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Implementation of the Good Lives Model in an Open Juvenile Correctional Facility: An Exploration of Social Validity Through Practitioners' Experiences

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Abstract

The Good Lives Model (GLM) is increasingly applied with justice-involved populations, but little is known about its use with youth in correctional settings. To address this, we used a constructivist grounded theory approach and conducted semi-structured interviews with fifteen practitioners from two units of an open correctional facility recently introduced to the GLM. The study explored the social validity of the model through practitioners' perceptions of its goals, integration in daily practice, and perceived benefits, while also considering factors influencing implementation and understanding. Results highlight that while practitioners valued the supportive attitudes promoted by the GLM, certain theoretical foundations were not fully clear and required further explanation. The findings underline the need to adapt training programs to the specific realities of juvenile correctional contexts. Emphasis should be placed on thorough practitioner preparation and continuous professional support to strengthen GLM practices and foster sustainable application in youth justice settings.

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Plain Language Summary Title
Supporting juvenile involved youths in correctional facilities: practitioners views on the Good Lives Model

Why was this study done?
Juvenile-involved youths in correctional facilities need support that helps them build positive futures, not only punishment. The Good Lives Model (GLM) is designed to guide this kind of work. Although it is increasingly used, in practice the GLM is often added on top of existing programs rather than being fully integrated, which means its benefits are not always realized. We wanted to understand how practitioners experience this model and how it could be better implemented with youths.

What did the researchers do?
We interviewed fifteen practitioners from two units in the same youth correctional facility who had recently started working with the GLM. We explored how they understood the goals of the model, how they used it in daily practice, and what they saw as its benefits and challenges.

What did the researchers find?
Practitioners valued the GLM is positive and supportive approach. However, some of its theoretical ideas were unclear, and the model was not always applied consistently. Staff highlighted that training and ongoing support are essential to move from partial use of the GLM to a more complete and effective practice.

What do the findings mean?
To make the GLM fully operational in youth correctional settings, training must be tailored to the realities of the environment. Initial preparation and continuous professional support are key to consolidating GLM practices and ensuring that the model becomes a sustainable and integral part of daily work with these youths.

Keywords
justice-involved youths, social workers, correctional facilities, Good Lives Model, implementation

Introduction

The Good lives Model (GLM) is a strength-based practice framework designed for work with justice-involved individuals and emphasizes use of personal resources (Ward et al., 2025; Willis & Ward, 2024). While there have been a few studies looking at the effectiveness of GLM intervention in work with justice-involved youth in juvenile correctional facilities (Ward et al., 2022), use of the GLM has been criticized because there is little empirical evidence regarding its success (Morse et al., 2022; Wormith et al., 2012). Some researchers have argued in response that the GLM is complex (Prescott & Willis, 2022), that the approach goes beyond "one size fits all" (Prescott et al., 2024) and that it cannot be analysed using the traditional measure of

recidivism (Willis & Ward, 2024; Zeccola et al., 2021). In addition, new evidence-based practices often fail in justice settings when professionals do not perceive them as acceptable or feasible, highlighting the importance of practitioner buy-in (Viljoen & Vincent, 2024).

In Belgium, French regional policy advocated use of evidence based-practices linked to strengths' approaches in the five juvenile correctional facilities that provide intervention programs for justice-involved youths in the French-speaking part of Belgium[1]. In this context, the GLM is introduced since 2020 in eighteen teams of practitioners. This first study aimed to investigate how practitioners[2] in a single open juvenile correctional facility understood and implemented the GLM in order to move to GLM-derived interventions.

Theoretical Background

Positive Criminology and Strength-Based Approaches: The Good Lives Model

Positive criminology differs from other disciplines in terms of the setting in which it is usually applied – the criminal justice system – and its goal, which is to encourage individuals to refrain from criminal behaviors rather than to punish such behavior (Elisha & Ronel, 2023; Ronel & Segev, 2014). The prevailing paradigm focuses on an individual's weaknesses, which can lead to learned helplessness, while focusing on strengths can lead to an increase in well-being and positive functioning (Seligman et al., 2005). By focusing on strengths, the GLM became one of the most important interventions for work within the paradigm of positive criminology (Morse et al., 2022; Ronel & Segev, 2014). The GLM has been characterized by its authors as a practice framework (Ward & Durrant, 2021, p. 2), which they define as a "type of bridging theory . . . between treatment theories, normative assumptions, and etiological theories." GLM recognizes that every human being is entitled to liberty and a reasonable standard of living (ethical core values) and identifies 11 human goods (prudential core values) (Ward & Gannon, 2006). It assumes that achieving these goods should be the goal of human action (knowledge-related assumptions) and that in working toward this goal human-beings make use of secondary or "instrumental" goods. For example, someone could join a new sports club (secondary good) to meet new people and fulfil their primary need of relatedness. Recently, Prescott and colleagues (2024) have also identified a set of guidelines for GLM-derived interventions that deal with the practices of those using it, suggesting that its practitioners should be warm, empathic, rewarding, and directive in their relationships when dealing with individuals in rehabilitation.[3] They should also collaborate during the process of rehabilitation, treat the people they work with as equals, respect and accept their differences and work to understand underlying needs while paying close attention to goals and potential strengths. For example, they recommend using open questions, prompts and probes, and synthesis sentences.

