ORIGINAL PAPER

Assessment of Needs in Residential Care: Perspectives of Youth and Professionals

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Abstract The evaluation and identification of needs profiles for youth in residential care, through qualitative and quantitative methodologies involving different stakeholders, are still relatively uncommon, even though they are essential in developing specific and effective services. This article will present two studies, one with youth and another with professionals. To assess needs from the standpoint of youth, four focus groups were held with youth in residential care ($n = 21$). To identify needs profiles of youth from the standpoint of professionals, 47 professionals evaluated a sample of youth in residential care ($n = 110$) using the RCYNA questionnaire. The results of the study with youth point to needs in three main areas: living situation, social and family relationships, and education. The results of the study with professionals reveal three needs profiles with distinct risk levels: low risk, without emerging needs; intermediate risk, with needs in terms of the economic and living situation; and high risk, with needs in terms of relationships, behavioural, psychological and emotional skills, and education and employment.

Keywords Needs assessment · Needs profiles · Methodological triangulation · Participatory research approach · Residential care · Youth

Introduction

In the 1990s, a number of studies found a lack of centralized care for the specific needs of youth, and a lack of differentiation in care according to different types of problems and ages, as limitations in residential care services (e.g. Bullock et al. 1993; Del Valle 1998). These studies demonstrated the importance of developing different residential approaches (Bullock et al. 1993), and led to the adoption of a new paradigm defending the development and provision of services based on users' needs, or "needs-led services" (Axford et al. 2009; Taylor 2005). The adoption of this paradigm embodies a culture of organizational quality, with the belief that a service has quality when it is able to satisfy the needs of its customers. The services governed by this paradigm are more personalized, specific, flexible, multifaceted and differentiated (Axford and Little 2004; McCoy et al. 2008) which, in turn, increases the likelihood that they will be more effective (Axford et al. 2005).

Along with what has been discussed at the international level, Portugal has also witnessed a lack of differentiation in residential care, leading to a series of restructuring initiatives, primarily since 2007. In fact, policy measures were laid out in this year to qualify the system of care (Official Gazette [Diário da República], order no. 8393/2007), announcing objectives for implementing a care model with specialized responses. As such, Portugal also seeks to "qualify and specialize (…) every care response to reinforce its technical and human expertise, adapting its practices to actual needs and to the rights of these children and youth deprived of their natural living environment, bearing out a truly necessary and irreversible paradigm shift in care" (ISS 2009, p. 8).

Beside these lines, assessing the needs of youth in residential care naturally becomes the basis of the process for implementing this paradigm. The evaluation of needs requires the use of a systematic methodology with a conceptual map for gathering and analysing information on the

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child, his or her family and the context of care, which effectively discriminates between different types and levels of needs (Department of Health 2000). Conceptually, some of the methodologies developed in this context have stressed the importance of assessing needs in a holistic manner, bearing in mind risk and protection factors (e.g. Dartington Social Research Unit 1998; Department of Health 1995, 2000, 2002). As far as the needs assessment methods to be used, although the choice depends on the research goals, the use of methodological triangulation—consisting of a combination of quantitative and qualitative methods (Reviere et al. 1996)—is desirable, since it strengthens the conclusions that can be made from the data, combining the advantages of two types of methods: greater breadth of data, more depth, comprehension, widespread application and proximity to the context (Reviere et al. 1996).

As such, on the one hand, a qualitative in-depth analysis should be made on the needs of youth to develop and explore new ideas, facilitating an understanding of meanings, relationships between variables and the contexts in which these relationships occur (Kalafat and Illback 1998; Kaufman et al. 2006). At the same time, a quantitative aggregate analysis should be made of needs, namely by identifying needs profiles. In fact, although the situation of each child and young person is unique, needs patterns can be found vis-à-vis configurations of complex variables, which require different types of intervention (Axford 2009; Hagaman et al. 2010; Melamid and Brodbar 2003). As such, services seeking to understand the heterogeneity of the intervention's target population have increased (e.g. Axford and Whear 2008; Hagaman et al. 2010; Milburn et al. 2009), following the principle that the effectiveness of the intervention entails "well-defined activity on behalf of well-defined groups of children" (Little and Mount 1999, p. 307). This type of analysis provides a better understanding of the strengths and weaknesses of services in responding to the needs of their users and can be systematically applied to monitor and plan the services (Bailey et al. 2002).

Is also desirable to consider the perspectives of different persons in assessing the needs of youth in residential care. In fact, the involvement of professionals is essential, since the manner in which they perceive youth and service needs has a bearing on their educational and professional practices. The involvement of young people is also essential, since they are the true "experts" in terms of their own lives, have a one-of-a-kind ability to communicate their experiences and perspectives, and are proactive agents who influence and interact with the world, giving meaning to their lives (Clark and Moss 2001). Furthermore, by including the perspectives of professionals and youth, we are following the principles of participatory research approaches, giving the data gathered more validity (external, social and cultural), credibility and widespread

applicability (Cargo and Mercer 2008), since the knowledge is being produced based on the needs felt by the providers and users of the services.

However, despite this evidence, some recent studies state that the assessment of needs and needs profiles as a basis for developing specific residential care services continues to fall short of the ideal (Axford 2008; Axford et al. 2009). Moreover, to our knowledge, there are few studies in the context of residential care that define needs profiles, bearing in mind risk and protection factors (e.g. Aguilar-Vafaie et al. 2011; Hagaman et al. 2010), that simultaneously use qualitative and quantitative methodologies (e.g. Mares 2010), and take into account the perspectives of professionals and youth alike in assessing their needs (e.g. Freundlich et al. 2007; Geenen and Powers 2007; Mares 2010). Therefore, the purpose of the present study is to assess the needs of youth in residential care and understand the heterogeneity of this population, identifying needs profiles, through the use of qualitative and quantitative methodologies and the involvement of youth and of professionals. As such, using two different studies, we will address the following questions: What are the needs of youth in residential care from their perspective? What needs profiles, configured by risk and protection factors, are revealed by professionals' assessment of the needs of youth in residential care?

