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# Space between the borders? Perceptions of professionals on the participation in decision-making of young people in coercive care

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## Abstract

The participation of young people in care and treatment decisions is regarded as an essential element in effective decision-making and care. Although care and treatment in juvenile justice facilities is, in the first instance, based on a coercive placement (i.e. non-participatory decision-making), it is likely that participation is also essential for young offenders during their stay in care. In our study, we interviewed 24 care professionals working in two different juvenile justice facilities in the Netherlands. Professionals understand what participation entails (e.g. informing, listening to, taking views into account), and how and why they can use participation in everyday practice. Typically, they link issues such as safety and existing boundaries when talking about participation in a coercive context. Based on our findings, we present a conceptual model of factors that seem to influence a young person's participation process. These findings indicate that there is a need for the structural incorporation of youth participation into juvenile justice facilities in such a way as to consider the needs and perspectives of both young people and professionals.

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## Keywords

Participation, residential care, young offenders, decision-making, Convention on the Rights of the Child, professionals

## Introduction

In the Netherlands, when a young person aged between 12 and 18 commits or is suspected of committing a criminal offence, that young person is confronted by the juvenile justice system. The Dutch juvenile justice system has three key functions. First, the system is aimed at punishment and retribution for the offence committed. Second, the system aims to protect society and potential victims. Third, every custodial or other sentence should be implemented with a view to rehabilitation, protection and development of the young person (Van der Linden et al., 2009). The juvenile justice system is in this sense on a fringe of the child welfare spectrum.

For serious criminal offences, young people can be placed in a juvenile justice facility (JJF) while awaiting their trial or the execution of a custodial sentence. Various treatment decisions are taken at these coercive care facilities regarding both everyday (e.g. rules, household matters) and higher level issues (e.g. case planning, treatment goals) that young people are confronted with (Southwell and Fraser, 2010; ten Brummelaar et al., 2014).

In 2007, in response to negative reports from various Dutch Inspectorates, the regime at these JJFs underwent a significant change. The Inspectorates criticised the facilities for their unsafe environment and lack of individual treatment options for young people (Joint Inspectorates, 2007). Even though there remain concerns about the quality of these facilities and the results they achieve (Helmond, 2013), JJF policies today are increasingly directed towards multidisciplinary collaboration, safe living group contexts, varied levels of educational options and the application of licensed treatment interventions (Harder, 2011; Van der Helm et al., 2013). Despite its coercive context, there is also growing awareness in JJFs of the importance of the participation of young people and their parents as an essential element in effective care and treatment decisions.

### *Participation in decision-making*

Since the 1990s, there has been an increased focus in most Western countries on the participation of young people and parents in decision-making during care (De Winter, 2002). This increased focus on participation can be seen in the light of a tendency towards democratisation, our changing images of childhood in which the young person nowadays is considered to be a 'social actor' and the establishment of the Convention on the Rights of the Child in 1989 wherein participation is one of the basic principles (Bell, 2011; Sinclair, 2004; Thomas, 2007).

With this emerging focus on participation, scholars and practitioners have all tried to capture the essence of participation in their own ways. Participation has

become a 'plastic word' (Rahnema, 1990). There are many commonalities in what the international literature refers to as participation, such as the *active role* young people should play in the decisions and institutions which affect their lives (Bell, 2011; Checkoway, 2011; Sinclair, 2004; Thomas, 2007). Participation is widely defined as

[...] ongoing processes which include information sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes. (UN Committee on the Rights of the Child, 2009: 5)

In addition, Thomas (2007) proposes that there may be two ways of looking at the concept of participation: (1) in the light of *social relationships*, such as the creation of social connections and inclusion, predominately in *adult-child relationships*; and (2) in terms of *political relationships*, such as in the context of power, challenge and change (p. 206). Therefore, participation is not an end in itself, but a process by which the lives of young people can be improved (Bell, 2011; Sinclair, 2004). From a psychological and pedagogical perspective, this implies that participation is linked with development and upbringing. The (care) environment of young people should thereby promote optimal developmental and empowerment chances (Bell, 2011).

