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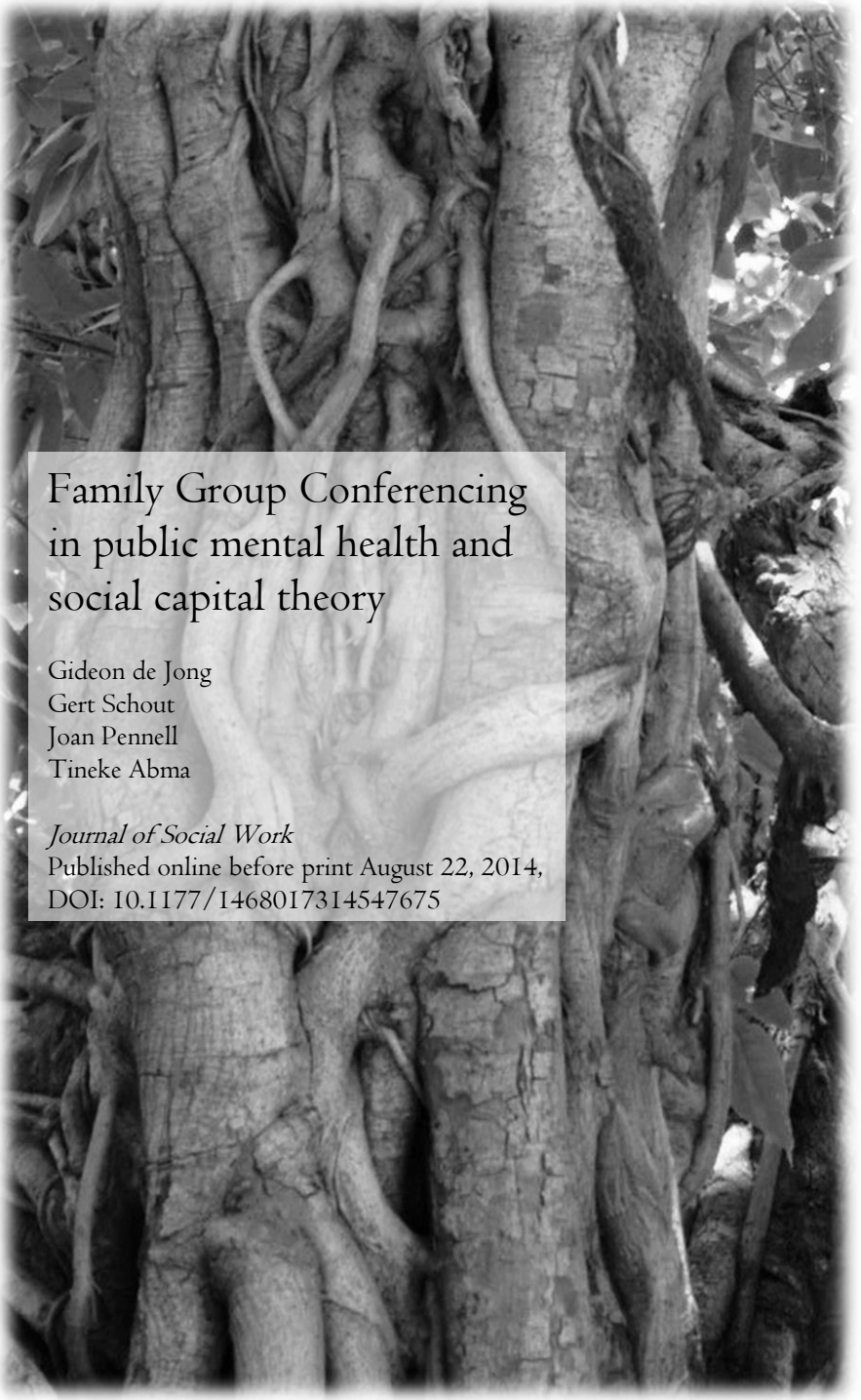

Family Group Conferencing in public mental health and social capital theory

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Chapter Nine

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Abstract

Summary. Clients in public mental health care (PMHC) have limited social capital; they lack trusting and mutually supportive relations within bonded groups and do not have access to supportive external groups. Family Group Conferencing (FGC) is a promising decision-making model to restore social ties and mobilise informal support. From January 2011 to December 2012 forty-one family group conferences were organised in a Dutch PMHC setting and studied using a qualitative case study methodology. Twenty-three of the conferences were successful in meeting their goals. This article reports on findings from the other eighteen family group conferences that apparently had failed as the preparations became stuck or because a plan was never reached or fully implemented. Semi-structured interviews with 118 out of a possible total of 215 FGC participants were conducted to examine the process and outcomes of the conferences.

Findings. The interviews indicate that conferences were often held as a last resort, in situations where professional care had already failed prior to the conference. The intended goals of the conferences were not achieved because support from the social network was insufficiently mobilised and clients themselves felt helpless that they could improve their conditions.

