Summary

Introduction

Populations in Western countries are aging, due to increasing life-expectancy and the baby-boom generation reaching the retirement age. In the Netherlands, in 2030 about a quarter of the population will be aged 65 and over (van Campen, 2008). In 2005 the Dutch government formulated a vision on this aging population, stating that older adults are '*sovereign and worthy citizens, also when important sources to support an independent existence disappear*' (Ministerie van Volksgezondheid, Welzijn en Sport, 2005). In this policy the government made the participation of older adults a shared issue, inviting older adults to take responsibility and be part of society, and inviting 'society' to respect and include older adults. An important motive for the government to steer towards this transition was to attempt to cut the perpetually rising care expenses (Korpi, 2003; de Boer and van der Lans, 2011). Expensive long-term care needed to be decreased whenever possible, and replaced by informal support, or short-term or incidental care. The government is hoping to reduce costs by limiting access to homes for the elderly and other expensive forms of care, and replacing this, as much as possible, by a combination of: 1) informal care, 2) primary health care, covered by the Health Insurance Act (Zorgverzekeringswet, ZVW), 3) light long-term care, covered by the Social Support Act, also known as the Participation Act (Wet maatschappelijke ondersteuning, Wmo), and 4) long term care which will still be covered by the Long-term Care Act (Wet Langdurige Zorg, WLZ), but will become less accessible.

The transition will have implications for citizens. Part of the transition includes an increased focus on successful and active aging. However, when older adults increasingly 'age in place', they will need more assistance from the people around them. On the positive side, many older adults actually prefer to age in place rather than to move to a home for the elderly (van Campen, 2011). On the negative side, however, older adults living at home have been seen to resist being dependent on any forms of care, even when they do need support (ibid.). Also, if older adults do accept support, this causes increased pressure on them and their families.

Complications

The transition of the welfare state might result in older adults not receiving the care they need, and in some cases even becoming neglected and isolated, and losing control over their lives and care due to a lack of choice (van Tilburg et al. 2004; Jonker et al. 2009). Several reasons for this can be identified: 1) the bulk of care for older adults worldwide is already provided by social network members (WHO, 2002), whose possibilities cannot be stretched indefinitely (de Boer et al, 2009); 2) support between neighbors does not emerge by itself (Linders, 2010) and older adults' social networks often become smaller over time as family members and friends pass away

(WHO, 2002); 3) informal care seems to have its boundaries: taking older adults in your own home, having to shower them, or helping them with their support stockings every day, appears to be out of the question for many citizens (Tonkens & de Wilde, 2013; Westendorp, 2013) and 4) older adults seem to postpone thinking about becoming more dependent in 'the future', no matter how near this future might be (Roe et al., 2001; Gillsjö et al., 2011).

Family Group Conferencing
One way to deal with the above mentioned complications might be Family Group Conferencing (FGC). FGC is a meeting between a person who needs help and support – the 'central' person - and his social network, in which they discuss the person's situation and possible solutions that build on the available strengths and capabilities, and in which they set up a support plan. Social workers can give information about the care options and facilitate the social network's decisions. However, the plan is made by those who know the person and his situation best: the person himself and those closest to him. The FGC is organized by a coordinator who works for the Dutch FGC foundation. The coordinator should not be a social work professional, but a citizen who is willing to support fellow citizens. The independent position of the coordinator as fellow citizen is thought to be crucial for the success of the FGC. The FGC process has three phases (Sundell et al., 2001), which we present in Figure 1.
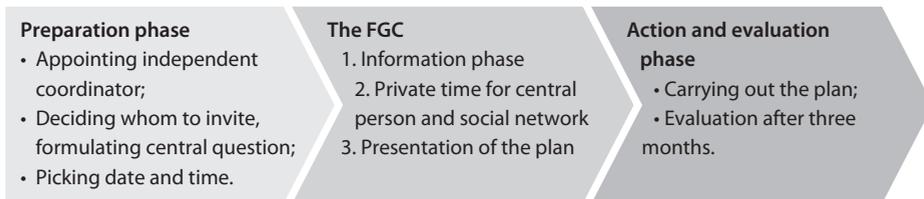
Preparation phase	The FGC	Action and evaluation phase
• Appointing independent coordinator; • Deciding whom to invite, formulating central question; • Picking date and time.	1. Information phase 2. Private time for central person and social network 3. Presentation of the plan	• Carrying out the plan; • Evaluation after three months.

