

'Eigen-kracht conferences'

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'Eigen-kracht conferences'

The first experiences in The Netherlands

(subreport 1)

Colofon

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(subreport 1)

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This report is part of a series of four researches into Eigen-kracht conferences in The Netherlands.

subreport 1: Eigen-kracht conferences, the first experiences in The Netherlands.

subreport 2: Eigen Kracht according to plan? Research into the plans and follow-up of Eigen-kracht conferences

subreport 3: This is about my future, right? Research into the opinion of children and adolescents regarding Eigen-kracht conferences

subreport 4: Is this the future of child care? Research into the measure of satisfaction that (adult) participants derived from Eigen-kracht conferences.

Voorhout, May 2004

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1 Framework of the research

1.1 Introduction

From the beginning of 2001 Eigen-kracht conferences are being held in The Netherlands. Eigen Kracht is a way of decision making, in which families decide for themselves what help and support they need to solve problems regarding children in their family. During this process there is close cooperation with a referring institution, but the plan is forged by the family, not by professionals. To execute this plan use is made of resources from within the family as well as from outside (van Beek, 2003). Eigen Kracht is a Dutch name for 'family group conferencing'¹. This is a new model for The Netherlands, but in New Zealand, Australia, the USA, Great Britain and Sweden it has been tried and successfully introduced (see a.o. Budford, Merkel-Holguin, Nixon, 2003). Implementing this model in The Netherlands will require a change in culture in Child care (project proposal Eigen-kracht conference, 2000; van Pagée, 2001).

Eigen Kracht is new in The Netherlands (see chapter 2: history). As it concerns a new working method, little research has yet been done. This research is part of a series of four researches² into Eigen-kracht.

Through processing the registration data of the very first conferences in 2001 (van Beek, 2002) an impression was formed on the process underlying these first conferences. The research presented in this sub report has a broader scope and deals with a greater number of Eigen-kracht conferences, namely all conferences which were concluded in 2001 and 2002. Which cases are referred to Eigen Kracht? What are the results? Is it possible to get together (enough) family members? Are families able to produce a plan? Does the referrer accept these plans as safe? In order to get the Eigen-kracht model implemented, it is important to obtain answers to these questions.

1.2 Purpose

The purpose of the research is to find out how and why cases are referred, the number of Eigen-kracht conferences and the protocol during the conferences. This in order to be able to give a solid foundation of background variables, necessary for present and future questions on the effectiveness of Eigen-kracht conferences; for research as well as for implementation.

¹Not to be confused with 'family network counselling' as described by Portengen, 2002

²For a description of the four researches: see page 2

1.3 Research questions

The research questions regarding referral behaviour are:

- .1 Which persons or organisations refer to Eigen Kracht?
- .2 What are the reasons for referral? For what demands has a plan to be made?
- .3 What are the underlying problems in the families that are referred? For how long has social care been given to these families?
- .4 How many children does it concern? What age, gender, ethnicity? Where do these children reside?

The research questions regarding the result of using Eigen Kracht are:

- s How often does a referral to Eigen Kracht result in a family meeting (Eigen-kracht conference)?
- s If a referral does not result in an Eigen-kracht conference, for what reason? Does using Eigen Kracht in these cases have any effect nonetheless?
- s How often do families succeed in making a plan at an Eigen-kracht conference?
- s How often are these plans accepted by the referrer as being safe?
- s To what extent do the plans include a moment for evaluation?

The research questions regarding the Eigen-kracht conference are:

- s How many people participate in an Eigen-kracht conference? What is their relation to the child? Which professionals attend?
- s How often do people not attend the Eigen-kracht conference, although they were invited? How often are potential participants excluded by the Eigen-kracht coordinator?
- s When and where are Eigen-kracht conferences held? In what language?
- s How long do Eigen-kracht conferences take?

1.4 Research method

The research took place by analyzing written sources. A questionnaire for Eigen-kracht coordinators was developed (see annex 1). This questionnaire contains questions on the referral, the Eigen-kracht conference and what happened if a case did not result in an Eigen-kracht conference. Every Eigen-kracht coordinator who initiated a case was asked to fill out the registration form after completion of the case. The form was sent directly to WESP.

The registration form contains both open and yes/no questions. An analysis frame has been developed to process these data. In order to make mainly straight counts the data have been fed into Quatro Pro. The answers to the open questions have partly been categorized and counted, partly typed out verbatim and analyzed. In order to safeguard the family members' privacy, the Eigen-kracht coordinators were asked to refrain from using the names of the participants. Instead they were asked to use indicate the relations between the participants and the child.

1.5 Progress of the research.

In order to keep a close eye on the developments the researcher has attended the region managers meetings in 2001 and 2002. In these meetings the managers exchange experiences, they keep in touch with the national organisation, they signal trends and consult each other about difficult situations and matters of implementation. This report does not include minutes of these meetings. Occasionally they are referred to, and use has been made of the knowledge gained on the working methods of Eigen Kracht.

In 2001 and 2002 the registration form (see annex 1) was forwarded to all Eigen-kracht coordinators who initiated an Eigen-kracht conference. They were asked to return the form as soon as possible after the completion of the case. A case is considered completed the moment an Eigen-kracht conference actually takes place or the moment it becomes clear that, for whatever reason, no Eigen-kracht conference will be organized. The greater part of the forms was returned to WESP within a month after completion of the case. Only in isolated cases it was necessary to send a reminder.

