Needs Assessment: A Guide for Human Services Agencies

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INTRODUCTION

This guide is intended for administrators and managers of human services agencies and programs who are seeking ways of assessing client and community needs. Increasing costs, limited resources, and an increase in expressions of need by various client groups have all led to a growing emphasis on needs assessment and more rational techniques of resource allocation. This guide was written with these real-world pressures in mind, hoping that it will serve as a first step toward the ongoing collection and use of data about the needs of Minnesota's citizens.

Chapter I is a brief attempt to distinguish between what appear to be two unique, but related, definitions of needs assessment. The discussion takes note of the fact that administrators and policy makers responsible for allocating resources have a view of needs assessment that does not necessarily coincide with that of program managers who are primarily concerned with the actual delivery of adequate and effective services.

Chapter II focuses on the conceptual process of needs assessment. It is concerned with: (1) clarifying the purposes and subjects of the needs assessment activity; (2) determining when a need exists; and (3) evaluating the ability of existing services to address identified needs.

Chapter III deals with the more practical issues related to the implementation of a needs assessment. Evaluating an organization's "readiness" to engage in such an effort is discussed along with some guidelines for initiating multi-agency projects.

The final chapter reviews several methods of gathering needs assessment data, distinguishing between those that make use of existing data and those that imply the collection of new data. An attempt is also made to list the sources of needs assessment data.

Since it was not possible to address all the technological issues that needs assessors might raise questions about when designing their particular studies, a bibliography has also been provided. In addition, the names of several Minnesota-based organizations that can provide consultation and technical assistance are listed below. Needs assessors may find it helpful to seek their services.

1. The Minnesota State Planning Agency (SPA)
    550 Cedar Street
    101 Capitol Square Building
    St. Paul, Minnesota 55101

The **Human Resources Unit** of SPA has conducted an extensive review of the needs assessment literature and is responsible for this publication. Consultation concerning the development of needs assessment systems is available. Contact: James Franczyk (612-296-4849).

The **Development Planning Unit** of SPA, which includes the State Demographer's Office, can provide assistance in locating demographic data for needs assessments. Consultation concerning the use of the recently developed sample frame for statewide and regional household surveys is also available. Contact: Hazel Reinhardt (612-296-2557).

2. The Association of Minnesota Counties (AMC)
    55 Sherburne, Room 203
    St. Paul, Minnesota 55103

The AMC's consultation services are available to county and multi-county units seeking to develop needs assessment systems. Of special interest are the common information needs of Community Action Projects and county agencies. Contact: Larry Granger (612-222-5821).

3. Regional Development Commissions (RDCs)
    Regions I through XI

The staff of the RDCs are available for consultation regarding needs assessment activities on a single county or multi-county basis. Contact: Each RDC directly.

4. The Minnesota Center for Social Research (MCSR)
    1114 Social Science Building
    University of Minnesota
    Minneapolis, Minnesota 55455

MCSR is an affiliate of the University of Minnesota's Department of Sociology. Consultation is available concerning survey design, cost benefit/cost effectiveness analysis, field studies, organizational analysis, and evaluation research. Contact: Dr. Michael Q. Patton (612-373-5477 or 612-373-0236).

5. University of Minnesota
    Minneapolis/St. Paul, Duluth and other campuses

Various university departments may be available for needs assessment consultation, including the departments of sociology, and the schools of social work and applied statistics in Minneapolis and the School of Social Development in Duluth.

6. The Minnesota Analysis and Planning System (MAPS)
    Agricultural Extension Service
    University of Minnesota
    415 Coffey Hall
    St. Paul, Minnesota 55108
    Phone: 612-376-7003

MAPS is a computer-based data archives which, for a fee, will process any of its vast amount of socio-economic data requested by the user. The data include the 1960 and 1970 Census of Population and Housing, the agricultural

and economic censuses, and a large number of the state's specialized economic, fiscal, and demographic files, such as legislative profiles, population projections, and the state auditor's reports.

7. Center for Urban and Regional Affairs (CURA)
   University of Minnesota
   311 Walter Library
   Minneapolis, Minnesota 55455
   Phone: 612-373-7833

A portion of CURA's role is to stimulate new programs to make the university more responsive to state and local needs and to increase interaction between faculty, students, and persons dealing with major public problems. In addi-tion to providing some direct consultation, CURA can also help locate funding sources, relevant literature and re-search, and persons in the university community who provide consultant services.

8. Program Evaluation Resource Center (PERC)
   501 Park Avenue
   Minneapolis, Minnesota 55415

PERC is a private, non-profit organization that publishes *Evaluation* magazine. In addition to providing technical assistance for needs assessment and evaluation projects, it also disseminates written materials on evaluation research and methods for monitoring client needs and goal attain-ment. Contact: Sander Lund or Nancy Larsen (612-348-7811).

CHAPTER I WHAT IS NEEDS ASSESSMENT?

While most human services personnel agree that more information about the needs of the communities and target groups they serve is necessary to design better programs, there is some controversy about the definition and purpose of needs assessment. This should not surprise us though, since policy makers, agency administrators, program managers, advisory groups, planners, clinicians and clients all have unique perspectives. What is "needs assessment" to one is not necessarily "needs assessment" to another. We will examine two of these perspectives below and ultimately show that at least two distinct, but related, definitions exist. A distinction will be made between needs assessment in the policy-making/resource allocation process and needs assessment in the context of operating human services programs. The latter is the subject of this guide.

Let us first consider the view of a PROGRAM MANAGER who is responsible for delivering the services of a particular program to a specific target group or population at risk. The supervisor of a unit of probation officers is an example. Needs assessment from his perspective is intended to identify the frequency and prevalence of the problems and needs of persons placed on probation by the court. His ultimate goal is to determine whether the services provided by his staff are appropriate and sufficient to address needs. A program manager might conduct a needs assessment to help his staff become more sensitive to the needs of the target population or to provide information that would lead to a more appropriate use of existing manpower.

The AGENCY ADMINISTRATOR, on the other hand, must direct his attention to all programs operating in his agency and all target groups being served. For this reason, his needs assessment goals must also include the ranking of programs and target groups so that financial and staff resources can be used in a way that is consistent with the priorities of the agency. The director of a probation department, for example, may request a needs assessment to help identify the programs in the department with the greatest need for resources. Should services to juvenile offenders take priority over services to adult felons, or vice versa? Is the need for chemical dependency counseling greater among traffic offenders or among persons placed on probation for offenses against property? Should the agency create an intake screening unit or increase the staff size of

the juvenile detention center? In this context, the agency administrator uses a needs assessment to rank agency programs as being "primary", "supportive" or "discretionary", and establishes budgetary priorities accordingly.

On another level the agency administrator is concerned with the scope and quality of service delivered by the agency. He asks other kinds of questions: Are there people in our catchment area who should receive our services but are not? Are there additional programs we should provide for the community? Are there barriers to receiving our services that we should be aware of? The agency administrator clearly views needs assessment as having two dimensions: one that relates client and community needs to the adequacy of existing services and one that ranks programs and services for the purpose of establishing the agency's budgetary priorities.

This publication is intended primarily for those program managers and agency administrators who are asking the former type of question — "What are the needs of the people we are serving and how well are our existing programs addressing those needs?" The second type of question — "Which programs and which services should receive priority treatment when allocating resources?" is beyond our scope here. Although both are legitimate needs assessment questions, preference was given to the former because it implies the gathering of information about the people served and the programs that serve them. The rationale is simply this: information of this type is a prerequisite for administrators and policy makers who must make decisions about program priorities and resource allocations. Without a data base which identifies the characteristics of the target population(s) being served and the prevalence of various social conditions (i.e., poverty, retardation, delinquency, child abuse, etc.), decisions of this type will be based on assumptions that may be inaccurate. Building appropriate data gathering mechanisms is seen as the first and most essential step of the needs assessment/ policy making continuum.

The following definition of needs assessment is offered as the one that can most appropriately guide the discussion in the next three chapters.

Definition 1: Needs Assessment in the Program Operations Context

Needs assessment is the process of identifying the incidence, prevalence and nature of certain conditions within a community or target group. The ultimate purpose is to assess the adequacy of existing services and resources in addressing those conditions. The extent to which those conditions are not adequately addressed denotes a need for new or different services or resources.

This view of needs assessment is to be distinguished from the following definition, which, as previously discussed, is applicable to discussions beyond the scope of this publication.

Definition 2: Needs Assessment in the Policy Making Context

Needs assessment is the process of ranking programs in a manner intended to specify which programs are needed most by the community or target groups being considered. This ranking procedure is an integral part of the comprehensive planning process and lends itself to decisions about resource allocation. It may include a ranking of programs within one human services agency or across several agencies.

It should be clear at this point that how needs assessment is defined is dependent both on who is doing the assessing and what the purpose of the assessment is.

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CHAPTER II KEY CONCEPTS IN THE NEEDS ASSESSMENT PROCESS

Policy Issues and Project Objectives

Too often agencies interested in gathering information about their clientele begin planning a needs assessment by asking other agencies to recommend a methodology for collecting data. While it is good to know how other agencies have tackled their job, it is usually a mistake to borrow someone else's tools without first clarifying what it is you are trying to do. The needs assessment objectives of one agency are not necessarily the same as those of another agency. The first agency may be concerned about the incidence of mental retardation in a community while another may only be concerned with the service needs of those persons already known to agencies dealing with problems of retardation. Since the methodology would be somewhat different in each case, "borrowing" from another agency may lead to a misdirected data gathering procedure.

