CLIENTS’ EXPERIENCES OF SERVICE DELIVERY AT THE DEPARTMENT OF SOCIAL WELFARE (DSW) IN THE ASHANTI REGION OF GHANA

BY

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DECLARATION

I, Rosemond Adubofuor, declare that this thesis is as a result of my own research. It was carried out at the Department of Social Work, under the supervision of Dr F. Akosua Agyemang, and Dr Kwabena Frimpong Manso. This work has not been submitted either in part or in whole elsewhere for the award of any other degree. All references cited in this work have been duly acknowledged.

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DEDICATION

This work is dedicated to my sister, Mercy Adubofuor, and my parents, Nana and Mrs Adubofuor for their immense support throughout my two years in school.
ACKNOWLEDGEMENT

I thank the Almighty God for His mercies and grace throughout this journey. I am grateful to my supervisors; Dr F. Akosua Agyemang and Dr Kwabena Frimpong-Manso for their guidance and insightful reviews. My sincere appreciation goes to Dr Paul Boadu and Professor Kwaku Osei-Hwedie for all the assistance they gave throughout this study. I am also grateful to the Directors and Officers at the Department of Social Welfare in Asokore Mampong Municipality, Ejisu Juaben Municipality, Obuasi Municipality and Amansie West District and also, the Ashanti Regional Director and Deputy Director.
ABSTRACT

The Department of Social Welfare (DSW) is an institution responsible for the provision of social welfare services in Ghana. An institution such as this is expected to have skilled employees, resources, among others, to facilitate the provision of quality services. However, the DSW is reported to be facing several challenges including the lack of infrastructure and adequate staff. Given the increasing challenges confronting the DSW, this study investigated clients’ experiences of service provision at DSW in the Ashanti Region. The specific objectives of the study were to identify the level of clients’ satisfaction with the services provided by the DSW in the Ashanti Region, to investigate the factors that influence clients’ satisfaction with service provision by the DSW in the Ashanti Region, and explore clients’ suggestions on how to improve service provision at the DSW in the Ashanti Region.

The study employed a concurrent triangulation mixed-methods design to gather data from one-hundred (100) participants. Data was gathered using an interview guide for the qualitative data. The researcher, however, adapted the McMurtry’s Client Satisfaction Inventory (CSI) for the quantitative data. The findings of this research revealed that the majority of the participants (68%) of clients of the DSW were dissatisfied with the services they received from the DSW. The factors that led to clients’ dissatisfaction with the services included non-fulfilment of clients’ expectations, behaviour of employees, and poor process of service delivery. Additionally, it emerged that the DSW clients engaged in this study encountered challenges with the organisation’s infrastructural arrangements. The study participants suggested that government provide support to the Department and the staff and pay more attention to clients, which would consequently improve their satisfaction with the services provided by the DSW. Based on this study’s findings, the researcher recommends that the government increases the budget allocation for the Department to help them acquire logistics, engage in the periodic training of employees, and improve their infrastructure.
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**LIST OF ABBREVIATIONS**

- **CSI**………………………………. Client Satisfaction Inventory
- **CSSP**……………………………..Centre for the Study of Social Policy
- **DSW**……………………………..Department of Social Welfare
- **DSWCD**…………………………. Department of Social Welfare and Community Development
- **EDT**……………………………….Expectation Disconfirmation Theory
- **GFD**……………………………….Ghana Federation of Disability
- **GSS**……………………………….Ghana Statistical Service
- **ILO**……………………………….International Labour Organisation
- **FAO**……………………………….Food and Agriculture Organisation
- **IPA**……………………………….Interpretive Phenomenological Analysis
- **LEAP**……………………………..Livelihood Empowerment Against Poverty
- **NCPD**……………………………National Council for People with Disability
- **PWDs**……………………………People with Disabilities
- **SERVQUAL**………………………..Service Quality
- **SPSS**……………………………..Statistical Package for Social Science
CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Social welfare are formalised services that are designed to protect citizens from the risks and insecurities of life (Kwok, 2003). The services are designed and structured in a way to improve upon the circumstances of people who are in need (Spicker, 2011). The focus of the provision of social welfare services is to bridge the gap between the poor and the wealthy in the society in order to ensure equality and equity (Kwok, 2003). Formalised social welfare services can be traced back to the early 16th century in England (Yarborough, 2008). During this period, the English locals saw the need to cater for the destitute in order to reduce poverty through the introduction of the poor laws in 1536. The catholic parishes in England were responsible for the welfare of the needy by collecting alms to feed the needy (Corbett, 2013).

