suffer this disadvantage of having few family members to contribute.

Looking at empowerment on the level of the network, in larger social circles there is a bigger chance that network members stimulate each other to take action than in smaller networks. If network members empower each other, less motivating and stimulating actions are needed from social workers. Since Eropaf clients often have few social contacts, who have to rely on one or two others and an often unreliable client for the execution of the plan, the empowering effect they have on each other is not likely to be substantial. The two conferences with Eropaf clients both show that for the small social networks it was hard or even impossible to empower the client and themselves and execute the agreements according to plan. Social workers, then, will have to put more effort in empowering the social network.

In short, compared to the other target groups, and especially youth care, Eropaf clients have several disadvantages when it comes to their social capital and empowerment. They have small social networks, mostly consisting of friends and neighbours and they often have no children. All these factors make gathering a large group of social contacts who formulate, carry out and support a good plan, difficult.

5.3 Social workers

Working with the FGC method requires social workers to take a different role than they are used to. MEE professionals are in their regular work expected to focus on the clients' questions and to enquire after the social network, but in practice they are used to arranging most things themselves; often together with the client or perhaps with one or two family members, but in control of the process. The step towards giving the decision-power to clients and their social network is quite big. In the beginning of the pilot project, social workers felt reluctant to conduct a conference for their clients for several reasons: there were too many pressing issues that needed to be taken care of by the professional first, the social network was too small, they only thought about it as a last resort, and in the MEE organisation too much restructuring was going on (Joanknecht & Daane, 2005: 5). After two years, social workers had fewer objections but they were still tempted to first try to solve the problems themselves, before conducting an FGC.

In the domestic violence field, especially in the women's shelters, social workers were not convinced that involving the perpetrators' families could have a surplus value. In the past, they focused on supporting the victim to deal with the experienced violence and starting a new life. However, often this was not what those women wanted: many of them did not want to leave their partner; they wished for the violence to stop. In that case, involving the family and especially the perpetrator's family is essential. Often,

family members suspect there is a problem but in most cases they never talk about it. An FGC can break the silence, bring the situation out in the open and involve the family in preventing further violence. This sounds logical, but to most professionals working at the shelter, this is a new approach which they need to get used to. They mainly have doubts about safety, especially in cases of honour related violence, in which women face serious threats. At the domestic violence support stations, professionals have to make a less radical switch. The support stations were set up with the idea that victims need support within their own living environment, from their own family and friends. The support process is short, five to ten appointments, and involves meetings with the perpetrator and in some cases with other members of the social network. In practice, support station professionals indeed conducted more conferences than those at the shelters. So, regular care methods influence the way professionals react to this new FGC model. The more it differs from their regular way of thinking and working, the harder it appears to be to adjust.

How did professionals working with Eropaf clients experience this switch? They are used to receiving clients at the office. These clients have a problem with which they require support and together they formulate a 'care question'. Sometimes members of the social network are involved, but not structurally. The role a social worker has, according to Driessens & Regenmortel (2006: 180, 186), is a combination of standing next to clients, respecting them and listening to their story, and being a guide, leading the client through the complexity of arrangements and services.

About three years ago, the Eropaf methodology was introduced to them. All of the sudden, social workers were required to go on house calls, to clients without a clear 'care question' from whom no active and motivated attitude could be expected. Social workers needed to be more outreaching, pro-active and creative. Their relationship with the client is paternalistic, which means that they intervene in various aspects of clients' lives, while clients never asked them to, although they might see no other option (Driessens & Regenmortel, 2006: 185). The common Dutch term for this is 'bemoeizorg', literally translated as 'meddle-care'. This paternalistic attitude entails quite a switch compared to their regular work methods.

Then, the conferencing model was added to the Eropaf methodology. After their outreaching and pro-active actions, social workers had to take a step back, do nothing and wait for the coordinator to organise the conference and for the social network to formulate a plan. They needed to take an *emancipatory* role, meaning they give clients the chance to participate, be autonomous, take control and become more empowered.

