

### **3 Assessing the needs (1): specific needs assessments**

Several needs assessments are carried out each year for specific groups of the population. They incorporate evidence from both statistical sources (for example rates of illness) and from discussions with members of those groups and with professionals. The information they use allows priorities to be developed for those groups.

#### **3.1 Children and young persons needs assessment**

A children and young persons' needs assessment was carried out to inform the Gateshead's [Children and Young People's Plan 2006-09](#) (reviewed [2007/08](#)) Lists of the organisations involved in the original plan and in review appear [Children and Young People's Plan 2006-09](#) and [Consultation on review of Children and Young People's Plan](#) respectively. The Plan was based very much on the outcomes of '[Every Child Matters](#)' namely:

- Be healthy;
- Stay safe;
- Enjoy and achieve;
- Make a positive contribution;
- Achieve economic well-being.

Findings from the assessment formed an essential part of the basis for the [Children and Young People's Plan 2006-09](#) and the actions identified are provided in the issues and priorities table in the final section of this document. The assessment was further revised to inform the 2010 JSNA ([Children and Young People's Needs Assessment 2010](#)). The importance of addressing poverty is stressed in this document, as children from lower socio-economic groups have the greatest chance of poor outcomes on a whole range of measures, including physical health, emotional health, educational attainment, school attendance and employment opportunities

#### **3.2 Mental health needs of children and young people**

A Gateshead CAMHS needs assessment was completed in 2008. It aimed to estimate need, identify gaps in relation to service provision, identify good practice and inform the development of the Gateshead CAMHS strategy 2010 – 2013. Based on the ChiMAT tool, it involved consideration of local epidemiological information (incidence and prevalence of certain diseases or conditions), an audit of existing services and analysis of service usage and the views of all stakeholders, including children, young people and their families. The district has regularly carried out research into the needs of children and young people, using a health related behaviour questionnaire.

Some of the key findings of the assessment, in addition to prevalence figures given in [section 5.2 \(vulnerable groups\)](#) are as follows:

- Individual risk factors for mental health problems include: low IQ and learning disability; sensory impairment; physical illness

- Prevalence of mental disorders is greater among children where certain factors exist in their homes. These include lone parent families, families with low gross weekly household incomes and households where the interviewed parent has no educational qualification.
- Risk factors in the community include socio-economic disadvantage and homelessness.
- Self-esteem increases with age and there are higher scores in Gateshead than in the reference sample.
- There has been a positive increase in physical activity levels and a reduction in smoking levels.

### **3.3 Young People's Substance Misuse Treatment System Needs Assessment**

As part of the Needs Assessment process, and in accordance with National Treatment Agency guidance, an expert group of key stakeholders was established, the membership of which including representatives from the NTA, PCT, DAT, SMART, CAMHS, Change for Children team, Police, ASB and YCL. Secondary data, obtained from a variety of sources including the National Drug Treatment Monitoring Service (NDTMS), TellUs3, Youth Justice Board data, and LAC data were analysed and presented to this group for discussion and interpretation.

Statistics on service uptake are outlined later in [section 7.11](#). This current section relates to the more qualitative findings gathered via consultation with a number of groups of young people. These groups consisted of young people already engaged with our service, young people from the Youth offending service, young people in the looked after system as well as a 'control' group of young people accessed through Gateshead Youth Assembly which also included representatives/young people from BME communities in Gateshead.

[The next needs assessment](#), carried out to inform the 2010/11 service needs, took a different approach, focusing on qualitative consultation with key partners. Key findings included:

- Cannabis continues to be the most represented substance other than alcohol, with heroin prevalence remaining low and no sign yet of emerging substances such as mephedrone or crystal methamphetamine
- Important themes emerging for recommendations included:
  - workforce development;
  - Testing approaches of early intervention with primary schools
  - Integration and meeting needs in a coordinated manner.

### **3.4 [General mental health needs assessment](#)<sup>1</sup>**

Key findings from this assessment include:

- Rates of prescribing antidepressants are higher in North East local authorities than national rates, with Gateshead having the highest rate in South of Tyne and Wear. However, prescribing rates need to be treated with caution, because there are many reasons for the differing rates. For example, poor access to psychological services may mean higher prescription rates.
- Self-harm rates are considerably higher than the national average in Gateshead.
- Domestic violence has potentially devastating consequences for children. Recent research shows that children's educational attainment is adversely affected by domestic violence<sup>2</sup>. Children exposed to abuse may have limited social skills, exhibit violent, risky or disruptive behaviour or suffer from depression or severe anxiety<sup>3</sup>. Children who grow up in violent homes are also more likely to be victims of child abuse and grow up to become victims or perpetrators as adults. Women account for 80% of all reported victims of domestic violence in the UK. One in four women and one in five men are reported to have experienced domestic violence<sup>4</sup>. It is estimated that two women die from domestic violence incidents a week<sup>5</sup>. The Healthcare Commission (2008) stressed that all staff who come into contact with women should be appropriately trained to identify signs of domestic violence and be aware of what action should be taken.
- Black and minority ethnic groups, including refugees and asylum seekers, attach higher levels of stigma to mental health problems.