In 2001 and 2002 in 96 situations the preparations for an Eigen-kracht conference were started. Of these cases 67 were completed December 31st, 2002. In 66 out of these 67 situations a registration form was returned by the Eigen-kracht coordinator. In the remaining situation it was impossible to obtain the data from the Eigen-kracht coordinator. A choice was made to obtain the data from the region manager who had supervised the coordinator. This region manager knew almost all data, only some incidental questions could not be answered this way. In these cases the answer is given as 'unknown'.

Only the cases that were started and concluded in the years 2001 and 2002 have been analyzed in this research. The remaining cases still in progress on December 31st, 2002, have not been included in this research. Data were available from all 67 cases that were completed. Therefore non response is 0 %. This means the outcome give a representative view of the Eigen-kracht conferences that were held in 2001 and 2002.

1.6 Terminology

When 'Eigen Kracht' was introduced, a number of new terms saw the light. For better understanding we give a concise description of these terms³.

³ Source: Handbook Eigen-kracht conferences (2002) and leaflets of the Eigen Kracht Centrale.

Eigen-kracht conference:

A procedure to let the responsibility for drastic decisions concerning problems within the family rest with the family. It gives them the opportunity to come up with a plan using their own resources and asking for support from outside. The core of this procedure is a 'family conference' in which family and members of the network together create a plan for the future (see also 'phases of an Eigen-kracht conference').

Eigen-kracht Centrale:

A national institute which initiates Eigen-kracht conferences and stimulates and supports the use of Eigen-kracht conferences. The Eigen-kracht *Centrale* takes care of recruiting, selecting and training coordinators and contracts these coordinators for the duration of a conference. Referrers may obtain an 'Eigen-kracht conference' from the Eigen-kracht *Centrale*.

Eigen-kracht coordinator:

A trained person who, in close concert with the family concerned, organises and facilitates an Eigen-kracht conference. An Eigen-kracht coordinator is an independent individual. He/She is not in the employment of, or working for an institution that has decision-making powers or is care giving.

Eigen-kracht region manager:

A person employed by an organisation that aims at introducing Eigen-kracht in a region. Referrers get in touch with the region-manager when they consider setting up an Eigen-kracht conference. The region manager is able to help them to decide whether an Eigen-kracht conference is an appropriate means in this situation, what the formulation of the question should be, which professionals should be involved and how to arrange financing. The region manager will enlist a coordinator from his/her region to initiate the conference and will also provide immediate support. The region manager keeps in touch with the coordinators in the region and works along the guidelines of the national Eigen-kracht *Centrale*.

Referrer:

The person who, in most cases on behalf of a care provider, offers the possibility of an Eigen-kracht conference to the family.

Family and social network:

Relatives to the first and other degrees; people who are important to the family. This includes family members, neighbours and friends.

Phases of an Eigen-kracht conference:

Preparation	Period preceding the family conference
Information phase	First part of the family conference, in which professionals provide family and network with information.

Private time	Second part of the family conference. When the family and the members of the social network have received the necessary information, the referrer and other professionals, as well as the coordinator, leave. The family and the social network members discuss the questions put before them and draw up a plan.
Presentation of the plan	Third part of the family conference.

When the plan is ready, the coordinator and the referrer are summoned. The plan presented by the family is accepted by the referrer, unless it is obvious that the safety of the child is not guaranteed, or that (part of) the plan is illegal.

2 History

Introduction

Eigen Kracht is relatively new in The Netherlands. Not only has the implementation started only recently, the working method is new as well. Although the implementation of Eigen Kracht started in child care, it is not a method of giving social care. Eigen Kracht is a way of decision making in which families, informed by professionals, together with their social network, make a plan to help a child they are concerned about. (Handbook for Eigen-kracht conference coordinators, 2002).

In order to place this research into Eigen Kracht in a historical context, this chapter deals with the history of Eigen Kracht. Per year a brief sketch is given of the development of the project. For this chapter ample use has been made of the contribution 'Op zoek naar een gewenst draagvlak' ('Looking for support') written by Jan van Lieshout for the book 'Eigen Kracht. Family Group Conference in Nederland. Van model naar invoering.' ('Eigen Kracht. Family Group Conference in The Netherlands. From model to introduction'.) (van Pagée, 2003). Furthermore, use has been made of information from the leaflet 'Eigen Kracht conferenties. Een bron voor de rechten van het kind' ('Eigen Kracht conferences. A source for children's rights') and some four newsletters by Eigen Kracht. Unless otherwise stated, the information given in this chapter is derived from these sources.

This research deals with the Eigen-kracht conferences that were held in 2001 and 2002; the first two years that Eigen-kracht conferences took place in The Netherlands. As this report will be published at the end of 2003, the year 2003 has been included in the historic description.

1999

A small pilot group, supported by a changing number of experts in the field of child care, discusses the possibility of introducing Family Group Conferencing in The Netherlands. The focus is on two questions: does this model fit in the present child care? Is this the right time to introduce this model? Both questions are answered positively. The model is fitting in a time in which there is a demand for question based working and the strengthening of the rights of clients.

The 'Op kleine schaal' ('At small scale') institute and bureau WESP volunteer to initiate the introduction of Family Group Conferencing in The Netherlands. It is deemed important that WESP will monitor the process from the very start by means of research. The Bredervoort foundation in Barneveld and the Social-agogic Centre 'het Burgerweeshuis' from Amsterdam support the initiative.

2000

In the year 2000 the support broadens and initial work is done on all kinds of fronts. The Jeugdzorg Groningen foundation and the Werkontwikkelingsmaatschappij

Jeugdzorg Drenthe join the initiators. The participating organisations meet several times in the development group. Contacts with organisations abroad are made or intensified. The purpose is to make use of experiences made abroad and to transform them to the Dutch situation. A three year project plan is made for development, implementation and research of Family Group Conferencing in The Netherlands ((Projectvoorstel Eigen Kracht conferentie (Project plan Eigen Kracht conference), 2000)). The decision making model for families is given a Dutch name: Eigen Kracht (Own force, inner strength). A first group of Eigen-kracht coordinators is being trained by a trainer and researcher from the U. K.