Over the years, various frameworks have been developed for youth participation in decision-making. Within the participation literature, many of these frameworks focus on the level or form of participation (Charles and Haines, 2014; Hart, 1992; Kirby et al., 2003; Shier, 2001). One of the most renowned frameworks for youth participation is Hart's 'ladder of participation' (Hart, 1992). Hart's ladder metaphor is similar to Arnstein's hierarchical categorisation of adult participation (Arnstein, 1969), in which each rung of the ladder symbolises increasing levels of participation. Since Hart applied the ladder to youth participation, various hierarchical and non-hierarchical models have been developed (Charles and Haines, 2014; Kirby et al., 2003; Shier, 2001; Thoburn et al., 1995; Treseder, 1997).<sup>1</sup>

Recently, the focus has shifted towards the factors which underlie the participation process (Horwath et al., 2012). There are various factors which influence how and at which level young people are able to participate in decision-making in child welfare practices. Horwath et al. (2012) recently presented a conceptual model focusing on the components which appear to influence the participation process in policy and service developments for young people who have experienced violence (e.g. in their home environment, community or through war). Within their model, the level of participation achieved is influenced by (1) past experiences and the present consequences of these experiences on the young person concerned; (2) the facilitators' – i.e. the professionals' – knowledge, skills, values and experiences; (3) the group dynamics, e.g. how a group operates; and (4) the organisational and socio-legal contexts, including the commitment of senior managers/policymakers to participation.

### Participation within JJs

Because there are various rationales behind the juvenile justice system, decision-making in JJs is an ambiguous process. In addition to holding the young person accountable for the crime committed, the juvenile justice system also serves to protect society and possible future victims. At the same time, JJs are used for treatment and rehabilitation purposes (Abrams et al., 2005), as programmes which embody therapeutic principles seem to be more effective than punitive ones (Lipsey, 2009). This calls for a continuous balancing of various interests by the professionals working in this field (Söderqvist et al., 2014). Even though various (Western) countries have incorporated formal safeguards for the young person to be heard, the justice system rationales complicate the determination of which role the young person or his/her views should or do play in these decision-making processes.

In line with this, various studies in the field of out-of-home care point out that professionals play a significant role in a young person's (experienced) level of participation in decision-making (Freundlich et al., 2006; Hitzler and Messmer, 2010; Križ and Skivenes, 2015; LeFrançois, 2008). For instance, when a *relationship* between a young person with a specific member of staff is characterised by listening to the young person, thereby showing respect and trust, this is regarded as a *facilitating factor* for participation (Bell, 2011; Henriksen et al., 2008). In contrast, according to LeFrançois (2008), a lack of meaningful participation for young people (e.g. not allowing the young person a voice) in decision-making relates to an 'adult-led' agenda within residential and non-residential mental health practices. This point is also recognised in a recently published Dutch study by Van Bijleveld et al. (2014), in which they provide some insight into the *facilitating factors* and *barriers* with regard to the process prior to placement within (secure) residential care. In their study, the authors spoke with 16 young people (mean age 16.1) and their case managers. Young people wanted to be heard, listened to and taken seriously, while case managers saw participation more as a tool to ensure the young person cooperation and motivation. Van Bijleveld et al. concluded that case managers do not take the knowledge and experiences of young people seriously. The authors suggest that interventions to reduce *barriers* to participation should focus on how to persuade case managers to perceive young people more as '[...] knowledgeable social actors who could and should be heard' (p. 258).

In a like manner, we previously focused on the views of young males staying in a JJF, including their perception of participation (ten Brummelaar et al., 2014). We found that young people are encouraged to participate in decision-making by professionals within the structured environment of a JJF. It appeared that not all young people experience their participation to be meaningful or really to impact on decisions (cf. Sinclair, 2004). With this, taking part in decision-making processes did not necessarily guarantee actually participating in the decision (cf. Hitzler and Messmer, 2010). The young people often related 'meaningful participation' with the professional involved: if a professional showed that he or she was making an effort to work together with the young person, this contributed to the young person's experience of 'being taken seriously' (cf. Munford and Sanders, 2015).

### *Aim of this study*

Because it is assumed that youth participation in decision-making contributes to 'better outcomes' of care, such as better decisions and tailored services (Vis et al., 2011), our aim was to gain insight into the factors which might influence a young person's participation in decision-making while at a JJF. As we focused our previous study on the young person's perspectives on participation (ten Brummelaar et al., 2014), in this study, we direct our attention to the *professionals' views* on participation.

The aim of this study is to develop an in-depth understanding of the perceptions and experiences of the professionals responsible for the young people processed through the juvenile justice system, including the role they play in the participation process of young people. Based on these perceptions and experiences, we will present a conceptual model which focuses on the factors which appear to influence a young person's participation in decision-making while staying in coercive care, thus building further on previous participation models (Horwath et al., 2012: 158).