Eropaf clients have the tendency to withdraw in times of crisis, but after the crisis has been solved these kinds of clients are known to appreciate being stimulated to participate. They need to be pushed in the right direction (Driessens & Regenmortel, 2006: 189). On the short term, professionals can give them that push, but they need to trust family members and friends to follow the process and keep the client on the right track towards empowerment.

So, Eropaf professionals, instead of changing their role once, need to change twice. First from standing next to clients and being a guide to taking over and being paternalistic, then from paternalism to being emancipatory. In this pilot project, only three social workers were confronted with FGC's for Eropaf clients, and their experiences were quite divers. Of the three social workers involved in the pilot project, one had no difficulties with these switches, one has no experience yet and the third felt that Eropaf and FGC's were hard to combine.

The difficulty for social workers in combining Eropaf with FGC's is not only caused by the different roles professionals need to take. The goals of the two methods are also contradicting. The goal of Eropaf is to prevent the eviction, the FGC goal is to let clients and their social networks decide how to solve the problems. If they decide eviction would be best, should the social worker go along with that because it is what the social circle wants, or still attempt to prevent the eviction? Which goal should prevail over the other? Without stating a clear goal before the conference, it is even harder for the social worker to decide which role to adopt.

The other target groups are not faced with this problem. For MEE professionals, the FGC goal is no different from the goal they would pursue using their regular methods. Within the domestic violence field, employees of the support station do not face this problem; those of the shelters do, in a way. They have to deal with two colliding goals but in their case they have to get used to pursuing a different outcome than before. The goal was to help victims separate from their perpetrator and build a new life. The new aim is to support the victim and perpetrator to stop the violence and lead a good life together. Still, this does not have to be a dilemma if social workers let their client determine the central question for the FGC. The dilemma is not so easily solved in Eropaf situations, where keeping clients from becoming homeless is just as important as strengthening the social circle to prevent future problems.

5.4 Problems, questions and dilemmas

Which problems cause the necessity of a conference? All three target groups face a multitude of problems. Within the MEE organisation, a mental or physical limitation is always the reason for a client to ask for support, but this limitation causes other problems as well, for instance related to work, housing or finances. This can also be said about domestic violence victims, in whose families problems with children, substance abuse and finances frequently occur. The problems Eropaf clients face are no less complicated, evolving mostly around debts and complemented by substance abuse, mental problems, housing difficulties and forgetfulness or disorganisation.

Therefore, the complexity of the problems is most likely not the cause of the differences in effectiveness of conferences conducted for the three target groups. What does make a difference then? The focuses of the questions the FGC's are supposed to answer, differ. Within MEE and the domestic violence field, the focus is on the role of the family and other social contacts. Questions like: 'How can the contact with the client's family be improved? What can he arrange himself and what can the family do for him?' and 'How can the violence be stopped, with the family's support?' are common questions for those target groups. These questions evolve around enhancing the clients' social capital, and on empowering clients and their networks. However, the questions asked in Eropaf FGC's are for instance: 'What needs to be arranged to prevent the eviction? Where will the client live if the eviction does occur? How can the client be supported to solve his loneliness and financial problems?' These questions *do* partly include strengthening the social network around the client, but the most pressing question is: how to prevent the eviction? In practice, the conferences held until now indeed focused on the eviction. The date of eviction was in both cases very close, which made it more pressing for the client and his social contacts to try to prevent that, than to talk about supporting the client on the long(er) term. Yet, this also made it hard for them to formulate a concrete and practical plan, in which members of the social network could take action. The actions to prevent the eviction were technical and had to be taken extremely quickly. Their success was also dependent on the willingness of other organisations, like the housing associating and the social security service, to cooperate. All these circumstances made it hard for the participants to understand the situation and almost impossible for them to take part in these arrangements. However, the question focused on the eviction and that question had to be answered. So, the answer was in both cases that the professionals could do what had to be done to prevent the eviction. The clients' social network merely played a marginal role in the plan.