2001

Over 200 people attend the first national congress on Eigen Kracht in May. In three pilot regions (Amsterdam, Gelderland, Groningen) the first Eigen-kracht conferences are being held. Research (van Beek, 2002) shows that of 21 eligible cases, 15 result in a conference and 14 result in a plan. The conferences are prepared by independent coordinators who have no ties with care providing institutions. Each pilot organisation has a so-called region manager, responsible for giving information to referring institutions and recipient of the referrals. This manager enlists and coaches the Eigen-kracht coordinator. Professionals from institutions that want to refer to Eigen Kracht, attend a referrer training.

2002

In order to safeguard the independence of the Eigen-kracht conferences, an independent organisation, working nation wide, is founded: the Eigen Kracht *Centrale*. This resulted from deliberations between the participating organisations in the development group Eigen Kracht.

The number of pilot regions is extended with Drenthe, Friesland, Zuid-Holland and Overijssel. The number of referrals and conferences more than doubles. As a result of three regional conferences, Eigen Kracht becomes more widely known in Gelderland, Amsterdam and Groningen. The number of referrer trainings increases, and consequently the number of trained coordinators.

Relevant periodicals regularly report on Eigen Kracht; a discussion is started in the periodical for child care on the relation between the needs assessment and the plans the families make during an Eigen-kracht conference (Kok, 2000a, 2000b; Mehlkopf 2002; van Pagée, 2001).

A joint project is started with women's refuge in Amsterdam. It is the intention to use Eigen Kracht for two years in cases where domestic violence plays a part. All workers of the women's refuge participate in a referrer training.

In December 2000 Eigen Kracht is awarded the Simon Slootenprijs for the most innovating initiative in child care. The fact that Eigen-kracht mobilizes the network around the youngster to come up with solutions, rather than leaving all initiative with the professionals, appealed to the jury. (Jury report, 2002). On the day the prize is presented, the first book on Eigen Kracht is presented as well (van Pagée, 2003).

2003

The number of referrals increases greatly again. The region 't Gooi starts a pilot. In

Overijssel and Gelderland preparations are made for a larger scale project. From 2004 onward, families in Overijssel will be offered an Eigen-kracht conference when out-of-home placement is imminent, when the Board for the protection of Children has been informed during an inquiry into the feasibility of a supervision order, a possible placement back home, an immediate crisis or a waiting list with the care provider. ((Best denkbare plannen (best plans thinkable), 2003)).

In Amsterdam a conference is held on the use of Eigen Kracht in domestic violence situations. The first Eigen-kracht conferences related to domestic violence are being held.

MEE Utrecht wants to start an Eigen Kracht pilot in 2004, in social pedagogical care. At the end of 2003 three other pilots are being prepared.

Politicians get interested in Eigen Kracht. During the discussion of the law on child care questions on Eigen Kracht are asked both in the First and Second Chamber. Points of discussion are the right of the citizen to an Eigen-kracht conference, the relation to the new law on child care and the needs assessment (Stenogram 2^e kamer 19-06-03; Kamerstuk 1^e kamer 28-10-03) .

Three subreports are published with the results of the research into Eigen kracht. This research shows that an average of 15.8 persons participate in an Eigen-kracht conference, that a plan made by the family contains an average of 16.8 agreements and that the family takes care of 80 % of these agreements (van Beek, 2003). It also shows that family members and referrers are generally satisfied with the Eigen-kracht conference (van Beek and Gramberg, 2003). The results are presented at a national conference in Drenthe. A research into the opinion of the children is in progress. The Vrije Universiteit is preparing a long term research.

3 Referral to Eigen Kracht

3.1 Introduction

Eigen-kracht conferences are new in The Netherlands. From January 1st 2001 social care workers (referrers) in the provinces of Groningen, Gelderland and the city of Amsterdam could apply for an Eigen-kracht conference. During 2002 the provinces of Drenthe and Friesland joined, and an experiment was started in Zuid-Holland.

To inform the social care workers of the working method of Eigen Kracht, referral trainings were held in the above mentioned regions. After having completed the training, social care workers could refer cases to Eigen Kracht. It is of importance to mention that the initiative for referral and the choice whether or not to refer a case was in the hands of the social care worker. The referring institutions did not have a policy regarding the ‘kind’ of cases eligible for Eigen Kracht.

3.2 Initial contacts and referrals

Social care workers who take it into consideration to make use of an Eigen-kracht conference, get in touch with the region manager of Eigen Kracht in their area. The region manager informs the social care workers about purpose and work method of Eigen Kracht and discusses the case in order to get an impression whether or not an Eigen-kracht conference is suitable. He also checks if the social care worker really gives the family the opportunity to make its own plan. Most region managers keep records of these meetings. The table below shows the number of initial contacts in which cases were discussed and the number of referrals that resulted. Questions about general information are therefore not included.

	2001		2002	
	initial contacts	referrals	initial contacts	referrals
Amsterdam	25	19	44	38
Groningen	12	6	11	5
Friesland	-	-	6	5
Drenthe	-	-	13	6
Gelderland	4	4	12	11
Zuid-Holland	-	-	3	2
<i>Total</i>	<i>41</i>	<i>29</i>	<i>89</i>	<i>67</i>

In 2001, 71 % of the initial contacts with the region manager resulted in a referral. In 2002 this percentage rose slightly to 75 %.