### **Methods**

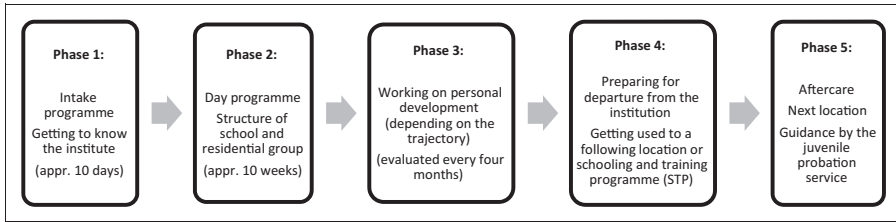
This study was conducted in the period March 2013 to July 2014. The study is part of a broader research project focusing on the participation of young people in secure residential care. The research was approved by the Dutch Custodial Institutions Agency.

### *Case selection*

A total of eight JJFs across the Netherlands were initially approached to participate in the study. Two JJFs were willing to allow researchers into their facilities. As a result, researchers were able to participate in the institution's daily operations, to interact with its staff and to interview consenting professionals (cf. Smith, 2014).

The first JJF is located in the northern Netherlands (n-facility), the second in the western Netherlands (w-facility). Both locations house male young people aged between 12 and 24.<sup>2</sup> The young people staying in these facilities have been convicted of committing an offence or are awaiting a criminal trial. The Dutch juvenile justice system has different penalties or measures intended for young people: young people staying in a JJF as a result of a conviction are either sentenced to custody (Art. 77i Dutch Penal Code) or with a 'placement in a juvenile institution' (Art. 77s Dutch Penal Code).

The aim of placement in a JJF is to effect behavioural changes to prevent recidivism and to help young people rehabilitate successfully. During their time at the facility, young people follow a set programme, including educational and/or recreational activities. Both facilities work according to the YOUTURN method (Hendriksen-Favier et al., 2010). This method consists of five stages (see Figure 1), which enable the young person gradually to acquire and practice new



**Figure 1.** The five phases of the YOUTURN method (ten Brummelaar et al., 2014).

skills in order to rehabilitate. For instance, as part of the YOUTURN method, every young person receives a ‘portfolio’ in which he or she is able to keep track of the individual treatment process during the time in the facility. In the Netherlands, all JJFs work with this standardised method. In addition, the Dutch Principles of Law for Juvenile Justice Facilities (in Dutch: the BJJ) contain several formal safeguards with regard to the young person’s participation process during care, such as being provided with written information on rights and duties upon arrival in the facility (article 60 BJJ), or being heard in a language comprehensible to the young person when he or she is refused participation in a training programme (article 61 BJJ).

JJFs are organised into short-stay residential groups and long-stay residential groups. Most of these residential groups house 8–10 young people. All residential groups consist of a living room, including a dining area and kitchen. In addition to the living room, young people have their own private bedroom where they spend the night (Vermeer, 2012).

The n-facility and the w-facility differ in terms of size and population. The n-facility offers care services for 62 young people. It has short-stay residential groups to house young people awaiting trial and long-stay groups, housing young people who have been sentenced (e.g. youth detention or placement with a Placement in Juvenile Institution (PIJ) order).

The w-facility houses up to 115 young people. Young people with the following sentences are assigned to this facility: custody awaiting trial, night detention, youth detention or PIJ order. The location has short-stay residential groups, long-stay groups, a forensic observation and guidance department and ‘Very Intensive Care’ units.

### *Participants*

We wanted to gain an in-depth understanding of how professionals from both the operational and the management levels facilitate the participation of young people. We therefore approached professionals from different professions within the two facilities. We used convenience sampling based on availability and feasibility, thereby striving for comparable numbers of participants from the two sites and the two professional levels, respectively. A total of 24 professionals participated in the research project (see Table 1). We approached 11 professionals from the

**Table 1.** Participants in the study ( $N = 23$ ).

	Type of facility	
	n-facility	w-facility
<i>Operational level (n = 12)</i>	5	7
Group care workers (n = 5)	1	4
YOUTURN method coach (n = 1)	–	1
Social worker (n = 1)	–	1
Internal trajectory professional (n = 2)	2	–
Activity supervisor (n = 1)	1	–
Parental counsellor (n = 1)	1	–
Clinical psychologist (n = 1)	–	1
<i>Management level (n = 11)</i>	6	5
Senior group care workers (n = 4)	2	2
Behavioural scientist (n = 6)	3	3
Managing director (n = 1)	1	–

n-facility to take part in the study. All agreed to participate. In the w-facility, where the research project was launched in five living groups, a total of 14 professionals were approached to participate. Only one refused to participate in the study, because participating in research '[...] was not really his thing'.

The majority of the operational staff in the JJFs are group care workers and behavioural scientists (e.g. psychologists). This is also true of the participants in our study, respectively, nine group care workers and six behavioural scientists. In addition, we interviewed two internal trajectory professionals, one YOUTURN method coach, a social worker, a clinical psychologist, a managing director, an activity supervisor, a parental counsellor and a school behavioural scientist.

