

Early intervention - anticipation dialogues in the grey zone of worry

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1. The motivation

Almost every time one encounters a young person deep in trouble, there will be a number of professionals and others saying "*we saw it coming, the early stages were present already at day care/school, etc.*". One asks, could or should something be done *before* things get too bad. There is a large collaborative undertaking in Finland trying to enhance early intervention. The main NGOs dealing with child welfare, mental health work and work with substance abusers joined forces with all the relevant ministries (i.e. governmental departments from health and welfare to education, justice etc.) to develop methods and strengthen structures that could promote early intervention. The undertaking has been going on for a couple of years, and will continue another year.

My angle of approach is in the "public sector branch" of the undertaking. Our team works at STAKES, National Research and Development Centre for Welfare and Health (Helsinki)¹, and has been given the task to co-ordinate the steps taken together with municipalities and their service providers. We work in close so-operation with the Central Union for Child Welfare, which co-ordinates the "NGO branch". (Some of their work is presented at a workshop in this Conference.)

2. Developing work in a chaos of projects

In Finland, both central government and NGOs develop new activities mainly through *projects*. The Finnish municipalities are rather autonomous, and the present idea of governing them by the central government leans towards "steering by information" rather than uniform norms. Of course, governing through legislation and allocating resources is still there, but the local bodies prefer to have room to apply the guidelines according to their particular contexts. Project-based developmental work, along with dissemination of research outcomes and other information, are among the key "instruments" of information steering. In addition to productive practices, this mode of steering seems to bring about certain *unintended consequences*, namely projects on top of projects, leading to a "*chaos of projects*". The more complex the approached matter, the more projects you seem to have. Problems of preventing processes that *exclude or displace* children and adolescents are certainly complex, and in most parts of the country there are several simultaneous

¹ www.stakes.fi

projects dealing with similar child/adolescent/family related topics even in the same municipalities. More often than not they are very loosely co-ordinated, if at all. Many of them tap the same personnel, so that the most experienced and innovative professionals (and NGO activists) find themselves pulled from various directions, all with a very binding cause (the wellbeing of the child). As the basic funding of the service network is being downsized at the same time, amounting to increased case loads for fewer professionals, it is no wonder that the soils of innovative potential begin to be over-exploited. Projects come and go. At best, they leave permanent traces; in the less successful - and more common - cases, the innovative work dissolves as the project structures are dismantled.

The ambitious aim of our undertaking² is to *make early intervention sustainable*, i.e. to support structures and practices that "anchor" early intervention in basic everyday work and its management structures.

3. Early intervention - support, control or both?

The term "early intervention" evokes somewhat mixed feelings - in Finland, at least. On the one hand, "everybody knows" that intervening when a child is in trouble is concern and caring, and not intervening would be negligence. On the other hand "everybody" feels that one ought to respect the privacy of people. Calling the work "early support" seems to evoke more positive feelings, and hardly anyone wants to talk about "early control". However, support and control (or help and control) are not polar opposites, if the aim is to *enhance the control of the situation(s) by the involved persons themselves*. At times, dangerous developments have to be curbed, in order to help the involved persons to get on the top of things, into control of their situations. On the other hand, if this is done in the manner that leaves the persons weak, i.e. in a way that does not enhance his/her/the family's/the personal network's resources, it is hardly very inspiring or far-sighted early intervention. *The aim of early intervention could thus be to empower the involved persons, families and networks to curb worsening situations*. Therefore, early intervention should target the *resources* of the child, adolescent and family - and the personal and professional networks. In the larger context, *early intervention tries to counteract processes that point to exclusion and displacement of children and adolescents*.

Of course, the notion of "empowerment" does by no means transfer work with children, adolescents or families outside the realm of power relations, as Barbara Cruikshank³ brilliantly points out. Rather, empowering is about "making subjects", with the intention of enhancing self-governance. It is help to self-help, and self-help is ideal for governance.

4. Multi-professional muddles

Professionals often ask when to intervene and in what, i.e. they would welcome more or less definite *objective criteria* for early interventions. Indeed, many fruitful maps have been charted, helping the professional to assess how the needs of the child are met. However, *the same facts can invoke different degrees of worry in different professionals*. Some work at the crisis end of the continuum, encountering children, adolescents and families in very difficult situations. Others work in agencies of "normal" basic work such as day care and schools. Some, like social workers, may

² I hesitate to call it a project. The word "project" is beginning to have a bad reputation among professionals of psycho-social work and other fields of welfare society services.