The number of referrals more than doubled from 29 cases in 2001 to 67 cases in 2002.

3.3 Referrers

The greater part of the referrals (66 %) is from a Bureau Jeugdzorg (child care unit). When the decentralized nationwide operating organizations⁴ are included, the part of the Bureau Jeugdzorg even adds up to 78 %. Child protection is the largest referrer, 64.5 % of the referrals is made by a guardian or family guardian.

In two cases a family referred itself to Eigen Kracht; these people learnt about Eigen Kracht from hearsay and asked for a conference. In order to finance these conferences the region manager looked for an official referrer. The table below does not show this secondary referring institution as referrer but the family itself.

Referrers:	2001	2002	Total
Child Protection (guardian/family guardian)	14	29	43
Social care workers (voluntary)	4	11	15
School	1	2	3
Family member	2	0	2
Other (a.o. lawyer, police)	0	3	3
Unknown	0	1	1
<i>Total</i>	<i>21</i>	<i>46</i>	<i>67</i>

⁴ Source: Nieuwsbrief Jeugdzorg, nr 5, February 2003.

3.4 Duration of care

Duration of existing social care given to the referred families:

	2001	2002	Total
0 to 1 years	3	13	16
1 to 2 years	3	8	11
2 to 5 years	1	11	12
5 to 10 years	6	5	11
Over 10 years	1	9	10
Unknown	7 ⁵	0	7
<i>Total</i>	<i>21</i>	<i>46</i>	<i>67</i>

Almost 1 in 4 families (24%) is offered an Eigen-kracht conference in the first year they get involved with social care. A little over one third (34.5 %) has had been in contact with social care workers from 1 to 5 years. A little less than one third (31.5 %) has been in contact with social care workers for over 5 years, half of them even over 10 years.

The greater part of the families has been in touch with social care workers for a longer period of time. This may be due to the fact that a great part of the referrals at the beginning of the project were made by referrers who took the Eigen-kracht conference as the last straw, after having tried 'everything' in vain. This was reported several times by the region managers of Eigen Kracht during their region manager meetings.

3.5 Underlying problems

3.5.1 Problems

When social care workers refer a case to Eigen Kracht, they are asked by Eigen Kracht to fill out a 'referral form' (see annex 2). Here they can fill out data on the present situation of the family that is referred. They give their own description of the case, indicating what they feel are the most pressing matters and the underlying

⁵ Because the question regarding the duration of social care contacts was added later to the registration form, the duration of social care contact in these situations is unknown.

problems.

Based on these descriptions the table below has been made, which is not exhaustive but gives a general idea of the problems concerned.

	2001	2002	Total
Psychiatric problems parents	4	6	10
Addiction parents	6	4	10
Divorce related problems	2	3	5
Pedagogical powerlessness	3	2	5
Homeless/financial problems	-	5	5
Death/illness	3	3	6
Abuse/violence	3	2	5
Behavioural problems child	5	12	17
Miscellaneous	-	4	4
Unknown	-	10	10
<i>Total</i>	<i>26</i>	<i>51</i>	<i>77⁶</i>

3.5.2 Concerns and questions

In the 'Referral Form (see annex 2) referrers formulate the reason for their referral and the question (or questions) they want the families to consider. They describe their concerns on the children's situation and clearly state the points of concern. The (open) questions that they formulate on these concerns are important because they are the starting point of the Eigen-kracht conference. The questions are posed to the participants from family and network. The family makes a plan based on these questions. In the acceptance of the plan by the referrer the questions play a part again; the referrer checks if the plan the family made constitutes an answer to the questions they were asked to consider.

In the 67 cases the referrers have formulated 151 questions for the families. An average of 2.3 questions per situation.

⁶ This number is higher than the 67 (= number of cases researched) because in some cases more than one problem per situation is mentioned.

The questions are about:

	2001	2002	Total	Total in %
Child raising	29	30	59	39.1 %
Education	4	5	9	6.0 %
Residence: where should the child live?	14	29	43	28.5 %
How to help the adolescent towards independency?	2	0	2	1.3 %
Behaviour of the child	4	5	9	6.0 %
Visiting agreements	2	13	15	9.9 %
Medical matters	1	1	2	1.3 %
Miscellaneous	0	12	12	7.9 %
<i>Total</i>	<i>56</i>	<i>95</i>	<i>151</i>	<i>100 %</i>

Most questions are on where the child should live and child raising. The other questions, with a few exceptions, are *related* to a question on housing or child raising.

Examples of questions on child raising are:

- What rules are necessary for father and mother in order to raise the child in a structured way?
- Who will take care of the children after mother's death?
- How can mother be helped with child raising?
- s What does it take to get mother and daughter living together again?
- s What support do the foster parents need?
- s What has to be done when mother is too ill to take care of the children?
- s What can be done to lighten mother's burden in child raising?
- s Who will take care of the child after school until mother comes home from work?
- s How can the child come home safely? What is necessary in terms of day- and leisure time activities? What kind of support does the family need?
- s What to do in a crisis?

Examples of questions on housing are:

- s Since father is not an option, where can the children live?
- s Where can the child live when treatment in the boarding school is completed?
- s Where can the children live for the next six months?
- s Where can the children grow up safely?

Examples of questions on education are:

- S What kind of schooling does the child want?
- S How can the situation at school improve?
- S How can the family help to stop truancy?
- S How to see to it that the children attend school?

Examples of questions on how to help the adolescent towards independency are:

- S How to help a person to take care of him/herself?