### *Data collection and analysis*

We developed a semi-structured interview guide for the interviews with the professionals. This guide addressed various topics regarding decisions made during a young person's stay in the JJF. The questions related to 'everyday' and 'higher order' decisions (Southwell and Fraser, 2010). We asked the participants about their perceptions of the decision-making processes and the role the young person plays in these decisions. In the interviews, we followed the topics that the interviewee brought up during the conversation.

Prior to the start of the research, the professionals received an explanation about the research content in face-to-face discussions, in team meetings and/or through e-mails which further clarified the aim of the study. The researchers explained that



participation in the research was voluntary and that the data would not be traceable to individual professionals.

The interviews were conducted in a separate room during working hours. The interviews took between 30 and 90 minutes. Sixteen of the 24 interviews conducted were recorded. Notes were taken during the other eight interviews. These were not recorded for two reasons: security services at the front desk not allowing a voice-recorder into the facility, or the interviewee not being comfortable with the conversation being taped.

We made a verbatim transcript of the audio-taped interviews or prepared a report of the interview notes. In one facility, the transcripts of the interviews were sent to the interviewees on request; in the other facility, we sent the transcripts routinely, enabling interviewees to provide feedback. The interviews were then uploaded to Atlas-ti, v7. Both inductive and deductive coding strategies were used (DeCuir-Gunby et al., 2011).

Codes were developed by reading the transcripts and by annotating the data. Constant comparison was used throughout the analysis (Hennink et al., 2010) to define and refine how professionals experience and perceive the participation process of young people and which factors are associated with the participation process according to them. Because we wanted to create a conceptual model of the factors which underlie the participation process, the first author structured the codes according to the framework of Horwath et al. (2012). The codes related to the *young person*, the *facilitator*, the *organisational/socio-legal context* and the *group context*. The codes which could not directly fit within the framework were structured separately. As the model of Horwath et al. was developed in another context, namely to measure the participation of young people in decision-making to inform policy and service development, and not per se in the context of secure residential youth care, we searched for unique factors which could be added to the framework to make it more applicable to a secure youth care setting.

## Findings

### *Youth participation in everyday practice*

Several professionals reflected on the topic of participation in a 'broad' sense. As one interviewee put it, participation is a broad concept and everyone has his/her own frame of reference. Therefore, '[...] it is important to discuss within your organisation what participation means'.

Talking about participation in relation to everyday practice, professionals indicated several relevant activities in their work, such as *information sharing*, *listening to the young person*, *taking subjects that are brought up by the young person seriously* and *providing (direct) feedback*. Professionals thus linked certain skills to the quality of their functioning in relation to the young person's participation process, such as transparency (about expectations) and communicating actions, showing curiosity in the young person and trying to understand the underlying message in

conversations, and openness and honesty towards the young person. As one of the senior group care workers explained:

[...] in this I also use myself as a subject, being vulnerable, belittling myself in front of the boys. Simply being approachable. I am no more than they are. I just try to help them. And to provide them with ideas and tools, which they hopefully use. But we have to do this together.

Professionals did seem to have different perspectives on the 'role' they have in relation to the young people. One of the operational professionals told us that she used a more informal way of communicating with the young people compared to her colleagues (going for a walk, talking the same language, using a handclap instead of a handshake). She notices that this sometimes led to the young people preferring to work with her rather than her colleagues.

[...] and that is what I do, I really focus on the individual. And, and, and I really take the cultural background [of the young person] into account [...]. But my colleague, my colleague here, is completely different in that way. He really looks at it in a 'white way'. Really working according to the books.

According to the interviewees, their organisations did incorporate both formal and informal safeguards for the young person to participate in decision-making, such as the youth council, room for the young people's views during care trajectory plan meetings, or have their own 'portfolio' in which they can track their developmental process in the institution. Despite these formal and informal safeguards, some professionals mentioned that structural embedding of participation in the facility should be given more attention, as one of the behavioural scientists explained: '...I notice it depends on what kind of "glasses" we are wearing'. According to her, sometimes there is more emphasis on 'participation' than at other times: 'Actually, we should have a post-it that reminds us every time [of participation]'.

The physical boundaries of the institution (no freedom of movement), budget cuts, lack of time/workload ([...] developing treatment goals without input from young person, sporadic meetings with young person) and the rigidity of the justice and institutional system ([...] it takes six to eight weeks to get something done) were often brought forward as limiting factors to participation. As a professional explained, asking for the young person's opinion on a certain matter (which cannot be realised), can raise unwarranted expectations in the young person: '[...] so maybe they'll get their hopes up'.

