



***National Treatment Agency
for Substance Misuse***

**Young people's specialist substance
misuse treatment
Needs assessment good practice
guidance**

Publication date: 1 October 2008

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SECTION 1

Introduction

There are a range of planning, delivery and performance management arrangements which provide local systems of support for the needs of the most vulnerable groups of young people which are outlined in the Department of Health and Department for Children, Families and Skills Joint Planning and Commissioning for Children, Young people and Maternity Services¹. In broad terms all aspects of local systems of support will require an assessment of need as a precursor to planning for delivery.

This good practice guidance focuses on the process to identify the needs of young people requiring specialist substance misuse treatment. That is, those young people (under the age of 18) who experience current harm as a result of substance misuse which significantly disrupts the young person's functionality. Substances are defined as illegal drugs, alcohol and volatile substances.

Throughout this guidance reference to young people's specialist substance misuse treatment services includes the full range of treatment interventions including the need for harm reduction services and the provision of training, consultation, supervision and co-working with colleagues in targeted children's services by specialist practitioners.

The outcome of this process of needs assessment should contribute to the local Children and Young People's plans² to deliver effective services to young people to ensure achievement of the "Every Child Matters" outcomes for children. This process should be integrated as far as possible into the assessment, planning and delivery of those services³.

This guidance on needs assessment is being provided as part of a suite of guidance to support the arrangements agreed nationally in June 2007 across government for the delivery of young people's specialist substance misuse treatment. Other guidance covers:

- Draft interim guidance on commissioning young people's specialist substance misuse services. Published August 2008
- Exploring the evidence. Consultation draft published June 2008
- Clinical management guidance for the secure estate. Signed off by YJB June 2008 and awaiting Gateway through offender health
- Clinical Management Guidance for community based young people's services. Final draft awaited (June 2008) and to go through Gateway with guidance for secure estate
- Commissioning pharmacological interventions (due September 2008)
- The role of CAMHS and addiction psychiatry in adolescent substance misuse services. Published NTA June 2008
- NDTMS guidance published NTA May 2008

¹ Joint Planning and commissioning framework for children, young people and maternity services at [Hwww.everychildmatters.gov.uk/planningandcommissioning](http://www.everychildmatters.gov.uk/planningandcommissioning)^H

² Joint Planning and commissioning framework for children, young people and maternity services at [Hwww.everychildmatters.gov.uk/planningandcommissioning](http://www.everychildmatters.gov.uk/planningandcommissioning)^H

³ Every Child Matters at [Hwww.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)^H

SECTION 2

NTA needs assessment context and rationale

2.1 What is a needs assessment?

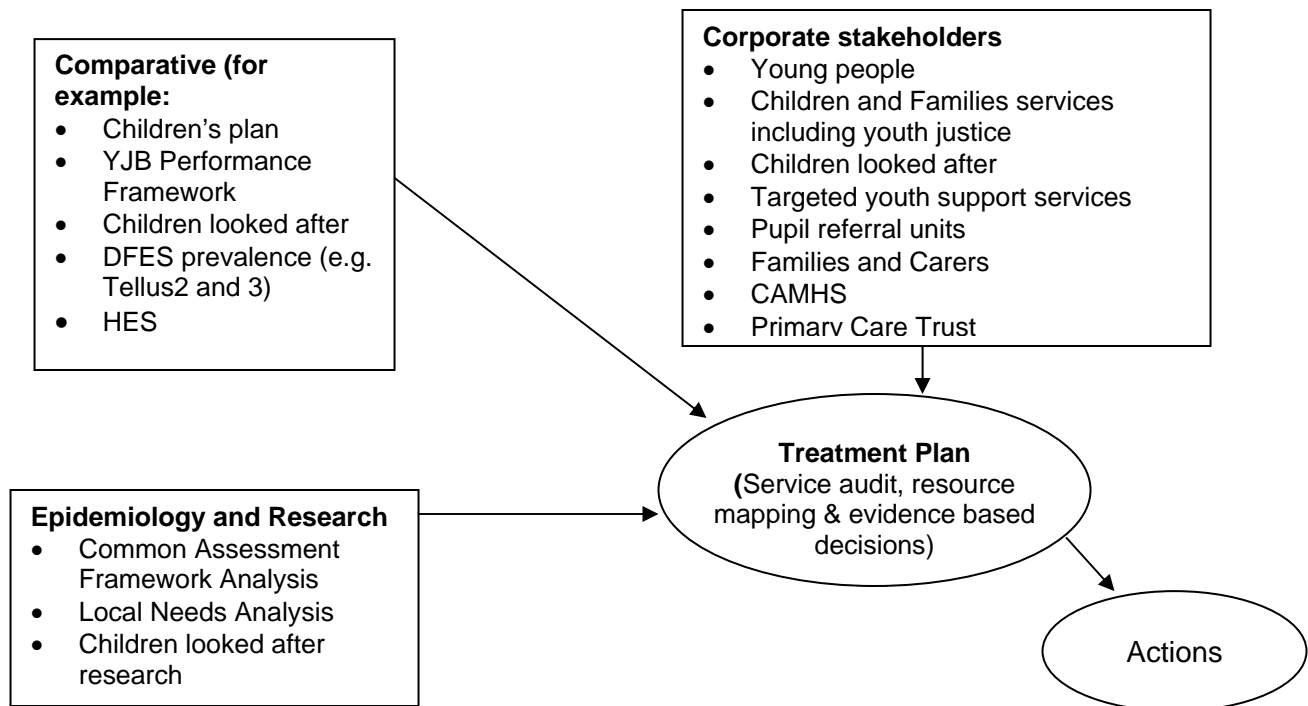
“A health needs assessment is a systematic method of identifying unmet health and healthcare needs of a population ... and making changes to meet these unmet needs”⁴.