Study 1

Method

Participants

In this study, a qualitative methodology was used by holding four focus groups with 21 young people. To ensure the heterogeneity of the sample and a greater representativity of experiences and perspectives, the youth who participated in this study came from four residences of care and were chosen according to the following criteria: (a) minimum age of 15 years; (b) participants of male and female gender; and (c) participants with and without recorded behavioral problems. Half of the participants were female (52 %). Participants ranged in age from 15 to 18 years ($M = 16$, $SD = 1.07$).

Instruments

We developed a focus group script, in which the youth were asked about their experiences and needs, and about positive and negative aspects in the context of residential care on five assessment dimensions (Dartington Social Research Unit 1998): living situation (e.g. "Tell us a bit

about your living conditions"), social and family relationships (e.g. "What is your relationship like with the residential care practitioners?"), physical and psychological health (e.g. "What do you think is important to ensure your psychological health?"), behavior and skills (e.g. "Tell us about your autonomy… Describe your characteristics in this area…"), and education and employment (e.g. "We would like to know how you feel about school").

Procedure

Initially the researchers had different meetings with the director and coordinators of residential care facilities to discuss the study, explain all the procedures, and schedule the data collection.

The focus groups were executed in the residential care facilities, behind closed doors and in isolated rooms, to ensure the privacy of the participants. The study was described to the participants, that were ensured that all data collected would be kept confidential and anonymous, and gave us their verbal informed consent to participate. In all of the sessions, the same introductory instructions were given, and the questions were asked in the same order, with the goal of preventing any interviewer biases. The focus groups were conducted by three researchers from outside the institutions, graduated in psychology, and with experience as interviewers, two with the role of moderators and the other with the role of outsider observer. The focus groups lasted from 1 to 2 h, with the number of participants in each session ranging from four to six. The participants were asked for their consent to record the focus groups, which were then transcribed and analyzed with software Atlas.ti (Version 6.2).

Analytic Procedure

We used a Consensual Qualitative Research Method (Hill et al. 1997) to do a content thematic analysis of the data. In the first step of this analysis two elements of the research team (the interviewers) independently read half of the transcribed interviews and selected semantic register units of analysis (i.e., units of the text with a semantic content). In the second step, the same elements of the research team developed a consensual coding system with the selected units of analysis. The development of this coding system was guided by dimensions previously defined (articulated data; e.g. living situation, social and family relationships), and by dimensions based in the data, i.e., semantically defined (emergent data; e.g. educators turnover) (Bardin 2007; Massey 2011). In the third step, this coding system was examined by a senior researcher and adapted based on his feedback. Then, one of the researchers completed the data analysis, selecting and coding the units of analysis

based on the revised coding system. The fourth step was to verify the coding system reliability. In this step another element of the research team coded one-fourth of the units of analysis with the coding system, enabling the determination of the inter-rater agreement at two levels: sequential attribution of the system's lower levels to those immediately above (*Cohen's kappa* $= .97, p < .001$) and attribution of the units of analysis to the lower level of the coding system (*Cohen's kappa* $= .81, p < .001$). The fifth and last step entailed a structural, valences and occurrence analysis of the coding system.

Results

Considering the areas, categories and subcategories with the most representativity, and thus most often referred to by the participants (i.e., areas, categories and subcategories with 10 % or more of the total units of analysis of the group to which they belong), of the five areas assessed, the young people pointed to needs in three: living situation, social and family relationships, and education (Table 1).

Needs in Terms of the Living Situation

In this area, the young people pointed out the perception they have of educators, the physical space of the residences of care, the institution of care and the services and operation of the residences of care.

In terms of their perception of educators, the young people pointed out some negative aspects, namely their behaviour ("it is more the educators' [improper] attitude"), high levels of turnover ("I had the best team of educators at my residence, but it was totally broken up", "some educators leave, some enter, and then they mix other educators"), their lack of motivation in their work ("they themselves [the educators] are also a bit worn out"), the improper delegation of responsibilities from educators to young people ("I had to go with her [another resident] to the hospital"), and their difficulty in controlling the young people ("they too are not always able to control all of us", "I think that educators no longer have much control"). Even so, they observed signs of satisfaction with the team of professionals ("they support themselves as educators", "I think I have a great team, I would not take anyone out").

Next, the young people pointed out their perceptions on the physical space, namely their unhappiness with the age and incompatibility of the residences' décor and furniture ("[it would be good to have] some happier colours… all of the rooms are the same, three beds that are all the same, three wardrobes that are all the same", "in the residence where I went to everything is old"). Afterward was the number of residents, where the young peoples' opinions were ambivalent ("it would be better to have more of us",

Table 1 System of categories to assess youth needs ($N = 834$)