### *Reasons to involve young people*

In most of the interviews, the professionals offered reasons for including young people which linked directly to the young people themselves. The reasons put

forward included 'it's his trajectory', 'it allows him to experience success', 'it's good for his self-esteem', 'creating responsibility' or 'it's investing in his future'. As one professional explained, she felt it is important that young people become assertive: '[...] like, that they are able to stick up for their own rights and that they are able to convey their opinions'.

A couple of professionals linked youth participation to having a positive influence on the work of professionals: '[...] everybody is energised by this', or linked the participation of young people to creating a better atmosphere at group level. As a behavioural scientist explained:

Ehmm yes, it's the interplay between group care workers and young people where there is space for influence. And if a group works well, you see a relationship to greater independence, you get more peace, they [boys] are allowed to have a say, they are able to participate.

In most of the interviews, the professionals mentioned that they use a participatory approach to increase the young person's *cooperation* in and *motivation* for treatment during their stay in care. According to them, involving young people in decisions which concern their own situations and prospects has a positive influence on their motivation to cooperate during treatment, as one of the behavioural scientists explained '[...] practice tells us that when boys are motivated and recognise the importance of something, there is a greater chance of success than if I force them to do so'.

In line with this, some professionals explained that if a young person cooperates in treatment, this has a positive impact on the young person's 'freedom' to choose. But if he refuses to cooperate, this leads to less freedom. In one of the conversations, a professional metaphorically referred to a 'funnel': '[...] from very wide, to more narrow'. Another operational level professional spoke about it as a sort of 'manipulation' of the young people to get them to cooperate (see also Hart, 1992; Walter, 1978):

Underneath it's a kind of manipulation. How are you going to manipulate them in such a way that they cooperate. That's just how it is, ehmm [silence], and then you do so by showing them what they're able to gain [...] ultimately, they all want to get out of here.

### *Safety and boundaries*

Various professionals also mentioned issues such as *safety* ([...] safety is a precondition for participation) and being clear about setting *boundaries* when discussing the concept of participation. For instance, when asked to define participation, one behavioural scientist described the concept as follows:

I find it very important for boys to be given every opportunity to have their say, that we take their perspective seriously and that we respond to their skills and skills gaps,

and to what is realistic. I think they should be heard, by all means. But we should also be clear about what's *not* possible.

As some professionals explained, there are several *external regulations* in force in JJFs, directed at mitigating risk factors, which may create boundaries to the young person's participation process. For instance, when a young person is considered a severe offender, or when a young person is viewed as a high-risk offender (e.g. recidivism risk), the opportunities for the young person to participate in decision-making are limited:

We do have a societal function. And that is safety. One of the reasons a young person is placed here is punishment, and preventing recidivism. And what happened in the past is that the boys were let out and they went back to committing crimes. This meant that we got involved in a political game, and the Secretary of State eventually said: 'I don't want this any longer'. So when a high-risk offender is let out, of course under supervision, then he initially has two supervisors and a pants-stick. Ehm, and that is annoying, because it is a moment of learning, and the question is what a boy can learn under these circumstances. But we have to deal with that.

Other professionals talked about safety in relation to the *protection of society*, as one professional in management explained: '[. . .] you're not in here because of having smelly feet; the crimes, often with victims, include rape, murder, manslaughter [. . .]', or *keeping order* within the facility: '[. . .] you have safety issues. These are not always aimed at treatment but at keeping order and maintaining security. It is nearly paradoxical'.

Some of the professionals were more forthright about setting boundaries than others and were cautious about incorporating youth participation. As one operational professional explained, participation might create a feeling among young people of 'determining it all by themselves'. In the respondent's view, the boundaries need to be set clearly '[. . .] because if they [young people] determine decisions on their own, that's not possible within a youth prison'. Furthermore, as mentioned above, too much participation was felt to lead to manipulation and intimidation:

[. . .] Many young people in this facility have a tendency to blame others for their problems. But this differs per case. Boys are very alert to a date or a signature. This sometimes goes as far as them telling me that I will be in trouble if I forget something. Instead of reflecting on their own behaviour, they turn to a lawyer.