A range of Health Needs Assessment (HNA) approaches have been suggested since the early 1990s and each has its place in the comprehensive needs assessment approach required for formulating plans that reduce the harms associated with substance misuse. In broad terms, these are:

- **Epidemiology and Research:** the collection, analysis and interpretation of data (both qualitative and quantitative); to generate hypotheses and answer them
- **Corporate:** determining and balancing the views of a range of local and regional stakeholders; building their commitment to the resulting action plans
- **Comparative:** assessing existing provision against service standards, national targets and other comparable areas

Combined, these provide a robust and systematic process for the production of an evidence-based young people's plan for specialist substance misuse treatment. The needs assessment should be seen as a strategic process, owned and understood by stakeholders and is an integral part of treatment planning, implementation and performance management. The following diagram shows how the HNA framework could apply to the components of young people's specialist substance misuse treatment planning.

Figure 1: Young Person's specialist substance misuse treatment needs assessment



⁴ Wright, J. 2001. Oxford Handbook of Public Health Practice
Young people's specialist substance misuse treatment needs assessment guidance 2009/10 – October 2008.
This guidance is supported by the Department of Children, Schools and Families
DH Gateway reference: 10638

2.2 Aims and objectives

The purpose of a needs assessment is to examine, as systematically as possible, what the relative needs and harms are within different groups, and make evidence-based and ethical decisions on how needs might be most effectively met within available resources.

Effective needs assessment for young people's specialist substance misuse treatment requires a process of identification of:

- Those young people who are in treatment and for whom treatment appears to be meeting needs (planned discharges, positive outcomes)
- Those who are in treatment (but it does not appear to be meeting needs- for example long waits, low planned discharges , differential outcomes etc)
- Those with a treatment need who are known to children's services but not currently in treatment (for example, unsuccessful Children looked after (CLA) and Youth Offender Team (YOT) referrals)
- Those young people requiring treatment but whose treatment need has not been identified by children's services
- Those who need access to treatment services following, for example, release from the secure estate

The identification of the above should provide a shared understanding within the children's commissioning framework of the local need for young people's specialist substance misuse treatment services which then informs planning and resource allocation.

2.3 Components of needs assessment

The process of needs assessment will involve the following components:

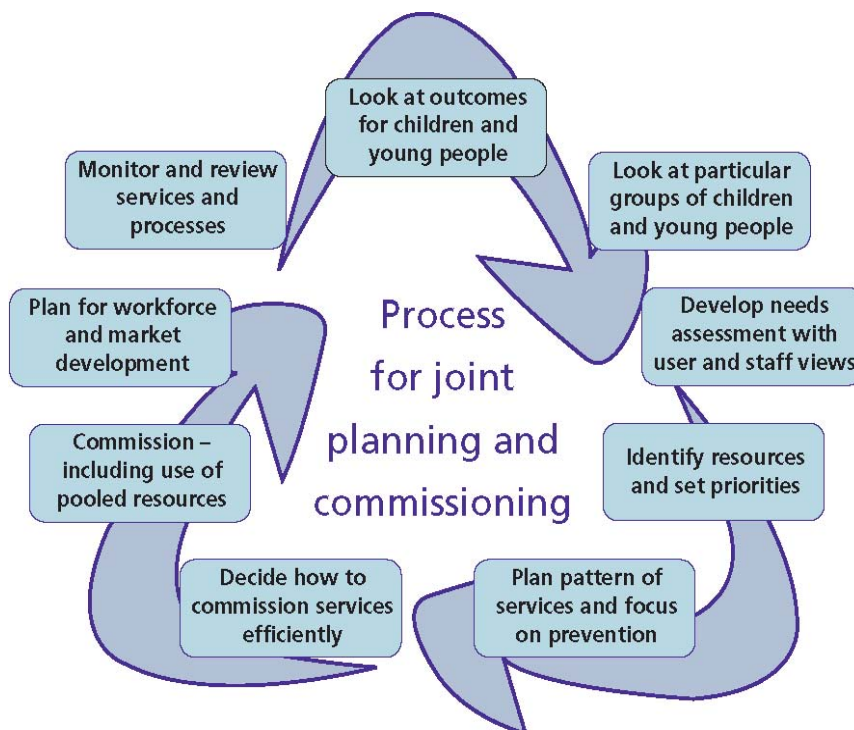
1. Establishing a local process to inform and drive the needs assessment
2. Reviewing the existing sources of information available at local, regional and national level and deciding the key questions that are to be asked at local area level for the current needs assessment exercise
3. A mapping of existing services and a description of the client profile
4. Identification of needs and harms amongst those currently in services for vulnerable groups
5. Analysis and interpretation of 2 – 4 above, including discussion and challenge by the expert group(s), in order to draw initial conclusions
6. Completion of a gap analysis and self assessment of the current state of both commissioning and the young people's specialist substance misuse treatment delivery system
7. Evaluating and prioritizing the identified needs, harms and gaps, and appraising the options for meeting those needs
8. Drawing up and implementing a young people's specialist substance misuse treatment plan including allocation of resources
9. Refreshing the needs assessment on an annual basis once a satisfactory needs assessment has been undertaken – with a more fundamental needs assessment exercise every 3 years or so to fit with local planning cycles