Area	Category	N	%	Subcategory	N	%
Living situation $n = 405$, 48.6 %	Perception of educators	97	24	Educator conduct	15	15.5
				Educator turnover	14	14.4
				Lack of educator motivation	13	13.4
				Satisfaction/admiration for educational team	12	12.4
				Inadequate delegation of responsibilities	11	11.3
				Inability to control youth	10	10.3
				Educator age/mentality	7	7.2
				Misunderstanding between educators	5	5.2
				Distance from superiors	5	5.2
				Educator inconsistency	5	5.2
	Physical space of residences of care	91	22.5	Décor and furniture	25	27.5
				Number of residents	21	23.1
				Location	17	18.7
				Basic conditions	15	16.5
				Privacy	10	10.9
				Overall satisfaction with physical space	3	3.3
	Perception on care services	70	17.3	Care services currently in crisis	19	27.1
				Negative impact of structural changes	14	20
				Incredulity in change of services	10	14.3
				Lack of service support	9	12.9
				Lack of participation in services	7	10
				Inequality in care services	7	10
				Service bureaucracy	4	5.7
	Services and operation of residences of care	50	12.3	Food	32	64
				Savings	7	14
				Allowance	7	14
				Health services	4	8
	Rules of residences of care	35	8.6	Dissatisfaction with rules	22	62.8
				Existence of rules	5	14.3
				Breaking of rules	5	14.3
				Flexibility of rules	3	8.6
	Theft between peers in residences of care	27	6.7	Theft	22	81.5
				Lack of theft prevention measures	5	18.5
	Direction of care	20	5	Change of residence of care	11	55
				Continuation at same residence of care	9	45
	Desire to leave residences of care	15	3.7			
Social and family relationships $n = 216$, 25.9 %	Relationship with educators	104	48.2	Quality of relationship	22	21.2
				Assistance/support	17	16.3
				Lack of empathy	13	12.5
				Lack of confidence in educators	11	10.6
				Lack of feeling for educators	10	9.6
				Respect between educators and youth	7	6.7
				Openness/communication	7	6.7

Table 1 continued

Area	Category	N	%	Subcategory	N	%
				Imbalance between positive and negative reinforcement	6	5.8
				Exigency of educators	6	5.8
				Conflict	5	4.8
	Relationship with peer group	81	37.5	Distrust	25	31
				Assistance/support	24	29.6
				Quality of relationship	15	18.5
				Friendship	10	12.3
				Conflict	7	8.6
	Relationship with technicians	18	8.3	Positive, supporting relationship	10	55.6
				Lack of confidence/distance of technicians	8	44.4
	Relationship with family	13	6			
Education n = 88, 10.6 %	Educational context	50	56.8	Conflicts	24	48
				Integration difficulties	16	32
				Disciplinary problems	5	10
				Underachievement/absenteeism	5	10
	Satisfaction/motivation	19	21.6			
	Changes of school	19	21.6			
Behaviours and skills n = 58; 7 %	Autonomy	49	84.5	Self-management skills	37	75.5
				Assumption of responsibility	7	14.3
				Gradual development process	5	10.2
	Behavioural problems	5	8.6			
	Isolation/refusal of support	4	6.9			
Psychological health n = 28; 3.4 %	Extrinsic factors	15	53.6	Life context in residential care	9	60
				Educator conduct	6	40
	Intrinsic factors	13	46.4	Lack of resilience	7	53.8
				Lack of well-being and physical health	3	23.1
				Negative academic and personal history	3	23.1
Employment n = 22; 2.6 %	Personal development	11	50			
	Positive experience	5	22.8			
	Functional aspects	3	13.6			
	Difficulties	3	13.6			
Physical health n = 22; 2.6 %	Healthy practices	12	70.6			
	Health services	5	29.4			

"it's fine as it is", "I would like fewer, there's less confusion"), and the location, where the young people expressed satisfaction ("we have transportation, we have a shopping centre […] I don't think we can complain about the location"). There were also some remarks on the need to improve the basic conditions of the physical infrastructures of the residences of care ("my house doesn't have a living room door either"), although, with regard to privacy, most of them said that there were no problems ("We have our own space, and everyone respects each other's space").

With regard to the young people's perceptions on residential care services in general, they mentioned the feeling of experiencing a process of change, and that these services are in the midst of a critical and unstructured phase ("we are getting worse and worse", "it lacks structure"). Then, they pointed out the instability, and the impacts of structural

changes to these services on youth ("we had a lot of things, we had spent many moments inside that residence, with those educators and, suddenly, 'you go over there' [to another residence]", "everything started all over again", "they think they can make changes haphazardly, that they can take us out of this place,… thinking there is no harm, but there is… taking us out of the place we have been for years, with people we have been with for years, and then suddenly separating all of us"), their disbelief in the possibility of any positive changes to services ("they have already told me 'it will get better, it will get better', but no, nothing will get better"), a sense of lack of support for the services ("there was some [support] once, but it has been disappearing"), the lack of opportunities for youth to participate in the services ("some participate, but it's as if they didn't, since everything turns out the same", "they don't listen to us") and their perceptions of inequalities in the different residential care services ("it's not like that at our house", "but they do have the money for these activities").

At the same time, they expressed satisfaction with the savings the educators help them create using their allowance ("it's a good thing", "I don't think it's bad, I even think it might be good. At least I leave here with something"), although they believe that their allowance is insufficient for their expenses ("I think it's very little").

Needs in Terms of Social and Family Relationships

In this area, the young people pointed out the relationship with educators and the relationship with their peer group.

In terms of the relationship with educators, they focused primarily on asymmetry, i.e., an imbalance of power ("There are differences of opinion where we cannot win", "this [imbalance/asymmetry] is very bad"). However, they also referred to positive aspects of the quality of the relationship ("I have no reason to complain", "[the relationship] is nice"). Next, they pointed out the assistance/support provided by the educators, with around half of the young people viewing their relationship with educators as a source of assistance and support ("whenever we need something, at least she is always there, and talks to me when I have bad grades, when I have good grades, when I have problems"), while the same number of young people mentioned a lack of support, or even no attempt at help from educators ("I don't count on the educators"). Next, the participants noted a lack of empathy among educators, i.e., their difficulties understanding the young people ("they can't see things from our side, or understand us", "they don't understand"), and the young people's lack of confidence in educators ("I no longer have confidence in my educators", "There is some distrust on my behalf […] I prefer [to talk] with my friends and with my family, who I know will not tell anyone").

