

# Designing and Managing Programs

An Effectiveness-Based Approach

Fifth Edition

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# Needs Assessment

## *Theoretical Considerations*

### CHAPTER OVERVIEW

#### **The purpose of this chapter is to explain:**

- What is meant by the term *need* and why it is important to be precise when using the term
- How the term *need* has been defined historically
- The importance of incorporating both qualitative and quantitative dimensions into the definition of need
- How the definition of need can change depending on factors used in defining it
- How different perspectives can change the definition of need
- Why it is important to be cautious in identifying at-risk groups
- Why it is important to seek out supporting data but also to verify the reliability of data sources

#### **The following topics are covered in this chapter:**

- The Concept of Need
- Theoretical Understandings of Need
- Needs Assessment and the Planning Process
- Factors Influencing the Definition of Need
- Different Perspectives on Need
  - Normative Need
  - Perceived Need
  - Expressed Need
  - Relative Need
  - An Application
- Need Categories and the Planning Process
- Determining Who Is in Need
- Two Major Problems: Reliability and Availability of Data
- Summary
- Review Questions

## THE CONCEPT OF NEED

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To illustrate the concept of need and its application to human services, we present a brief, and not uncommon, scenario. A task force is appointed to explore and to make recommendations about alarming increases in reported drug use in a community. A study is undertaken, and key community leaders share their perspectives with the task force. The police chief believes that the community needs stronger law enforcement capability. A major corporation executive believes that there is a need for widespread drug testing in places of employment. A human service agency executive sees a need for more treatment and rehabilitation of drug users. A legislator believes there is need for harsher sentencing and more jail cells. Without some framework for understanding need, the task force will probably end up recommending a little of each of these suggestions, or it may simply choose to define need as it is perceived by the most powerful individuals and groups. Neither solution really pursues a serious understanding of the concept of need.

In determining that individuals or groups have a need, it is important to evaluate existing conditions against some societally established standards. If the community is at or above those standards, there is no need; if it is below those standards, there is need. The difficulty comes in defining the standards. They are often vague, elusive, and changing. We discuss a number of perspectives on standards in subsequent sections of this chapter, but first we examine two theoretical perspectives on need.

## THEORETICAL UNDERSTANDINGS OF NEED

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Two theorists—Ponsioen and Maslow—have offered a number of useful insights on need. Ponsioen (1962) suggested that a society's (or community's) first responsibility is to meet the basic survival needs of its members, including biological, social, emotional, and spiritual needs. Although these needs may be defined differently over time, each society or community will identify a level below which no one should fall. Within this framework, social need exists when some groups do not have access to these "necessary" goods and/or services whereas others do. Need, in this sense, is relative, and the planning issue becomes one of distribution and redistribution.

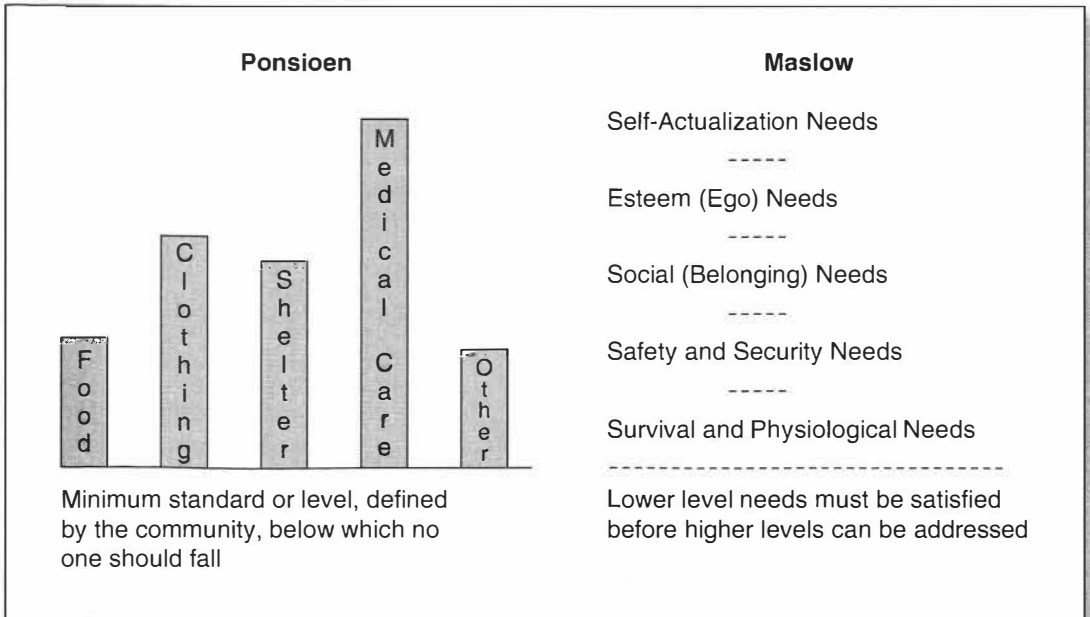
Maslow (1954) took a slightly different approach. He argued the value of discussing need in hierarchical terms. Accordingly, people become aware of their needs in a prescribed manner—from the bottom up—and only when the more basic, or lower, needs have been satisfied can higher ones be attended to. More specifically, until physiological survival needs (e.g., food and shelter) are met, a person cannot be overly concerned with safety and security. Achievement of this second level of need then allows attention to higher levels—the need for love and self-actualization.