Chapter II is concerned with a basic principle that underlies all agency-based studies: A CLEAR UNDERSTANDING OF THE POLICY AND MANAGEMENT ISSUES THAT GAVE RISE TO THE NEEDS ASSESSMENT, AS WELL AS THE PROJECT OBJECTIVES THEMSELVES, IS NECESSARY BEFORE AN APPROPRIATE DATA COLLECTION AND ANALYSIS METHODOLOGY CAN BE SELECTED.

Unfortunately, the legislation that requires human services agencies to assess the needs of the target groups they serve, seldom identifies the issues to be addressed by the assessment or the methodology of data collection to be employed. A recent review of both state and federal human services legislation by the Minnesota State Planning Agency was unable to identify any specific suggestions for agencies pondering needs assessment. This publication is intended to help fill that gap.
The policy and management issues of an organization can be identified only through indepth conversations with program administrators and managers who have "signed off" on the needs assessment project. Because they stand to gain most from the activity, they must know what information is most valuable and how the information will be used in the ongoing decision-making activity of the agency. Too often the identification of policy and management issues is left to the discretion and creativity of the

director of the needs assessment. While the director's talent should definitely be used, only the sponsors of the needs assessment are in a position to determine what information will be relevant and what will not. The project director can facilitate this process by asking pointed questions of the administrative staff, but cannot, and should not, make these decisions alone.

An example might help. Suppose Agency X decides to do a community survey to assess the need for additional child care services. If a project director is not aware that the administrators of the agency are concerned about the feasibility of neighborhood-based services (i.e., child care provided by relatives, neighbors, etc.) rather than daytime residential services, the study may be improperly designed. The project director must have a clear understanding of what the agency administrators need to know before designing the data collection machinery. Ample time must be given to hammering out these issues if the needs assessment project is to be useful. Unfortunately, too many agency-based studies begin by asking "What questions should we ask the people we are going to interview?" rather than "What are the administrative concerns of this agency that can be addressed by this project?" As a result, the ultimate product is usually less satisfying to the users of the data than it might have been.

The Six Steps of Needs Assessment

Once the project's objectives are specified and related to the current policy and administrative issues of the agency, the actual design will begin to take shape. The units for analysis can be identified, various data-collection methods can be reviewed, and procedures for interpreting data about client needs in light of existing human services programs can be spelled out.

Needs assessment in the program operations context can be seen as a sequence of steps, each of which contributes to the ultimate objectives of (1) specifying the types, incidence, prevalence, etc., of the conditions (i.e., mental retardation, underemployment) human services agencies address; and (2) determining the adequacy of existing programs to address those conditions. The steps, which will be discussed in detail later are:

Step 1. **Selecting units and topics for analysis.** This step involves the identification of target groups (populations at risk) and/or the geographical area about which information is to be gathered. These target groups and geographical areas are known as the <u>units of analysis</u>. The kind of information desired about each of these units are the <u>topics for analysis.</u>

Step 2. **Selecting one or more methods for gathering data.** On one level, a choice must be made between establishing an ongoing, agency based, information system and implementing a short-term data collection project. On another level, the advantages of using existing data must be weighed against the costs involved in generating new data.

Step 3. **Gathering data/generating information.** Information about the needs of the specified units of analysis is generated from the aggregation and analysis of the individual bits of data collected.

Step 4. **Identifying unacceptable social or human conditions.** Having formulated a composite picture of the conditions experienced by the units of analysis, certain conditions are judged to be in violation of acceptable standards.

Step 5. **Comparing observed conditions to existing services.** Step five involves the gathering of information about the availability, adequacy and effectiveness of existing services in meeting identified needs.

Step 6. **Recommending changes in existing services.** The product of a well done needs assessment should be a confirmation of existing services as adequate or recommendations for change to cope with the observed inadequacy.

Step 1. Selecting Units and Topics for Analysis

Units of Analysis. At first glance, step 1 may seem trivial. But it is important to be clear about <u>whose needs</u> are being assessed. As we shall see, there is <u>more to the issue</u> than meets the eye. Failure to abide by some basic principles can lead to invalid inferences about the needs of the persons we are studying.

A "unit of analysis" is simply the category of persons and/ or section of geography about which information will be gathered. Is information desired about the needs of INDIVIDUALS, FAMILIES, or ORGANIZATIONS? The units of analysis we choose will determine where we get our information from. If we are concerned about the economic status of elderly <u>individuals,</u> for example, data about the economic status <u>of families</u> that have elderly

members may be limited in its usefulness. The point to be stressed here is that data collection must coincide with the selected unit or units of analysis. Conclusions about one unit of analysis (i.e., the individual) based on data about another unit (i.e., families) run a high risk of being invalid. Individual needs and family needs are both legitimate subjects for needs assessment. They must be recognized as separate, however, and kept distinct when interpreting the data.

Another example will help stress the importance of this point. Consider a survey of a sample of <u>households</u> in a community conducted to determine the <u>extent to which</u> hospital facilities are used by <u>individuals.</u> Since a household is composed of several individuals (and sometimes more than one family), it will be necessary to design the study in a way that will permit the analysis of the data to focus on individuals as the unit of analysis. At least two factors must be taken into account. First, it will be necessary to select the sample of households in a way that guarantees the individuals reflected in the sample data are representative of all the individuals in the community. It would <u>not</u> be sufficient to simply choose a sample of households that is representative of all the households in the community. Second, the interviewing process used for the survey has to insure that the data gathered about individual members of a household is valid. This would be handled by establishing guidelines for the interviewer which would prohibit interviewing any person other than a specified, responsible adult.

The choice of a unit of analysis becomes more complex when we consider the fact that assessors of human services needs are frequently concerned about specific categories of people or <u>target groups.</u> Persons who are mentally retarded, underemployed, poor, single parents, or criminal offenders are examples. Using the three basic units of analysis identified above, various combinations emerge. Figure 1 combines each of them with three target groups (populations at risk).

Figure 1 tells us that the needs assessor can focus on the needs of persons who are mentally retarded, families who have mentally retarded members, and/or organizations that provide services to that target group. Similarly, the needs of chemically dependent persons, their families, or the organizations that serve them can be specified as the unit of analysis.

The <u>geographical unit,</u> or <u>catchment area,</u> may also be considered when determining whose needs we are studying. The state, the region, the county, the city, or specified sections within a city may be identified as the geographical unit. (Health systems planners have frequently referred to this as social area analysis.) It should be noted again that care must be taken to insure that inferences of need based on data gathered from one geographical unit are not generalized to different (and perhaps larger) geographical units. Data gathered at the county level, for example, should be interpreted cautiously when used to estimate

Figure 1. Combinations of Target Groups and the Basic Units of Analysis

Target groups (populations at risk)

	Mentally retarded	Chemically dependent	Poor
Individuals who are			
Families of persons who are			
Organizations that serve persons who are			

Basic Units of Analysis

Figure 2. Combinations of Possible Units for Analysis — Considering Geography, Populations At Risk, and Client/Agency Relationships

Populations At Risk

	Mentally Retarded		Chemically Dependent		Poor	
	Users of Service	Non-Users of Service	Users of Service	Non-Users of Service	Users of Service	Non-Users of Service
State						
Region						
County						
City						
Census Tract						

Catchment Area

needs for the entire region or even an adjacent county. Similarly, data indicative of need within one or more sections (i.e., neighborhoods) of a city may be inappropriate for making inferences of need for the entire city or for other sections within the city. However, this should not be interpreted to mean that data from several smaller geographical units (i.e., two or more counties) cannot be aggregated to produce a composite picture of a larger geographical area (i.e., a region). This is quite appropriate and often desirable. The point is simply that statements about the needs of persons in Area A may lack precision or be totally invalid if the data that gave rise to those statements were generated from Area B.

Finally, units of analysis can be defined in terms of whether the people we are studying use existing services. A regional mental health center, for example, may be concerned only with the needs of the persons it is currently serving, rather than mental health needs of the region's population at large. A distinction is made here between assessments of the needs of known users and the needs of the total community, which includes both users and non-users. The food stamp program is a good example. Assessing the needs of food stamp recipients is different than assessing the needs of everyone that is eligible for that service. Using this distinction two legitimate approaches to needs assessment can be identified. The first is an agency-based approach that focuses only on persons who use the services provided by that agency; the second, a community-based approach that takes into account all persons in the community who may be eligible regardless of whether they are part of the agency's caseload. Similarly, we can identify four types of persons who may be the subject of a needs assessment:

1. needers who are not utilizers;
2. needers who are utilizers;
3. non-needers who are utilizers; and
4. non-needers who are not utilizers.

To summarize, studies conducted to assess need must be clear on the unit(s) of analysis in order to gather valid information. In addition to choosing from among the three basic units (the individual, the family, and the organization), needs assessments must specify (1) target group(s) to be studied; (2) the geographic unit from which data is to be gathered (if applicable);and (3) whether the study is to address the utilizers or non-utilizers of existing services, or both. Figure 2 shows graphically the combinations that are possible. Although the individual was chosen as the basic unit for analysis when constructing this table, the concept is equally applicable for families or organizations.

