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ACT ALCOHOL & OTHER DRUGS SECTOR SERVICE USERS' SATISFACTION SURVEY 2009

FINAL REPORT

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Contents

Executive summary

The 2009 ACT Alcohol & Other Drug Sector Service Users' Satisfaction Survey was conducted in the ACT alcohol and other drug agencies, both government and non-government, on 19 November 2009. This report presents the findings of the Survey.

Eleven services participated in the Survey, with 325 questionnaires returned. Almost one-third (31%) came from one agency, ADP Building 7. The high proportion of respondents from this agency should be borne in mind in interpreting the data.

The Survey had two purposes, namely (1) providing a snapshot of the levels and patterns of satisfaction of service users and (2) providing baseline information for monitoring and assessing the outcomes, in future years, of quality assurance programs implemented by the services that participated in the Survey. By repeating the Survey at intervals, it will be possible to observe trends in service user satisfaction on both a sector-wide, and individual service, basis.

Two agencies, ACT Health's Alcohol and Drug Program (ADP) and DIRECTIONS ACT, requested that the Survey include questions specific to them and their clients. The responses to those questions have been provided separately to ADP and DIRECTIONS ACT.

Overall satisfaction

The overall level of satisfaction was high, with 90% of Survey respondents stating that they were overall 'mostly satisfied' or 'very satisfied' with the service they had received.

The scores obtained from a composite index of satisfaction, the CSQ-8©, in which the lowest possible level of satisfaction is scored 8 and the highest possible is scored 32, had a mean of 26, well above the mid-point of the scale of 20.

Ninety-one percent of respondents replied in the affirmative when asked 'If you were to seek help again, would you come back to this service?'.

While agency-by-agency comparisons need to be made with caution, the highest level of overall satisfaction was reported from Toora, followed closely by ADFACT and ADP Civic. The lowest scores were recorded at ADP Building 7, Ted Noffs and DIRECTIONS ACT's NSP.

Assessments, case management and care plans

A little over half of the respondents (57%) stated that they have received a comprehensive assessment from the service for their alcohol and other drug-related needs. 51% stated that they have a case manager/key worker, and 45% stated that they have a care plan.

Match between service and felt needs

Although similar proportions agreed and disagreed with the statement 'You do not think this is the right service for you', 77% agreed with the statement 'You have received a lot of help in sorting out your life'.

Services' responsiveness and treatment of clients

Forty-eight percent of respondents stated that they had been asked at some time to give comments on how satisfied or dissatisfied they were with the service or treatment they received. Overall, 61% felt that the service acts on suggestions and complaints. However, 25% agreed with the statement that 'This service discourages users from making complaints'.

Being invited by their service to provide feedback on level of satisfaction with the services received was positively related to overall satisfaction, as was perceiving that their service acts on service users' complaints and suggestions. Indeed, the second of these—perceiving

that the service acts on complaints and suggestions—was particularly strongly related to overall satisfaction.

Similarly, perceptions of how people treat the service users were closely related to levels of overall satisfaction, particularly regarding being treated with respect by caseworkers, reception staff, other staff and other service users.

Outcomes

The Survey assessed the self-reported service outcomes of the participating service users. The most frequently reported positive outcome was reduced levels of crime, followed in frequency by reduced drug use, improved knowledge of BBV transmission prevention, improved general health, improved mental health, improved capacity to manage finances, improved parenting/relationships, improved housing, and improved dental health. Predictably, improvements in these and other treatment outcomes were associated with high levels of overall satisfaction.

High satisfaction scores were related to the following variables:

- Length of time attending the service, with new service users showing the lowest levels of satisfaction.
- Frequency of attending, with people attending 5-6 times a week having the lowest levels of satisfaction and those attending 2-3 times per month having the highest levels.
- The length of time that service users had to wait for treatment, with those experiencing the briefest waiting period (within a week) expressing higher satisfaction than those with longer waits.
- The convenience of opening hours.
- Being aware that they had a case manager/key worker.
- Being aware that they had a care plan.
- Receiving help or support with respect to financial management, parenting/relationships, mental health, general health, drug use and/or employment
- Perceiving that the service welcomes and acts upon complaints and suggestions
- Perceptions of how people treat the service users
- Positive treatment outcomes.

Conclusion and recommendation

The 2009 ACT Alcohol & Other Drug Services Service User Satisfaction Survey has provided valuable information demonstrating the high overall level of service user satisfaction at the sector wide level, with significant variations on an agency-by-agency basis. The service user and agency variables that are associated with level of satisfaction have also been made explicit. This information provides opportunities for the participating agencies to review their strengths and build upon them, and to explore opportunities for service quality enhancement in areas where client satisfaction levels are relatively low.

It is recommended that the Survey be conducted again within 12 to 18 months from November 2009, the date of data collection for the Survey phase covered by this report.

Introduction

A Service Users' Satisfaction Survey was conducted across the ACT alcohol and other drug agencies, both government and non-government, on 19 November 2009. This is a report on the findings of the Survey. The project was funded by ACT Health and was developed, and implemented, with the support of the Executive Directors/CEOs of the ACT's alcohol, tobacco and other drug agencies, both government and non-government.

The Survey filled two functions. The first was to obtain a snapshot of the levels and patterns of satisfaction of the service users. The second was to provide baseline information for monitoring and assessing the outcomes of quality assurance programs implemented by the services that participated in the Survey. By repeating the Survey at intervals, it will be possible to observe trends in service user satisfaction.

At some points in this report the levels of satisfaction with their services expressed by respondents are presented on an agency-by-agency basis. These comparisons should be used with caution owing to the presence of confounders. For example, generally speaking female service users have higher satisfaction scores than males, so agencies with a high proportion of female service users are likely to have higher overall satisfaction scores.

The key point is that the levels of satisfaction reported here for individual agencies can be seen as baseline data. The appropriate comparisons are not one agency with another, but for each agency comparing the 2009 satisfaction levels with those ascertained from future satisfaction surveys. This highlights the value of repeating the Survey at regular intervals, preferably every 12 to 18 months.

