Chapter One

General introduction
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.

*(Young person, staying in a juvenile justice facility, this thesis)*

Young people have the right to grow up in a healthy and supportive living environment, in which their best interests are taken into account. In addition, they have the right to have their voices heard about every decision that affects them (UN Committee on the Rights of the Child, 2013). This also accounts for young people who are temporarily or permanently deprived from their family environment or in whose own best interests cannot be allowed to remain in that environment (Article 20, para 1, Convention on the Rights of the Child, 1989). Such care could include a stay in a secure residential care facility.

Since the establishment of the Convention on the Rights of the Child (CRC) in 1989, there is an increased notion of children having rights, independent from *human rights* which apply to every human being around the world (Emond, 2008; Hart, 1992; Munro, 2001; Sinclair, 2004; Thomas, 2007). By 2016, a total of 195 countries around the world have ratified the convention\(^1\) and many countries have incorporated the principles of the CRC into their national legislation.\(^2\) Herewith, every young person growing up within a States’ territory, is given a legal position on which he or she can rely (Emond, 2008; Sinclair, 2004). The principles of the CRC also apply to young people growing up in State’s care, such as residential treatment facilities.

In secure residential youth care services, young people reside away from their homes in a non-familial setting. Secure residential care offers the most intensive type of residential child and youth care. In the Netherlands, secure residential care centres [*JeugdzorgPlus instellingen*] and Juvenile Justice Facilities (JJFs) are grouped under secure residential care (Harder, 2011). The young people staying in these facilities often have to deal with serious emotional and behavioural problems in combination with family problems (Harder, Zeller, López, Königeter, & Knorth, 2013). Often young people have been referred to secure residential youth care when other types of care do not seem to be adequate (Hellinckx, 2002), or in case of committing or being suspect of a (severe) criminal offence.

---

1. With the exception of Somalia, South-Sudan and the United States.
2. In the Netherlands, the Dutch Principles of Law for Juvenile Justice Facilities (in Dutch: the BJJ) and the New Youth Care Act contain several provisions that focus on the right to be heard, the right to information, the right to complain, and the right to consultation. One of the pillars of the New Youth Care Act is to promote own strengths of children, young people and their caregivers, in such a way that they stay in charge over their own lives.
Within secure residential care facilities, specialised treatment and care that is offered is adapted to the group of care users staying in the facility. Increasingly, secure residential care facilities commit themselves to multidisciplinary collaboration, safe group climates and effective treatment interventions, all aimed at preparing the young person for a return to society (Harder, 2011; Van der Helm et al., 2013). Furthermore, despite the coercive context of secure residential care facilities, there is a growing interest in the benefits of participation of young people in decision-making during their time in care.

It is thought that, by listening to their views, young people are included in social processes of their own living environment (Committee on the Rights of the Child, 2009). Listening to young people’s voices and giving these views due weight, might eventually contribute to well-made decisions and tailored services (Vis, Strandbu, Holtan, & Thomas, 2011). However, despite this increased focus on participation, the implementation of participation is not always self-evident. Studies show that young people staying in (residential) care often experience that decisions are made about them and not with them (Burke, 2010; Leeson, 2007; LeFrançois, 2007; 2008).

Objectives

The aim of this thesis is to gain insight into the participation of young people in decision-making procedures while staying in secure residential care. First, we aim to systematically assess the current state of knowledge on the participation of young people in decision-making procedures related to their stay in care. With this the following research questions will be addressed:

1. What is currently known about the Dutch residential child and youth care practices?
2. What is known, based on research literature from 2000 up to 2016 about a) the opportunities for young people in (secure) residential care to participate in decisions regarding the contents and setting of care and treatment; b) the possible challenges to and facilitators of participation; and c) the outcomes of care related to (a lack of) participation?

In addition, we aim to study the experiences and perceptions of both young people staying in secure residential care, and the care professionals working in such facilities. We hereby address the following two research questions:

3. What are the perspectives of young people on their experiences with participation in decision-making during their stay in a secure residential care setting, such as a Juvenile Justice Facility?
4. What are the perceptions and experiences of care professionals working in JJFs with participation of young people, thereby focusing on the factors that might influence the young person’s participation in decision-making while staying in a secure residential care facility, such as a Juvenile Justice Facility?
Finally, we aim to develop a tool, which might serve as a suitable vehicle for assessment and shared decision-making. Through the construction of this instrument – the Best Interest of the Child–Self-report questionnaire (BIC-S) – we may contribute to the young person’s participation process while staying in residential care. We do so on the basis of the following research questions:

5. How can we develop, in collaboration with young people in secure residential care, a self-report questionnaire that enables them to express their own views on key aspects of their current and future living environment?
6. a) What are the psychometric properties of this self-report questionnaire and what adaptations could be recommended for optimisation? b) How do young people experience their current living situation within a secure residential care facility?

Outline of the study

Figure 1 provides a schematic overview of the dissertation.

Current state of knowledge

In order to provide a context to the study, we first focus on Dutch residential child and youth care practices (chapter 2). We hereby aim to provide insight into the history of residential child and youth care in the Netherlands, the current types of residential care facilities and the young people that reside within these facilities. Next, we reflect upon the residential care process, the outcomes of residential care, some examples of ‘good practices’ in this field, and future perspectives of Dutch residential youth care.

Hereafter, we present a systematic review study on the participation of young people in decision-making procedures related to their stay in residential care (chapter 3). We
hereby focus on the opportunities to participate in relation to the content and setting of
decisions that are being made, the possible challenges and facilitators to participation,
and the possible outcomes of care related to participation.

Experiences and perceptions
After focusing on residential care practices in general, we zoom into the area of secure
residential care. We look at the topic of participation for a group of young males staying
in a Juvenile Justice Facility (JJF) in the Netherlands (chapter 4). With this empirical
study we aimed to explore the perspectives of young people on their experiences with
participation in a secure residential care setting.

Next, we look at the perceptions of and experiences with youth participation of care
professionals working in JJFs (chapter 5). We aim to gain insight into the factors that
might influence the young person’s participation in decision-making while staying in a
secure residential care facility, such as a JJF.

Supporting young persons in expressing their views
The sixth chapter provides insight into the participatory development process of a
self-report questionnaire for young people: the Best Interest of the Child – Self-report
questionnaire (BIC-S). We developed this instrument to enable young people to express
their own views on key aspects of their current and future living environment.

In order to see if the BIC-S is a suitable instrument for young people to express their
views freely about their living environment, we examined the psychometric properties
of the instrument through a Mokken Scale Analysis (MSA) in chapter 7. Herewith, we
looked at some preliminary results on how young people experience the current living
situation within a secure residential care facility.

General discussion
Finally, in chapter 8 we present a general discussion of the results in the six chapters.
We will draw conclusions with regard to our main findings on the participation of young
people in secure residential care. We will also present the strengths and limitations of
the study, including future directions for practice and research on participation of young
people in secure residential care.