Although this discussion of concepts may seem far removed from the practical problems of planning, it is in fact incorporated into much community and societal planning. For example, the British have developed their National Health Service with a keen

understanding of Ponsioen's argument. Rather than spending their resources on developing the more sophisticated medical technologies and then making them available to patients, the official policy is to give priority to making primary medical care and health services available to the general population. It is only when this level of basic service is available to all that other forms of medical technology will be supported.

An example of how Maslow's hierarchical framework has been applied can be found in programs dealing with family violence. The first level of service provision is the shelter, a place a woman can turn to when she has been abused. Initially, basic survival needs are addressed—food, housing, and, if necessary, medical care for the woman and her children. Only when these have been addressed can the staff turn to the next level—*security* (the shelter provides safe housing, but legal services, a cell phone, emergency contact numbers, and other resources are often needed for longer term security). When these survival and security needs have been met, the staff can then turn to higher level needs—helping the woman achieve a *sense of belonging* (the shelter actually creates a community of families and staff who are supportive of one another), a sense of *self-esteem* (through participation in support groups), and finally, *self-actualization* (self-reliance, autonomy, and self-governing) through finding meaningful employment, child care arrangements, child support, and permanent housing. Figure 4.1 illustrates Ponsioen's and Maslow's approaches to defining need.

**Figure 4.1** Two Definitions of Need



Despite the above applications, need as a concept remains somewhat vague, often buried in phrases so global that it has little value for placing boundaries on the planning task. Alternatively, it is at times employed so narrowly that specific services are mandated and analysis is unnecessary. Moreover, although the word *need* is used frequently by program planners and managers, it is rarely operationalized. All too often, the professional assumes that it is understood and therefore requires little elaboration, only to discover later that the program has targeted neither the “real” needs nor the “right” group. In the following sections, we explore the importance of the concept of need and argue from a number of perspectives that needs-based planning is not only possible but necessary for the design and implementation of effective human services.

## NEEDS ASSESSMENT AND THE PLANNING PROCESS

Once problems have been identified and defined, they have to be translated into needs (eventually the needs will be translated into services or other interventions) that are to be addressed through the planning process. As a concept, need is not only difficult to define but, once defined, difficult to measure. One of the first official definitions in the human services arena was introduced in 1974, when the federal government consolidated a number of human service programs through the creation of the Social Service Block Grant. The legislation, commonly referred to as Title XX or the Title XX Amendments to the Social Security Act (Pub. L. No. 93–647), required each state, as a condition of the receipt of federal funds, to initiate a planning process that included the assessment of need as the beginning point. The legislation defined a need as any identifiable condition that limits a person or individual or a family member in meeting his or her full potential. Many major political disagreements in the 21st century center on what should be included among these identifiable conditions.

Needs are usually expressed in social, economic, or health-related terms and are frequently qualitative statements. Need assessment refers to the aggregation of similar individual needs in quantified terms (20 U.S.C. § 228.31). Although need is defined globally and rather ambiguously in the regulations, Title XX did advance our thinking and practice by asserting that need has both *qualitative* and *quantitative* dimensions. The qualitative statement implicitly requires the labeling of the situation as a problem to be corrected or ameliorated. This, of course, was the major thrust of the previous chapter.