Examples of questions on behaviour of the child:

- S How to prevent the child from ending up as a criminal? What kind of care is needed?
- S What can be done to make the child feel happy again?
- S How to stimulate the development of the child?
- S How to improve behaviour at school?

Examples of questions on visiting arrangements are:

- S If the child will not be living with family, how can it keep in touch with the family?
- S When the child moves in with mother, how does father keep in touch with the child?
- S How do children keep in touch with persons that are important to them?
- S How will contact be maintained with stepfather?

An example of a question on medical matters is:

- S How to teach the child to cope with diabetes?

Examples of miscellaneous questions are:

- S What to do during holidays?
- S What surname will the child bear?
- S What are the possibilities of obtaining a staying permit?
- S What is needed in terms of financial support?
- S What answers will the family provide when the child asks about her history?

3.6 Background characteristics of the children

3.6.1 Number

The cases that were referred numbered a total of 115 children for which there was cause for concern, an average of 1.7 child per referral.

3.6.2 Age

Age:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	?
Number	2	4	3	3	5	5	6	4	4	7	6	14	9	14	8	9	4	5	1	1	1

unknown	01 (0.9 %)
0-4 years	17 (14.8 %)
5-12 years	55 (47.8 %)
13-18 years	41 (35.6 %)
over 18	01 (0.9 %)
Total	115 (100 %)

3.6.3 Gender

62 of the children are girls (53.9 %), 52 are boys (45.2 %). The gender of one child was not mentioned on the registration form.

3.6.4 Ethnicity

In about four in ten cases both parents were born in The Netherlands. More than half of the children has at least one parent who was not born in The Netherlands. Non-Dutch backgrounds occurring most frequently are Surinam, Antillean and Moroccan respectively.

Ethnicity of the children:

	2001	2002	Total	
Both parents Dutch	10	34	44	(38.3 %)
One or both parents not born in The Netherlands	29	38	67	(58.3%)
Unknown	1	3	4	(3.4%)
Total	40	75	115	(100 %)

Non-Dutch backgrounds include: African, Antillean, Colombian, Dominican (republic), German, Egyptian, Ghanese, Indian, Moroccan, Moluccan, Peruvian, Roma, Surinam, Turkish.

Parents live in mixed (e.g. Dutch-Moroccan, Surinam-Antillean) and non mixed (e.g. Turkish-Turkish or Dutch-Dutch) relationships.

3.6.5 Residence

Less than half of the children who have been referred live at home with (one of) their

parents. The residence of the children at the time they were referred to Eigen Kracht:

At home with (one of) the parents:	40.0 %
With family:	26.1 %
In a foster family (no relatives):	15.7 %
Crisis- or age group:	13.9 %
Other	1.7 %
Unknown:	<u>2.6 %</u>
<i>Total:</i>	100 %

3.7 Cooperation between referrer and Eigen-kracht coordinator

During the preparations of the Eigen-kracht conference a good cooperation between referrer and Eigen-kracht coordinator is important. To gain some insight in the way this cooperation is experienced, both the referrer and the Eigen-kracht coordinator were asked to 'rate' the cooperation. Averagely the referrers experienced the cooperation as good and rated the Eigen-kracht coordinator an 8.3⁷.

The Eigen-kracht coordinators rate the cooperation with the referrer an average of 7.6. The experiences are divers. The coordinators mention referrers who cooperate enthusiastically, communicate in an open way and return calls promptly. They also encountered referrers who find it hard to delegate matters to the Eigen-kracht coordinator, who are hard to reach or insufficiently familiar with the working method of Eigen Kracht. As the cooperation usually led to results, the rating is mostly positive. Twelve percent of the coordinators rate the cooperation with the referrer as fail, for the above mentioned reasons.

⁷ This is described a.o. in subreport 4: Is this the future of Child care? The measure of satisfaction of participants (referrers and family) of an Eigen-kracht conference. (van Beek and Gramberg, 2003)

4 The Eigen-kracht conference

4.1 Introduction

When a referrer presents a case to Eigen Kracht, the first contact is with the region manager. The region manager looks for an Eigen-kracht coordinator who suits the family best and the coordinator starts with the preparation. Eigen-kracht coordinators only get involved with the family as far as is necessary for organizing the Eigen-kracht conference⁸. They inform the family and the referrer of the possibilities and working method of an Eigen-kracht conference and get them together to attend the Eigen-kracht conference. The coordinator determines at what time and place the conference takes place and is responsible for the logistics, in concert with the families’ wishes. The coordinator sees to it that the Eigen-kracht conference is held in a responsible way, solving practical problems when they arise. The coordinator is not present during the deliberation of the family in the private time (see also chapter 1.6). At the end of the conference the coordinator lays the responsibility for the plan with the family and the referrer(s) involved. The end of the Eigen-kracht conference is also the end of the involvement of the coordinator with the family.

4.2 Number of Eigen-kracht conferences

In 2001/2002, 96 Eigen-kracht conferences were initiated. Of these, 67 cases were concluded during the period of research. 50 of these cases resulted in a conference, meaning that family and network got together to make a plan. In 17 cases the preparations were abolished before a conference took place.

	Preparations result in Eigen-kracht conference			Preparations abolished: no Eigen-kracht conference			Total of cases concluded in 2001 and 2002
	2001	2002	total	2001	2002	total	
Amsterdam	8	18	26	4	9	13	39
Groningen	4	5	9	2	0	2	11
Friesland	0	2	2	0	1	1	3

⁸ Source: Background information Eigen Kracht. Family makes their own decisions on social care (booklet for referrers)

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Drenthe	0	2	2	0	0	0	2
Gelderland	3	6	9	0	1	1	10
Zuid-Holland	0	2	2	0	0	0	2
<i>Total</i>	<i>15</i>	<i>35</i>	<i>50</i>	<i>6</i>	<i>11</i>	<i>17</i>	<i>67</i>

In 17 of the 67 cases (25.5 %) preparations were initiated without resulting in a family conference. Consequently, 74.5 % of the referrals actually result in an Eigen-kracht conference (N=67).