### *The young person*

Professionals largely agreed that the process (*how*) of including young people in decision-making depends on the young people's backgrounds and what kind of

person they are. For instance, the young people's developmental level (often they are streetwise, but certain small things, like asking for help, they don't know how to do), their communication abilities (assertive boys follow up on things more than boys who are unassertive), as well as the presence/absence of certain psychiatric problems (having no sense of reality or [...] nearly everyday they think they're being poisoned) were mentioned on various occasions as influential factors in the process of including young people in decision-making. Some professionals even doubted whether all young people are able to take full responsibility for their actions and to live up to society's (and the professionals') expectations. As one of the operational professionals explained:

Some boys are scared to go outside [...] they don't tell you, but they sabotage it [...]  
I had boys who did not even know how to use a debit card. 'Or internet, what's that? Opening a bank account?' No. You know, very simple, for us normal, daily affairs. For them it's not at all normal, you know, entering the big bad world. And I would also think what?? Go back inside, be safe again.

## Discussion

The purpose of this study was to obtain a better understanding of the perspectives of professionals working in JJs regarding the young person participation in decision-making. We sought to identify how professionals experience and perceive participation in their organisations, and which factors appear to influence a young person's participation process. To gain an in-depth understanding, we compared the perceptions of professionals from different organisational levels working in two different JJs.

### *Perceptions of participation*

With regard to how professionals experience and perceive youth participation in their work, they demonstrated different opinions on what participation exactly entails, and why participation is, or is not, necessary. Even though interviewees from the operational and management levels were not unanimous in their responses, most of them were aware of the need and usefulness of youth participation in their work. In this, they indicated several activities in their work (e.g. informing, listening and providing feedback) which are also regarded as essential elements of participation in youth care by other scholars and practitioners (Bell, 2011; Checkoway, 2011; Sinclair, 2004; Thomas, 2007). The results further revealed that professionals often express the need to be clear about expectations and boundaries to young people in relation to participation. With this, the coercive context of JJs can shape the specific meaning of participation. Also, it reveals the complexity of the concept of participation, especially in a context in which boundaries are interwoven with everyday practice. Participation is therefore not an isolated

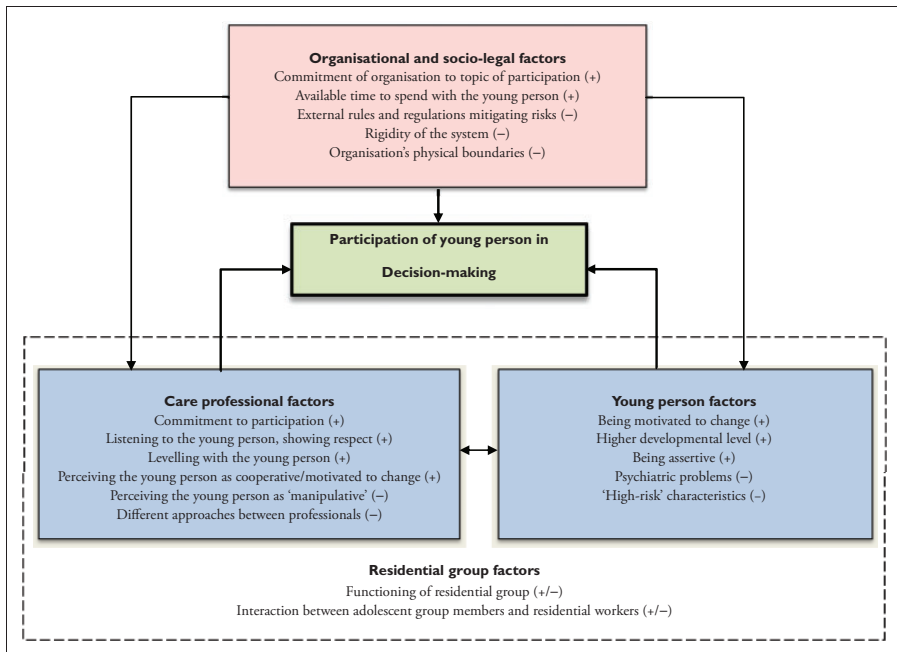
phenomenon but acquires meaning in relation to its context (Rahnema, 1990). This confirms the need for continuous balancing of different interests by the professionals working in this area (cf., Söderqvist et al., 2014).

Focusing on the rationales offered by professionals for involving young people in decision-making, we saw that professionals often chose to include young people in decision-making to *motivate* them during their stay in care: professionals experienced better cooperation with the young people in the care process when they included the young people in the decision-making process. In addition, if the young people cooperated in the care process, this positively affected their 'freedom of choice'/increased autonomy. But the opposite was also reflected on in the interviews: when a young person refused to cooperate this eventually led to less freedom of choice. Through this, freedom of choice or participation becomes a 'reward' for behaving in the way the professionals want the young people to behave (LeFrançois, 2008). Van Bijleveld et al. refer to the *instrumental* value of participation in this manner: 'This form of participation is seen as a strategic action rather than communicative action' (p. 257). Instead of seeing participation as a sincere effort (communicative action) to achieve understanding and reach consensus (cf. Greenhalgh et al., 2006), the authors explain that when professionals chose to facilitate participation 'they do it to get the job done rather than as an actual goal in itself' (p. 257). In line with this, Thomas (2007) explains that the use of participation and participatory methods to achieve external/adult-led aims, and including some young people and excluding others (for instance through the inclusion of young people who cooperate) are fundamental problems for participatory theory and practice (cf. Hart, 1992).