Applications. A single conference seems insufficient on its own to break through a sense of inadequacy and paralysis. Social capital theory points to the necessity of not only renewing informal networks ('strong ties') but of expanding networks through connecting PMHC clients to paid and volunteer work ('weak ties'). FGC plans can include such action steps. Instituting a 'family manager' to monitor these steps may support the bonding of 'strong ties' and the bridging to 'weak ties'.

Keywords

Social work, decision making, Family Group Conferencing, health and social care, public mental health care, social capital, social support

Introduction

There is a growing interest in family-centred care in divergent health care settings and social work practices. A particular form of family engagement is Family Group Conferencing (FGC). This approach encourages the involvement of the 'family group', which includes the immediate family, extended family and other informal supports, in making and carrying out plans. Recent effect studies with control groups have shown that FGC and related decision-making models mobilise the extended family, especially in situations where the safety of children is at risk and their placement outside the home appears imminent (see, Pennell *et al.*, 2010; Sheets *et al.*, 2009; Wang *et al.*, 2012; Weigensberg *et al.*, 2009). There is, however, little experience with these conferences in adult care settings, such as public mental health care (PMHC).

The field of PMHC focuses on providing care to people who are not being helped within regular mental health settings. Clients in PMHC struggle to maintain their living conditions (shelter, food, income), have several problems simultaneously (such as mental health and addictions problems, unhygienic living circumstances, homelessness) and normally do not ask for help or are avoiding the care they actually need, with the result that assistance is often unsolicited (see, Schout *et al.*, 2010, 2011).

To our best knowledge there are only two studies that have evaluated the outcomes of FGC for adult clients with similar problems to those of the PMHC population. First is a Norwegian study that examined the impact of FGC on longer-term social assistance recipients (Malmberg-Heimonen, 2011). Second is a pilot on FGC for adults who suffer from schizophrenia, bipolar disorder or personality disorder in a community mental health care practice in the county of Essex (UK) (Mirsky, 2003; Wright, 2008). Both studies revealed that FGC helped in restoring contact with family members and friends, mobilising their support and overcoming social isolation. These studies point to the potential benefits of FGC for adult clients in PMHC.

To test the capacity of FGC to address issues faced by clients in PMHC settings, a study of forty-one conferences was carried out from early 2011 until late 2012 in the north of the Netherlands. A qualitative multiple case study assessed whether this decision-making model could be applied in this practice field where there was little experience with FGC. Of these forty-one conferences, twenty-three conferences could be considered successful. According to FGC participants a plan was established, social support mobilised and sustained and the client's living conditions improved (see Schout & De Jong, 2013, research report).

This article reflects on the process and outcomes of the other eighteen conferences and considers to what extent these conferences had indeed failed and whether beneficial

side-effects could still be identified. These cases had in common that the preparations became stuck and a conference was never held, or that a plan was never reached or fully implemented as conflicts broke out during or after the conference. As a result, one or more participants concluded that the conference had failed. Interviews with participants indicated that the majority of these conferences were used as a last resort, in situations where professional care previously had failed. All clients referred to these conferences had limited social capital.

We begin by describing FGC and its potential to develop social capital in support of clients in PMHC settings. Next we review the qualitative research methodology used to identify patterns across the eighteen 'failed' conferences and then discuss the results found. In conclusion we apply a social capital framework to extract lessons on FGC for client systems with limited resources.

Family Group Conferencing

FGC is a decision-making and community-building model that is derived from Maori culture in New Zealand. It was established in the 1980s after a significant number of Maori children were placed out of their homes in residential care. The Western child welfare approach with its focus on the nuclear family did not match well with the cultural traditions of the Maoris, namely involving the extended family and community members when problems occur within a family (Rangihau, 1986). Maori traditions of community mindedness and shared decision-making were incorporated into the FGC model, and in 1989, the New Zealand government legislated this approach for child welfare and youth justice. The intent was to ensure that families would have the opportunity to develop a plan on their own before professionals intervened (Levine, 2000).

In a family group conference, all of those who can support individuals or families – family members, friends, neighbours, concerned bystanders and professionals – are invited to formulate an action plan in response to a problem situation. An independent coordinator – a person who is free from ties to welfare and care organisations – prepares the conference in close consultation with the family. As each potential participant is approached individually, it takes usually four to six weeks before the actual conference can be held.

The conference consists of three parts: sharing information, private family time and agreeing on the plan. Professionals are invited to share information on the problem situation and possible solutions, but leave the conference when the private time begins.

This is the crucial part of the conference as free from the oversight of professionals the family members are empowered to develop their own plan in consultation with others in their social network. It is not uncommon that this part lasts for several hours. When the family has agreed on an action plan, then the coordinator rejoins the group to formalise the plan. If necessary, professionals review the plan on safety issues. The plan describes the interventions that should be carried out after the conference and the role of the various participants in implementing the action steps.

