



Needs Assessment:

A Practical Guide To Assessing Local Needs for Services for Drug Users

Effective Interventions Unit



SCOTTISH EXECUTIVE

Scottish Executive Effective Interventions Unit

Remit

The Unit was set up in June 2000 to:

- Identify what is effective – and cost effective – practice in prevention, treatment, rehabilitation and availability and in addressing the needs of both the individual and the community.
- Disseminate effective practice based on sound evidence and evaluation to policy makers, DATs and practitioners.
- Support DATs and agencies to deliver effective practice by developing good practice guidelines, evaluation tools, criteria for funding, models of service; and by contributing to the implementation of effective practice through the DAT corporate planning cycle.

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Effective Interventions Unit

Needs Assessment: A Practical Guide to Assessing Local Needs for Services for Drug Users

What is in this guide?

This guide describes the needs assessment process step-by-step, and gives examples of how to do a needs assessment for specific areas of work.

What is the aim?

This document aims to provide practical guidance on how to conduct a local needs assessment.

Who should read it?

It is intended for Drug and Alcohol Action Teams (DAATs), and those involved in planning and providing services for drug users.

Who wrote it?

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Introduction

The publication of 'Integrated Care for Drug Users: Principles and Practice' identified the process of **needs assessment** as a key first step in designing and delivering integrated services for drug users and their families (EIU 2002a).

Local needs assessment will help to establish the extent and nature of the drug problem in an area, describe the socio-demographic profile of users and examine the common referral routes. This will help build up a picture of the needs of the population.

Needs assessment is a strategic process. It is about identifying the needs of the local population, so that services can be planned and delivered to meet those needs. The outcomes will be greater capacity within services and better access to services for users as well as improvements in the quality and range of service provision. Needs assessment is an integral part of other strategic initiatives, such as reducing waiting times. The current Waiting Times Strategy Framework highlights needs assessment as one of the key processes to be undertaken locally to help reduce waiting times.

This document aims to provide a practical guide on how to conduct a local needs assessment. The guide is intended for Drug and Alcohol Action Teams (DAATs) and other service planners and providers, who should link the task of needs assessment to their regular on-going monitoring and evaluation of services. This will allow services to determine how well they are currently meeting the needs of their clients and their families, or whether they need to make some adjustments in order to do so more effectively.

The guide provides a step-by-step description of the needs assessment process, and gives some examples taken from the research literature and from current practice in different areas throughout Scotland. It also provides examples of how to do a needs assessment for specific populations, including psychostimulant users, rural populations and young people. Although the document focuses on assessing the need for services for drug users, it is relevant for needs assessment for alcohol users.

The guide includes information gathered from a number of sources:

- A literature review
- A telephone survey of DAAT support officers from across Scotland
- Discussions with key individuals
- A reference group comprising a wide range of individuals with expertise in the area of needs assessment (See Appendix 1).

THANK YOU

The EIU wishes to thank all those who have helped with this guide by contributing examples, information and views. In particular we are grateful to the members of the Reference Group and staff from DAAT support teams who contributed to the telephone survey.

Chapter 1: Why do Needs Assessment?

What is needs assessment?

Needs assessment has been defined as the process of **measuring the extent and nature of the needs** of a particular target population so that **services can respond** to them (Hooper 1999). Needs assessment is, therefore, a valuable tool for informing the planning process.

It is important to be clear about **whose needs** are the focus of the needs assessment. Ultimately, needs assessment should focus on the **needs of the target population** rather than on the needs of **service providers**. Nevertheless, service providers have a significant contribution to make to the process.

Evidence
"Needs assessment clarifies what the problem is and why it exists, before creating solutions."
(Source: Hooper 1999)

It is also important for the partners engaged in the needs assessment to clarify and agree what is meant by "needs". Pallant (2002) explained that **needs** exist when a benefit can be achieved from an intervention, and a measurable improvement can occur as a result of a change.

Why do needs assessment?

Needs assessment is the key to ensuring that the required **range and capacity of services** is **available and accessible** to drug users and their families in a local area. A good needs assessment process will:

- identify the needs of a target population in a particular area;
- help to prioritise those needs to ensure better planning of local services and more effective allocation of resources;
- develop an implementation plan that outlines how identified needs will be addressed.

The outcome of a needs assessment should be that drug users and their families have their **individual assessed needs met, or met more effectively**. Where appropriate, it should also address the needs of families or carers.

The evidence is that most drug users will have a **range of needs** and that a wide range of agencies and service providers may have a role in responding to those needs. This means that needs assessment in the drugs field is a complex task, requiring time and effort and a wide range of skills. However, if the process becomes part of on-going "core business" activity, and systems are put in place to support it, the scale of the task will be reduced and become more manageable.

Who should do needs assessment?

Needs assessment is a strategic activity that should be closely linked to the planning process. Therefore, DAAT partners have an important role to play in carrying out or commissioning such exercises in their area. Furthermore, needs assessment can be undertaken on a number of different levels, e.g. at a regional level, at a community or neighbourhood level, or at the level of a single agency or service. Services for drug users increasingly involve multiple agencies. At some point, key staff responsible for planning services at all of these levels may be required to carry out a needs assessment.

Before beginning a needs assessment, it is important to identify the right people to be involved in the process, since the implementation of agreed outcomes will be entirely

dependent on these people. It will usually be helpful to set up a **steering group** whose remit is to lead the needs assessment. The steering group should bring together individuals with a range of skills and responsibilities, including data analysts. It is the task of this group to ensure that the process is done properly, that it is completed within a reasonable timescale, and that the findings result in action.

Hooper and Longworth (2002) suggest that those involved in the process should comprise:

- **those who know about the issues** relating to the target population: service providers or practitioners; people with research expertise in the area
- **those who care about those issues:** representatives from the target population, from family or carer groups, or from the wider community
- **those who can make changes happen:** managers of appropriate partner organisations / agencies; service planners and commissioners.

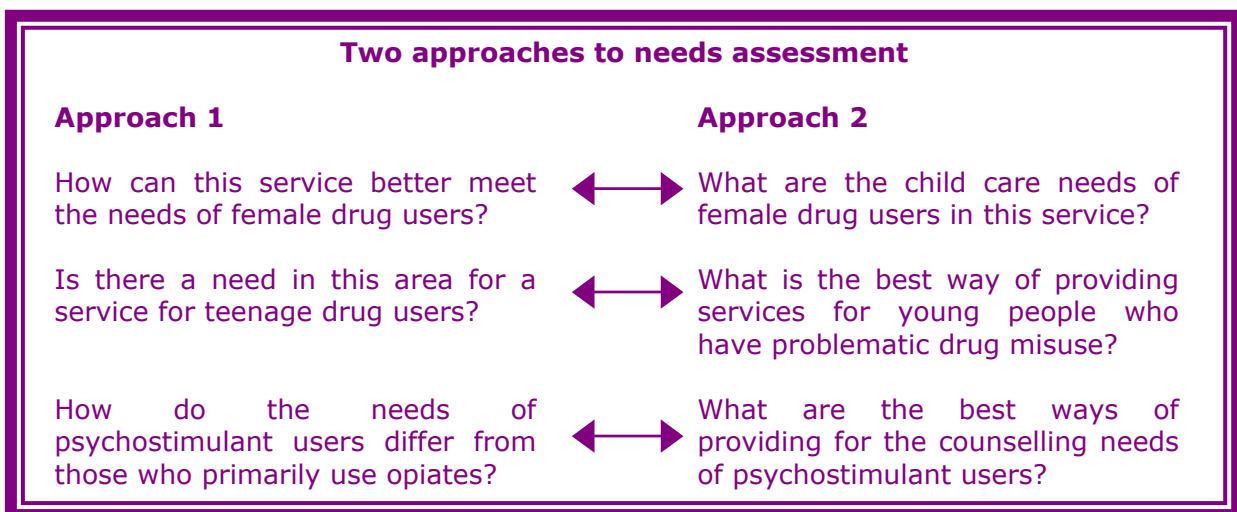
What is involved in doing needs assessment?

There is no single best way of assessing the needs of a particular target population in a local area. The methods that you use will be completely dependent upon **who your target population is**, and **what you want to find out about that population**. So, before beginning to do a needs assessment, it is very important to be clear about what you want to measure, and for whom you want to measure it.

There are two approaches to needs assessment.

- The first approach establishes the needs of the target population solely on the basis of **consultation with users and service providers**, without any prior assumptions about what those needs might be.
- The second approach **assumes, on the basis of other available information, that there is a need**, and then tries to determine the best ways of meeting that need among the people who have it.

The box below gives some examples of how these approaches differ. Both approaches are useful, and it may be necessary to use one or the other at different times.



The methods you use for your needs assessment will depend on the approach you take. For example, you would use different methods if you wanted to find out about the needs for child care by female drug users in your area, than if you wanted to find out about the treatment needs of psychostimulant users in your area. Similarly, if you want to find out about the physical and mental health needs of homeless drug users, you would approach the problem in a different way than if you wanted to find out about the needs for information and support by the families of drug users in your area.

If you **make your question as specific and focused as possible**, you will be in a better position to choose the most suitable methods for answering the question.

Whilst the needs of your target population, not service providers, should be the primary focus of a needs assessment, much of the information gathered in the needs assessment will come from existing services. In addition, part of the process should involve the profiling of existing services to find out, among other things, where they are located, who their clients are, and what their current capacity is.

The Components of Needs Assessment

The process of needs assessment should ordinarily involve the following components:

- a **review of the existing sources of information** relevant to your target population
- a **profile of existing services** and description of client profile
- the views of **your target population**
- the views of relevant **practitioners and service providers**
- **analysis and interpretation** of the results in order to draw conclusions
- **taking action** through prioritising the identified needs, appraising the options for meeting those needs, and implementing an action plan including allocation of resources.
- **monitoring and evaluation** to check that the changes you have implemented are having the desired effect of meeting the needs of your target population.

In the following chapters we discuss each of these components in more detail and, where appropriate, illustrate them with the example of the Ardach Health Centre in Morayshire.

EXAMPLE

Ardach Health Centre – Pharmaceutical Needs Assessment in Primary Care

As part of a reconfiguration of its general medical services, the Ardach Health Centre integrated a community pharmacist into the centre to provide pharmaceutical care. In order to identify areas of 'pharmaceutical need', a needs assessment was carried out. The aim was to prioritise and assist the planning of pharmaceutical care, so that the biggest gain could be achieved from limited resources. A four-stage process was used. These stages will be described in more detail at various points in this guide.