Originally designed for use with individuals who had committed sexual offences (e.g., Ward, 2002), the GLM has gradually been used with different target groups, first in the field of forensic mental health (e.g., Barnao et al., 2010), then with justice-involved youths who have committed sexual offences (e.g., Chu et al., 2013) or justice-involved young women (e.g., Van Damme et al., 2016). Only recently has it been expanded for use with justice-involved youths who have not committed sexual crimes (e.g., Fortune, 2018). However, use of the GLM has been criticized based on the lack of empirical evidence to support either its assumptions or its success in achieving positive outcomes (Bonta & Andrews, 2003; Morse et al., 2022; Wormith et al., 2012). Few authors have tried to respond to these criticisms and to date there have been only three systematic reviews of the literature relating to empirical research on the general applicability of the GLM (Mallion et al., 2020; Netto et al., 2014; Zeccola et al., 2021). While more empirical evidence is needed to determine the effects of the GLM on recidivism, researchers have argued that using recidivism to determine the success of the method is inappropriate as it fails to take into account the larger aims of the GLM, which are to provide justice-involved people with a set of tools that can help them meet their needs and lead to a significant positive change in behavior (Willis & Ward, 2024; Zeccola et al., 2021). Empirical evidence may also be difficult to collect because the GLM is a practice framework (Ward & Durrant, 2021), not a program (Fortune, 2018), and thus provides guidance to determine which programs can be effectively used within a GLM perspective. It is therefore difficult to evaluate its effects empirically (Willis & Ward, 2024) using evaluation methods such as randomized controlled trials (Hough, 2010). In addition, recent research make a distinction between GLM-informed interventions that typically involve the superficial inclusion of motivational or strengths-based elements (such as referencing client goals, promoting positive identity, or incorporating modules on life planning) within an otherwise risk-focused structure, and the GLM-derived programs that are explicitly constructed around the GLM's foundational values, including the systematic identification of primary human goods, the collaborative development of a Good Life Plan (GLP), and the alignment of intervention strategies with both risk reduction and personal well-being (see Willis & Ward, 2024 for a review).

Previous Research on Using the GLM with Justice-Involved Youths

As GLM interventions[4] with justice-involved youths have been used only relatively recently, research is still limited but has focused mainly on the benefits of the GLM and has highlighted a range of effects on proxy variables of recidivism. Serie (2023) used questionnaires to study the effects of a GLM approach on recidivism in a sample of sixty-three young males who had offended and been placed in juvenile correctional facilities in Belgium or in the Netherlands. She found that promoting well-being enhanced treatment motivation and, indirectly, reduced recidivism. In addition, a study of Van Damme and her colleagues (2022) quantitatively searched the effects of internal and external resources, as introduced by the GLM, on recidivism and quality of life in a sample of young justice-involved females institutionalized in a juvenile

correctional facility in Flanders 4 years after leaving the facility. They identified that external resources were found to be important to have a more fulfilling life, but they did not observe an effect on offending. On the other side, internal resources were highlighted as crucial in creating a prosocial life. Related to that, another study of Van Damme et al. (2016) showed no evidence for a direct pathway from poorer quality of life measure to offending but this study supported an indirect pathway whereby lower quality of life elevated the risk of mental health problems, which in turn increased the likelihood of offending. Finally, Leeson and Adshead (2013) interviewed seven therapists and four male justice-involved youths who had been arrested for sexual offences and found that the use of the GLM-A[5] decreased the youths' resistance and increased their engagement in the intervention, enhancing the quality of the therapeutic alliance. In addition, the young men also mentioned some changes in how they perceived themselves, indicating they felt less shame and hopelessness when thinking about the future, as well as increased confidence in themselves and in the development of better external resources. In addition, Van Damme et al. (2016) and Fortune (2018) suggested that the GLM should be adapted for use with justice-involved youths to make it more comprehensible, for example, by simplifying the terminology and talking about needs and how to meet them rather than using the concepts of primary and secondary goods. Fortune (2018) also recommends reducing the initial eleven primary goods to eight more comprehensible goals (sexual health and physical health; achieving; having fun; being my own person; emotional health; having people in my life; having purpose; making a difference), maintaining a diverse range of needs.

Dissemination of the Good Lives Model in Correctional Facilities

Research by Wong et al. (2022) found that, in general, 60% of attempts at implementation of practices did not reach a stage at which the program (or the new practices) could be effectively sustained. In addition, it has been shown that it often takes 15–20 years for a new practice to become sufficiently well-known by practitioners (Kirchner et al., 2020). The process of implementation is complex, given that it requires change at individual, organizational, and system levels (Brogan et al., 2021). Indeed, Proctor et al. (2023) highlighted the importance of implementation outcomes such as acceptability, appropriateness, and feasibility, which are essential precursors to effective and sustained practice change. For them, systematically assessing and addressing professionals' perceptions should be viewed as a foundational step in the implementation of any new evidence-based practice.

However, to our knowledge, only a few researchers have looked at the specifics of how GLM-based interventions are implemented. Willis et al. (2014) evaluated the operationalization of GLM treatment programs in North America based on semi-structured interviews with directors/managers of the programs as well as analyses of the materials used by practitioners. They found that interventions were focused more on approach goals than avoidance goals and that GLM was usually a module added at the conclusion of the usual treatment program, suggesting GLM-informed interventions, more than a GLM-derived programs. Moreover, interest in the model depended on the

responsiveness of practitioners and justice-involved individuals. Lack of internal and external support was also pointed. However, their study included only programs that targeted justice-involved individuals who had committed sexual offences and excluded treatment programs that dealt with juveniles. A study of Barnao and her colleagues (2016), using data collected from semi-structured interviews with practitioners from forensic units, also showed comparable results. Following these, Prescott & Willis (2022) identified a number of factors that could be potential barriers to implementing the GLM based on their experience with multiple organizations. They observed that implementation of the GLM often created a sense of déjà-vu among practitioners, leading them to think that they had already been using GLM practices even before they learned about the model and that applying the model was simple. However, further exploration showed that practitioners were often focusing only on aspects of the model that seemed familiar, ignoring other aspects. They also found that practitioners who try to implement the GLM "often work in environments where resources are scant, funding is minimal, time is tight, and stress is high" (Prescott & Willis, 2022, p.3). Related to that, their experience translates into a less-effective implementation into clinical practice as the GLM may be used as an 'add-on' to programs regularly used or simplified, again emphasizing the use of GLM-informed interventions.