Although FGC was first formally adopted in New Zealand, its approach is similar to the historic cultures of countries around the globe. Not surprisingly then, FGC has been initiated on different continents to ensure child care and protection. In Western European countries including the Netherlands, FGC is a means of counteracting the transition away from 'direct solidarity' in which traditional communities care for their own to 'indirect solidarity' in which the welfare state assumes responsibility (Schout *et al.*, n.d.).

Potential benefits of FGC for client systems with limited social capital

Since the 1980s trust has been studied as fuel for building social capital (Bourdieu, 1986; Coleman, 1988; Nooteboom, 2002; Portes, 1998; Putnam, 2000), and from 2000 onward, an extensive body of evidence has mounted regarding the positive effects of social capital on both mental and physical health (Almedom, 2005; Borgonovi, 2010; Giordano & Lindström, 2011; Mohnen *et al.*, 2011; Poortinga, 2006; Thoits, 2011). According to Bourdieu (1985) social capital is

> […] the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words, to membership in a group – which provides each of its members with the backing of the collectivity-owned capital, a 'credential' which entitles them to credit, in the various senses of the word. (p. 51)

Time, intensity, intimacy, and – especially – reciprocity are the engine for strong ties in networks. Reciprocity depends on obligations between people – networks with more mutual obligations have a robust social capital (Coleman, 1988). These networks also consist of strong "bounded solidarity" (Portes, 1998, p. 8). People who identify with a group are willing to help others in the group. When reciprocity is lacking, mutual trust

comes under pressure so that people lose interest in supporting each other. People who do not or cannot offer reciprocity have limited social capital on which they can rely (Bourdieu, 1986).

Clients in PMHC and multi-problem families in youth care often have limited social capital – they have few informal resources on which they can draw and therefore lack the support from a social network (Schout *et al.*, 2011; Sousa *et al.*, 2007; Sousa, & Rodrigues, 2012). Moreover, they usually have little faith in the integrity and good intentions of others (Schout *et al.*, 2011; Sousa & Eusebio, 2007). For their part, both families and professionals are apprehensive that if they become involved, they will become overburdened by the complexity and multiplicity of the clients' problems.

When families lack a sense of self-efficacy and informal support they often wait until organisations intervene. They are entangled in the myth that professionals who are familiar with their situation will take action ("learned helplessness", Sousa & Rodrigues, 2012, p. 4), while professionals assume that families are intrinsically motivated to improve their conditions themselves (Sousa & Eusebio, 2007). To ensure a successful outcome from FGC, it is crucial to break through these vicious circles. If this fails, then after the conference restored contacts within the network remain fragile.

The alternative is to create virtuous circles where informal support is mobilised and sustained for vulnerable families (Morris, 2012) and thus opportunities for new social structures (expectations and behaviours) arise. In other words, strengthening the social capital of people reduces their vulnerability as they can rely on the help of their family and friends (Poortinga, 2006). It is plausible that being a member of different social groups, like a family group, a group of friends or colleagues, strengthens social behaviour and diminishes the risk of improper or destructive behaviour. It is this assumption that was re-examined in light of the eighteen family group conferences characterised as failing by some participants.

Methodology

The eighteen 'failed' conferences were analysed within a qualitative case study design. We used specifically the case study approach of Stake (1995) because of its holistic, ethnographic and phenomenological methods that fit with the aim of the study, namely developing an understanding of the patterns underlying (the absence of) a successful course and outcomes of FGC in PMHC. This methodology also served to amplify the "silenced voices" (Abma, 2005). This is of particular importance in PMHC as clients and their networks often had been 'expropriated' from taking decisions themselves as

they were confronted with home evictions, compulsory admissions and other forms of coercion.

Participants

The intent was to involve everyone who participated in the conferences, or who could reflect on the problem situation prior to the conference and the actual situation. In the eighteen case studies, 118 (55%) out of a possible total of 215 conference participants were interviewed. Ensuring diversity of perceptions was important. The interviewees provided a sufficient spread from four respondents groups: 1) the main actors (PMHC clients) (N=29); 2) people from the social network (family, friends and neighbours) (N=35); 3) professionals (social workers, mental health nurses, police officers, employees of housing associations and municipalities) (N=37) and 4) FGC coordinators (N=17).

Interview topics

The interviews were conducted using a topic list based on an exploratory study into the opportunities and limitations of FGC in PMHC (De Jong & Schout, 2011). The topic list distinguished between the process (course of the complete FGC cycle) and the outcomes of the conference. In describing the course of the conferences, three topics were central: 1) a description of the referral 2 the preparation stage, 3) the process of the conference itself and 4) the implementation of the plan. The exploration of the conference included multiple subtopics including a description of the problem situation, expectations prior to the conference, the decision-making process during the conference and the role of the FGC coordinator. In examining the outcomes of the conferences four topics were central: 1) was the goal of the conference achieved, 2) did main actors feel and act empowered, 3) did social support increase and 4) did the living conditions improve?