This means of curbing poverty was intensified in 1601 through the enactment of the Elizabethan poor laws in 1601. The Elizabethan poor laws formed the basis for formalised welfare interventions, where direct public taxes were used to assist the poor (Sottie & Boateng, 2014). Under this law, the poor were categorised into two distinct groups; the worthy poor and the unworthy poor (Corbett, 2013). The former were people whom by no fault of theirs are unable to work. This category included people with disabilities (PWDs), orphans, widows, etc., and were placed in alms houses. The unworthy poor comprised drunkards, idle people, among others. These people were deemed able and as such, were placed in work houses and were given materials to work (Sottie & Boateng, 2014).
The Elizabethan poor law was later adopted by the United States in the mid-1800, as they became colonies of England (Yarborough, 2008). However, the adoption of the “poor law” as a means of curbing poverty did not yield much results since destitution kept increasing. In addition, the impact of the Great Depression greatly affected Americans and later spread worldwide. The impact of the Great Depression, followed by World War II in the 1930s, left several people jobless and homeless (Midgley, 2008). Consequently, a greater number of people sought help from the government due to their inability to provide for themselves. Governments in these developed countries then took charge of the provision of formalised social welfare, especially to vulnerable children and people with disabilities (PWDs) (Potts, 2012, Yarborough, 2008).

The introduction of social welfare in Africa and other developing countries was through missionaries and colonial administrations (Kreitzer, 2012, Safadi & Easton, 2014). Most of these colonial masters introduced their social welfare systems to their colonies which were implemented even after independence (Safadi & Easton, 2014). In Ghana for instance, missionaries who came into the then Gold Coast saw the need to provide health care, educational and other welfare needs to their subjects (Kreitzer, 2012). This was a means to gain the trust and attention of the indigenes in order to propagate the gospel. Providing for the welfare needs of the populace was intensified in 1929 when the British colonial masters passed the first Colonial Development Act of 1940 (Kreitzer, 2012). The government saw the need for this as a result of the destruction caused by the earthquake which occurred on 22nd June, 1939, rendering many people homeless. More so, many families experienced displacement as veterans from the World War I returned home, which made provision of social welfare, including counselling services, necessary.

The Government of Ghana is the main provider of formalised social welfare in Ghana, but it is supported by non-governmental organisations as done in most countries (Lidzen, 2008).
The DSW, which is under the Ministry of Gender, Children, and Social Protection, is the government statutory body that has the mandate to regulate and provide social services for Ghanaians. The Department began its operation in 1943 when the Secretary of Social Services of the British Colonial Administration created the Administrative Officer Class II grade to take charge of the welfare needs of the urban populace (Kreitzer, 2012).

In 1946, the Department of Social Welfare and Housing was created (Department of Social Welfare and Community Development (DSWCD), 2006). The Housing Unit of the Department was separated from the DSW to form a major unit on its own in 1950. The Housing Unit was separated because the administrative work was cumbersome as people had a lot of issues pertaining to rent and housing. The Department could not combine the growing issue of rent and housing with the primary responsibility of welfare, which includes providing for the poor and needy. A new section, Community Development, was added to the DSW in 1952 to make it the Department of Social Welfare and Community Development (DSWCD, 2006). According to DSWCD (2014), the Department derives its mandate from statutory orders that makes it responsible for services ranging from health to education.