(Source: Williams, Bond and Menzies 2000)

THINK ABOUT

When planning a needs assessment think about:

- ✓ Making sure the needs of service users are the focus of the needs assessment
- ✓ Identifying the right people to be involved in the process and set up a steering group
- ✓ What you want to measure and for whom you want to measure it
- ✓ How to make your question as specific and focused as possible
- ✓ Identifying the appropriate approach to your needs assessment

Chapter 2: Using Existing Sources of Information

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 and members of your target population. This chapter focuses on the identification and use of existing sources of information as a starting point for needs assessment. Later chapters will discuss methods for collecting new information.

The aim of data collection is to **build up a picture** of the overall size and nature of the group's needs. No single source of information will be able to give you the total picture, but several sources taken together should give you different pieces of the puzzle. While it is unlikely that you will ever be able to measure a particular group's needs perfectly, you can get a clear idea of the overall picture without having all the puzzle pieces. Your effort should be spent in gathering **enough** information to see the picture, not in gathering **all** the information that is available (Scottish Needs Assessment Programme, 1998).

Existing data sources include those that are collected 'routinely', and those collected for a project or, a specific 'one-off' purpose. Examples of routinely collected data include: data from the individual assessment process, data on drug users in treatment held by the Information and Statistics Division (from SMR24 forms), and data on deaths held by the General Register Office for Scotland. Project data may come from studies carried out by local NHS Boards or universities, and from some national surveys and censuses. For example, the study to estimate the national and local prevalence of problem drug use is an important source of information about the size of local drug using populations (Hay et al. 2001).

You can use existing sources of information to produce a **profile** of your population. Existing sources of information may be able to help you answer a number of questions about your population. Some of these are shown below.

Key Questions to Ask of Existing Sources of Information

- ✓ How big is the target population?
- ✓ What do they look like? For example, what is their age profile? How many of them are male and how many are female?
- ✓ What do we know about their drug-using behaviour (e.g. when did they start using drugs, how long have they used drugs, and what drugs do they use)?
- ✓ Are they generally in employment or unemployed?
- ✓ Where do they live? Who do they live with, e.g. dependent children?
- ✓ Are they already in contact with services, or are they "hidden" from existing services?
- ✓ With which services are they in contact?
- ✓ How often do they use services? Which groups use which services?
- ✓ What interventions are most effective for this population?

There are some “health warnings” about the use of existing information. No source is likely to be able to tell you exactly what you want to know about your target population. In fact, information from different sources may give contradictory answers to your questions, if the questions are addressed by the data at all. Furthermore, not all sources of information will be robust enough to give you accurate data about your population. All of these issues should be considered carefully before deciding which information sources to use in your needs assessment, and what weight to give the information. **Remember, these data sources were not originally collected to answer your local needs assessment questions.**

The following principles may be helpful when deciding which sources of information to use:

- ✓ **Be selective.** Don’t refer to sources of information or data that are not directly relevant to your target population. For example, data from a survey on the prevalence of recreational drug use among young people in Glasgow is unlikely to say very much about young people’s needs for treatment in Orkney, although it may be more relevant to young people’s needs in Edinburgh.

Advice

“There is a risk that large amounts of data are gathered but no one knows what it actually means. It is a good idea to know what you want out of the data before you start to collect it.”
(Scottish Needs Assessment Programme 1998).

- ✓ **Find out why the data were originally collected.** Knowing the aim of the original study will help you decide how much weight to give to the results for the purposes of your needs assessment. The data will have more value if the aims of the original study are closely related to your own aims.
- ✓ **Consider the strengths and weaknesses of the information.** This will help you decide the extent to which the information can be generalised to your target population. For example, is the information based on a large study undertaken 20 years ago? This may be of less value than information from a smaller study undertaken 6 months ago.

The purpose of this exercise is not simply to gather data. The **data will need to be analysed, interpreted and summarised** in order to answer the following question:

What does all this information tell me about the needs of the target population?

Appendix 2 of this guide provides details about some sources of existing information that can be used in a needs assessment. It is by no means a comprehensive list, but these information sources can provide a helpful starting point. In the section below, we offer some additional explanation of two particularly useful sources of information:

- survey data
- individual assessment data

Survey data

The results of population surveys are useful for giving a rough estimate of the size of a problem in a particular population at a specific point in time. For example, the Scottish Crime Survey is a survey of a nationally representative sample of individuals living in Scottish households. It provides an index of crime in Scotland which complements the official police crime statistics by estimating the extent of crimes experienced by people, whether or not they are reported to or recorded by the police.

It is important to be aware that the results from household surveys may underestimate the size of the subject you may be most interested in, particularly if this subject is related to behaviour that is closely linked to criminality, vulnerability, lack of education or poverty. Many people with such problems will simply not complete the survey form, or they will be unable to do so (i.e., they have reading difficulties, are homeless, in hospital or in prison). Surveys that are specifically targeted at “hidden” populations are often more reliable in their findings about those populations than general household surveys.

Use of data from individual assessment

The assessment of the needs of individual service users provides an important source of information for a local area needs assessment (EIU 2002a). An effective assessment process will identify the needs and aspirations of the individual and inform decisions about treatment, care and support. It should lead to the development of an Action Plan agreed by the service provider(s) and the individual. It may be that not all the identified needs can be met by the services currently available. In this case, it is important to have arrangements in place to capture information about the gap between the optimum service, or package of services, and the actual provision that can be delivered. That gap represents the **unmet need**.

When that information is **regularly and systematically recorded, and then aggregated**, it provides a unique contribution to the needs assessment process. The essential first step is that it comes out of a **comprehensive assessment and action planning process**. It is then particularly valuable because it will give a robust picture of unmet need and gaps in services based directly on the assessed needs of service users. It also means that this information is part of **day-to-day activity** and does not, therefore, require a major investment of time and resources to feed into a separate needs assessment exercise. To make this process work requires:

- an effective assessment process;
- regular and systematic recording by service providers of the shortfall or gap between the “ideal” service(s) for the individual and what can be provided at present;
- mechanisms for service providers to regularly report this information to the DAAT and partner agencies to inform service planning and the (ongoing) needs assessment.

The use of assessment tools can help provide a structure for the recording and reporting of the information gleaned through the assessment process. Further information about assessment tools may be found in the publication, ‘Digest of Tools Used in the Assessment Process and Core Data Sets’ (EIU 2003a). The EIU ‘Evaluation Guide 7: Using Assessment Data for Evaluation’, also offers relevant advice and information (see EIU 2002b).

Example

Forth Valley Substance Action Team (SAT) have been pro-active in encouraging service providers to increase the priority they place on data collection and analysis. A Minimum Dataset has been developed locally, and services have been given the necessary software and training to use it.

On the back of this, the SAT is using Geographical Information System (GIS) software to enable data to be compared and analysed across services and within a service. This allows specific gaps in service provision to be identified and also provides a useful perspective on how well service provision is being targeted in particular geographical areas. The investment in obtaining standardised reliable, postcoded data means that the SAT is able to undertake statistical analysis to explore correlations between data sets.

For further information contact Marion Logan: marion.logan@fvhb.scot.nhs.uk

Example

Children in the Borders affected by substance misuse in the family

Between Nov 2002 and Feb 2003, Borders Drug and Alcohol Action Team gathered information from several sources to get an estimate of the prevalence of children affected by family substance misuse. Sources of existing information included:

- data from the Social Work Department
- information from the Scottish Borders Child Protection Register
- assessment data from the Big River Project (a drugs outreach service in the Borders, managed by Turning Point Scotland)
- Borders-specific findings from the research study, The National Prevalence of Problem Drug Misuse in Scotland (Hay et al. 2001)
- annual statistics from the Information and Statistics Division on alcohol-related problems and alcohol-related deaths in the Borders
- the findings from a previous survey of local GPs by Scottish Health Feedback (1997).

(Source: Murray & Hogarth 2003)

Data protection

The Data Protection Act 1998 governs the use of personal data held on computer or paper. The use of personal information for needs assessment must comply with this legislation. According to the Act, information generated by an individual assessment would fall within the category of 'sensitive personal data'. Sensitive data cannot be processed or shared with other organisations unless certain conditions are met, including obtaining the explicit consent of the data subject. This can be done easily by explaining to the individual when the data are collected, how they may be used. If the information is used for additional purposes, this will need to be explained to the individual at the appropriate time and when they are able to make sense of it. It may be unnecessary to obtain consent from individuals if their information is **anonymised** before using it.

Most statutory bodies now employ **Data Protection Officers**, who will be able to provide advice regarding the use of personal information for needs assessment and service planning purposes. In addition, all NHS organisations have a member of the senior medical staff who acts as a **Caldicott Guardian**. Caldicott Guardians are responsible for safeguarding and governing the uses made of patient identifiable information, both clinical and non-clinical, within the NHS. A list of Caldicott Guardians is available at:

<http://www.show.scot.nhs.uk/confidentiality/publications/caldicottcontacts.htm>. The EIU has provided practical guidance to DAATs and partner agencies on information sharing in 'Integrated Care for Drug Users' (EIU 2002a).

Evidence on effectiveness

If you want to find out the best way of introducing a new service, or a new intervention into an existing service, your needs assessment exercise should involve looking at the evidence on effectiveness. This evidence is available through a number of sources, including reports of research studies, government policy documents, and the published research literature. You can access information about published research articles through bibliographic databases such as Medline, PsychInfo, or Embase. The EIU has published a number of research reviews on effective interventions. These are available from the EIU website. The NHS Scotland eLibrary, available to all NHS employees at <http://www.elib.scot.nhs.uk/> and the Cochrane Library, available at <http://www.nelh.nhs.uk/cochrane>, are also useful sources of information. If your organisation employs a librarian, this person will be able to give you advice and assistance in conducting a literature search.

THINK ABOUT

When gathering information about your target population from existing data sources, think about:

- ✓ What this information tells you about the needs of your target population
- ✓ What the strengths and weaknesses of the information are
- ✓ Whether you need to consult with a Data Protection Officer before using or sharing personal assessment data for the needs assessment
- ✓ What the most effective interventions for your target population are

Chapter 3: Undertaking a Profile of Existing Services

Another key step towards determining what services are needed in a particular locality is to undertake a **profile** of the relevant existing services. The aim of constructing a service profile is to identify the **range of needs** currently being met by services, and the **capacity and accessibility** of those services. The **gap** between the needs of your target population and what is being provided, will be the focus for future service planning.