Based on these studies, we know that the implementation of a new practice, such as the GLM, takes time, and that practitioners' understanding of an interventions' concepts influence its diffusion and effectiveness (Prescott & Willis, 2022). In this context, examining the concept of social validity will be useful as it consists in an agreement on an intervention's goals, procedures and perceived effects to discuss her acceptability and societal relevance (Foster & Mash, 1999). Despite its importance, social validity is rarely prioritized in criminological research, even though it should ideally be assessed before, during, and after implementation to ensure practitioners alignment and guide adjustments (Common & Lane, 2017). In this study, regarding perceived objectives for using the GLM, the question is whether practitioners' aims are aligned with strengths-based practice and the pursuit of well-being and positive functioning among justice-involved youths. At the procedural level, given that youth correctional facilities in the French-speaking part of Belgium are currently moving toward more GLM-derived interventions (see Methods), what is concretely put in place to enact the GLM in a collective setting with multiple practitioners, both in terms of staff relational stance and the GLM assumptions? Last, in terms of perceived effects, to what extent do practitioners observe improvements commonly noted in the literature, such as a stronger therapeutic alliance and increased youth motivation?

The Current Study

As mentioned, the 2018 reform of Youth Aid in French-speaking Belgium introduced the Strengths-based Approaches within all five juvenile correctional facilities. Indeed, previous practices largely focused on deficit-oriented approaches without addressing the broader meaning of behaviors in youths' lives. Since 2020, five of these six facilities have progressively embraced the GLM's emphasis on well-being and prosocial

identity development (Mathys, 2021). However, full integration of such models often requires decades (Kirchner et al., 2020), making outcome evaluations premature at this stage.

The present study will constitute the first phase of a broader research design aimed at examining the implementation and subsequent effectiveness of GLM within juvenile correctional settings (see implications section). In this initial phase, the study will adopt an action-research approach to explore how GLM principles are operationalized in practice and to identify the adjustments necessary for sustainable implementation in others facilities and teams. Indeed, GLM-informed interventions were observed from within clinical settings (Willis & Ward, 2024). In addition, as we noticed, studies examining the GLM among youth correctional facilities are not yet identified as GLM-derived interventions and showed more effects on proxy variables (therapeutic alliance, increasing of internal and external skills, etc.) than on recidivism of the youths. At the time of the study, the GLM was being implemented in all correctional facilities at the step of "sensibilization" of the model. Actually, as recommended by the GLM-derived programs, the systematic identification of primary human goods and the collaborative development of a Good Life Plan (GLP) remain underdeveloped (see method section).

As part of efforts to consolidate current GLM practices and align with recommendations for fully GLM-based programs, examining the experiences of practitioners is particularly valuable (Proctor et al., 2023), even during the implementation process (Common & Lane, 2017). Therefore, this study aimed to explore in details the concepts of social validity (Foster & Mash, 1999) through the perceived goals, procedures, and effects of the GLM from a single case facility that included two teams four months after their last GLM training. To do that, we used a grounded theory methodology to examine four research questions: (1) What are their objectives related to the use of the GLM? (2) What do they see as the best way to introduce the model (procedure); (3) What benefits do practitioners hope to achieve by using the GLM (effects)? (4) What are the factors that affect implementation of the GLM?

Method

Good Lives Model Training

Eighteen teams (each of which included a member of the director's team, a psychologist, a social worker, a teacher and the personal support workers) received training from psychologists and criminologists who had been trained by the developers of the GLM. Training was done in a one-day workshop that introduced the theoretical aspects of the GLM and provided examples of its use with justice-involved youths. Each team also received from two to three half-days of follow-up on the practical aspects of integrating the model into a specific community, based on Prescott and Willis's (2021) guidelines. Another half-day session allowed practitioners in each team to apply the model to analysis of an actual case. Following suggestions from past studies on implementation of the GLM, several half-days were also devoted to meetings with

management staff from the juvenile correctional facilities, first with those involved with all five teams together and then separately with management for each facility, to discuss organizational aspects of implementing the model and the ways in which management could support staff who would be dealing directly with youth during the implementation. Meetings were held with the French Belgian administration responsible for the correctional facilities to inform them about the Good Lives Model. Finally, given the turnover of practitioners, targeted one-day training sessions are routinely organized for those recruited following the original training.

Sample Description and Access to Participants

In this study as the first that aimed to explore the perceptions of practitioners who started to work with the GLM in juvenile correctional facility in the French part of Belgium, we decided to focus on the single open facility that included only two teams and a specific context of intervention. This facility allows male justice-involved youths (12 to 18 years old) to attend public school during the week and move back to their parents' house during weekends, meaning they usually spent only late afternoon, nights, early-mornings, and days when school has been cancelled in the facility. The sample included several profiles of practitioners who worked in the two units. Specifically, the sample is composed of fifteen participants with three people who were part of management, five who were healthcare professionals (two psychologists, two social workers, and a doctor who take care of the youth's mental and physical health), a teacher, five youth care workers (who deal with the daily life inside the correctional facilities), and one head of unit (the other one had only recently joined the facility and had not received GLM training at the time of the study.) Six were female, nine were male, their ages ranged from 30 to 56 years old ($M = 41.66$; $SD = 7.89$) and their experience in the facility ranged from 2.5 to 23 years ($M = 9.1$; $SD = 6.44$). The methodology used was approved by the ethics committee of the researchers' university, and formal authorization was obtained from both the administrative authorities and the director of the correctional facility. The anonymization principle and the procedure used in data processing were presented clearly on the written consent form and repeated to participants before each interview. Contact with detained youths was minimized to protect their welfare: these interactions were limited to informal, recreational activities such as playing table football, with no questions asked about their personal experiences.