Acknowledgements

I acknowledge the key roles played in developing and conducting the Survey by Ms Nicole Wiggins and Mr Marty Owen. Dr Adam Winstock and Mr Toby Lea from Sydney South West Area Health Services contributed in the questionnaire design phase. I also acknowledge the managers and staff of the participating agencies and the service users who provided responses to the Survey.

A new survey instrument was developed for this study. It was based upon the instrument used by the UK National Treatment Agency for Substance Misuse (NTA) in its 2007 User Satisfaction Survey of Tier 2 and 3 Service Users in England and Wales provided to the author for use in this Survey. Additional items were added by local service agencies, and the NTA instrument was adapted to meet the local situation. The design of this report is informed, in part, by the NTA's 2007 summary report.[1]

The survey instrument incorporates the eight-item Client Satisfaction Questionnaire© (CSQ-8).[2] It was used under license from the copyright owner, Clifford Attkisson PhD. His permission to do so is gratefully acknowledged.

The Survey received ethics coverage from the ACT Health Human Research Ethics Committee.

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[1] Gordon, D, Burn, D, Campbell, A & Baker, O 2008, *The 2007 User Satisfaction Survey of Tier 2 and 3 service users in England*, National Treatment Agency for Substance Misuse, London.

[2] Larsen, DL, Attkisson, CC, Hargreaves, WA & Nguyen, TD 1979, 'Assessment of client/patient satisfaction: development of a general scale', *Evaluation and Program Planning*, vol. 2, pp. 197-207.

The assessment of ATOD service user satisfaction

The assessment of service user satisfaction is a core component of continuous quality improvement, and is part of the Standards Australia ISO 9000 system. That body emphasises the need for service user ('customer') feedback to be 'relevant, reliable and representative'.[3] The 2004 Health and Community Service Standards, as they applied to alcohol, tobacco and other drug (ATOD) services, included a component 'The organisation has strategies to canvass and act on the views of consumers who are currently or potentially involved in or affected by problematic alcohol and/or other drug use'.[4]

A consortium of international agencies has published a workbook on 'Client Satisfaction Evaluations' in its *Evaluation of psychoactive substance use disorder treatment workbook series*.[5] It includes a number of case studies, including one from Australia (Jeff Ward/NDARC's on 'The case of community methadone treatment programs'). The Workbook points out that service user satisfaction surveys can address:

1. The reliability of services, or the assurance that services are provided in a consistent and dependable manner.
2. The responsiveness of services or the willingness of providers to meet clients/customer needs.
3. The courtesy of providers.
4. The security of services, including the security of records.

Furthermore, agencies can use regular satisfaction assessment to improve outcomes for individual clients as well as to improve the operation of the agency as a whole. As the results of a recent study put it, 'Treatment programs should consider administering [satisfaction assessment] to their patients at 3 months post-admission to identify patients with low satisfaction scores who may be at risk for prematurely leaving treatment…Measuring patient satisfaction during treatment may help programs meet patients' needs and improve retention'.[6]

The UK National Treatment Agency conducts regular client satisfaction surveys of both its Tier 2 and 3 services (i.e. those provided in the community)[7] and its Tier 4 (residential) services.[8]

The WA Drug and Alcohol Office conducts an annual client satisfaction survey as part of its ongoing monitoring of the outpatient services and inpatient withdrawal treatment services

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[3] Pedic, F 2004, *Customer satisfaction measurement: a handbook for users of AS/NZS ISO 9001:2000*, cat. no. HB 251-2004, Standards Australia International, Sydney, p. 1.

[4] Quality Improvement Council Ltd 2004, *Alcohol, tobacco and other drug services ATODS standards*, Quality Improvement Council Ltd, La Trobe University, Bundoora, Vic.

[5] World Health Organization, United Nations International Drug Control Programme & European Monitoring Centre on Drugs and Drug Addiction 2000, 'Workbook 6: client satisfaction evaluations', in *Evaluation of psychoactive substance use disorder treatment workbook series*, World Health Organization, [Geneva].

[6] Kelly, SM, O'Grady, KE, Brown, BS, Mitchell, SG & Schwartz, RP 2010, 'The role of patient satisfaction in methadone treatment', *American Journal of Drug and Alcohol Abuse*, vol. 36, no. 3, pp. 150-4, p. 150.

[7] Gordon, D, Burn, D, Campbell, A & Baker, O 2008, *The 2007 User Satisfaction Survey of Tier 2 and 3 service users in England*, National Treatment Agency for Substance Misuse, London.

[8] Abdulrahim, D, Burn, D, Campbell, A, Gordon, D & Baker, O 2008, *The 2007 User Satisfaction Survey of Tier 4 service users in England*, National Treatment Agency for Substance Misuse, London.

provided through its Next Step Drug and Alcohol Services. The surveys '…offer clients an opportunity to comment on the services they have received and provide valuable feedback to the program areas to maintain and enhance client focused services'.[9]

In addition, a number of one-off service user satisfaction surveys have been conducted in Australia. They include a study of satisfaction levels and patterns among people receiving opioid substitution treatment at NSW community pharmacies[10] and through public clinics in that State.[11]

Key researchers in the latter study have reflected on their experience, drawing attention to the fact that, in discussion, interviewees frequently expressed negative sentiments about their services but nonetheless recorded high satisfaction scores on the survey instrument. The researchers concluded that 'Satisfaction is based on experience and expectation, and if poor service provision is all that a person has experienced then expectation will be low. So when a person then accesses a service that is deemed "better" than past experience it will score higher' (p. 4). This links to a body of conceptual scholarship and empirical research which suggests that 'Expectations emerge repeatedly as having a fundamental role in expressions of satisfaction' and that 'As patient satisfaction is a recognised component of Quality Assurance…, it is therefore tempting to equate "high" levels of reported satisfaction with "high" levels of quality of care'.[12] *An implication of this research is that it is important not to use levels of client satisfaction as a proxy for service quality.* It taps a different construct.