During the research period the non-response has slightly decreased from 28.6 % in 2001 (N=21) to 23.9 % in 2002 (N=46).

In two cases a child was referred a second time to Eigen Kracht. For one child this was because the circumstances had greatly changed since the first –successfully concluded- conference took place. This second referral resulted again in a conference, and a plan.

For the other child the first referral did not result in a conference. The second referral did, and the participants agreed on a plan.

4.3 No Eigen-kracht conference

In seventeen cases the preparations were abolished; family and referrer(s) did not meet in an Eigen-kracht conference for the following reasons:

Reason	Number	Details
Family members came up with their own plan	6	informal family meeting
Parent and/or child does not want a conference	6	5 mothers, 1 father, 3 children
Parents want to wait for trial first	2	visiting agreement, court order
Unforeseen change in circumstances	2	move, termination of relationship
Relations within family too heavily damaged	2	
Child comes up with own plan	1	
Parent enlists help outside project	1	

<i>Total</i>	19	
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Two cases did not result in a conference for more than one reason, therefore the total number of reasons exceeds the number of cases that did not result in a conference.

In 8 of these 17 cases the parents (twice supported by one or more children) did not want an Eigen-kracht conference. Underlying reasons were that they felt that the relation with the rest of the family was too deeply disturbed or that they had no faith in the outcome of the conference.

In 8 other cases the family got so active during the preparations that an official Eigen-kracht conference was no longer needed. Family members met at their own initiative, formulated their own plan or enlisted help that was not requested before.

In the cases that eventually did not result in a conference, the Eigen-kracht coordinators had been in touch with 97 persons, an average of 5.7 per case. Contact with parents occurred most (26.8 %), followed by contact with the children (17.5 %), other family members (27.8%), and professionals including the referrer (20.6 %).

4.4 The Eigen-kracht conference

Of the 67 cases that were concluded in 2001 and 2002, 50 resulted in a conference. The next paragraphs are on these 50 Eigen-kracht conferences (N=50).

4.4.1 Location

De coordinator decides on the location of the conference in concert with the family. The choice is usually made for a communal or church facility. The family rarely chooses an office location like a social care centre. This is remarkable because most meetings on children with problems organised by social care workers do take place in such locations.

Locations:

Kind	Number
Communal or church facility	34
Hotel/restaurant	05
Social care centre	04
Miscellaneous	03
Unknown	04
<i>Total</i>	<i>50</i>

These locations are chosen by the families because they are familiar and comfortable. The fact that these places are usually centrally situated and easy to reach also plays a part. Twice it was decided to meet in a home for the elderly or a hospital. This was done to enable a family member residing there to attend, which would not have been possible otherwise.

4.4.2 Time

Most Eigen-kracht conferences (70 %) of which the time is known (N=43) took place on a weekday.

	2001	2002	Total
Weekday	10	21	31
Weekend	4	9	13
Unknown	1	5	6
<i>Total</i>	<i>15</i>	<i>35</i>	<i>50</i>

As for the time of day, daytime and evening meetings had about the same preference. Some conferences started during the day and continued in the evening.

	2001	2002	Total
Daytime	6	15	21
Evening	6	14	20
Daytime/evening	2	5	7
Unknown	1	1	2
<i>Total</i>	<i>15</i>	<i>35</i>	<i>50</i>

4.4.3 Duration

The Eigen-kracht coordinators were asked how long the Eigen-kracht conference took. This does not include the time needed for preparation etc, only the duration of the conference itself. Half of the Eigen-kracht conferences take 1 to 5 hours. Forty percent take 5 to 8 hours, the rest takes longer.

Not all participants are present during the entire conference. Professionals who come to give information usually leave after the information phase. The coordinator and the referrer usually stay until the conference is finished completely.

Duration Eigen-kracht conference:

Time in hours	Number
1 to 3	11
3 to 5	16
5 to 8	19
8 to 10	2
10 to 15	1
Unknown	1
<i>Total</i>	<i>50</i>

The second part of the Eigen-kracht conference is the private time. During this time family and network deliberate. The table below indicates the duration. 1 to 3 hours 'amongst themselves' was sufficient for most families.

Duration of private time:

Time in hours	Number
0 to 1	3
1 to 3	35
3 to 5	8
5 to 8	3
8 to 10	0
10 to 15	0
Unknown	1

<i>Total</i>	50
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At two conferences the family ran short of time and a second meeting was arranged at short notice. These two meetings were regarded as one conference; the duration of the two meetings has been added up.

4.4.4 Number of participants

In total 792 persons participated in the 50 Eigen-kracht conferences: 253 in 2001 and 539 in 2002. This number does not include the Eigen-kracht coordinators and interpreters who were present in some cases, as their presence was only required to facilitate matters and not to contribute to the plan. At the 'smallest' conference 7 participants were present, the 'largest' one numbered 34 participants. The average attendance per Eigen-kracht conference was 15.8 persons.

The participants may be divided in three categories: family, social network and professionals. The tables below show their representation in the Eigen-kracht conferences. Of the participants 73 % is family, 13 % belongs to the social network and 14 % are professionals.