But is this what an FGC is supposed to be about? The core idea of Family Group Conferencing is to appeal to the strengths of a client's social network, and to use these strengths in solving the client's problems. What, then, are strengths of a social network? Probably not their knowledge of procedures to apply for a loan at the social security service or their skills in negotiating with a housing association to come to a realistic payment scheme. No, the family knows about their son, mother, sister or uncle. They know about their history, the background of their problems, their fears and dreams, competences and flaws. What they can give is their presence, support, trust and respect. But they can also tell their family member or friend that his or her behaviour is appalling and that for their help, they expect something in return. They will not expect clients to give them money or show them their administration, like professionals would, but they will want to see them take the initiative, show motivation and accept support. So, the conference can empower the extended family and help them empower the client.

In that case, for FGC's in Eropaf situations, the focus should not be on the eviction. The threat of being homeless is a strong incentive to cooperate with an FGC, but the practical tasks should be carried out by the social worker. The situation can be globally explained, but the family, friends and neighbours should not be bothered with complicated details with which they do not know what to do. The question should focus on strengthening the social network around clients, making them feel they are not alone and building on their social capital. This focus has proven to be effective for the other target groups (Van Lieshout, 2004; Joanknecht & Daane, 2007), and it is likely to be effective for Eropaf clients as well.

Professionals of all three target groups mentioned certain dilemmas in working with FGC's. Firstly, the MEE professionals found it hard to decide how long to try to convince a reluctant client to have an FGC and when to stop. How empowering is it to force clients into participating in an empowering method which they would not have chosen themselves? On the other hand, if the organisation's core values evolve around empowerment, should professionals not use this method for all their clients?

A second dilemma was mentioned by both MEE and Eropaf professionals and involves the role of the social worker in the follow-up after the conference. The FGC plan should be respected and carried out by the social worker. Also, if no professional support is needed according to the social network, the professional is not to interfere after the FGC. However, previous experiences clarified that families often need to be motivated, cheered on and kept alert by the social worker, the network needs to be

empowered. Should the social worker, then, strictly stick to the plan and stay away, even if this means that the plan fails, or motivate the participants and make the plan work, even if this was not their task? So, should the social worker play a role in empowering clients and their close ones, both before and after the conference, or trust them to execute the plan without professional support?

The third dilemma, also mentioned by MEE and Eropaf professionals, focuses on the involvement of other professionals. The social workers both experienced that no other professionals would participate in the conferences, particularly because they took place outside work hours. These other professionals could have given information about care options within their organisation, or if it concerns a housing association about the conditions under which clients can keep their residence. Now, the social workers themselves had to give this second hand information, which made it less precise and on one occasion even incorrect. However, inviting all professionals involved can have downsides as well. Social workers and clients in youth care stated professionals were often too dominant, they did not always give a full picture of all the options but only shared the option they preferred, and past negative experiences with a professional often negatively influenced the atmosphere (van Beek, 2003c: 27-28). In one of the Eropaf cases, the coordinator stated that the participation of the lawyer would have had negative effects, since the client was extremely angry with him. However, the social workers and the coordinator think getting the client and an employee of the housing association together would make it easier to come to an agreement to prevent the eviction. So, opinions on whether to involve other professionals are ambivalent.

A fourth dilemma, mentioned by Eropaf professionals but also experienced within youth care, is the fact that almost all tasks in the plan are assigned to social workers while this decision-making model is supposed to involve and activate the social circle. The plan the extended family formulated was congruent with the plan the social worker would have made, so there seems to be no surplus value. The reason for this in Eropaf situations is that the central FGC question focuses on preventing the eviction, which is too technical and complicated for the social network to arrange. Why youth care clients experienced this is not stated in the report (van Beek, 2003c).

The last dilemma only applies to Eropaf clients. Social workers are struggling with the question when to introduce the possibility of an FGC to a client: during or after the crisis? If they propose having a conference when the threat of the eviction is still pressing, clients are more likely to participate. However, at that point there is little time to make the proper preparations for the conference, and the chances of success decrease.

If clients are confronted with the possibility of an FGC after the social worker has prevented the eviction, they are more likely to refuse because they do not see the necessity of it. So, at which point in the Eropaf process should the FGC be conducted? In the next chapter, I will describe how this and the most pressing other dilemmas can best be dealt with.