Study Design and Data Analysis

As this study explored a single facility and as organizational factors are relevant to GLM practices (Prescott & Willis, 2022), this research was based on a constructivist grounded theory methodology (Charmaz, 2014) characterized by its focus on social and organizational contexts rather than on individuals as isolated entities (Birks & Mills, 2022). Constructivist grounded theory views categories and theory as

co-constructed through iterative engagement between researchers, participants, and data, with the researcher's position and interpretive decisions made visible through reflexive practice (Charmaz, 2014).

A preliminary interview guide was created based on a focused search of relevant literature and initial observations from the GLM training sessions. The main researcher had access to the trainer's notes and was able to attend one of the training sessions. Questions concerned the three factors of social validity such as goals, procedures and effects (e.g., "How has your practice changed since the GLM began to be used?"). The aids or hinderances associated with implementation and ways to overcome them were also discussed (e.g., "How would you describe the role the management staff had on your efforts to implement the GLM?"). Aligned with constructivist grounded theory methodology, the interview guide was treated as provisional and evolved iteratively across interviews as constant comparison and memo writing surfaced participants' language, meanings, and situated processes (Charmaz, 2014). In addition, researchers spent time with both youths and practitioners outside of the scheduled interviews. Informal conversations also provided new information and helped refine the interview guide and identify profiles of practitioners that could be interesting to meet, extending contextual understanding in line with grounded theory's attention to co-construction of data in interactional contexts (Charmaz, 2014).

Theoretical sampling directed subsequent recruitment: emerging categories from early interviews oriented the selection of additional participants to elaborate, contrast, and test categories and their conditions until interpretive saturation was approached (Charmaz, 2014). Interviews took place between 5 December 2023 and 25 March 2024. Conducted in offices in the facility, they lasted between fifty minutes and two hours ($M = 61.1$; $SD = 16.1$) and were recorded and transcribed. Most of the interviews were led by the main researcher (11 from 15), who was trained in grounded theory methodology, with a few conducted by a masters student in criminology. This study followed the constructivist approach to grounded theory (Charmaz, 2014), which involves a systematic and iterative process of data analysis while retaining an interpretive stance. After a careful reading of the transcripts, initial (open) coding was conducted to identify and label practitioners' experiences and actions. Axial coding was then used to explore relationships among these codes, articulating conditions, interactions, and consequences, and to refine categories, including the identification of negative cases. Throughout the process, the main researcher, a student researcher, and the study supervisor engaged in constant comparison and reflexive discussions to ensure the coherence and depth of emerging categories, sustaining analytic reflexivity through team examination of assumptions and alternative readings. Memo writing served as the analytic spine, documenting decisions, tracking category development, and making the researcher's standpoint and comparative moves explicit. The links between categories were represented through concept maps, forming the basis for theoretical integration. Finally, feedback sessions were organized with facility staff and the research team during October 2024 to enhance credibility and confirm whether the categories resonated with work realities.

Results

Using the grounded theory methodology, the aims of this study were to learn how practitioners from two teams from an open juvenile correctional facility with school access understood and applied a GLM approach, to investigate the potential effects of this practice and to understand the best way to move from a GLM-informed approach to a GLM-derived approach. In this view, four research questions were examined with three categories analyzed. As a main category, the three factors of the social validity were used (perceived goal, procedure and effects of the GLM). In addition, the factors that were important in implementation of the GLM were also examined, with four subcategories associated (organizational climate, continuity, finding meaning and time). A last theme had also emerged, linked to the interest in the GLM and the overall perception, with two interrelated subcategories (balance between novelty and knowing practice and misunderstanding about the GLM).

Category 1: Interest in the GLM and Perceptions of This Practice Framework

Some aspects of the GLM seemed to be paradoxical, as the model seems simple but putting it into practice is complicated. Most of those interviewed saw the GLM as a new practice, but suggested that much of what it advocated had been in use long before its implementation. We then looked at to what extent practitioners could explain the GLM succinctly. Our results show most of those interviewed did not understand the model deeply and overemphasized the importance of the guidelines regarding how they should behave in their relationship with the youths rather than looking at the model as a whole.

Subcategory 1.1: Balance Between Novelty and "we already do this". Some respondents saw the GLM as a new model and felt that it had changed their practices, even though they sometimes felt that the model was too abstract and therefore difficult to apply concretely. Some also pointed out that the model was useful in discussing the way colleagues viewed the youth care worker-youth relationships and helped in convincing them to change their attitudes:

> But when you follow the model, you tell yourself 'yeah, that's interesting, that's cool' . . . but concretely you ask yourself 'how are we going to do that?'.

> Maybe this will help unblock [approaches] a bit with colleagues who are more reluctant to put the youth at the fore. . . I mean, it will unblock things.

At the same time, respondents saw the GLM as advocating practices they had already been using before the training sessions, although in some cases, they felt the training was helpful in describing what they had already been doing. Less positively, it was suggested that GLM could be problematic in forcing them to take time to theorize about or discuss practices that were already being used:

> In fact, we were already doing GLM. So yeah, I'll be honest: our practice when the GLM was brought in didn't change or maybe 1 to 2%.

> Putting it into application as we were introduced to, it's not that it's meaningless but I feel like it's a lot to take on for not much gain.

Subcategory 1.2: Misunderstandings About the GLM. When asked how they would define the GLM, few practitioners came up with a suitable definition. Many of them lacked theoretical understanding of some of the main concepts and tended to define the model by reference to the attitudes associated with a GLM approach, outlined in section 1.1 of the guidelines, such as being empathic, warm, directive, or rewarding and valuing input from the youths they were working with. The interviews also revealed that respondents found it difficult to see how the GLM related to maintaining internal policies or laws:

> To me, when it's benevolent, or beneficial for the youth, to me, you're doing GLM.

> If the youth asks for two slices of chocolate, he'll get two slices of chocolate – that's GLM.