Statistical note

At various points in this report statistics are provided that may not be familiar to some readers. The first is the 'F' statistic, derived from one-way analyses of variance (ANOVA), and its related 'p' (or probability) value. The 'p' value indicates the probability of the observed relationships between variables having occurred by chance. 'P' values of less than (shown as <) 0.05 (5%) are conventionally considered to be statistically significant, i.e. the observed relationships are taken not to have occurred simply by chance. Although it is conventional to report both the 'F' and 'p' values (and this is done here), readers cannot directly interpret the 'F' values without recourse to statistical tables.

Effect sizes are also reported, although the values of the underlying statistic (eta squared) are not given. Effect size is the proportion of the variance in one variable (e.g. overall satisfaction score) that can be attributed to the variance in another variable (e.g. the suitability to the clients of the service's opening hours). In plain language, the effect size shows how much effect one variable (e.g. gender) has on another variable (e.g. satisfaction score). The effect sizes are classified as small (eta squared of around 0.01), moderate

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[9] Evans, L & McGregor, C 2008, *Client satisfaction 2008: an evaluation of outpatient and inpatient withdrawal treatment services at DAO Next Step*, DAO Monograph 4, Drug and Alcohol Office, Mount Lawley, WA, p. i.

[10] Lea, T, Sheridan, J & Winstock, AR 2008, 'Consumer satisfaction with opioid treatment services at community pharmacies in Australia', *Pharmacy World and Science*, vol. 30, no. 6, pp. 940-6.

[11] Madden, A, Lea, T, Bath, N & Winstock, AR 2008, 'Satisfaction guaranteed? What clients on methadone and buprenorphine think about their treatment', *Drug and Alcohol Review*, vol. 27, no. 6, pp. 671-8.

[12] Sitzia, J & Wood, N 1997, 'Patient satisfaction: a review of issues and concepts', *Social Science and Medicine*, vol. 45, no. 12, pp. 1829-43, p. 1834.

(around 0.06) and large (around 0.14).[13] Some very large effect sizes, around 0.40, are reported in this study.

The psychometric properties of the CSQ© in various applications have been well documented.[14] These will be explored, with respect to this study, in a separate technical paper.

[13] Cohen, J 1988, *Statistical power analysis for the behavioral sciences*, 2nd edn, L. Erlbaum Associates, Hillsdale, N.J.

[14] Attkisson, CC & Greenfield, TK 2004, 'The UCSF Client Satisfaction Scales: I. Client Satisfaction Questionnaire-8', in ME Maruish (ed.), *The use of psychological testing for treatment planning and outcomes assessment*, 3rd edn, Lawrence Erlbaum Associates, Mahwah, N.J., vol. 3, pp. 799-811.

Survey coverage

Eleven services participated in the Survey with the number of data sheets returned, by service, being shown in Table 1. In all, 325 service users completed the Survey questionnaire. Almost one-third came from one agency, ACT Health's Alcohol and Drug Program (ADP) Building 7 which houses ACT Health's drug withdrawal unit and opioid pharmacotherapy program. The high proportion of respondents from just one service should be borne in mind in interpreting the sector-wide data.

Ninety respondents (28%) stated that they were receiving methadone, and 43 (13%) buprenorphine, as part of their services, 41% in all.

A total of 600 questionnaire forms were provided to 12 services and just 54% were returned, completed. ADP Building 7 and Civic, and DIRECTIONS ACT's NSP service, completed all the questionnaires provided. One agency (Gugan Gulwan) did not participate at all, returning no forms; CatholicCare's Sobering-up Shelter returned just one completed form; and low proportions were also received from Ted Noffs, Toora, Winnunga Nimmityjah, and ADFACT. Table 1 has details.

Table 1
Survey respondents, by agency

Agency	Survey respondents			Survey forms	
Agency	**Count**	**Percent**		**Provided**	**Per cent completed**
ADP, Bldg 7, TCH	101	31		100	101
DIRECTIONS ACT, Woden	50	15		70	71
DIRECTIONS ACT, NSP	40	12		40	100
CAHMA	28	9		50	56
Salvation Army	28	8		50	54
ADFACT	23	7		60	38
ADP Civic	20	6		20	100
Winnunga Nimmityjah AHS	14	4		50	28
Toora Women Inc.	12	4		50	24
Ted Noffs Foundation ACT	8	2		50	16
CatholicCare Sobering-up Shelter	1	0		10	10
Gugan Gulwan	0	0		50	0
Total	**325**	**100**		**600**	**54**

Service users' characteristics

Gender, Aboriginality and age

Of the 325 service users who completed the questionnaires, 62% were male and 38% female. The respondents included 49 people (15%) who indicated that they are of Aboriginal or Torres Strait Islander descent.

The ages ranged from 15 to 70 years, the mean age was 36 years and the median (the point above and below which half the cases fell) 35 years. The largest 10 year age group was the 30-39 year olds (36% of the total), followed by 20-29 year olds (25%) and 40-49 year olds (22%).

Employment

Most respondents (70%) stated that they were unemployed, with 11% employed full-time and 10% employed part-time. An additional 8% stated that they engage in unpaid or voluntary work.

17% were studying at the time of the Survey, 15% part-time and 2% full-time.

Housing situation

Almost half of the respondents had unstable housing, with 28% being in temporary accommodation and 14% with no fixed place living. 58% were in settled, permanent housing.

Parental/caring situation

21% of respondents were the parent or carer of children under 16 years of age, where the children were living with the respondent, and 31% were the parent of a child under 16 years who did not live with the respondent.

Respondents' characteristics and level of satisfaction

Gender was related to level of satisfaction with the service ($F=11.953$, $p<0.001$), with females having significantly higher satisfaction scores than males.[15] However, the effect size is only small to moderate. Aboriginality, employment status and housing were not related to satisfaction level.

[15] The overall measurement of satisfaction (the Client Satisfaction Questionnaire©) is discussed in the next section.

