Perceptions of participation

The views of male adolescents on the care process in a juvenile justice facility

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Abstract

In the Netherlands, adolescents who have committed, or are suspected of committing a crime can be placed in a (residential) juvenile justice facility (JJF). These adolescents often have severe emotional and behavioural problems, and have dealt with aversive experiences in their past. In this paper we look at their perceptions on whether they feel that their views have been taken into account in decision-making processes during their stay in the facility. We held semi-structured interviews with 18 adolescents staying in a JJF. In these interviews we focused on their perceptions of participation. We transcribed the interviews using Atlas ti, version 7. We used both *theory-driven* as well as *data-driven codes* to analyse the data. In the results we distinguish between the content and setting of decisions (everyday versus higher order decisions), and the general perceptions of adolescents with regard to their participation in decision-making. Results indicate that within the structured context of the juvenile justice facility, there is a degree of freedom in which the adolescents are actively stimulated to participate. Overall, adolescents express forms of participation (feeling listened to, sharing views). This is both the case with everyday decisions and higher order decisions. However, some of the adolescents do not always feel that their participation is meaningful. Therefore, we emphasize the importance of looking further into the factors that underlie the possibilities of participation within coercive care.

Keywords: adolescents, juvenile justice facilities, decision-making, participation

Introduction

In the Netherlands, each year over 30,000 adolescents are confronted with the (juvenile) penal law due to purported delinquent behaviour (CBS, 2012). Most of these confrontations end with a warning or a relatively mild sentence, such as community service or a fine. However, for some adolescents these confrontations with the system can lead to a compulsory placement in a juvenile justice facility (JJF) after a decision of the juvenile court (Uit Beijerse, 2012). In 2012, 1,865 adolescents aged 12 to 23 were staying in Dutch juvenile justice facilities (Valstar & Afman, 2013), which is approximately 0.08% of the total population of Dutch adolescents in this age group (CBS, 2012). The adolescents are placed in a facility because they are suspected of, or convicted for, committing serious crimes. The majority of the adolescents that stay in these facilities are awaiting their trial (Uit Beijerse, 2012).

In juvenile justice facilities, adolescents are under 24-hour supervision and follow educational programmes, treatment and rehabilitation (Boedermaker & Uit Beijerse, 2008; Harder, 2011). The aim of JJFs is to prevent future delinquent behaviour and to prepare adolescents for a return to society. However, research shows that this is diffi-

cult: even though there is a slight decrease since 2006, the most recent rates of severe recidivism for adolescents in the Netherlands (2009) range from 49.5 to 66.8% within a period of three years after their departure from these facilities (WODC, 2012). A recently published review study also shows that incarceration of young people has limited effects on rehabilitation, especially when incarceration is focused on punitive measures instead of empirically supported treatment interventions (Lambie & Randell, 2013). Therefore, the finding that adolescents still regularly show delinquent behaviour after their departure might partly be explained by limitations in the available services (cf. Lipsey, 2009). In recent years, several measures have been undertaken by the Dutch juvenile justice facilities to improve the treatment and living environment, which seems to be associated with an improvement of the adolescent's quality of life in these facilities (Van der Helm et al., 2013) and might positively affect future recidivism rates.

During a stay in a juvenile justice facility, several decisions are made by care professionals regarding the treatment process of the adolescent and about the care provided. When the process of decision-making is conducted in dialogue with the adolescent and his/her family, this positively contributes to consensus on the issue that is decided upon (Bartelink, Ten Berge, & Van Yperen, 2010). Treatment programmes have a greater chance of success when they stimulate the adolescent's own capacity to solve problems, for instance by his/her participation in the process of establishing a treatment plan (Walker, Thorne, Powers, & Gaonkar, 2010).

The concept of 'participation' is seen as an important factor for achieving positive outcomes in the field of youth care in the Netherlands. Also in other countries, various researchers have extensively discussed the content and practice of participation in care (Bell, 2011; Cashmore, 2002; Munro, 2001; Sinclair, 1998, 2004). When looking at participation in a general sense, researchers distinguish between the *nature* of participation and the *degree* of participation (Knorth, Van den Bergh, & Verheij, 2002; Sinclair, 1998); the first (nature) aiming at the character or context of the participation process, the latter (degree) addressing the extent to which participation takes place.

Arnstein (1969), with her 'ladder of participation', was the first to hierarchically categorize the concept of participation. In this model the lowest rung of the eight rung ladder symbolises participation in the context of 'manipulation', also considered non-participation, whereas the highest rung is labelled as 'citizen control'. In this case, Arnstein's 'ladder of participation' focused on community participation by civilians. Since then, different models further elaborated on this ladder of participation. The first to apply the ladder to children's participation, was Hart (1992) in one of the UNICEF's *Innocenti essays*. Hereafter, the ladder was adjusted to the field of youth care among others by Thoburn, Lewis and Shemmings (1995) and Shier (2001). Later on more non-hierarchical models showed up, such as Kirby and colleagues' 'model of the level of participation' (Kirby, Lanyon, Cronin, & Sinclair, 2003) which draws strongly on Shier's pathways to participation-model. Since Hart applied the ladder of participation to the field of children's participation in 1992, the model has been largely implemented and discussed in practice and research. In addition, it was Hart himself (2008) who called for a critical re-

flection and encouraged the generation of new models.

The Committee on the Rights of the Child (2009) describes participation in its General Comment no. 12 as '…on-going 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, p. 5).

Young people's right to participate in decision-making is recognised in Article 12 of the Convention on the Rights of the Child (CRC) (United Nations Convention on the Rights of the Child, 1989). With the ratification of the CRC in 1995 by the Dutch government, every child within the state territory can derive rights from the CRC (Mijnarends, Liefaard, & Brunning, 2013). Therefore, it is also applicable to young people staying in juvenile justice facilities in the Netherlands.

In the Netherlands, Juvenile Penal Law is regulated in the Dutch Penalty Law (material status, e.g. offences and penalties) and the Dutch Penalty Procedure Code (formal status, e.g. the juridical procedure). On the first of July 2011, a modified version of the Dutch Principles of Law for Juvenile Justice Facilities (in Dutch: the BJJ) came into force. The BJJ captures the material and formal status of the juvenile penal law and includes the right to *participation*, *representation*, *information*, *hearing* and *notification* of the young people during their stay in a facility. This means that the adolescent is provided with written information on his/her rights and duties upon arrival in the facility (article 60 BJJ). When a decision is made, for example the decision to refuse the adolescent's participation in a training programme, the managing director has to conduct a hearing with the adolescent in a language comprehensible to him or her (article 61 BJJ). Also, the director is responsible for regular consultation with the adolescents on issues that directly affect their stay (article 79 BJJ).