Figure 1. Scheme of the FGC process

Implementing FGC in elderly care
FGC was developed for, and is mostly used in, child care. So, at the start of our research project, FGC had yet to be introduced in the field of elderly care. We initially planned to start a pilot project in one particular neighborhood in Amsterdam, but the organizations could not guarantee sufficient referrals of older adults to the FGC foundation, which led us to broaden our efforts to the whole of Amsterdam. Together with the Dutch FGC foundation and the Wise Older Women (WOW), an action group of women aged 50+, we organized information meetings, training sessions and conversations with managers, social workers and older adults. The general attitude

towards FGC of all the managers, social and care workers, volunteers and older adults we came in contact with, was positive. Most organizations were committed to referring a certain amount of older adults to the FGC foundation. However, in practice this appeared to be easier said than done, and the promised amounts of referrals could not be realized. This raised the question of why implementing FGC for older adults turned out to meet so many obstacles.

Main research question
The initial main research question of this dissertation was:

'(How) can Family Group Conferencing help older adults to retain and/or enhance their relational empowerment?'

We focused the study on relational empowerment, since previous research in the field of childcare found that FGC can help empower the central person and his social network (Hayes & Houston, 2007; Sundell & Vinnerljung, 2004; Cosner Berzin et al., 2007; Holland & O'Neill, 2006; Crampton, 2007). For older adults, this had not been researched yet. As a result of the low referral numbers, we added the following research question to the initial main question:

'Which factors - on the level of social workers and of older adults – influence the implementation of FGC for older adults?'

Methodology
We departed from a Participatory Action Research (PAR) approach (Cornwall and Jewkes, 1995; White et al., 2004), with a predominant focus on the participatory aspect since the research plan and process were set up and carried out in collaboration with (part of) the key stakeholders. In our case, the first important stakeholders were members of the Wise Older Women (WOW), who had been the initiators of the introduction of FGC for older adults, and of the research project. WOW is an action group of women aged 50 and over, which has been defending the rights of older women aged since 1981[17]. WOW signaled a fear amongst their peers to lose control over their lives when becoming older and frailer. They asked our research group to assist them in implementing and researching FGC for older adults. A second stakeholder was the Dutch FGC foundation, which had a great deal of experience with introducing FGC to various target groups by organizing information meetings and training sessions. A third important stakeholder would have been the social work organizations which worked with older adults in one neighborhood. However, while social work managers were positive about the FGC for older adults they were not

17 www.wouw-amsterdam.nl, visited on 16 November 2011

open to actual collaboration. As an alternative, we informed a wider range of social work organizations and professionals.

The research followed a responsive evaluation design (Abma and Widdershoven, 2006). We developed this design in close collaboration with WOW and the Dutch FGC foundation, but also with the criteria of the funding party we were aiming for in mind. We explicitly included the perspectives of different stakeholders, such as the different participants in the FGC, older adults in general, the WOW members, and social workers with and without FGC experience. All these different perspectives shed their own light on the issue and gave us a more complete, richer view.

Multiple case study: eight FGCs for older adults
To research the actual FGC experiences, we used a case-study design (Stake, 2006). We closely monitored the eight older adults for whom a FGC was organized during their FGC process. If possible, we interviewed them before the FGC, shortly after, and six months later. We also interviewed members of their social network, and social workers if they were involved with the case. The interviews were focused on relational empowerment processes which did or did not take place during the FGC process.