³ Cruikshank, Barbara: *The Will to Empower. Democratic Citizens and other Subjects*. Cornell University Press, 1999

meet and get to know the whole family, some may only meet one member of the family with no need to know about the others. Some meet their clients often and perhaps on regular basis, some more randomly. Therefore, it would be somewhat futile to try to develop *uniform* methods for early intervention. Instead, the particular context of each agency, profession and professional has to be taken into account.

Each agency and profession have their set of *basic tasks*, and each individual expert has his/her *particular contacts* to the people in question. If a child is in trouble, there is, in principle, a multitude of agencies and professions that are obliged to act. Children, adolescents and families are at a junction of several professional tasks. It is not uncommon that a complex child-related situation gathers up more agencies and professionals than family members. Families in "multi-problem" situations become "multi-agency families", as Evan Imber-Black⁴ points out. The family's everyday life becomes compartmentalised in the professional system. Each expert approaches the situation from his/her professional angle and views it through special lenses. This is not restricted to child-related matters at all. On the contrary, this is the modern way of approaching complexity. The expert system emerged to divide complex totalities into sub-units and their sub-sub-units and strives to control complexity through controlling the parts.⁵ It has tuned out to be a paradoxical way of control. I has brought great successes in various fields of science, technology etc., but also disastrous unintended consequences (e.g. in ecology). Also in approaching child and family -related matters, the compartmentalised mode of problem solving has enabled great expertise on the one hand, and brought about new levels of complexity and muddles, on the other. The professional system may get stuck even if all the sub-parts are doing exactly what their textbooks tell them to. *The new level of complexity, the family - multi-helper system is something that cannot be dissolved by the compartmentalised approach that brought it about - without special efforts.*

The encounter between the sector based, specialised expert system and the comprehensive everyday world (between the "system world" and "life world" to use habermasian terminology)⁶ is fundamentally problematic, because the one is compartmentalised and the other is not. The constitutive quality of everyday life is that it is comprehensive. The way in which the expert system has to try to make sense of the comprehensiveness, is by "slicing" it to parts that correspond the expert system's division of labour. What is gained is deep insight into restricted phenomena, what is lost is the context of them. Thus, in the expert system around children, adolescents and families, there is a constant danger of losing sight the life-world "fixing point" of professional tasks. This is where coordination dismantles: each professional does what his/her basic task and professional routines "advice", without a common platform. At best, the parts of professional expertise fall neatly together and problems are solved, at worst, the problem-solving becomes a problem in itself.

5. Objective facts and subjective worries

The points of view (literally: as viewing points) that the professionals have, depend on their basic tasks and their actual contacts to the "case". What they see from their points of viewing, is, of course, also greatly affected by their professional training and experience, may be even life history. Thus, it is more likely than not, that *even in the case where two professionals observe the same objective facts, their interpretation of them is different to one another's*. There will be as many interpretations as there are interpreters - and if the situation is alarming, there will be a wish afloat of sharing the one and the same interpretation. The more alarming the situation, the stronger the wish for a joint view. This is when the yearning for objective criteria rises – for criteria so

⁴ Imber-Black, Evan: Families and Larger Systems. A Family Therapists Guide through the Labyrinth. Guilford, 1988

⁵ See: Toulmin, Stephen: Cosmopolis. The Hidden Agenda of Modernity. The Free Press, 19990

⁶ See Arnkil, Erik: "Fordist" Social Work and the Systems of Boundary. Nordiskt Socialt Arbete 4/1991

undisputed and powerful that they will bring the opinions into line. However, there can never be a shared view - lest all the viewers share exactly the same point of viewing and the same "lenses" for observing. And worse still, no one in the sectorized professional system has the position that allows getting others into line.

Like all others, like all people, professional helpers view what they see *subjectively and in relation to their own activity*. This is how people can understand the torrent of data that they are receiving every moment. As the Russian psychologist P.J. Galperin put it: People do not observe the world as systems of particles in interaction, but *as potential fields of their own actions - and this subjectivity is essential for being able to make sense*⁷ (see also Arnkil, Eriksson & Arnkil⁸). John Shotter⁹ has pointed out that, in addition to knowing what (something is) and knowing how (to operate), people have knowledge of the third kind, *knowing from within relationships* what those relationships are. Professionals who encounter children, adolescents and families, notice more or less distinct emotional "signs" in their work relationships. These signs are trying to "tell" what the relationships are like. If worry evokes, there might be something unwanted going on. *Worries are anticipations*¹⁰. **They may be telling the professional that his/her possibilities to look in the mirror - as a professional and a private person - who can say to oneself that I'm doing a good job in the best interest of the child, are disturbingly diminishing.** *In this respect, early intervention is intervening in one's subjective worries.* One may hope that the worries will dissolve by themselves (or try to forget them), or, if they refuse to leave even if one does what best can, one may start looking around for help.