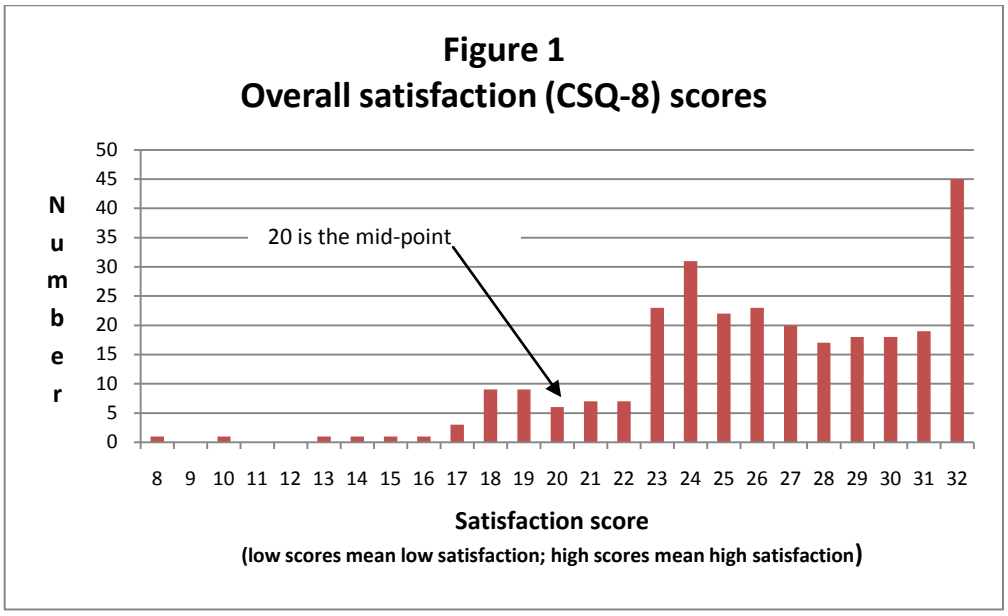
Overall satisfaction

Embedded in the Survey was a validated instrument called the CSQ-8©. It is a Client Satisfaction Questionnaire that produces a composite index of satisfaction derived from eight scale items. As noted in the introduction, the instrument was used under license from the copyright owner, Clifford Attkisson, PhD. The CSQ-8 responses are summarised in Table 2. Possible values ranged from 8 (the lowest possible level of satisfaction) to 32 (the highest possible level of satisfaction). The mid-point of the 8-32 range is 20.

It will be noted that the modal (the most frequent) score was 32. This is also the highest possible score and was provided by 16% of respondents. Just one respondent had a score of 8, the lowest possible score. The average (mean) score was 26.2 and the median was 26. The distribution of scores is illustrated in Table 2 and Figure 1, below.

Table 2
Overall satisfaction scores (CSQ-8©)

Score	Count	Percent	Cumulative percent
8	1	0.4	0.4
10	1	0.4	0.7
13	1	0.4	1.1
14	1	0.4	1.4
15	1	0.4	1.8
16	1	0.4	2.1
17	3	1.1	3.2
18	9	3.2	6.4
19	9	3.2	9.5
20	6	2.1	11.7
21	7	2.5	14.1
22	7	2.5	16.6
23	23	8.1	24.7
24	31	11.0	35.7
25	22	7.8	43.5
26	23	8.1	51.6
27	20	7.1	58.7
28	17	6.0	64.7
29	18	6.4	71.0
30	18	6.4	77.4
31	19	6.7	84.1
32	45	15.9	100.0
Total	**283**	**100.0**	**- -**



Respondents were asked, as part of the CSQ-8, 'In an overall, general sense, how satisfied are you with the service you have received?' A high level of satisfaction was reported, with 90% of those who answered the question stating that they were 'mostly satisfied' or 'very satisfied'. Table 3 has details.

Table 3
Overall, how satisfied

	Count	Percent
Very satisfied	124	41.3
Mostly satisfied	146	48.7
Indifferent/mildly dissatisfied	23	7.7
Quite dissatisfied	7	2.3
Total	**300**	**100.0**

When asked 'If you were to seek help again, would you come back to this service?' 91% replied in the affirmative. Table 4 has details.

Table 4
Likelihood of returning to the service in the future, if needed help

	Count	Percent
Yes, definitely	163	53.6
Yes, generally	113	37.2
No, not really	16	5.3
No, definitely not	12	4.0
Total	**304**	**100.0**

Satisfaction level by agency

Although there were statistically significant differences in CSQ satisfaction scores between agencies (F=3.305, p<0.001), and the effect size was moderate to large, the scores fell within a fairly narrow range. Table 5 has details. The highest level of satisfaction was reported from Toora (recall that female respondents generally have higher satisfaction scores than males). It was closely followed by ADFACT and ADP Civic. The lowest scores were recorded at ADP Building 7, Ted Noffs and DIRECTIONS ACT's NSP.

Table 5
Mean CSQ-8 satisfaction scores, by agency

Agency	N of valid responses	Mean CSQ-8 score
Toora	12	29.0
ADFACT	23	28.6
ADP Civic	20	28.3
Winnunga Nimmityjah AHS	12	27.4
DIRECTIONS ACT, Woden	45	27.2
CatholicCare Sobering-up Shelter	1	27.0
CAHMA	20	26.1
Salvation Army	26	25.8
DIRECTIONS ACT NSP	31	24.9
Ted Noffs	5	24.8
ADP Building 7	88	24.7
Total	**283**	**26.2**

Treatment status

Treatment status is operationalised here in terms of the length of time that service users had been attending their service, frequency of attending, waiting times, accessibility of the service, having case managers and care plans, and the availability and use of wrap-around services.

Length of time attending the service

Service users were asked 'How long have you been coming to this service?'. The length of time reported ranged from one week or less (12% of respondents) to more than one year (48%). The skew towards a long period reflects the large proportions of the clients of ADP, CAHMA, DIRECTIONS ACT, Toora and Winnunga Nimmityjah who have been attending for over one year. Table 6 has details.

Service users who had been attending for between 4 months and one year had the highest overall satisfaction (CSQ-8) scores, but they were only marginally higher than those attending between 1 week and 3 months (though the difference is statistically significant $F=2.408$, $p<0.037$; the effect size is only small to moderate.). The lowest satisfaction was recorded among the newest service users, i.e. those having attended for one week or less.