Data collection

With the help of 36 students of social work and nursing at Hanze University, semi-structured interviews were conducted. Students were especially trained in reflecting on new insights that would emerge during the interviews (iterative reflection) and that would help in understanding why the conference had succeeded or failed. The research supervisor (first author) provided close oversight of the students' work prior to the start of the research up to collecting and analysing the data, and finally writing the case study report (their bachelor thesis). As the students were in their final year they were trained in conversation skills which they already had applied in various social work and nursing

settings. These skills helped in establishing contact with and gaining the trust of an otherwise difficult to reach group (Schout & De Jong, 2010). The role of the student researchers could be characterised as the 'concerned outsider', who combined empathy and critical reflection with a non-judgmental attitude. Because students worked together in pairs, they were able to reflect on each other's work and counteract individual biases. Working with a large group of students also prevented that the preferences and perceptions of one researcher would have been dominant.

Interviews were conducted at sites designated by research participants (at their home, at work or in a neutral environment) and at times convenient to them (both during daytime and in the evening, during weekdays and in weekends). All interviews were recorded and subsequently transcribed verbatim. The duration of the interviews ranged from 15 to 150 minutes, with an average length of 60 minutes.

Data analysis and validating research findings

Data analysis took place in a cyclical process as described in the constant comparison methodology (Boeije, 2002). The first stage was to analyse the process and outcomes of each conference individually. Transcribed interviews were analysed with ATLAS.ti. Codes were allocated to meaningful sentences or fragments (open coding). These codes were combined and grouped into categories – core labels (data reduction – axial coding). Finally, data were integrated by connecting categories (selective coding). Subsequently the course of the conferences could be described. To strengthen inter-rater reliability, findings from the ATLAS.ti analysis were constantly co-checked between the student-researchers and the research supervisor.

In each case study, interim conclusions from the interviews were validated using member checks (Guba & Lincoln, 1989) that were chaired by the research supervisor. Everyone who was interviewed or who could reflect on the process and outcomes of the conferences was invited to these face-to-face group meetings. Besides validating themes, these meetings were also intended to gather new insights. Each of the eighteen member checks lasted one hour and a half, were recorded and then analysed. A total of 54 respondents were present at those meetings: 7 main actors, 9 members from the social network, 22 professionals and 16 FGC coordinators.

In addition to the individual case studies, a meta-analysis was carried out by the first and second author of this article to reveal themes and labels that could be found across multiple cases. This process yielded five themes and twenty-nine labels. Finally, these themes were discussed with the third and fourth author. During the data gathering and analysis striking developments were tracked in a logbook. The findings section of this article is a result of combining the dominant trends and notable deviations from trends,

the formulation of queries and discussion points and verifying interpretations and preliminary conclusions during member checks.

Ethical considerations

All ethical requirements were addressed, including informed consent. During the study, the participants were treated as experts on the study topics. Findings of the member check meetings were discussed with the research group.

Findings

In 6 of the 18 cases, the conferences became stalled during the preparation stage mostly because of conflicts between clients and their network or because clients could not be located by coordinators and professionals. In 5 other cases, meetings were convened, but as conflicts broke out, the conferences were abruptly cancelled and a plan was never made. In the last 7 cases, the conferences yielded a plan, but the plan had never been fully implemented as clients lacked initiative and the social network gave up on clients quickly after the conference.

The FGC protocol for organising these PMHC conferences did not differ from that used in youth care, although overall coordinators needed to invest more time in the preparations as it was sometimes hard for them to maintain the motivation of clients and their social network to participate. The conference preparations lasted roughly between three weeks and three months, while the conferences that yielded a plan lasted one to five hours. In most cases, professionals supported the process and provided the coordinator with advice.

During the interviews, respondents reflected on the process prior to, during and after the conference. These qualitative data were distilled into five main themes as to why a conference could be regarded as failure. The five themes were observed in multiple cases and were formed from twenty-nine labels.

(1) Often contacts between PMHC clients and their network were so heavily damaged or had faded, becoming so attenuated that family and bystanders were reluctant to participate in a conference. On the other hand, a network could still be involved, but lacked initiative as it had been worn down. It required understanding and tact on the part of a FGC coordinator in such circumstances to motivate the network to participate in a conference. (2) In many cases, clients felt so ashamed about their problem situation that they were afraid of being stigmatised during the conference. (3) Another reason for a conference failure occurred when FGC coordinators and professionals felt paralysed

and showed a lack of initiative. (4) When members from the network were reluctant to participate and clients were not willing to invite them, once again clients would seek refuge in professional care. (5) Conferences that did not yield what was intended – achieving the main goal of the conference, an increase in social support, improvement of living conditions – were easily defined as failed by participants. Nevertheless, some remarkable and often beneficial effects could be observed in these failed conferences.