The DSW runs three core programmes for clients, under which diverse services are provided (DSWCD, 2014). These programmes are community care, child rights promotion, and protection and justice administration. Under the community care programme, services provided to clients include the registration of persons with disability and Non-Governmental Organisations (NGOs), community-based rehabilitation for people with disability, hospital welfare services, provision of vocational training for the poor and people with disability, income generation for rural women and poverty alleviation through livelihood empowerment against poverty (LEAP) programme. LEAP is a cash transfer programme for families who are extremely poor and disadvantaged in the society. Such families are given
monthly cash transfers from the government through the DSW to support their basic needs (DSWCD, 2014). Under the child rights promotion and protection, services provided range from child maintenance, custody, paternity, adoption to the running of children’s homes and supervision of day care centres. Under justice administration, services provided include probation and prisons aftercare, statutory duties in respect of juvenile courts and family tribunal and domestic violence cases (DSWCD, 2014). As at 2006, the DSW had only one-thousand and thirty-six (1,036) staff with only five-hundred and fifty (550) being social workers out of a staff requirement of two-thousand and two-hundred and forty-one (2,241). The staff has increased to one-thousand, two-hundred and nineteen (1,219) and are spread across the DSW’s two-hundred and sixteen (216) district offices in Ghana (Krueger, Thompstone, & Crispin, 2014).

1.1 Statement of Problem

In the Ghanaian context, the family has been the bedrock in the provision of informal social welfare to its members (Nukunya, 2003; Lidzen, 2008; Yarborough, 2008). However, over the years, formalised social welfare services provided through the DSW has increased tremendously due to the gradual disintegration of the extended family system (Tanga, 2013; Kreitzer, 2012). As such, most Ghanaian studies (Frimpong-Manso and Mawudoku, 2017; Thompstone, & Crispin, 2014; Laird, 2011) which have examined the provision of services by the DSW have focused on the Department and the views and experiences of its employees. These studies have suggested that the DSW is limited in the provision of services to its clients due to some challenges they encounter. These challenges, as enumerated by the researchers, include insufficient funds, lack of logistics, inadequately trained social workers, among others, which could affect the provision of effective and quality services to clients.
Yet, the provision of services is a two-way affair, involving an interaction between the service provider and the client. As a result, emphasis must be placed on both the service providers and the clients, as their perception of an organisation has a significant influence on the survival of the organisation (Fraser & Wu, 2015). However, much attention has been paid to the DSW (the service provider) and less attention has been paid to the clients, who are recipients of the DSW’s services.

It is in the light of this gap that the study seeks to find out clients’ experiences of service provision at the DSW in the Ashanti Region.

1.2 Objectives of the Study

The general objective of this study is to explore clients’ experiences of the services provided by the DSW in the Ashanti Region of Ghana.

1.2.1 Specific Objectives of the Study

The specific objectives of the study are:

1. To identify clients’ level of satisfaction with service provision by the DSW in the Ashanti Region.

2. To investigate the factors that influence clients’ satisfaction with the services provided by the DSW in the Ashanti Region.

3. To explore clients’ suggestions on how service provision by the DSW in the Ashanti Region can be improved.

1.3 Research Questions

1. How satisfied are clients with the services provided by the DSW in the Ashanti Region?

2. What factors influence clients’ satisfaction with service provision by the DSW in the Ashanti Region?
3. What are clients’ suggestions on how service provision at the DSW in the Ashanti Region can be improved?

1.4 Significance of the Study

The study contributes to the literature on clients’ experiences of social welfare services delivery. Most of the studies (Henry, 2015; Owusu, 2013; Laird, 2011; Nepomnyaschy & Garfinkel, 2009) conducted on social welfare in Ghana and other countries focus on child maintenance services with most of them looking at it from the perspective of the staff of the DSW. Only a few studies (Owusu, 2013; Skinner, Bradshaw & Davidson, 2007) have examined the clients’ perspectives either through a quantitative approach or a qualitative approach. This study, however, employed mixed methods while focusing on all the services provided by the DSW from the perspective of the clients, making this study unique. Given that this is a mixed method study, the qualitative aspect would complement the quantitative, thereby reducing their biases. Other researchers can also use the findings of the present study to conduct a large-scale quantitative study involving people from other regions of the country.

