

Knowing what you need to know about needs assessment

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Policy Context

- MeSH Heading – Needs Assessment: Systematic identification of a population's needs or *the assessment of individuals to determine the proper level of services needed*
- *“substantial variation in assessment processes for older people with health and disability needs” (NZ Guidelines Group)*

Policy Context

- *“considerable delays between identification of the need for assessment and the person receiving that assessment, and also between receiving the assessment and the identified needs being addressed” (NZ Guidelines Group)*
- Policy development has focused on assessment processes and the standardisation of assessment tools

Policy Context

- *The challenge for managers is to ensure that the client centred assessment takes place within a “whole system” that delivers the right assessment at the right time.*
(Ljunggren, 2004)

Policy Context

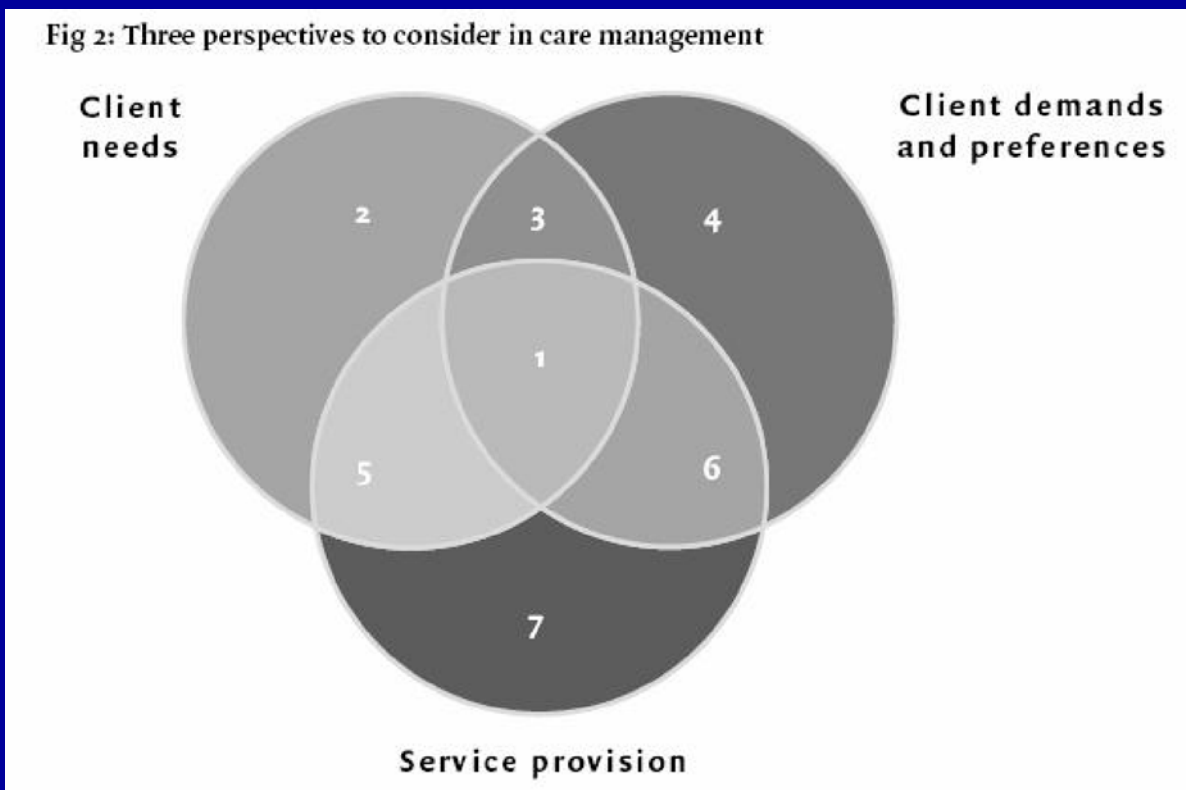
Information Sources

- Single Assessment Process in the United Kingdom
- Aging and Disability Resource Center (ADRC) in the United States www.adrc-tae.org
- Assessment Processes for Older People (NZ Guidelines Group)

Key Papers and Theoretical Concepts

- Bradshaw 1972
 - Normative Need
 - Comparative Need
 - Expressed Need
 - Felt Need
- Stevens & Gabbay (1991)
 - Key distinction: need, demand and supply

Key Papers and Theoretical Concepts



The diagram by Ljunggren (2004) highlighting the distinction between need, demand and supply

Key Papers and Theoretical Concepts

- Hierarchies of need
- Lower and higher needs – fundamental and complex
- Needs and the relationship with well-being and ill health
- Needs as wants
- Needs as personally defined personal perceptions
- Needs and the relationship to appropriate interventions

Orrell and Hancock, 2004 - CANE

Semi-Structured Interviews

Literature Search

- Formal and informal needs assessments in the fields of mental health, geriatrics, cancer care, brain injury and children with special needs