Next to the fact that participation of adolescents is recognised by law, participation of young people seems to be important with regard to both care placement decisions and decisions that are made during the care process. For example, in her study on the participation of 3,019 juvenile defendants in youth courts in 11 European countries, Rap (2013) argues that, 'decision-making in court can be improved by hearing the views of juvenile defendants. This in turn, might influence the extent to which juveniles are willing to cooperate with the justice system, fulfil the sentence that has been imposed and abide by the law in the future' (p. 12). Van der Laan and Eichelsheim (2013) studied the adaptation of young people (N=207) to imprisonment in association both with characteristics of juvenile prisoners themselves and characteristics of the correctional environment. Among other things, they found a positive association between *interactions with staff* and *feelings of autonomy* and *well-being*, regardless of individual factors. According to the authors 'feeling safe, having some sense of freedom of choice and experiencing less stress could increase a juvenile's motivation to participate in training programmes aimed at reducing reoffending' (p. 441). A more direct link between having 'a say' during care and feelings of empowerment (e.g., establishing capacity to control one's life) by youth consumers of mental health services was found in a study by Walker, Thorne, Powers and Gaonkar (2010). The extent to which the

adolescent's perspective was represented in the planning process positively correlated with the adolescent's feelings of empowerment (with small to large correlations on different subscales of the empowerment measurement scale).

Although the importance of participation of young people in decision-making processes during care is acknowledged in both research and practice, the concept of participation is interpretable in multiple ways, which often results in a lack of common understanding, or agreement on what participation actually means (Horwarth, Kalyva, & Spyru, 2012; Rahnema, 1990; Van Bijleveld, Dedding, & Bunders-Aelen, 2013). In their review study on the participation of children and young people within child protection and child welfare services, Van Bijleveld et al. (2013) showed that children and professionals differ in their understandings of what participation means: children see participation as being actively involved in decision-making; professionals consider aspects such as listening to the child and informing the child as participation.

Research also indicates that young people sometimes perceive a lack of participation in decision-making procedures in different contexts, such as health care, judicial procedures, and youth protection (Burke, 2010). Within the context of residential youth care, Australian research by Southwell and Fraser (2010) showed that young people staying in care (*N*=169) were satisfied with *everyday decision-making* (e.g., explanation of rules, caregivers listening to them, having a say in everyday household matters), but less satisfied with their participation in *higher order decision-making* (e.g., explaining why they were in care, having a say in what happens to them during their stay in care, and knowledge on the content of their case plan). In line with these findings, Ashkar and Kenny (2008) found that adolescents (*N*=16) who were staying in a maximum-security detention facility in Australia experienced, among other things, a sense of loss through reduced autonomy. Henriksen, Degner and Oscarsson (2008) found that several adolescents who were staying in coercive residential care did not experience participation in treatment planning and daily activities. Moreover, the level of participation experienced by adolescents was linked with the involvement of the adolescents' main care professional.

Several studies indicate the importance of adolescents' engagement during their stay in juvenile justice facilities for achieving positive outcomes (Englebrecht, Peterson, Scherer, & Naccarato, 2008; Henriksen, Degner, & Oscarsson, 2008). In addition, care process perceptions of adolescents seem to be predictive of positive outcomes. For example, Schubert, Mulvey, Loughran and Losoya (2012) showed that the more positive perceptions the adolescents (*N*=519) had of their time during incarceration, the lower were the recidivism rates.

Aim

As was indicated above, participation during care by adolescents seems to be linked with achieving positive outcomes. Therefore, in the present study we will look at this topic for a group of adolescents in a JJF in the Netherlands. More specifically, the aim of this study is to explore the perspectives of adolescents on whether they feel that their views have been taken into account in decision-making processes during their stay. By focusing on perceptions of adoles-

cents in juvenile justice facilities we hope to gain further insight on how young people experience participation in a coercive setting and how this possibly can be improved to promote better outcomes.

Method

Setting

The research described in this paper took place in the period March to June 2013 at one juvenile justice facility located in a rural area in the North of the Netherlands. The facility has room for 62 male adolescents. When the research took place, there were 42 adolescents staying in the facility. The facility houses male juveniles between 12 to 24 years of age who are suspected of or convicted for committing a crime. The adolescents are under 24-hour daily supervision and follow structured programmes.

The facility is organised in *long stay residential groups*, mostly housing adolescents who have been sentenced with a penal measure, and *short stay residential groups* where adolescents are awaiting their trial. Every residential group consists of eight to ten adolescents. The adolescents have their own room, which includes at least a bed, a closet and a toilet. Next to this, the group itself has a living room, a dining area and a kitchen (Vermeer, 2011). There are two group care workers continuously present in the group. Each adolescent has a group care worker who is appointed to be his mentor. In addition, every adolescent has a behavioural scientist who is responsible for his treatment and stay in the facility.

The daily activities are focused on pedagogical principles aimed at preparing the adolescent for a return to society. The daily programme contains structures such as waking up and going to bed on time. Each day adolescents are obligated to participate 8,5 hours in joint activities, such as education or recreational activities. Adolescents spend a significant portion of time on their residential group. Within this group they are assigned with certain tasks, such as setting the table and doing the dishes. At each residential group, group discussions are organized on a regular base so that adolescents have the possibility to discuss certain topics on a group level (e.g., weekly menu's, activities, or group functioning). Next to this, adolescents have the opportunity to become a member of the library council.

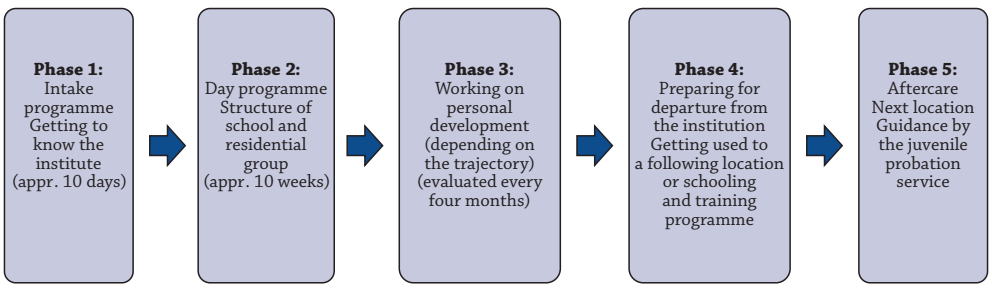

Figure 1. Five treatment phases of the Youturn method

When staying in a juvenile justice facility, adolescents go through different treatment phases according to the YOUTURN method (see figure 1). Within the YOUTURN method the adolescent has to work on different skills in order to proceed to the next phase (Hendriksen-Favier, Place, & Van Wezep, 2010). All juvenile justice facilities in the Netherlands work with this standardised method. Within this method (and depending on his sentence and behaviour) the adolescent has the possibility to practice returning to society by going on a leave of absence.

In the first phase of the YOUTURN method the adolescent gets to know his mentor and is able to adjust to his residential group. The adolescent receives a *portfolio* in which he is able to keep track of his individual treatment process at the juvenile justice facility. Within three weeks in care, for each adolescent a first version of the *care trajectory plan* (i.e., treatment plan) is established. In the following phases of the YOUTURN method, this care trajectory plan is discussed during individual care trajectory meetings.