Topics for Analysis. Deciding who to study is different from identifying what information should be gathered about those persons. Of course, the information needs of the agency sponsoring the needs assessment will determine what specific data will benefit the program management and administrative activities of the organization. But it is possible to provide a general outline here of the kinds of issues needs assessments might address.

One framework useful for this purpose distinguishes between CONDITIONS, ORIENTATIONS, and ACTIONS. Let us suppose that we are interested in assessing the physical health needs of individuals who reside in a specific geographical catchment area (i.e., a county). Within the topic conditions an individual respondent might be asked to provide us with data that reflects his:

1. Age, sex, educational background, employment history, family and marital status, and other identifying demographic data. Information generated from this data may help distinguish between subgroups in the population that have different kinds of physical health needs.
2. Physical health (i.e., any physical disabilities that impair his ability to walk, see, engage in physical labor, hold a job, etc.).
3. Proximity to health care facilities.
4. Health insurance coverage.

Each of these bits of data will provide descriptive information about the individual respondent as it relates to his physical health status. Aggregating data about individual conditions can give us an impression of the incidence and prevalence of various kinds of physical health problems by subgroup within the population being studied.

Of special interest, in this example, is the way data on physical health conditions (#2 above) are gathered. There seem to be at least three ways of asking respondents to describe their physical health needs. First, we could ask them to tell us whether they have a known disease or disorder (i.e., arthritis, epilepsy, etc.). In this case, we would be asking them to associate a medical label with their perception of their physical condition. Since it is difficult for many people to do this, the validity of the data is at stake. Second, we could ask the respondents to describe any symptoms they might have. The problem here is that all clients do not report their symptoms in a uniform way. This would make it very difficult to code the data and, again, would reflect upon the validity of the information. Third, we could ask the client to report if and how their functioning is impaired. This approach is considered the most valid because each respondent is asked the same set of questions. In addition, questions are worded so that they are clearly understood.

A second topic for analysis might be the respondents' orientations, i.e., attitudes, beliefs, personality traits, prejudices, predispositions. Within this category, our needs assessment regarding physical health needs might include the following kinds of data:

1. Attitudes toward the described physical condition.
2. Perceptions about how society views the condition.
3. The respondents' aspirations and frustrations concerning his health.
4. Satisfaction with the service available to deal with his health problems.

Finally, the respondents' _actions_ and behavior might be a suitable topic for needs assessment. With respect to physical health, needs assessment data might include:

1. Which health care facilities the respondent makes use of, and how often.
2. Whether he makes use of braces, canes, or artificial limbs, uses non-prescription drugs, etc.

Step 2. Selecting a Method(s) for Gathering Data

Since Chapter IV deals with specific methods of data gathering in detail, it will suffice here to emphasize several important points. First, agencies planning needs assessments should not assume that existing data are inappropriate for their purposes until they take several factors into account. Of primary concern is whether the benefits of gathering new data (i.e., through community surveys) will exceed those of using data already available. Consideration must be given to (1) whether the new data will be substantially more precise and therefore a better indicator of need; (2) whether the new data will actually result in program changes that will impact client needs; and (3) whether the financial cost of gathering new data is proportional to the expected benefits.

A related issue concerns the use of information generated from other needs assessment projects. In some cases it may be appropriate to assume that the needs of your agency's clientele are essentially the same as those of another agency. Such generalizations must be made with caution, however, as indicated in our previous discussion regarding units of analysis. Agencies or geographical units may not be as similar as one might assume. If there is no apparent reason to assume that the needs of clients would vary significantly across agencies or geography, one is probably safe in believing that "what is true for them is also true for us." A national study that identifies the day care needs of a nation as a whole, for example, may be generalized to the state. Of course, there is never a guarantee that this is so. The cost of making the assumption and being wrong, plus its potential acceptance or rejection by policy makers, will determine whether the risk is worth taking.

A second point concerning methods of gathering data about needs is related to the value of choosing one method over another. Obviously, we want the most accurate information about client needs. The question becomes "Which methodology is best?" Unfortunately, there is no clear-cut answer. First, it must be noted that different respondents have different perceptions of need. A method that gathers data from known recipients of service will probably not yield the same findings as one that takes the opinions of service providers or known "experts" into account. Second, methodologies differ in how thoroughly they can probe a particular issue. Face-to-face, semi-structured interviews with clients may yield more indepth information than those obtained from a highly structured questionnaire. Finally, some approaches may yield less valid information than other approaches. A household survey that attempts to get a picture of the incidence of alcoholism in a community by asking the respondent how many members of the household were intoxicated more than twice during the last month, for example, will probably not produce valid data. The reluctance of the target group to share this type of information as well as the possible distortion of reality that comes when one respondent attempts to answer for the rest of the members of the household are both threats to validity. Such a study is likely to underestimate the incidence of alcoholism and thus distort the need for alcohol detoxification and treatment centers.

Because of these factors, it is advisable to consider using more than one method to gather data about client needs. The different perspectives of respondents as well as circumstances that offset the validity of the data seem to suggest that needs are not identified by any one method of data collection and analysis, but rather are inferred from several sets of data, each making a unique contribution to the total picture.

Finally, the selection of a data collection method should be made while giving serious consideration to the organization's long term need for information. Sometimes the most practical and rewarding needs assessment is a result of constructing and maintaining an ongoing, agency-based information system. Gathering data on each person interviewed by the intake screening unit of the agency can ultimately provide information about the persons who receive services and those who are referred elsewhere. In addition, keeping good records on services provided over time can yield information about persons whose needs demand the use of several different kinds of service. Taken together, these two procedures can help the organization identify the people they are serving, the services they use, the frequency with which they use those services and, hopefully, case-by-case outcomes.

On other occasions, a needs assessment will be prompted by a short term need for information. Such is often the case when an agency is considering requesting grant monies to implement some new type of service program. At times like these a short term needs assessment project will be preferred over the development or expansion of an agency based information system. The immediate need for data will most likely result in the selection of one or more methods that taps data sources that are readily available. A household survey of the community which is not intended as an ongoing sequence of community surveys would be another option.

Step 3. Gathering Data/Generating Information

The method(s) chosen for data collection will determine the work program of the needs assessment staff. When existing data is to be obtained from other agencies or from within the sponsoring agency itself, a predetermined format for recording that data should be established. Since it is oftentimes difficult to know what kinds of data are available from other agencies, the data collection format is likely to undergo several modifications as more is learned about

how those other agencies store and report their data.

If new data is to be generated, by a survey approach for example, care must be taken to construct the questionnaire or interview schedule in a way that will produce information that is both reliable and valid. In those cases where a sample of the population will be surveyed, rather than the entire population, the procedures of choosing a representative sample must be adhered to. The reader is referred to both the bibliography of this publication as well as the resources listed in the introduction for some more specific guidance in these areas.

One final word: reliable and valid information about the needs of the persons being studied cannot be generated from data that is haphazardly gathered. No analytical or statistical procedure can transform bad data into good information!

Step 4. Identifying Unacceptable Social or Human Conditions

Let us deal with a question that, though it seems obvious, is fundamental to all needs assessments: "What determines what is a need and what is not?" Simply knowing the incidence and prevalence of mental retardation, poverty, or criminal victimization in a community is not enough to label these conditions as social problems. The decisions of policy makers to direct resources toward certain conditions within a community at the exclusion of others is determined to a large extent, by social values and norms. Likewise, the selection of one method of gathering data about needs may be influenced by these same intangible factors. Labeling a particular condition as a "need" obviously implies that these conditions are unhealthy, abnormal, or in conflict with the physical, mental or social well-being of society. The question for decision makers who make use of needs assessment data is essentially this: "Are the observed conditions so unhealthy or so widespread that society should take action?" When does government (or the private social service delivery system) have a responsibility to provide new and/or different programs to address these behaviors or conditions? When should the responsibility for dealing with these conditions be left with the individual, the family, the neighborhood, or the church?

Such questions have no easy answers. They are raised here primarily to stress the point that needs assessment involves more than the collection and analysis of data — it is a process of interpreting social conditions in light of society's beliefs, values, and sense of public responsibility. The benchmarks that distinguish between need and lack of need are as dependent upon human nature as they are upon the quantitative indicators generated by sophisticated research techniques. *Need is a relative concept.* There are no objective standards for determining whether a need exists or does not exist. Standards are usually developed subjectively by policy makers, professional service organizations, and other persons who review needs assessment data. We must conclude that whether or not a particular condition is

defined as a need is dependent on at least the following six factors: (1) whether the behavior of the individual(s), family(s) or community(s) is perceived as unhealthy, disruptive, abnormal, etc., (2) the setting or context in which the behavior occurs, (3) the viewpoint of the particular appraiser making the judgment, (4) the standard used by the appraiser, (5) the extent to which the behavior is perceived to exceed the tolerance level, and (6) who the appraiser sees as having responsibility for intervention or treatment. (For an excellent discussion of this conceptual framework, see "Behavioral Disabilities: A Recommended Policy for Minnesota", a report of the Task Force on Behavioral Disabilities, 1971.)