Broken and faded relationships within networks

In eleven cases, clients could not sufficiently rely on support from family and bystanders. Contacts with them were broken or faded. In some instances, the network was still involved, but became disillusioned and worn down, and therefore did not take initiative. In one case, for example, the client had a strong bond with her sister and brother-in-law, while relationships with her brothers and their wives were more complicated. She was always the problem child of the family. During adulthood she became involved with the 'wrong men' and minor crime. As she was diagnosed with mild mild intellectual and developmental disabilities it was difficult for her to manage her situation. Mounting debts and a dirty household escalated her difficulties. In her early thirties she became pregnant. Her sister explained:

> *[Case 8, sister 1:]* She is alone and had deliberately chosen to raise a child, while she already had difficulties in being self-reliant. That had a stressful effect on the rest of the family. Actually, we all knew that she could use some help. And we promised her support when she told us that she was pregnant and had made a conscious choice to give birth.

Her boyfriend disappeared during the pregnancy. Prior to the conference, her brothers and sisters-in-law had already "given up on her", according to the FGC coordinator. Yet, they were still willing to participate so her social worker requested a conference. The conference preparation stage lasted four weeks. Besides her mother, siblings and sisters-in-law, a friend and a social worker participated in the conference. The client had expected that the conference would help in restoring her family connections; she hoped for appreciation from her family and wanted to build her self-confidence. Her sisters-in-law, however, misused the conference as a platform to express the family's dissatisfaction with her. The friend described what happened:

> *[Case 8, friend:]* That was something K wanted, support from her family. In addition, her sisters-in-law responded with fury: "That is ridiculous, are we here for that? You have our phone number and you can call us whenever you want!" And 'bammm', K withdrew into herself.

Despite this unexpected turn, a remarkable side effect was that after the conference the client had a clear view of those from whom she could derive support. In this case a friend, her mother and her older sister and her husband. Besides the client, her social worker developed a better understanding of the social interaction within the network of the client. The client reflected as follows:

> *[Case 8: client:]* I got harder on myself, but also on them. I really think: just let it be. For once we actually need to come together again. To evaluate how it all went and what happened afterwards. I really said to myself: if they are gonna disturb the meeting again, then just go away! I will do what I am supposed to do, whether with their support or not. And if they will not support me, then I just get to know that I cannot rely on them. And then I will be totally done with them.

In this case it was not clear why contacts between the client and her brothers and sisters-in-law became damaged. The influence of the sisters-in-law seemed to have played a crucial role, but the responsibility of the client herself should not be overlooked. Her mother explained:

> *[Case 8, mother:]* Her sisters-in-law . . . are already reluctant as they are impatient and expect quick results. But I tried to explain to them that this is counter-productive as it only stresses her and makes the situation worse.

Networks normally become worn down when they sincerely offer support to their loved ones. But if support is constantly rejected or when clients do not show progress and relapse into destructive behaviour once again, then the willingness to help dissipates. It is clear that the client could benefit from restoration of ties with her family. But as she seems incapable of doing this for herself, a person is needed who can act as mediator – someone who can ensure bonding within the family.

Broken and faded contacts or an eroded network were not the only reason why family members and concerned bystanders were reluctant to participate in a conference. Another reason why a conference stalled during the preparatory stage was that clients felt ashamed about their living situation and did not want others to know about it.

Shame and pride

In almost every case, shame was a recurring theme. It hindered the movement towards a conference, but at the same time it could also constitute a protective factor after the conference – in other words, individuals did not want to relapse into circumstances about which they might feel ashamed once again (De Jong & Schout, 2013).

The reversal of shame is pride. That pride clearly can have a determining role in the process of a conference was apparent in a case concerning a couple in their eighties who still ran their own business. Their son, who was supposed to take over their firm, died unexpectedly fifteen years ago. The couple was no longer physically able to do all the work but was also unwilling to let go of the business. Meanwhile there was a lack of maintenance and high indebtedness that could not be covered by their state pension; they lost more money than they earned. Increasingly the couple was socially marginalised. A conference was requested by a social worker who shortly before the conference became involved in this case to turn the tide. He told about how the couple was referred to the conference:

> *[Case 22, social worker:]* During a meeting I discussed the possibilities of FGC with colleagues. Then we visited the couple at home. I explained what a conference could yield for them. There was resistance. He is a very proud man who is well seen in the local community. No one in the community was hitherto aware of the actual problems. And he did not want them to be aware. That would be such an embarrassment; he would rather burn down the business. But we talked about it, and told him that the conference would be the only solution for now.