Conclusion

After all these obstructing factors and dilemmas, some positive remarks can nuance the picture. With respect to the social network, a social worker mentioned the FGC got her in touch with members of the social network she would not have reached otherwise. Moreover, the social workers saw that the client and the social network were happy with the results of the conference (even though the team captain was not), that clients experience they can ask their friends for help and that clients really get the opportunity to speak their mind. The last positive experience was that the FGC resulted in a written plan, which gave it a more official feel than a regular social work plan.

Positive expectations include that the social network's knowledge about a client can save time, the network will be activated and will activate the client and there will be less recidivism. Unfortunately, these expectations were not realised in the first two conferences, but perhaps they will be after the planned twenty FGC's. However, they only can when the above stated dilemmas are dealt with.

Conclusion

The Eropaf methodology had been described as effective in preventing evictions. Quick action and knowledge of financial arrangements can persuade housing associations to postpone or cancel the eviction and give tenants with mounting debts another chance. Additionally, social workers get the chance to peek behind the front door and get a realistic impression of someone's living conditions. They ask nearly evicted individuals the question: what is the problem and how can we help? Often for the first time. They are standing next to people and let them tell their stories. This way, social workers can win the trust of these 'care avoiders' and be allowed to help them.

However, support on the long term, and prevention of recidivism, is not incorporated in Eropaf. Family Group Conferencing seems to be the perfect complementing method. It involves the social network of clients, activates them and gives clients the opportunity to decide which support they want from whom. This way, they are thought to 'own' the plan and be more likely to live up to it than to a plan made by professionals.

Unfortunately, the first experiences were not so successful. A comparison between FGC experiences with Eropaf clients, mentally and/or physically disabled clients and victims of domestic violence, identified some reasons for the failing of the first two Eropaf conferences. Also, conditions can be stated under which FGC's in Eropaf situations could be successful. In view of the limited amount of data more conferences and further research is needed to draw more definite conclusions about the effectiveness of the Eropaf/FGC combination.

Several factors are important for an FGC to be successful. The most important one is the focus, the main question, of the conference. Looking at the FGC experiences with the three target groups, and also in youth care, the most successful FGC's focused on strengthening and/or enhancing the clients' social network. This makes sense when looking at the essence of Family Group Conferencing: to address the clients' and their social networks' strengths. These strengths are not likely to be arranging finances and loans, or negotiating with housing associations or social services. Families and friends are the experts when it comes to forming a solid social circle around their family member or friend, to help them through the current problematic situation and help prevent the problems from becoming this critical again. They can give clients mental support, help them structuring their lives, show respect and trust, motivate and give honest but loving

feedback on the client's behaviour. That is what the FGC should focus on, not on the coming eviction.

Why would it be impeding to focus on the home-eviction during the FGC? Preventing an eviction is a technical matter, which for the largest part cannot be carried out by family members or friends anyway. In fact, in the first two Eropaf FGC's, almost all tasks to prevent the eviction were carried out by the social worker. If the FGC focuses on the eviction matters, this will divert the attention from reaching agreements about supporting the client afterwards. This does not mean that family and friends cannot contribute to practical tasks, they can definitely help with concrete, day-to-day activities. However, discussion about these practical tasks should not overrule other, more social issues and it should be entirely initiated by the social network itself. If they do not feel up to such a discussion, they should not be forced to enter it. If they are, they will find it hard to understand the agreements taken up in the plan and will be less likely to take ownership of the plan, to feel it as *their* plan. Moreover, if the focus is on strengthening the social network, it will be easier for clients to explain their own problems and formulate the questions they wish to be answered. This is an important, empowering aspect of FGC's.

Even if the FGC focuses on strengthening the social network, the eviction problem remains. Actions need to be taken to prevent it, but how and by whom?

As we have seen, in the first cases social workers have struggled to find a way to combine Eropaf and the FGC decision-making model. They first went on a home call, an Eropaf action, in which they would normally draw up an inventory of the problems, get the clients' permission for income management and arrange other pressing matters. In these cases, however, they started by explaining the FGC method. But because the eviction was imminent they could not wait for the conference to start before trying to prevent the eviction. So they started taking the first Eropaf steps during the preparations for the conference and postponed explaining these steps, and the Eropaf methodology, until the conference itself. As a result the conference focused on the eviction problem, even though the social network was not able to contribute to its solution. Eviction is mainly a financial problem. Most Eropaf clients have no wealthy family members or friends, so no financial contribution can be expected of them. So, talking about this has no surplus values, neither for the Eropaf process, nor for the FGC process.