Introducing FGC: inhibiting factors for older adults and social workers
Since the introduction of FGC for older adults proved to be a slow and difficult process, we focused part of our research on the inhibitions of both older adults and social workers. We studied older adults' hesitations and inhibitions by carrying out individual interviews, duo interviews (mainly with marital spouses) and focus group sessions with a total of 74 respondents. Additionally, we carried out a focus group session with a group of WOW members, and an individual interview with one of the WOW members who had initiated the research project. To study the inhibitions felt by social workers, we employed an exploratory design (Lincoln and Guba, 1985). We used a phased design, adhering to the constant comparison method (Glaser, 1965). We started off with a survey among 36 social workers in order to get a more general idea of social workers' ideas about FGC for older adults. This was followed by a qualitative study to further discuss the themes that appeared from the survey. We organized three focus groups sessions: 1) with social workers with experience with organizing a FGC for one or more clients, 2) with social workers without such experience, and 3) with a mixed group of social workers with and without FGC experience with older adults.

Analysis
The focus group sessions and individual interviews were analyzed using MaxQda10. We used a thematic analysis, to identify and analyze patterns of themes in the data (Braun & Clark, 2006). It is a detailed process of describing empirical data, in which the researcher defines the themes based on their relevance for the central research question. As sensitizing concepts, to give the analysis some general direction, we used an operationalization of resilience and relational autonomy. During the research process, we went back and forth between the empirical data and the theoretical concepts, making it an iterative process. This enabled us to construct a preliminary theoretical framework which we could change and/or enrich with the help of our data (Jackson and Mazzei, 2013).

RESULTS

Chapter 2. Family Group Conferencing: A Theoretical Underpinning
An important goal of FGC is to help people and their social networks become more empowered. However, in scientific literature there is a lack of knowledge about the underlying theory to explain how this empowerment process might work. In this chapter, we provide such a theoretical basis by examining how the concept of empowerment can be linked with the basic assumptions underlying FGC. While empowerment is often mentioned in FGC literature as a FGC goal, authors are not unanimous when it comes to the operationalization of empowerment, especially on the relational level of the person in his or her social context. We use the concepts of relational autonomy and resilience to conceptualize empowerment on the relational and individual level.

Empowerment can be defined as *'[…] a process, a mechanism by which people […] gain mastery over their lives'* (Rosenfield in Tilley & Pollock, 1999: 57). Factors contributing to the empowerment process on the level of the individual, are commonly divided into emotional, cognitive and behavioral factors (Zimmerman, 1995; Becker, 2004). Additionally, several authors (Christens, 2012; Riger, 1993; Rowlands, 1996; Penninx, 2004; van Regenmortel, 2009; Baur, 2012), stress the importance of a fourth factor: social and interpersonal relations. Adding these factors makes empowerment an inherently relational concept. *Relational empowerment* can be seen as the central concept and most important process of the FGC. To explain the process of relational empowerment in the FGC-context, we applied the concepts of resilience and relational autonomy. The most important factors contributing to resilience are 1) self-reflection, 2) reciprocity, and 3) social support (Janssen et al., 2010). The concept of resilience focuses on the individual reflection on ones thoughts

and actions, but also acknowledges the influence of receiving social support and experiencing the power of giving (reciprocity) on the self-reflection process. The most important factors contributing to relational autonomy are 1) self-respect, 2) received respect, and 3) compassionate interference (Verkerk, 2001). The central idea to relational autonomy is that it is seen as a socially constituted capacity in which individuals find a way to *"[…] live in line with one's values and identity"* (Schipper et al., 2011: 526), which are constituted in and by his interpersonal relationships and social environment.

In the FGC model, decisions are made and a plan is constructed by a client and his social network. However, it is much more than that. The concepts of relational empowerment, relational autonomy and resilience give an adequate, if theoretical, description of the empowerment processes and desired outcomes of the FGC. Both intrapersonal and interpersonal processes take place and important notions are: feeling in control, feeling self-worthy, sharing problems with others, accepting help, and being respected by others. We report on the practical implications of empowerment of vulnerable groups through the FGC-process in the following chapters.

Chapter 3. The potential of Family Group Conferencing for Older Adults: A Case Study Approach
In this chapter, we explore the practical application of the concepts of relational autonomy and resilience to understand the FGC process in older adults. We used a case study design, researching eight FGC cases for older adults, and selected two cases for further analysis and comparison. We chose the first case, Mrs. Braafheid's story, because of her complex situation and the negative influence of her limited social network. Contrastingly, we chose the second case, of Mr. Stapel, because his problems were relatively simple, and his network was extremely capable and diverse. They were both extreme cases (Flyvbjerg, 2006), and of the eight cases they showed the most contrast in terms of process during and outcomes after the FGC, making them cases with great learning potential (Abma and Stake, 2014).