It might also be helpful at this point to distinguish between the incidence and prevalence of a particular condition (human need) within a community and the adequacy of that community's existing human services network to address those conditions (need for services). The two are often confused. A particular community, for example, may have a high incidence of unemployment but considers itself adequately served by the job placement/training services available. This phenomenon has led some writers to distinguish between met and unmet human needs. If the human needs identified in a community are seen as being adequately addressed by available services, they might be described as "met need." To the extent that a gap between services and human need is perceived, however, we speak of "unmet needs."

Step 5. Comparing Observed Conditions to Existing Services

The value of needs assessment lies in its ability to assess the adequacy of existing services as well as to define the necessity for new services. This step in the needs assessment process usually requires that agency administrators and program managers look both within their own agencies and at the community at large to determine whether new services should be developed and existing services modified. This is essential to minimize program duplication. Certain problems arise when conducting a services inventory, however.

First of all, it is usually impossible to identify all resources that address particular human needs within a community. Not all agencies are listed with the local information and referral service because of their size, funding arrangements, or their informal methods of delivering service. Another problem is that many agencies, especially "multi-service agencies," cannot provide a clear description of what services they do provide. Not only do programs within agencies change over time, but records indicating which target groups are served and what problems are addressed are often unavailable. Nonetheless, a reasonable effort must be made to identify the services that already exist in the community in order to determine whether there is a need for additional and/or different services.

Simply knowing that services exist is not enough. We must know something about how well the services are delivered. Overall, the evaluation of the existing network of services

should address the following:

Quantity   Does the level of service meet the need? This involves some assessment of the number of persons in need of a service contrasted with the capacity of the service providers to serve those persons.

Quality   Is the effectiveness of this service adequate to actually meet the needs of the target-group? Have evaluations of existing programs produced data which indicates that the existing service delivery system falls short of dealing effectively with the needs of clients? Do specific methods of intervention need replacement or elimination because they are inadequate?

Direction   Are the current efforts devoted to the correct strategy of intervention? Does the philosophy that gave rise to existing programs coincide with the generally accepted philosophy espoused by experts in the field? Should rehabilitation be the primary objective of penal institutions, for example? Or should treatment programs for the chemically dependent be based upon the notion that dependent persons are incapable of even the limited use of alcohol or drugs on a social basis or in a rational manner?

In addition, it is necessary to know whether there are barriers to using existing services. Some barriers might be:

1. No services are available in the community.
2. Existing services are not accessible because of transportation problems, eligibility criteria, etc.
3. Persons in need are not aware that services exist.
4. Existing services are not integrated to provide a continuity of service to multi-problem individuals and families.
5. Existing programs do not have adequate resources to provide quality service.
6. Existing services are unacceptable to the residents of a particular community. (Services may be perceived as unethical, threatening, or in conflict with existing ethnic and cultural norms and values.)

Step 6. Recommending Changes in Existing Services

Not all needs assessments will reveal the need for major changes in the delivery of services. They should, however, provide enough information about the target groups and available services so that planners and decision makers can identify where improvements should be made and where services are adequate.

The needs assessor has the responsibility to communicate the data and identify the implications of the information discussed in the final report. The discussions between the users of the data and the needs assessor are as important as the report itself. Recommendations for program change will be based on hard data, human values, administrative alternatives, and political realities.

Convergent Analysis

It should be clear from the previous discussion that several factors influence our perception of human need and the need for services. It would be inappropriate to think of needs assessment as simply the collection and analysis of data about existing social conditions. Rather, needs assessment must be viewed as an activity that integrates all information about human needs and available services with a sensitivity to social values and norms, the political climate, and the perspectives of the various interest groups in a community. This process has been referred to as "convergent analysis."

Two assumptions underlie convergent analysis. First, no single set of stake holders or informants (i.e., administrators, program managers, advocacy groups, policy board members, clients, etc.) can offer a comprehensive view of the health and social needs of a particular community. Second, each methodology of gathering and assembling information will portray some unique aspect of the needs of a particular community or target group. Convergent analysis is thus perceived as a dynamic process of integrating information and perceptions generated by various needs assessors and methodologies over time to produce a constantly evolving portrait of conditions and needs. Although rigorous measurement procedures are necessary to produce valid data about human needs and the need for services, the process of determining if and how a program or services network should be changed remains a human and value-based one.

CHAPTER III NEGOTIATION AND PLANNING FOR NEEDS ASSESSMENT

Initial Discussions: Purposes, Payoffs, and Readiness

The idea to launch a needs assessment may come from several sources. Administrators and program managers usually begin with a sense of frustration about the lack of information they have about the clients and communities they serve. They might also feel pressure from higher levels of the agency for a more detailed picture of the services they provide. Whatever the impetus, initial discussions about needs assessment are often characterized by ambiguity and run a gamut from "how much will it cost" to "what do we really want to know." Suggestions for modifying the agency's ongoing information system are weighed against the advantages and disadvantages of setting up a "one-shot" needs assessment project. This type of brainstorming may reflect a good deal of disorganization, but it is an honest effort to deal with an often ambiguous mandate.

Initial discussions about needs assessment have three basic objectives. First, the overall "purposes" of the project must be stated. This is a crucial but difficult task. Agreement is hard to reach because agency staff bring unique perspectives to the discussions. Differences regarding the goals and priorities of the various agency programs as well as individual professional orientations generate several views about what the agency really needs to know to deliver adequate services. To clarify purpose, participants in initial discussions must be willing to spend the time to identify the range of concerns and hammer out a concise statement of objectives.

A second goal is to specify the desired "payoffs," both immediate and potential, for the agency. Obviously, a needs assessment must fulfill certain information needs of the agency to be successful. Identifying those information needs is essential to the selection of an appropriate data collection method as well as to determine whether a needs assessment should be done at all! Failure to take this step seriously can result in collecting interesting but irrelevant data.

Finally, needs assessment planners must honestly evaluate the agency's "readiness" to engage in such an effort. Will the agency (and/or relevant policy makers) use the information once it is gathered, or will the final report collect dust

in some obscure filing cabinet? The following list of questions should be asked when assessing organizational readiness.

1. Is the agency willing to take the risk that new data about client needs may indicate that major program modifications must be made?
2. Is there a clear-cut way to introduce the new data into the policy-making process? Are persons in decision-making positions supportive of a needs assessment and willing to take the necessary steps to instigate change?
3. Is the agency change-oriented, or is it bent on maintaining the status quo? Are old programs being evaluated and new ones proposed, or is there non-critical acceptance of the current way of doing business?
4. Is there a feeling in the agency that traditional services are inadequate to address the range of client needs?
5. Will the needs assessment data arrive in time to have an impact on the organization's policy-making process, or will program decisions be made before the data can be properly gathered and analyzed?
6. Is there good reason to believe that important program decisions will reflect the new data or will the political process or "conventional wisdom" determine the course of events regardless of the data?
7. Will the methodology being considered to gather the data about client needs reflect the principles of sound research, thus minimizing the possibility that the data will be rejected on grounds that it is biased and invalid?
8. Can the potential benefits (payoffs) to the organization justify the cost of the project (financial expenditures, time consumed by organizational staff, etc.)?
9. Does the organization have the resources necessary to do an adequate job of conducting a needs assessment? Can the organization afford the financial expense of the project? Is there an appropriate amount of skill and talent among agency staff to handle all the responsibilities of project management or will outside consultation be necessary? Will organizational staff assigned to the project be relieved of other responsibilities to devote ample

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time to the project? Can the organization provide suitable space and facilities for staff?

This is by no means an exhaustive list of the organizational characteristics that must be taken into account when deciding whether an agency is ready for a needs assessment. The above questions do illustrate an important point, however: NEEDS ASSESSMENT, LIKE ALL AGENCY-BASED STUDIES, CAN ONLY CONTRIBUTE TO THE IMPROVED DELIVERY OF HUMAN SERVICES IF THE SPONSORING AGENCY PROVIDES SOME ASSURANCE THAT THE RESULTS OF THE EFFORT WILL BE USED BY DECISION MAKERS TO EVALUATE OLD PROGRAMS AND PLAN NEW ONES. Inadequate resources, questionable methodology, poor project management, and the political biases of policy makers reduce the possibility that data will be used.

Negotiation with Other Relevant Agencies and Groups

Needs assessment activities are often collaborative efforts involving more than one agency. This is especially true when the project attempts to generate a profile of a community or geographical unit that is the catchment area of several organizations. In Minnesota, for example, the Division of Vocational-Rehabilitation of the Department of Education and the Developmental Disabilities Planning Unit of the State Planning Agency have joined forces to conduct a statewide needs assessment survey with respect to their clientele. In addition, other agencies (the Departments of Health and Welfare, the Governor's Manpower Office, the Comprehensive Epilepsy League and the Council for the Handicapped) have made smaller financial and/or substantive contributions. (Note: A distinction should be made here between "substantive collaboration" and "financial collaboration." The former refers to a partnership between two or more agencies that leads to the design of a needs assessment that addresses the information needs of all concerned; the latter refers to the pooling of dollars for the implementation of the project.)

Multi-agency collaboration for needs assessment reflects the fact that delivery systems of individual human services agencies do not function in isolation. Rather, human services agencies as a group share catchment areas, clientele, philosophies, and, in some cases, resources. It seems logical, then, that assessments of community and/or client needs would be most comprehensive when all relevant agencies join forces. The benefits are several:

1. The needs of the total person (or family, etc.) can be addressed, i.e., economic, health, housing, etc.
2. The financial burden of large projects can be shared.
3. The potential that the needs assessment data will be respected and used by several agencies for comprehensive planning is increased.