Service profiling should include all services that may be relevant to your target population — both statutory and voluntary, and those commissioned from elsewhere. Drug users may require access to a range of services, including housing, family support, counselling, advice, employment services, further education training, and community pharmacy, as well as addiction services. A service profile should seek to answer the following questions:

Key Questions to Ask when Undertaking a Service Profile

- ✓ Where is the service located?
- ✓ What information is available about services commissioned from other areas?
- ✓ What are the service's opening hours? Is there any out-of-hours provision such as a helpline or answering service?
- ✓ What range of clients does the service cater for — in terms of age, gender, drug of choice, geographical distribution, etc.?
- ✓ What *specific* needs does the service meet for its clients?
- ✓ How does the service receive referrals, and from whom do its referrals come?
- ✓ How many clients does the service see each week, month, quarter, year?
- ✓ On average, how long do clients stay with the service and what are their reasons for leaving (e.g., drop-out, onward referral)?
- ✓ How many clients each week / month are referred on to other agencies?
- ✓ What is the caseload of staff? How many full-time staff does the service employ, and how much time do they have available each week for client appointments?
- ✓ Is there any information from staff satisfaction or user satisfaction surveys?
- ✓ How do existing clients access the service — on foot, by car, by public transportation? How accessible is the service by public transportation?
- ✓ Does the service have a waiting list? If so, how long do drug users have to wait before accessing the service?
- ✓ What support, if any, is provided while waiting? What follow-up support is provided?
- ✓ If the service operates an appointment system, what proportion of clients do not attend (DNA)? How many appointments per week / month are DNA?

The task of service profiling may take some time. Ideally, DAATs should routinely collate and analyse this information for the services in their area – perhaps once every six months, rather than having to request it from each agency for the purpose of undertaking a needs assessment.

Gap analysis

Once you have gathered detailed information about the services currently available to your target population, consider whether there are any obvious gaps in current service provision. This may be based on what you already know about the needs of your target population.

It is important to be aware that there may be a number of different types of agencies available to meet the needs of your target population. However, your service profile may indicate that, for whatever reason, many of the members of your target population are not engaging with those agencies. Groups such as female drug users, young people, prostitutes, or children of drug-using parents may have needs which are substantially different from the needs of the majority of clients of your local services.

When undertaking a gap analysis, it may be helpful to classify the needs of your target population into a small set of categories. This classification may take many forms. For example, the needs of drug users may be simply classified as:

- **health-related needs:** the needs for help and advice to prevent or reduce the harm associated with drug use, and for treatment to improve physical and mental health.
- **addiction-specific needs:** the need for treatment, care and aftercare relating to drug use.
- **accommodation-related needs:** the need for shelter and housing, both during times of crisis, and in the long-term.
- **employment-related needs:** the needs for training in basic skills, counselling to increase motivation, confidence and self-esteem, and the need for access to employability services and employment opportunities.

The results of your gap analysis may be used as the basis for further exploration of needs when speaking to your target population and practitioners.

Example

The manager of an addiction service may consider that the greatest risk to his or her target population is death. Evidence indicates that the risk of death is increased significantly as a result of: injecting drug use, voluntary or enforced detoxification, homelessness or living alone, co-morbid mental health problems, and inaccessible services. Addiction service managers might therefore classify the needs of their target population as:

- the need for harm reduction
- the need for aftercare following detoxification
- the need for accommodation and housing support
- the need for psychiatric treatment and counselling
- the need to reduce waiting times.

THINK ABOUT

When undertaking a profile of existing services think about

- ✓ The range of needs currently being met by those services, the capacity of those services, and their accessibility to your target population
- ✓ Whether you have included all the services relevant to your target population (e.g. housing, employability, family support)
- ✓ How to identify the gap between current provision and needs of your target population

Chapter 4: Getting the Views of Your Target Population

Your target population should be at the very centre of needs assessment. And yet, the process of getting their views is often neglected or undertaken half-heartedly. There are a number of reasons for this.

- It can be difficult and expensive to find out about the needs of your target population, especially if the views you most want are those of people not currently in contact with services.
- There is also the concern that you might be raising people's expectations by formally asking about their needs, only to ignore them because of a lack of available resources.
- The opinions of a small number of individuals may not represent the views of the more general population.
- Finally, individuals themselves may be reluctant to explicitly state their views, either because they fear this may have a negative impact on the services they receive, or because they don't believe that their views will be taken seriously or acted upon.

Despite these potential difficulties, it is essential that any needs assessment exercise gives service users (or potential service users) the opportunity to express their needs. However, before setting out to get the views of your target population, **it is important to make it clear why you are seeking their views.** A short, focused set of questions, **and** a clear explanation of why you are asking them will help avoid raising false expectations. Further information about ways of engaging with your target population is available from the EIU Guide, 'Effective Engagement. A guide to principles and practice.' (EIU 2002c)

This chapter provides information about methods that can be used to get the views of your target population. Much of this information comes from a document published by the former Standing Conference on Drug Abuse (SCODA), now part of DrugScope. This document, entitled 'Getting drug users involved: Good practice in local treatment and planning', provides a number of practical suggestions for engaging drug users in the planning of local services (SCODA, 1997).

Example

Ardach Health Centre – Pharmaceutical Needs Assessment in Primary Care

A research pharmacist carried out semi-structured face-to-face interviews with 13 representative patients from the Health Centre. These individuals were selected either because they were high service users or because they had chronic problems. It was thought that these patients would have a wide experience to draw upon and would be able to provide insight into the types of pharmaceutical needs that other patients would have. Interviews lasted 20-30 minutes, and involved asking each of the patients the open-ended question: "What do you need from pharmacy services and why?" The purpose was to draw out the individual's 'felt' needs, and so care was taken not to prompt people.

The results of the interviews were then used as the basis for a postal questionnaire, which was sent to 1000 randomly selected patients. The questionnaire asked individuals about their 'needs', and respondents were asked to answer yes or no to each question. In addition, free text questions were included, requesting suggestions for additional pharmacy services or changes to existing services. Reminders were sent to non-responders two weeks after the initial mailing, resulting in a high response rate (77%).

(Source: Williams, Bond and Menzies, 2000)

Methods for getting the views of your target population

Just as there is no one best way of doing needs assessment, likewise, there is no one best method for getting the views of your target population. In fact, it may be beneficial to **use a variety of methods**, as this will give you a clearer and more rounded perspective. It is also important to bear in mind that **the use of poor methodology in the information-gathering stages will distort your results and the recommendations** that can be made from them.

We have identified the following methods of obtaining the views of service users.

- Questionnaire surveys
- Interviews
- Focus groups
- Local service user groups

1. Questionnaire surveys

The design of questionnaires and surveys requires careful thought. It may be helpful to involve members of the target population in the design of the questionnaire at an early stage, not only to ensure that the questionnaire is “user friendly”, but also to ensure that it covers issues that are important to them, and not just the issues that are important to the DAAT or to service providers. Consider the following points when using questionnaires (SCODA 1997):

- Questionnaires should include an explanation of why and how the information will be used.
- Questionnaires can be used to gather detailed information on the outcomes of treatment.
- Waiting areas and newsletters can be used to publicise results from questionnaires.
- Providing incentives (e.g. vouchers or prize draws) may encourage greater response.

It may be necessary in questionnaires to briefly **define potentially ambiguous terms**. For example, when asking drug users about their goals in seeking treatment, most will indicate that they wish to be “drug-free” or get off drugs. For some drug users, drug-free or getting off drugs will mean complete abstinence from all illicit and prescribed drugs; others may mean abstinence from illicit drugs only; while yet others may mean abstinence only from the one particular drug that is causing them the greatest problem. When asking questions, it is crucial not only to ensure that your question means the same thing to your audience as it does to you, but also to ensure that the response you get is understood by you in the way the respondent meant it to be understood.

Because of this, questionnaires should usually be **piloted** before official data collection begins. Piloting involves trying the questionnaire out on a small number of individuals with the same characteristics as your target population, and then, ideally, having a discussion with them about the questionnaire after they have completed it, or while they are completing it. Piloting will identify difficulties or potential ambiguities in the questionnaire, and will allow you to check that it adequately and effectively captures the information you are seeking.

Questionnaires typically use a combination of tick box and open-ended questions. Tick boxes are quick and easy to complete, and easy to analyse, but they limit the responses to those you have defined in advance. It is important, for this reason, to ensure that the response categories you provide cover all possible responses. Alternatively, you can

include some open-ended questions in your questionnaire to allow individuals to reply in their own words.

With surveys, you will need to think about your sample, i.e., how many people you want to get responses from. A small, **representative sample** will reflect the group from which it is drawn. The larger the sample, the more precisely it reflects the target group. However, the rate of improvement in precision decreases as your sample size increases. For example, an increase in the sample size from 250 to 1,000 only doubles the precision. You must make a decision about your sample size based on factors such as: time and budget available, and the level of precision required.

Strengths and Weaknesses of using questionnaire surveys

Strengths

- good for getting the views of large numbers of people
- data is quantifiable, and can be used for comparisons between groups, and for measuring change over time
- results can be analysed relatively quickly
- can be conducted by post, email, face-to-face, or by telephone
- can be anonymous to encourage greater honesty in responding

Weaknesses

- self-completion questionnaires do not allow either side to seek further clarification
- people with literacy problems may be unable to use self-completion questionnaires
- open-ended questions take longer to complete and are more difficult to analyse

2. Interviews

One-to-one interviews allow for the possibility of getting more in-depth information from the members of your target population. Interviews may be conducted face-to-face, or over the telephone. In either case, it is usually best to arrange them in advance, as the interview may last between 30 minutes and two hours. Employing an independent researcher to conduct the interviews may result in greater openness among some respondents, but it is also expensive, and it still does not guarantee that individuals will not reply in the way they think the interviewer wants them to reply.

Interviews are usually semi-structured (i.e. based on a questionnaire format but with a greater number of open-ended questions). The same questions should be asked in the same way to each interviewee. Care must be taken to not ask “leading” questions — that is, asking a question in such a way as to get an expected response.

Question types	
X Leading question:	Do you want to stop using drugs?
✓ Closed question, followed by an open-ended question:	Was there anything that you wanted from your visit today that you did not get? [If yes, ask:] What were you looking for that you did not get?
✓ Open-ended question:	In what ways could this agency better meet your needs?