The conference that was held consisted of three sessions over one month. In that, it differed from the other conferences, for which only one meeting was organised. Opinions among the interviewees about this case diverged as to whether the participants at this conference were well chosen. Respondents who considered themselves as emotionally involved expressed criticism towards other participants who took part in the conference as they had a personal interest:

> *[Case 22, member social network 1:]* The group was not well put together; some of them had other interests. It was not a case of friends around the couple, but of stakeholders. […] There were participants to whom the couple owed money.

After the third meeting it was clear that the conference would not yield a workable plan. The couple refused to give up their firm: they wanted to persist with something that was not realistic in the eyes of bystanders. The couple remained convinced that their social network and agencies would continue helping them financially. One participant typified this as a "wall of unwillingness". The couple even threatened that they would commit suicide if expropriation were carried out. Another respondent described the outcome of the conference as follows:

> *[Case 22, member social network 2:]* In itself, the conference had a clear end, but the goal

> was not achieved. And that in itself is a critical remark, because the purpose of the conference must be better formulated. And this was never clear. Afterwards it became clear: it was all about money.

It appears in this case where different interests collided, it was impossible to come to a workable plan. Despite their intentions, the network members did not dare take the deliberations to their conclusion and so painful but needed decisions were avoided. After the conference the network became paralysed and fell down like a house of cards.

Three remarkable side-effects in this case can be identified, although it is questionable if these effects could be considered positive at least by the couple. First, the people who were emotionally involved with the couple learned over the course of the three meetings to what extent their help was being valued by the couple. They realised that they had no need to feel guilty as they had done everything feasible within their reach. The reluctance of the couple towards (in)formal help was described as a "wall of unwillingness", and the conference revealed that the gap was too wide between what the couple wanted and what was actually (and legally) possible. Conferencing clarified that the couple with the help of their network was not able to avert risky situations, thus, providing the social worker with the legal grounds to execute coercive measures. At least the couple had had the opportunity to establish their own plan before the institutions intervened.

A lack of initiative and care paralysis; perspectives that are diametrically opposed

In several cases prior to the conference clients and their networks showed a lack of initiative and authorities were paralysed in their efforts to offer creative assistance. Conferences were requested as a last resort to avert placement of children or home evictions. That a conference became mired down in its preparatory stage or the plan was never fully implemented, was evident in the cases of five multi-problem families. In these cases, all parties – family, social workers and coordinators – waited and took no action. In two of these cases the conference was never convened. The official reason for the failure of the conferences was that there was no consensus within both the family and its social network. In three of these five cases, contacting the legal guardian was impossible, the phone was not answered and there was no response to voicemail or e-mail. FGC coordinators in these cases as well as researchers did not get through. Although the addiction worker in one of these cases took part in the conference, the legal guardian from child welfare who initiated the placement of the youngest son declined to participate. The FGC coordinator reported about this as follow:

> *[Case 10, FGC coordinator:]* From the outset, the child welfare employee was not willing

> to participate in the conference. I found this very unfortunate, as she is an important stakeholder in the whole picture. That I have seen as a shortcoming.

In the five cases, a long history with various agencies generated resistance to services. Social workers intervened with families, not because families themselves asked for help; instead often uncles, aunts or grandparents and in one case, neighbours reported unsafe circumstances. The families were so accustomed to this situation that they became passive and did not demonstrate initiative to change their lives. Similarly, the professionals were immobilised: they were unable to offer creative assistance to the families that could have averted unsafe circumstances and improved living conditions, and as result, they relied on threatening placements and guardianships.

A lack of initiative can also be observed in the five cases that were about nuisance problems in neighbourhoods and residential districts, but from a different angle. In these cases, one or more parties were the cause of the disturbance. Neighbours and bystanders did not dare to speak out; authorities did not know how to deal with the situation. An example is a case that concerned a quarrel between two neighbours in a public housing district where several residents were seriously inconvenienced. The FGC coordinator could not guarantee their safety (police officers were not able to participate) so he decided to cancel the conference. Despite the compliments he got from residents for what he had done so far, they were not pleased about the abrupt cancellation and the way they were informed about this, namely by a letter. An interview excerpt with a resident made this clear:

> *[Case 25, resident 1:]* We received a letter about the cancellation of the conference. But why was it cancelled? It remains a mystery to us.

Residents were "stunned" by the settlement. This harmed the image of the local FGC organisation.

In all eighteen cases, prior to the conference professional care yielded little to no success. A frequently heard comment is illustrative:

> *[General comment made by several professionals:]* Let's try FGC, everything else did not work.

Professionals were stymied while clients and their network showed a lack of initiative. In such circumstances the organisation of a conference went off course, stalling in the preparatory stage or not progressing to a successful outcome. Consequently clients and their network were not empowered to change their circumstances to their own advantage.