As part of the needs assessment, a public consultation was carried out. Themes which emerged from this were: inclusion and belonging; being active and having a structure; personal time and a balanced life; raising awareness of mental well-being. The findings from the consultation identified the following key factors which had an impact upon mental wellbeing:

- Finance and work
- Environment and housing
- Perceived and real experiences of crime or the threat of it
- Communication with family and friends
- Education and hobbies

Five community groups in Gateshead were consulted to assess the barriers to gaining access to support for common mental health problems<sup>6</sup>. The conclusions drawn were that barriers could be reduced by:

- Tackling beliefs and fears which are amenable to change, like stigma, fear of being sectioned, fears of medication and beliefs of limitations of GP services.
- Increasing knowledge of effective services and treatments through social marketing approaches.
- Supporting community group facilitators, spiritual and religious leaders, and the general public by improving their knowledge and skills in the recognition of common mental health disorders and in where to signpost people who approach them. This may be facilitated by locating primary mental health care services closer to the community.
- Supporting the continuation of existing informal and formal support groups within the community through commissioning of these services.

- Supporting GPs by acknowledging time constraints and ensuring that they have adequate access to effective diagnostic and management training and education for common mental health disorders so that they can apply those skills effectively.
- Developing and marketing other pathways for people to access professional help other than through their GP.

### **3.5 Mental health needs assessment of the black and minority ethnic communities<sup>7</sup>**

Discussions were held by the GVOC BME workers with a number of ethnic minority organisations<sup>8</sup>, while a number of individuals also filled in a questionnaire and two small focus groups were held. Participants were more from asylum-seeker/ refugee groups than from the longer-standing BME communities, but one of the focus groups involved young people who were university students and unemployed.

Key findings were that:

- barriers to accessing mental health services were greater for women than for men, with language, childcare problems, transport and culture all creating problems;
- the first point of contact was generally family, friends, religious leaders, or the GP;
- Smaller communities found religious leaders more helpful, as compared to more established communities who feared stigma;
- Individuals generally felt more connected to their own ethnic community than to the wider community;
- Knowledge of mental health support services was typically limited to primary care services with little or no knowledge of secondary or tertiary services;
- There was a lack of opportunity to have access to culturally sensitive recreational & support services;
- There was a lack of basic understanding of mental illness;
- Asylum seekers experienced more serious and prolonged mental illnesses due to the uncertainty of their immigration status;
- There was a lack of support for access to clinical services.

Tyneside Women's Health has provided demographic information for 112 of their Black and Minority Ethnic service users, showing that they came from 22 different countries of origin, the most prevalent being Eritrea (16 women) and Iraq (14 women). A smaller sample of 33 service users showed that low confidence, anxiety and isolation were major issues that affected their wellbeing, each reported by one-third of those sampled. These items were followed by accommodation, childcare, depression and immigration/ asylum issues.

Anecdotally, the Tyneside Women's Health Community Development Worker reports that mental health issues are often not raised by women directly for quite some time, both due to language reasons, and because of the need to develop trust over time. For example, repeated use of the word "tired" to explain how one is feeling in response to the question "how are you" may point to a deeper underlying mental health or wellbeing

issue, but without developing a knowledge and understanding of the individual, this underlying mental health/wellbeing issue might not be identified.

### **3.6 Jewish community health needs assessment**

A survey questionnaire has been developed and agreed with Jewish community leaders. It is to be administered by trained community members during March or April 2010 and the results should be available within three months. It covers a wide range of health and socio-economic topics, which should enable identification of the major needs of the community. It is hoped that this questionnaire will form a template for needs assessment of other specific black and ethnic minority or faith groups.

### **3.7 Housing needs & care assessment; appraisal of older people's aspirations**

For assessment of the local situation, Gateshead [Housing Needs and Support Survey](#) and the [Appraisal of Older People's Aspirations](#) were carried out in 2006. Findings were discussed with team managers in social services as well as the Older Persons' Assembly and Disability Forum. Supporting People were heavily involved in the research and some of their inclusive forums and user groups participated. Both studies used secondary data, questionnaires and interviews (including staff in social services).

For the [Housing Needs and Support Survey](#), Gateshead Council commissioned a company to analyse future housing needs in Gateshead, including additional support needs. 32,198 residents were contacted by post or in person and a 17% response rate was achieved.

The [Appraisal of Older People's Aspirations](#) consisted of 1,000 face to face interviews and 3,000 postal questionnaires of people over 55. The aims included providing an analysis of demand, turnover and supply for Council accommodation, and identifying where supply and demand are unevenly matched. Much of the data was gathered through examining existing analyses.