Mrs. Braafheid (85) was a Surinamese woman who lived independently, together with her son Andy (58) and her granddaughter Ruth (34). Andy suffered an addiction and appeared to be stealing money to pay for his addiction. Ruth seemed to have psychiatric problems, often disappeared for days, and used her grandmother's name to make debts. The situation with Andy and Ruth caused financial and emotional problems for Mrs. Braafheid, which was the reason why the FGC was organized. During the FGC, a small group of family members was present, excluding Ruth and Andy. Yet, the FGC plan was largely focused on actions they would have to take, and

did not consent to. Additionally, part of the plan included Mrs. Braafheid moving to a nursing home, which turned out to not be possible yet.

Mr. Stapel was almost 65 years old. He was a widower and he lived independently. His wife died ten years ago and since then he started to isolate himself in his house. He also stopped cooking for himself, and had multiple physical problems which limited his mobility. He was about to retire from his job as a translator of old-Dutch texts, and was afraid he would become even more isolated. This was why the FGC was organized. At the FGC, a large group of family members, friends and acquaintances was present. They were willing and able to support Mr. Stapel, and a balanced and stimulating plan was made.

We found that the concepts of relational autonomy and resilience did appear to be helpful in explaining the FGC process and outcomes, although some important factors still needed to be included. Based on the cases of Mrs. Braafheid en Mr. Stapel, we could tentatively conclude that the outcomes of the FGCs appeared to be most positive when: 1) the social network members were in a situation in which they could have a positive influence and interfere with compassion; 2) the older adult was willing and able to strike up social relations and make use of them if needed; 3) the older adult took ownership towards his own situation and the FGC process, and had a clear goal; 4) the central question was focused on the older adult himself and not on other people who were unwilling or not present. Still, the theoretical framework needed be augmented with a stronger focus on the context, such as: the nature and duration of the issues; the capacities and interests of the social network; and structural contextual factors such as culture, education and ongoing problems in the social network.

Chapter 4. Older adults' Views on Using Family Group Conferencing to Regain Control and Autonomy

When implementing FGC in the Netherlands, older adults seemed to show resistance. Reasons for this resistance have been researched and are described in this chapter. We examined existing views and attitudes of older adults concerning the use of FGC, and reported on how older adults looked at the possibility to regain control over their lives using FGC. To do this, focus group sessions, duo interviews and individual interviews were held with 74 older adults with varying characteristics: living at home, in sheltered housing, or in a home for the elderly; and living in urban, suburban or rural areas. Themes were: views on and contentment with the control and autonomy they experience in their lives, and the willingness to use FGC to improve this.

A common first reaction among our respondents was: I wouldn't know whom to invite. They mentioned all sorts of reasons why they thought their social network would not be able or willing to attend a FGC. We then looked at what was behind this first reaction. This could be the idea that people, mainly partners or adult children, would be there for them anyway in times of need, so a FGC would not be necessary. Also, respondents had the feeling that they were not old yet, and they felt not ready for such an 'intervention'. This feeling might be caused by: embarrassment in asking for help, reluctance to open up, or the fear that asking for help would result in less control.

We conclude that, for this generation of older adults, FGC seemed to mean losing control and autonomy rather than gaining it. To be appealing to older adults, a relational empowerment strengthening model should most likely be focused on reciprocity, peer-to-peer support, and solutions instead of problems.

Chapter 5. Family Group Conferences for older adults: Social Workers' views
When FGC was implemented for older adults in the Netherlands, social workers turned out to be reluctant to refer. To discover reasons for this reluctance, we examined social workers' views and attitudes concerning the deployment of FGC for their clients. In an explorative study we distributed a survey among social workers who worked with older adults and were informed about FGC, followed by three focus group sessions with social workers with and without FGC experience. Additionally, we held individual interviews with social workers and an employee of the Dutch FGC foundation.