The *care trajectory meetings* make up an important part of the treatment process of the adolescent. In these care trajectory meetings, treatment goals are discussed and the treatment progress of the adolescent is evaluated. In addition to the adolescent and his parents/caregivers, there are several care professionals involved in these meetings, such as the behavioural scientist (e.g., a psychologist), the internal trajectory professional (focusing on return to society), and the mentor of the adolescent. Adolescents often prepare for the meeting with their mentor. The first meeting is organised after three weeks in care, the second approximately seven weeks later. Hereafter the meetings are held once every four months.

There are several formal procedures that are set in the Dutch Principles of Law for Juvenile Justice Facilities, which contain the possibility for the adolescent to express his/her view. This is possible through the *supervisory committee* which monitors the way the institute treats its pupils; with the *month commissioner* who is available every month with the specific task to talk with adolescents about how they experience their stay; and via the *complaint committee* which makes it possible for adolescents to file a complaint. In addition, some of the adolescents are, or have been members of the Youth Council. In this Youth Council a representative of each residential group is able to convey their opinion on certain issues in the facility. The institute's managing director is always present at these youth council meetings.

Semi-structured interviews

We used a semi-structured interview guide (see figure 2 for the topic list) addressing various themes such as which decisions the adolescent is confronted with, and what roles adolescents and care professionals play in these decisions. The semi-structured nature of the interview made it possible to 'adopt a flexible approach for discussion with the interviewee' (Hemming, 2008, p. 153). The interviews were used to generate the perspectives of the participating adolescents.

They were asked about their *experiences prior to a decision* (e.g., information on the decision), their *experiences with decision-making* (e.g., giving opinion, being

asked for opinion, feeling listened to), and *their experiences after a decision was made* (seeing results). We came up with these topics after turning to the literature on participation in decision-making (for instance Bell, 2011; Cashmore, 2002; Hart & Thompson, 2009; Kilkelly, 2010; Sinclair, 1998).

The interviewer used the *time-line method* (Adriansen, 2012) to structure the interviews. With the timeline the interviewer follows the pathway of the adolescent from entering the facility to the stage the adolescent is currently at. The questions were divided into *everyday decisions*, such as decisions about activities and group rules, and *higher order decisions*, such as decisions about treatment goals and leave of absence (cf. Southwell & Fraser, 2010).

Procedure

Adolescents were approached by a researcher on their residential group and were provided with both written and verbal information, whereby the adolescents were explained that participation in the research was voluntarily, and that everything they said was used anonymously. The researcher explained that on the basis of all the interviews, a report would be constructed, but that the provided information would not be identifiable in relation to individual interviewees. Next to this, adolescents were told that they could end their contribution to the research at any time they did not want to participate anymore. Soon after, the researcher came back to ask if they wanted to participate. In this way informed consent was guaranteed (Mazzoni & Harcourt, 2014).

- **Background information**; moment of arrival, how things went the first couple of weeks, daily structure, different phases of care trajectory
- **Decision-making**; which decisions are made, most important decision(s), involvement in decisions
- **Information**; received information prior to decision, in which way, by whom, views on provided information
- **Expressing views**; did someone ask opinion of adolescent, in which way, who, views on expressing opinions
- **Listening**; did someone listen to adolescent, in which way, who, views on feeling listened to
- **Encouragement**; did someone encourage adolescent to give opinion; in which way, who, views on encouragement
- **Feedback**; did someone give explanation on decision; did someone keep adolescent informed, in which way, who, views on feedback
- **Influence of opinion**; did your opinion influence decision(s), in which way, experiences and views
- **Environment**; in what kind of environment did the decision take place, experiences with environment
- **Additional information**; what the adolescent wants to add

Figure 2. Topic list of the interview

The interviews with the adolescents took place during school hours and were held in a room nearby the school classes. One researcher conducted all the interviews in one-on-one conversations. The interviews took 35 minutes to one hour, depending on how much the adolescent wanted to share with the researcher. All interviews were audio taped with a voice recorder, except for one interview with an adolescent who objected to the conversation being taped. In this case notes were taken.

Participants

Guided by the principle of saturation (Mason, 2010) a sample of 18 male adolescents was put together to participate in the study (mean age 18.6, range 16 to 24 years old). Participants were either awaiting their trial or they were sentenced with a detention penalty (art. 77i Dutch Penalty Law) or a 'Placement in a juvenile institute' proceeding (art. 77s Dutch Penalty Law). A total of eight adolescents stayed on a *short stay group*; ten adolescents stayed on a *long stay group*. The engaged sample represents nearly half of the incarcerated population (43%) at the time of the study.

Data-analysis

After the interviews were conducted, they were transcribed making use of the audio transcription programme F4 (audiotranskrition.de). We coded the transcripts with Atlas-ti, version seven. We used both *theory-driven codes* (deductive coding) as well as *data-driven codes* (inductive coding) (Decuir-Gunby, Marshall, & McCulloch, 2011). First we performed open coding to the transcripts, following with axial coding. In order to facilitate the reliability of the codes, two researchers independently coded the transcript of one interview. Then the two documents were compared with one another, and the transcripts were coded a second time.

Results

Regarding the results we distinguish between (a) the perspectives of adolescents on decision-making processes during care (e.g., content and setting), and (b) the general perceptions of adolescents with regard to their participation in the process in decision-making (e.g., expressing one's views, feeling listened to, receiving explanation and feedback).

In Figure 2 we show a conceptual model for the decision-making processes in the JJI to structure the results presented in this section. As already explained we divided the decisions that occur in the facility between 'everyday decisions' and 'higher order decisions'. Everyday decisions can be divided further into *collective decisions* (e.g., activities, group rules, sanctions), and *individual decisions* (e.g., activities, tasks, sanctions). These decisions can take place within different settings, such as the residential group, the (organised) group discussions, and the Youth Council. With regard to the higher order decisions we solely focused on the individual decisions (e.g., treatment goals, phase of the trajectory, leave of absence). These decisions can take place in settings such as individual meetings with care professionals (e.g., behavioural scientist, mentor, internal trajectory professional), or care trajectory plan (CTP) meetings

in which several care professionals, the adolescent, and his caregivers are involved.

Decision-making during care: Content and setting

When entering the juvenile justice facility, adolescents are confronted with numerous decisions and multiple care professionals (e.g., both care professionals prior to and during their placement within the JJI). As one adolescent expresses his experiences with this process:

> *Boy:* There were many decisions made about me. In the beginning I did not like it, but when you have dealt with the system more often, you get used to this.

The interviewees experience a difference between *everyday decisions* on residential group level, such as group rules, tasks and group activities, and *higher order decisions* made about their individual care trajectories. In the conversations with them some express that they find higher order decisions to be the most important to them. Others regard the day-to-day decisions and the higher decisions of equal importance to them.

> *Boy:* I consider decisions on everyday life to be important, such as group rules. But also decisions about my leave of absence I find important [...] So both, decisions about my leave of absence, because it goes about the outside world, but when I get back from my leave of absence I want it to be fine on the group that I am living on.

Everyday decisions

When it comes to everyday decisions the adolescents express mixed views. Some say they have the possibility to express their views, for instance on the food they cook for dinner or the activities they would like to do in their free time. However, adolescents do experience a difference in approach by group care workers. With some of the group care workers they feel there is more room for negotiation than with others.