Moreover, the findings of the study would provide useful information to improve existing policies and also craft new policies to enhance service provision. Beyond these, the study would inform practitioners about the factors that influence clients’ satisfaction of services provided by the DSW and ways to improve upon service delivery at the DSW.

1.5 Theoretical Framework: The Expectation Disconfirmation Theory (EDT)

The Expectation Disconfirmation Theory serves as the theoretical framework for the study. The theory was first propounded by Richard Oliver in 1980 to explain consumer satisfaction with services received (Oliver, 1997). The main purpose of the theory is to predict clients’ satisfaction with a service by comparing service performance to the client’s expectations of
the services before accessing it. According to Oliver (1997), disconfirmation occurs when consumer satisfaction is below expectation.

**Basic Tenets and Application of the Theory to this Study**

Expectation is one of the major components of the EDT. Expectation deals with how a client anticipates the outcome when seeking a service. For old or second-time clients of DSW, their expectation may stem from the experience they had the first time they accessed the service. For first time clients, their expectation may stem from recommendations from other clients, advertisement and the media. For instance, a client who is seeking a community care service such as LEAP may assume that the DSW would give him/her enough money to cater for his/her family or start a business. Beneficiaries of LEAP’s expectations would be based on the information given to them on the package LEAP offers.

Another tenet of EDT is service experience or performance which deals with the actual outcome of the service sought by the client. So, in the case of the client seeking LEAP, this would be how timely and regularly he/she receives his/her monthly cash and whether the amount is enough. Though such clients have fore knowledge of the amount and period to receive their benefit, the package could delay, and the amount of money could be less than they hoped for.

The third tenet is disconfirmation. This occurs when a service experience or performance is below expectation. Here, the client compares his/her experience (service performance) to the expectations he/she had of the service outcome. If his/her experience (service performance) is below his/her expectations, then he/she has disconfirmed his/her expectations. It is assumed that disconfirmation leads to dissatisfaction. In the case of the client seeking LEAP, disconfirmation occurs if he/she does not receive the monthly cash regularly and if the amount is less than what he/she envisioned. This, in turn, leads to dissatisfaction.
Lastly, confirmation occurs when service delivery is in accordance with the client’s expectations. Service experience can also exceed the client’s expectations. For instance, when a client seeks LEAP, confirmation occurs if the amount of money he/she receives is enough to cater for his/her family and also reliable. This also leads to satisfaction.

From Figure 1 below, client expectation before accessing (E) a service is compared to the client’s actual experience upon accessing the service (SE). Ordinarily, for a beneficiary of LEAP, he/she would expect to receive an amount of money which would help him/her to cater for his/her family, amidst other benefits such as free registration of national health insurance. Here, the client, based on her monthly expenditure, was expecting to receive cash transfer of four-hundred cedis (₵400) or more. From the figure, confirmation occurred because she received four-hundred and fifty cedis (₵450), which is more than what she expected, four-hundred cedis (₵400). This led to satisfaction. Disconfirmation occurred when she received two-hundred cedis (₵200), which is less than what she expected, four-hundred cedis (₵400). This led to dissatisfaction.
1.5.1 Weaknesses of EDT

One main weakness of EDT is the use of expectation as a standard for measuring satisfaction (Yuksel & Yuksel, 2001). The theory assumes that every client has expectations before accessing a service. This would either be confirmed or disconfirmed in order to be satisfied or dissatisfied. However, not every client has an expectation when seeking a service. Some go in open minded since they might not know what to expect.

Moreover, clients who form their expectations based on the experiences of other clients may have unrealistic expectations which could affect their satisfaction. Some clients might also
have low expectations based on what they have been told by old clients. (Gierczak, Englisch & Bretschneider, 2015). Every client is different, and each case presented might be different as such what worked for client A, might not work for B. It does not necessarily mean the organization under performed. Clients who also form their expectations based on advertisement may be disappointed upon seeking the service. This is because no organization would portray themselves in a bad way (Yuksel & Yuksel, 2001).