Getting several agencies to collaborate, however, is not always an easy task. The "lead agency" or "main sponsor"

of the project is often fearful that its purposes will become distorted or diluted when other agencies are involved. To some extent this is a realistic concern since different agencies make different assumptions about the clientele they serve. Honest negotiation, however, should bring these differences out in the open and generate a statement of project objectives that respects the unique perspectives and intended "payoffs" for each agency. It goes without saying that skillful planning is necessary to bring this kind of conceptual collaboration about.

Who are the relevant agencies and actors? How does the lead agency decide who should participate in the joint effort? Both political and financial issues must be considered. Since the ultimate goal of needs assessment is to generate programs that address client needs more thoroughly than existing ones, it is necessary to identify those agencies who, by their ability to influence policy decisions, can help modify existing service delivery systems. A small neighborhood community center proposing to study the needs of the elderly in their neighborhood, for example, may seek the collaboration of a government-sponsored Council on Aging. This would provide both substantive consultation and access to policy makers who make decisions relevant to the allocation of resources for that client group. Similarly, agencies that make financial contributions, as well as substantive ones, should be invited to participate. Additional funds can result in projects that are broader in scope than those possible with the limited budget of one agency. In the example above, funds from the Council on Aging may permit a community survey, rather than a neighborhood one, and may hire professional consultation for sample selection, instrument construction, etc.

The perspectives of consumer groups and the "community at large" should also be considered when planning a needs assessment. While financial contributions are usually not possible, the substantive support of these smaller groups is desirable, especially if policy makers are sensitive to the community's demands for more or different services. Needs assessment data should assist in clarifying whether demands for service by community groups coincide with the documented need for services as indicated by the project data. In addition, collaborating with community and consumer groups would focus on the question of whether suggested alternative programs would be used by consumers if they were available.

Financial collaboration brings difficulties that must be anticipated by project managers, however. Frequently, accounting procedures and regulations which control the disbursement of dollars are not the same for all agencies. This is especially true of government human services organizations. Agencies funded by federal monies, for example, may have accounting procedures that differ from those receiving state or county funds. As a consequence it may be difficult to establish a "common account" from which all expenses are paid. Salaries of project staff, interviewers, consultant fees, and printing costs may have to be charged to different accounts in separate agencies. In

the Minnesota DVR/Developmental Disabilities Study, for example, one contributing agency specified that its money could not be placed in a common account because its accounting procedures stipulated that the money be spent by the receiving agency within two weeks of receipt. As a consequence, it was necessary to invoice that agency at periodic intervals for amounts that were less than their total financial contribution and which were intended to cover specific project costs. Financial management of a needs assessment project often depends on the ability of project managers to predict and deal with incompatible accounting systems. While this is especially true of multi-agency projects, it should not be assumed that single agency efforts are any less confusing. Control over finances is essential for the timely and successful completion of each phase of a needs assessment.

One final point. Substantive collaboration between the agencies must be an ongoing process and last for the duration of the project. Interagency conversation regarding data analysis is as essential to the use of needs assessment data as the initial agreement to contribute to the project costs. The participation of all relevant agencies must be insured by some formal mechanism for ongoing negotiation. Periodic meetings of an interagency advisory committee might be one way to achieve this. Insuring that each agency will benefit from the proposed needs assessment may not be sufficient motivation for continued involvement and cooperation. Non-financial "support" may be withdrawn at a later date unless steps are taken to keep participating agencies active.

Dissemination of Final Results

A common oversight is to delay developing a strategy for disseminating the final results until the final report is at the printers. This usually indicates that a disproportionate amount of emphasis was placed on the managerial aspects of data collection and reflects a lack of strategy for incorporating the project's results into the agency's planning activities. The project director carries the responsibility for making sure this does not happen. He must avoid the over-zealous and time-consuming tendency to get embedded in the nitty-gritty of data collection by delegating those responsibilities to appropriate staff. But most important, he must maintain constructive working relationships with all agency administrators to prepare them for the final report. The project director can develop this type of linkage in at least two ways. First, he can verbally share preliminary findings when they are available. In this way, agency administrators are made aware of potentially important data and of the possibility that more policy-related information is forthcoming. Second, the project director can initiate discussions with future users of the data on current policy issues that the needs assessment data may have a bearing

on. Such discussions should explore ways in which the data can best be analyzed for the agency's purposes or even discuss ways in which current programs might be modified if the needs of the community or the client group are shown to be different than what is expected.

A decision must also be made about the dissemination of the final report to persons or agencies not affiliated with the project, especially those who can make sure the data are put to use. In cases where data and recommendations conflict with current values and existing programs, however, this may be a sensitive decision. The project director has the ethical responsibility of making sure the dissemination strategy is not influenced by these kinds of conflicts. Preparing agency administrators for negative findings is just as important as preparing them for positive ones.

Terminating A Needs Assessment

A needs assessment can be considered successful if (1) the final report is in the hands of the users in time for relevant decision-making, (2) the methodology is sound, (3) the information needs of the agency sponsors have been adequately addressed, (4) the groundwork for using the results has been laid, and (5) it raises, as well as answers, relevant questions about the target population. Although the last point may seem paradoxical, it is not uncommon to find that the final results stimulate additional queries about the nature, and intensity of the particular type of need being studied. This phenomenon is not so much an indication of poor methodology as it is a reflection of the nature of scientific inquiry itself. Stated simply, no phenomenon is ever completely understood, even when the principles of rigid experimentation are applied; the questions left unanswered mark the beginning of a new inquiry and the threshold of another level of knowledge.

The termination of a needs assessment, then, should be a temporary halt in the ongoing effort to identify the needs of a community or target group. The recommendations contained in the final report should reflect this approach, outlining areas requiring additional study. In addition, the recommendations might include specific suggestions to the agency regarding methodology, funding, etc., for future needs assessments.

In cases where data about client needs are gathered as part of an agency's ongoing information system, project termination implies the completion of a specific report rather than an end to the data collection activity itself. An agency that continually gathers and stores information about the clients it serves will engage in several separate studies over a period of time, each intended to answer different kinds of questions about client needs. Further, it will want to repeat each study periodically to determine whether the needs of the client population change.

CHAPTER IV NEEDS ASSESSMENT METHODS AND DATA SOURCES

Locating Reliable and Valid Data

Selecting a method for gathering data about needs involves two kinds of decisions. First, needs assessors must be clear on who they will get the data from and/or where the data is located. Second, one or more mechanisms for gathering data must be identified as the most appropriate for the task.

The first decision implies that a choice be made among several potential data sources. Will the most reliable and valid data about needs be gathered from:

1. The general population of a community or geographical area?
2. Persons known to possess certain dysfunctional characteristics, i.e., physically handicapped clients known to the agency?
3. Administrators and management personnel of human services agencies?
4. Direct practitioners, i.e., employment counselors, therapists, probation officers, eligibility technicians, etc.?
5. Advocacy groups?
6. The management information systems and case records of operating agencies?
7. Data from the U.S. Census Bureau?
8. Data that have been gathered by other researchers for their own unique, but related, purposes?
9. Some combination of the above?

One noticeable characteristic of this list of data sources is that it distinguishes between gathering data from known "experts" and from gathering data from the general public. Since the late 1960s, there has been a growing emphasis on citizen and consumer input into the identification of needs. The traditional approach of asking the experts has been criticized on the grounds that professional bias may slant the perception of need. It would be rare, for example, to find a psychiatrist or mental health worker who would not express the need for more mental health services in a community. Likewise, advocacy groups for the elderly or handicapped children may be inclined to overemphasize what they perceive to be gaps in services for these groups. There is no accurate way of knowing, however, the extent to which this criticism is valid. Certainly, experts or "key informants," as they are sometimes called, do have a point

of view that cannot be ignored. Their day-to-day contact with persons in need and programs currently available to address those needs obviously yields professional insights different from those of consumers or the general public.

The thrust toward more input from the average citizen, especially consumers of service, probably reflects a growing awareness of a lack of valuable information as much as it does a sense that key informant data are somehow slanted. For one thing, key informants seldom have a clear conception of the incidence and prevalence of a particular need within the populations they serve. This information must be acquired from census data or a sample of the general public. Secondly, persons in need, especially those who use existing services, are the only ones who can provide information about the quality and barriers to existing services by elaborating on the reasons for their satisfaction or dissatisfaction.

Yet criticism of citizen-based data does exist. Expressions of "felt need" are said to reflect, at least to some extent, expectations engendered by current social values, popular fads, and advertising. The benchmarks against which clothing and recreational needs are said to exist, for example, fluctuate with style changes in the garment industry and trends in the recreational habits of society at large. Thus, felt needs as expressed by consumers are both manipulated and transitory and must be viewed critically when they compose the data base upon which decisions about programs are made.

Another criticism of citizen-based data is that the average citizen often cannot conceptualize or verbalize his needs. The physically handicapped child cannot be expected to comment on his health needs, to use an extreme example; nor is a physically handicapped adult necessarily conscious of the range of service options that may address his particular health concerns. Professional staff sometimes expect clients and the citizens at large to be as familiar with the issues and programs in their field of interest as they are. This just is not so. In addition, citizens frequently do not express their felt needs even if they are conscious of them because they are pessimistic about the development of new programs to address them.