Table 6
Length of time a client of the service

Length of time	Count	Percent
1 week or less	38	11.9
1-4 weeks	19	6.0
1-3 months	32	10.0
4-6 months	36	11.3
7-12 months	42	13.2
More than 1 year	**152**	47.6
Total	**319**	**100.0**

Frequency of attending

The frequency of attending the non-residential services, detailed in Table 7, varied markedly, presumably reflecting the service modality. 38% attended daily; many of these would be opioid substitution therapy and NSP service users. A statistically significant relationship exists between this variable and overall satisfaction (CSQ scores) ($F=2.760$, $p<0.013$; the effect size is moderate) with people attending 5-6 times a week having the lowest levels of satisfaction and those attending 2-3 times per month having the highest levels.

Table 7
Frequency of attending the service

Frequency	Number	Percent
Daily	97	37.9
5-6 times a week	11	4.3
2-4 times a week	30	11.7
Weekly	52	20.3
2-3 times a month	29	11.3
Monthly	18	7.0
Less than monthly	19	7.4
Total	**256**	**100.0**

Waiting times

The length of time that service users had to wait for the various components of their treatment was assessed, specifically the time until a comprehensive assessment was undertaken, and from that point until treatment commenced.

A little over half of the respondents (57%) stated that they had received a comprehensive assessment from the service for their alcohol and other drug-related needs. A substantial proportion (19%) did not know if this had happened or not. Table 8 has details.

Table 8
Received comprehensive assessment

	Count	Percent
Yes	183	56.8
No	79	24.5
Don't know	60	18.6
Total	**322**	**100.0**

Of those who had received a comprehensive assessment, waiting times between first contact with the agency and completion of the assessment were generally short, with 54% of service users to whom this applied receiving their assessment within a week. As expected, the waiting times from assessment to commencing treatment were longer, with 55% waiting less than a week, 35% 1-4 weeks, 7% 1-3 months and 3% more than 3 months.

A statistically significant relationship exists between both waiting periods and the CSQ satisfaction scores ($F=9.012$, $p<0.000$ for wait to assessment, a large effect size; $F=3.628$, $p<0.014$ for wait for treatment, a moderate effect size). Understandably, those with the briefest waiting period (within a week) expressed higher satisfaction than those with longer waits. However, service users whose waiting time between assessment and commencement of treatment was 1-4 weeks expressed satisfaction levels only marginally below those who commenced within a week.

Accessibility

Service accessibility can be operationalised in terms of opening hours and access to information. Both were assessed in the Survey. First, service users were asked 'Does this organisation provide the services you want at hours that are convenient to you?'. 73% responded in the affirmative, with 19% saying 'no' and 9% unsure.

Differences existed on an agency-by-agency basis, as shown in Table 9, below. All the service users at ADP Civic found the opening hours convenient, as did over two-thirds of the service users at Winnunga Nimmityjah, DIRECTIONS ACT Woden, ADFACT, Salvation Army, Toora and CAHMA. In contrast, the opening hours were more likely to be identified as inconvenient at Ted Noffs, ADP Building 7 and DIRECTIONS ACT NSP.

Unexpectedly, the perceptions of the convenience of agencies' opening hours did not differ between service users who were employed full-time, employed part-time or unemployed (Chi-square = 5.533, df 6, $p<0.4775$).

Predictably, service users who found the times when their agency was open to be convenient has significantly higher CSQ satisfaction scores (a mean of 27.4) than did their counterparts who found the hours inconvenient (a mean of 21.7) ($F=42.373$, $p<0.000$, a very large effect size).

Table 9 Opening hours convenient? (percent)				
Agency	**Yes**	**No**	**Don't know**	**Total**
ADP Civic	100	0	0	100
CatholicCare Sobering-up Shelter	100	0	0	100
Winnunga Nimmityjah AHS	92	0	8	100
DIRECTIONS ACT, Woden	92	2	6	100
ADFACT	87	4	9	100
Salvation Army	85	11	4	100
Toora	75	17	8	100
CAHMA	70	15	15	100
DIRECTIONS ACT NSP	61	32	8	100
ADP Building 7	56	34	10	100
Ted Noffs	50	17	33	100
Total	**73**	**19**	**9**	**100**

Accessibility to information is also linked to satisfaction. Overall, the Survey respondents largely agreed with the statement that 'I understand what is being said to me in this service'. They stated that they understood most what was being said to them by the reception staff at their agencies (94.0%), followed by their caseworkers/key workers (91.1%) and thirdly by doctors (88.1%). With regard to written sources of information, 88.4% agreed that they understood the information in leaflets and flyers, and 87.5% in letters. Table 10 has details.

Table 10 I understand what is being said to me in this service (percent)						
Information source	**Strongly agree**	**Agree**	**Don't know**	**Disagree**	**Strongly disagree**	**Total**
By my caseworker/key worker	46.7	44.4	7.8	0.4	0.8	100.0
By doctors	35.9	52.2	8.0	2.0	2.0	100.0
By reception staff	42.4	51.6	4.2	0.7	1.1	100.0
In letters	33.7	54.1	9.4	1.6	1.2	100.0
In leaflets or flyers	34.6	53.8	8.3	1.9	1.5	100.0

Case managers and care plans

Just over half the respondents stated that they had a case manager/key worker, in response to the question 'Do you have a case manager/key worker assisting you to receive your drug and alcohol related services?' Some 12% did not know. Table 11 has details.

Having a case manager/key worker was related to high satisfaction scores (F=10.020, p<0.000), and had a moderate effect size.

Table 11
Has a case manager/key worker

	Count	Percent
Yes	161	51.4
No	114	36.4
Don't know	38	12.1
Total	**313**	**100.0**

When asked 'Do you have a care plan for your drug or alcohol needs?' just 45% of those who felt that this question was applicable to them stated that they had a care plan, 36% said they did not, and 20% said that they did not know, as shown in Table 12. The proportions differed between agency, with 80% of Toora's service users stating that they have a care plan, followed by the Salvation Army (78%), Ted Noffs (75%), ADFACT (73%), Directions Woden (53%), Winnunga Nimmityjah (50%), ADP Civic (43%), ADP Building 7 (28%) and Directions NSP (27%).

Having a care plan was also related to level of satisfaction (F=8.423, p<0.000), and had a moderate effect size.