The professional is helping the child, the adolescent, the family. This can be taken as the basic setting and intention. But s/he is not helping *every* child in the town, let alone further away. (S/he may have tried in the beginning of the career...). S/he is helping children and adolescents through *professional* relationships. The fundamental question is: *What is happening to the child if I go on doing what I have been doing?* The professional's anticipation involves the person anticipating. It is not just about "others". If one anticipates that "more of the same" leads to somewhere one would not like to be, one may start to look around for fresh possibilities and additional resources. Anticipations are not merely cognitive operations, that of calculating the situation. The overall picture is emotional. Odd feels odd before you know what's wrong. Cognitive (e.g. reasoning), emotional (feeling: what is this for me) and moral ("instant emotional assessment": is this binding or can I stay out according to my values) modes of orientation work in unison, each irreplaceable.

What is important here, is that subjective worry relates to work relationships and experienced possibilities. Thus, they are not merely about the professional's "inner world" nor are they only about the child/adolescent/family. Let me illustrate this with a help of a graphic tool we produced.

6. Zones of subjective worry

The tool consists of *zones of subjective worry in relation to children & adolescents*. On the left, there is the zone of no worry, towards the right there are two zones of "small worry", at the right end there are two zones of great worry, and at the centre two zones of bewilderment, a grey zone where everything is unclear.

⁷ Galperin, Pjotr. J: Johdatus psykologiaan (Introduction in Psychology). Kansankulttuuri 1979

⁸ Arnkil, Tom Erik & Eriksson, Esa & Arnkil Robert: Dialogisk utveckling av kommunernas service. Från sektorcentrering och projektkaos till flexibla nätverk. Stakes rapporter 260/2001

⁹ Shotter, John: Conversational Realities: Constructing Life through Language. Sage 1993

¹⁰ Arnkil, Eriksson & Arnkil, ibid.

(1) No worry	(2) Feelings of slight worry or wonder every now and then; strong confidence in one's own possibilities to support	(3) Repeated thoughts of worry and wonder; confidence in own possibilities . Thoughts of a need for additional resources	(4) Worry growing; confidence in own possibilities diminishing. Wish for extra supporters and controllers	(5) Marked worry, own resources running dry. Clearly felt need for extra supporters and controllers	(6) Constant strong worry: Child in danger Own means being exhausted. Additional resources and controllers needed immediately	(7) Worry very deep and strong: Child in immediate danger. Own means exhausted. Change in the child's situation needed immediately
SMALL WORRY		GREY ZONE		GREAT WORRY		

Figure 1: Zones of professionals' worry about the child's situation

It has to be emphasised that none of these "zones" are "objective" in the sense that the actual situation of a child/adolescent would actually fall into a category. In fact, the one and same child could be viewed as evoking "small worry" by one and "no worry" by the other professional. (There are "no worry" situations even in the crisis workers case load; they are the cases where the "objective" situation may be chaotic, but the professional work relationship is good and yielding prospective results). The categories are about professional *relationships*.

Professionals from day care to psychiatry, from the police force to school personnel found it very easy to communicate through the tool. There was no trace of the problems that they had had in trying to share their views. The secret, we believe, is that the tool does not force the professionals to agree on shared objective criteria of assessment. The school teacher may be alarmed much "earlier" than, say, a youth worker, but they do not have to fight out the "correct assessment". They might learn to appreciate each other's *different position*.

We were curious about the rough distribution of subjective worry-assessments. We asked 1556 professionals from schools, day care, basic health services, mental health services, social welfare departments, school counselling, youth work, family guidance clinics, A-clinics for substance abusers, therapy, parish work, police, a central hospital and local NGOs in two regional areas to assess anonymously, without any registering of the persons involved, how they viewed the situation of the encountered child/adolescent through their relationships - in a two week's period of time. In all 29 976 encounters were assessed simply by checking off the appropriate zone for each encounter. About 2/3 of the entries were in the "no worry" zone, about 1/4 in the "small worry" zone, some 8% in the grey zone, and about 1,5% in the great worry zone.