The respondents were positive about FGC, but hesitant about referring their older clients. Reasons were: they already work with their clients' social networks, they fear losing control over the care process, and they wonder how they can motivate their clients. They also report that their clients are reluctant: they seem to fear that FGC makes them lose self-mastery and they do not want to burden their social network. These findings indicate that implementing FGC in elderly care is a complicated and slow process, partly because it social workers are unfamiliar with when, how and to whom to introduce FGC as an empowering model. To facilitate this transition, it might be necessary to offer social workers more guidance. Additionally, one could experiment with making alterations to the FGC model, for example by shifting the focus to neighborhood networks and focusing more on reciprocity.

Chapter 6. Family Group Conferencing for Older Adults: Conflicting Expectations between Older Adult, Social Network and Citizenship Regime

Besides the two cases we studied in-depth and presented in chapter three, we studied and analyzed the FGC processes of all the eight older adults for whom a FGC was organized to identify factors which might explain a positive or negative outcome. We conducted a total of 28 interviews. We held 2-3 interviews with each older adult (before the FGC, afterwards and six months later), and we spoke with social network members and social workers involved. For the data analysis, we used Arlie Hochschild's concepts of feeling and framing rules, and Evelien Tonkens application of citizenship regimes to Hochschild's theory.

According to Hochschild (2008), emotions are connected to the context in which people are living. People unconsciously match their emotions with what is clinically, morally, socially and contextually expected of them, which Hochschild sees as (unwritten) 'feeling rules'. Although many feeling rules are universal, the more subtle rules are determined by the way people look at the world, which Hochschild called 'framing rules'. She distinguishes three types of frames: the moral, the pragmatic and the historical framework. Tonkens (2012) has supplemented Hochschild's theory with a dynamic contextual component, to better understand conflicts between feeling and framing rules and a changing social context. She introduces the concept of 'citizenship regimes', which she defines as: *'The institutional arrangements, rules and understandings, and power relations that guide and shape current policy decisions, state expenditures, framing rules, feeling rules and claims-making by citizens'* (2012: 201). The three main citizenship regimes which succeeded each other in the Netherlands in recent decades are 1) the community regime, 2) the welfare-recipient regime, and 3) the active citizenship regime (Tonkens, 2012). The community regime assumes that communities, and mainly the women, must provide for their needy members. Receiving care is a favor, offering it is done with pride and joy. In the welfare-recipient regime the focus is on professional help. Receiving professional care is a right, and if the quality or quantity of care is poor, people are allowed to be upset about it. In the active citizenship regime, which currently dominates in many Western societies, citizens are expected to arrange their own care by combining what they can do themselves with the capacities of their social network, possibly assisted by formal services.

The results of FGCs for older adults were closely related with the – sometimes conflicting - expectations of the various stakeholders, and with the – sometimes unrealistic - expectations connected with the prevailing citizenship regime. In the two situations in which the expectations of the older adult and his social network matched, and they had the capacity to find their own solutions, the FGC delivered

a feasible FGC plan. In the six other cases, several conflicts seemed to occur. Firstly, conflicts arose between the support expectations of older people and of their social networks, particularly when the older adult expected more from his social network than the network members were willing to offer. Second, we saw conflicts between the expectations of the older adult and social network, and the prevailing regime, because those involved argued from the welfare-recipient regime while the active citizenship regime dominates. An extra complicating factor was that some older adults, social network members and social workers had unrealistic images of different citizenship regimes, expecting more or different things than might be possible within that regime. A third conflict occurred when the active citizenship regime expected more skills of the older adult and his social networks than they could offer. These various conflicting expectations might be preventable when older adults, their social networks and social workers become more aware of their own expectations and those of others. Expectations may need to be adjusted, and a social worker can play an important role in assisting in this process. The government may also need to adjust its expectations, especially with respect to older people in vulnerable situations with complex problems.

DISCUSSION AND CONCLUSION

When it comes to theory building, we went through an interesting development. We started with a theoretical framework predominantly focused on psychological concepts - albeit incorporating relational factors - such as relational empowerment and relational autonomy. After testing the framework on two contrasting cases, we came to the conclusion that the framework needed to be expanded towards more environmental, socio-economical, and cultural factors. In the two cases with positive outcomes, the older adults' environments were stable, sufficient resources were available, and they had social network members with the capacities to help them. In the six FGCs in which no sustainable plan was yielded, we identified a culture of poverty and culturally embedded obstacles (Chapter 6). Thus, we suggest that a basic level of stability and relational empowerment is necessary for the FGC to have a chance to succeed.