The perspective of professionals sometimes was diametrically opposed to that of clients and their networks. When asked if the goal of the conference about a socially isolated and addicted man in his late forties was achieved, an addiction worker responded as follow:

> *[Case 7, addiction worker:]* I do not think so, because the actions described in the plan are exactly the interventions that should never been carried out from the perspective of professionals. […] He wants others to take care of him. And what do his neighbours do? They all take care of him. […] Ok, he was empowered to take responsibility, but it were actually only his neighbours who really did do so.

The client in this case, however, found the conference empowering. A similar pattern could also be observed in two other cases: the main actors were positive about the increase in their resilience, while their social network and professionals were more sceptical. Could this be explained by pride (it was *their own* plan) and therefore the hesitance to admit that the implementation of the plan had failed (something to be ashamed of once again)? Or did the main actors feel empowered as the conference gave them a 'voice'? The latter probably took place in the conferences organised for two multi-problem families. Because a conference was organised, the families with the help of their network were empowered to establish their own plan to reduce unsafe situations and thereby avoid a placement or guardianship.

Further on, three conferences on neighbourhood conflicts gave residents the opportunity to voice their concerns about improper and aggressive behaviour of protagonists. Prior to the conference, they were not united and did not dare to speak out for fear of the trouble makers. The conferences bundled their voices together so that they could give a stronger signal to the authorities (municipality and housing association) about their dissatisfaction and that something needed to be done.

It is likely that clients and residents experienced an increase of their own resilience as FGC accorded them a voice (e.g., Ney, Stoltz, & Maloney, 2013).

Seeking refuge in professional care

Clients relapsed into old certainties when contacts within networks were broken and faded or unwilling to participate because of a lack of reciprocity and recognition from clients, or when clients felt ashamed of their situations and did not want to invite their social network. Often clients sought refuge in professional care, which usually does not evoke the same degree of shame. Clients do not need to feel guilty burdening service providers in the same way. Experiencing the judgment of professionals is also less

painful than that of family and friends, as evidenced by an interview excerpt with an addicted woman:

> *[Case 20, client:]* I can better deal with it when professionals judge me. That is not to say that my friends and family cannot act in an adequate [helpful] manner. But the thought itself is not pleasant. […] They all have the best intentions of course, but thinking about it . . . makes me hesitant.

Constantly relying on professional care as a last resort spins into a vicious circle: it evolves into a life cycling from crisis to crisis, with the recurring rejection of informal support and resulting dependency on professional care. A PMHC professional who participated in the member check for one case expressed this perspective as follows:

> *[Case 20, public mental health worker:]* In the end it does not work for you if I will let myself be misused by you all the time. It is not in your interest that I come here as your personal entertainer, and by doing so, facilitate you to postpone decisions to get out of this mess.

The professional wanted to make the client aware that it was not a natural right for her to rely constantly on (expensive) professional care.

Remarkable effects in apparently failed conferences

The eighteen conferences seemed to have failed, but despite the conferences having been used as a last resort, beneficial effects could still be discerned. The family group conference:

- uncovered the communication patterns within social networks;
- clarified to the main actor from whom support could be expected and from whom it could not;
- provided insight to the social network to what extent their help was valued by the main actor;
- demonstrated that the gap between that what the main actor wanted and what was actually (and legally) possible was too wide;
- offered learning opportunities so that future threatening situations could possibly be averted;
- indicated when the main actor and the social network were not capable of overcoming the unsafe situation, thus, clarifying the need for coercive measures, and;

- gave people, previously marginalised or intimidated, a voice.

In the eighteen cases, the circle around clients remained small. Frayed connections were less amenable to repair by just a single conference. Our findings indicate that when there is a lack of clear purpose and pressure to reach a plan, PMHC clients are insufficiently motivated to improve their conditions. In such circumstances, professional care is quickly called in once again.

Extending networks and building social capital

The purpose of this article is to draw lessons from eighteen family group conferences in a Dutch PMHC setting that apparently had failed. These conferences were extracted from a larger group of forty-one conferences. The other twenty-three conferences succeeded in mobilising the informal network in support of the PMHC client. For a successful outcome of FGC, it is crucial to break through a lack of initiative by the informal network and paralysis on the part of the service providers. If this is not done, then after the conference the restored, but still fragile, resources in the network will erode and clients will rely only on professional care. Besides clients and their network, there is the risk that professionals will become disillusioned (e.g., Schout *et al.*, 2011; Sousa *et al.*, 2007; Sousa & Eusebio, 2007; Sousa & Rodrigues, 2012). Doubts about the sustainability of the plan that was established during the conference are expressed in several cases. It appears that by organising just a single conference, client systems who have limited social capital will not directly be empowered, in the sense that they take responsibility for implementing and evaluating the plan.