2.4 Assessing need: dynamic and pragmatic

Carrying out a needs assessment should be regarded as an on-going process which will improve year on year in its sophistication (see Figure 2 below). It is easy to be overwhelmed by a wide variety and volume of data and lose sight of the task in hand – to improve specialist substance misuse treatment for young people. Thus, it is important to be clear about what questions the needs assessment process will help address and answer. Be specific and gather information which helps in that endeavour.

The starting point for all Children and Young People's commissioners responsible for young people's specialist substance misuse treatment services is to provide the range of interventions set out in NTA Draft Interim Commissioning Guidance⁵. It is assumed, therefore, that the need for effective treatment services is already evidenced, that benefit can be achieved from the interventions outlined in the NTA Commissioning Guidance, and a measurable improvement can occur as a result of those interventions. The process of needs assessment should therefore focus on ensuring there is appropriate capacity within relevant services, there is appropriate and timely access and discharge to/from those services, together with overall improvements in the quality of service provision as evidenced by appropriate performance management or outcome criteria. It is also a requirement that the needs assessment takes full account of the gender and ethnicity of the target population and any unmet needs from this perspective.

Figure 2: DfES Joint Planning and Commissioning Framework - Annual nine step cycle within which needs assessment is undertaken⁶



⁵ Draft Interim guidance - Commissioning Young People's Specialist Substance Misuse Treatment Services, NTA August 2008

⁶ Department of Health and Department of Education and Skills. (2006). Joint Planning and Commissioning Framework for Children, Young People and Maternity Service

Young people's specialist substance misuse treatment needs assessment guidance 2009/10 – October 2008.

This guidance is supported by the Department of Children, Schools and Families

DH Gateway reference: 10638

Needs assessment for young people's specialist substance misuse treatment services should take place in conjunction with needs assessment and planning for children and young people's services as outlined in Figure 2 above. Needs assessment is not an end in itself, but a means by which children and young people's partnerships can make increasingly evidence-based and pragmatic decisions about specialist substance misuse treatment including harm reduction initiatives in their local communities. This can enhance the wider children and young people's needs assessment which in turn can inform the specialist substance misuse specific work.

SECTION 3

The local process to drive young people's specialist substance misuse treatment needs assessment

3.1 Steering group

Needs assessment is a strategic activity that should be closely linked to the planning process. As such it must be integrated into the children and young people's planning process. It is recommended that the group responsible for commissioning young people's specialist substance misuse treatment⁷ (YPSMCG) should act as a steering group throughout the stages of the needs assessment, drawing in additional specialist support as required. The suggested terms of reference for the steering activity are:

- That the needs of vulnerable young people with a substance misuse problem are the focus of the needs assessment
- To bring together people with a range of skills and responsibilities (including data analysts) – i.e. identifying the right people to involve
- That the process of needs assessment is done properly and according to guidance and best practice. This will include identification of what is to be assessed, ensuring questions asked are as specific and focused as possible and that the various steps of the methodology are taken effectively
- That the needs assessment is completed in a reasonable timescale and can be endorsed appropriately by the relevant local authority and drugs partnership structures, meeting all deadlines for consultation and submission as required (by both the local area and the NTA national requirements)
- That the key findings are prioritized within the resources available, and then result in action

3.2 Expert group membership

As part of the needs assessment process it is recommended that the YPSMCG should set up expert group(s) to expand upon the knowledge and skills contained within the YPSMCG and to ensure the widest possible consultation with stakeholders. The expert group(s) should have a balance of:

- Those whose professional roles mean that they have something to add to the process – for example, service providers, from health, social care and criminal justice, data management / analysis and research expertise

⁷ The term Young People's Substance Misuse Commissioning Group is used throughout this document to refer to the local area structure which is responsible for commissioning young people's substance misuse treatment delivery. It is abbreviated elsewhere in this document to YPSMCG.

Young people's specialist substance misuse treatment needs assessment guidance 2009/10 – October 2008.