Because of the difficulty in taking notes while interviewing, interviews are usually tape-recorded. Interviewees should always be asked for their permission to record the interview. If they object, the interviewer will have to take notes.

Strengths and Weaknesses of using interviews

Strengths

- allow for an in-depth exploration of client views
- can target specific groups

Weaknesses

- interview and analysis take time
- results cannot be considered to be statistically representative
- interviewees may feel intimidated by the process and may not respond honestly

3. Focus Groups

Focus groups bring together a small number of people (usually less than 15) to discuss a particular issue in depth. The participants should be members of your target population. The aim is to encourage frank discussion to get people's perceptions, feelings and opinions about an issue. The extent to which this happens depends largely on the skill of the facilitator and the willingness of the participants to speak. Ideally, the facilitator should be someone not known by the members of the group. This person should prepare a short set of open-ended questions in advance, and be prepared to structure and guide the group, so that all voices are heard. The facilitator should allow time at the end of the meeting to agree with the group the main points from the discussion.

Strengths and Weaknesses of using focus groups

Strengths

- allows for in-depth exploration of issues
- can target specific groups
- easy to access a wide range of views

Weaknesses

- can be difficult to facilitate
- some individuals may find the process intimidating and feel reluctant to express views different from the majority

4. Local Service User Groups

The establishment of a local service-users group is another way of getting access to the views of service users. The on-going support and facilitation of this group can require time and energy, and it may be best if this task is done by an individual or organisation who does not directly provide a service to the users involved. Some DAAT areas have recently started user groups, and in some cases, these are facilitated and managed by the Scottish Drugs Forum (SDF). In other areas, service providers have set up formal mechanisms for consulting their users at regular intervals.

Strengths and Weaknesses of using local drug user groups

Strengths

- provides a forum for getting the views of users on a regular basis
- allows greater opportunity for service users to set the agenda

Weaknesses

- can be difficult to facilitate
- requires on-going administrative support

Getting the views of “hidden” populations

The job of needs assessment is particularly difficult if your target population is one which is not currently in contact with services. Obtaining the views of these individuals may require some ingenuity. The following are some methods for getting the views of drug users not currently engaged with services.

- **Peer research:** using current or former service users to find hidden drug users, and to interview or distribute questionnaires to them.
- **Snowballing:** a technique whereby a user is initially identified and then asked to introduce other acquaintances, who are then each asked to introduce acquaintances of theirs and so on until a sufficient sample size is reached. A “reward” or incentive is sometimes provided to the individual for each new contact.
- **Outreach:** employing outreach workers to engage with difficult-to-reach populations such as homeless people, prostitutes, children or young people.

In addition, many hidden drug users may be engaging with services other than drug treatment services. It may be possible to get access to hidden populations through:

- family or carer support groups
- low-threshold services such as helplines and needle exchanges
- non-drug specific services such as the police, A&E, GPs, Social Work, voluntary agencies such as Shelter or Barnardos, schools or crisis centres.

However, this will require the active co-operation and assistance of these other services.

Example Scottish Drugs Forum (SDF)

SDF aims to enhance the participation of service users in the needs assessment process. SDF can help DAATs and service providers with needs assessment in several ways:

- facilitating access to service users. They use “peer research” to obtain the views of existing and previous service users.
- establishing local service user groups, and training and supporting these groups to represent the views of the wider service user community.
- SDF is available to participate in the planning, design and undertaking of needs assessment studies, as well as supporting studies to capture the views of service users.

For further information contact Stephen McGill: stephen@sdf.org.uk

Example: Exploring the Experiences of the Hidden Drug Using Population in the East End of Glasgow

The Drugs Forum in the East End of Glasgow was aware that there was a large population of drug users in the area who were not engaging with Addiction Services. A needs assessment was undertaken to find out the reasons why, and whether there was anything that services could do to engage with this population.

A questionnaire was drafted, and two former service users — both now community members of the Drugs Forum — administered the questionnaires. The advantage of using these two individuals was that they had extensive knowledge of the drugs scene in the East End, including knowledge of who the drug users in the area were, where to locate them, and what kind of issues to explore. In addition, drug users in the area recognised these two individuals, and were willing to speak to them. The two former service users were given support by a Development Worker from East End Addiction Services. Research training was provided by a Senior Research Officer in the Glasgow City Council Social Work Addiction Team headquarters.

Fifty-five (55) questionnaires were completed in the space of a few days. Initial analysis confirmed that very few of the respondents had had any contact with Addiction Services, and the main reason for this was that they were unaware of the services provided in the area. The results also indicated that a large number of these individuals used cocaine as their primary drug, and this may have implications for the way services are provided in the area.

For further information, contact Allison Murray, AllisonCC.Murray@sw.glasgow.gov.uk.

When seeking the views of hidden populations, it is important to find out what they perceive to be the barriers for them in accessing services. Is there a problem with the accessibility of a particular service, or is it simply that people are unaware that the service exists?

The requirement for ethical approval

The task of obtaining the views of your target population is a research task. The methods described above are research methods. In its broadest sense, **research is any activity that involves the acquisition of new information**. Whenever you do research that involves people, you should consider whether it may be necessary to apply for ethical approval.

There is a wide spectrum of activities that service planners and providers may engage in as part of the overall task of service planning and improvement. The task of **audit** is at one end of this spectrum. Audit is the study of outcomes through the analysis of existing data. At the other end of the spectrum is **the randomised control trial (RCT)**. This involves randomly allocating patients to receive a new intervention or form of treatment. The outcomes for these patients are then compared to the outcomes for patients who receive “treatment as usual.”

Audit does not require ethical approval. However, if audit requires access to person-identifiable data, you will need to seek approval from your local Data Protection Officer, or a Caldicott Guardian. (See Chapter 2.) RCTs always require ethical approval.

As a research activity, needs assessment lies somewhere in the middle of the spectrum between audit and the RCT. In some cases, you should seek ethical approval before starting your needs assessment. In other cases, there is no need to seek ethical approval. The diagram on the next page shows that there is a large grey area between projects which clearly do, and those which clearly do not, require ethical review. In general, any research related to service planning, that is conducted internally by a single service provider, and does not require the users of that service to do anything different from their ordinary experience — apart from answering questions about their needs or experiences — does not require ethical approval.

Many agencies, including social work departments, and the Prison Service have their own ethical committees and these should be consulted if you want to find out about the needs of social work clients or prisoners. Within the NHS, Local Research Ethics Committees (LRECs) were established in each NHS Board area to ensure that research involving NHS patients or staff is conducted in an ethical manner. The web site of the Central Office for Research Ethics Committees (COREC) provides details of who should apply for NHS research ethical review and under what circumstances. See <http://www.corec.org.uk/whenToApply.htm>.

THINK ABOUT

When gathering the views of service users think about:

- ✓ How to make sure service users are clear about why you are seeking their views
- ✓ The most appropriate methods of gathering the views of your target population
- ✓ Ethical issues involved in your needs assessment

Diagram: When is research “research”?

Research Generalisable new knowledge	Applied, observational, operational and action research decreasing generalisability and novelty	Audit Local confirmatory knowledge				
RCT of innovative treatment/novel service design	Research-led service/therapy introduction	Innovative service/therapy introduction with external evaluation	Innovative service/therapy introduction with internal evaluation	Proven service/therapy introduction with external evaluation (audit acquiring new data)	Proven service/therapy introduction with internal evaluation (audit acquiring new data)	Team audit of outcomes using existing records
				Service planning/review (needs assessment/ market research) - external organisations involved	Service planning/review (needs assessment/ market research) - internal to provider	
	Data linkage with follow-up				Data linkage without follow-up	
Requires research ethical review	May require research ethical review	Does not require research ethical review				

Source: Dr David Gordon, Chair, Lanarkshire Research Ethics Committee

Chapter 5: Getting the Views of Service Providers and Practitioners

This guide has made the point several times that the needs of the target population, rather than the needs of service providers, should be the focus of needs assessment. Nevertheless, service providers are a crucial source of information about the needs of the target population. However, getting the views of service providers and practitioners is not always straightforward. There are a number of possible reasons for this.

- People are **busy** and may be reluctant to take time away from their core service. It's not enough to simply invite comments; you will have to actively seek them.
- It is important to get the views of **staff at all levels**. Front-line staff may have a very different perspective on the needs of the population than management staff have. Furthermore, you may need to get contributions from a range of agencies (e.g. police, housing, etc.).
- Staff working in **voluntary and private sector agencies** may have a (potential) role in meeting the needs of your target population. But they may feel less obliged to participate in the process than statutory sector staff. Consider the best way to engage these individuals.
- Providers may have **concerns about what the process of needs assessment might mean for them**. There may be fears that services will be shut down, that funding will be withdrawn, or that people's jobs may change as a result of needs assessment.
- At the other extreme, providers and practitioners, like service users, may have some doubts about **whether any action will result** from their participation in the needs assessment process.

Achieving constructive dialogue with service providers and practitioners will depend on the DAAT developing and maintaining effective communication channels, not just as part of the process of needs assessment, but on a regular basis. It is important to raise awareness among staff about the purpose of the needs assessment, and to provide feedback to them at specific intervals throughout the process. Staff also need to be made aware of the valuable contribution that they can make to the overall design and process of the needs assessment exercise.

Example

Ardach Health Centre – Pharmaceutical Needs Assessment in Primary Care

A research pharmacist carried out semi-structured face-to-face interviews with selected Health Centre staff and other community practitioners, including the six GPs and five nursing staff in the Health Centre; the four community pharmacists currently providing pharmacy services to the practice patients; the secondary care pharmacist in the local community hospital; and three of the six administrative staff. These individuals were asked to participate because it was thought that the new health centre pharmacy service would impact upon them. Interviews focused on the open-ended question, "What do you need from [the new Health Centre] pharmacy service and why?"

Based on this information, a questionnaire was developed for all Health Centre professionals, which listed 22 different services that the Health Centre's pharmacist might provide. Respondents were asked to rate each on a five-point scale, according to how useful they would find the provision of that service.

(Source: Williams, Bond and Menzies, 2000)

Methods

The methods you use to get the views of service providers and practitioners could be very similar to those you used to get the views of your target population (see Chapter 4). However, the best way to get the views of practitioners may be through **short surveys or via face-to-face communication**. People seldom have the time or inclination to complete lengthy questionnaires with lots of open-ended questions. It is better to interview people, to organise staff focus groups, or to otherwise seek people's views in a regular, routine way through Drugs, Alcohol and HIV Forums.