What should one think about this? (1) First of all, the no worry -zone is surprisingly "large" if one thinks of the information one gets from research about the widespread problems of families, children and adolescents. The professionals seem to be happy about the situation and their own possibilities in two thirds of the encounters. (2) Second, the 1/4 of encounters viewed as evoking only small worry, indicates that there are great possibilities for *early intervention in situations where there are plenty of resources to draw from*. (3) Third, the "grey zone" is rather large if one thinks of the bewilderment of the professionals and the fuzziness of the relationships in grey zone situations. *This is burning-out ground*. (I shall come back to this in more detail). (4) The experienced "great worry" zone is within limits of managing, if there are clear and working structures for crisis-work in the localities. If not, 1,5% of all encounters tumbling down on you, is disastrous - for all involved.

*The big question is, are there means, methods and structures appropriate for each zone. (1) Can the no worry -zone be kept free of worries? This depends, to a great extent, on how the wellbeing of families and the base condition of child and family -related services are looked after. The downsizing of benefits and services could jeopardise the stone base. (2) Are there appropriate means of early intervention in "small worry situations"? Surely they need not be as resolute as the interventions in more worrying cases. (3) Are there means and structures for clarifying the fuzzy situations in the grey zone? This is where co-operation is called for, and paradoxically, where professional co-operation easily gets stuck. As anxiety rises, dissatisfaction with what others are doing, even blame, rises - and the professional system replicates the problematic interactions it was supposed to help the child out of. (4) In the great worry -zone, rapid and effective ways of connecting resources are called for. Are the structures and know how available? *These (1-4) are, in principle, questions to local politicians and managers.* It is their task to ensure that all the zones are adequately covered.*

7. Tools for lessening worries

As one part of our Early Intervention undertaking, we are gathering *good practices* among the various professions and editing a book and an internet publication from that material. We have interviewed a wide range of professionals dealing with child, adolescent and family related matters. The gathering instrument is the zone-tool, and it will also serve as the internet portal. (You will be able to click into the good practices of various professions in each zone.) An interesting dimension in interviewing *groups of professionals* about their good practices "in" the various zones of worry, is that in dialogue they seem to *became aware* of (parts of) their *tacit knowledge and skill*.

In addition to gathering already existing (but scattered) experiences we have developed methods for *multi-professional co-operation and dialogues with families and their personal networks*. There is a training program for instructors going on. In addition, there will be a handbook published within a year. Also, we have developed a short course for encouraging professionals to *taking up difficult matters and professional's worries in a respectful way*. This too, will materialise in a handbook. Training of instructors is underway.

The appropriate use of these methods can be depicted with the help of the worry-zone -diagram. As can be seen, our work concentrates on the small worry and grey zone dilemmas. However, the great worry -situations are not void of early intervention tasks.¹¹ We have joined with teams who develop resource oriented networking and dialoguing methods for crisis work. Our nearest "relatives" are Family Group Conferencing (for social work) and Open Dialogues (for mental health work).

(1) No worry	(2-3) Small worry	(4-5) Grey zone	(6-7) Great worry
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Local "screens";

¹¹ Early intervention is often thought of as something to do merely with "preventative work". In crisis situations (especially in encountering mental health problems) there are sensitive moments where the involved persons have a unique opportunity to redefine their situation in a profound way. This "window" closes fast, so early intervention in crisis works means to make good of that unique opportunity while it is there. According to Jaakko Seikkula, in psychotic crises it is essential to gather the networks into dialogue within 24 hours. See: Seikkula, Jaakko & Arnkil, Tom Erik & Eriksson, Esa: *Postmodern Society and Social Networks: Open and Anticipation Dialogues in Network Meetings. Family Process Vol. 42 no. 2/2003*

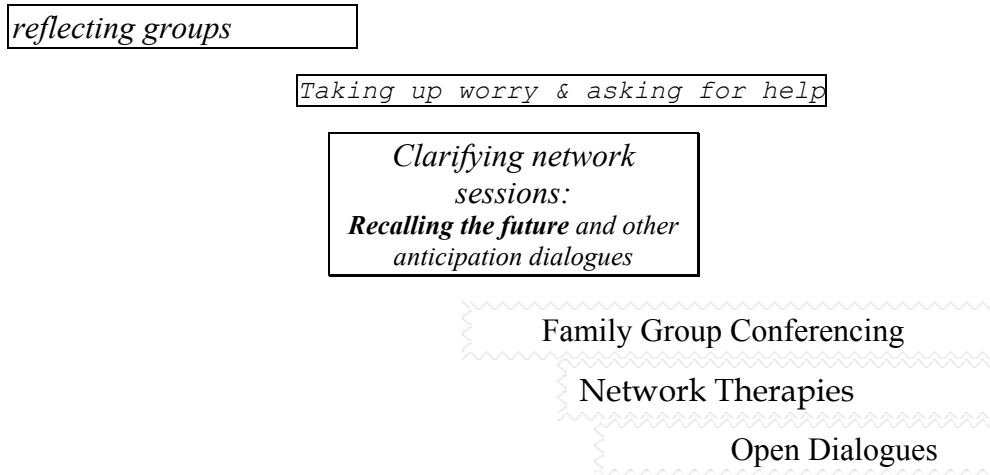


Figure 2: A STAKES -"palette" of methods for joint action plus related means for crisis work