> *Boy:* [...] But I would like to have more responsibility in decisions about tasks and cooking. For instance, if I wanted to do the dishes and another boy wants to cook. Then we could swap tasks. But that's not possible because on the task list it says something different. Some of the group care workers then tell you to discuss this with each other, and then that happens. That is much nicer.

Adolescents have the possibility to choose what they want to do in their *spare time*: 'they don't obligate you to do something.' Yet, there are some physical boundaries with regard to the activities they can choose from. For instance, they would like to play sports more often, but only group care workers who have a sports diploma are allowed to assist with this. Next to this, some adolescents express feelings of boredom during their free time: often they play with the play-station or watch TV. One adolescent brings forward that the group often does what the majority of the boys wants to do as a *group activity*. When an adolescent does not want to join, he has to stay in his room, because there are only two group care workers who both have to supervise the group.

With regard to *group rules*, some interviewees feel that there should be more rules in the beginning of the stay in the facility and less as they progress through their stay. One of the adolescents tells that he regrets that boys with different capacity levels are placed in the same group, because it is not easy for group workers to differentiate within a group. Interviewees enjoy group care workers who are able to look for solutions instead of leaning on the rules too much.

Some of the adolescents (*n*=8) bring forward that they are not satisfied with the uniform way that care professionals apply measures of *sanction*. Thus they feel that they are treated *collectively* instead of as individuals.

> *Boy:* We all had to go to our room, while half of the boys didn't do anything. Okay, three actually....

Another topic that emerges in the interviews is that of *group discussions* at the residential group. Some adolescents bring forward that they just sit there, and do not really take these discussions seriously. One adolescent tells the interviewer that he regrets this.

> *Boy:* Within these group discussions the boys with the 'loudest voices' finally have the possibility to really express their views, but then they do not use the group discussions to express their opinions.

In line with this, one of the boys tells that he appreciates the group discussions, but that it is difficult to arrange the discussions '...because the boys do not want to make the effort to sit at the table.'

Higher order decisions

Just as for everyday decisions, the adolescents have mixed experiences in having a say in higher order decisions. Overall, they state that they are able to give their views on decisions regarding their individual care trajectory. Most interviewees feel that they are involved in setting *treatment goals* and are able to express their views on treatment goals: 'I am fully involved in setting my treatment goals [...].' Adolescents have the possibility to have a *one-on-one conversation* with care professionals (e.g., mentor, behavioural scientist, internal trajectory professional) on their treatment goals.

The interviewees explain that they can influence the *phases of their care trajectories* by showing that they are ready for the next step, by cooperating in treatment and behaving well. This is especially the case with adolescents who feel that they have something to lose, such as the possibility for a leave of absence. In some of the conversations the juridical procedure and the legal status of the adolescent (if he is sentenced or not), influence the way adolescents perceive their willingness to be involved in the process. For instance, one of them who was sentenced with a youth detention measure, brings forward that he is just 'serving his time'.

The adolescents who are in the phase that inhibits leave of absence, express that they are involved in the establishment of their leave of absence plan:

> *Boy:* When you are honest about it, things will work out. Everything is in agreement with one another.

A few adolescents bring forward that they act socially desirable: they have discovered

what their environment wants to hear and anticipate this:

> *Boy:* I often write what they want to hear.

When specifically looking at the *care trajectory meetings* in which the care trajectory plan is discussed, over half of the interviewees had positive experiences with these meetings and felt that they were taken seriously.

> *Boy:* Of course I have an opinion, and at the care trajectory meetings I have, ehh, there they tell you: these are the goals we would like you to work on, what do you think of these goals?
> *Interviewer:* Yes…
> *Boy:* Which goals do you think that suit you? And then I give my opinion on these goals. With these things it works really well.

According to one of the adolescents these meetings are necessary so that every participant knows where he stands. Another interviewee states that in the beginning of his stay these meetings were very useful because they provide opportunities to discuss what the focus in treatment would be. However, after multiple care trajectory meetings this adolescent indicates that it loses its necessity:

> *Boy:* Now I had my eighth meeting. In July I will have my ninth. But you just sit there, and everybody afterwards quickly has some other meeting, and after such a while there are not very important things to be discussed anymore.

One of the adolescents explains that after the care trajectory plan is discussed during the meeting the adolescent has to put his signature underneath the plan to indicate that he agrees with the content of the document. If not, he is able to write this on the document. Following this it is discussed with the mentor of the adolescent and with the adolescent himself.

Decision-making during care: Perceptions of participation

Expressing one's view

In general, adolescents bring forward that they do not experience any hindrance in expressing their views to professionals. Even when they are not asked for their opinion, they just express their views anyway. Some bring forward that others, such as group care workers, just have to accept this:

> *Boy:* I just give my opinion plain and simple, even when they do not agree with this, I give my opinion…
> *Boy:* They just have to accept this.

On the other hand, not all adolescents feel this way:

> *Boy:* I would give my opinion, but [silence] I would never demand something of another person. Because, it is not correct for me to do that.
> *Boy:* I can't really complain, because I did something in the past which was completely wrong to do, so why should I have something to say, when they should be the ones in charge.

Some adolescents state that they do not see the importance of expressing their views,

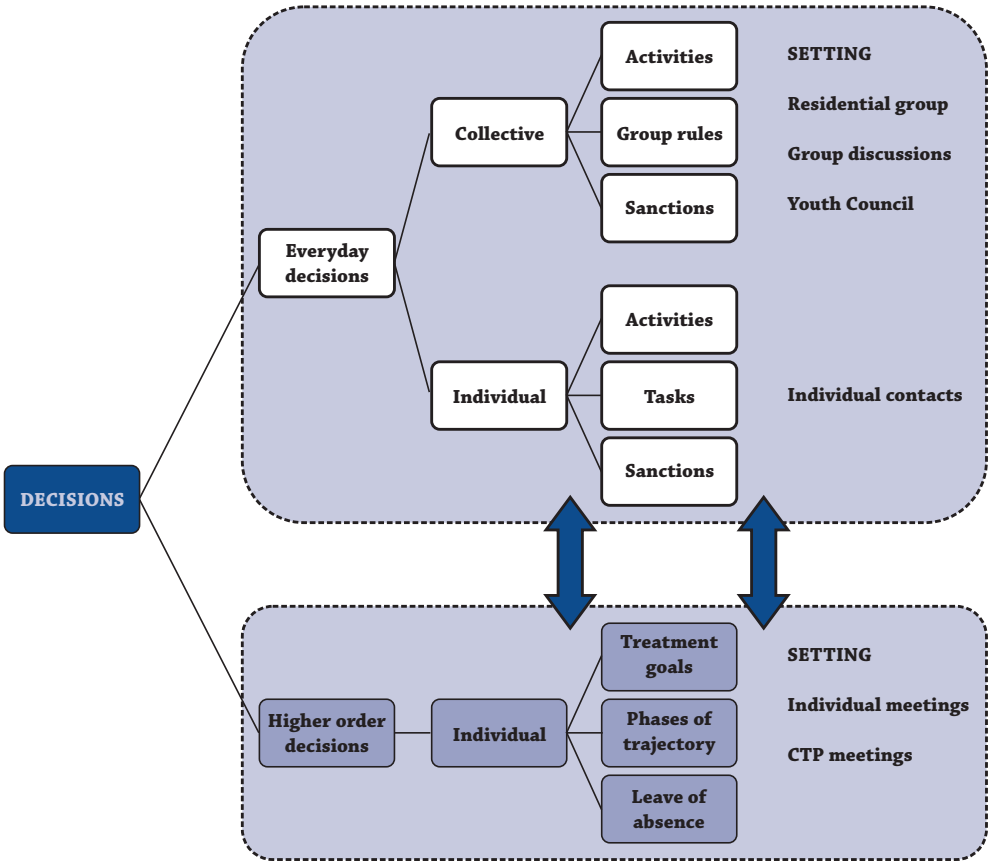

Figure 3. Concept model of decision-making processes during care in juvenile justice facility

or only when it suits them. Others bring forward that they have nothing to say. They name the following reasons for not expressing their views:

