

Transforming Care: the New Welfare State

In the spring of 2014, the Dutch parliament took several important decisions regarding organising care and welfare. From now on, decisions on services and measures will be taken at local level: close to the people. The starting point in this is that all support that is available in natural networks will be used first. People can only request support from official services at a later stage. Citizens' personal responsibility and personal means are needed to maintain the current level of governmental care. The professional level of the method for resolving citizen problems and the way in which conflicts between them are handled, has in the past years offered citizens a strong and secure legal status. But in the meantime, society has to cope with the shadow side of this: many people no longer recognise their connection with the authorised political authorities. They feel estranged from the authorities that guarantee care and security. They mainly experience bureaucracy and a lack of influence on what happens to them. The message that policy will take a different course is now only seen in the light of making necessary savings on collective services. This makes an appeal for personal responsibility to help sustain public services and the request for active personal efforts to realise welfare and security seem like a double encroachment on the citizen's position: fewer entitlements for higher personal contributions.

In contrast to this, over the last ten years, when faced with problems, more people have again learned to take on a role as active citizen and noticed that they were unable to take personal responsibility when care and judicial authorities threatened to intervene in their lives. This contribution is about this development. It describes the host of discoveries regarding social learning pathway developments, in which the government is retreating and citizens are exerting their responsibility and power to resolve issues that previously presupposed governmental intervention.

Let's start close to home. In my first job, around forty years ago, I was tasked by the government to intervene in families where there was a question mark about their care, to ensure that that family's children were able to develop safely and responsibly. I needed to assess whether a plan was needed for a child. And if necessary, I had authority to intervene on behalf of the government. Allow me to describe the context of this position. Child protection authorities thought they knew best what was safe for children and how children should develop. As educated professional, I was one of their experts. I had a lot of intensive contact with families and their children. You could say: they were 'my' families. They adapted to my way of working. They came to my office, at a time chosen by me. They learned my professional jargon. It was about my explanation of their problems. Our organisation

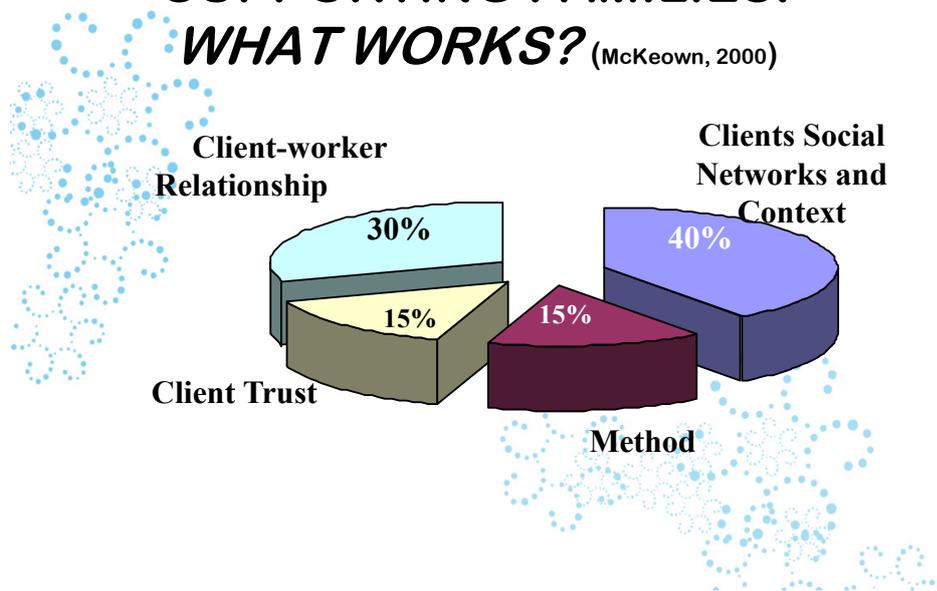
prescribed the solution. We generally used one, not particularly broad, range of solutions. I saw countless problems that were connected, such as poverty, poor housing, debt, medication use and unemployment, but I focused mainly on upbringing and development opportunities. I didn't know the debt restructuring, housing association or job centre experts: these were in other offices. Our protocols were all about referrals: each with its own specialisation.

Fifteen years ago and inspired by a model from New Zealand, we introduced, 'Family Group Decision-Making' in the Netherlands. We called these meetings of family, friends and acquaintances 'Eigen Kracht-conferenties' (Own Strength Conferences): they are the expression of the unique responsibility that family groups can take to resolve their problems and conflicts. We recognised that those families described in my first job as 'people with problems', are also the experts regarding the history and development of their issues. Their own stories, told in their environment, which developed within their own network and with people who count for them, also provide the source for a solution. This was a discovery: start where they are. Don't take over. Don't take over their story. This required a vision that involved professionals being modest: not I, but they, with their direct environment and people important for them, are capable of creating a solution and making a plan. They could use authorities to get information about which professional knowledge and which services could be made available to them. That's where the professional can contribute: additional knowledge, the authority to intervene, offer support, punish. However, it is essential that the family group is offered the opportunity to create its own solution in the first instance.