Quantification or tabulation of that problem represents the second dimension of need. Planning assumes that it is possible to identify similarities among people or groups of people who are experiencing problems and that these problems can be translated into needs that can be categorized and aggregated. In turn, once these aggregations have been tabulated, they can be further transposed into service budgets and appropriate service delivery structures. However, the ability to group or aggregate is a *sine qua non* for effective planning for the human services.

In summary, thus far we have tried to illustrate the following:

- Problems must be translated into needs.
- Need is a normative concept shaped by social, political, and economic environments.

- Theorists differ on the interpretation of the concept.
- Ponsioen defined need in terms of a level below which no one should fall.
- Maslow defined need in terms of a hierarchy in which higher level considerations become needs only after lower level needs are satisfied.
- Need has both quantitative and qualitative dimensions.

Understanding need requires that we address a number of key issues. The first is defining what we mean by the term *need*, with specific emphasis on the complexity of need as a planning concept. The second is examining factors influencing need. The third involves exploring categories of need. And the fourth deals with general problems of reliability and validity of data used to determine need.

## FACTORS INFLUENCING THE DEFINITION OF NEED

At the beginning of this chapter, we introduced the idea that need involves statements of values and preferences and that these are influenced by existing social, political, and economic institutions. We expanded this argument by suggesting that Ponsioen and Maslow accepted this reality when they attempted to describe levels of need and the development of priorities. This position is built on a number of important assumptions.

The first assumption is that need itself is elastic and relative rather than static and absolute. If need were absolute, the planning task would be relatively straightforward. Once we had defined the need and quantified its scope, the primary task would be to develop a plan for services and programs to meet the defined need and then to acquire sufficient resources to implement the plan. Experience shows otherwise. At best, needs assessment assists the planner in estimating what the need is at that moment and what it may be at some time in the future if attitudes, expectations, conditions, and values do not change dramatically.

As attention is focused on a problem and services are provided, expectations are raised and demand increases. The homeless, for example, do not necessarily create a demand for housing in a community. Homelessness exists side by side with thousands of vacant houses. It is only when affordable housing becomes available and the means are found to enable the homeless to afford that housing that a demand is created for this limited type of home.

For example, domestic violence has existed from time immemorial, but it was not seen as a public policy issue until the late 1960s. Various professionals, including members of the clergy and the police, knew the problem existed but were unaware of its magnitude. The term *public policy issue* is used in the sense that the issue is defined as a social problem (see Chapter 3) and resources are made available to solve or ameliorate the situation. Very few resources were in place. Given this, women who were being abused did not seek help. In 1971, Erin Pizzey established the first domestic violence shelter in London. Within a relatively short period of time, a growing stream of women came to the shelter seeking help. Furthermore, within a matter of years, social workers from the United States, learning of the English movement, visited Ms. Pizzey, were impressed with what

they saw, and set out to replicate similar services in the United States. Once the services were in place, women who were living in abusive situations came out of the shadows (Haaken, 2010).

In short, expanding services tends to raise expectations in the target population. We now realize that many people who might need services seek them only when they believe there is a real possibility of actually receiving them. Planners, then, must begin with the assumption that need is elastic—that it is likely to change over time—and that this elasticity extends also to demand; that is, demand is likely to grow with increased service provision. This influence, furthermore, can have unintended consequences. For example, if we allocate a greater share of social welfare resources to institutional services at the expense of funding community services, people who are experiencing mental illness may need to be institutionalized even if they are good candidates for community-based care. This occurred for decades in the case of children with disabilities. While the value of providing services to families was acknowledged, the bulk of resources were allocated to care for these children in institutions. The unintended consequence was an increase in the number of institutionalizations since the parents were not given needed support services. Another example was the policy shift in the area of mental health. The Community Mental Health Act of 1965 provided funds to states and local communities to provide services in the community and not in institutions. When these funds were no longer available, mental health services were then funded by Medicaid, a program that favored institutional rather than community care.

A number of factors emerging from existing social, political, and economic considerations influence the phenomenon of elasticity. Three of these—the standard of living, the sociopolitical environment, and the availability of resources and technology—are discussed in turn below.

The first and most obvious factor is the *standard of living*. Housing without indoor plumbing or toilets, considered to be adequate in the past, would be classified as substandard today. The housing itself has not changed, but expectations have. An example of a similar shift is the official definition of poverty used in the United States. In the early 1960s, the Social Security Administration developed a series of poverty profiles. These were based on particular standards that made allowances for different circumstances that families were experiencing. In all, 124 different poverty thresholds (e.g., large versus small, rural versus urban, young versus elderly) were identified. The poverty line was tied to the amount of money a family was thought to require to obtain basic necessities. (This approximates Ponsioen's level below which no one would be allowed to fall and Maslow's first and possibly second levels.) Allowing for inflation, the poverty line has been raised a number of times over the past 55 years. Whereas the poverty line for an urban family of four was \$3,100 in 1963, in the late 1980s the line for that same family was over \$11,000, and by 2014 that family needed more than \$23,850.