Family members present:

Kind of family member	Number	Average per conference (N=50)
Children	167	3.3
Parents	73	1.5
Stepparents	20	0.4
Grandparents	64	1.3
Uncles/aunts	192	3.8
Cousins/nieces	32	0.6
Other family ⁹	26	0.5
<i>Total</i>	574	11.4

⁹ Other family members are a.o. step-uncles and –aunts and great-grandparents.

Social network members present:

Kind of network	Number	Average per conference (N=50)
Friends	84	1.7
Others	24	0.5
<i>Total</i>	<i>108</i>	<i>2.2</i>

The friends mentioned here are mainly friends of the parents.
Others include a.o. neighbours, sportsclub coach, church elder.

Professionals present:

Kind of professional	Number	Average per conference (N=50)
Referrer ¹⁰	54	1.1
Someone from school	20	0.4
Others	36	0.7
<i>Total</i>	<i>110</i>	<i>2,2</i>

Others include a.o. physicians, social care workers, stepparents, police, educational officials and group leaders.

4.4.5 Number of absentees

Although invited, one hundred and thirteen persons did not show up at the Eigen-kracht conferences. This concerns 87 family members and 25 representatives from various organisations. From the registration form cannot be derived for what reason 65 of these people did not attend. The reasons given by family members for not attending are: no babysitter, illness, a death, holidays, work. The reasons given by professionals for not attending are: lack of time, sworn to secrecy, did not want to, holidays, day off, meeting, not available outside office hours.

Seven persons were excluded from the conference by the Eigen-kracht coordinator. This concerns two fathers, one grandfather, an uncle, two half-brothers and a mother. They were not welcome because they could endanger the safety of the other participants (violence) or because other participants could not cope with their presence (a.o. because of sexual abuse).

Eleven times an Eigen-kracht coordinator decided not to invite a family member because the person concerned had been out of touch for years and/or had made it known that he or she wanted to have nothing to do with the family anymore. On the

¹⁰ At some conferences there were several referrers. At other conferences the referrer was not always present.

registration form mention is made of thirteen other family members not being invited, without a reason why.

4.4.6 Language

At 34 conferences the language used was Dutch only. At 14 conferences Dutch and another language, like Arab, Berber, German, English, Papiamentu or Spanish was spoken. At 1 conference only Frisian was spoken. Of 1 conference it is unknown what language was used.

Usually, probably because of the presence of Dutch social care workers, at least some Dutch is spoken during the information phase. Several times during the private time, when the family is secluded, no Dutch is spoken, or a dialect is used. The registration form did not include a question on the presence of an interpreter. Therefore it is unknown how often use was made of the services of an interpreter. Six Eigen-kracht coordinators mention the presence of an interpreter on their own account, including one interpreter of the deaf.

4.4.7 Result

Of the 50 Eigen-kracht conferences researched, 48 were concluded with a plan. This means that the family succeeded in 96 % to agree on a plan, in 4 % they did not. All plans that were researched were considered safe for the child by the referrers and accepted as such as starting point for further social care. Except of course the two cases in which the family itself acted as 'referrer'. In the situations in which the referrer was not present, the plan was accepted by telephone at a later time.

In 41 of the 48 plans (85 %) the family made, an agreement is included on a moment of evaluation. Six families did not make such an agreement, of one family it is unknown if they want to evaluate.

Of the families that intend to evaluate more than half (24 x) wants to do so with referrer and family together. Twelve times the family wants the Eigen-kracht coordinator to be included. In fifteen cases the family wants to evaluate by themselves.

The contents of the plans vary greatly, as does the way in which they were described. In the framework of this research the contents of the plans are not discussed as they form part of a separate research into the contents and the follow up of the plans¹¹.

¹¹ See subreport 2: Eigen Kracht according to plan? Research into the plans and follow up of Eigen-kracht conferences (van Beek, 2003).

5 Conclusions and recommendations

5.1 Conclusions

5.1.1 Introduction

Eigen-kracht conferencing is a new working method for The Netherlands to let the responsibility for major decisions with regards to problems with a child remain with the family and social network. Eigen Kracht is a form of decision making, not social care. It does not place the responsibility for making a plan for care with the professionals but with those directly involved: family and social network. After having been informed by professionals, the family discusses in private time what needs to be done to help the child. Neither the referrer nor the Eigen-kracht coordinator is present during these deliberations. The family formulates a plan, which is presented to the referrer. The referrer accepts the plan if it is safe for the child and legally acceptable. After that, family and referrer work together to get the plan executed, in the way described in the plan. The intention is that the family remains 'owner' of the plan after the conference.

The research was done on the first Eigen-kracht conferences that were held in The Netherlands. These took place in 2001 and 2002. The purpose was to find out how and why cases are referred, the number of Eigen-kracht conferences and the protocol during the conferences. In 2001 and 2002 96 referrals took place, of which 67 were concluded during the research period. The research is about these 67 cases, originating from the provinces of Groningen, Friesland, Drenthe, Gelderland, Amsterdam and Zuid-Holland. The research took place by analyzing written sources; a registration form with open and yes/no questions was developed for the research, these forms were filled out by the Eigen-kracht coordinators. The results give a representative view of the Eigen-kracht conferences that were held in 2001 and 2002. Data were available from all 67 cases that were concluded.

5.1.2 Conclusions on referral behaviour

The first step for social care workers who consider referring a case to Eigen-kracht is to get in touch with the region manager from Eigen Kracht. In a little over 70 % of the cases a referral actually takes place. The number of referrals to Eigen Kracht increases greatly; in 2002 the number of cases had more than doubled since the previous year.