> Now, it's over. We can't do that [impose sanctions] anymore. We have to be understanding, empathic . . . And so, we tell ourselves, a youth can smoke all he wants – he doesn't care since he's still gonna have his way on the weekend.

Practitioners also looked for ways to increase their understanding of the model. Respondents who could not define the model usually expressed a need for more theoretical training sessions and most practitioners also asked for more supervised analyses of actual cases to help them learn how to put the GLM to use:

> But it's true that I could go back and read, and I would rediscover things about the GLM; I could look for my documents – I'm not sure where they are.

> For me, and I'm speaking for me, I don't master it enough. I didn't follow the whole formation and. . . It really clicked for me when we used a case study to concretely understand where we want to go, what to do with it, and how we can better grasp the approach.

> It would be super interesting to go from situations that. . . especially situations where we feel a bit stuck.

Category 2: Perceived Goal, Procedure and Effects of the GLM

The objectives that practitioners described were all related to providing a better environment for the youths they worked with, which would be achieved through a case-by-case approach based on using trust and respect to increase the therapeutic alliance. Linked to that, these practitioners integrated the GLM by tailoring interventions to

individual needs, engaging in collaborative and personalized discussions, and using creative strategies, occasionally beyond institutional frameworks. The described benefits were also related to their practice in general and to themselves.

Subcategory 2.1: From Stigma to Strengths as Perceived Objectives. One objective of a GLM-based approach identified by respondents was destigmatizing youths – seeing beyond the offense to identify and help individuals see what strengths they have. They emphasized that it was important for the youths to be involved in the rehabilitation process rather than having it forced on them:

> He had done something stupid, but he was not that [behaviour], he was not [only] this person that had been stigmatized by the ruling and by what he had done. No, he had skills, he had strengths.

> I feel like we are listening and we are trying to take his feelings into account. And I feel like this is really [more] meaningful than to simply force a project onto him that he doesn't want.

Subcategory 2.2: Perceived Informal Practices. The practitioners identified several ways in which the GLM could be integrated into their daily work routines. The first was recognizing that interventions had to be adapted to each individual. Doing this required establishing close relationships with the youths and a real interest in them. They described having conversations directed toward discovering the root of the problem rather than just focusing on risk factors. In addition, some highlighted the use of the GLM map used during the follow-up sessions as relevant:

> If the youths talk about drugs use . . . well, we're gonna delve deeper into 'what made you use drugs that much? How do you feel in those moments?' . . . it's starting from an event and digging towards deeper things like feelings, needs.

> For me, when GLM is mentioned, it really refers to the usefulness of creating a map and gaining perspective.

This enabled them also to adopt an individualized approach, critically reflect on their traditional practices, and start to explore the youth's underlying needs:

> It requires us to adopt a much more individualized approach, involving deeper reflection and greater self-questioning.

Some practitioners revealed that sometimes, for a successful intervention, they needed to think outside the box and sometimes even outside the framework of the facility, taking initiatives beyond those suggested for them:

> We had a young boy who did not want to come back to the facility, so they forced a bit and said, 'No, you have to come back,'. . . and then he ran away. Three weeks later, we had the same situation with another boy and I said 'if it goes wrong, let him go back to his family and [then] come back to the facility.' . . . Well, it worked.

Subcategory 2.3: Several Perceived Benefits for Actors. Practitioners identified benefits on three levels. First, they found that the GLM helped them change their way of working by encouraging them to put things into perspective and find alternative solutions or create new tools:

> [With] the GLM, I learned that you had to accompany the youth in their project. For example, if I tell them 'you're not gonna be a groom, we're gonna put you in hairdressing [courses].' Well they're gonna go to hairdressing, do stupid stuff, and fail. [And that's] also our responsibility.

Some personal benefits were also mentioned in the interviews, particularly an increase in mutual trust, which made the youth feel recognized.

> I feel I have a positive impact on . . . what the youth think, what they do. We created a bond . . . a real bond where we feel we are being listened to as well. Because they trust us.

Finally, respondents mentioned benefits such as a decrease in the number of punishments needed and an increased interest in their treatment plans:

> I think this GLM had an impact . . . on each concept, and, in any case, on every action by the youth.

Category 3: Factors Influencing Implementation of the GLM

We asked respondents what had helped or impeded the process of implementing the GLM. Answers highlighted four categories: facilitating personal well-being and cohesion among staff, continuity of interest of the facility in the programs, the ability to understand the model, and finding ways to manage the time needed to implement the GLM.

Subcategory 3.1: Facilitating Positive Attitudes Toward Well-Being and the Organizational Climate. Most respondents expressed a need to feel positive about themselves and their relationships with their colleagues, as tensions would be detrimental to implementing the GLM's core values and the intervention guidelines:

> People need to be well in their skin to work . . . in a GLM manner towards themselves and the youths.

> A team that doesn't work – where there are tensions, or big conflicts . . . [the priority] would be to create a framework, to create cohesion.

Subcategory 3.2: Continuity. Practitioners indicated that an important concern affecting the amount of effort they were willing to put into implementing the GLM was the possible lack of continuity in providing training sessions and in support from the

leadership or from the administration, particularly as some previous programs had been abandoned in the past:

> But I really hope that now the ship has sailed off, wherever it's headed . . . that the administration, that this GLM boat has sailed off and that they won't lose sight of it.

Subcategory 3.3: Finding Meaning. Implementation of the GLM had been mandated and most practitioners indicated that it had taken time to accept its constraints and to find reasons to understand and use the model. In doing so, as exposed in previous labels, they usually tried to identify aspects of the model that seemed similar to their previous values or practices:

> Well, you know, I'm not making excuses but, I really find this GLM interesting, but, as you asked here how the transition went, you said it, it's something that we don't really know why at first and it takes some time to, how to say it, find the meaning on the field.