- being left alone;
- leaving soon;
- being fed up with the situation;
- continuing what they want to do;
- the inside prison world being different than the outside world;
- accepting the situation as it is.

Some of the adolescents relate their feelings of indifference to the idea that sometimes certain decisions are already decided upon, prior to the conversation with the adolescent. This is often the case when it concerns decisions with regard to measures of corrections (e.g., getting a time-out or being sentenced to their room). However, it seems that sometimes these feelings of indifference are related to presumptions, rather than experiences of adolescents themselves.

> *Interviewer:* So they do give you the opportunity to express your view, but you do not use this moment?

Boy: But they don't do anything with what you say.
Interviewer: How do you know they don't do anything with what you say?
[...]
Boy: I just hear it a lot.

According to one of the adolescents, young people staying in coercive care do not always find the right way to express their views or feelings correctly. This interviewee brings forward that adolescents often have a rather compelling way of expressing their views.

Boy: Because they [the boys] also ask... they not always express their views in a normal way. And then they think it is strange that others do not react correctly to this.

This point of view is recognized in other conversations with the adolescents. Some adolescents state that they use a form of aggression (e.g., getting angry, vandalizing) so that others listen and recognize them, like 'I vandalized my room'.

Boy: Usually when I think that I am not allowed to give my opinion, or when I think they do me no justice, I get angry. You know, then I will yell through the group.
Interviewer: Can you give an example of a moment you felt like they did you no justice?
Boy: Ehmm [silence]... Yes, when I had to stay on my room. Once they did not bring me food to eat. Then I became angry.
Interviewer: And why was that?
Boy: Because I have the right to eat.

One adolescent explains that he feels angry every day he gets up in the morning: 'Mad at how things go around here, mad at the care professionals, and mad at other boys.' Hereafter, he goes on explaining that he sometimes does not know why he gets angry. And finally blames it on being locked up. According to him he has developed a real 'prison head'.

Boy: You know, that you do not feel like talking, with nobody. That you are always on your own. That's a real prison head.

Feeling listened to

With regard to the topic of feeling listened to, adolescents express mixed views.

Boy: You cannot make a total party out of your stay here, but they do listen to your opinion and I feel that they are taking me serious in this.
Boy: If you are able to express a bit of a realistic opinion, they listen to you and together you look at how we are able to change, and if we are able to change it.

Interviewees often relate 'feeling listened to' with the care professional involved: 'It depends on the person if I feel taken seriously'. When adolescents have the feeling that someone makes an effort to do something with the matters discussed by the adolescent, they relate this to 'be taken seriously':

Boy: I can say anything to my mentor and I feel that I am taken seriously. When I tell her something, then she really makes an effort.

When a care professional shows that he is doing his best to work together with the adolescent, this contributes to 'feeling listened to'.

Interviewer: [...] Do you have an example of a moment in which you felt listened to, felt taken serious? And that you felt that your opinion mattered?
Boy: Since I stayed in separation...
Interviewer: Since you...? But please tell.
Boy: Well, then I told the unit manager, head of department: Even if you take away all my leave of absence, I will do my time like a man. I will not beg for leave of absence. And then this man goes and says: How do we go from here? So I say: It doesn't matter to me, you guys decide. Then he says: Yeah, but we have to work this out together. Well, then I had something like: okay, this guy is honest.

Interviewees allocate the following characteristics to 'good care professionals': They go to work with passion and work for you; they are involved; they organise things directly; they are honest; they stick to agreements; they take your opinion seriously; they don't bother you with fake talks or compliments; they are not bossy; they treat you the same as people in the outside world; they decide *with* you, not *over* you; you know what to expect of them; they signal correctly when you are not feeling well.

Adolescents bring forward that they receive an explanation on how a decision is made, when they ask for an explanation. One adolescent says that he receives explanations on decisions when professionals have time for this. Another indicates that when adolescents get an explanation from the group care workers about the reason why choices are made in a certain way, they are more satisfied with the outcomes of a decision.

Boy: If they explain how certain decisions are made, then I would understand it better. In this way you also have the feeling they have done more with your opinion.

One adolescent expresses the difficulties emerging when he tells a care professional something that is on his mind and afterwards experiencing these conversations being shared with other professionals. That leaves him with feelings of distrust.

Boy: They talk about you behind your back.

The expectations of the adolescent of conversations being private can be conflicting with the role of the care professional.

Boy: Maybe when you tell something, they say 'This is private', but maybe they have to share this, because of the treatment process. That is why I do not share so much.

Some interviewees have experienced many different care facilities and dealt with several care professionals. This has made them suspicious towards other care professionals.

Boy: I find it difficult to trust people because since I was five years old, I have moved from care facility to care facility like a table tennis ball.
Boy: I'm used to this, you know. I have been in care for 11 years now, so I know how this goes, with these institutes and so.

Discussion

Adolescents are confronted with numerous decisions while dealing with the youth justice system. In general, they stay in highly structured environments in which many decisions are fixed (Van der Laan & Eichelsheim, 2013). Within this structured context there is a degree of freedom in which the adolescent is actively encouraged to participate. The right to participate in decision-making as a juvenile offender is actually facilitated in international and national standards. Both the Convention on the Rights of the Child and the Dutch Principles of Law for Juvenile Justice Facilities (BJJ) incorporate participation, information and hearing provisions. Specifically, the BJJ provides a clear legal status to young people staying in juvenile justice facilities (Brunning, Liefaard, & Volf, 2005, p. 117). Within this coercive context there are several formal safeguards for the adolescents to express their views, namely through the *complaints committee*, the *month commissioner*, and the possibility to file a complaint against the institution through a *lawyer*. Next to this, the adolescent has the possibility to become a youth council member in which he is motivated by staff to take a constructive approach on institutes' policies. Also, over the years multiple measures have been undertaken to enhance a positive living climate in juvenile justice facilities in which the focus lies on the dialogue with the adolescent and his system (Harder et al., 2012; Van der Helm et al., 2014). Research in the United Kingdom suggests that 'participation rights may have become a reality more for young people involved in welfare systems than for other young people [...]' (Murray & Hallett, 2000, p. 11), like those, for instance, in the juveniles justice system.