There are some key points that may help the process.

- **Keep the discussion focused** on the needs of the target population, as this is central to needs assessment.
- **Maintain good communication** between DAAT and service providers throughout the needs assessment process. It may be helpful to feed back in writing to service providers what you understood to be the main issues from your discussion.
- **Explain how you are going to use their views**, e.g. in the initial letter or phone call, set out the **timetable** for decisions and clarify the type of **feedback** they can expect.
- **Acknowledge the extra demands** on staff time and set realistic timescales.

THINK ABOUT

When gathering the views of service providers think about:

- ✓ Ways of actively engaging busy staff in your needs assessment
- ✓ The range of agencies and the range of staff who could contribute to the needs assessment process
- ✓ The most appropriate methods for gathering the views of your target group
- ✓ Ways to allay people's fears (e.g. of closure) or concerns (e.g. that no action will be taken)

Chapter 6: Analysing, Interpreting and Drawing Conclusions

Chapters 2-5 have focused on the information-gathering aspects of needs assessment. However, needs assessment is more than an information-collection exercise. Once you have gathered all the information you need, you will have to analyse it, interpret it and draw conclusions. The aim of analysis is to answer the question:

What does all this information tell me about the needs of the target population?

This question can be broken down into the following key questions:

Key questions for Analysing, Interpreting and Drawing Conclusions

- ✓ What proportion of your target population have indicated that they have a particular need?
- ✓ What are the areas of agreement between service providers and your target population about the target population's needs? What are the areas of disagreement?
- ✓ Have you identified any areas of need among your target population that practitioners were largely unaware of?
- ✓ Which of the needs of your target population are currently being met, and which are not being met?
- ✓ Which services are easy for your target population to access and why? What are the barriers for your target population in having their needs met?
- ✓ What are the risks to your target population (or other people) in not having their needs met?
- ✓ How confident do you feel that the information you have gathered is broadly representative of the views of your target population and local practitioners?

DAATs could also use the analysis process to consider **what this information tells them about the way services have been planned and developed, and the ways resources have been used**. Specific questions include:

- ✓ To what extent do existing services have the capacity and ability to meet the identified needs?
- ✓ Is funding being directed where it is most needed?
- ✓ What are the implications for the planning and funding / resource allocation processes?
- ✓ To what extent do existing DAAT priorities fit in with the needs identified in the exercise?

Your analysis and interpretation — that is, your ability to answer these, and other similar questions — should be based directly on the information you gathered in the earlier stages of the needs assessment process. Therefore, as mentioned before, it is important to keep in mind that the use of poor methodology in the information-gathering stages will undermine your ability to develop valid interpretations of the situation. Ultimately, this will affect the quality of the recommendations made to address the needs of your target population.

Who should be involved in analysing and interpreting the information?

The people who gathered the information in the early stages of the needs assessment exercise may not necessarily be those who are in the best position to analyse and interpret it. For example, the analysis of large datasets requires specialised skills and specialised computer software. In addition, data entry, transcription and cleaning must be done to prepare the data for analysis. You may want to get support for these tasks, and arrangements will need to be made in advance. Nevertheless, those who gathered the information in the first place should remain involved in the analysis and interpretation stage, even if merely in an advisory capacity.

As mentioned in Chapter 1, it is important to bear in mind that analysts, in particular, should be involved **at the very start** of the needs assessment process. More specifically, you should consult with an analyst when designing questionnaires and interview schedules. Remember that most DAAT partners will have a range of analytical expertise “in-house”.

Computer software for data analysis

There are a number of software packages used for data analysis. SPSS (Statistical Package for the Social Sciences) is commonly used for analysing quantitative data. There are also software packages for analysis of qualitative data, and the use of these packages will require special training.

Report writing, presenting and feeding back results

One of the initial outcomes of a needs assessment exercise is likely to be a written report. The report will be one of the ways in which the findings are communicated to key stakeholders and to those who are in a position to act upon them. The following points may be useful to those responsible for writing and presenting the report:

- ✓ Avoid jargon and technical language. It will discourage people from reading.
- ✓ Don't assume that the people whom you want to read the report will have the time to do so. Make their lives easier by **summarising the main findings briefly and clearly** at the beginning of the report.
- ✓ Be careful in using graphs, charts and tables to present data. Such pictorial forms of presentation can make your findings much clearer to your reader. However, too many of them, or a confused mixture of them can cause information overload. Save graphs, charts and tables for presenting **key findings**.
- ✓ If possible, offer some **analysis of the information** – suggesting what you think the results may mean, how they may be misinterpreted, what information the results do not provide and what the broad implications of the results are.
- ✓ Always include a **Conclusions section** in the report. This section should draw together the various disparate findings from the needs assessment into a few coherent messages.

- ✓ Whenever possible, **suggest some recommendations** for ways of addressing the identified needs. It is easier for people to respond to a clear and concise set of recommendations than to draw their own recommendations on the basis of a presentation of results alone. However, be aware that your role is to put forward recommendations in order to provide a basis for discussion. Firm recommendations and the implementation of change will depend on factors that may be outside your control.
- ✓ It may also be appropriate to **present the report orally**. This will allow your readers to ask questions, to explore particular issues in greater depth, and to seek your advice about implementation of the findings.

It is a key principle that the results of the information-gathering process should be **relayed back in an appropriate form to those who contributed to that process** — including your target population and the service providers and practitioners. Although this process takes time, feeding back in this way is important because many people who participated in the needs assessment will have their own views about what the results might mean. Formal feedback could provide people with the chance to say whether the results are as they would have expected. This can also help extend ownership of the project and assist with the implementation of any resulting decisions. In addition, it is helpful to communicate to people that they have been heard and that their involvement was valued. This could also make people more willing to participate in future needs assessment exercises.

THINK ABOUT

When analysing, interpreting and drawing conclusions think about:

- ✓ How information gathered as part of a needs assessment should be analysed and interpreted
- ✓ How this information informs your understanding of the needs of the target population
- ✓ How those who gathered the information may contribute to the analysis process
- ✓ How the results of the needs assessment should be relayed back to all those who contributed to the process

Chapter 7: Taking Action

After you have analysed the information gathered in the earlier stages of the needs assessment process, and have drawn conclusions, you should have a reasonably clear idea of the needs of your target population. Decisions about action will depend on several crucial and closely connected activities. These include:

- **Prioritisation:** If there are not sufficient resources to meet all the identified needs, it may be necessary to rank them in some way — to decide which needs will be met first and which will be met later.
- **Option appraisal:** There may be more than one way of meeting the needs identified. Various options should be considered, and the evidence in favour of each should be weighed carefully.
- **Implementation:** When agreement has been reached about how the needs are to be met, an action plan and timetable should be drawn up, including a plan for resource allocation.

In practice, the tasks of prioritisation and option appraisal are inextricably linked. Both must be considered together.

Prioritisation

Where there are insufficient resources available to meet all the identified needs, prioritisation will be necessary. **Prioritisation is a strategic process**, undertaken by those responsible for the commissioning of services. In some areas the DAAT itself has responsibility for commissioning, while in other areas a sub-group of the DAAT has this responsibility. In both cases, the DAAT has responsibility for implementing the decisions made through the commissioning process.

Those involved in prioritising should have access to the views of service users and carers, as well as service providers, about how needs should be prioritised. Service providers and service users may not agree about which needs should take priority. Areas where there is agreement could perhaps be given 'high' priority by the commissioners.

To a large extent, the way in which decisions are made about priorities will depend on local circumstances and the local configuration of existing services. National priorities and the availability of dedicated resources for an intervention may instigate the needs assessment process. The purpose of the needs assessment is then to determine specifically what should be done, how it should be done and in what order. For example, national and local policy may require that services should be provided for young people. In this case, the local needs assessment will focus on identifying the specific needs of young people in the local area, their prioritisation and **how to develop services that allow these priorities to be realised.**

When **prioritising at the local level**, DAATs may need to consider the following questions:

- Which of the needs emerging from the needs assessment fit in most closely with **the current DAAT priorities**?
- Which needs can be met within the (relatively narrow) **remit of the DAAT**?
- Is it within the **capacity** of the DAAT to address these needs?

Option appraisal

In most cases, there will be more than one way of responding to the needs that have been identified. The options available to you for meeting those needs might cover a broad range of activities, including:

- setting up a brand new service
- expanding or changing the focus of an existing service
- addressing staff development to allow some staff to become specialists in certain subjects (e.g., young people, or psychostimulant use)
- creating opportunities for better team working, or joint initiatives with other agencies
- making changes in the working arrangements of individual staff members.

To a large extent, the options you choose will depend on several factors, including: how the needs are prioritised; what the likely impact of each option would be; and the availability of resources. The table below provides one way of thinking about the options for change following a needs assessment.

Considering the options for change – the relationship between impact and cost

	LIKELY IMPACT OF CHANGE	
COST / RESOURCES NEEDED TO MAKE CHANGE	LOW	HIGH
LOW	Soft target – Wait	Quick win – GO!
HIGH	Hold off	Challenging – Wait

Source: Based on the PDSA Prioritisation Matrix.

Ultimately, the aim is to give first priority to actions that will have the greatest positive impact on your target population, and which will also require few additional resources, i.e., in the table above: **High Impact and Low Resources**. These actions can be thought of as “**quick wins**”. At the other extreme, it would be better to avoid making changes that are likely to have low impact, but which require a high level of resources. In between are those actions that are likely to have high impact, but will also demand high resources. In most circumstances, these should not be selected for immediate action, but rather considered as longer term options. Similarly, “soft targets” are those actions that require little resource, but would also have little impact. It is tempting to want to go ahead with these actions, but they can prove to be a distraction from the more high impact actions, and it is usually better to wait until the “quick wins” have been implemented first.

Hooper and Longworth (2002) and Pallant (2002) suggest that a number of key questions should be addressed when appraising the options and prioritising needs following a needs assessment exercise. These questions focus on the **issues of Impact, Changeability, Acceptability and Resource Feasibility**.

Key Questions to Ask When Appraising the Options and Prioritising

Impact

- ✓ What changes would have the greatest positive impact in meeting the needs of your target population?
- ✓ Do the identified needs relate to a local or a national priority (e.g., children of drug-using parents, individuals with co-morbid mental health and substance misuse problems)?
- ✓ What would be the implications of not addressing the needs of your target population?