Nonetheless, the benefits of acquiring citizen input are great. In addition to adding substance to the body of data, citizen and consumer input provides policy-makers with an

impression of how acceptable new programs might be to the community.

It should also be noted that the list of data sources above makes a distinction between collecting and analyzing existing data and generating new data. The need to weigh the costs of implementing a new data-collection activity against the advantages and disadvantages of making use of whatever data already exists has been discussed earlier (see page 9). The pages that follow will elaborate on the various needs assessment methods available within these two categories, taking note of the data sources that each might address.

Using Existing Data

Four methodologies which use existing data sources can be identified: (1) searching the literature, (2) using secondary data sources, (3) the rates under treatment approach, and (4) the social indicator approach.

Searching the Literature. Although this activity is a prerequisite for all needs assessments, regardless of additional methods that might be chosen, it can be viewed as an independent method by itself. The objectives of any literature search are three-fold. First, it should review the findings of all previous research that provides information about the needs of the population at risk. Studies conducted within the community, as well as those that reflect larger geographical units of analysis, should be reviewed. Information gleaned from these studies might include: (1) the rates of particular illnesses or handicaps, (2) profiles of subgroups within the population at risk (i.e., by age and ethnic group or geographical unit), (3) documentation of barriers to use of existing services, (4) statements of effectiveness of the various methodologies of service, and (5) sources of client satisfaction and dissatisfaction with the existing delivery system. Some sources of information that might be explored for this purpose include professional journals, national health-related organizations (i.e., the National Institute of Mental Health, the National Center for Health Statistics, etc.), agencies that may have conducted studies of their client population in the past, and various citizens groups (i.e., the Citizens League, the League of Women Voters, etc.).

Second, the literature search should help identify current policy issues that a needs assessment should focus on. In the field of aging, for example, the transportation needs of the elderly might be highlighted. In the area of physical disability, access to public facilities may be the primary concern.

Third, the literature search should assist in identifying a theoretical framework upon which a needs assessment might be built. Because the daily work and decision-making of any human services agency is based on certain underlying assumptions about client needs and strategies of inter-

vention, it is necessary for any needs assessment to compare the assumptions of its operating programs with those reflected in the literature.

On the basis of the literature search, an agency might conclude that sufficient data about the needs of the clients or the communities they serve are available and that additional data are unnecessary. This is unlikely, however. Usually, available information is incomplete or cannot be generalized to the specific population at risk. The results of a study conducted in another geographical location, for example, might be unique to that location, offering little to the agency struggling to know more about its own area.

Another problem with the literature search method is that individual studies are often uniquely independent of one another. Because they may focus on different research questions, it may be impossible to determine whether the results of one study have been replicated by any of the other studies. In addition, methodological imperfections may have biased the results. In short, the literature search method is a necessary first step, but it is usually limited in the amount of information it provides.

Secondary data analysis is another methodology that offers fascinating possibilities for needs assessment. Unlike the literature search method which reviews written reports of research conducted elsewhere, this method calls for reanalysis of raw data gathered by other researchers. In recent years, an abundance of social data have been gathered for a variety of purposes by many different kinds of researchers, including university professors and students, private research organizations under contract to foundations or human services organizations, the U.S. Census Bureau, the Gallup and Harris polls, etc. Human services agencies in Minnesota may find helpful data acquired by the Minnesota Poll, Midwest Research, Inc., or the Minneapolis Star and Tribune.

Needs assessors will find that the use of other sources of raw data will save time and money and, hopefully, satisfy their information needs. Copies of data cards or magnetic computer tapes that contain raw data can often be obtained at a nominal cost. In other cases, the needs assessor can acquire official statistics, such as those published by the U.S. Census Bureau or the Minnesota State Demographer's Office. Specific examples include the monthly publication of "Employment and Earnings" by the U.S. Bureau of Labor Statistics, the monthly "Consumer Price Index" published by the Department of Commerce, the "General, Social and Economic Characteristics" (by state) published by the U.S. Census Bureau, and annual reports published by the Department of Health, the Department of Corrections, the Governor's Crime Commission, and other state agencies.

The popularity of secondary data analysis in recent years has resulted in the growth of data archives across the country, where raw data are stored and made available to appropriate persons or organizations upon request. Some of

them include the archives of the Institute of Social Research at the University of Michigan, the Inter-University Consortium for Political Research at the University of Michigan, and the data repository at the National Opinion Research Center (NORC) at the University of Chicago. Possibilities in Minnesota are the Center for Urban and Regional Affairs (CURA) on the Minneapolis campus of the University of Minnesota and the Minnesota Analysis and Planning System (MAPS) which is on the St. Paul campus of the University of Minnesota. Needs assessors should contact these archives for information about the kinds of data in storage and the way to gain access to it.

A major limitation of secondary data analysis involves the question of validity. Very often, the original researcher may not have collected data in precisely the form the needs assessor requires; the data may be coded or tabulated in a form incompatible with the needs of the agency. A careful review of the form of the original data will determine whether this type of analysis satisfies the needs assessment objectives.

The Rates-Under-Treatment Approach. This needs assessment method has a long history. Estimating the needs of a particular population at risk by counting the number of persons served by appropriate community agencies has always been popular. This method's underlying assumption, however — that one can obtain a reasonably precise estimate of the needs of an entire community or population by enumerating and studying persons currently being served by human services agencies — has been questioned. It is often said that the sample chosen for this type of study is too selective to give an accurate picture of the characteristics of the total community. Nonetheless, the availability and low cost of the data needed for this type of analysis make it one of the more frequently used methods of needs assessment, particularly when combined with data gathered by other methods.

The rates-under-treatment approach depends on well maintained information systems of operating human services agencies. Client data gathered on a day-to-day basis and stored for future analysis can be the foundation of both a client and a community needs assessment. The following types of data should be considered whenever an agency-based information system intended as a needs assessment tool is developed:

1. The socio-demographic characteristics of the clients, e.g., age, race, sex, ethnicity, education, place of residence, etc.
2. The problem or problems the client seeks help for.
3. The characteristics of care/services provided.
4. The frequency and duration of the care/treatment process.
5. The sources of referral.
6. Where possible, the outcomes of treatment or services provided.

This approach is especially useful to compare rates of ser-

vice utilization by specific subgroups within the population. Elderly residents may be found to use the services of the mental health facility less often than middle-age persons or families with teenagers. If these data do not correspond with the ratio of elderly to middle-age persons in the population, one would have to speculate why. Can certain organizational barriers to service use be identified which would help explain why one subgroup seeks services more often than another? Does one subgroup view services as less acceptable or less appropriate than does another? These questions must be asked regardless of the needs assessment method employed.

The rates-under-treatment approach may be employed by a single agency to gain information about the needs of the entire community when it is the only organization within the geographical area delivering a particular kind of service. A vocational-technical institute, for example, probably has little if any competition for its kind of educational program and could very easily compare its student body with potentially eligible citizens within the population. A mental health center located in a large urban area, on the other hand, may have more difficulty. Because other agencies within the same geographical area also deliver similar services, little information would be gained if one organization compared the characteristics of persons they serve to the total population. In this case, it would be necessary to gather service use data from other agencies as well in order to get a comprehensive view of the extent to which specific population subgroups in the community use services.

Of course, the rate of service use should not be misinterpreted as a precise measure of the incidence of need. Persons who are "needers" but "nonutilizers" of services will go undetected by the rates-under-treatment approach — hence the criticism that inferences about the needs of the total community are, at best, shaky when generated from information about the needs of persons currently being served.

Another difficulty that frequently comes up with the rates-under-treatment approach must also be mentioned. Efforts to collect service use data from several community agencies may be thwarted by the lack of consistent reporting of client data across agencies. Information systems are rarely based on the same set of definitions of services they deliver. Consequently, needs assessors are forced to use some degree of creativity in aggregating data. The Community Planning and Management program conducted by the Minneapolis Department of Planning and Development (1975) is a case in point. Its attempt to use the local Information and Referral System to provide information about the types of human services available and their respective rates of use resulted in a functional taxonomy of services that is admittedly tentative. Current efforts to establish a standardized "services identification and reporting system" are expected to result in permanent modifications of that taxonomy in the future. In addition, that program has recommended that human services agencies in that community modify their information systems to indicate how

much of each service is delivered to each client. This type of data is seen as crucial to the needs assessment process insofar as it will provide both a quantitative and evaluative view of the current service delivery system. Implementation of this type of standardized data collection will permit future needs assessments to determine both how many people are served within each category of service and how much service is actually rendered.

The Social Indicator Approach. This method may be seen as a special case involving the use of existing data, though it may also involve generating new data on occasion. Popular use of the term implies the gathering (and some-times reanalysis) of public data, such as data produced by the U.S. Census Bureau at repeated intervals, to observe changes in social conditions that may indicate need. Changes in employment, fertility, and divorce rates, for example, may be used to infer the economic and family stability of a community. Similarly, demographic data citing the number and percent of families with children

under five years of age may serve as indicators of child care, preschool, and future school needs. Table 1 gives one example of a social indicator model developed by the Community Analysis Research Project of the L.B.J. School of Public Affairs at the University of Texas. It presents a list of the areas of social concern they see as most important for a comprehensive social indicator study as well as the indicators believed to most adequately describe the "quality of life" within each of those categories.