We also found that our psychologically focused theoretical framework needed to be connected with societal changes, and predominantly with the transformation of the welfare state towards a 'participation society'. The existing overlap between the community regime, the welfare-recipient regime, and the active citizenship regime, appears to cause different kinds of conflicts between feeling and framing rules, of the different parties (Chapter 6). The shift towards an active citizenship regime still

seems to require time and effort. Seemingly, this can only be done in a participative, collaborative, and flexible way, over a longer period of time.

Citizenship regimes and social workers
In chapter 5 we reported on social workers and their hesitations towards FGC for older adults. However, we had not yet looked at their views through the lens of shifting citizenship regimes. Surprisingly, the social workers who were in fact involved in a FGC for an older adult showed predominantly welfare-recipient based feeling and framing rules, where a focus on the active citizenship regime could have been expected based on their seemingly positive attitude towards FGC. We can expect this to be an even stronger factor with social workers without experience with FGC for older adults and possibly more concerns towards it.

We have seen that the two most mentioned reasons for social workers to not offer their older clients a FGC were that social workers already involve their older clients' social network, and that they do not know when, how and to whom they should offer a FGC. (Chapter 5). The first objection is part of a welfare-recipient type of framing. These social workers preferred to stay in control, also because to them, being a social worker meant you solve people's problems. The second objection of not knowing when, how and to whom to introduce FGC indicates that social workers not yet feel comfortable with the motivating and coaching role that is expected of them in the FGC process. An underlying reason for our social work respondents to not introduce FGC to their older clients might be a lack of believe in the model. This might have to do with, perhaps justified, doubts concerning the capabilities of their clients – and their clients' social networks – to live up to the demands of the active citizenship regime.

Citizenship regimes and older adults
When we asked older adults about their opinions on FGC (see chapter 4) they mentioned numerous reasons why FGC was not for them. When looking at clashing regimes and feeling rules to explain older adults' hesitations, two mechanisms seemed to determine the older adults' emotions concerning FGC. The first mechanism was a framing of care provision according to the welfare-recipient frame, causing older adults to feel like they were entitled to receiving formal care and asking their social network for help meant being a burden on them. The second mechanism entailed the experienced need to stay active, independent and autonomous, which fit well with the active citizenship regime. Our older respondents seemed to feel the societal pressure to 'age successfully' and keep participating as much as possible, which also meant ignoring their diminishing strengths for as long as possible.

Is aging allowed within the participation society?
It seems that older adults within the participation society are expected to stay active, even though they are decreasingly capable of doing so. This might answer to most older adults' whishes (Dale et al., 2012; Gillsjö et al., 2011; van Campen, 2011) but also puts a great deal of pressure on those older people who are decreasingly able or willing to participate. A different interpretation which might reduce this pressure could focus on allowing people to be old and increasingly frail, while still acknowledging the common need for autonomy and leaving room for individual preferences and abilities.

In addition to finding a new definition of successful aging, it seems to be important to try to change the dominant view on being dependent. To depend on the support of others is experienced as something undesirable, which might make older adults cling to their last bit of independence (Hertogh, 2010). In contrast, it might be useful to embrace the concept of interdependence, or relational autonomy. This entails the idea that finding a renewed balance in the face of growing dependence is a shared task between the older person, his social network and his professional care givers (ibid.). If this becomes more accepted within society and within people it might also be more acceptable to ask one's social network to make a plan to deal with growing dependencies, in the form of a FGC or otherwise.

In conclusion
Our findings suggest that FGC for older adults can be successful in enhancing their relational empowerment if:
- Professionals actually offer it to their clients;
- Older adults are open to sharing their problems with their family members, friends and neighbors;
- Older adults already have a sufficient level of resilience and relational autonomy;
- Older adults have a diverse and capable social network;
- Problems are related to internal factors of the older adults, and not caused by external factors such as generational poverty or heavy informal care duties;
- Expectations of the older adults, their social network and the welfare state correspond with each other.