Subcategory 3.4: Managing the Time Needed to Introduce the Model. Most practitioners indicated that transforming a new practice into a common practice required adjustment and time to put things into perspective, to think about their own practice and make their own decisions about how to use the GLM. They noted that the management team should allocate some time for such matters in regular team meetings but pointed out that too much conversation about the GLM could be counterproductive:

> There are also some drifts, because, well, we maybe thought we understood the philosophy and then we dived in headfirst without putting things into perspective or talking about it with the team.

> The support from the [management] hierarchy sometimes was counterproductive when the GLM took too much space in our exchanges and was associated with 'brainwashing.

Discussion

This study is one of the first to look at implementation of the Good Lives Model in a collective setting in order to understand the best way to move from a GLM-informed approach to a GLM-derived approach. As the way the organization is structured can play an important part in the success of the introduction, we focused on interviews with fifteen practitioners at one open juvenile justice facility with school access in the French part of Belgium. Practitioners primarily aimed to create a better environment for youths through a case-by-case approach grounded in trust and respect to strengthen the therapeutic alliance. In implementing the GLM, they personalized interventions, fostered collaborative discussions, and employed creative strategies, which in turn generated benefits for both their professional practice and personal development. However, these efforts did not appear to be systematically or fully aligned with the GLM framework. Although practitioners were generally familiar with its overarching principles, they often oversimplified them - reducing application to attitudes such as

warmth, empathy, and rewarding participation - or confused them with permissive approaches and an excessive focus on rights (from their perceptions), rather than on identifying and reinforcing youths' strengths. Finally, not only does implementation require understanding and valuing the GLM but the organizational climate and culture should include a supportive organizational hierarchy that recognizes that implementation can have different rhythms for practitioners.

This section presents first these organizational factors as they may have contributed to reducing understanding of the GLM during training and, more importantly, its subsequent implementation. Next, we present the overall perceptions about the GLM and clarify common misunderstandings. We then examine social validity across its three components (perceived objectives, procedures, and effects) to describe how the GLM is currently delivered. Finally, drawing on our findings, we propose implications for developing fully GLM interventions in youth correctional facilities.

Strengthening Organizational Climate and Leadership to Support GLM Implementation

According to our fourth research question, respondents highlighted the importance of organizational factors in the implementation process. Organizational context has often been discussed in relation to two closely related concepts – organizational culture: "the shared norms, beliefs, and behavioral expectations that drive behavior and communicate what is valued in organizations" (Hemmelgarn et al., 2006, p. 75) and organizational climate: "workers' perceptions of, and emotional responses to, the characteristics of their work environment" (Aarons & Sawitzky, 2006, p. 2). Our results show that practitioners felt it was relevant that they had a positive view of themselves and their colleagues before attempting to implement the GLM, as a negative climate would hinder dissemination of the model. Previous research has shown that an organizational climate that leads to emotional exhaustion, role conflicts, or depersonalization impedes implementation of new practices (Hemmelgarn et al., 2006). While our research did not include a study of the facility's culture, most respondents indicated that support from management had been essential to their acceptance and implementation of the GLM. Linked to that, previous studies have shown that the process of implementation varies from one setting to another (Bertram et al., 2015) and respondents in our study also noted that respect for the individual rhythms of participants was essential to dissemination of the GLM. This was particularly evident in three areas. First, the effect of different degrees of interest in implementation between management and practitioners. Managers' motivation (and perhaps pressure) to implement the model could have counterproductive effects on those working directly with the youths if they felt they lacked the resources needed to apply the model as quickly as expected. A second area was related to how the model was introduced by the administration, as new practices are often mandated rather being presented as a possibly beneficial change, requiring the management team to motivate the rest of the staff to put up with the new model. Finally, as highlighted by subcategory 3.4, some practitioners indicated that they felt they had not always sufficient time to think about why or

how to apply the new practice, a factor also noted by Prescott and Willis (2022). Alongside training sessions, managerial support and structured opportunities for discussion are crucial to promoting understanding of a new practice and preventing resistance during implementation (Collerette et al., 2021).

Balancing Supportive Attitudes with Core Theoretical Principles in GLM Implementation

Our emerging findings suggest that, while practitioners were generally familiar with the GLM, their application of it tended to prioritize supportive attitudes, such as warmth, non-judgment, and active listening, over its theoretical foundations. This selective adoption echoes what Prescott and Willis (2022) call "the belief that we already do this," whereby practitioners integrate only those aspects of the GLM that fit with their existing practices. Although such attitudes are undoubtedly important for establishing therapeutic alliance with youths, their overemphasis may undermine the model's ability to address offending behavior through its central concepts, including the primary goods framework, the prioritization of these goods by youths, and the mobilization of internal and external resources. In some instances, in this study we saw that this narrowed interpretation led to a misperception of the GLM as an overly permissive approach, equating it with unconditional acceptance of youths' demands and an imbalance in rights between practitioners and youths. This confusion not only limits the model's theoretical integrity but also may reinforce tensions over the distribution of authority. As Mathys (2017) notes, effective correctional settings must combine opportunities for youth autonomy with a stable, safe environment supported by clear rules. In the facility we studied, achieving such a balance remained a work in progress, partly due to the "dual relationships" described by Ward (2013), where practitioners must reconcile the protective and punitive roles of the correctional mandate with their care-oriented responsibilities.

Practitioners also expressed a strong demand for concrete, practice-based illustrations of how the GLM can help address youth resistance to change. Such examples – often drawn from their own experiences – proved useful for translating abstract principles into actionable strategies. When integrated into their work, these strategies reshaped how practitioners analyzed situations, encouraged exploration of alternative solutions, and heightened the perceived importance of making youths feel heard and actively involved in the process. The benefits extended in both directions: active listening not only improved youths' receptiveness but also fostered practitioners' sense of efficacy and relational connection.