Following continuous development of the 'family group conferencing' model, in 2014 we will be organising our 10 thousandth Eigen Kracht-conference. We enabled more than sixty research studies on this restorative approach. This has taught us to think differently about those families threatened by governmental intervention. Activating the family group is the core of a good solution. Families have a lot of knowledge that authorities don't have (authorities mostly only know the 'identified patient'). Solutions arise from this knowledge. The family group is of course larger than just parents and their (good for nothing) children. For children this relationship and their cultural family connections, wherever they live, are of ultimate importance. Authorities should recognise and respect this. It is important that the government protects families against intrusive interventions. Start from the premise that families can organise their own business. That is the principle: increase the size of the group and ask the family group to first try to find a solution and it goes without saying that intervention is sometimes necessary. However, we should first start by inviting them to find their own solution. The ongoing fixation on professional intervention has made

methodologies very important. But meta studies into the effect of behavioural change factors show the over-estimation of these methodologies and the underestimation of importance of the context people. In identifying what works, methods are shown to contribute 15%, and the same amount for the client's faith or hope in improvement of the situation. The professional/client relationship appears as twice as important (30%), but the most significant influence on the desired change is the context or the network of that person (40%) (McKeown 2000). The strength that is present in the family group appears to offer the best support for future change. The following table demonstrates this further.

SUPPORTING FAMILIES: *WHAT WORKS?* (McKeown, 2000)



The authorities are not designed according to such insights. The professional system is politically-driven. It is connected strongly to organisational and procedural requirements and is also employment-driven. The process that leads to the solution is formalised; those directly involved have no or little influence on this. On the contrary, this prevents participants from telling their 'own stories'. It isolates the person with the problem and excludes the group around him or her. In that process information from a person's network is not heard or is hard to hear. In contrast, family dynamics act on different levels, with changing ambitions, and have different, always informal ways of keeping their members on track. The core is: authorities and families don't easily form one network. These are two completely different systems and this sometimes brings them in conflict (Früchtel et al., 2009). What is certain is that the formal system often doesn't have a clue what to do and fit the client into their menu of services. What is also certain is that the majority of the budget is spent on relatively few families with problems and that a lot of money is used differently than is legally intended.

Yet it is necessary that the interests of professional systems and those of families remain attuned to each other. That is important because problems, certainly when the government is obliged to intervene, need to be resolved and need a plan for the future. What's more, this plan also needs to be realised and to have the desired effect. Family Group Conferences form the independent connection between the authorities and families. The conference has an informative first round, in which professionals have an important role. In this round the authority on behalf of the government can set requirements for the plan, many times those are related to the safety of the child. The family then on its own, works out a plan in private time using the professional information and their own knowledge and resources. When the conference concerns a plan that is intended to prevent government intervention or is intended as an alternative to this, the plan is presented to an authorised representative of the authorities in the third round. This is also to check whether the plan meets the prior set requirements. Our experience with the conference approach means that we know that plans almost always meet these conditions (Schuurman 2011).

We have made more important discoveries and I would like to emphasise a number of these here. In using this restorative approach, it makes no difference what kinds of problems are involved. It also doesn't matter what types of limitations the main person has. It concerns only whether and how the group of involved own people can be made as large as possible and concerns their joint capabilities to design a plan. So, you need to bring 'human capital' together in society. If asked, people do turn up and they join in when they see how they can keep control of their lives or the lives of 'their people'.

This this way of care planning and conflict management does have an important condition, however. The conference cannot be part of the existing system of any authority. It also cannot be a part of a family system: a conference is a bridge between the two worlds. And it is an independent bridge. This means that those who take on the organisation or help preparing the conference should not have any interest in the result, or outcome of the plan and should also not have any influence on the plan. A double position is created when a professional organises such a conference. Even if the professional doesn't use his/her (traditional) position of power, this possibility undermines the family's faith in reaching an honest and adequate decision (Frieling 2008).

In the Netherlands we organise the conferences from an independent centre, the Eigen Kracht Centrale. Citizens from a diverse range of jobs and professions register and are trained in the role of independent community coordinator. For fifteen years we have built an ever-changing data base that now comprises 800 citizens who have chosen to work as

independent conference facilitator several times per year. The independent centre makes connections between them and the involved parties, coaches the coordinator and contributes to the broader implementation of this approach.

A discussion started in the Netherlands in recent years about activating citizens, certainly when problems occur. Traditionally, they would be known to the social and judicial authorities and therefore would have been supervised by these authorities. The conference model has proven to deliver effective plans also in situations in which the government should intervene. However, there is a tendency to build the model into the procedures of formal authorities and to use it as a care methodology for some citizens at the discretion of the professionals. But it can't be emphasised enough that this approach is not a methodological support tool but a right for a family group to make a plan before the government or others can or will intervene. And rights are enshrined in legislation and valid for all citizens. The Dutch Parliament has recently recorded the right to a 'family group plan' in the new Youth Act and earlier recorded this right in the Civil Code by the revision of child protection measures.¹

The core of this approach is that the person in question, together with his/her relatives, reaches a decision in an independent way regarding the desired change and makes a plan. The methodological tool here is about offering relevant professional information on problems and appropriate services. It involves a shift in decision-making power compared to traditional government interventions. Chambers (1997) points out: Empowerment can be weak and short-lived unless it is embodied in institutions (Nixon and Asley 2007).

The professional is positioned differently when there is a need to correct someone's behaviour. First, it's about activating families and networks and using their resilience. Second, it's about participating in implementing the family group plan: supplying the requested services. Dutch experiences show that supplying services forms 20 percent of the family group plan. Professional behaviour is no longer evaluated on the number of interventions carried out, but on increasing resilience of the society. How do we get people together to redress the consequences of an offence? How do we resolve conflicts between neighbours? How can we stop violence in the home? How can this student stay in school? How do we ensure that the lifestyle of this child changes so much that s/he loses weight? Unemployment? Debt? It doesn't make any difference who it is about, or what problems are involved, it's about bringing together a group of helpful people. This will make the system

¹ See Amendment 32 015 in Book 1 of the Civil Code (2011), and Amendment 33 684 in Law on Child Welfare (2013)

change. In this way people are given and or take responsibility for the public functions of safety, care and handling conflicts. This ensures that a caring society remains intact.

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