Using participation as an 'external' strategic action to create behavioural change might partly explain why positive changes do not last when young people leave residential care (Harder, 2015). Research has shown that in order to achieve 'actual behavioural change', the young people's own intrinsic motivation for change is of utmost importance (Harder, 2011). Van Nijnatten and Stevens (2012) propose that 'only in an open communication, juveniles may disclose their inner cognitions and emotions and actively discuss problems and negotiate solutions' (p. 485).

### *Participation context*

Our findings revealed that there are various contextual components which are critically important for the participation processes of young people. For a better overview of the contextual components, we developed a conceptual model (see Figure 2). These contextual components can be related to the organisational level and socio-legal context, the professional, the living group and the young person (Horwath et al., 2012). Within the model, we distinguished the *organisational and socio-legal factors* (e.g. commitment to participation, external rules and regulations mitigating risks), the *professional factors* (e.g. bringing participation into practice, attitude towards participation), the *young person's factors* (e.g. being motivated to change, developmental level, psychiatric problems) and the



**Figure 2.** Model of components associated with the participation of young people in decision-making.

*residential group factors* (e.g. the functioning of the residential group and the interaction between the group and the group care-workers). All the above mentioned factors do to a certain extent influence the participation process of young people, directly and/or indirectly.

When considering the *organisational and socio-legal contexts*, the professionals in our study recognised that their organisations endorse participatory practices, but that a structural embedding of youth participation is still lacking. According to Vis and Fossum (2013), the decision-making context and the organisational culture in the care facility are more important than the factors related to the individual professional's beliefs and priorities (p. 285). Vis and Fossum explored the possible differences in social workers' views about child participation and organisational factors working in two different welfare organisations. The social workers from the residential services were significantly more cautious when deciding to let the young person participate in case planning compared to the social workers responsible for investigating reports of child abuse and neglect. This may imply that the extent to which JJs embrace the concept of participation in their organisational culture determines how successful participation is in practice (Horwath et al., 2012). In addition, budget cuts, shortage of time and the rigidity of the system (Cousins and Milner, 2006; Grietens, 2014), mentioned by the professionals in various interviews,

may directly or indirectly lead to there being less room for participation and increased strategic actions (Greenhalgh et al., 2006).

When focusing on the *professional level*, different attitudes regarding the implementation of a young person's participation in decision-making were observed. For instance, some professionals were suspicious of the young people's actions and regarded them as 'manipulative' or 'intimidating'. In this case, they were concerned that participation of young people could lead to relinquishing all responsibility. These different attitudes might be explained to a certain extent by competing images of youth (as 'dangerous thugs', 'vulnerable children and in need of protection' or young people 'who made bad choices') which coexist in the juvenile justice system (Tilton, 2013: 1189). In line with this, Pålsson (2015) found that in the audit of Swedish residential care, the Inspectorates' various rationales (regulatory rationales, supportive rationales and protective rationales) influence the importance assigned to children's views in the inspection processes. In addition, the various attitudes adopted by professionals and the ways of committing to participation are also embedded in the organisational and socio-legal contexts of JJFs (Vis and Fossum, 2013). In our study, professionals had to deal with different rules and regulations, often directed at minimising risks (e.g. reoffending while in care). When focusing on the participation of young people in coercive care, there is inherently a tension between the different rationales underpinning the juvenile justice system: punishment, protection and rehabilitation (and participation) (Abrams et al., 2005). As a professional working in a JJF, this therefore requires a need for a continuous balancing of different interests (Söderqvist et al., 2014).

When discussing the topic of participation, we should not exclude the influences of the *residential living group*. Within institutional care, as in JJFs, group care forms the primary structure of the care provided to young people (Harder, 2011; Van der Helm et al., 2013). Therefore, a substantial part of the time that participation takes place is in interaction with 'other' young people. As a professional noted during the interview, when a residential group functions effectively, the group care workers tend to give more responsibility to the young people staying in the residential group. And vice versa, when group care workers give more responsibility to young people this can result in a better environment at the residential group (Gieles, 1977).