The aim of our research was to provide insight into the perspectives of adolescents on how they perceive their participation in decision-making procedures while staying in a juvenile justice facility. Indeed, focusing on the perspectives of adolescents and on how they experience different decision-making processes could offer insight into the role adolescents think they play in decision-making procedures and the behaviours they show. Or as Butler (2011) phrases it: 'To fully appreciate the workings and outcomes of the juvenile justice system, it is valuable to understand the experiences of persons who have been processed through it' (p. 106).

Our results show that the majority of the adolescents do experience forms of participation, in a way that they feel listened to and are able to share their views on decisions. Adolescents bring forward that they attach value to the higher order decision-making and the everyday decisions. This is in line with other research showing that children and adolescents want to be involved not only in trivial decisions, but also in these higher order decisions (Henriksen et al., 2008; Munro, 2001; Van Bijleveld et al., 2013). Nevertheless both in everyday and higher order decision-making adolescents express mixed views on their actual engagement in the decision-making process. In response to the interviews, adolescents bring forward their wishes for more responsibility.

When specifically looking at the context of *everyday decision-making*, the interviewees indicated that they experienced room for choice in daily decisions, such as deciding on (group) activities, with the exception of some physical boundaries (no complete

freedom of movement, doing what the majority wants to do) sometimes leading to feelings of displeasure and boredom (cf. Greve, 2001). With regard to group rules adolescents experienced more boundaries in negotiation, because the group has to live by the institute's rules to keep order and safety (cf. Hanrath, 2013). Some of the adolescents mentioned their feelings of displeasure when it came to collective implementation of sanctions and therefore did not feel they were treated as 'individuals'. This aspect is consistent with findings of Henriksen et al. (2008) in which adolescents in coercive residential care mention *collective punishment* to be one of the obstacles in the way to forming a positive relationship with key staff members.

When focusing on *higher order decisions*, most adolescents felt that they were involved in the establishment of treatment goals. This is in contrast with Southwell and Fraser (2010) who found that a vast majority (72%) of the 169 children in their study did not know the content of their care plan. Some of the adolescents in our study told us that when they showed 'good' behaviour, they were able to proceed to a next phase in which new treatment goals were addressed. Yet others said that they responded to what they thought care professionals wanted to hear. This raises the question how far the current system elicits socially desirable behaviour from the adolescents during care (Harder, Knorth, & Kalverboer, submitted).

A point of interest in this context is also the role of juridical procedures. Indeed the duration of stay in JJIs depends on the one hand on the juridical procedures/measures (which can be considered as relative static or unchangeable factors), and on the other hand on the motivation and behavioural change the adolescents show during their stay (which can be considered as dynamic or changeable factors). The phase of the juridical procedure (e.g., awaiting their trial vs. being sentenced) might influence the adolescent's willingness to participate in treatment. For instance, when an adolescent is still awaiting his trial professionals bring forward that it is sometimes difficult to get a grip on this specific group of young people, because officially they are innocent until proven guilty which can make it more complex to motivate them for treatment (Ten Brummelaar et al., in preparation).

When focusing on the *general perception* of adolescents on their participation in decision-making, the interviewees stated that they experienced no barriers in giving their opinions in matters that concerned them and sometimes they showed feelings of indifference when talking about their role in decision-making. These findings contrast to research in the field of child protection or family law disputes in which children or adolescents do not always feel free to share their views but do want to be part of the decision-making process (Cashmore & Parkinson, 2009; Grietens, 2011). Research also indicated that when adolescents do not see a direct result of their expressed views, they tended to perceive the participation process as less meaningful (Sinclair, 1998, 2004).

Although the interviewees did not express any hindrance in giving their opinion, this does not mean they shared everything with the care professionals surrounding them. Some of the adolescents in the present study seemed to be suspicious of sharing too much information, because they were highly aware that 'things they say' may later be used against them. Herein lies a tension within the context of the (juvenile) justice system. Trust is a key factor in the estab-

lishment of a secure relationship between the adolescent and a care professional (Anglin, 2002; Henriksen et al., 2008). But, at the same time, when it comes to matters that threaten the treatment process of the adolescent, it is the care professional's task to protect the adolescent (and society) and this may lead to sharing information with other care professionals. This might partly influence the adolescents' suspiciousness, even though they are informed regarding this matter when entering the facility.

In some of the interviews, adolescents related their reservation about sharing information to their experiences in the past. These previous experiences with the care system, including having dealt with many different caregivers in the past, may have affected how they orient themselves to decision-making (Horwath et al., 2012).

A third explanation for the expressed indifference in relation to sharing information might be that by not fully engaging with his environment the adolescent is able to distance himself from the developmental process (Henriksen et al., 2008, p. 153). In line with this, Van der Helm, Klapwijk, Stams and Van der Laan (2009) found signs of 'learned helplessness' (e.g., indifference) in 80% of the 49 cases of juveniles staying in a juvenile justice facility. According to Eichelsheim and Van der Laan (2013), 'learned helplessness' is related to reduced feelings of control or well-being and it may '... have a negative impact on participation in daily activities or training programmes meant to decrease the risk of recidivism' (p. 425).

When interpreting these results it is important to take background characteristics of adolescents into account (e.g., past experiences, age, IQ, psychiatric problems, psycho-social problems). Many adolescents in juvenile justice facilities suffer from both emotional and behavioural problems, as well as problems in the family context (Harder, 2011; Lambie & Randell, 2013). These background characteristics might influence the adolescent's perception of the participation process (Horwarth et al., 2012). In addition, the mandated setting might create the feeling on the part of the adolescent 'that every decision is determined by others'.

All the more, this emphasises the need to determine how and in which ways adolescents are able to participate in juvenile justice facilities and to find out how this relates to the subjective experiences of participation. Moreover, a great amount of international literature stresses the need to see participation not so much as a *one-time experience* but as an *ongoing process* (Bell, 2011; Cashmore, 2002; Sinclair, 1998).

Strengths and limitations

This article provides a first insight into decisions adolescents have to face during their time in secure residential care in the Netherlands, and more specifically how they experience these decisions and related procedures from a point of view of participation.

It is noteworthy that a large portion of the adolescents agreed to participate and was willing to share their experiences with the researchers. A lesson might be that taking the time to explain the study purposes to young people - which we did - contributes significantly to their willingness to participate in research. Another positive factor was that the main researcher was not part of the institute's staff, which made it easier for adolescents to express themselves freely. There was no obligation or pressure

to join the research group, participation was completely voluntary. As a result young people who did not want to share their experiences with us - for instance, because of a bad psychological condition, a 'negativistic' attitude or 'research saturation' - were not included. We don't know if this has influenced the general picture we made out of the interviews. However, considering the criticisms that were noted we don't think the sample was overrepresented by the 'good guys'.

There are also limitations. A first one regards the sample. We interviewed 18 adolescents who stayed in one juvenile justice facility in the Netherlands. Due to the qualitative nature of our study, the results cannot be generalized without qualification to other adolescents in secure settings.