Then, how can the two methods be combined in a better way? For a large part, the steps as described above can be taken. However, Eropaf and the FGC should be

more detached. The coming eviction can still be the immediate cause for conducting the FGC, but the focus should be on how the social network can help prevent the same kind of problems in the future. Assuming that the client does not want to be evicted, the social worker should simply go ahead and follow the Eropaf process to try to accomplish that. The FGC plan does not have to contain any agreements about the eviction, only on the involvement of the family and friends, on the short and the longer term.

When should the FGC be explained and conducted, before or after the home-eviction has been prevented? There is a good reason to start before the prevention of the eviction. Both the social workers who have FGC experience with Eropaf clients, and the region manager say the crisis situation helps the clients to see the necessity of having an FGC, the threat of becoming homeless gives them a sense of urgency. During the information phase of the FGC, the social worker and the employee of the housing association can of course emphasize that the problems need to be dealt with and that eviction is close. However, they should not 'bother' the client and the social network with the details of what needs to be done to prevent the eviction.

Some conditions are important for this combined Eropaf and FGC process to succeed. Firstly, the housing associations need to give enough extra time, six to eight weeks, so the social worker and coordinator have enough time to organise the FGC and have preparatory meetings with the client and the other participants. It may be useful if an employee of the housing association is present at the start of the conference to clarify the conditions for non-eviction.

Secondly, the clients need to be at least moderately motivated to take life into their own hands again, with the help of the family and friends. They need to realise they have a problem they need to deal with.

Thirdly, it is important to let the client explicitly choose a support person. Eropaf clients often do not have a strong opinion of themselves and are easily overruled by stronger personalities. Support persons can encourage them to be clear about their wishes, strengths and weaknesses. This has an empowering effect and increases the chances for the plan to correspond with clients' needs and capacities.

Fourthly, coordinators need to invite a sufficient number of people from the social network, make sure they are the right persons, and motivate them and the client. It is important to get as many people together as possible. When more shoulders are carrying the burden, the tasks can be divided among more people and more people will

feel responsible for the correct execution of the plan. This will increase the chances that the plan is executed in a reliable way and it will increase clients' social capital.

Finally, follow-up is important. Even if one single task is not carried out according to plan, the whole plan runs the risk to fall apart. This can be prevented if the social worker monitors the plan and stays available to answer questions and give support. Empowerment is a process; the social circle will need time and support to develop itself in that respect. Previous experiences confirm the importance of follow-up, and justify this way of dealing with the empowerment-dilemma.

In conclusion, in Eropaf situations an FGC can be conducted during the crisis, if the housing association is willing to postpone the eviction date, but should focus on how the social network can help the client feel more supported and self-confident. Focusing on preventing the eviction results in making agreements about the eviction, not about the background of the problems. Also, postponement of the eviction is crucial: more time is needed to look for a bigger social network, prepare the FGC better, explain the client and the network what the FGC is about and what their common tasks are. Other conditions are that an employee of the housing association is present to explain their conditions, a support person should be appointed for the client, coordinators need to be active in motivating the client and in inviting enough and the right persons, and the execution of the plan should be monitored and encouraged by the social worker.

If these conditions are met, negative experiences with FGC's, as were seen during the first two conferences with Eropaf clients, can be avoided and the pure power of FGC's can surface again: enhancing and strengthening the social network surrounding a socially weak and isolated individual. However, FGC's will not work for every single client. People can still refuse to cooperate or involve their social network, they can still neglect their tasks and they can still fall back into their old habits. Additionally, not every social worker will have enough talent, training or willingness to work with the FGC model. Adjusting to new methods takes time and will not always result in enthusiasm and the conviction that they work. Nevertheless, without trying we will never find out if the Eropaf/FGC combination is really effective.

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