Both reports and summaries are available on the [Strategy Team web page on the Council web site](#). Some of the main points emerging were:

- Three quarters of respondents to the housing study were in receipt of some form of financial support.
- 37% of respondents had an income of less than £500 per month and 70% had an income of less than £700.
- Nearly 75% of over 75s live on their own.
- Additional support is necessary for the 23.4% of the population with a limiting long-term illness (which is 35% higher than the national figure).
- 23.7% of all households need cavity wall insulation and 14.4% need loft insulation.
- 15% need help with general repairs, 13.8% with home improvements and 12.9% with improving safety and security.

- Homelessness is an issue. 4,500 individuals stayed temporarily with a friend/family in the preceding year as they did not have a home.
- There is a need for transient sites for Gypsies and Travellers, as unauthorized sites have become an increasing problem.

### ***3.8 Assessing the needs of the lesbian, gay, bisexual and transgender community***

There is little local information as yet on the needs of the lesbian, gay, bisexual and transgender (LGBT) community, to which an estimated 1 in 15 people belong. Much of the assessment is based on national or international research. (See [Annex section 3.91.](#))

There are many instances of health inequalities in this group, which experiences high levels of mental health problems, in particular depression (four times more likely than the general population to experience it) and generalised anxiety disorder (three times more likely). Boys are seven times more likely to attempt suicide and young people make up 30-40% of the young homeless population.

Physical as well as mental health problems abound. Women have a higher prevalence of breast cancer. Amongst men, 80% of HIV in this country is contracted through sex between men. Rates of all sexually transmitted infections are higher amongst men who have sex with men.

Members of the LGBT community are less likely than others to stay at school beyond the age of 18 and 65% of young LGB people report being bullied. The LGB group has higher levels of smoking and alcohol problems than the general population.

### ***3.9 Assessment of health needs of offenders***

A Needs Assessment was carried out by the North East Offender Health Commissioning Unit (NEOHCUC, 2010). Although Gateshead does not have any prisons, it has a population of offenders and ex-offenders, concentrated in certain of the most disadvantaged areas, where there is high turnover of tenancy and significantly high instances of rent arrears. Health problems, particularly mental health problems, are greater than for the general population. The risk of suicide is much increased during the first month after discharge from prison. 10% have learning disability, 80% smoke and 90% have drug or alcohol dependency. Further information is still needed to allow better assessment of the needs of this vulnerable group. ([See annex 3.9.3.](#))

### ***3.10 Tyne and Wear Gypsy and Traveller and Travelling Showpeople Accommodation Needs Assessment***

This assessment, commissioned by the Tyne and Wear Housing Partnership in 2007, reported in 2009, following a review of literature, consultations with key stakeholders

and a total of 139 interviews with Gypsies, Travellers and Travelling Showpeople from a range of tenures and community groups. There is no one source of reliable information but estimates suggested that there were perhaps 1,000 people in this group in Tyne and Wear. There is only one socially rented site in Tyne and Wear and that is in Gateshead, for 58 individuals. This population tends to have larger household sizes (3.9). The predominant household type is the young family.

Overall, 94% of school age children in this community attend school or are educated at home. The poorest school attendance is in children living in unauthorised encampments.

Currently, Gateshead has authorised residential provision for 14 pitches. An estimated additional 9 will be needed by 2013 and a further 4 by 2018. ([See Annex 3.92.](#))

### ***3.11 Vulnerable groups; further assessment***

There has been much consideration of the needs of vulnerable groups in general ([Vulnerable Groups – Identification and Meeting the Needs](#)). The approach to reducing vulnerability to poor health involves ensuring identification of vulnerable groups or individuals and aiming to reduce stigma, as well as providing services for them.

All children are vulnerable to a certain extent, as they are dependent on the adults who care for them as they undergo rapid physical, mental and social development. There are some circumstances that can make children more vulnerable and can affect their development and the chances they have for a happy, fulfilled life. We have identified a number of key areas where further work is required to gather intelligence and provide an evidence base. This work will be carried out through the integration of key 'risk factors' building resilience, the Think family pathfinder and the Family Nurse Partnership pathfinder.

Young offenders are recognised as a group where there are problems with health and education. Young offenders are at risk of becoming involved in crime and anti-social behaviour. Some useful information exists already on certain aspects, such as substance misuse. There is also CAMHs information that could prove helpful. As yet, there has not been sufficient analysis to determine broader health needs but we are in the process of accumulating evidence from a variety of sources, including research from Family Intervention Projects linking youth crime and ADHD. Reducing re-offending is a big LAA target, so work will be extended in this area.

Specific areas where we have not yet accumulated sufficient evidence or information include: runaways, children seeking asylum from families, sex exploitation and forced marriages. Work is continuing to build a picture of these important areas so that future plans can incorporate related actions.

In the coming years, adults with assessed social care needs that meet eligibility criteria will increasingly direct their own care and support. This means that they will be able to

take up opportunities outside traditional social care service provision. In time, this will supply market intelligence for providers about how individuals wish to see their needs met. The JSNA will take account of these developments.