A second factor influencing the definition of need is the *sociopolitical environment*. Public attitudes and expectations are constantly shifting. A generation ago, for example, the notion of universal day care would have been rejected out of hand. It was expected that mothers would remain in the home to raise their children, entering the labor market only when this function was completed. Mothers who did work during this earlier period did so out of necessity, and many professionals, including those at the Children's Bureau of the

U.S. Department of Health, Education and Welfare, argued that this had a negative effect on the family and on child development outcomes. By the 1970s, attitudes had changed considerably, and as of today, little, if any, stigma is attached to placing a child in day care. In fact, some research actually suggests that for some children these arrangements can have a positive impact. As these sociopolitical attitudes have changed, the definition of need has changed.

A third factor influencing the definition of need is the *availability of resources and technology*. If people do not believe that the available resources are adequate to meet the particular social needs under consideration, it is unlikely that they will follow through on their concerns and take any significant action. For instance, before there were heart transplants and artificial hearts, there was no expectation of extended life for a person with a diseased heart. New technology in this arena created a demand. An example of how this affects human services can be seen in programs for the elderly. From 1935 to 1960, income maintenance programs represented the major national effort on behalf of this group. The rationale was simple. Little was known about the aging process and the aging population. A few years after the passage of the Social Security Act, Congress expanded services to include health care; Medical Assistance for the Aged was enacted in 1960, recognizing that the Social Security income benefit was no longer large enough to meet the rising costs of medical care. In the 1960s, however, the federal government made available significant funds to various social scientists, including those in a somewhat new discipline (gerontology), to study this demographic group. The results stimulated the development of support programs that emphasize not just the economic but also the social needs of the elderly. Examples of such programs include adult day care centers, foster grandparent programs, and special employment opportunities, as well as programs focusing on the physical needs of the elderly (e.g., meals on wheels, home care and homemaker services, comprehensive health maintenance programs). Our knowledge about the aging process has changed, along with the resources and technology available to improve the quality of life for the aged. As resources and technology have changed, the definition of need has changed (Moroney & Krysik, 1998).

Need, therefore, is a concept deserving of careful analysis by those responsible for the planning of human services. As has been indicated, vague or implicit use of the term can lead to ill-conceived programs or inaccurate predictions. It is important to keep in mind that need is shaped by values and that it possesses an elasticity affected by changing standards of living, changing sociopolitical environments, and changing resources and technology. Bearing this in mind, we can now move on to a consideration of the categories of need: the *what* of need mentioned earlier.

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## DIFFERENT PERSPECTIVES ON NEED

Conceptually, four distinct approaches to measurement of need can be identified: normative, perceived, expressed, and relative (Bradshaw, 1972). (The issue of how to measure need is the focus of Chapter 5.) The categories are useful in that they offer different perspectives on need and different but complementary approaches to understanding the concept.

## Normative Need

By definition, the term *normative* implies the existence of standards or norms. When we add the concept of need, we posit the existence of some standard or *criterion* established by custom, authority, or general consensus against which the quantity or quality of a situation or condition is measured. Program planners working within this framework do not collect new information but rely on existing data. Surveys from comparable communities or opinions from knowledgeable professionals can produce suggested targets, usually expressed as ratios against which existing levels of services are compared. If the actual ratio falls short of a particular standard, a need is said to exist. Examples of these ratios are the number of beds in hospitals or nursing homes that a particular community might need (often expressed as numbers per 1,000 population), the number of home-delivered meals per 100 elderly population, and the number of case managers for each 100 chronically mentally ill persons. Another example involves determining the number of child welfare caseworkers that would be needed in a new program. The Child Welfare League of America ([www.cwla.org/pubs](http://www.cwla.org/pubs)) recommends the following: 12 cases per worker for those who do assessments and investigations, 17 cases for those involved in ongoing services, and 12–15 cases for those carrying foster care cases.

The strength of this approach is that it allows program planners to generate objective targets. Its limitations are those discussed above: Need levels are likely to change as knowledge, technology, and values change.

## Perceived Need

Need can also be defined in terms of what people *think* their needs are or *feel* their needs to be. Although the idea of felt need is important, it can be unstable. Depending on the current situation, people's expectations may fluctuate in that they are susceptible to change. Moreover, people who have a higher standard of living (by objective standards) may feel they need more than do those who are living in poverty. Program planners must be sensitive to what consumers state and, of equal importance, must be able to interpret this in the context of other perspectives on need.

Need as perceived by the potential consumer of the service provides program planners with information that will be useful in designing a more responsive service delivery system. A fine balance must be maintained, however, between the professional's judgment of client needs and potential consumers' perceptions of what those needs are. Consumers may express what in reality are symptoms of problems and not causes, and professionals may provide what they consider to be the client's "real" needs.

A major issue is the method used to identify this level of need. Whether we use surveys, public forums, or focus groups (these topics are discussed in greater length in later sections of this chapter), decisions have to be made about the basic method to be used in asking consumers what they perceive their needs to be. One approach is to ask open-ended questions; another is to ask them to identify their needs from a predetermined set list. The value of the former is that it is more likely to generate what the individual believes rather than forcing him or her to choose from a list. The down side is that, in some cases, the responses might not fit into the stated goals of the program.

As discussed earlier in this chapter, Title XX, the Social Service Block Grant, required states to complete a needs assessment in order to receive the funding. Many states held community meetings and asked participants to identify their thoughts about what their communities needed most. Some states used brainstorming as the major method, not asking participants to choose from a list of needs or services. The responses in most meetings ranged from “more street lights,” “more stop lights,” “more police walking the neighborhoods,” “better transportation,” to “more accessible health care,” and so on. The problem was that Title XX was to offer “social services.” Given these experiences, the planners shifted their approach and asked participants to choose what they thought to be the most pressing need from a list of 38 allowable services, ranging from day care to homemaker services to protective services for children and adults. With these data, the planners were able to aggregate the preferences of the community. The benefit of the open-ended approach was that it generated information that captured the participants’ beliefs about need. The problem for the planner was that these data often could not be aggregated or might be about needs that could not be addressed in the goals of the program.

The major drawback of using only perceived need in planning, then, is that whereas with normative need a single standard exists, with perceived need the standard changes with each respondent. In addition, experience has demonstrated that in actively soliciting consumers’ perceptions of their needs, program planners are likely to raise expectations in that they leave the impression that those needs will be met. This can raise levels of frustration and even alienate potential consumers if the services are not provided.

## Expressed Need

Need can also be discussed in terms of whether it is met or unmet. Economists are most comfortable with this approach in that the critical variable is whether the individual actually attempts to obtain a service rather than whether some “expert” judges that the individual needs that service. Either way there is a drawback. On the one hand, there is evidence that a major deterrent to seeking a service is the absence of the service. On the other hand, individuals may not perceive or feel that they need a service and may not use it even if it is made available, despite what the experts say.

Relying on demand statistics, program planners attempt to determine how many people actually have sought help. Of this group, a percentage have been successful (met need or demand) and a percentage have failed (unmet need or demand). The strength of this approach is that it focuses only on situations where people actually translate a feeling into action, and the unmet need or demand then becomes the basis of planning targets. The limitation of this approach is its lack of concern for overall community need, especially if program planners assume that all persons with needs seek appropriate help. In this instance, the standard (the level of met need or demand) is influenced by people asking for help, and not all people with well-documented needs actually seek services. In fact, community survey after community survey has provided sufficient data to demonstrate that expressed need or demand statistics represent only the tip of the need iceberg.

## Relative Need

The definition of relative need does not begin with the assumption that there are existing standards or desirable levels of services that should be met. Relative need is measured as the gap between the level of services existing in one community and those existing in similar communities or geographic areas. The analysis must, of course, take into account differences in population as well as social pathology. Unlike a measure of normative need, which provides an absolute standard to work toward, programs based on relative need are concerned with equity. Given scarce resources, how are criteria best developed that give priority to population groups or geographic areas in greater need than other groups or areas? In some instances, this means that a poor community that already is receiving many resources may be favored over a more affluent community with fewer resources if it can be demonstrated that the relative unmet need is greater and that the poor community is at higher risk. Table 4.1 compares the four types of need.

To illustrate the different possible conceptions of need further, we present below an example showing how all four might be applied in a particular community.

## An Application

The director of the Franklin County Department of Social Services has been informed that the number of new cases of family violence, especially spouse abuse, has been increasing in the county over the past few months. After meeting with a number of community leaders, she establishes a task force to analyze the situation and recommend a course of action that would proactively address the community's "need." She has assigned

**Table 4.1** Four Types of Need

Type of Need	Definition	Example
Normative	Need defined as falling below a standard or criterion established by custom, authority, or general consensus	The number of people in a community who live in substandard housing as defined by federal housing standards
Perceived	Need defined in terms of what people think their needs are or feel their needs to be	The number of people in a community who define themselves in a survey as being in poor health
Expressed	Need defined in terms of the number of people who actually have sought help	The number of people in a community who are on waiting lists to receive family counseling
Relative	Need measured by the gap between the level of services existing in one community and those existing in similar communities or geographic areas	The percentage of homeless people placed in shelters in community X compared to the percentage in community Y

one of the agency's professional staff members to assist the task force. After initial discussions, the task force decides to explore this need using the framework described above.

### Normative Need

The staff member contacts the director of the National Coalition Against Domestic Violence as well as a number of people at the National Institute of Mental Health (both in Washington, D.C.) and finds that another state—New Jersey—has completed a similar planning exercise. The New Jersey plan includes guidelines for a comprehensive community service delivery system for women who have been abused. The staff member contacts the New Jersey Department of Human Services and requests any material that might be available on this issue; within a week she receives a copy of the New Jersey plan, *Physically Abused Women and Their Families: The Need for Community Services* (Department of Human Services, 1978).

At the next meeting of the task force, the staff member discusses her analysis of the New Jersey plan and its possible implications for Franklin County. First, the New Jersey planners, using a number of studies, estimate that 6.1% of all couples engage in serious violence in any given year. If this rate were applied to Franklin County, we would estimate that 6,100 women are being abused each year by their spouses (i.e., 6.1% of 100,000 people). The New Jersey report also discusses various theories of causation found in the literature and the problem of services needed by abused women and their children. Finally, the report outlines the components of a comprehensive system as developed in New Jersey system:

- crisis intervention
- 24-hour hotline
- 24-hour crisis intervention unit
- shelter
- crisis counseling
- crisis financial assistance
- crisis transportation
- crisis day care
- crisis medical care
- immediate police assistance
- crisis legal assistance
- ongoing services
- information, referral, and advocacy
- self-help groups
- short- and long-term counseling

- transitional housing
- financial planning
- training and employment
- medical services
- long-term child care
- parent education
- children's services
- medical services
- education
- counseling
- recreation
- program development support
- public/community education
- training
- coordination
- preventive services
- education in schools
- law revision

If the task force concluded its efforts at this stage and recommended that Franklin County implement the above system for an anticipated 6,100 women each year for the near future (assuming that preventive efforts would reduce the numbers in the long term), the needs assessment would incorporate only the normative need approach.

### **Perceived Need**

One of the task force members, a woman who has been abused and now serves as the president of Franklin County's major advocacy group, raises a number of questions at this point and suggests that, although the New Jersey program is an excellent beginning point, it may need to be modified to fit the particular needs of the area. She points out that because many women who are abused delay seeking help or do not seek help at all, the task force should attempt to identify specific reasons the abuse is occurring in the community and whether these barriers are related to cultural expectations and values; feelings of shame, embarrassment, powerlessness, or fear; or even previous negative experiences with human service agencies. This approach incorporates perceived need. In talking with women who have been abused, the task force will be able to design the program(s) so that clients' perceptions of what their needs are will be incorporated.

## Expressed Need

At the next meeting, one of the task force members, an administrator from the Franklin County Mental Health Department, states that although he agrees with the strategy the task force has decided to use—that is, using the New Jersey plan and its estimates of the prevalence of spouse abuse (normative need) and undertaking a survey of women who have been abused (perceived need)—he suggests that the task force go beyond these two sources of information and collect data from the existing programs in the community. In this way, the task force will be able to assess the capacity of the existing system as well as to establish short- and long-term priorities. It is agreed that the programs will be asked to provide data on the numbers and characteristics of the women and children they served over the previous 12 months and the numbers and characteristics of those on their waiting lists. A survey of the major community programs in the county shows that 2,000 women (and their children) were provided services during the past year. Specific services (e.g., shelters, counseling, child care, employment) and utilization rates were documented. This suggests that approximately 4,000 women were not receiving services and were “in need.” This approach incorporates expressed need in that it looks at demand for services.

## Relative Need

At a later meeting, after the staff member has presented the results from the above data collection efforts, another member of the task force points out that she is concerned that whereas 94% of the women who received services or who were on waiting lists were White, 18% of the county population is Hispanic and 9% is African American. Moreover, in the task force's survey of women who have been abused, it was found that a significant number of the respondents were from these two minority groups. On the basis of these and similar findings, the task force recommends that immediate priority be given to the development of two new shelters that will be accessible to neighborhoods where there are large numbers of Hispanics and African Americans, that these shelters be staffed with workers sensitive to the needs of minority women, and that bilingual workers be placed where needed. This approach incorporates relative need by diverting resources to those with lower availability of resources.

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## NEED CATEGORIES AND THE PLANNING PROCESS

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It should be apparent that need cannot be measured adequately by selecting only one of these approaches. Because each is limited and provides insight into only one facet of the phenomenon, a serious exploration should account for all four dimensions.

Given that needs assessment is conceptually ambiguous, that need is elastic and subject to shifts in scale over time, and that most human service agencies are experiencing demand levels greater than the resources available at any one time, why should agencies and program planners spend scarce resources and energy on this activity? Despite these realities, there are clear and compelling reasons for utilizing the needs assessment process.

In practice, managers must constantly review the money and resources available to them and employ techniques that make the best use of this information. If they do not,

they are likely to end up not knowing what the needs of their communities really are. The needs assessment process can feed a well-organized and pertinent flow of information into the overall management decision process. It can show what the actual demand on human service agencies is and what potential demand might be. It can provide useful information as long-term goals and capital budget programs are reviewed. Further, it can provide a useful early warning system regarding potential changes in demand. And once key data sources are identified and data collection systems are organized, all four perspectives on need can be incorporated in a low-cost and efficient manner. Without this information, managers are likely to find scarce resources being squandered on programs that may well further the bureaucratic status quo rather than address the concerns of the community.

Needs analysis, then, in both its qualitative and quantitative aspects, is an activity that begins with problem analysis as outlined in Chapter 3 and provides the agency with an idea of what is to be done and the size of the target group. Needs are then translated into measurable objectives, resources, and the criteria necessary for program evaluation.

A caveat needs to be addressed. Earlier in this chapter we introduced the New Jersey report on domestic violence. The value of such a report is that it describes what one state concluded it would need to establish a comprehensive system in this area. As we pointed out, this list was derived based on a review of available research reports. This report can be seen as an example of what is referred to as "best practices." Since the 1970s, various organizations have established clearinghouses that provide examples of programs that have been evaluated as successful. In the federal government, Project Share (Anderson, Frieden, & Murphy, 1977), operated by the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, was established in 1976 to provide examples of best practices in the human services. And in the private sector, services are provided by organizations such as the Casey Family Program (foster care), the Child Welfare League of America (various issues in child welfare), and the Guttmacher Institute (teen pregnancy and adolescent health).

A major criterion for inclusion in these clearinghouses was their ability to demonstrate, in measurable terms, successful outcomes. In the 1990s we saw this evolve into evidence-based practice, with its emphasis on quantitative research and its de-emphasis on qualitative studies. As we argued above, we believe that both quantitative and qualitative approaches are useful; they offer different perspectives on the problem and the intervention.

Finally, even though a program demonstrates its success, this does not necessarily mean that it will produce the same results in other locales. For example, one community home care program for those with chronic disabilities was evaluated as highly significant and proposed as a "best example" by the Department of Health and Human Services, but it did not produce the same results in other locations. Eventually, it was found that a major reason the initial program was so successful was the original staff. They not only were highly professional; they had a personal commitment to the purpose, vision, and philosophy of their agency. Other examples of this phenomenon, the motivation of the providers, was found in the early development of domestic violence programs. As new staff joined the program and the original staff left, the dynamics changed and success rates dropped. The caveat: Determine, if possible, that the theory underlying the program and the methodology driving the intervention can be transferred and that intangible staff characteristics can be duplicated or are not that important.

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## DETERMINING WHO IS IN NEED

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The concept of at-risk populations is fundamental to any discussion of needs assessment. It has been inherent in the development of such programs as those dealing with poverty, homelessness, families at risk of abusing their children, and persons with AIDS. These activities are based on the principle of channeling resources to high-risk areas in which there are concentrations of high-risk families and individuals. Needs assessment, then, consists of establishing standards of need and devising some methodology of counting the number of people in a given community who fall below the standard and therefore are in need. The methodology is discussed in Chapter 5.

It should be emphasized that to identify a group of people as vulnerable is not to argue that all members of that group have problems or that all members have similar problems. Rather, to identify such a group is only to document a high statistical correlation between that group's characteristics and specific types of problems. For example, to show a high correlation between advanced age and poverty, chronic illness, mental illness, and social isolation in a community does not mean that every person over 65 in that community is poor, ill, and unable to function socially. What it does mean is that an aged person is more likely to have one or more of these problems than is a younger person. Dangerous stereotyping can occur if we are not sensitive to these concerns. Many individuals have suffered discrimination in obtaining home mortgages, automobile insurance, or bank loans because they happen to live in neighborhoods that have been described as high-crime areas, for example; assumptions about an area tend to attach to everyone from that area.

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## TWO MAJOR PROBLEMS: RELIABILITY AND AVAILABILITY OF DATA

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There are two major problems in conducting a needs assessment. First, current methods are useful only for deriving estimates, and decision makers often prefer greater precision. They need to be informed that such expectations are perhaps both unnecessary and unrealistic and that estimates are of considerable value in providing targets. For example, a program planner may estimate that 10% of a state's elderly population of 100,000—that is, 10,000 people—may need homemaker services. The actual number may fall somewhere within the range of 9,000 to 11,000. With the introduction of various eligibility standards and criteria, the number of eligible elderly may be reduced to 7,000. Although exact numbers cannot be generated at a reasonable cost, targets can be established, and they can be modified later as additional data become available.

A second problem planners face in conducting needs assessment is that of data availability. For example, the analysis undertaken to estimate the number of elderly persons needing homemaker services requires considerable data—data that some would argue are not available in most situations. It may be pointed out that information does not exist or that, even if it does, it is not easily accessible or usable in its present format. The existing database may be criticized also in that it is not specific to the particular planning issue—it does not contain the right kind of data. The response is often to delay needs assessment until “more appropriate” data are available. It is unlikely, however, that a perfect or ideal

data set will ever become available. Program planners must accept these limitations and use existing data sources creatively. Although the data are imperfect, they can still be used to generate targets.

Following this line of argument—that existing data are better than no data—program planners often must identify surrogate measures of needs. The percentages of working mothers with children under 6 years old, single-parent families, and families with incomes below the poverty line have been used as indicators of day care need. Although it is reasonable to assume that these variables are highly correlated, they do not directly measure these needs. The problem is twofold: to identify appropriate surrogates (the theoretical requirement) and to develop the best possible argument that those surrogates are valid (the political argument).

The next chapter identifies a number of methodologies that have proven useful in identifying indicators of need and collecting data. In summary, we have attempted to make the following points in this chapter:

- There are four different conceptions of need: normative, perceived, expressed, and relative.
- All four should be considered in any assessment of need.
- Identifying at-risk populations is fundamental to any needs assessment.
- Reliability and availability of data are important considerations in needs assessment.

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## SUMMARY

Whether we set out to estimate the numbers affected by the problem so that we might develop meaningful policies or programs and then identify what services should be provided, we are faced with the reality that these estimates and listings are only that—estimates. The concept of need is the foundation for much of what we do. We ask these questions: How many people need help? What do they actually need? Unfortunately we often address these questions in a somewhat simplistic way. The numbers generated and the services listed are treated as objective reflections of reality. But needs assessment activities cannot produce this reality since the concept of need is subjective and the numbers produced are only estimates that are subject to change.

This does not detract from the importance and necessity of conducting a needs assessment. This chapter provides the theoretical foundation for this component of program planning. Four approaches are discussed: normative, perceived, expressed, and relative. Each offers a unique and complementary view of need. The strengths and limitations of each were discussed and the argument made that, if possible, as many as possible should be considered by the planner. While this chapter lays the theoretical foundation for conducting a needs assessment, the next chapter identifies specific methodological approaches that can be used to carry out a needs assessment.

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## REVIEW QUESTIONS

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1. What does the concept of *elastic* or *elasticity* mean in needs assessment?
2. What factors influence how need is determined?
3. How are normative and perceived needs different?
4. How are expressed and relative needs different?
5. What are the strengths and limitations of the concept of *at-risk* when used in needs assessment?

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