1.5.2 Strength of EDT

The expectation disconfirmation theory has been used by many researchers and businesses to explain customer or client satisfaction, loyalty and post behaviour. The theory helps organisations to satisfy their clients by making sure that their expectations have been met (Isac & Rusu, 2014). The theory has been used in the health sector, to explain how satisfied patients return to the same hospital to seek further services. It has also been used in the hospitality and tourism industry to explain how clients return or recommend a tourist site to other people because their expectations were met (Serenko & Stach, 2009). Moreover, it has also been used in the banking sector to explain how clients remain loyal because their expectations were met.

1.6 Organisation of the Study

This study is divided into five chapters. Chapter one consists of the background, problem statement, research objectives and questions, significance of the study, and theoretical framework. The second chapter presents a review of literature related to the study’s aims and objectives. Chapter three outlines the methodology employed in the study. Issues discussed in chapter three include the research design, target and study population, sampling technique, the sources and methods of data collection, data handling and analysis, and ethical considerations. Chapter four presents results from the data analysis. The final
chapter, chapter five, focuses on discussion of findings, conclusions, and recommendations based on the research findings.

1.7 Conclusion

This chapter sets the pace for the study by looking at the background and development of social welfare systems. This was done by tracing social welfare from when it was informal to when it was formalised by designing and implementing policies and programmes. This was followed by the actual issue for which this study is being undertaken, the objectives and research questions. This chapter also discussed the relevance of the study, the theory and conceptual underpinning of the study and how the research has been organised. Subsequently, the chapter reviews literature in line with the subject matter under consideration.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
This chapter presents a review of pertinent literature on the topic being understudied. This includes clients’ satisfaction, factors that influence clients’ satisfaction and ways of improving service provision at the DSW.

2.1 Client Satisfaction
Client satisfaction of a service emanates from what he or she experiences when seeking a service. This experience can be either positive or negative, depending on the outcome of the interaction between a client and an organisation. Client experiences start from the process of service delivery to the quality relationship a client may have with the staff. It also involves the client’s level of involvement in the process of service delivery, and the promptness with which the service is provided (Centre for the Study of Social Policy (CSSP), 2007).

Fraser and Wu (2015) asserted that satisfaction means an appeal, acceptability, and approval of a service experience. Client satisfaction is a force that holds and drives an organisation (Fraser & Wu, 2015). Organisations, especially, those that provide services exist to serve their clients and as such, if clients do not patronise their services, then, the organisation is doomed to fail or collapse (Mansoora, 2017; Mburu, 2014). Thus, organisations must ensure that their clients are satisfied with the services they render.

Mzini (2011, p.1) also defines clients satisfaction as “the state of mind that clients have about an institution when their expectations have been met or exceeded the lifetime of the product or service”. CSSP (2007) confirms the assertion by Mzini (2011) that client satisfaction is derived from either their confirmation or disconfirmation of their
expectations. In essence, client satisfaction is basically an individual’s assessment which is influenced by the individual’s expectations. This expectation is, however, built on the information available to the person who intends to seek a service. Lack of information means that expectation will be low and vice versa. If a client has a low expectation of a particular service, then, the probability of satisfaction is high.

According to Mzini (2011), the concept of client satisfaction is mostly used in the private sector. Public institutions rarely provide a means by which clients can assess their performance, one of which is through satisfaction surveys. In order to increase demand for their services, most private institutions provide a means by which clients can assess their services. This is done mostly through clients giving feedback on their satisfaction with a particular service (Mzini, 2011). Mzini (2011), in his study conducted in South Africa, indicated that the concept of client satisfaction ought to be practised in the public sector as it is a means of making the public sector accountable and receptive to citizens’ voices. Tilbury, Osmond and Crawford (2010) agree with Mzini (2011), stating that clients should have a say in a service sought by means of providing feedback.

Fraser and Wu (2013) opined that social welfare agencies try to increase satisfaction in their delivery of services in order to reduce the demand and dependence of clients on their services. This is because social welfare programmes are designed to empower clients, unlike other service providers (for example, the banking industry) whose main aim is to increase demand for their services. This makes clients self-reliant and independent in the long run, thereby reducing their dependence on social welfare services.