Almost 80 % of the referrers work at a bureau Jeugdzorg (child care unit). The department child protection of the bureau Jeugdzorg is the largest referrer; 65 % of the referrals is made by a guardian or family guardian. The other referrers are social care workers from other institutions and occasionally someone from school, or a family member.

The choice whether or not to refer a case was the responsibility of the individual social care worker. The referring institutions did not have a policy with regard to the 'kind' of cases that could or could not be referred to Eigen Kracht.

In daily practice the referrers mostly chose complicated cases. At the start of the project mainly 'last chance' cases were referred; families that had been in contact with social care workers for a long period of time, during which 'everything possible' had been tried with regards to social care. Only a quarter of the families referred were offered an Eigen-kracht conference during the first year they became involved with social care.

The referrers mention behavioural problems, addiction and psychiatric problems of the parents as the problems that occur most frequently. Also problems resulting from death, from illness of parents or children, divorce related problems, pedagogical incapability, domestic violence, housing problems and financial problems.

The referrer wants the family and network to make a plan on an average of 2.3 matters. Usually agreements have to be made on child raising and the child's residence. Over half of the children for which an Eigen-kracht conference is requested live under an out-of-home placement.

Per referral it usually concerns more than one child (the average is 1.7). Six out of ten children are less than twelve years of age, the rest is older. More than half of the children (58 %) has at least one parent who was born outside The Netherlands. Surinam, Antillean and Moroccan background occur most frequently.

In the preparations of, and during the Eigen-kracht conference, referrer and Eigen-kracht coordinator work together. In general, both are satisfied about this cooperation. One in ten Eigen-kracht coordinators is dissatisfied with the referrer. The reasons given are that the referrer was hard to reach, was not familiar with the working method of Eigen Kracht or found it difficult to delegate matters to the Eigen-kracht coordinator.

5.1.3 Conclusions on the Eigen-kracht conference

Most parents agree to the suggestion of involving family and social network in the solution of their problems. In three quarters of the 67 cases researched, the contact with the Eigen-kracht coordinator resulted in a conference; family and acquaintances met to make a plan together. The number of Eigen Kracht conferences increases greatly; in 2002 twice as many conferences took place as in 2001.

One quarter of the cases in which an Eigen-kracht coordinator got to work did not result in a conference. In half of these cases the family rejected a conference because they felt that the relations within the family were too deeply disturbed or because they had no faith in the outcome. In the other half a conference was no longer necessary because the family resolved the matter during the preparations and made a plan without an 'official' Eigen-kracht conference. When the outcome of these

cases is related to the situations in which a conference actually took place, the conclusion is justified that in 87.5 % of the referrals had an activating effect.

Almost all family members and members of the social network accept the invitation to attend the conference. Of an average of 15.8 people who attend, 73 % is family and 13 % is a member of the social network; the others are professionals. 88 % of the people who are invited actually attend the conference. Only in isolated cases an Eigen-kracht coordinator decides that someone is not welcome at the conference. The reasons for this are that they might endanger the safety of other participants (violence) or that other participants cannot handle a confrontation (a.o. because of sexual abuse).

It is for the family to decide when and where the Eigen-kracht conference takes place. Families rarely choose to meet in a social care institute. They prefer a 'cosy' surrounding, a familiar church or community building, preferably within easy reach. Most Eigen-kracht conferences take place on a weekday.

Half of the Eigen-kracht conferences takes 1 to 5 hours, the rest takes longer. Most families take 1 to 3 hours for the private time; this being the period during which they work on formulating a plan in the absence of professionals.

Almost all (96 %) Eigen-kracht conferences result in a plan made by the family. All plans were deemed safe for the child by the referrer and accepted as such as a starting point for further social care.

5.2 Recommendations

Recommendations for research

When data become available on a greater number of Eigen-kracht conferences, it is recommendable to investigate if there is a relation between certain characteristics of a case and whether or not a case results in an Eigen-kracht conference and a successful conclusion.

Research can be made e.g. into a possible relation with the background characteristics of the family, the kind of problems, the contents of the question posed to the family and the frame of the social care (voluntary or judiciary).

Recommendations for referring institutions

Organisations that want to make use of Eigen-kracht conferences have to make sure that initiating a conference does not depend on an individual employee. In view of the excellent results with relatively heavy and 'last chance cases', it should be taken into consideration to use Eigen Kracht structurally at important decisive moments, like imminent out-of-home placement, in an acute crisis, to decide on the prolongation or termination of a supervision order. It is also worth while to investigate the effect of Eigen-kracht conferences in cases that have not got stuck (yet).

Family members and members of their social network prove to be willing and able to make responsible decisions at difficult moments, they come up with safe plans for the future of a child that they hold dear. Social care institutions might make structural use of the inner strength and involvement of families: not only for decision making but also for the execution of social care.

Recommendations for Eigen Kracht

Improve the information to referrers on what is expected of them when they refer a case to Eigen Kracht. Focus on the part the referrer is expected to play during the preparations and at the Eigen-kracht conference itself.

Eigen-kracht conferences activate family and network and in most cases lead to a satisfactory result: families succeed in making a plan and these plans are considered safe and acceptable by social care workers. From this point of view it is recommendable to make more policy makers, referrers and family members aware of the working method and results of Eigen Kracht and to strive for a nationwide introduction of the model, in order to make this form of decision making a substantial part of child care.

Start up pilots in local social policy or educational institutions to find out what the effect is on the situation of the child and the future demands on (child) care when Eigen-kracht conferences are initiated at an early stage – *before* child care gets involved.

ANNEXES

Annex 1: Eigen Kracht Registration Form

Annex 2: Referral Form

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