Table 12
Has a care plan

	Count	Percent
Yes	121	39.2
No	97	31.4
Don't know	53	17.2
Not applicable	38	12.3
Total	**309**	**100.0**

Wrap-around services

Most agencies provide some wrap-around services, i.e, services that are ancillary to the core services, such as referral to legal advice, debt management, etc. Information on 17 wrap-around services was elicited in the Survey; Table 13 has details. Respondents were asked (1) if they had requested the particular type of support from the service, (2) if they had received it within the service, (3) if they had been referred to another service for the support and (4) if they had requested the particular type of support from their service but had not received it.

The most frequently *requested* type of support was with respect to housing (57% of respondents), with 51% receiving such support within the service and 25% being referred out. (Note that these categories are not mutually exclusive, so the totals add to more than 100 %.) The wrap-around service most frequently *received* was blood-borne virus (including

hepatitis C) information and support (62%). Among *referrals out* to other services, legal support was most frequent (38% of cases). Only small proportions reported *requesting services but not receiving them*. In this category, employment had the highest frequency, at 8%.

Table 13
Services requested and received
(percent of cases; multiple responses possible)

Type of service/support	Requested	Received within agency	Referred out	Requested but not received
Employment/skills training	38.2	44.5	30.0	8.2
Education	38.1	48.5	26.8	5.2
Debt management	38.8	43.8	31.2	3.8
Housing	56.6	50.8	25.4	4.9
Legal advice	41.5	44.7	38.3	2.1
Centrelink or related payments	37.4	60.3	19.1	3.1
Smoking cessation advice	31.7	51.2	17.1	4.9
Sexual health	30.8	51.3	28.2	5.1
Dental health	48.7	45.3	35.0	2.6
Mental health	51.9	57.3	31.3	4.6
BBV information & support	44.8	62.1	20.7	2.6
BBV screening	46.5	52.5	24.8	3.0
Other general health services	38.4	59.2	27.2	2.4
Counselling	52.9	60.3	19.6	2.1
Achieving abstinence	46.5	58.3	19.7	3.1
Parenting/relationships	41.0	55.0	26.0	6.0
Family concerns, incl. family violence	47.3	48.4	29.0	4.3

Outcomes

Outcomes were assessed in seven domains, as detailed in Table 14. The Table excludes responses where the service users classified the question as not being applicable to them, e.g. NSP clients would not necessarily expect to have reduced their drug use since commencing use of the service.

The most frequently reported positive outcome was with respect to reduced levels of crime, with 86% of service users to whom the question applied stating that they 'agree' or 'strongly agree' with that statement that, since starting to receive the service, they had become less involved in crime. This was followed in frequency by reduced drug use (84%), improved knowledge of BBV transmission prevention (78%), improved general health (78%), improved mental health (72%), improved capacity to manage finances (67%), improved parenting/relationships (65%), improved housing (59%), and improved dental health (53%).

Fewer than half the respondents (48%) reported improvements in their employment situation.

Table 14
Outcomes: 'Since starting to receive this service…'
(percent, 'not applicable' responses removed)

Outcome domain	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Total
Your drug use has reduced	55.9	27.8	6.7	7.4	2.2	100.0
You are less involved in crime	63.1	23.4	4.5	6.3	2.7	100.0
Your general health has improved	44.0	34.2	12.0	6.9	2.9	100.0
Your mental health has improved	37.6	33.9	16.1	8.8	3.6	100.0
Your dental health has improved	27.7	24.8	19.4	20.2	7.8	100.0
Your knowledge of preventing transmission of blood borne viruses has improved	42.0	36.3	14.3	5.7	1.6	100.0
Your housing situation has improved	36.0	23.2	16.1	18.0	6.6	100.0
Your employment situation has improved	24.6	23.6	20.9	22.0	8.9	100.0
Your parenting and/or other relationships have improved	32.4	32.4	19.9	12.6	3.6	100.0
Your capacity to manage your finances has improved	30.2	37.1	14.7	13.9	4.1	100.0

On all of these outcome variables, the level of agreement with the statements is associated with CSQ-8 satisfaction scores, i.e. good outcomes are associated with high levels of satisfaction with the service. The effect sizes are particularly large with respect to financial management, parenting/relationships, mental health, general health, drug use and employment.

Services' responsiveness

Respondents' perceptions were elicited about the extent to which their comments and complaints were welcomed, and acted upon, by the agencies from which they received services.

Asked to give comments

When asked 'Have you ever been asked by this service to give comments on how satisfied or dissatisfied you are with the service or treatment you receive?', similar proportions responded positively (48% of those who knew if they had been asked or not) and negatively (52%). Table 15 has details.

Table 15
Asked to give comments

	Count	Percent
Yes	132	41.9
No	145	46.0
Don't know	38	12.1
Total	**315**	**100.0**

A statistically significant relationship exists between having been asked to comment and satisfaction with the service (F=8.881, P<0.000) with a moderate effect size.

Fifty percent or more of the respondents from four agencies stated that they had not been asked to give comments on their satisfaction with the services received there: DIRECTIONS ACT Woden (55%), ADP Building 7 (53%), and Ted Noffs and Winnunga Nimmityjah (both 50%).

The service acts on suggestions and complaints

When presented with the statement that their 'Service acts on suggestions and complaints', 61% of those who felt that this question was applicable to them indicated that they 'strongly agree' or 'agree' with the statement. Only 12% felt that their service does not act on suggestions and complaints. Table 16 has details.

Table 16
Service acts on suggestions & complaints

	Count	Percent
Strongly agree	71	23.8
Agree	96	32.2
Don't know	71	23.8
Disagree	24	8.0
Strongly disagree	12	4.0
Not applicable	24	8.0
Total	**298**	**100.0**

Again, a statistically significant relationship exists between this variable and service satisfaction (F=20.904, P<0.000) with a very large effect size.

Three agencies had relatively high proportions of service users who stated that the agency does not act on complaints and suggestions: Salvation Army (22%), ADP Building 7 (19%) and Ted Noffs (14%).

Services discourages users from making complaints

When presented with the statement that 'This services discourages users from making complaints', 25% of those who felt that this question was applicable to them indicated that they 'strongly agree' or 'agree' with the statement. In contrast, a little over half (54%) disagreed with the statement. Table 17 has details.