8. How and when?

Early intervention could be seen as

- intervening in one's subjective worries far before one feels cornered with only one possible way to act
- doing something appropriately different when there are still plenty of resources to draw from
- intervening before the child/adolescent has closed too many doors
- intervening immediately, within days, in crisis situations, where the unique opportunity for reassessing one's life and activities is open for a short moment.

If one seeks to alleviate the child's situation and lessen one's own worries, one will need *assistance* - from the child or adolescent at least, the family, or even the family's personal network if things are a bit more complicated and, in many cases, from colleagues and other parts of the professional network. If one needs help, why not *ask for it*?

If the worry relates only to the child/adolescent, it is somewhat easy to take up the worry. If the professional thinks & feels that the parent's conduct (substance abuse, mental health problems, or so) is part of the ill-being of the child, matters are more difficult. (A group of school teachers told us that for them, the "demarcation" between small worry and grey zone is whether or not the ill-being of the child relates only to class room & school matters. If the problem points to the parents, the teacher feels off his/her own turf, and appropriate co-operation is called for.)

As mentioned earlier, one of our experiments has been encouraging professionals to take up their worries with the parents in a respectful way. We try to help professionals to find ways of presenting their concerns in such a way, *that they are genuinely asking the parent(s) for help in lessening their worries*, trying to build an alliance in the best interest of the child. If one summons the parents to criticise them, it is unlikely that they will respond by offering help. It is crucial to turn the approaching angle around: The professional helper needs help in helping the child, and the parents and other trusted persons are the most important source, no matter what their situation. (If the parents are not the source, we're hardly in the grey zone, but deep in the zone of great worry.) The turn of approach is supported through *active anticipations*. The thumb rule steps are: (1) reflect upon your worry and consider where you genuinely need the parents' help; (2) consider what would be an appropriate time and place to take up the worry with the parent(s); (3) think of a way of

expressing yourself so that you are asking for help and not blaming or vitiating; (4) anticipate what happens - who reacts and how - if you actually do what you planned to; (5) reformulate your approach, if you feel bad about it; (6) when you feel you have found a respectful approach, make the move, take the worry up at the suitable moment and setting; (7) see what happens and reflect upon it.

The clue is to change the focus from attempts to change the person(s) (parents) to attempts of getting help for oneself in helping the child. We experimented on this. In the majority of our nearly three hundred (277) recorded cases where the described approach was put into practice, the parents were at first somewhat perplexed, some even a bit shocked, many denying that there was anything worth worrying about going on, and then, within the same session, a "purifying" feeling of relief entered. The participants felt that they can have a fresh start. Perhaps the parents had been feeling odd things in *their anticipations and knowing from within the relationships*, and now their feelings were "validated". (May be the professionals' verbal acts were trying to signal "no worry" while the body language was radiating growing anxiety.) Professionals are not the only ones who anticipate. Everybody does, routinely, much more seldom reflectively, making use of every possible "signal" in interactions.

Taking up the concern is something that is needed especially in the grey zone. What to do if the worries are only small? The problem is the same as in "preventative work" in general: there is no clear object for work. And when there is no clear object, it is very hard to decide who should act with whom, and to motivate the actors. At best, innovative local groups, etc. spring up and last. At worst, the most innovative the groups come up with after a while are the excuses for not having time for meetings. Small worry calls for "soft means". The experience from network therapy is that (personal) networks galvanise in crises: worries, rumours, accusations, attempts to solve problems prevail. In situations of small worry, the networks are not activated, and it would be more or less futile to try to "wake them up"¹². Nevertheless, people can be summoned together to reflect whether joint action is needed or not.

The crucial step is to define the object of activity. The next step is to plan joint action around this object. In the figure above the "local screens", reflecting groups, aim precisely at these steps. The method used is a variation of Recalling the Future, which I shall describe in detail below (see also our web site www.stakes.fi/hyvinvointi/verk, which should include a description of our methods in Swedish any day soon).