Semi-Structured Interviews

Mental Health

- Camberwell Assessment of Need (CAN, CANSAS) (Phelan et al., 1995)
- MRC Needs for Care Assessment Schedule (Brewin et al., 1987; Bebbington et al., 1996)
- The Cardinal Needs Schedule (Marshall et al., 1995)

Comparison of the standardised assessments of need in mental health – the Camberwell Assessment of Need, the MRC Needs for Care Assessment, and the Cardinal Needs Schedule

	Camberwell Assessment of Need	MRC Needs for Care Assessment #	Cardinal Needs Schedule
Mode of Administration	Semi-Structured Interview	Semi-Structured Interview	Semi-Structured Interview
List of Domains / Areas of Functioning	✓	✓	✓
Number of Domains	22	21	15
Explicit Questions	✓	✗	✗
Linked to Interventions	✗	✓	✓
Based on Clinician Opinion	✓	✓	✓
Based on Consumer / Carer Opinion	✓	NA	NA
Use of measurement tools	✗	✓	✓
Severity Criterion	✗	✗	✓
Met Needs	✓	✓	✗
Unmet Needs	✓	✓	✓
Rating System	✓	✓	✓
Item Response Range	0 - 2 plus not known	0 - 2 plus 3 secondary	1 or 2 plus suspendend
Item Response Category Descriptors	No need, Met need, unmet need (Plus - not known)	No need, met need, unmet need (Plus - Overprovision, Future Need, Lack of Performance)	Needs, Placement Failure (Plus - suspended)

Also known as the NFCAS-C (Community Version)

Camberwell Assessment of Need for the Elderly (CANE)

- Accommodation
- Household activities
- Food
- Self Care
- Caring for another
- Daytime activities
- Memory
- Eyesight / hearing / communication
- Mobility
- Continence
- Physical Health
- Drugs
- Psychotic Symptoms
- Psychological Distress
- Information
- Deliberate self-harm
- Accidental self-harm
- Abuse / Neglect
- Behaviour
- Alcohol
- Company
- Intimate Relationships
- Money
- Benefits
- Carer's Items
 - Carer's need for information
 - Carer's psychological distress

Unmet Needs

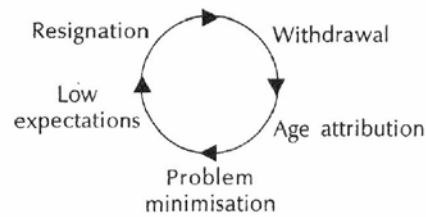
- Critique of needs assessment by Rosalie Kane (1999)
 - Needs arise in social isolation
 - Often confuse need with desire
 - Hard to manage, open ended, always find new ones
 - They are confounded by service delivery issues

Unmet Needs

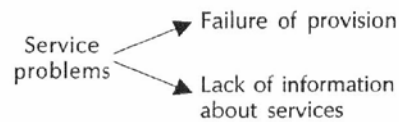
- Highlighting - the (inherent) subjective nature of holistic and person centred / consumer focused, needs assessment and the natural tension with service provision and limited resources
- This leads you to the approach of needs identification – standard questions with thresholds or trigger items about specific needs (see Allen and Mor, 1997; Owen, Poulos, Eagar et al., 2001)

Unmet Needs

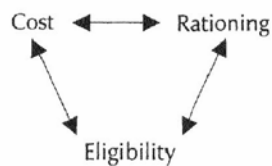
Diagram from the qualitative research of Walters and Iliffe (2004), an analysis of barriers to meeting needs in primary care



Most frequently emerging themes in those not seeking help



Important themes in those seeking help



Embarrassment
Fear of the consequences
Confusion/forgetfulness

Less common themes

Evidence Base

- A systematic review by Gilbody et al. 2005 found no evidence to support the use of outcome measurement and needs assessment in the field of mental health
- This review has been challenged in the literature by Greenhalgh et al 2005 and Lambert et al 2003
- Perhaps the best way to view Gilbody et al. 2005 is as a call to improve study design by using cluster randomisation (ie. randomisation by clinician or practice)

Latest Self Report Instruments

- 2-COM (van Os et al., 2002)
- Perceived Need for Care Questionnaire (PNCQ) (Meadows et al., 2000)
- Cancer Needs Questionnaire – Short Form (McLachlan et al., 2001)
- Needs Assessment for Advanced Cancer Patients (NA-ACP) (Rainbird et al., 2005)
- Needs-Based Quality of Life Instruments (McKenna et al., 2004)
- Perceived needs following head injury survey (Corrigan et al., 2004)
- *Caveats – dealing with perceptions / perceived need and the possible effects of cognitive impairment*

The Poetry of D.H. Rumsfeld

The Unknown

As we know,
There are known knowns.
There are things we know we know.
We also know
There are known unknowns.
That is to say
We know there are some things
We do not know.
But there are also unknown unknowns,
The ones we don't know
We don't know.

Feb. 12, 2002, Department of Defense news briefing

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