Changeability

- ✓ Which things can be changed and effectively improved by partner agencies?
- ✓ What evidence is there of effective interventions for the target population?
- ✓ Can negative impacts be stopped or reduced?
- ✓ Are there national or local, professional or organisational policies that set out guidelines on what should be done (e.g. national service frameworks, Social Services Inspectorate, national guidance on prescribing, etc.)?

Acceptability

- ✓ Which of the options for change are likely to be most acceptable to the target population, to the wider community, to service providers and practitioners, and to commissioners and managers?
- ✓ What might be the 'knock-on effects' or unintended consequences of making a change?

Resource feasibility

- ✓ What resources are required to implement the proposed changes?
- ✓ Can existing resources be used differently?
- ✓ What resources will be released if ineffective actions are stopped?
- ✓ Are there other resources available that have not been considered before?
- ✓ Which of the actions will achieve the greatest impact for the resources used?

Example

Ardach Health Centre: Prioritising needs for a primary care-based pharmaceutical service

An open forum meeting was held for all the professionals at the Health Centre. Feedback from the staff and patient interviews and surveys were presented and discussed. Consensual agreement was reached on the overall priorities of patients' and professionals' perceived needs. Service prioritisation was driven by the frequency of 'felt' need.

This list of the agreed priorities was used in making decisions about the pharmaceutical services to be provided by the new Health Centre pharmacist. One of the constraints on the service was the time that the pharmacist was available each week. Therefore, 'sessional times' were attached to each of the items in the priority list. A sessional time was defined as 'the proportion of a session in which the pharmacist could provide useful output for that service', where one session was equal to four hours. Using the priority list, and the associated sessional times, a steering group of health centre personnel (two GPs, a nurse manager, a practice manager) and the pharmacist responsible for the needs assessment came to a final decision on the pharmaceutical services to be immediately implemented by the practice pharmacist.

(Source: Williams, Bond and Menzies, 2000)

Drawing up an implementation plan

Once you have agreed your priorities and the best ways of addressing these priorities, you will need to draw up a plan for implementing action. The implementation plan should be realistic, achievable and adequately funded. It should clearly outline the various stages in the implementation process. It is important that service providers are included in discussions regarding the implementation plan and are supportive of it. At an operational level, they will be directly involved in the implementation and the introduction of the agreed changes to existing services.

A good implementation plan will include:

- a statement of the aims and objectives of the planned action, and the specific steps and milestones required to achieve it
- the names of the individuals responsible for carrying out each part of the plan, what they will do and when, and the skills and training they will need
- details of the resources that will be required (including administrative, managerial, and IT systems) and where they will come from
- a clear understanding of how the plan will be kept on track, how the implementation of each component of the plan will be measured, and how the relevant people will be kept motivated and involved

THINK ABOUT

When planning for action think about:

- ✓ How to prioritise the different options, based on their impact, changeability, acceptability and resource feasibility.
- ✓ How to involve service commissioners and other people in strategic positions.
- ✓ How to ensure service providers are involved in the development of the implementation plan.

Chapter 8: Monitoring and Evaluating

The aim of needs assessment is to better meet the needs of your target population. The process of needs assessment is about gathering information to find out what those needs are, and what are the best ways of meeting them. In most cases, a needs assessment exercise will result in change — either in the way existing services are provided, or in the introduction of new services or interventions. It is important to check if these changes are making a difference in relation to the identified needs. For that reason monitoring and evaluation should be an integral component of the process of needs assessment.

The purpose of monitoring and evaluation is **to determine whether the changes you have made are having the impact you expected**. The evidence gathered through monitoring and evaluation may also be used as the basis for further needs assessment. As outlined in the EIU Evaluation Guide 1, monitoring and evaluation are closely linked but involve two distinct processes. Monitoring is an ongoing process involving the **continuous or regular collection of key information** to allow regular checks on progress. It aims to check whether an intervention is going to plan but does not provide information about the changes that could be made to improve outcomes. An evaluation involves **looking back to find out what difference** an intervention has made. As such, it can be used to show how and why something is working or not working.

Monitoring and evaluation understood as a journey by car: Monitoring involves a flow of information on matters such as average speed, distance travelled, fuel consumption and whether the journey is following the pre-planned route and is on time. Evaluation addresses questions such as whether the route followed was the best one and, indeed whether the journey was worth undertaking at all (EIU Evaluation Guide 1).

Planning an evaluation

It is important to be clear from the outset why the evaluation is being conducted, who it is for and whether it is feasible. An evaluation will be most feasible if it is included as an integral part of developing the intervention itself, and if a 'baseline' has been established before the intervention is introduced. Evaluations vary in their subject, purpose, timescale, design, and methods. Involving service providers, clients, funders and other stakeholders in the planning can help clarify some of these variables. You will need to decide whether to undertake the evaluation internally or to employ external consultants. Consider what it is you want to know, the scope of the exercise and whether the evaluation requires particular expertise.

The sources of data for your evaluation will be many of those you used for the initial needs assessment exercise. In particular, two important sources of information are:

- **basic work-related data** including information collected through the assessment of individual clients' needs; notes of meetings which describe what decisions were made and why; diaries and appointment books; budgets; correspondence
- **information from those involved**, both practitioners and those receiving care, gathered from interviews, discussions and questionnaires.

An evaluation can take a number of forms. Two main types of evaluation are:

- **Process evaluation:** Process evaluation focuses on how an intervention is working and why. It looks at processes and procedures. This type of evaluation can support plans to repeat an intervention somewhere else because it helps to identify **how and why something does or does not work**.

- **Outcome evaluation:** The aim here is to find out whether the desired change has been achieved. A typical question addressed by an outcome evaluation would be: **has the intervention made significant improvements in clients' lives?**

In the context of evaluating changes following a needs assessment, it will be helpful to use both forms of evaluation. The box below lists some key questions to ask when undertaking an evaluation.

Key Questions to Ask when Undertaking an Evaluation

Process evaluation

- ✓ Are the original aims and objectives being followed, or still relevant?
- ✓ What is happening? Is everything proceeding as expected? If not, why not?
- ✓ What do service providers and service users think about the changes? Are things working for them? Why or why not?
- ✓ What resources are being used? Are they adequate?

Outcome evaluation

- ✓ Have the aims and objectives of the changes been achieved?
- ✓ How many people have benefited from the changes, and what are their characteristics?
- ✓ Are the people who are benefiting from the changes the same people you intended to benefit from it?

EIU has published a number of 'Evaluation Guides' that will provide further information about how to evaluate an intervention or a change to a service. These are available from the EIU website at: www.drugmisuse.isdscotland.org/eiu/eiu.htm

THINK ABOUT

When planning to monitor and evaluate think about:

- ✓ How to monitor and evaluate so that you know whether the changes introduced are having the desired effect
- ✓ Why you are doing the evaluation, who it is for and how it will be used
- ✓ Involving service providers, service users and carers, funders and other stakeholders in planning the evaluation
- ✓ Ensuring all the relevant information for the evaluation will be available to you when you need it
- ✓ The most appropriate methodology for the evaluation
- ✓ Whether the evaluation can be done internally or by an external consultant

Chapter 9: Needs Assessment Checklist

The previous chapters of this document have provided a step-by-step guide to doing needs assessment. The checklist below summarises the most important points from these chapters. The next three chapters focus on how to approach the task of needs assessment for three specific populations, namely: psychostimulant users (Chapter 10), rural populations (Chapter 11), and young people (Chapter 12).

- ✓ Identify key individuals to be involved in a Steering Group for the needs assessment project.
- ✓ Define the target population for the needs assessment as specifically as possible. Make sure the needs of the target population are the focus of the needs assessment.
- ✓ Communicate the aims of the needs assessment to service providers.
- ✓ Decide who will carry out the needs assessment (e.g. DAAT Officers, partner agencies or an external contractor). Consider whether additional assistance may be needed (e.g., with data collection, with data entry and analysis, with report writing), and get a commitment from the relevant staff as soon as possible.
- ✓ Estimate the cost and identify the source of funding for the needs assessment.
- ✓ Identify the appropriate overall approach to your needs assessment.
- ✓ Gather existing sources of information about the needs of your target population. Consider what this information tells you about the needs of your target population.
- ✓ Identify the services in your area that are already available to meet the needs of your target population. Consider the range of needs currently being met by them. What is the capacity of those services? Are they accessible?
- ✓ Consider the ways in which you will obtain the views of your target population about their needs, and whether ethical approval is needed.
- ✓ Consider the ways in which you will obtain the views of service providers about the needs of the target population. Think of ways to engage busy staff in your needs assessment and how to allay people's fears (e.g. of closure) or concerns (e.g. that no action will be taken as a result of the needs assessment).
- ✓ Ensure that information is analysed and interpreted, and that conclusions are drawn. Consider how those who gathered the information can be involved in the analysis, and how the results can be relayed back to all those who contributed to the process.
- ✓ Once you have identified the needs of your target population, prioritise them and consider all the options for meeting them, and then develop an implementation plan.
- ✓ Consider how the views of service users could be taken into account in the prioritisation and option appraisal process and how to ensure service providers are involved in the development of the implementation plan.
- ✓ Once you have agreed what changes to make, consider how to monitor and evaluate so that you know whether the changes are having the desired effect. Think what may be the most appropriate methodology for the evaluation and whether it can be done internally or by an external consultant.

Chapter 10: Needs Assessment for Psychostimulant Users

In Scotland, psychostimulant use — and in particular, cocaine misuse — is at a relatively low level compared to England. But it does appear to be increasing, and there is a growing concern about whether current services are able to adequately address the needs of psychostimulant users. The number of cocaine-related deaths in Scotland has increased dramatically from three in 1996 to 31 in 2002 (GROS 2003). Similarly, among drug users entering Scottish treatment services, the percentage of cocaine users seeking treatment has increased from 2% in 1997/98 to 7% in 2001/02. This trend is reflected in all age groups (ISD 2003). The actual prevalence of cocaine use is likely to be much higher than these figures suggest, partly because many users will not be in contact with treatment services, and partly because many users will not see their psychostimulant use as a problem and so will not mention it when seeking help for their heroin problem.