9. Muddles in the "Fordist" mass production of services

As I mentioned, the grey zone is unclear by nature. This is where the professional system is vulnerable. In situations where worry rises, one may be unclear about facts, one may fear that one is exaggerating or overacting, and one wonders what (the h...) the other professionals are doing. This is where it becomes "visible" or felt that the way *I* can carry out *my* basic tasks depends on how *others* are carrying out *theirs* – and that the way they do, affects my possibilities to do my work properly. In a multi-professional setting, no one has direct control over other stakeholders' actions. Thus, a sense of losing control over one's basic tasks enters the picture. In the "no worry" zone everything is smooth precisely because everyone can carry on without having to orient towards the *division of labour*. Even in the "small worry" zone, the overall division of labour can remain as "background hum", and each professional can concentrate on their own tasks. But in the grey zone - and this is what makes it grey - the professionals' actions become "disturbances" for each other. (The background model for the compartmentalised expert labour is rationalised work,

¹² See: Forsberg, Gunnar & Wallmark, Johan: Nätverksboken - om mötets möjligheter. Liber 1998

conveyor belt work, the Fordist mode of mass production of consumer goods. A big hospital as a “health factory” or a school as a “mass production unit for education” illustrate the extreme cases in psycho-social work. In open care, the division of labour is much more vaguely defined, and it is also more vulnerable to disturbances. Grey zone muddles are expressly muddles in the Fordist mode of psycho-social service production.)¹³

When the "Fordist" expert system encounters late-modern, ambiguous family structures and life styles, it is at high risk of stumbling. The way it stumbles or gets stuck, is revealing: *The professional system begins to replicate the interaction patterns it is encountering*. Thus, it is not uncommon at all that in complex child-related situations there will be blaming, domination, silencing, exclusion, changing alliances against the third partner, etc. amongst the professionals themselves. The risk is that the professionals' interaction becomes “more of the same” – more of the problematic interaction that the child is experiencing and should be helped out of.

At the core of such *isomorphic* processes¹⁴, where partners become alike, is a very positive, an essential dimension of psycho-social work. Mutual understanding, which is necessary for psycho-social work, depends to a great deal on *empathy*, on the possibility to *identify with the other person(s)*. Mere cognitive means and reasoning would not take the professional helper far. The fact that feelings “catch” is invaluable for understanding the other. We can feel how the other one feels. But, on the other hand, identification leaves the door open for becoming *very alike*. And this is where the multi-professional system is ill equipped. By fragmenting and compartmentalising the whole, and concentrating on their “own slice” of the whole (the child's/adolescent's/family's life-world), the experts easily lose sight of the whole, and have lean possibilities for assessing the overall interaction processes. If they feel they are losing control of their own slice of responsibilities, they will start looking around – and this is where attempts to dominate, exclude, silence etc. come into the picture. The art of psycho-social work could be described as “becoming alike and acting differently”. The streamlining of the Fordist system – with cuts in expenses, supervision, personnel, growing case-loads per person, less time per client, etc. makes the system all the more vulnerable to isomorphic processes. “More of the same” hardly helps the child/adolescent/family. They should have the right to professionals who can act appropriately differently. The grey zone of worry is burn out ground, with endless, any often useless efforts to summon the crowd, to get a grip of the situation and lessen one's worries.

10. Recalling the Future in the Grey Zone of Worry

The main task in the grey zone is to bring about clarity and restore co-operation. *The basis, the fixing point for restoring co-operation is what has been lost out of sigh: the "life system" of the clients, their everyday life*. That has to be returned to the centre. In the specialised system people become pupils, clients and patients. ("Pupil", "client" and "patient" are institutional roles, hardly how people view themselves outside those institutions.) In the method described below, the attempt is to see them as living their lives and- at times - in contact with agencies.

Let me describe our basic grey zone method, Recalling the Future, through an example:

A social worker, worried about the situation of a young child in a family, summoned a network meeting with the consent of the parents. The parents decided not to bring the child,

¹³ About the Fordist mode of production, see: Gramsci, Antonio: Selections from the Prison Notebooks. Lawrence and Wishart. 1971. Also: Amin, Ash (ed): Post-Fordism. A Reader. Blackwell 1994.

¹⁴ See: Schwartzman, Helen B. & Kneifel, Anita, W.: Familiar Institutions: How the Child Care System replicates Family Patterns. In: Schwartzman, John (ed.) Families and other Systems. The Macrosystemic Context in Family Therapy. Guilford Press 1985

but both brought their mothers. Also present were the various professionals (about 10 in all) who were involved in helping and controlling the family and who had been invited with the parents' consent. The gathering brought together the stakeholders who had been working separately for years, doing their best, but increasingly worried about the child's situation and also dissatisfied with what the others had been doing.