Finally, focusing on the *level of the young people themselves*, the professionals in our study felt that perceived participation in the process was strongly linked to the young people's characteristics (e.g. psychiatric problems or developmental age). They suggested that young people who are able to stick up for themselves are able to ensure that their voices are heard (LeFrançois, 2008), while those lacking 'adequate communicative ability' may be prevented from addressing complex issues and therefore limit their participation in decision-making (Van Nijnatten, 2013: 49). Some professionals questioned whether all young people were able to meet the requirements of society, i.e. to shape their future when leaving the facility. As Van Nijnatten (2013) stipulates: '[...] child welfare clients often cannot meet the



high standards of cooperation and participation required of them' (p. 119). LeFrançois (2008) rightly points out that the young person's diagnosis, age or lack of knowledge should not be used as a '[...] justification for not allowing the young person a voice' (p. 233).

### *Strengths and limitations*

We have been able to provide an initial insight into the components which seem to influence young people's participation in decision-making processes while staying in coercive care. We did so using semi-structured interviews, which permitted us to reflect in detail on the perspectives of professionals.

There are currently eight JFFs in the Netherlands. We conducted our study in two of these eight, which were quite different from each other, both in terms of site and size. Even though both facilities are obliged to work according to the standardised YOUTURN method, there are differences between the two facilities and the professionals working in them. Combined with our study's qualitative nature, this means that we do not claim our findings represent the views of all professionals working in all JFFs. Also, because the number of participants was small, we did not distinguish between sub-groups of professionals. We recommend further investigation of whether professionals performing different roles express similar or distinct views of their perceptions of young people's participation.

We used an interview design for our study to better understand professionals' perspectives of participation. There may be differences between the perspectives a professional expresses on participation as reflected in the interviews and in his or her actual work in practice. To get closer to how participation is implemented in practice, we recommend other research methods, such as participatory observation and including other stakeholders, such as young people (ten Brummelaar et al., 2014) and their parents.

### *Conclusions*

The participation of young people in decision-making is thought to improve its quality and the delivery of the services provided and to encourage positive therapeutic changes (Vis et al., 2011), thereby contributing to the improvement of the lives of young people living in JFFs. So far, the participation of young offenders in decision-making is not yet structurally built into how JFFs work. Implementing participation in a coercive setting such as JFFs comes at the very least with a challenge. On one hand, young people have the legal right to participate in the institutions and decisions that affect their life (Checkoway, 2011: 341). This is also enshrined in several common global frameworks that endorse participation, such as the Convention on the Rights of the Child and its General Comments no. 12 and 14. On the other hand, young people stay in these facilities based on coercive measures, whereby professionals are assigned to take care of these young people

and to make them fit for a return to society. The ethics of secure residential care hereby emphasise the young person's 'interdependence and the context within which they make decisions' (Bell, 2011: 199).

To implement participation in JJFs, all the organisational layers should be imbued with participation, including providing space for professionals to make their own decisions in their work (Van der Helm et al., 2013). In addition, using participation solely as a 'luxury' which comes as a reward for behaving well instead of as a basic need in the care and treatment process contravenes the need for young people to develop within the institutions' walls. With this in mind, the focus should therefore be on creating an environment in which participation is interwoven with daily practice (and through the use of participatory tools/instruments), taking the needs and perspectives of both professionals and young people into account.

Not only should the participation of young people be given more attention, the young people's caregivers and social contexts should also be included throughout the treatment process. Participation which only focuses on the young person's individual accountability and choices could seriously risk not considering the context which affects the young person's participation process (Tilton, 2013). We should also focus on these aspects to further 'fine tune' the professionals' strategies and expectations to include young people in decisions. This emphasises the need to determine further *how* young people are able to participate in decision-making, including the *content* of the decision itself. Through this, the possibility arises to create space for participation within the limits of the coercive contexts of JJFs. In addition, this not only implies bringing young people into the existing coercive context, but also modifying the context of JJFs '[...] in order to accommodate new groups with different perspectives and different ways of expressing themselves' (Thomas, 2007: 211). As one of the operational professionals in our study explained this may lead to alternative/informal ways of communicating with the young people, such as going for a walk, talking the same language and using a handclap instead of a handshake.

In addition, in future research, we recommend further exploration of the consequences of participation in decision-making for the outcomes of care. This will only be possible if we use a common framework in our research and other practices to define the participation of young people in decision-making processes both outside and within coercive care (Charles and Haines, 2014).

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## Notes

1. The non-profit organisation Creative Commons (2012) offers an extensive overview of 39 participation models, which have been developed between Arnstein's Ladder of citizen participation (1969) and Shier's et al. YingYang model of Youth Participation (2001).
2. In 2014, nearly 98% of the total population of young people staying in JJFs was male (Kalidien and de Heer-de Lange, 2015).

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