Operationalizing GLM: Focus on Overall Well-Being, Using Informal Practices and Developing Positive Social Climate

Shifting "from stigma to strengths" emerges as a central perceived objective, re-framing youths' identities beyond the offense and supporting their agency through co-construction of plans. These practitioners' skills are known to increase motivation when autonomy,

competence, and relatedness are nurtured in correctional facilities (Mathys et al., 2023) Aligned with strengths-based approaches and positive criminology (Morse et al., 2022; Ronel & Segev, 2014), the goals perceived by the practitioners are coherent with the pursuit of the well-being of the youth. At the procedural level, the described informal practices based on needs-focused exploratory conversations, use of GLM mapping tools, and selective "out-of-the-box" initiatives reflect critical reflexivity toward institutional routines. Notably, while the GLM's analytical framework and core values are not explicitly named, the practitioner-level competence indicators (supportive attitudes) highlighted by the recent work of Prescott and colleagues (2024) appear evident. In line with our third research question, positive changes were reported at both the individual and institutional levels, including a perceived reduction in disciplinary incidents and runaway episodes, though these observations were contested. More broadly, practitioners emphasized that an environment of safety, acceptance, and support facilitated learning and growth among youths. These insights are similar with prior work suggesting that the GLM can enhance youth' motivation to engage in mandated interventions inside correctional facilities (Leeson & Adshead, 2013; Serie, 2023). Although these studies, like ours, cannot be classified as GLM-derived interventions per se, it can be argued that using the GLM in correctional settings tends, at a minimum, to foster a positive social climate that is conducive to change among youths (Huefner & Ainsworth, 2021). According to the context of change model (Burrowes & Needs, 2009), the motivation to change and to engage into the interventions (or treatments) is not merely an individual disposition but also the product of interactions between individual's internal context, catalyst and environment to change. Within correctional facilities, such catalyst and environmental factors include for example the skills of practitioners and the social climate. Notably, in our study, many practitioners extended GLM principles to their relationships with colleagues, attending to their own needs and well-being, an application that, while not the model's primary aim, may have indirect benefits for organizational climate and sustainability of practice. The next step is therefore to develop individualized case plans centered on GLM primary goods on the premise that the surrounding context for change is supportive (Elisha & Ronel, 2023).

Implications and Challenges in Using the Good Lives Model as a Practical Framework

In this study, many practitioners indicated that the large number of theoretical aspects introduced in the first training sessions was overwhelming and they felt uncertain they had learned them. Ward and Durrant (2021) also observed that it was difficult to apply the GLM in clinical settings and therefore decided to redefine the GLM as a practice framework rather than a rehabilitation theory, introducing concrete directions as to how the model could be implemented in clinical practices. The intervention guidelines they describe are in line both with the supportive attitudes needed in GLM interventions and the content that should be the focus of practitioners' analysis. In that regard, practitioners discussed having understood the importance of using the GLM in their

practice only after the third session, in which a real case analysis (from the teams) was presented. Linked to that, supportive attitudes that enhance the therapeutic alliance, such as warmth, directiveness, or empathy, might serve as a good entry point to GLM and a way to increase interest in the model but are not sufficient for full implementation of the practice framework in daily practice. Indeed, evidence indicates that the implementation of new frameworks, such as the GLM, is a gradual process, and that practitioners' comprehension of the underlying concepts substantially influences both the dissemination and the effectiveness of such practices (Prescott & Willis, 2022). Furthermore, the need to adapt GLM terminology to the developmental stage and experiences of young people has been also emphasized (Fortune, 2018). To solve this issue, this study highlighted that systematic application of the GLM required more individualized training sessions as practitioners asked for more theoretical training, increased use of real case analyses, and ways to adapt GLM for use with youth in a collectivity (meant facility with several practitioners). This led the supervisor of this study and the GLM trainers to rethink the initial training program and add thematic modules to match with the collective facility environment (discussion of GLM assumptions, application to real clinical case, applying the GLM in an interpersonal setting or informal discussion, using the GLM in staff meeting, etc.). Linked to that, to strengthen the sustainability of implementation and potentially develop a fully GLM framework of practice, it is therefore crucial to integrate the perspectives of practitioners into training content, or at minimum to align such content with their expectations and professional realities.

In contexts such as correctional facilities for justice-involved youths, where practitioners face specific challenges related to risk management, resource constraints, and the complexity of youths' needs, training that resonates with their day-to-day practice is more likely to foster engagement, interest, and adherence to the model. Although respondents had also expressed concerns that the project would be abandoned by the administration, implementation of the GLM has been integrated into the pedagogical project for juvenile correctional facilities in the French part of Belgium, with regular contact between the management staff (director, head of units, . . .) and the French Belgian administration responsible for the correctional facilities to ensure that efforts to support the teams continue. This assurance of continued support may also enhance collaboration between on-site workers and researchers, since it has been shown that on-site workers may worry that research concerning a program may deal with scientific theory rather than clinical reality (Borntrager et al., 2009). Thus, adjusting GLM training to meet the needs of practitioners also seems to accord with introducing the model on a case-by-case basis, following Prescott & Willis's finding that "receiving feedback on one's practice is one of the most effective ways to improve one's performance" (Prescott & Willis, 2022, p. 6).

Strengths, Limitations, and Directions for Future Studies

First, interviews were conducted by both the main researcher and a student in criminology. All transcripts were coded exclusively by the main researcher, as the student

had not received formal training in grounded theory methodology. We acknowledge that relying on a single coder constitutes a methodological limitation, as it reduces opportunities for analytic triangulation and may introduce subjective bias. To mitigate this limitation, frequent collaborative meetings were held between the main researcher, the student, and the study supervisor throughout the analytic process. These meetings served to critically examine emerging codes and categories, challenge interpretive assumptions, and provide direction for subsequent interviews and theoretical sampling, thereby enhancing reflexivity and rigor within the constructivist grounded theory framework (Charmaz, 2014).