With regard to the relationship with their peer group, the young people primarily pointed out distrust between residents, which seems to be associated with theft and an atmosphere of insecurity experienced at some residences of care ("I might have some friends, but trusting them… no", "since they began stealing, I don't [trust them]", "trust… no way"). Then they pointed out assistance/support, with more than half of the young people viewing their relationships with the peer group as a source of assistance and support ("sometimes [what helps me] it's the advice from my friends who say 'you have to do it, you have to fight for it'", "[when we need help] we talk with closer friends"), although the opposite feeling was also mentioned ("now we don't care about our colleagues at home, and no one does anything anymore"). Finally, the young people pointed out the quality of the relationship ("we get along well", "in my home, we give everything for everyone"), classifying it as a relationship of friendship ("we are like brothers", "I have a group of friends, although small, I have that group of friends and feel good with that group").

Needs in Terms of Education

In this area, the young people referred to the school context, satisfaction/motivation at school, and changes in school.

In the school context, the young people mentioned the high frequency of conflicts, tension and violent episodes between students ("it's always like that… the smallest thing is enough to end up in kicks and blows", "to sum it up, everyone is always fighting"). They also referred to difficulties integrating at school, feelings of exclusions and absence of social identity ("I was about to leave my school because it just wasn't my environment", "I'm not the one that can't integrate in school. The other people are the ones who aren't able to accept me"). They also mentioned some disciplinary problems ("then I went to another computer class, or I was also thrown out, and now I went to one where I was being thrown out but… I decided to leave", "I was expelled [from a school]") and underachievement/absenteeism at school ("since I started boarding school, I didn't even last one year", "I slack off a lot").

After this came satisfaction/motivation, with most of the young people saying that they felt satisfied/motivated to attend school ("Of course I want to study, at least through grade 12, and I am not studying by obligation"), although nearly the same number said the opposite ("I don't like to study, school is not for me", "I'm [in school] because I'm forced to"). Finally, some youngsters mentioned the high frequency of changes in school ("I've been to nearly every [school]").

Conclusion

With regard to assessing the needs of youth, the findings indicated that young people cite needs mainly in three areas: living situation, social and family relationships, and education.

In the area of the living situation, the young people primarily expressed a need to improve services in terms of the quality of education practices; the stability, structure, consistency and control of educators and the residences of care; the modernization and personalization of the physical space; the guarantee of basic conditions of comfort in terms of youth housing; the participation in the institution and support for it. These results are consistent with those obtained in other studies, where young people state that the high degree of turnover among professionals has negative implications on their stability and in developing structural relationships of trust (Geenen and Powers 2007; Strolin-Goltzman et al. 2010). The results are also consistent with other studies indicating that young people are dissatisfied with their limited opportunities for involvement, as well as the lack of 'ordinary everyday experiences' in these contexts (Southwell and Fraser 2010; Ward 2004; Wilson and Conroy 1999).

It is important to note that this study was developed in a context of a restructuring of services in residential care on a national level, which required the closing, opening and merging of different residential units and, as such, major movements in resources, professionals and young people. This may have contributed to a justified sense of instability, lack of structure and lack of conditions as expressed by the young people. In fact, institutional changes and instability have a negative impact in building meaningful relationships, the well-being and the formation of the identity of youth, who must constantly adapt themselves to new rules and expectations (Geenen and Powers 2007).

In the area of social and family relationships, the young people primarily expressed the need for improvements in the relationship with educators in terms of the quality of the relationship, the support provided, empathy, caring and trust; in the relationship with the peer group, they primarily expressed the need for improvements in terms of trust, safety and support. In fact, other studies have also demonstrated that youth do not share—or rarely share—their fears and concerns with professionals, and that they are not very satisfied with the care and support that they provide (e.g. Southwell and Fraser 2010; Sulimani-Aidan and Benbenishty 2011). These are also in line with studies indicating that it is important for professionals to be able to build caring and supportive relationships, with well-defined, clear and consistent limits and expectations (Darbyshire et al. 2006; Heinze et al. 2010; Thompson et al. 2006).

Finally, in the area of education, the young people primarily expressed the need for safety, harmony and well-being in the school context, inclusion and identification with the peer group, and satisfaction, motivation and success at school.

In summary, the needs identified in this study are consistent with those already identified in prior studies, namely in terms of the quality of relationships, stability and 'ordinary everyday experiences' in care (e.g. Freundlich et al. 2007; Geenen and Powers 2007; Ward 2004; Southwell and Fraser 2010; Strolin-Goltzman et al. 2010; Wilson and Conroy 1999), and underscore the importance of the housing, relationship and educational context in the lives of these young people.

Study 2

Method

Participants

In this study, a quantitative methodology was used by means of a questionnaire to evaluate 101 youth from 20 residential units, aged 14–23 years ($M = 16$; $SD = 1.8$). The majority of these youth were of Portuguese descent (69.9 %), and the remaining 30.1 % of Portuguese African descent. Of these young people, 43.7 % are female and had lived in their respective residences of care for an average of 8 years ($SD = 3.56$).