Clients satisfaction with services, in essence, means that a particular service was successful (Fraser & Wu, 2015). This is because a client would not feign satisfaction when the service received was ineffective. For instance, in the field of social welfare, where the services
rendered to clients include counselling and related issues, change in behaviour would indicate that the counselling itself was effective. However, according to Fraser and Wu (2013), the argument that satisfaction is an indication of purchasing sentiment adopted from the business field is compelling. This is because the services rendered in the business sector may differ from the kinds of services rendered by social welfare agencies. Most of these services are not tangible or goods and may not be paid for by clients as done in the business field.

Fraser and Wu (2013) further opined that for social welfare clients to be satisfied, services must be person-centred. Thus, programmes must be designed together with the service recipients to suit their preference. In doing so, clients would appreciate and benefit from the programme as it would suit their needs. Fraser and Wu (2013) additionally indicated that unlike in business where consumer satisfaction, in the long run, is to increase demand and customer retention, in social welfare, consumer satisfaction is to decrease demand for social welfare services. For instance, the essence of cash transfers (LEAP) is to help the beneficiaries to a point where they would be able to fend for themselves without being dependent on the government. Clients who receive cash transfers and similar services are mostly involuntary and may have different perception about satisfaction. Clients of such nature may give positive responses about a service due to the notion that whatever they receive is better than nothing (Tilbury et al., 2010).

Tilbury et al. (2010) also argued that clients of social welfare services differ from those of financial institutions, hotels, restaurants or shops. This is because most social welfare clients do not offer money in exchange for services they receive as done by the latter. Due to this lack of financial obligation, there is the tendency that social welfare clients may be disrespected or not accorded the needed attention.
2.2 Factors that Influence Clients’ Satisfaction with Service Provision

Clients satisfaction emanates from several factors derived from their experience with a particular service. Some of the factors are discussed in the subsequent paragraphs.

2.2.1 Clients’ Personal Interaction with Service Providers

A report by CSSP (2007) stated that client satisfaction with public services has a connection with the kind of experience a client had upon accessing the service, which involves an interaction with the service provider. Thus, the outcome of this personal interaction determines how satisfied a client will be (Verhoef, Lemon, Parasuraman, Roggeveen, Tsiros & Schlesinger, 2009; Chen & Chen, 2010; Fraser & Wu, 2013). The authors of this report CSSP (2007), did not take into consideration the preconceived perception of a client on the service being rendered. A client may have a specific mindset about a service based on information available and this can influence his satisfaction. This available information might be false and might not portray a good image of the service provider.

Fraser and Wu’s (2013) report which assessed studies conducted on client satisfaction of social welfare services identified several factors which determine satisfaction. According to the report, the main determinant of satisfaction is client-centred service delivery, with the client participating in the design of the programme. Since public service providers are accountable to their clients and the population they serve, their opinion must be sought on the services provided (Munhurrun, Lukea-Bhiwaje & Naidoo, 2010). In most cases however, the kinds of services (counselling, child maintenance, divorce) are determined by the providers. Clients would be more satisfied if they are actively involved in planning the activities and programmes.
2.2.2 Quality of Service Experience and Employee Behaviour

Quality of service experience has also been identified as a factor which influences client satisfaction. Chen and Chen (2010) asserted that service experience is the personal reactions and emotions that are felt by consumers when consuming or using a service. This experience determines how satisfied or dissatisfied a client would be. Bucak (2014), in a quantitative study in Turkey on clients’ experiences and satisfaction, indicated that service quality determines the kind of experience a client would have. Service quality (SERVQUAL) has five components: tangibles, reliability, responsiveness, assurance, and empathy (Bucak, 2014; Wang & Shieh, 2006).

According to Wassar, Manolis and Winsor (2000), tangibles include the physical evidence of the service, which is the facilities, tools or equipment used to provide the service and the personnel as well as the attractiveness of the facility. Reliability deals with how consistent the service provider is in terms of performance. This includes honouring their promises and how well they perform upon the first encounter. