

A Framework Template to Develop a Health Needs Assessment and Research for Underserved Populations in the Community

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Guidance and template in developing a needs-based, not enforcement-led, assessment for underserved populations at community level

Janine Ewen – a specialist in trauma, public health, policing and harm reduction – has provided a template and brief guidance on how to negotiate a health needs assessment (HNA) involving police, without it becoming an enforcement-led endeavour. Janine has extensive experience in building police and partnership work projects with local agencies, including the development of both police and non-police events to help people feel comfortable. This gives them a choice whether to discuss hate crimes, experiences of criminal harm/exploitation, unmet health and wellbeing needs, and any poor practices experienced from the police. Janine has found that in this line of work, attention to detail (including language, concepts, terms of agreement) and how everyone is placed in the project will be the most important aspects of designing an effective HNA when introducing public health approaches for underserved populations.

Janine explains: “It’s almost as if you are immediately trying to safeguard when pulling together a HNA. You may have come to understand just how much skills are involved. It’s more than just having an idea on how to reduce harm and bringing common sense. It’s about how to navigate and pull in the direction towards needs, and remove the data-gathering for a criminalisation actions mindset (disrupting, targeting and raiding). I’ve seen many times when projects go back and forth (sometimes over several months) because the police, sometimes with health providers, propose gathering data to fulfil “business as usual” aims. You may find yourself in the position of having to completely change what was originally proposed from the agency and police perspectives, to break away from the repeated cycles of causing harm.”

Here is an example of part of a response while negotiating the terms of the conditions before the HNA project began.

Police and health provider/representative:

One of the project's aims: providing information on the locations of [BLANK] for [BLANK]

Below is from the perspective of the experts: the people with lived experience, **who often have developed their own networks of peer support and safety.**

*We strongly urge that this aim of the project is removed entirely from the proposal, **to prevent such a misuse of data gathered impacting an essentially criminalised and vulnerable community of people who [BLANK]. Rarely (or ever) have we seen a police force [BLANK] on [BLANK] that despite stated intentions, has not caused harm to [BLANK] themselves. If we feel at any point that the safety of [BLANK] is being compromised by the sharing of intelligence rather than of actual needs,** then we will withdraw completely from the project.*

*We are fully committed to partnership working for the development of services for [BLANK] actual and **not perceived needs,** and commit to ensuring all evidence gathering that we take part in or lead on **is used solely to meet the aim of this project to understand more fully [BLANK] with a view to establishing the safety, health and wellbeing of those involved in [BLANK].** I'm sure this is already understood, but I think it will be an important statement to be made as we bring other agencies and organisations into the plans and project ahead.*

Janine says this example highlights the **dangers of crossed wires at the beginning,** and how a plan of action will need to be crafted with **a great deal of care and diligence.** Also, the point about **actual rather than perceived needs** is crucial here. If people (understandably) have little trust, in the authorities the last thing they want is to feel that they are being pathologized or treated in a paternalistic manner.

Janine has put together an example of a template she developed, one that can be used by other practitioners, academics and students to give them extra help in designing a HNA.

“I want to share good practices openly and show a commitment to making material open access. This template doesn’t have to be replicated as it is, but it provides suggestions on what you might want to include so you have a concise HNA that details the following”:

- **Project title**
- **Background**
- **Bullet points that reference previous research**
- **Organisation/representative profile**
- **Action plan**
- **Aim**
- **Goals**
- **Key partners and advisors**
- **Goals, actions and outcomes**

Project title here

Background

Set out why this piece of work is taking place. Does it link to any local/national/international work? Did a review find that there are not enough data sources to provide a more detailed picture? I would recommend you make this section two or three sentences long. It needs to be brief and straight to the point.

You may want to use this space to list bullet points from any research and key concepts. Here are examples:

- There are no available data sources to provide a definitive estimate of the numbers of people involved in [BLANK].
- [BLANK] can broadly be identified as [BLANK].
- Open searches by police estimate that around [BLANK] in any single day for [BLANK] in [BLANK] in [BLANK] are available, the majority of which involve [BLANK]. This is likely to be an underestimate of those involved in [BLANK].
- An acknowledgment that [BLANK] is not the only way of arranging transactions (use of mobile phones for example is an alternative method).

- People who continue to [BLANK] were often seen as having several health and social care challenges including substance misuse, lack of secure accommodation, mental health problems and backgrounds of deprivation and abuse. Some professionals referred to the [BLANK] as survival behaviour.
- Less is known about [BLANK]. Although evidence suggested that they are likely to be more diverse in [BLANK] and although they may have [BLANK] issues there was [BLANK]. Those [BLANK] are considered difficult to engage with as they do not attend services.
- Little is known about the health and wellbeing of those involved in [BLANK], but it is likely that there is a range of risks and adverse impacts, both short and long-term.
- There is little evidence of [BLANK].
- Individuals involved in [BLANK] are not consulted nor were several other stakeholders. This work will aim to fill this current gap in knowledge.
- The authors concluding remarks were *‘available evidence on [BLANK] is patchy and characterised by a number of gaps in knowledge, particularly in the scale and nature of [BLANK] and support needs of those in it. Information on profiles, pathways and circumstances as well as personal health and wellbeing impact is based on the professional insights of those who encounter those involved in [BLANK] through criminal justice or other services. This represents a partial picture.’*

ORGANISATION/REPRESENTATIVE PROFILE

Use this section to introduce who is proposing this project and why. Do you have better trusting relationships with people who have found safe spaces through peer support organizing? Do you operate in person and use new technologies which have helped to build a community of support for those involved in [BLANK]? It's useful for all partners to be able to see what you as a group/individual/organization/academic will offer to make a real difference.

[BLANK] also works to create supported referral pathways for [BLANK] to a range of services, informing people of available support, and accompanying people to appointments, but also engaging with those services to ensure an informed and non-judgmental approach towards the issues of [BLANK] is fostered within their service. Working with other agencies and partners, we have trained ourselves in areas such as safety, welfare advice, rights and the law, health, housing options and general well-being.

‘We believe that running a holistic service that looks after the material, physical, emotional and sexual health needs of [BLANK] is the best way to reduce isolation and the structural oppression of [BLANK], remove barriers to their access to services and barriers to reporting crimes of violence and exploitation, foster a sense of participation and capacity within the community and increase positive engagement between [BLANK] and wider society.’

Proposal for Action Plan:

Partnership working to explore [BLANK] in [BLANK] and assess the needs of people involved in [BLANK]

Aim:

To understand more fully [BLANK] in [BLANK] with a view to establishing the safety, health and well-being needs of those involved in [BLANK] and to consider priorities for action

Goals:

1. To explore the prevalence and nature of [BLANK]
2. To explore and identify the health, safety and well-being needs of people involved in [BLANK]
3. To prioritise actions related to needs identified and established & develop resultant action plan and associated funding strategy to roll out actions/activities

Key Partners & Advisors:

Examples

- Local Public Health representatives
- Health service representatives
- Consultant and Reproductive Health Care
- Third Sector/charity/NGO organisations (this may not yet be identified but possibly identified through the baseline mapping of services currently available)

- Police (**Police should be in an advisory role only, sharing prevalence data and being present during the presentation of needs and involved in prioritization of actions. An agreement should be pursued with the police prior to the project beginning**)
- Representatives involved in technology and safety

Goals, Actions & Outcomes | TITLE OF PROJECT HERE

Goal One: To explore the prevalence and nature of the [BLANK] throughout [BLANK]

Objectives	Actions	Person/s	Time Frame	Completion	Intended Outcomes
<p>To explore the [BLANK] of [BLANK] in [BLANK]</p>	<ul style="list-style-type: none"> Open-source research project developed involving [BLANK] and [BLANK] to establish baseline numbers 	<p>[BLANK]</p>	<p>[BLANK]</p>	<p>6-month period</p>	<ul style="list-style-type: none"> To evidence online market of [BLANK] establishing numbers and contributing to the demographic assessment of people involved in [BLANK]
<p>To gather estimated numbers of individuals involved in [BLANK]</p>	<ul style="list-style-type: none"> To seek police collected information and intelligence data Seek [BLANK] numbers recorded of people accessing services as [BLANK] 	<p>[BLANK] and Police to share prevalence data with [BLANK] but not engage in using this data for targeted approaches until project complete and action plan jointly developed</p>	<p>[BLANK]</p>	<p>6-month period</p>	<ul style="list-style-type: none"> To establish estimate of numbers involved in [BLANK] and decipher approx. number ratio between [BLANK] and [BLANK] through triangulation with data gained from service providers who are in contact with [BLANK]

Goal One: To explore the prevalence and nature of the [BLANK] throughout [BLANK]

Objectives	Actions	Person/s	Time Frame	Completion	Intended Outcomes
Demographic profiling of those involved in [BLANK] in [BLANK]	<ul style="list-style-type: none"> Recorded in a monthly overview of [BLANK]. Supplemented through interviews with [BLANK] where demographic details will be sought (these demographic details need agreed) 	[BLANK] to ensure ethical research principles adhered to	[BLANK]	10-month period	<ul style="list-style-type: none"> A snapshot of diversity of [BLANK] will be gained and overviewed

Goal Two: Explore and identify the health, safety and well-being needs of people involved in [BLANK] in and surrounding area

Objectives	Actions	Person/s	Time Frame	Completion	Intended Outcomes
<p>To identify existing service provision available to [BLANK] in [BLANK]</p>	<ul style="list-style-type: none"> • Mapping of current health, safety and well-being services available to [BLANK] • Design and distribute questionnaire to all service providers in [BLANK] • To interview the main service providers in [BLANK] to fully understand their service offerings and approach taken to [BLANK] in the delivery of these services: Public Health and Third Sector 	<p>All parties involved except [NAME OF POLICE FORCE]. [BLANK] to lead on interviews and other stakeholders to contribute their service overview and policy perspectives they work from</p>	<p>[BLANK]</p>	<p>3-month period</p>	<ul style="list-style-type: none"> • To establish the baseline of services available • To identify policy approaches taken either formally or informally in service delivery

Goal Two: Explore and identify the health, safety and well-being needs of people involved in [BLANK] in and surrounding area

Objectives	Actions	Person/s	Time Frame	Completion	Intended Outcomes
<p>To identify and establish the desires and needs of [BLANK] in [BLANK]</p>	<ul style="list-style-type: none"> • To design and distribute questionnaire for [BLANK] in [BLANK] • To organize and execute participatory interviews with [BLANK] in [BLANK] face to face or via Skype • To explore the optimum acceptability and accessibility needs (regarding safety, health and well-being) of [BLANK] from their perspective 	<p>[BLANK] to lead and distribution of questionnaires to be supported by health services, Public Health and Third Sector organisations</p>	<p>[BLANK]</p>	<p>6-month period of data collection 2-month period of writing up findings and presentation of data prepared for action plan</p>	<ul style="list-style-type: none"> • Demographic overview of [BLANK] in [BLANK] supplemented from online searches • The needs and desires of [BLANK] in protecting their safety, health and well-being are established • The experiences of accessing services are recorded • The optimum acceptability and accessibility of services are identified

Goal Three: To prioritise actions related to needs identified and establish and develop resultant action plan and associated funding strategy to roll out actions/activities

Objectives	Actions	Person/s	Time Frame	Completion	Intended Outcomes
<p>To develop a prioritised action and strategic plan for a rights-based approach to meeting the safety, health and well-being needs of [BLANK] in [BLANK]</p>	<ul style="list-style-type: none"> • To present the findings of the comprehensive needs assessment to all stakeholders • To jointly prioritise actions • To jointly strategise to identify lead groups and agencies on each action • To jointly establish funding needs for the roll out of services and sustainability 	<ul style="list-style-type: none"> • [BLANK] to present to multi-agency group the results of the needs assessment, offering also a comparative assessment with the approach in [BLANK] to the approach of other areas in the UK • All stakeholders to engage in prioritization of actions and strategic plan • All stakeholders to participate in the seeking of funding to establish, scale and sustain service approaches identified as essential for meeting safety, health and wellbeing needs of [BLANK] 	<ul style="list-style-type: none"> • Needs Assessment finalized by [BLANK] • Joint meeting of stakeholders and multi-agencies to be prepared for [BLANK] 	<p>Project to be concluded by [BLANK] with proposed action plan and identified leads on activities and scale up beginning to be actioned by [BLANK]</p>	<ul style="list-style-type: none"> • Needs of [BLANK] identified and prioritized • Barriers to service provision and acceptability of services by [BLANK] identified and actioned to be removed jointly • Service provision activities and ethos/approach will be fully based and ensure the rights and safety of [BLANK] are upheld • Framework to be produced following action plan that includes [BLANK] in ongoing reviewing of services