These youth were assessed by a group of 47 practitioners, mostly female (70.2 %), aged 28–53 years, and with an average age of 37 years ($SD = 7.94$). With regard to the occupations of these practitioners, more than half were educators (55.3 %), followed by social workers (23.4 %) and psychologists (19.1 %). In terms of their academic background, 74.5 % of the practitioners were degree holders, and 14.9 % completed secondary education. It is important to note that these practitioners had worked at the institutions for an average of 9.51 years ($SD = 6.90$). Each young person was assessed by a team of practitioners ranging in size from 2 to 3 team members.

Instruments

This study employed the Residential Care Youth Needs Assessment questionnaire (RCYNA; Calheiros et al. 2011), which assesses the needs of youth in terms of the presence of risk and protection factors in five areas through 168 items: living situation (e.g. "The residence of care functions must like a family environment"), social and family relationships (e.g. "Youth has been the subject of maltreatment"), physical and psychological health (e.g. "Is capable of managing his/her emotions"), behaviour and skills (e.g. "Is capable of making his/her own decisions"), and education and employment (e.g. "Bullies other children/youth in the

Table 2 Socio-demographic characteristics of participants per cluster

Variable	Cluster		
	1	2	3
Female %	44.8	50	36.7
Male %	55.2	50	63.3
Age (years) M (SD)**	15.93 (1.33)	17.19 (1.67)	16.13 (2.1)
Ethnicity %*			
Portuguese/Caucasian	**88.9**	**61.0**	82.1
African	11.1	**29.3**	14.3
Mixed	0	**9.8**	0
Other	0	0	3.6
Time of placement (years) M (SD)	8.82 (3.65)	9.38 (3.27)	7.79 (3.40)
Mainstream education %	72.4	73.7	53.6
Special education %	16.0	11.8	30.8

Amounts in bold have an adjusted residual equal or greater than 2

* $p < .05$; ** $p < .01$; *** $p < .001$

school"). This questionnaire is completed by the technical team responsible for the young person. With regard to the psychometric qualities of the RCYNA, it showed high levels of reliability ($\alpha = 0.60$ to $\alpha = 0.75$), face validity, construct validity and concurrent validity.

Procedure

Since the questionnaire is completed by practitioners instructions were given on how to fill out the RCYNA. Next, the questionnaires were handed out to the practitioners in charge of the residential care units to be subsequently distributed to, and completed by, the young persons' technical/education teams. To ensure the confidentiality and anonymity of the data, instructions were given not to disclose the young persons' and practitioners' identities. All the questionnaires were put into a sealed envelope, which was then collected, obtaining a return of 100 % of the questionnaires.

Analytic Procedure

We used the technique of clusters analysis, to define profiles for youth with similar needs. We began by selecting around 50 variables based on the following different theoretical and statistical criteria: (a) correlation between variables; (b) frequency distribution; (c) frequency of missing data; and (d) theoretical relevance of the variable for the area. Next, based on the correlation between the variables, we created composite variables with the goal of including the maximum amount of information possible on each young person and minimizing missing data; this process resulted in reducing the number of key variables to 33. Hierarchical cluster analysis using Ward's and furthest neighbour method was used with these variables. Then we analysed agglomeration graphs to identify a possible cluster solution with a given number of profiles. Finally,

we carried out a non-hierarchical cluster analysis to optimize and classify the solution found.

Results

The data from the questionnaires, analysed by a hierarchical and non-hierarchical cluster analysis, allow us to identify three needs profiles: (1) "low risk, without emerging needs", with 42 young people; (2) "intermediate risk, with needs involving economic and housing situation", with 29 young people; and (3) "high risk, with needs in terms of relationships, behavioural, psychological and emotional skills, and education and employment", with 30 young people.

With regard to the socio-demographic characteristics of each profile (Table 2), we can see significant differences in terms of the young people's age ($F_{(2,100)} = 5.612$, $p = .005$) and ethnicity ($\chi^2_{(6)} = 13.072$, $p = .042$). More specifically, the second profile is comprised of older youth ($M = 17.19$ years) compared to the first and third profiles ($M = 15.93$ and $M = 16.13$ years, respectively); the first profile has more Caucasian youth (88.9 %), while the second profile has less Caucasian youth (61 %) and more young people of African (29.3 %) or mixed (9.8 %) ethnicity.

With regard to configuring risk and protection factors, each profile may be characterized by highlighting the factors in which they are significantly different (Table 3).

Profile 1, "low risk, without emerging needs" ($n = 42$).

The first group has a more favourable situation with fewer intervention needs, as it primarily stands out for protection factors. In fact, it is the group with the lowest percentage of youth whose family households are too large or need improvements; it has a higher but less significant percentage of youth with a history of abuse; it has the highest percentage of youth with a close relationship of understanding and support with educators; and it is the group with the lowest turnover of educators and