Second, since interviews were conducted with individuals with different functions in the facility and a feedback session had been scheduled from the beginning, some respondents might have been reluctant to express criticisms that would be available to management or the administration. The methodological elements of this study were therefore designed to decrease such potential risks by assuring complete anonymity to every participant, particularly during feedback sessions. Researchers also encouraged the collaboration of participants by clearly communicating that the research was not in any way an evaluation of their competency in using the GLM but a description of implementation and understanding of the model. Researchers also highlighted that study findings would be used to help practitioners overcome remaining obstacles and to help those in other facilities who deal with justice-involved youths. According to constructivist grounded theory methodology, researchers also tried to build trust through informal discussions. We believe that such strategies are invaluable in creating frameworks that work in clinical settings. The importance of studying the social validity of the implementation of new practices (such as the GLM), through the perceptions of practitioners, cannot be overemphasized.

Third, since our study was a case analysis of one juvenile correctional facility, it may not be representative of other facilities. However, the grounded theory methodology we used does not focus on either representativity or data saturation. Instead, it focuses on collecting a plurality of experiences that can lead to theoretical saturation, when further data provides no additional insights and the identification and exploration of conceptual categories have been exhausted (Hennink et al., 2017). Given this, we recommend that further research examine the experiences of practitioners in different juvenile correctional facilities, especially those dealing with youth who have been given more serious sentences (for example, being placed in closed units).

This study is also a first step in assessing the dissemination of the GLM in juvenile correctional facilities in the French-speaking side of Belgium. Since the data collection, Prescott and his colleagues (2024) have created a monitoring tool that helps evaluate whether the model was well utilized and understood and may enhance empirical assessment of the way the model was used and its effectiveness. However, as the tool is still being developed, more studies are needed to determine its validity. As well, the tool was designed around implementation of the GLM with justice-involved adults in clinical one-on-one sessions and would need further development for use in juvenile correctional facilities.

Finally, empirical evidence about the potential benefits of the GLM is still scarce. More empirical studies are needed to determine the effectiveness of GLM interventions for justice-involved youths, ideally those fully integrating the supportive attitudes and the assumptions of the GLM. To do that, explaining the context of the implementation and taking the voice of practitioners through the social validity are relevant steps. Our preliminary observations suggest that the model had not been completely implemented in the facility studied and therefore was not fully used. Given this, including the youths in the facility in our analysis seemed unlikely to lead to an effective analysis of the potential benefits of a GLM-derived intervention. Future studies should continue to investigate the links between proxy variables and reduction in recidivism as previous research did (Serie, 2023; Van Damme et al., 2016, 2022). In addition, it would be also useful to examine the effectiveness of fully implemented GLM interventions through other youth's change indicators such as primary goods satisfaction, identity change, and optimism (Willis & Ward, 2024).

Conclusion

The aim of this study was to explore practitioners' first experiences with the Good Lives Model (GLM) in a juvenile correctional facility in the French-speaking part of Belgium, in order to identify ways to better support these teams and to inform the further development of GLM practices. Practitioners reported that the GLM not only benefitted their interactions with youth but also enhanced their social environment and well-being, as they applied its principles in collaboration with colleagues as well as in their work with residents. The findings also highlighted the central role of organizational factors in the implementation process and underscored the necessity of tailoring training content to the specific realities of juvenile correctional facilities. Accordingly, we recommend that future research be conducted in close collaboration with practitioners to examine the introduction of the GLM across diverse correctional settings before evaluating its impact on youth outcomes.

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Ethical Considerations

As mentioned in the Methods section, the methodology used was approved by the ethics committee of the researchers' university (University of Liege, The Ethics Committee for the Human

and Social Sciences). The supervisor of the study completed a paper-form explaining the ethical issues and precautions taken in the research. The committee convened and granted its approval. Authorization to carry out the research is available on request.

Consent to Participate

All personal data was anonymized and accessible only to the main researcher and, under the main researcher's supervision, a student working on his master's in criminology who was interning in the research department. The anonymization principle and the procedure used in data processing were presented clearly on the written consent form (including the consent for publication) and repeated to participants before each interview.

Consent for Publication

Consent for the use of data gathered in this study for publication was included in the specific consent-to-participate document.

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Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data Availability Statement

Data supporting the findings of this study are not openly accessible because they consist of qualitative interviews containing sensitive information from practitioners, and sharing them could jeopardize participants' anonymity and confidentiality.

Any other identifying information related to the authors and/or their institutions, funders, approval committees, etc, that might compromise anonymity

Not applicable.

Notes

1. Four (three for boys and one for girls) of these juvenile correctional facilities have both closed and open units, while the fifth (for boys) has only open units with access to a school outside the correctional facility.
2. We use this term to refer to psychologists, youth care workers, supervisors, teachers, and the management team in juvenile correctional facilities. Indeed, the youth's interventions are delivered by all these practitioners into the daily life of the facility.
3. It's important to note that Prescott and Willis (2021) used the terms "therapists" and "clients" when they designed this tool. We prefer "practitioners" as this includes a larger set of individuals, such as youth care workers, teachers, or family members, as well as people

involved in the process of rehabilitation, which can include individuals who are not taking a direct part in a psychological intervention. This distinction is useful as this study involved all professionals working in a correctional facility.

4. The conceptual distinction between GLM-derived and GLM-informed interventions (see Willis & Ward, 2024) was articulated after the publication of the studies cited in this section. Upon review of these studies' methodology descriptions, the GLM intervention framework is not explained in sufficient detail to allow for classification according to this more recent typology. Accordingly, we refrain from making retrospective categorizations and refer simply to "GLM interventions" for clarity.
5. A refinement of the GLM for use with youths who have committed sexual offences. Further information is available at https://www.g-map.org/about/approach.html.

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