Recommendations for further research
Future research could focus on FGC for the next generation of older adults. This research project focused, naturally, on people who are old *now*. They grew up in a society in which care was mostly provided by the women in the community, and they witnessed the construction of the welfare state in which care gradually became something everybody had a right to. The transition towards being an active citizen,

might be a step we cannot expect many older adults to take. However, upcoming generations of older adults, might be more open to these ideals, and find it easier to adjust to the active-citizenship regime.

Alternative models or initiatives with the same goal as FGC but achieved through different strategies, could also be a focus of future research projects. One alternative is the village model, developed in the USA (Scharlach et al., 2011) by neighborhood dwelling older adults, and copied in Amsterdam, the Netherlands. The idea is that knowing one's neighbors could result in supporting one another if necessary. The way the Dutch Villages are shaped might form an alternative to the FGC in enabling social networks to develop and stimulate care solutions coming from the community. This way, support can be realized more naturally, without organizing a meeting. Also, these Villages focus more on peers and reciprocity, and less on care from family members. It would be interesting to study the social cohesion and informal care giving processes within these Dutch Villages.

Since both professional elderly care and informal and community-based care provisions are currently going through such intensive changes and all the above given research suggestions would involve pioneering, we would advise the use of a Participatory Action Research design. Such a design would give the opportunity to bring the different stakeholders – older adults, neighborhood communities, social workers etc. - together and find an approach that would best suit their needs and wishes. It also gives the chance to respond to new initiatives by action groups or socially engaged citizens, such as WOW or the initiators of the Dutch Villages. We believe this creates commitment and collaboration, giving the chosen approach the biggest chance to develop into something sustainable.

Recommendations for social work practice and education
In this study, we found that social workers experienced some difficulties in working with FGC because they were not yet comfortable with the role of facilitator and coach, and with having to trust clients and their social networks to make their own plans and follow-up on them. To a certain extent social workers were right about having these doubts, since we found that certain social systems seem to not be equipped to deal with FGC in a positive way. Also, social workers were uncertain about whom to introduce FGC to, and 'solved' this problem by only introducing it to clients for whom they had exhausted all their other options. Clearly, social workers need more guidance during their education and in practice in when and how to work with empowering models such as FGC. It might help if social work education would focus more on creating awareness, with social workers and with their clients and the social network members involved, concerning their feeling and framing rules, present

capabilities and possibilities, and the actual possibilities within the current welfare state.

By extension, social workers could have a signaling function when it comes to clients who, in their estimation, are in their current situation unable to meet the active citizenship expectations. If structural environmental factors prevent people from living up to societal expectations, their environment should, according to van Ewijk's contextual transformative approach (2010) be adapted to them. FGC could be applied as part of the contextual transformative approach at a certain stage, either in the beginning or after making some improvements to the context first.

In the Netherlands, a model has been developed along these lines by a group of people who separated themselves from the Dutch FGC Foundation, under the new name of the Stronger Together Foundation. Their model is still based on the FGC but they added some features, such as a stronger cooperation between the coordinator – who they gave the job title of coach – and the social worker, and explicit attention to following-up on the plan. Additionally, the foundation offers social workers support by inspiring and stimulating them to think, act and organize in a different, active citizenship oriented way. It may be worth experimenting with this model in the field of elderly care.

For the larger group of older adults with less complex issues, it might be interesting to develop FGC related models which provide an answer to the objections of our older respondents to the current form of the FGC. We held a focus group session among some stakeholders from the FGC foundation, the WOW and initiators of some of the Dutch Villages to discuss future possibilities. They argued that such models should focus more on reciprocity and peer-to-peer support, be embedded in neighborhood networks, and be organized in a less formal, more 'low-key' way. An additional suggestion from the focus group participants was to motivate older adults to make a preliminary plan concerning how they would want to deal with possible difficulties, for example if they would fall and break something or if their mental capabilities would start diminishing. The participants in the focus group stressed that older adults should be informed about the necessity of thinking ahead, since they have the tendency to postpone thinking about the future until it is too late.

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