Psychostimulant users are not a homogenous group, and this should be taken into account when defining the target population for needs assessment. The EIU publication, 'Psychostimulants. A Practical Guide' pointed out that psychostimulant users can be categorised into four main groups: i) youthful experimenters; ii) regular stimulant users; iii) problem stimulant users and iv) opiate and stimulant co-users. The first two groups may not feel they are experiencing any negative effects from using psychostimulants and therefore are unlikely to be engaged with drug treatment agencies. The third group may feel that they are in need of services which (in many areas) do not exist, while the fourth group may be in contact with services, but their psychostimulant use may not be addressed (EIU 2002d).

Because so many psychostimulant users are not in contact with treatment services, they may be considered to be a "hidden population." Therefore, local areas will have to use innovative and creative methods for finding out about their needs, and for designing services to meet those needs. Examples of such methods are described below.

Methods for finding out about the needs of psychostimulant users

The use of 'peer researchers', outreach services and snowballing techniques have all been shown to be successful in making contact with psychostimulant users — particularly for exploring the nature of users' needs. And while psychostimulant users may not be engaged with drug treatment services, they may well be involved with other types of services. The Criminal Justice system, for example, is likely to be in contact with large numbers of psychostimulant users, and the police may have a much clearer perspective on the nature and extent of the problem than other local services.

Example: The Piper Project

The Piper Project, based in Manchester, employed nine current drug users as fieldworkers to undertake a needs assessment of the local crack-using population. These individuals were involved in all stages of the project, including the design of the questionnaire. Snowballing was used, in the hope of interviewing users not previously known to the interviewers.

(Source: Bottomley et al, 1997)

As mentioned above, published statistics based on SMR24 forms are likely to under-report the size of the psychostimulant problem in local areas. The National Prevalence Study (Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland) used capture-recapture methodology to estimate the prevalence of opiate and benzodiazepine use in the Scottish population in 2000. This study is being repeated in 2003, and will be expanded to also estimate the prevalence of psychostimulant use by opiate service users. The findings will be reported in September 2004 at Health Board, Local Authority, Police Force, DAAT and LHCC areas.

Options for addressing the needs of psychostimulant users

Services for adult drug users in Scotland are largely designed around the needs of heroin users. However, many specialist drug workers do have the necessary expertise to meet the needs of cocaine or amphetamine users. On the other hand, there is some evidence to suggest that psychostimulant users avoid seeking treatment because they do not want to be associated with the heroin-using population and they have little faith that services will be able to address their psychostimulant problem.

Services may need to work hard at improving their credibility among this population if they are to be engaged and retained in treatment. In addition, services will need to be proactive in outreach, and should not rely on word-of-mouth publicity, as cocaine users are less likely than heroin users to disclose their drug use to others.

Interventions need to be geared to the specific assessed needs of psychostimulant users. The provision of information and advice, and a rapid response to requests for appointments, will be important to this population. There is little evidence to strongly support any single pharmacological treatment for cocaine or amphetamine users. The focus of much of the research to date has been on medications that relieve the symptoms of withdrawal. Further information about the effectiveness of interventions for psychostimulant use is available in the EIU Psychostimulants Guide (EIU 2002d). The National Treatment Agency (NTA) has also published a guide to commissioning cocaine / crack treatment services (NTA 2002). Some of the key findings from that guide are shown below.

Commissioning Services for Cocaine / Crack Users

- The criminal justice system picks up large numbers of very heavy crack and crack/heroin misusers.
- Crack misusers say they are most likely to seek help through informal services tailored to their needs and staffed by knowledgeable workers, including ex-users. Drop-in services, peer networks, and 24-hour telephone helplines have successfully contacted this client group.
- Many approaches to the treatment of crack misuse are already familiar to drug services in the UK, but there are few services specific to the treatment of crack dependence.
- Drug-free psychosocial interventions such as counselling, provided on a non-residential basis, are the most cost-effective options for clients with few complicating problems.
- For more dependent and heavier users, cognitive behavioural approaches have been shown to be effective. Group therapy has been found to be as effective as individual therapy.
- Clients with multiple needs respond best in services offering group support from other clients and a full daytime schedule of therapeutic and practical activities. Clients lacking social supports or with severe psychological problems do best in residential care.
- Early abstinence in treatment is strongly related to long-term abstinence.

(Source: NTA 2002)

Chapter 11: Needs Assessment for Rural Populations

It is a particular challenge to find out about the needs of people in rural areas, and to design appropriate services to meet those needs. This is especially true for drug users. In some parts of rural Scotland, high levels of alcohol consumption, particularly among men, is seen as culturally acceptable. This may result in problem alcohol use going undetected and untreated for many years. On the other hand, rural communities often know who the drug users are, and these individuals may be viewed with considerable hostility. Drug users and their families need to be able to access services anonymously, but it is difficult for them to do so without travelling great distances to the nearest city (and this may be made impossible by inadequate or unaffordable public transportation). In some cases, individuals may feel that their only alternative is to move away from the area altogether.

Methods for finding out about the needs of rural populations

The use of anonymous household surveys or questionnaires may be successful in rural areas, but care must be taken to avoid over-surveying. Helplines are often another useful source of information, but there is anecdotal evidence to suggest that individuals in one region may phone the drug or alcohol helplines in the cities of neighbouring regions in an effort to remain anonymous. The use of outreach services and / or snowballing may be another useful method of finding out about needs in rural areas.

Primary care teams — including GPs, practice nurses, midwives and health visitors — have a vital role to play in assessing the needs of drug users and their families in rural areas, as the local GP surgery may be the first port of call for many individuals. However, staff may need training to recognise the drug-related needs of this population, and to know how to respond to them helpfully. In addition, it is crucial that there are good joint working arrangements and agreed information-sharing protocols in place between primary care staff, the local social work department, the police, fire and ambulance services, and the voluntary sector. Needs assessment in rural areas should be a multi-agency effort. Co-operation between all the relevant partner agencies will be necessary.

Evidence

Evidence suggests that families and neighbours in rural areas are more likely to support someone with alcohol dependency and will refuse professional help to avoid the stigma attached to alcohol misuse

[On the other hand,] drug misusers often find it difficult to access treatment Funding levels were mentioned as a crucial issue. It was felt that failure to attract sufficient funding could be partly attributed to hostility within the community towards drug misusers and, conversely, to a denial that a drugs problem could exist in a rural area.

(Source: Rural Poverty and Inclusion Working Group, 2001)

Options for addressing the needs of rural populations

In many rural areas, accessibility problems mean that expertise in the area of drug misuse is often incorporated into “generic” services, such as GP surgeries, or local community hospitals. However, it is important that professionals are adequately trained and supported to provide this specialist service. Problems of staff attitudes in “generic” services can be a barrier to drug users seeking and receiving help. In many areas, individuals may have to travel some distance to find a practitioner willing to prescribe methadone. In some areas, specialist outreach services may be a better option for meeting the needs of rural drug users. For example, a number of DAATs in Scotland are exploring the provision of mobile needle exchange facilities.

Example: The A73 Project: Meeting the needs of drug users in rural Clydesdale

Following a spate of drug-related deaths in the Lanark area, several public meetings were held where members of the public called for an increase of services on the ground. The A73 project was set up in response to this demand. The aims of the project are to:

- develop a comprehensive outreach service, which incorporates needs assessment, in the rural areas of Clydesdale; and
- reduce drug-related harm, and encourage drug users to make contact with services.

The project targets drug users (experimental, recreational and injecting drug users) who are hard-to-reach, or out-of-reach of existing services in Clydesdale, to identify gaps in service delivery and find out why some clients don't use treatment services.

Questionnaires or semi-structured interviews are used to get the views of the target population. Meeting clients in their own territory is essential, and A73 tries to be resourceful and creative in their approach — for example, through arranging to meet clients in their own homes, or linking into other services that clients are involved with, and using snowballing to find out about clients who are not involved in services. This requires networking among practitioners, and a collaborative multi-agency approach.

The project is already responding to needs that have been identified through their interviews and questionnaire responses. A73 currently provides out-of-hours support, and plans to officially open one or two evenings per week as a result of client demand. The project is based in office accommodation, rather than directly linked to a clinical service provider, and service users have indicated that they prefer this arrangement. Next year, the project will set up programmes to deliver training on specific requested topics, such as overdose prevention and management, first aid, and safer injecting techniques. They are developing a peer education programme, and plan to deliver training and confidence building programmes to peer educators as a first step. Finally, the project is looking into the possibility of setting up a user forum / focus group as part of the needs assessment process.

For further information on the A73 Project, contact Maureen Woods,
Maureen.Woods@lanpct.scot.nhs.uk.

Chapter 12: Needs Assessment for Young People

Increasingly there is the recognition that there are a range of issues about substance misuse that affect young people. It is therefore appropriate to establish the needs of that group. Needs assessment for young people should aim to establish:

The profile of the under 18 population: This should give information about the percentage of local population that are under 18 and the distribution of this population across the area.

Geographical factors: Given the link between problematic drug use and social deprivation, it may be useful to map local areas of disadvantage. For example, the mapping could include those areas that have:

- high numbers of children growing up in households claiming income support;
- high numbers of families registered homeless or in insecure housing;
- high numbers of children excluded from school;
- high levels of children on the Child Protection Register;
- high levels of youth unemployment.

See Appendix 2 for details on where to find these sources of information

A process of consultation with local agencies such as schools, street workers and outreach services may help identify local 'hotspots' of need.

Specific needs: Any needs assessment exercise should take account of the accessibility to existing services for all members of the target population. Some young people may appear to have access to services but in practice services may not be accessible because they fail to meet the specific needs of young people.

Mapping the existing services that are available for young people in the area should be part of the needs assessment. These services may include:

- educational and career services (including facilities for excluded pupils);
- medical services (such as Child and Adolescent Mental Health Teams, sexual health clinics, drop-in centres for health advice and information);
- social work services (including youth justice services for looked after and accommodated young people);
- substance misuse services for young people;
- leisure facilities.

The prevalence and patterns of drug and alcohol use: National information including the SALSUS Survey and the National and Local Prevalence of Problem Drug Misuse in Scotland (Hay et al 2001) can provide data to inform the needs assessment. Other local sources of information on prevalence may include:

- Data from Social Work and other agencies working with vulnerable young people
- Referrals to the Children's Reporter for drugs and alcohol use
- School exclusions due to drug and alcohol use and reports from Guidance Teachers and Joint Assessment Teams
- Information from local street work projects, housing officers, community safety partnerships, Social Inclusion Partnerships and New Futures Fund Projects
- Local youth crime statistics
- Information from Child and Adolescent Mental Health Services
- Acute admissions to local hospitals due to alcohol and drug use

For further information, refer to the EIU publication, 'Services for young people with problematic drug misuse. A guide to principles and practice' (EIU 2003b).