A second limitation is that we only spoke with male adolescents. The perspective of male adolescents may not reflect the perspective of female adolescents staying in secure residential care. However, of the total population of adolescents staying in juvenile justice facilities in the Netherlands, nearly 96% is male (CBS, 2014). All the same there is increasing knowledge on female delinquency (Hoeve, Vogelvang, Wong, & Kruithof, 2012; Lambie & Randell, 2013). So it is advisable to investigate if the needs expressed by the male participants reflect the experiences of females staying in comparable settings.

Recommendations

In future research it is recommended to strive for triangulation by making use of multiple data-sources, such as questionnaire data, participant observations, document-analysis and interviews with both adolescents and care professionals.

Next, it would be interesting to look at the perspectives of care professionals on the topic of participation, in addition to the perceptions of adolescents. It would be informative to know to what extent these two sets of perspectives and experiences correspond with one another (see research by Van Bijleveld et al., 2013).

Finally, we emphasize the need to focus more on the factors that underlie the participation of adolescents in decision-making processes, preferably from multiple perspectives (i.e., those of adolescents, parents and care professionals).

References

Adriansen, H. K. (2012). Timeline interviews: A tool for conducting life history research. *Qualitative studies, 3*(1), 40-55.

Anglin, J. P. (2002). *Pain, normality, and the struggle for congruence. Reinterpreting residential care for children and youth*. New York: The Haworth Press, Inc.

Arnstein, S. R., (1969). A ladder of citizen participation. *Journal of the American Institute of Planners, 35*(4), 216-224.

Ashkar, P. J., & Kenny, D. T. (2008). Views from the inside: Young offenders' subjective experiences of incarceration. *International Journal of Offender Therapy and Comparative Criminology, 52*(5), 584-597. doi: 10.1177/0306624X08314181.

Bartelink, C., Ten Berge, I., & Van Yperen, T. A. (2010). *Beslissen over effectieve hulp. Wat werkt in indicatiestelling* [Decision-making on effective care. What works in professional assessment]. Utrecht: Dutch Youth Institute (NJi).

Bell, M. (2011). *Promoting children's rights in social work and social care. A guide to participatory practice.* London/Philadelphia: Jessica Kingsley Publishers.

Boendermaker, L., & Uit Beijerse, J. (2008). *Opvoeding en bescherming achter 'tralies'* [Educating and protecting young people behind 'bars']. Amsterdam: SWP Publishers.

Bruke, T. (2010). *Anyone listening? Evidence of children and young people's participation in England.* Londen: CRAE and NCB.

Bruning, M., Liefaard, T., & Volf, M. (2005). Jongeren in justitiële jeugdinrichtingen: wat vinden zij van hun rechten? [Youth in juvenile justice facilities: what do they think of their rights?]. *Proces, 3*(3), 114-121.

Butler, F. (2011). Rush to judgment: Prisoners' views of juvenile justice. *Western Criminology Review, 12*(3), 106-119.

Cashmore, J. (2002). Facilitating the participation of children and young people in care. *Child Abuse and Neglect, 26*(8), 837-847.

Cashmore, J., & Parkinson, P. (2009). Children's participation in family law disputes: The views of children, parents, lawyers and counsellors. *Family Matters, 82*, 15-21.

CBS. (2012). *Jeugdmonitor* [Youth monitor]. Retrieved from http://jeugdmonitor.cbs.nl/nl-nl/indicatoren/veiligheid-en-justitie.aspx.

CBS. (2012). *Bevolkingspiramide* [Population pyramid]. Retrieved from http://www.cbs.nl/nl-NL/menu/themas/bevolking/cijfers/extra/piramide-fx.htm.

Costa El-Hage, M. (2007). *Participation rights in the child protection system: The knowledge, attitudes and experiences of youth participation for youth in care and child protection workers.* PhD Dissertation. Toronto, Canada: University of Toronto.

DeCuir-Gunby, J. T., Marshall, P., & McCulloch, A. (2011). Developing and using a codebook for the analysis of interview data: An example from a professional development research project. *Field Methods*, *23*(2), 136-155. doi: 10.1177/1525822X10388468.

Englebrecht, C., Peterson, D., Scherer, A., & Naccarato, T. (2007). 'It's not my fault': Acceptance of responsibility as a component of engagement in juvenile residential treatment. *Children and Youth Services Review, 30*, 466-484. doi: 10.1016/j.childyout.2007.11.005.

Greve, W. (2001). Imprisonment of juveniles and adolescents: Deficits and demands for developmental research. *Applied Developmental Science, 5*(1), 21-36. doi: 10.1207/S1532480X-ADS0501_3.

Grietens, H. (2011). *Kleine stemmen, grote verhalen!? Over pleegkinderen in orthopedagogisch onderzoek* [Little voices, big stories!? On foster children in pedagogical research]. Antwerpen/Apeldoorn: Garant.

Hanrath, J. J. (2013). *De groepsleider als evenwichtskunstenaar: Het dagelijks werk op de leefgroep in een justitiële jeugdinrichting* [Keeping the balance: On the problem of order in Dutch juvenile offenders institutions]. PhD thesis. Utrecht, the Netherlands: Utrecht University.

Harder, A. T. (2011). *The downside up? A study of factors associated with a successful course of treatment for adolescents in secure residential care.* PhD thesis. Groningen, the Netherlands: University of Groningen.

Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2012). Securing the downside up: Client and care factors associated with outcomes of secure residential youth care. *Child and Youth Care Forum, 41*(3), 259-276. doi: 10.1007/s10566-011-9159-1.

Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2014). *The inside out? Views of adolescents, parents, and professionals regarding successful secure residential care* (re-submitted).

Hart, D., & Thompson, C. (2009). *Young people's participation in the youth justice system*. London: National Childern's Bureau.

Hart, R. A. (1992). *Children's participation: from tokenism to citizenship*. Innocenti Essays, no. 4. Florence: UNICEF.

Hemming, P. J. (2008). Mixing qualitative research methods in children's geographies. *Area, 40*(2), 152-162. doi: 10.1111/j.1475-4762.2008.00798.x.

Henriksen, A., Degner, J., & Oscarsson, L. (2008). Youths in coercive residential care: Attitudes towards key staff members' personal involvement, from a therapeutic perspective. *European Journal of Social Work, 11*(2), 145-159. doi: 10.1080/13691450701531976.

Hendriksen-Favier, A., Place, C., & Van Wezep, M. (2010). *Procesevaluatie van YOUTURN: instroomprogramma en stabilisatie- en motivatie-periode* [Process evaluation of YOUTURN: intake programme and stabilisation and motivation period]. Utrecht: Trimbos Institute.

Hoeve, M., Vogelvang, L., Wong, T., & Kruithof, B. (2012). Het mysterie van de criminele vrouw: Theorieën over criminaliteit door meisjes en vrouwen [The mystery of the female criminal: Theories on criminal behaviour by girls and women]. In A. M. Slotboom, M. Hoeve, & P. van der Helm (Eds.), *Criminele meisjes en vrouwen. Achtergronden en aanpak* (pp. 69-94). Den Haag: Boom Lemma Uitgevers.