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- Those with an interest and experiential expertise in the issues – for example, parents, carers, young people’s advocates
- Those who can make changes happen – for example, managers, commissioners and planners

It is recommended that the following agencies, organizations or individuals are considered for membership of any expert group:

- Children and Young People’s Strategic Partnerships
- Drugs Partnership
- Commissioners (Children’s Services, Drugs Partnerships, CAMHS etc.)
- Children’s Primary Care Trust
- Youth Offending Team
- CAMHS
- Provider representatives from young people’s and adult service
- Targeted youth services
- Safeguarding or Lead Professional Group
- NTA Deputy Regional Manager

The expert group will also need to include a local data manager or analyst.

The YPSMCG should specifically consider the contribution that the input of young people, and their parents/carers can make to the needs assessment process. The YPSMCG should throughout the year utilize existing consultative and involvement activities to inform the needs assessment process. For example, local authorities should have participation groups or forums based on the looked after population and these may provide a useful form of feedback. Many local areas have service user forums for young people which may be utilized. Contributions from adult forums and individual carers may also be worth consideration.

3.3 Suggested timetable

It is envisaged that needs assessment will be a standing item on YPSMCG agendas throughout the year. Once an initial assessment of need has been completed, then it is only necessary to “refresh” this assessment in the years immediately following, rather than complete a full needs assessment exercise each year. It is suggested that a more substantial revision would be undertaken every 3-5 years to fit with improved evidence and local planning cycles. The expert group element can usefully be called upon at three specific points in the needs assessment process (for both initial and refresh purposes):

- Stage 1: To assess the initial data available and to critically evaluate it. The initial stage should aim to assess these data against local experiences, and to determine what other local databases could be used and to test the main analytical methods to be employed. Young people’s treatment system maps (see Section 5) should be provided by the young people’s lead⁸. The outcome of stage 1 should provide the YPSMCG with the main questions to be tested. Young

⁸ Local areas may have a post (or part thereof) dedicated as young person’s lead for substance misuse. This guidance refers to such a post as the YP lead. Where there is no such post, then a lead will need to be identified by the YPSMCG to lead the needs assessment process

people's leads should be tasked at this stage with undertaking the detailed work required to draw up interim findings

- Stage 2: The first task at this stage is for the expert group(s) to test the data and interim findings, and the attempts to link different data sources. The expert group should then start to plan for the emerging key unmet needs
- Stage 3: The third stage is designed to be held immediately prior to the distribution of the full needs assessment report and should be used as a testing mechanism for the final data collation and interpretation, for the initial translation into identified unmet needs and to assist with the generation of recommendations for inclusion in the YP specialist substance misuse treatment planning process

Prior to drawing up the plan for the coming financial year, the YPSMCG (in conjunction with relevant strategic boards) should finalise the summary report outlined in Section 9 of this guidance. The YPSMCG should therefore ensure that appropriate events are included in their annual calendar to facilitate the above process.

3.4 Expert group process

Prior to holding the first expert group meeting or other consultative events the following should be agreed by the YPSMCG:

- Who will be involved in working on the needs assessment process throughout?
- Who is responsible for the overall management and leadership of the process throughout?
- Decide how much time is needed for meetings and work between meetings
- Decide how this is to be created and managed
- Decide where and when meetings will be held, including letting everyone know, booking rooms etc.
- Circulate relevant information before the meetings e.g. treatment system maps and relevant data
- Consider who should facilitate the expert group meetings, who should lead the discussions – this includes ensuring participants understand the task (and the stage you are at), managing the time available and keeping to agreed ground rules.
- Who is going to lead the specific pieces of work required following each meeting

When holding an expert group meeting the following should be taken into account:

- There will need to be an introduction to the process and which stage in the process you are at
- Outcomes for the current stage will need to be clearly identified
- A written summary of what has been agreed should be produced and circulated
- An estimate of the time required for the tasks to be undertaken between expert groups and at the expert group meetings should be made as part of the project plan
- Background information, concepts and definitions should be agreed and disseminated
- Issues to consider before undertaking the tasks should be clearly communicated

- and made available where possible before meetings
- Key questions to be addressed should be clearly communicated from the YPSMCG to the expert groups
- Detailed procedures for undertaking each stage of the work should be agreed in advance

SECTION 4

Review of existing sources of information

The aim of data collection is to build up a picture of the overall size and nature of the local area needs for a range of both harm reduction and young people's specialist substance misuse treatment interventions. No single source of information will be able to give the total picture, but several sources taken together should give different pieces of the puzzle. While it is unlikely that it will be possible to measure needs perfectly, a clear idea of the overall picture can be gained without having all the puzzle pieces. Effort should be spent in gathering enough information to see the picture, not in gathering all the information that is available⁹.

An initial task is to bring together information that is available in the local area about the delivery of services that form the specialist substance misuse treatment system for young people. The aim of gathering this information is to establish the range of needs currently being met by services (including capacity and accessibility), thus bringing into focus the gap between the needs of the target population and current service provision. This analysis will then enable key questions to be asked, for example:

- Does the range of provision meet identified local needs?
- Is there evidence of unmet need which remains to be addressed?
- Can what has been commissioned be improved upon in terms of accessibility, effectiveness and cost-efficiency?