Table 17
Service discourages complaints

	Count	Percent
Strongly agree	30	10.14
Agree	36	12.16
Don't know	56	18.92
Disagree	82	27.7
Strongly disagree	64	21.62
Not applicable	28	9.46
Total	**296**	**100.0**

A statistically significant relationship also exists between this variable and service satisfaction ($F=12.006$, $P<0.000$), also with a very large effect size.

Over 20% of the clients of each of five agencies stated that they 'agreed' or 'strongly agreed' that the service discourages complaints: DIRECTIONS ACT NSP (32%), CAHMA (30%), ADP Building 7 and Ted Noffs (both 29%), and Salvation Army (22%).

How the service users feel they are treated

The Survey ascertained clients' perceptions of how they are treated by the various people they are in contact with at their services, including staff and other service users. Details are in Table 18. Overall, high proportions reported being treated with respect by all categories of personnel. The highest proportions stating that they 'agree' or 'strongly agree' that they are treated with respect relate to reception staff and caseworkers/key workers (both 92%), other staff (90%), other service users and doctors (both 84%), pharmacy staff other than pharmacists (80%), with the lowest proportion (76%) stating that pharmacists treat them with respect.

This variable is closely related to levels of overall satisfaction, with the effect sizes being particularly large with respect to being treated with respect by caseworkers, reception staff, other staff and other service users.

Table 18
Service users feel they are treated with respect (percent)

You are treated with respect by …	*Strongly agree*	*Agree*	*Don't know*	*Disagree*	*Strongly disagree*	*Total*
Your caseworker/key worker	55.2	36.3	6.2	1.5	0.8	100.0
Reception staff	53.8	38.2	4.2	2.8	1.0	100.0
Doctors	42.1	41.7	7.3	5.0	3.9	100.0
Pharmacists	37.8	37.8	12.4	8.0	4.0	100.0
Other pharmacy staff	34.5	43.4	12.0	6.6	3.5	100.0
Other staff	41.8	48.1	4.9	4.2	1.0	100.0
Other users at this service	36.3	48.2	7.6	6.1	1.8	100.0

Match between service and felt needs

Questions assessed the match between the service received and respondents' felt needs.

First, as Table 19 reveals, when asked to respond to the statement 'You do not think this is the right service for you', the proportions of affirmative and negative responses were broadly similar.

Relatively high proportions from five agencies agreed or strongly agreed that the service was not right for them: ADP Civic (55%), Toora (50%), DIRECTIONS ACT NSP (45%), and ADP Building 7 and Ted Noffs (both 43%).

Table 19
Not the right service for you

	Count	Percent
Strongly agree	69	22.6
Agree	60	19.7
Don't know	28	9.2
Disagree	65	21.3
Strongly disagree	68	22.3
Not applicable	15	4.9
Total	**305**	**100.0**

In contrast, when asked to respond to the statement 'You have received a lot of help in sorting out your life', 77% of those who felt this question was applicable to them replied that they 'strongly agree' or 'agree'. Table 20 has details.

Table 20
Received a lot of help

	Count	Percent
Strongly agree	99	32.9
Agree	114	37.9
Don't know	23	7.6
Disagree	33	11.0
Strongly disagree	7	2.3
Not applicable	25	8.3
Total	**301**	**100.0**

As one would expect, both these variables predict levels of satisfaction with the service, with the effect size for 'Not the right service for you' being large and for 'Received a lot of help' being very large.

Meeting diverse needs

Eleven additional questions were asked to assess the extent to which a variety of needs were seen as being met; Table 21 has details. Eighty percent or more of respondents expressed agreement ('agree' or 'strongly agree') with the first seven statements, in descending order from the first ('The staff here are efficient at doing their job') with 87% agreement to the seventh ('This service expects you to learn responsibility and self-discipline') at 80%.

Lower proportions agreed that 'You have enough say in decisions about your service or treatment' (74%), 'You are usually able to get appointments at this service at the times you want them' (72%) and 'Family members/partners do not get enough support' (38%). 37% agreed or strongly agreed that 'You only use this service because there is nothing better available'.

Table 21
Service users' diverse needs are met (percent)

Type of need	*Strongly agree*	*Agree*	*Don't know*	*Disagree*	*Strongly disagree*	*Total*
The staff here are efficient at doing their job	38.1	50.5	50.0	4.7	1.7	100.0
You get enough personal support from the staff at this program	40.0	46.4	6.1	8.5	2.0	100.0
This service meets your needs	36.2	49.2	6.3	6.6	1.7	100.0
You are satisfied with the services you receive here	35.4	49.5	5.0	7.7	2.3	100.0
The service is organised and well run	35.7	46.3	9.2	7.1	1.7	100.0
This service location is convenient for you	37.0	44.8	3.8	8.8	6.1	100.0
This service expects you to learn responsibility and self-discipline	31.6	48.4	16.0	3.3	0.7	100.0
You have enough say in decisions about your service or treatment	33.3	40.4	8.4	12.5	5.4	100.0
You are usually able to get appointments at this service at the times you want them	21.9	49.6	9.4	15.5	3.6	100.0
Family members/partners do not get enough support	11.2	26.4	27.9	22.9	11.6	100.0
You only use this service because there is nothing better available	14.3	22.7	12.5	35.2	15.3	100.0

Conclusions and discussion

The Survey

The 2009 ACT Alcohol & Other Drug Services Service User Satisfaction Survey filled two functions, namely (1) providing a snapshot of the levels and patterns of satisfaction of service users and (2) providing baseline information for monitoring and assessing the outcomes, in future years, of quality assurance programs implemented by the services that participated in the Survey. By repeating the Survey at intervals, it will be possible to observe trends in service user satisfaction. While agency-by-agency comparisons need to be made with caution, the highest level of overall satisfaction was reported from Toora, followed closely by ADFACT and ADP Civic. The lowest scores were recorded at ADP Building 7, Ted Noffs and DIRECTIONS ACT's NSP.