Two facilitators were invited to facilitate the dialogue. They explained the idea that speaking and listening are separated to allow rich inner dialogues and that the facilitators interview the family members and professionals about a good future. They went on to explain that this is done in order to bring to the fore points critical for a plan of joint action to make a good future come true. In other words, the platform is for negotiating clarity and coordination, not for decision-making. The facilitators arranged the larger family (parents plus grandmothers) around one table and the professionals around a second one. One facilitator joined the family; the other joined the professionals. The extended family group was interviewed first.

The first facilitator asked the parents and grandparents, each in turn, to think aloud: "Let's assume a year has passed. Matters are well in the family now; the child's situation is better. How are things now, from your point of view?" "What are you particularly happy about?" The facilitator assisted the family members in taking off into the future by asking about concrete everyday matters. Every now and then the facilitator quoted in a summarizing manner what had just been said, carefully adhering to the words used by the family. He inquired, "Have I heard you correctly, in that you said...?" This was to help those involved to reflect by echoing what they had said in the course of thinking aloud and to underline that the intent, in the session, was to listen keenly to everyone.

After hearing each family member's views on the good future, they were asked, still supposing a year had passed: "What did you do to make this good development possible, and who helped you, and how?" Through this question the activity and support network was outlined.

The third round, at the family table, was facilitated by the question: "What were you worried about a year ago, and what lessened your worries?" In this way, present worries can be approached from a less stressful future viewpoint. The process of voicing reflections was aided by the facilitator's summarizing quotations, and by his inquiries on whether or not the family members' views had been correctly heard. The family's views of the good near future now became the fixing points for a constructive plan of action. The basic elements of the good situation were written down for all to see. The family members were asked to correct the notes if needed.

The second facilitator began to interview the professionals. One after another they were asked two questions while the others, including the family, listened to the reflections: "As you heard, things are going well in the family now that a year has passed. What did you do to support these good developments?" "What were you worried about a year ago, and what lessened your worries?" The process of the professionals voicing their reflections was also aided by short quotations. After this round, the professionals' views on helpful measures were written down (and corrected if they so wished). A discussion followed on whether or not all present could commit themselves to the emerging plan. Agreements on the next steps and follow-up sessions were then made. The session ended with the participants deciding who would coordinate further actions.

The questions to the family and their network are:

1. A year has passed and things are quite well. How are they for you? (What are you especially happy about?)
2. What did you do to bring about this positive development - and who helped you and how? (What can you - at least secretly - be proud about?)

3. What made you worried "a year ago" and what lessened your worries?

The questions to the professionals are:

1. As you heard, things are quite well in the family. What did you do to support the good development - and who helped you and how?
2. What made you worried "a year ago" and what lessened your worries?

Before closing, coordination is discussed: who does what with whom next; is a follow-up meeting needed? Who will be the "lead agent".

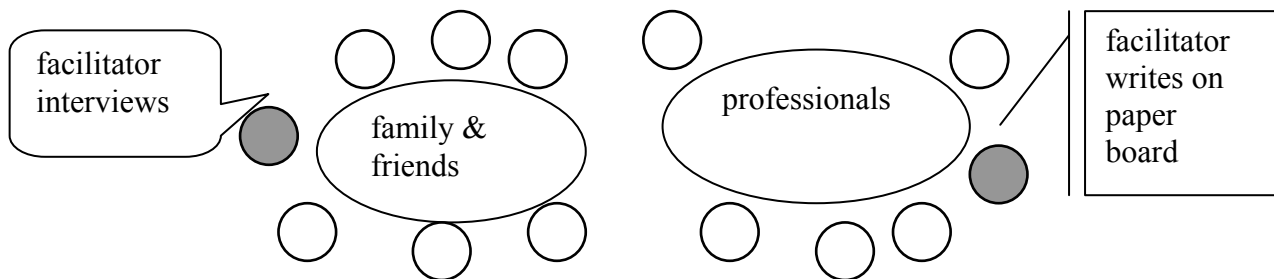


Figure 3: Recalling the future with family, personal network & professional network

The method aims at:

- *polyphony* (of all the voices that have to be heard and made to echo in each other)
- *plausible optimism* (every stakeholder's hopes and worries about the future are heard and listened to by everyone)
- *personal commitment* (everyone can see their own actions and interests in the joint activity)
- *coordination* (a personal perspective for each actor: how do I connect to the life-world and the wellbeing of the family through my actions).

We have collected and analysed immediate feed-back material. It indicates that the clients and the professionals are very satisfied with the process. At present we are interviewing clients who took part in such dialogues 2-3 years ago.