Needs assessment involves the collection of data from a number of sources. In some cases the data will already exist, in the form of routinely collected data sets, the results of local population surveys, and published or unpublished research papers. Other information will have to be collected through, for example, focus groups or one-to-one interviews with practitioners.

Subsequent sections detail a range of data sources and approaches for the use of data to assist with needs assessment. Throughout this process it will be important to check treatment data with census data as to how representative the treatment population is and considering what this comparison means for treatment provision in the local area.

⁹ Scottish Executive, Effective Interventions Unit, 1998. Needs assessment: A practical guide to assessing local needs for services for drug users. [Hhttp://www.drugmisuse.isdscotland.org/eiu/html](http://www.drugmisuse.isdscotland.org/eiu/html)

SECTION 5

Understanding met need: Treatment system mapping

Before proceeding to make decisions about how identified unmet need might be met, each local area needs to have a clear understanding of how need is currently met and where there are either gaps or areas requiring improved service delivery. This entails mapping the young people's specialist substance misuse treatment system against a description of the client profile in relation to referrals, throughput, re-referral, discharge and transitional arrangements.

5.1 Purpose of mapping the treatment system

The purpose of mapping the treatment system is to identify the numbers and type of clients that are flowing into, out of, and between services. Once a map is assembled, the expert group can then investigate the referral sources, ethnicity, gender, drug use, age, together with planned discharges for young people. This enables the identification of where there are gaps in services, under utilization of services, blockages in the treatment system, or discharge arrangements back to targeted young people's services, mainstream children's services, or adult services.

The treatment map attached at appendix one is a tool for producing a quantifiable measurement of the existing system and any possible blockages to effective outcomes. By including the development of a simple treatment map from NDTMS data as part of the treatment planning process it is intended that

- Partnerships will gain insights into how the system is working and for whom
- Spending decisions in the treatment plan can be evidenced using the treatment map

The model described in this document is constructed from data collected by the NDTMS in 2007/08.

5.2 The treatment map model: overall structured drug treatment delivery

A treatment map is a graphical representation of a treatment pathway for an individual or for groups of individuals (refer to Appendix 1 for a worked example). The map plots how young people move through the stages of their treatment journey, and allows for investigation of the profiles of young people at these stages. The three stages of the journey that the map divides the treatment journey into are;

- **Treatment system entry** – the referral points into the treatment system. Identification of need for specialist intervention and referral to relevant services emanates from a range of sources
- **In treatment** – young people receiving specialist substance misuse treatment. The model also enables an understanding to be developed where there is more than one provider in the area
- **Exiting the treatment system and re-referral back into specialist substance misuse treatment services** The model seeks to understand the profiles of young people that leave treatment in a planned way compared to those that leave in an unplanned way and what continuing arrangements are made for their care following discharge from specialist substance misuse treatment services

Maps can be constructed for particular aspects of the young people's profile e.g. substance – or this information can be overlaid on to the system map.

SECTION 6

Defining the population in need

As part of the needs assessment exercise it is important to establish who is the focus of the needs assessment. By this stage in the process, the expert group will have established a picture of young people accessing specialist substance misuse treatment and how the treatment system is working for those young people from access through to discharge.

Wider questions then need to be posed as to the extent and nature of substance misuse amongst young people in the local area in order that universal, targeted and specialist substance misuse treatment provision can be appropriately planned for and commissioned.

In order to appropriately judge the level of need in the local area, and make informed commissioning decisions to meet that need, it will be necessary to understand the prevalence of problem substance use amongst young people. Establishing prevalence is key to knowing how effective the local area has been in providing treatment to meet need hitherto (what has been termed “treatment penetration”). Useful comparisons can also be made as to the profile of young people in a local area compared to national, regional and family data.

Key questions that local areas may wish to consider when identifying the level of unmet need:

6.1 Access to treatment

- What does the expert group know about the pattern of use of substances by young people in the local area
- Do the appropriate relationships exist and function between specialist substance misuse treatment services with mainstream and targeted children's services?
- Are young people mainly accessing young people appropriate services? Does this proportion need to change to reflect relevant guidance?
- Are there clear and appropriate referral and care pathways and protocols in place, and are they fully implemented and working?
- Are specialist substance misuse treatment services appropriately publicised and known about in mainstream and targeted services?
- Are there appropriate care pathways to residential provision where this might be required?

6.2 Treatment system

- Is there access to a comprehensive range of services as outlined in NTA Commissioning Guidance¹⁰?
- If not, what are the gaps?
- Are services young people appropriate?
- Are specialist treatment services meeting waiting times targets?
- Are referral pathways in place between mainstream, targeted and specialist services at all points of the YP journey, and are these effective?
- Are there gaps in provision in relation to care planning, young people appropriate services, planned discharges

¹⁰ Commissioning Young People's Specialist Substance Misuse Treatment Services, NTA June 2008
Young people's specialist substance misuse treatment needs assessment guidance 2009/10 – October 2008.
This guidance is supported by the Department of Children, Schools and Families
DH Gateway reference: 10638

6.3 Leaving treatment

- Are those referred on to adult services being appropriately retained?
- Are there appropriate services to refer on to for 18+ substance misusers?
- Are the needs of 18-21 year olds being appropriately met?
- Are post discharge arrangements in liaison with mainstream and targeted services in place and working effectively?
- Are re-referral arrangements satisfactory?