As social capital theory indicates, reciprocity is crucial for sustaining relationships. Similar to the long term outcomes of the Norwegian study on the effects of FGC for social assistance recipients (Malmberg-Heimonen & Johansen, 2013), the findings from the eighteen conferences demonstrate that a lack of reciprocity within social networks and limited recognition of efforts hinder informal support. A different response is likely in youth care, where the family group feels morally obliged toward the children who cannot be blamed for the behaviour of their parents. It is plausible that more is needed for FGC to have long lasting effects when organised for adult clients.

Widening the circle of an informal network is a main goal of FGC (Pennell & Burford, 1994). A single conference within networks lacking social capital, however, is unlikely on its own to restore and strengthen bonds. Does the PMHC target group benefit from a one-sided emphasis on recovery when there is little to be gained? Or

should there be a broader focus on bridging to other networks and the benefits this could yield? Granovetter's (1973) differentiation of 'strong' and 'weak' ties offers insights on how to improve the FGC model for people who have limited resources and who do not or cannot reciprocate in kind. According to Granovetter, weak ties to external associations such through employment may serve as a source for renewal. He underlined that people who have a wide network of weak ties can rely on more resources than those with only private networks of strong ties. Thus, even when PMHC clients are embedded in private networks with strong socio-emotional ties, a conference might make little progress when human and cultural capital within these networks is restricted (Bourdieu, 1986, p. 53; Portes, 1998, p. 13-14).

Findings from our research point to the PMHC population benefiting from both the restoration of strong ties and the extension to weak ties. Informal support from strong ties can offer socio-emotional assistance and help to correct problematic behaviour (Portes, 1998). Bridging to weak ties, especially through paid jobs and voluntary work, can help PMHC clients in overcoming their isolation (Granovetter, 1974). Potentially this process can be supported by a 'family manager,' whom Sousa and Rodrigues (2009) describe: a strong tie within the private network of the client who acts as a link between the informal life world of families and the formal system world of institutions.

According to Sousa and Rodrigues (2009), a family manager helps in preventing professionals from reverting to old reflexes, such as threatening placements of children and home evictions, and in preventing the erosion of informal support when clients relapse into destructive behaviour. The family manager is by definition a mediator, such as the older sister of the single mother earlier described in one case or as seen in other studies of the advocacy role that some family group members assume (Pennell & Anderson, 2005). Possibly this mediator is also able to make connections to weak ties so that the life worlds of clients expand and new opportunities arise. Future research is warranted on experiences with the family manager role and task divisions among FGC coordinators, social workers and family managers.

Limitations of the study

Achieving substantive saturation in this type of research is a criterion for methodological quality (Guba, & Lincoln, 1989; Guest, Bunce, & Johnson, 2006; Small, 2009). For every case, the aim was to interview all participants in order to reach saturation in describing the process and outcomes of the conferences. Because several participants from each of the eighteen FGC were not able to contribute or were hesitant to take part in an in-depth interview, it is likely that an incomplete picture was formed. The same degree of reluctance to take part in the interviews was not evinced by the participants

from the twenty-three successful conferences. Reluctance towards being interviewed could therefore be an indication of a failed conference.

One can also question the quality of the different case studies, as there are usually differences in the interview skills of students. This we have compensated by supervising students intensively prior to the start of the research up to collecting and analysing the data, and finally writing the case study report.

It is striking that clients overall were more positive about the conferences than professionals and members from the social network. On the one hand, the network members and professionals may have depicted a more truthful image of the conferences because they could maintain some distance from the clients' life situation. On the other hand, the PMHC clients could better identify the felt impact of the conference from their perspective.

This study focused on the reasons for ineffective FGC implementation stemming from the internal dynamics of the clients and from the interpersonal dynamics of the clients and their networks. The reasons related to the FGC process itself require further study. One question here is of interest, namely whether an extension of the FGC model with several follow-up conferences that are organised by the same FGC coordinator could create the momentum that is needed with the PMHC group and other client systems with limited social capital.

Conclusion

The conferences as described in this article are regarded as a failure by the social network, professionals and in some cases, the clients themselves. This failure comes on top of the ineffectiveness of professional care prior to the conference. A conference that does not yield a desired plan still can have remarkable side-effects. Making clients, their social network and social workers aware of these effects can improve cooperation among the family, community and service providers. A lesson for FGC coordinators and social workers is to be attentive to those effects and to articulate them. Another lesson is that a single family group conference for PMHC clients may be unable on its own in countering a protracted history of inertia, disillusion and care paralysis. Social capital theory points to the necessity of not only renewing informal networks ('strong ties') but of expanding networks through connecting PMHC clients to paid and volunteer work ('weak ties'). FGC plans can include such action steps. Instituting a 'family manager' to monitor these steps may support the bonding of strong ties and the bridging to weak ties.

Research ethics

Ethics approval for this research was obtained from the Hanze University.

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