In addition to observing trends within a community or other geographical unit, social indicator data can be used to compare geographical units. A county, for example, may wish to compare itself to the state or the nation as a whole with respect to such things as the infant death rate, percent of families with less than $5,000 annual income or an index of the proportion of drug related traffic offenses. Similarly, a city may wish to compare census tracts or neighborhoods to identify "high risk" or "needy" areas. Displaying this type of data on a geographical map has been helpful to

TABLE 1

RECOMMENDED SOCIAL INDICATORS – COMMUNITY ANALYSIS RESEARCH PROJECT

Areas of Social Concern	Selected Social Indicators	Areas of Social Concern	Selected Social Indicators
Economic Base	— Retail Sales: % per 1,000 population	Personal Income Distribution	— Number of assistance payment welfare cases
Education	— Number of seniors taking college board entrance exams (SAT's)		— Number of Income Tax Returns Claiming Adjusted Gross Income: Under $3,000; $3,000 to $5,000; $5,000 to $10,000; $10,000 to $15,000; $15,000 or more
	— Average per pupil expenditures		
Employment Opportunity	— Occupational Distribution: Number and % of census tract heads of households employed in various job categories	Pollution	— % increase or decrease in concentration of particulate matter suspended in air
	— % of heads of households within census tract claiming no occupation.		— % increase or decrease in concentration of atmospheric NO_2 and SO_2
	— Unemployment Rate: % of total work force	Public Safety and Justice	— Type I Crime Rate: Number of cases of murder, forcible rape, robbery, and aggravated assault reported per 100,000 population
Health and Well Being	— Suicide Rate: Number of suicides per 100,000 population		— Type II Crime Rate: Number of cases of burglary, larceny ($50 and over), and auto theft reported per 100,000 population
	— Communicable Disease Index: Number of cases of VD, TB, and Hepatitus reported per 1,000 population	Public Service Delivery	— Number of complaints submitted to city sewer, water and garbage collection agencies per 1,000 population
	— Infant Mortality Rate: Number of deaths of children under 1 year per 1,000 births		— General obligation bond rating
Housing	— Vacancy Rate: % housing units in an area which are vacant or abandoned	Sense of Community	— % voting in most recent local election compared to % voting in most recent state election
	— Median assessed value of single family units		— Household Turnover: Number % census tract housing units with new residents
	— % total subsidized starts placed in each census tract	Transportation	— % public street miles served by public transportation
Land Use and Recreation	— Acres of park and recreation space available per 1,000 population		— Number of traffic accidents per 100,000 population

others who want to make these kinds of comparisons.

Another approach, which makes use of a more sophisticated attempt to pinpoint high problem areas and identify the interrelationships between specific social indicators, is currently employed by the Management Planning Program of the County of San Diego (Erickson, 1973; Juarez, 1973). Having analyzed 124 separate social factors (e.g., number of renter occupied units, number of burglary alarms, incidences of tuberculosis, etc.) in relationship to one another, six were identified as the factors most significantly correlated with the others. High scores for these six variables were also indicative of high values for other social problems, demonstrating that a few well-chosen indicators of need may prove as valuable as several different measurements. Table 2 outlines the six variables identified for the city of San Diego and lists the conceptual areas of social concern they are purported to measure.

TABLE 2

SAN DIEGO: THREE SIGNIFICANT INDICATORS

Socio-Economic Status	Mean Housing Value
	Percent High-School Graduates over 25
Family Status	Percent Child-Rearing Families
	Mean Household Size
Ethnic Status	Percent Black
	Percent Spanish language or surname

The most widely accepted definition of the term "social indicator," found in the federal publication *Toward a Social Report* (Bauer, 1969), is:

A statistic . . . which facilitates concise, comprehensive and balanced judgments about the condition of major aspects of a society. It is in all cases a direct measure of welfare and is subject to the interpretation that, if it changes in the "right" direction, while other things remain equal, things have gotten better or people are "better off."

Several components of this definition need to be emphasized and clarified. First, a social indicator is referred to as a "statistic." That term can be interpreted to mean just about any piece of data that sheds light on a particular area of need, regardless of whether it is gathered by the U.S. Census Bureau, from the information systems of operating agencies, or by repeated surveys of the community. The needs assessor using the social indicator method is not restricted to any one source of data. In Minnesota, for example, the Arrowhead Regional Development Commission assembled indicator data from both agency and census-type sources to provide criminal justice, demographic, economic, education, physical health, mental health, and income maintenance indicators. Agencies that provide direct services may already have the capability of generating some social indicator data if their information systems have been operational for three or more years. By observing how client needs have changed over time, and comparing these observations to a "community profile" generated by census data, for example, insights into future trends of community needs may be acquired. The value of a well-maintained, agency-based information system that describes the client population cannot be underemphasized.

A second notable feature of this definition deals with the degree of measurement precision that is possible using the social indicator approach. The term "indicator" itself implies an imperfect, indirect measure. The rate of hospital admissions during any one calendar year, for example, provides some insight into the health status of a community, but it falls short of presenting a comprehensive picture of that total phenomenon. When combined with other measurements, however, like the proportion of community members suffering from particular illnesses at various intervals, it may be of more substantive significance.

The last component of Bauer's definition involves the time series aspect of the social indicator approach. The emphasis here is on monitoring social change over time (trend analysis) rather than on presenting a picture of social conditions at any one given moment. The "social indicator movement," as it is sometimes referred to, has focused historically on the need to present policy makers with information about fluctuations in the quality of life using identical, successive measurements as benchmarks against which to assess whether change has occurred.

Those same benchmarks, however, will not necessarily provide the criteria for determining whether the change is good or bad. That assessment will rely on social values and the meaning ascribed to the indicator itself. An increase in the divorce rate, for example, reflects a change in marital conditions but doesn't necessarily indicate whether society is being helped or harmed. Some would say that an increase in the rate of divorce reflects a deterioration of society; others would say that our social structure is improved by the dissolution of marriages that can have negative repercussions on the development of children and the mental health of the partners. Likewise, small changes in the employment rate may be of minor importance or may be the result of faulty measurement techniques. These examples illustrate the need to use caution when interpreting social indicator data for the assessment of community needs. The fact that most social indicator data can be interpreted in more than one way has been raised as one of the chief objections to its use in policy making. This limitation should not dissuade needs assessors from using this methodology, however. Social indicator data, especially when combined with data gathered by other methods, have demonstrated their value on many occasions.

Another controversy in the social indicator literature involves the relationship between so-called "hard" (objective) indicators, such as rates of unemployment and the

proportion of females in the labor force, and "soft" (subjective) indicators, such as verbal expressions of occupational frustrations, aspirations, and satisfaction. Schneider (1976) points out that the two kinds of data are not always correlated with each other and may leave the needs assessor and policy maker with conflicting views as to the quality of life in a particular community. He stresses the need to be cognizant of these potential discrepancies when interpreting social indicator data.

> While inter-city comparisons of life conditions based on objective social indicators may alert us to any qualities or injustices in the distribution of an important aspect of well being (and, importantly, may alert decision-makers to objective conditions that should be dealt with), this data tells us nothing about the levels of subjective life satisfaction of the individuals in those cities. Objective social indicators cannot be taken as direct measures of the welfare or the quality of life subjectively experienced by in-

> Life satisfaction of individuals appears to be independent of the physical conditions of the cities in which they live . . . . The "surrogate" measures of quality of life based on U.S. census data or other such reports for large social aggregates <u>are not really full measures of the phenomenon they have been employed to analyze.</u> (Emphasis added.)

Our review of the social indicator approach has been quite brief in comparison to the vast amount of literature recently published on the subject. It does, however, highlight important factors that needs assessors should take into consideration. Despite its limitations, it is one of the more widely used needs assessment approaches.

Before closing our discussion on the use of existing statistics for needs assessment, it should be noted that some unique sources of data can sometimes be acquired from the non-human services sector. Human services needs assessors should not overlook information that is generated by financial institutions, the building industry, insurance and utility companies, and local chambers of commerce. Time spent locating such data may yield information that is valuable either because it is not duplicated in the public sector or because it provides an opportunity to verify public data. Economic profiles of counties with respect to the buying power of the average household, for example, may be obtained from an annual publication of Sales Management, Incorporated (New York) entitled *The Survey of Buying Power.* Similarly, data regarding occupancy rates for the households in a community may be obtained from utility companies or the Polk Directories ("city directories," available in most libraries). The real estate industry might also be a source of information regarding homeownership and mobility within communities.

Generating New Data

Three basic methods of acquiring new data exist for those needs assessors who find existing statistics unavailable, incomplete, or out-of-date.

1. survey techniques,
2. field observations, and
3. methods of group process.

Options within each of these methods are described below and discussed with respect to the various sources of data for which they are appropriate.

Survey Techniques. The survey is a method of data collection that uses interviews and questionnaire techniques for recording the opinions, attitudes, and characteristics of the respondents. In addition to providing descriptive information about a population or any of its subgroups, proper analysis of the data can often shed light on the causes of service underutilization or program ineffectiveness.