SECTION 7

Understanding unmet need

The expert group will need to investigate a range of sources of information to gain a more detailed and shared understanding of the extent and nature of the needs of young problematic substance misusers by interrogating data about those already accessing mainstream, targeted or specialist young people's substance misuse services but also by using data and information from other local sources. This may include bespoke data collection such as a schools survey, analysis of YOS data and national research findings etc.

7.1 Using routine data to identify unmet need

The expert group will need to consider what data can be accessed at a local level. Some of the data sources below may be obtainable with identifiers to enable matching; others may not but are certainly still worth obtaining to give additional quantitative insight into young people's substance misuse in the local area. The expert group or YPSMCG should discuss with their regional PHO or NDTMS team the potential to match other sources of data against NDTMS.

7.1.1. National, regional and family comparative data

Children and Young People's Strategic Partnerships (CYPSP) in each area will hold or have access to a wide range of relevant data in respect of children and young people, particularly relating to vulnerable groups, which is used to inform local Children and Young Peoples Plans. In addition to data collected by partners at a local level, through audits, studies and research, nationally and regionally comparative data is routinely gathered and collated by government departments and Inspectorates (including DCSF, Ofsted, Commission for Social Care Inspection, Audit Commission and the Healthcare Commission). The CYPSP will have access to this as 'live' data, for example, via Connexions or the Local Authority through the DCSF National Client Caseload Information System, and a common dataset, based on this centrally held data, is provided on all areas as part of the Annual Performance Assessment (APA) and Joint Area Reviews (JAR). It is critical that the 'expert groups' in each area are able to draw on these data streams and agreement on access arrangements reached as a matter of priority.

7.1. 2. YJB Asset data

The YOT Performance Framework Designed to provide a comprehensive assessment of YOT performance against a range of performance measures. The different components of the YJB's performance framework are intended to ensure the YJB's corporate aims and objectives for the youth justice system are delivered. This data provides data on the client populations of specific YOTs such as throughput numbers

and nature offences, gender and ethnicity and can also assist with comparisons. This data is available from YOTs and YJB Regional Teams. It should be noted that this framework is currently under review.

Effective Practice Quality Assurance (EPQA) The YJB has developed this system to support YOTs to deliver an effective service as well as meeting performance targets. There is a range of guidance known as the *Key Elements of Effective Practice* (KEEPs) which cover a wide range of topic areas including substance misuse. The EPQA system involves YOTs comparing their performance against the KEEPs and developing an improvement plan. Most YOTs will have completed an EPQA process on substance misuse provision which can help to identify areas needing development. This data is available from YOTs and YJB Regional Teams.

Onset – Data on Prevention Services by YOTs All YOT prevention strategies and a sample of YJB prevention programmes have been quality assured in 2007-08. Substance misuse falls with the Resources/Service Delivery category of the programme QA which assesses whether prevention programmes have access to other specialist YOT resources such as substance misuse services. At local level YOTs will have substance misuse information on their prevention cohort gathered from the Onset assessment process.

YOT Inspection Reports These provide information resulting from YOT inspections. They do include health and substance misuse provision but coverage is variable. These are available from YOTs and YJB Regional Teams.

YJB and Young Peoples Secure Estate Youth Offending Institutions, Secure Training Centres and Local Authority Secure Children's Homes are all funded by the YJB to provide substance misuse services including education, prevention and treatment according to the *National Specification for Substance Misuse for Juveniles in Custody*. At present, whilst performance monitoring systems collect data on treatment need and provisions in custody, it is difficult to break this data down into numbers returning to a specific local area with treatment needs. Commissioners should contact YPSMS Managers in YOIs, Substance Misuse Leads in LASCHS and STCs and YOT SMU workers to ensure make best use of available data and to ensure effective care pathways are in place from custody to community.

Resettlement and Aftercare Provision (RAP) RAP is aimed at young people on custodial sentences and community penalties who have assessed substance misuse and dual diagnosis needs, including health and mental health. The objective of the programme is to support the resettlement of the above group of young people by addressing substance misuse, mental health and health needs as well as addressing other vulnerabilities such as accommodation and education and training. RAP is a new YJB programme which is currently under development and is available via 59 YOTs throughout England (and Wales). Data on provision by RAP schemes has been through a recent improvements process. Reports which include substance misuse need by 'tier' are available locally via YOTs and YJB Regional Managers.

7.1.3 Prevalence data on vulnerable groups within a local authority

Local authorities will have data that can be used to indicate the extent of possible treatment need based on estimates of the number of vulnerable young people resident

in the local authority area. This data can be obtained from the Local Authority Information Team. It is information that can suggest potential if not real treatment need.