Table 3 Configuration of risk and protection factors per cluster

Variable	Cluster			χ^2
	1	2	3	
Residence of care structures and equipment in need of improvement	**75.9**	38.1	53.3	9.835**
There are frequent conflicts or There is a sense of insecurity/uncertainty among the youth of the residence of care	51.7	52.4	73.3	3.913
The residence of care functions must like a family environment	62.1	73.8	50	4.303
Family house overcrowded/in need of improvement	**88.5**	**39.4**	65.4	15.062**
Family has money problems, lack of socially perceived basic necessities, or is dependent on benefits/state assistance	**96.4**	71.8	78.6	6.599*
There are good social supports/resources available in the youth neighborhood	96.6	90.5	96.7	1.652
Links have been maintained with the place where the youth have lived	78.6	59.5	60	3.150
Youth's relationship with mother				
Poor/no contact	27.6	63.4	66.7	11.546**
Good/ordinary	**72.4**	36.6	33.3	
Youth's relationship with siblings and other relatives				
Poor/no contact	10.3	7.5	26.7	5.674
Good/ordinary	89.7	92.5	73.3	
Youth has been the subject of maltreatment	**93.1**	**66.7**	83.3	7.721*
Family discord, breakdown/divorce, domestic violence	96.3	78.9	82.1	3.961
The youth has a close relationship with at least one of the educators	89.7	**95.2**	**73.3**	7.719*
There is turnover in the technical/educational teams responsible for the young person	82.8	**54.8**	**93.3**	15.158**
The youth shows to feel understood/supported by their educators	72.4	**82.9**	**26.7**	25.677***
Can manage/plan their lives as citizens integrated into society	**27.6**	**88.1**	**16.7**	43.536***
Family have skills to deal with problems faced by youth	25	**63.9**	**23.3**	14.722**
Youth's relationship with peers				
Poor/no contact	6.9	0	**33.3**	19.538***
Good/ordinary	93.1	**100**	66.7	
Behavior problems at residence of care or at school	55.2	**9.5**	**76.7**	34.910***
Poor social network	48.3	**19**	**88.9**	32.216***
Teachers and residence staff describe the youth as likeable	75.9	**95.2**	**43.3**	24.719***
Has confidence to sort out problems/Is capable of establishing goals	75.9	**100**	**56.7**	21.174***
Has social skills outside the residence of care context	82.8	**100**	**43.3**	33.475***
Has psychological problems	**82.8**	**38.1**	**93.3**	28.678***
Specified disorder of emotion or conduct	**20.7**	**9.5**	**89.7**	51.965***
Stress/inability to cope/unhappy	44.8	**16.7**	**96.7**	45.061***
Learning disabilities/physical or psychological developmental delay	41.4	**23.8**	**70**	15.296***
Employment	8.3	**21.2**	**0**	6.400*
Family involved in child's education	35.7	**48.7**	**18.5**	6.306*
Described as talented or hard-working	69	**83.3**	**10**	40.709***
Likes school/involved in extracurricular activities/hobbies	86.2	**95.2**	**53.3**	20.275***
Liked by students/peers and teachers/employer	75.9	**100**	**37.9**	35.264***

Amounts in bold have an adjusted residual equal or greater than 2

* $p < .05$; ** $p < .01$; *** $p < .001$

technicians. Furthermore, this group stands out for its high percentage of youth with the ability to manage their lives autonomously, effectively and with adaptation, a high percentage of youth whose families have the skills to cope with their problems, a high percentage of youth described as caring, with good relationships with peers, and with social skills and the confidence to solve problems and set goals. It also has a low percentage of youth with behavioural problems, with a weak or poor social network, with psychological problems, with specific behavioural or emotional disorders, unhappy, with stress or the inability to adjust, and with learning difficulties and physical or

psychological delays. Finally, it also stands out as the group with a higher percentage of working youth, described as hard-working and talented, who are appreciated by colleagues and professors, who like school and have hobbies, and whose families are involved in their education.

Profile 2, "intermediate risk, with needs involving economic and housing situation" ($n = 29$).

The second group has a balance between risk and protection factors, and thus an intermediate level of risk. It stands out from other groups above all for economic and housing problems. In fact, this group has the highest percentage of youth whose residence of care and family residence need improvements, whose family household is too large, and whose family has economic problems, a lack of basic goods and a dependency on welfare benefits. It also has a high percentage of youth with a history of abuse, a low percentage of youth with the ability to manage their lives autonomously, effectively and with adaptation, and a high percentage of youth with psychological problems. In addition, this group also has several factors which are positive. It is the group with the highest percentage of youth with a good relationship with their mother, with a significant percentage of youth without emotional or behavioural disorders.

Profile 3, "high risk, with needs in terms of relationships, behavioural, psychological and emotional skills, and education and employment" ($n = 30$).

The third group has a more problematic situation, with a prevalence of risk factors over protection factors. Contrary to the first group, it has the lowest percentage of youth with a close relationship of understanding and support with educators, and it is the group with the highest turnover of educators and technicians. It has the lowest percentage of youth with the ability to manage their lives autonomously, effectively and with adaptation, with families with the skills to cope with their problems, with youth described as caring, with social skills and with the confidence to solve problems and set goals. It also has the highest percentage of youth with poor relationships with peers, with behavioural problems, with a weak or poor social network, with psychological problems, with specific behavioural or emotional disorders, unhappy, with stress or the inability to adjust and with learning difficulties and physical or psychological delays. It is also the group with the least amount of working youth, described as hard-working and talented, appreciated by colleagues and professors, who like school and have hobbies, and whose families are involved in their education.

Conclusion

With regard to needs profiles, the results indicated the existence of three needs profiles with different risk levels. The "low risk, without emerging needs" profile was comprised of older youth with a higher percentage of African or mixed ethnicity, with good housing conditions, good relationships with peers and educators, high social, emotional, cognitive and behavioural skills, more employed young people who like school, more appreciated by others and whose families had more skills. The "intermediate risk, with needs involving economic and housing situation" profile was comprised of young people whose main needs involved their economic and housing situation, with psychological problems, a history of abuse and little ability to manage their overall lives, but who have good relationships with their mothers, peers and educators, and reasonable cognitive and social skills. Finally the "high risk, with needs in terms of relationships, behavioural, psychological and emotional skills, and education and employment" profile was comprised of young people with a reasonable housing situation, but with weak relationships with technicians and peers, with family members having low skill levels, with higher turnover in technical/academic teams, with low behavioural, psychological and emotional skills, with problems at school and a lack of employment. These results are consistent with other studies that also identified profiles with different risk configurations in this population (Hagaman et al. 2010), and underscore the importance of understanding the heterogeneity of this population to properly adapt intervention and services to it (Axford 2009).