Marked agency-by-agency differences were observed in the proportion of Survey forms provided to agencies that were returned, completed. When replicating the Survey in future years, it will be helpful if Survey managers develop a more rigorous sampling frame, and take action to ensure that a more consistent level of responses occurs across agencies.

Satisfaction levels and patterns

As is usual with client satisfaction surveys, especially those covering treatment clients, high overall levels of satisfaction were reported. This reflects (in part) the fact that dissatisfied clients tend to withdraw from the service, leaving the more satisfied clients occupying the service places. In the case of ATOD clients, however, this is not as marked as in some other setting because (1) some survey respondents are involuntary clients and (2) some have no other source of service available (e.g. many opioid maintenance therapy clients). The mean and median CSQ-8 scores were 26, both well above 20 which is the midpoint of the range of possible scores.

High satisfaction scores were related to the following variables:

- Length of time attending the service, with new service users showing the lowest levels of satisfaction.
- Frequency of attending, with people attending 5-6 times a week having the lowest levels of satisfaction and those attending 2-3 times per month having the highest levels.
- The length of time that service users had to wait for treatment, with those experiencing the briefest waiting period (within a week) expressing higher satisfaction than those with longer waits.
- The convenience of opening hours.
- Being aware that they had a case manager/key worker.
- Being aware that they had a care plan.
- Receiving help or support with respect to financial management, parenting/relationships, mental health, general health, drug use and/or employment
- Perceiving that the service welcomes and acts upon complaints and suggestions
- Perceptions of how people treat the service users
- Positive treatment outcomes.

It is emphasised that being invited by their service to provide feedback on level of satisfaction with the services received was related to overall satisfaction, as was perceiving that their service acts on service users' complaints and suggestions. Indeed, the second of these—perceiving that the service acts on complaints and suggestions—is particularly strongly related to overall satisfaction.

Similarly, perceptions of how people treat the service users were closely related to levels of overall satisfaction, particularly regarding being treated with respect by caseworkers, reception staff, other staff and other service users.

The Survey also assessed the self-reported service outcomes of the participating service users. The most frequently reported positive outcome was reduced levels of crime, followed in frequency by reduced drug use, improved knowledge of BBV transmission prevention, improved general health, improved mental health, improved capacity to manage finances, improved parenting/relationships, improved housing, and improved dental health. Predictably, improvements in these and other treatment outcomes were associated with high levels of overall satisfaction.

The 2009 ACT Alcohol & Other Drug Services Service User Satisfaction Survey has provided valuable information demonstrating the high overall level of service user satisfaction at the sector wide level, with significant variations on an agency-by-agency basis. The service user and agency variables that are associated with level of satisfaction have also been made explicit. This information provides opportunities for the participating agencies to review their strengths and build upon them, and to explore opportunities for service quality enhancement in areas where client satisfaction levels are relatively low.

It is recommended that the Survey be conducted again within 12 to 18 months from November 2009, the date of data collection for the Survey phase covered by this report.

Appendix: Survey methodology

The Survey instrument was developed by David McDonald from Social Research & Evaluation Pty Ltd, Nicole Wiggins from the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) and Marty Owen from ACT Health, with additional inputs from the members of the ACT alcohol and other drug agencies' Executive Directors/CEOs Group. It was based on the UK National Treatment Agency's instrument.

Ethics approval was provided by the ACT Health Human Research Ethics Committee.

Data collection occurred in Canberra on Thursday 19 November, 2009. It was managed by Ms Wiggins, with the support of Mr Owen. Although funded by ACT Health, making payments to participants (as per the approval received from the ACT Health Human Research Ethics Committee) was managed by CAHMA staff.

Prior to the Survey day, CAHMA staff contacted each participating organisation to provide advertising posters including the date of the coming Survey. Participating organisations were the alcohol and other drug services funded by ACT Health.

There were three versions of the Survey instrument. These were different to allow organisations to have agency-specific questions included. Only ACT Health's Alcohol and Drug Program and DIRECTIONS ACT requested agency-specific questions to be included in the version of the Survey implemented at those locations.

Each of the participating organisations nominated a contact person to

- Accept from CAHMA delivery of the nominated number of questionnaire forms for that organisation.
- Brief staff on providing the forms to service users.
- Provide payment to service users, including providing an invoice to CAHMA and
- Return the completed questionnaire forms to ACT Health.

On the day of the Survey each service user of a participating organisation was invited to participate in the study (until the predetermined number allocated to each site had been reached). The service user was given a 'Participant Information Sheet and Consent Form' to explain the Survey, including who would be involved in the Survey and the purpose and use of the results, along with information on the approval process through the ACT Health Human Research Ethics Committee.

This Information Sheet also explained how service users would be able to access the Survey results, and that participation was entirely voluntary, with no impact on their treatment.

Participants were offered $10 in cash as recompense for their out-of-pocket expenses and their contribution of time in completing the Survey.

If the service users agreed to participate in the Survey, they were

- Handed a copy of the questionnaire to fill out in a 'pen-and-paper' question-and-answer format and an envelope into which to seal the completed form.
- Encouraged to complete the Survey in private.
- Asked to seal the questionnaire form in an envelope provided for that purpose, and hand it to the staff member to allow the payment to be processed. There were no markings identifying the participant on the Survey instrument nor on the envelope.

Once participants handed the completed Survey instrument to staff they were asked to provide a name and signature to acknowledge they had received recompense for completing the questionnaire.

The Survey forms were returned to ACT Health. The forms were removed from the envelopes, coded to identify the service from which they came, and provided to a

commercial data entry firm which converted the data on the forms to digital files, operating within the provisions of a confidentiality agreement. Double data entry was undertaken to maximise the accuracy of data capture.

The resulting data files were provided to a consultant—the author—for him to analyse the data and prepare this report on the results of the Survey. Quantitative data analysis took place using the Statistical Package for the Social Sciences (SPSS)™ and AcaStat™.

ACT Health plans to prepare a flyer, in plain English, summarising the results of the Survey, for distribution through ACT drug and alcohol services to their service users, to feed back to them the results of the Survey.

(This appendix was drafted by Marty Owen from the Alcohol and Other Drug Policy Unit, ACT Health, and edited by the author.)