7.1.4 Data on children looked after

This data¹¹ specifies the number of children looked after identified as having a substance misuse problem within the year. (From September to September). A second substance specific substance misuse indicator is the number of children looked after who receive an intervention for their substance misuse problems in the year. A third indicator is the number of children looked after offered an intervention but who do not take it up.

7.1.5 TellUs2 and TellUs3 data¹²

Produced by Ofsted and is a schools survey identifying patterns and prevalence of drug and alcohol use among those young people in school aged 11 to 15. TellUs2 replaced the Department of Health schools survey¹³ which last reported in 2006. TellUs3, when published, has more detail on substance misuse than TellUs2 provided.

7.1.6 British Crime Survey

The British Crime Survey¹⁴ provides national data on prevalence of drug use for those aged 16 to 25 and can be used to compare local data with national trends.

7.1.7. Hospital Episodes Statistics (HES)

Are available from Public Health Observatories and contain records of all hospital admissions in a year, by PCT area, for those aged 16 – 64 years and were admitted with a primary diagnosis with an ICD10 code F10-F19 (Psychiatric Admissions: Substance Misuse). This data is available from 1996/7 enabling trend data to be factored into your analysis¹⁵.

7.1.8 Local audit data

Annual or one off audits for community and health projects may yield useful data for mapping unmet need, for example for Crime and Drugs Audits, Neighbourhood Renewal/Community Regeneration planning, Lottery Grant Bids, annual public health implementation plans. If this data is not usable now, it would be worth trying to make sure input to any future audits to see if it is possible to collect data that can contribute to future needs assessments. Other sources of useful local audit data might include any local analysis of safeguarding decisions or analysis of CAF data.

If data is not available from an agency already it may be possible to agree the future collection of data routinely, or for a given period of time, so that the YPSMCG can develop needs assessment in future years.

7.2 Research

Sometimes routine data is not collected or available to use, or is not collected in an appropriate manner in order for it to be used in building up a profile of the un-met need.

¹¹ LAC-OC2 data is published on this website link:

[Hhttp://www.dfes.gov.uk/rsgateway/DB/SFR/s000727/index.shtml](http://www.dfes.gov.uk/rsgateway/DB/SFR/s000727/index.shtml)

¹²

[Hhttp://www.ofsted.gov.uk/portal/site/Internet/menuitem.455968b0530071c4828a0d8308c08a0c/?vgnextoid=69e46c472b6b1110VqnVCM1000003507640aRCRDH](http://www.ofsted.gov.uk/portal/site/Internet/menuitem.455968b0530071c4828a0d8308c08a0c/?vgnextoid=69e46c472b6b1110VqnVCM1000003507640aRCRDH)

¹³ DH Schools Survey is on this link:

[Hhttp://www.ic.nhs.uk/webfiles/publications/smokedrinkdrug06/file.pdf](http://www.ic.nhs.uk/webfiles/publications/smokedrinkdrug06/file.pdf)

¹⁴ [Hhttp://www.homeoffice.gov.uk/rds/pdfs07/hosb1107.pdf](http://www.homeoffice.gov.uk/rds/pdfs07/hosb1107.pdf)

¹⁵ Supplementary guidance on using HES can be found on the NTA website – [Hwww.nta.nhs.uk](http://www.nta.nhs.uk)

Young people's specialist substance misuse treatment needs assessment guidance 2009/10 – October 2008.

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In these cases, it may be helpful to carry out some research (e.g. a cross-sectional study). Such approaches can be helpful in answering specific questions or hypotheses generated by expert opinion or examination of routine data.

It would also be advisable to get input at an early stage from an experienced health researcher (e.g. Director of Public Health) where possible. It is essential to have a robust methodology so that any findings are as reliable as possible.

Qualitative research can also be highly valuable in exploring issues and responding accurately through commissioning and need not require vast expense and long term projects. Interviews, questionnaires and focus groups with robust methodologies can be quickly and easily carried out and provide a powerful supplementary evidence base for commissioning decisions.

It may be worth building links with local academic departments and agreeing a set of research questions for their students to carry out, for example trainees on the public health trainee scheme. Your DPH will be able to advise.

Bowling (2002) provides detailed guidance on both qualitative and quantitative methods for health services research¹⁶.

7.3 Handling and interpreting data

Ideally the expert group should get the specialist advice (or services) of an analyst or statistician when handling quantitative data in particular. It is important to remember:

- Consistency of case definition – check that data sources focus on the group being investigated (e.g. all PDUs 15 – 44 years, or 19 – 64 years, or only some Classes of drugs and so on).
- Completeness of data – if the data is only partial it will bias the findings unless it is a random sample. Non-statutory data is notoriously incomplete.
- Data sharing and consent protocols – the expert group will need to establish these if sharing attributable data across agency boundaries
- Match data if possible to remove duplicates – ideally have sufficient identifiers to be able to match data and remove potential duplicates, building a robust quantitative picture of young people both in and out of treatment
- Ensure there are enough data fields of interest to be able to profile and compare groups (e.g. age, gender, ethnicity, geographic area, drug types, housing)

7.4 Appraising data

Data, qualitative or quantitative, is one form of evidence upon which decisions are made and services are planned. Properly handled it can provide a robust rationale. Mishandled it can mislead greatly. Sound critical appraisal skills are therefore required when incorporating data into the YPSMCG's business.