Discussion

The purpose of the present study was to assess the needs of youth in residential care and understand the heterogeneity of this population, through the use of qualitative and quantitative methodologies and the involvement of youth and professionals.

In the first study we evaluated the needs of youth in residential care. We verified that the young people feel more need in three areas: (1) living situation, in which the young people expressed a need to improve the quality of the professionals' education practices, the stability, structure, consistency and control of educators and of the residences of care, the modernization and personalization of the physical space, the guarantee of basic conditions of comfort in terms of youth housing, the participation in the institution and support for it; (2) social and family relationships, in which the young people expressed the need for improvements in the relationship with educators in terms of the quality of the relationship, the support provided, empathy, caring and trust, and in the relationship with the peer group, in terms of trust, safety and support; and, (3) education, in which the young people expressed the need for safety, harmony and well-being in the school context, for inclusion and identification with the peer group, and for satisfaction, motivation and success at school.

The importance of these three areas of life of young people in residential care, and the finding of problems in these areas, has been consistently highlighted in the literature because of the significant impact they have in the short, medium and long term (e.g. Dworsky and Courtney 2009; Lemon et al. 2005; Osgood et al. 2010; Stein, 2006a, c, 2012; Stein and Dumaret 2011). Concerning their living situation, several studies have been pointing to the placement instability and lack of continuity in care as one of the major problems of these young people (Stein 1994, 2006a). The instability in terms of change of residence and school, involve loss and re-adaptation to spaces and people, which has a large negative impact on youth emotional development and skills (Stein 2008). Moreover, young people who were subjected to greater placement instability in their care course, tend to have worse outcomes not only while they were in care, but also after care, i.e., they have more difficulties in transition to independent living and in becoming adults adjusted and integrated in society (Dworsky and Courtney 2009; Stein 2006a, 2012; Stein and Dumaret 2011).

At the level of social and family relationships, several studies have been pointing to the importance of relationships with others, especially with the peer group and significant adults. Young people who have established secure attachment relationships with at least one significant adult and who maintain this relationship in a continuous and stable manner, have better outcomes while they are in care, in the transition from care to independent living, and in the long-term (Dworsky and Courtney 2009; Lemon et al. 2005; Stein 2006a, b, 2008, 2012). However, despite the evidence of the importance of these relationships, a significant proportion of young people in care does not have a good relationship with caregivers (of trust, respect and support), does not have a healthy communication with caregivers, and does not see them as good role models (e.g. Green and Ellis 2007; Southwell and Fraser 2010; Sulimani-Aidan and Benbenishty 2011).

Finally, at the level of education, this study highlights a set of aspects that several studies have been pointing, including the school failure, the dissatisfaction and lack of motivation with school, the absenteeism and dropout, and the lack of integration in school (Courtney and Dworsky 2006; Green and Ellis 2007; Osgood et al. 2010; Stein 1994, 2006a), often associated with the stigma that young people in care are very problematic and difficult to work with (Osgood et al. 2010; Stein, 1994, 2006a). The evidences indicate that school failure is closely related to some care factors, i.e., school success is greater when there is a placement stability (Courtney and Dworsky 2006; Stein 2006a, 2008), when the environment and caregivers are supportive (Stein 2006a, 2008), when there is coordination among caregivers and teachers, and when the school is seen as a priority and the expectations about the success of the

youth are positive (Stein 1994). Moreover, studies also indicate that young people with more school success and qualifications are more successful in the transition from care to independent living, and as adults (Osgood et al. 2010; Stein 2006a). However, as mentioned above, these young people continue to have poor outcomes at the school level.

In the second study we identified needs profiles for youth in residential care. We found three different groups of youth, some closer to a situation of risk and some in a more favourable developmental situation: (1) low risk profile, without emerging needs; (2) intermediate risk profile, with needs involving economic and housing situation; and, (3) high risk profile, with needs in terms of relationships, behavioural, psychological and emotional skills, and education and employment). This allows us to conclude that, in general, youth in residential care have needs in terms of housing, relationships and school, although these needs do not have the same configuration for all youth. Some primarily have economic and housing needs, without behavioural, emotional or relationship problems; others primarily have relationship, behavioural, psychological, emotional, school and professional needs, but with a reasonable housing situation; others have no emerging or specific needs.

This study supports the idea that the population of young people in residential care is in fact heterogeneous and can be organized into subgroups with specific needs. In general, the studies appear to indicate that there is a subgroup of youth better adapted to the society, with more protective factors and fewer risk factors, and subgroups of youth with fewer protective factors and more risk factors in specific areas, for example some have more needs at the education and employment level, others have more behavioral problems, and others have more needs at the mental health level, adjustment difficulties and less social support (e.g. Hagaman et al. 2010; Stein 2012).

Finally, it is also worth considering the connection of these needs profiles with the outcomes of these young people at the long term. It is known that these young people face considerable challenges during their transition to adulthood, because this transition is often made in an accelerated manner, compressed in time, prematurely and with a lack of internal and external resources to facilitate this transition (Keller et al. 2007; Stein 2006a, c, 2008). However, studies indicate that there can be found groups of young people who lived in residential care with different levels of success in terms of their adaptation and integration into society. Some young people can adapt well, i.e., are independent and adjusted adults, while others are more dependent (of social support), i.e., have more financial and housing needs, and others are more marginalized and dysfunctional, i.e., have more behavioral and emotional difficulties, have no rewarding relationships with the

family or caregivers, are more isolated, have more unemployment and have mental health problems (Del Valle et al. 2008; Stein 2006a, 2008).

