Needs assessment for service planning and service improvement work

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Needs assessment

Health and social services may do 'needs assessment' work to help them make decisions about service planning and service improvement. Needs assessment means what it says - finding out what the needs are for services and checking whether or not these needs are being met. For example, a service may do a 'needs assessment' to:

- identify service needs and priorities in a particular area to decide what services to provide and how

- find out what the public think about existing services and what can be improved

- find out what particular groups of people (older people, single parents, specific cultural groups) think about existing services and what can be improved so that they can use them more easily

One of the case examples in Part B of Unit 4 used a needs assessment to work out how to make service improvements. This was the primary care group in Newcastle who wanted to

find out more about the needs of their Pakistani and Bangladeshi communities.[2] They wanted to understand how as a group they described emotional distress from a cultural perspective. They wanted to find out the level of support they would need to deal with distress so that they knew how to improve services that local primary care groups would provide.

The other example in Part B about community wellbeing in a South London housing estate was also a needs assessment that led to service improvement.[1] The report they created was used to do service planning work at the local authority.

Types of need

There are **four** types of needs in needs assessment work because you need to know more than what people say they want, although this is extremely important.

Felt need

This is what people tell you when you **directly** ask them about their needs and priorities. You try and reach as many different people in the group on which you are focused. This group might be a local community, all parents, or all 12-18 year olds. It is important to get a good range of people because "a small group

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of community members may not reflect the perspective of the whole community" (p.89).[3]

By itself 'felt need' is not enough. If people are not sure what they can have this may limit what they say they need. They may only give information about the things that they think you are interested in. Other powerful groups may influence them, e.g. community leaders or the media. This will bias the outcomes if what the media promote is only one possible solution – maybe not even a good one. So, it is important to gather information in more than one way.

Expressed need

Expressed need is about how many people currently use existing services. You also include what services people ask for when they ring up, or other services they ask for when they use what already exists. The most common ways of collecting information on expressed need are counting up:

- the number of people who use services

- the reasons they give for using services

- how many people are on waiting lists for specific services

Remember that waiting lists only tell you part of the story. It can only tell you how much people want services that already exist that they cannot get into. Expressed need may not mean what it looks like on the surface. Long waiting lists for a service may mean that people do not have good information about a health issue. They might think they need a direct or specific clinical service. In fact, they really need accurate information, or knowledge about what other support services they can use. For example, sometimes there are waiting lists for hospital services when people can get more appropriate help through primary care services.

On the other hand people may be discouraged by long waiting lists and not put their name down, even though they need and deserve the service. They try to put up with the problem as best they can. So, waiting lists may overestimate and also underestimate people's needs.

Normative need

"Normative need is a need determined by 'experts' on the basis of research and professional opinion" (p.91).[3] For example, there are standards set on the recommended daily allowances of different food groups, vitamins, or safe levels of pollution, or exposure to radiation.

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Research surveys may identify that, on average, a certain percentage of the overall population have a particular health need. For example, in any year 10% of the population may need to use mental health services. This can be used to guide how much money is put into these services and where they are put in the community.

It is assumed that normative need is 'objective' – this means it is unbiased. The reason for the assumption is because it is done using research by experts. It is important to remember that just like any other group of people, the personal values of the 'experts' doing the work will probably influence the outcomes. This is because they are more likely to ask questions or look for things that they expect or that they think are important. These may be different from what users, carers and the public might think are important.

Comparative need

When you compare services available in one geographical area with those available in other geographical areas you are measuring comparative need. When you use this information you may say things like: 'This area is a similar size to ours and it has four diabetes clinics. We have only one. This is not fair and we need at least two more.'

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Comparative need is used to identify how much your area falls above or below another area. If you use comparative need you must also decide: Have these other areas got the balance right? Are they providing the right types of services? If your answer is yes then it is good to use them as a comparison.

Summary

Putting together the information from all four ways of getting information about need gives you an overall picture from several angles. You must decide what it all means. Then you identify the most important needs or priorities that your health and social service must address in its service planning and improvement work.

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References

1.   Cornwall, A., Lall, P., Kennedy, K. & Owen, F. (2003). Putting partnership into practice: Participatory wellbeing assessment on a south London housing estate. *Health Expectations*, 6(1), 30-43.

2.   Kai, J. & Hedges, C. (1999). Minority ethnic community participation in needs assessment and service development in primary care: Perceptions of Pakistani and Bangladeshi people about psychological distress. *Health Expectations*, 2, 7-20.

3.   Wass, A. (2000). *Promoting health: The primary health care approach*. Sydney: Harcourt Sanders.

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