Needs assessors can use a survey approach to gather data from one or more of the following sources:

1. the general population of a community or geographical area;
2. persons who use existing services; and
3. "key informants" who might include agency administrators, clinicians, advocacy groups, and other knowledgeable persons.

As for the survey method itself, a distinction can be made between surveys that use trained interviewers to gather data from respondents and those that rely on the ability of the respondent to fill out a printed questionnaire. The former method includes both person-to-person interviews and telephone interviews; the latter includes both mailed out questionnaires and those the needs assessment researcher administers to a group of persons gathered together at one point in time (i.e., at a conference for the physically disabled).

Several textbooks on research methodology elaborate on specific methodological considerations that should be addressed when developing questionnaires and interview schedules. Rather than repeat what is written elsewhere, it will suffice here to emphasize the relationship between the design of the data collection instrument and the precision and accuracy of the data which are ultimately gathered. Poorly constructed interview schedules and questionnaires will yield poor information. For this reason, it is imperative that needs assessors considering the use of survey techniques employ someone who is knowledgeable about questionnaire construction.

The Field Observation Technique. Needs assessors will find a thorough discussion of the rationale and technology of this approach in both the anthropological and sociological literature. Babbie (1975) suggests that the term "field research" refers to (1) participant observation, (2) direct observation, and (3) case studies. From the needs assessor's perspective this might be translated into several unique roles. As participant observer, he may assume a position as a member of the population at risk and record his own behavior and that of other persons who possess the particular condition. A counselor for the physically disabled, for example, may, because of both his own disability and his academic training, use his observation skills to take note of the candid comments and behaviors that characterize this group's struggles to obtain suitable employment. He may systematically record the comments of disabled persons who report their experiences to him and/or may engage in a job hunt of his own to experience the dynamics of the employment interview.

As a direct observer, a needs assessor knowledgeable of educational techniques used with mentally retarded children, could critically observe classroom interactions of students and teachers, taking note of how students relate to specific learning devices, teaching styles, etc. Moments of enthusiasm, frustration, perseverance, and lack of interest could indicate the need to modify or maintain some aspect of the educational program.

Finally, a needs assessor could do indepth studies of a small sample of a particular client group. A treatment center for alcoholics and their families, for example, might engage in a study of the interactions of the chemically dependent parents and their children. By lengthy observation and diagnostic interviewing, data acquired from a few representative families may lead to generalizations about developmental repercussions experienced by children in such families. Information of this type can help identify counseling needs and shape programs.

Needs assessments using field observation techniques always depend on people as the source of data. More specifically, members of the population at risk and persons using services will be the targets of observation. This method is especially appropriate when topics and issues studied by the needs assessor, because of their subtlety, appear to defy simple quantification. They are best understood, in this case, when persons under investigation actively participate in their natural environment, or when the situation demands that the persons under study be observed over a period of time.

All field observations, regardless of whether they are oriented toward assessing needs or simply describing and understanding the nature of a particular social phenomenon, must be based on some framework or organizing principle. If this were not so, the researcher would make indiscriminate, unrelated observations which would be impossible to generalize from. John Lofland in *Analyzing Social*

Settings (1971) provides such a framework. He suggests that all observable social phenomenon of interest to field researchers can be divided into six categories.

1. Acts. Any action in a situation that is brief, consuming only a few minutes, seconds, or hours. (Example: The specific behaviors of children visiting their chemically dependent parent in the treatment center for the first time.)
2. Activities. Action in a setting of longer duration — days, weeks, months. (Example: Observable behavior of children in the home while their chemically dependent parent is in treatment center.)
3. Meanings. The verbal productions of participants that define or direction action. (Example: The verbal comments of children directed to their chemically dependent parent during visits to the treatment center.)
4. Participation. Persons' holistic involvement in, or adaptation to, a situation or setting under study. (Example: Observed willingness or reluctance of children to engage in conversation with a chemically dependent parent.)
5. Relationships. Interrelationships among several persons considered simultaneously. (Example: The nature of interaction between children, the chemically dependent parent, and a family as a unit.)
6. Settings. The entire setting under study conceived as the unit of analysis. (Example: The total atmosphere in the home of a family with a chemically dependent parent.)

Techniques of recording and processing data generated by field observation techniques are spelled out in Lofland's book as well as in other textbooks that deal with "qualitative" research methods. The needs assessor is encouraged to become familiar with these procedures before he sets out to gather his data. As you might expect, field research has often been criticized as being highly subjective inasmuch as an observer is likely to see only what he chooses to see and may selectively interpret the vast amount of data generated by his observations. A detailed understanding of the recording and analysis techniques developed for this purpose, however, can minimize error.

Group Process Techniques. The term "group process" refers to methods that attempt to structure conversation between needs assessors and groups of persons who have assembled to communicate their perceptions and opinions about the needs of the population at risk. Three methods will be discussed: the nominal group method, the simulation techniques method, and the community forum method.

The nominal group approach is a useful technique for gathering information in small groups. It involves a highly structured sequence of steps that:

1. allows participation by all group members;
2. minimizes group domination by highly aggressive or verbal individuals; and
3. provides more accurate information than does unstructured discussion.

When used in the needs assessment context, the nominal group approach may involve the participation of small groups of clients (i.e., AFDC mothers, parents of mentally retarded children, etc.) or groups of key informants (clinicians, program administrators, advocates, etc.).

Several components of this approach work toward providing as much good quality information as possible. First, a group leader skilled in the art of group decision making is employed. His primary functions include keeping the group on the task by minimizing extraneous conversation and neutralizing the effects dominant group members might have on the discussion. Second, this method provides group members with a specific set of issues that will be the basis of discussion. Third, the method calls for a predetermined sequence of activity that forces the group to concentrate on the subject at hand and not be diverted by irrelevant discussion.

Like all needs assessment methods, the nominal group approach has certain advantages and disadvantages. On the positive side, this method can gather indepth information about the perceptions of clients served by human services agencies. Like field observation, it may be a more sensitive method of understanding the subleties of the issues under investigation. In addition, this method may be used as a prelude to more quantitative methods of data collection (i.e., the survey). In addition to educating the needs assessment planning group about the issues, data acquired through the nominal group method may have a positive influence on the construction of the survey instrument. Third, the nominal group method may force the needs assessor to give more attention to attitudinal variables than he might have if he had gathered similar data through a survey technique. Finally, the process can help the needs assessor understand the issues in the language and symbolism of the client rather than that of the provider. In this way the nominal group method may help service providers understand what types of services clients are willing to accept.

Simulation techniques can also be considered a form of a structured group process. Sometimes referred to as "role play," simulation techniques involve getting group participants to express their opinions and concerns within the context of an assumed identity. The needs assessor, for example, may structure a scenario resembling the intake process of the local welfare department and assign each group member (i.e., AFDC mothers) to the role of intake worker or applicant. The issues of concern to the needs assessor would then be addressed by each group member within the context of that assigned role. Data can be generated by group interaction or by mechanisms that allow for the independent responses of each participant, or both. A recent document, *Factors, Priorities and Information Needs in Planning Vocational Education,* published for the Minnesota Department of Vocational and Technical Education illustrates how the simulation approach can be used successfully.

As with the nominal group method, participants in a group simulation approach may include clients or key informants. The sophistication of the task, however, may demand that group members be chosen selectively. In addition to being knowledgeable about the issues, group members must be able to articulate their ideas within the context of this highly structured approach. Because the scenario can be perceived as being somewhat artificial, the group participants must be limited only to those who can take the activity seriously. The ability of the group leader to keep the activity task oriented is also important.

The advantages of simulation techniques are similar to those of the nominal group method. Generally, they provide a structured method for gathering indepth data about some of the more subtle needs of clients or service delivery components. Disadvantages include the complexity of data analysis and possible threats to the validity of the data as a result of the artificial nature of the activity.

The community forum approach is a technique which may involve a series of public meetings to which all residents of a community are invited. It is much less structured than the two methods mentioned above. Although a list of questions and issues is prepared by the needs assessment steering committee prior to the public meetings, the chairman of the meeting has less control over the proceedings than the group leaders in the previous techniques. Participants are given the opportunity to speak with spontaneity and candor on any of the issues they choose.

Because public meetings are intended for the general population of a community, the needs assessor must publicize the meetings in order to insure a good attendance. Locating proper public facilities is another logistical concern.

To the extent possible, the meeting should be structured to allow for the orderly communication of ideas from participants and the comprehensive recording of the proceedings. If the community forum approach is to be successful, efforts must be made to stimulate discussion and clarify the group's perceptions of the needs of the population at risk. Closing comments of the chairman of the meeting should summarize the group's suggestions regarding needs and services and identify items the group accorded high priority or that had a strong consensus.

The community forum approach to needs assessment should not be confused with public meetings sponsored by public agencies to inform the public of recent changes or new services within their programs. A distinction should be made here between disseminating information and obtaining community input about needs.

Because of the minimal structure of this method and the almost nonexistent possibility of getting a representative sample of a community to attend public meetings, it is not recommended as a primary needs assessment tool. The fact that it provides an opportunity for the average citizen to express a point of view, however, establishes it as a useful technique for building communication links between human services agencies and the community at large. The community forum approach can also be used as an exploratory effort to identify community needs that might later be probed in greater detail by a more sophisticated data collection method.

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