Certain conditions for fruitful co-operation can be stated:

- *No common definitions of the problem* - because there are no common problems. Each one has his/her own problem - and they connect in one way or the other
- *No problem talk, only talk about worries*. Problem talk defines characteristics (in others) - worry talk deals with subjective anticipations.
- Each participant talks only about (and "from") their *own subjective point of view* - because that is the only point of departure each person has. Own points of view are enriched by listening carefully to others' points of view.
- *The present is approached from the future*, because the hopes and fears about the future are already present.

The encouraging, comprehensive, everyday-life view is the co-ordinating platform (in stead of mere sectorised professional "slices" of persons and their life).

- In stead of "ideological consensus" *coordination of acts* is sought after.
- *Talking and listening are separated in order to make room for inner dialogues* and enhance possibilities to depart from monologic "single alternatives".

Intervening and commenting are "forbidden", so that each and everyone will have the patience to listen to others and their own internal debates.

- Talking is in the form of answering surprising questions - which aim at enhancing "thinking aloud" and *thought experiments*.

An opportunity is offered for reflecting one's own thoughts - and to get to know areas of one's "tacit knowledge".

- *The dialogue is facilitated by "network consultants", thus freeing the participants from controlling the social situation.*

- *The facilitators only ask questions and take (public) notes. Their task is to avoid slipping into a "more-competent-problem-solver" position - which is readily offered in "grey zone" situations of worry.*

The facilitators are only responsible for the flow of dialogue. They are not "fixing" the case.

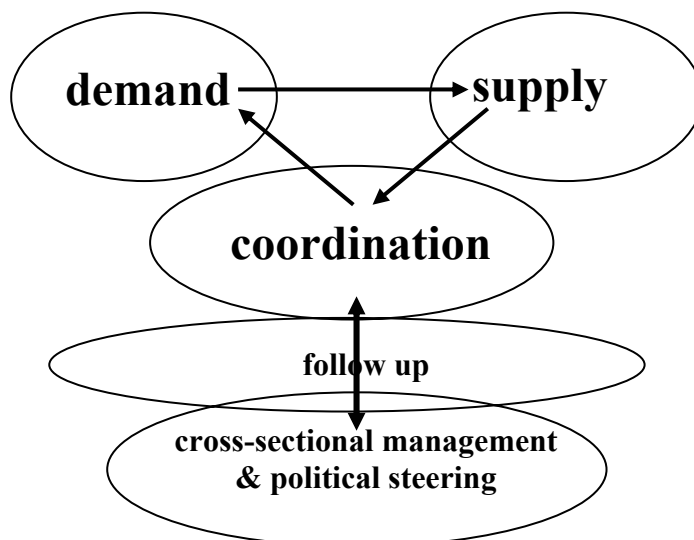
Anticipation dialogues are not therapy (as network therapy sessions are), nor care/treatment (as in Open Dialogues), nor are they sessions for decision planning or making (as in Family Group Conferencing). They aim at re-co-ordinating activity.

- These "rules" aim at *curbing "isomorphic" developments* where the problematic interaction dealt with may "conquer" the meetings.

Empathy is central for mutual understanding, but also the channel through which the professionals and the clients may become so alike in their modes of interaction that alternatives of action are lost.

11. How to sustain resource-oriented joint action?

One size does not fit all in developing child-related services. Context differ. We have sought after a nucleus, that could (a) be "transported" to various context, but once there (b) would begin to generate applications that are suitable for that context. We call this "generative generalising". What are the basic elements that have to be present, so that innovative work will go on - even after the project ends? For us they are the



of dialogic network methods.

Figure 4: The demand, supply and coordination of dialogic network methods

Demand of such methods means that professionals (and clients) are aware of them and willing to make use of them. *The management has to encourage such demand* by training and through follow ups. The *supply* relies on know how. Are there dialogue facilitators available? (In our undertaking, there are "facilitator banks" which are kept up by municipalities, either big cities alone or smaller municipalities together). *The management has to ensure, that the know how and the conditions of using it remain.* In many projects key persons receive brilliant training for excellent methods, but in

their localities they stand alone, because there is no demand for their know how. Supply has to meet demand, and therefore *coordination* is the necessary third leg of the tripod. The effects of the interventions have to be *followed up* and assessed on a regular basis. Professional systems that have meagre or no feed-back are in the dark developing their activities. And all this needs has to be in the good protection and guidance of *cross sectional management ensembles and local/regional political bodies*. If one leg is missing, demand, supply or coordination, the developments may not stand the pressures of "business as usual" for very long after the project.