The key thing to remember is that data and its analysis do not make decisions. What it should allow the expert group to do investigate and in turn generate a series of questions which will need challenge and discussion before a final judgment is made on the basis of it. For example:

¹⁶ Bowling, 2002. Research methods in health. Open University Press; Berkshire
Young people's specialist substance misuse treatment needs assessment guidance 2009/10 – October 2008.
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- Is there a difference between the profiles of young people engaged in specialist substance misuse treatment, to those unknown to services?
- If so, what are these differences?
- Does it vary by drug, gender, ethnicity, age, referral source, school, and so on?
- Where are the groups who fair less well?
- Why do they fair less well? What can be done?
- Are there different issues for 18-21 year olds than for the under 18's?
- Is treatment engagement geographically influenced? (e.g. distance to travel to service, or variation in quality of service and initial assessment across the area)
- How does local NDTMS data compare, demographically, to the general population at risk? Are there discrepancies in the profile and what might explain these?
- How well does the treatment system and integrated services for vulnerable young people complement one another?
- How well do discharge and re-referral arrangements fit the needs of young people leaving specialist substance misuse treatment services?

SECTION 8

Gap analysis and prioritisation

8.1 Gap analysis

The needs assessment process thus far is intended to facilitate an analysis of gaps in the young people's specialist treatment system which can then be tested out with the expert group, normally at the second meeting stage. This gap analysis should not focus solely on the NDTMS data available to the partnerships, but should also include additional data sources including (but not limited to) those outlined above.

The results of the gap analysis may be used as the basis for further exploration of Needs when further consulting service providers and service users about future plans to meet gaps in provision.

When undertaking the gap analysis, it may be helpful to classify the needs of the target population into a small set of categories. For example the needs of young people who misuse substances may be classified as:

- Health related needs - need for help and advice to prevent or reduce the harm associated with substance misuse, and for treatment to improve physical and mental health
- Substance misuse specific needs – the need for treatment, care and aftercare
- Offending behaviour – need for interventions to address offending behaviour
- Educational and employment needs – training in basic skills, counseling to increase motivation, confidence and self esteem
- Care and achievement needs
- Rapid access to mainstream children's services
- Family and carer needs

Whilst it is expected that the majority of the above needs are likely to be met by services other than specialist substance misuse treatment, the gap analysis will need to focus on the interface between the different children's services to ensure that young people have access to the full range of mainstream provision alongside their specialist substance

misuse intervention.

The YPSMCG may find it helpful at this stage to write up their findings on unmet need which identifies the demographics of unmet need, the potential harms emanating from unmet need, potential numbers and whether or not they are more or less likely to be in touch with services. This will assist with summarizing and prioritizing identified gaps.

Following the gap analysis stage, the YPSMCG should have a reasonably clear idea of the needs of the local area target population and will be able to use the findings of their expert group to audit and quality assure existing services against identified needs and, where necessary, de-commission services and develop new services that will go towards meeting newly identified or emerging needs.

8.2 Defining priorities within the resources available

Decisions about actions are required which will depend upon defining priorities within the resources available and ensuring that those needs which are identified for action fit with either local or national priorities.

Essentially, the YPSMCG needs to ask the following questions:

- Is what is currently commissioned fit for purpose – i.e. is it effective, efficient, does it meet local needs and are the interventions identified in NTA Commissioning Guidance¹⁷ available in the local area?
- Is the substance misuse treatment system commissioned on the basis of need or has it grown ‘organically’?
- Are services commissioned strategically – avoiding unnecessary gaps and duplication but taking into account client choice and best value
- Can the services in place address the gaps identified or is there a need to look at re-configuration/re-commissioning?
- Is the workforce across mainstream, harm reduction and specialist young people’s substance misuse treatment services competent and committed to delivering what is required?

Before undertaking re-commissioning of specific services, the YPSMCG needs to be clear that the identified gap relates to the specific service provider as opposed to reflecting weaknesses in the wider system.

The YPSMCG should involve young people, families and parents, and providers in making these decisions where appropriate.

¹⁷ Commissioning Young People’s Specialist Substance Misuse Treatment Services, NTA June 2008
Young people’s specialist substance misuse treatment needs assessment guidance 2009/10 – October 2008.
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SECTION 9

Completing the process

Following completion of the needs assessment, the Young People's Substance Misuse Commissioning Group (YPSMCG), together with children's planners and drug strategic partnerships will wish to set key priorities for the coming financial year and produce a delivery plan to deliver these priorities.

Full details of the suggested submission can be found on the NTA website – Young people's specialist substance misuse treatment plan– Guidance notes on completion of the plan for strategic partnerships.

Appendix 1 - Worked example – treatment system map

Please note that referral routes and discharge routes remain in line with the NDTMS data set in 2007/08. Partnerships may wish to conflate this data into the five new areas within the NDTMS data set introduced from August 2008.