These different outcomes appear to be associated with the quality of the experiences of young people before, during and after care (Del Valle et al. 2008; Stein 2006a, 2008). Thus, it is important to look at the needs profiles identified in this study and work with these young people in a preventive manner. Considering the protective and risk factors of each profile, it is possible to expect that the first profile will have a greater facility in the transition from care to independent living and a better social integration in their future; and to expect that the second and third profiles will need a more intensive response to their specific needs, so they are more prepared for their independence and integration into society.

Regarding the methodology, these studies underscore the importance of the involvement of youth and professionals and the use of different methodologies, since they provide access to different perspectives on problems and priorities, thereby enriching the understanding of the issues under analysis (Holland 2009). In fact, in the study with youth, we identified needs in terms of the normality, stability and structure of residences of care, the quality of educational practices, the relationship with educators and peers, safety, and integration and well-being in the school context, which professionals did not identify or point out. Along these same lines, in the study with professionals, we identified needs not mentioned by the young people, namely in terms of behavioural, psychological, social and emotional skills. Furthermore, we found that both studies revealed needs in terms of the housing situation and social and family relationships, which underscores the importance of the systems closest to the young people's environment as having the greatest potential to impact their lives (Swenson and Chaffin 2006) and, as such, as areas that should be prioritized for youth assessment and intervention.

In this way, these studies complement each other by providing a broader and simultaneously global and differentiated understanding of the needs of youth.

Limitations

We identified the sample used as a limitation of the first study. Although the sample was heterogeneous (e.g. male and female, with different ages) it comprises only 21 young people from four residential facilities of the same type and located in the same city. It would be relevant to increase the sample size, to include other youth residential facilities (e.g. temporary/emergency residential care, residence of autonomy), and to include youth in residential care in other parts of the country. This would allow a more comprehensive view of the needs of this population and to determine if these needs are the same in different services and locations. It would also be interesting to assess the needs of young people at different stages of their care course, to see if they are constant or change over time. Finally, although this study proposed to evaluate the needs of young people in residential care, it would also be interesting to include the perspective of young people who have already left the care. This would allow to assess the needs that youth felt in retrospective and to find out what needs young people consider having more impact in their current situation.

In the second study the sample was larger, but it was also from the same type of residential facilities. Thus, we consider again that would have been interesting to have young people from other types of services, in order to understand if the needs profiles identified are the same in different services and locations. In the second study we also highlight the limitations of the method of analysis used to identify the needs profiles. This type of method allows the identification of needs profiles, however there is still heterogeneity within each profile, i.e., a certain profile characteristic may not apply to all young people in that profile (Keller et al. 2007). Moreover, the profiles are not static, i.e., young people can acquire risk and protective factors over their lives and thus change their profile.

Implications for policy and practice

The needs identified in these studies include a set of structural and process components of residential care that have an impact on the satisfaction of young people and on their current and long-term outcomes. These structural (such as the physical conditions and the home inside appearance), and process components (such as the quality, motivation and turnover of professionals, the placement stability, the youth participation in the institution, the priority and support given to education, etc.) are aspects of organizational control, such as the principles, culture, values, objectives and activities of the care service. Therefore, the increased satisfaction of young people in care and the improvement in their current and future outcomes can be promoted through a set of organizational changes, related to the organization's physical and human resources management, which increases the quality of care. Concretely, this implies, among other things, a management focused on the continuity and stability of youth placements and caregivers (Osgood et al. 2010; Stein 1994, 2012; Dumaret and Stein 2011), a professional's turnover reduction (Stein 2012), the recruitment of qualified professionals, with a suitable profile to establish supportive relationships with young people, and professionals continuous training and supervision in order to enable them to give a response of quality (Osgood et al. 2010; Stein 2006c,

2012; Dumaret and Stein 2011). It also implies a management that gives priority to quality of services, i.e., an environment and caregivers that are supportive, and demonstrate positive expectations regarding the youth academic abilities (Lemon et al. 2005, Stein 1994, 2006a, 2008, 2012, Stein and Dumaret 2011); and the provision of a service that enables young people to build a positive identity (Stein 2008). It also entails the provision of specific services based on the needs assessment and on the needs profiles identification (Keller et al. 2007; Osgood et al. 2010; Dumaret and Stein 2011).

This study exemplifies a conceptual and methodological approach to assess the needs of youth in residential care that stands out for its use of participatory research and methodological triangulation principles. This approach can be used to identify the specific needs of this population and to help improve services by developing care and services that are tailored to the specific characteristics and needs of youth, thereby boosting their potential effectiveness (Axford et al. 2005). In fact, this type of assessment, which includes analysing youth risk and protection factors, allows for an informed decision on where and when to intervene (Little et al. 2004; Reviere et al. 1996). As such, this study can help to delineate specific services that properly address the needs of these young people. In fact, we recommend that this needs assessment be incorporated within an ongoing dynamic process of evaluation, planning, intervention and verification, thereby enhancing these services' efficacy.

This approach also helps to bridge the gap in young people's lack of participation in the needs assessment process. This participation is indeed essential; when young people take part in these processes, their needs are better met (Horwath et al. 2011), and young people feel they are important enough to be heard, which generates positive results per se (Jones et al. 1998).

We can conclude that the current use of this type of conceptual and methodological approach at various institutions of care may help to identify trends in the progress of children and youth, to assess the efficacy of services, and, in the long-term, may help to resolve some limitations in the residential care system, thereby leading to greater efficacy in this type of response and to the actual protection of youth at risk.

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