Horwath, J., Kalyva, E., & Spyru, S. (2012). 'I want my experiences to make a difference'; promoting participation in policy-making and service development by young people who have experienced violence. *Children and Youth Services Review, 34*, 155-162. doi: 10.1016/j.childyouth.2011.09.012.

Kilkelly, U. (2010). *Listening to children about justice: Report of the Council of Europe consultation with children on child-friendly justice. Group of Specialists on Child-friendly Justice (CJ-S-CH).* Strasbourg: Council of Europe.

Kirby, P., Lanyon, C., Cronin, K., & Sinclair, R. (2003). *Building a culture of participation. Involving children and young people in policy, service planning, delivery and evaluation*. London: Department for Education and Skills.

Knorth, E. J., Van den Bergh, P. M., Verheij, F. (2002). Professionalization and participation in child and youth care: two sides of one coin? In E. J. Knorth, P. M. Van den Bergh, & F. Verheij (Eds.), *Professionalization and participation in child and youth care* (pp. 11-23). Aldershot, UK/Burlington, VT: Ashgate

Lambie, I., & Randell, I. (2013). The impact of incarceration on juvenile offenders. *Clinical Psychology Review, 33*(3), 448-459. doi:10.1016/j.cpr.2013.01.007.

Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders, 4*(2), 124-147. doi: 10.1080/15564880802612573.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research, 11*(3), retrieved from http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027.

Mazzoni, V., & Harcourt, D. S. (2014). An international experience of research with children: moving forward on the idea of children's participation. *Qualitative Research, 14*(2), 252-268. doi: 10.1177/1468794112468470.

Mijnarends, E. M., Liefaard, T., & Bruning, M. R. (2013). De doorwerking van het IVRK in het Nederlandse jeugdstrafrecht [The effect of the CRC on the Dutch juvenile penal law]. *NJCM-Bulletin, 38*(4), 532-544.

Munro, E. (2001). Empowering looked after children. *Child and Family Social Work, 6*(2), 129-137.

Murray, C., & Hallett, C. (2000). Young people's participation in decisions affecting their welfare. *Childhood, 7*(1), 11-25. doi: 10.1177/0907568200007001003.

Rahnema, M. (1990). Participatory Action Research: The 'Last Temptation of Saint'. *Development, Global, Local, Political*, *15*(2), 199-226.

Rap, S. E. (2013). *The participation of juvenile defendants in the youth court*. PhD thesis. Utrecht, the Netherlands: Utrecht University (Utrecht: Pallas Publications).

Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology, 25*(1), 54-67. doi: 10.1006/ceps.1999.1020.

Schubert, C. A., Mulvey, E. P., Loughran, T. A., & Losoya, S. H. (2012). Perceptions of institutional experience and community outcomes for serious adolescent offenders. *Criminal Justice and Behavior, 39*(1), 71-93. doi: 10.1177/0093854811426710.

Shier, H. (2001). Pathways to participation: openings, opportunities and obligations. A new model for enhancing children's participation in decision-making, in line with article 12.1 of the UN convention on the rights of the child. *Children and Society, 15*, 107-117.

Sinclair, R. (1998). Research review: Involving children in planning their care. *Child and Family Social Work*, *3*, 137-142.

Sinclair, R. (2004). Participation in practice: Making it meaningful, effective and sustainable. *Children and Society 18*(2), 106-118. doi: 10.1002/chi.817.

Southwell, J., & Fraser, E. (2010). Young people's satisfaction with residential care: Identifying strengths and weaknesses in service delivery. *Child Welfare, 89*(2), 209-228.

Ten Brummelaar, M. D. C., Post, W. J., Kalverboer, M. E., Harder, A. T., & Knorth, E. J. (in preparation). *Decision-making in juvenile justice facilities: Adolescents' and workers' perceptions of participation.*

Thoburn, J., Lewis, A., & Shemmings, D. (1995). *Paternalism or partnership? Family involvement in the child protection process.* London: HMSO.

Uit Beijerse, J. (2012). Een kindvriendelijk klimaat in de justitiële jeugdinrichtingen. Naar voorbeeld van de 'European Rules for juvenile offenders subject to sanctions and measures' [A child friendly climate in juvenile justice facilities. According to the 'European Rules for juvenile offenders subject to sanctions and measures']. In C. Forder, W. Duijst, & A. Wolthuis (eds.), *Kindvriendelijke opsluiting. Gesloten plaatsing van jeugdigen in het licht van de mensenrechten* (pp. 65-81). Leiden: NJCM-Boekerij.

UN Committee on the Rights of the Child. (2009). *General Comment no. 12: The right of the child to be heard*, 20 July 2009, CRC/C/GC/12, available at: http://www.unhcr.org/refworld/docid/4ae562c52.html.

Valstar, H., & Afman, T. (2013). *JJI in getal 2008-2012* [JJI in numbers 2008-2012]. Den Haag: Dienst Justitiële Inrichtingen.

Van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2013). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child and Family Social Work*, first online publication, doi: 10.1111/cfs.12082.

Van der Helm, G. H. P., Beld, M. H. M., Dekker, A. L., van Miert, V. S. L., Nagtegaal, J., Roest, J. J., & Stams, G J. J. M. (2013). *Rapportage justitiële jeugdinrichtingen 2013. Een onderzoek naar het leef-, leer- en werkklimaat van justitiële jeugdinrichtingen* [Report juvenile justice facilities 2013. A research on the living, learning and working climate in juvenile justice facilities]. Retrieved from http://pdf.swphost.com/Sozio/e-nieuwsbrief/2014/rapportage-dji-jji_2013.pdf.

Van der Helm, G. H. P., Klapwijk, M., Stams, G. J., & Van der Laan, P. H. (2009). 'What works' for juvenile prisoners: the role of group climate in a youth prison. *Journal of Children's Services, 4*(2), 36-48. doi: 10.1108/17466660200900011.

Van der Laan, A., & Eichelsheim, V. (2013). Juvenile adaptation to imprisonment: Feelings of safety, autonomy and well-being, and behaviour in prison. *European Journal of Criminology, 10*(4), 424-443. doi:10.1177/1477370812473530.

Van Nijnatten, C. (2013). *Children's agency, children's welfare. A dialogical approach to child development, policy and practice*. Bristol/Chicago: The Policy Press.

Vermeer, B. (2012). *Strafprocessuele waarborgen tijdens het voorarrest van jeugdigen en hun beleving daarvan* [Penal procedural guarantees of juveniles awaiting their trial and their experiences]. Apeldoorn/Antwerpen: Maklu.

Walker, J. S., Thorne, E. K., Powers, L. E., & Gaonkar, R. (2010). Development of a scale to measure the empowerment of youth consumers of mental health services. *Journal of Emotional and Behavioral Disorders, 18*(1), 51-59. doi: 10.1177/10634266093373388.

Whiting, J. B., & Lee, R. E. (2003). Voices from the system: A qualitative study of foster children's stories. *Family Relations, 52*(3), 288-295. doi:10.1111/j.1741-3729.2003.00288.x.

WODC. (2012). *Repris*. Retrieved from http://www.wodc.nl/onderzoek/cijfers-en-prognoses/Recidive-monitor/repris/index.aspx.