Example: Needs Assessment Exercise: The WEB Project

Tayside Health Board commissioned the WEB Project (covering Dundee and Forfar areas) to conduct a needs assessment exercise for young people in the area of Kinross and Milnathort. This came about as a result of increasing concern about risky drug use amongst young people in the area. The aims of the needs assessment were to identify:

- the risk behaviour of young people;
- the needs of these young people;
- the availability of services;
- the accessibility of services.

Data collection

The assessment began with the collection of a range of demographic information that included the age-range and socio-economic situation of the population. This information provided some indicators of deprivation and allowed a comparison with deprivation in other areas. Information was also collected from all the local schools to provide details on the distribution of pupils in each school and where they travel from.

Semi-structured interviews lasting between half an hour and an hour were conducted with local young people, professionals, parents and key individuals within the community. The interviews with young people were carried out during detached work in the afternoons and evenings. A focus group was also held with parents. 181 young people between the ages of 12 and 24, and 3 parents, were interviewed. Twenty-five professionals, and 4 parents, took part in a focus group.

Interviews with young people looked at their views about a range of issues, including: the most pressing problems in the area; access to existing services; access to information, advice and support; the services young people want; the type of support services should provide; the issues services should cover; the location for services; and their opening hours of services.

Development as a result of the needs assessment

The result of the needs assessment provided evidence to support the establishment of a project based primarily on an outreach service for young people, and providing community development work throughout Kinross-shire. The needs assessment ensured that the new project was set up to take account of the views of young people about issues of accessibility, to address the needs expressed by young people, parents and professionals. The needs assessment was also used to support a range of applications for funding by providing the evidence of need for proposed services. In addition, Kinross Young People's Forum was set up to take forward and act upon some of the main issues emerging out of the needs assessment.

On going needs assessment work

In order to keep in touch with the changing and developing needs of young people and the local community, the new project carries out regular surveys and focus group work with parents and young people. The Project also plans to set up its own local advisory committee.

For more information and a copy of the report, contact Lesley Cook, Tel: 01577 861608, E-mail: lesleyacook@yahoo.co.uk.

Appendix 1: Needs Assessment Reference Group Members

- Patricia Russell, Effective Interventions Unit (Chair)
- Alex Baldacchino, Fife NHS Addiction Services & University of Dundee
- Mark Connelly, Lanarkshire Alcohol & Drug Action Team
- Dawn Griesbach, Effective Interventions Unit
- Suzy Calder, Highland Drug and Alcohol Action Team
- Vered Hopkins, Effective Interventions Unit
- Jane Jay, Glasgow Drug Problem Service
- Fiona Lang, Scottish Executive Centre for Change & Innovation
- Marion Logan, Forth Valley Substance Action Team
- Senga MacDonald, Drugs Action
- Allison Murray, Glasgow City Social Work Services
- Julie Murray, Borders Drug & Alcohol Action Team
- Stephen Pavis, Information and Statistics Division
- Chris Rich, Effective Interventions Unit
- Deborah Zador, Forth Valley Community Alcohol and Drug Services

Appendix 2: Important Sources of Information for Needs Assessment

1. Scottish Drug Misuse Database (SDMD)

The SCMD is an important and widely used national information source on drug misuse in Scotland. It is based on a systematic recording of a universal database on new clients/patients seen at a wide range of services throughout Scotland. Information is collected on new clients using a standard form (the SMR24 form). This data is published annually as *Drug Misuse Statistics in Scotland*. The 2001 publication is at: <http://www.drugmisuse.isdscotland.org/publications/abstracts/drugstats2001.htm>.

2. Assessment data

Assessments are commonly carried out when individuals first enter a project or a service, and at appropriate times during the process of care. The main purpose of the assessment is to collect information to help plan the care process. However, information from the assessment process can also inform a needs assessment. More information about how to use assessment data is available in the following documents:

- Effective Interventions Unit Evaluation Guide 7: Using assessment data for evaluation
- Effective Interventions Unit: Integrated Care for Drug Users

Both these documents are available from: www.drugmisuse.isdscotland.org/eiu/eiu.htm

3. The National Prevalence Study: Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland (2001)

This study uses capture-recapture methodology to estimate the prevalence of opiate and benzodiazepine use in the Scottish population in 2000. Results from this study are summarised in Chapter 2 of the ISD Annual Bulletin on Drug Misuse Statistics in Scotland: <http://www.drugmisuse.isdscotland.org/publications/01bull/full/chapter2.pdf>.

A second prevalence study is being carried out in 2003. This study will again look at the prevalence of opiate and benzodiazepine use, but will also estimate the prevalence of psychostimulant use by opiate service users. The findings will be reported in September 2004 at Health Board, Local Authority, Police Force, DAAT and LHCC areas. The study is being carried out by the Centre for Drug Misuse Research at the University of Glasgow. Further information is available from: Dr Gordon Hay, G.Hay@socsci.gla.ac.uk, 0141 330 3615.

4. Data from statutory agencies

- **Police:** To access local information, contact your local police force. To find out contact details for your local police force go to: <http://www.scottish.police.uk/mainframe.htm>.
- **Scottish Prisons:** A wide range of information on Scottish prisons and prisoners can be accessed from Scottish Prison Service on: <http://www.sps.gov.uk/>. The Prison Service conducts an annual survey of prisoners. This survey was introduced to the Scottish Prison Service in 1990 as a mechanism to inform and support the Service's business planning process. The focus of the survey has expanded over the years to seek views on such issues as drug use, programme involvement, sentence management, mental health, safety, change, bullying, etc. The results of the 2003

Prison Survey, which includes prisoners' experiences of drug use in prison, is available from: http://www.sps.gov.uk/keydocs/survey_results/default.asp.

- **Social Work and Housing Departments:** Information on your local area should be accessed from your local Departments. You will find contact details for your local Departments from the Council of Scottish Local Authorities (COSLA) on: www.cosla.gov.uk. The Website of LARIA (the Local Authorities Research & Intelligence Association) may also be a helpful source of information. LARIA was established in 1974 to promote the role and practice of research within the field of local government and provide a supportive network for those conducting or commissioning research. The LARIA website is at: <http://www.laria.gov.uk/>.

5. Population surveys

- **SALSUS:** The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) has been established by the Scottish Executive to monitor substance use among young people in Scotland. SALSUS continues the biennial series of school surveys that have been commissioned by the Scottish Executive since 1982. The survey is the first in the series to provide local level information on smoking, drinking and drug use to Drug and Alcohol Action Teams, NHS Boards and local authorities, together with information on other lifestyle, health and social factors. SALSUS is carried out in 2002 and 2004 by the Child and Adolescent Health Research Unit (CAHRU) at the University of Edinburgh. Further information about SALSUS and local area reports are available from: <http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus.htm>.
- **Survey of Psychiatric Morbidity in Great Britain:** This household survey of psychiatric morbidity (including drug, alcohol and tobacco use) was carried out in Scotland, England and Wales in 1993/94 and again in 2000. The latest survey covers 16- to 74-year-olds. The surveys have resulted in a series of reports. Unfortunately, the report, *Tobacco, alcohol and drug use and mental health*, based on data from the 2000 survey, does not present breakdowns by country. Nevertheless, this report is useful for showing the extent of co-morbid psychiatric and substance use problems. The report is available from the National Statistics website: <http://www.statistics.gov.uk/>. (Search for "tobacco, alcohol and drug use".) The National Statistics website includes a comprehensive range of official UK statistics, as well as free access to a selection of publications.
- **Scottish Crime Survey:** This is a household survey providing an index of crime in Scotland. It complements the official police recorded crime statistics by estimating the extent of crimes that are experienced by people, whether or not they are reported to or recorded by the police. The Survey also collects information on a range of other crime-related issues (e.g. concern about crime; attitudes to the police; drug misuse; domestic violence). To access data from the Fifth Scottish Crime Survey (2000) go to: <http://www.scotland.gov.uk/cru/kd01/green/csor-00.asp>.

6. Reports of needs assessments carried by Drug and Alcohol Action Teams throughout Scotland

The official website of the Scottish Drug and Alcohol Action Teams gives details of DAAT publications — many of which relate to needs assessments. For further information, visit: <http://www.drugmisuse.isdscotland.org/dat/dat.htm>, and select "All DAT Publications".

7. Published research papers and other information about effective interventions

- The Scottish Executive Social Research website includes reports of social research commissioned by the Executive. The Criminal Justice publications include an evaluation of the Fife and Glasgow Drug Courts. This site also includes a link to EIU publications. For further information, see:
<http://www.scotland.gov.uk/about/ASD/CSU/00017692/Introduction.aspx>
- The Drug Misuse Information Strategy Team at the Information and Statistics Division also maintains a database of publications related to drug misuse. A complete list of publications is available from:
<http://www.drugmisuse.isdscotland.org/publications/publications.aspx>.
- Evidence on the effectiveness of interventions for drug misuse is available in the published research. Information about published papers are available in a number of electronic databases. Most of these will require you to register in order to get access to the data. Two particularly useful sites include the Cochrane Library (<http://www.nelh.nhs.uk/cochrane>) and the NHS Scotland elibrary website (<http://www.elib.scot.nhs.uk/>).

The magazine *Drug and Alcohol Findings*, publishes information on effective interventions for those with problem drug and alcohol use. The magazine is published quarterly and is available by subscription. For details go to <http://www.drugandalcoholfindings.org1>.

8. Getting further help

The document by Hooper and Longworth (2002) referred to a number of times in this guide, is a 'Health Needs Assessment Workbook'. It contains a number of practical exercises and helpful worksheets which can be adapted for the purpose of needs assessment in fields other than health.

The Director of Public Health in each local NHS Board is responsible for assessing the health needs of his or her local population. Public Health consultants have a great deal of expertise of needs assessment, and would be able to provide advice and information about potentially useful sources of data.

Those doing needs assessment in the NHS may also be able to get help from Trust clinical governance units or their equivalent, particularly regarding the design of questionnaires and data analysis.

Many Local Authorities and NHS Boards also now employ individuals with special skills in Geographical Information Systems (GIS). GIS is a powerful tool which enables the "mapping" of geographical data — that is, data on individuals which contains addresses or postcodes. GIS can be used to show where the members of your target population live. This information may be especially useful when compared to a map showing the location of existing services.

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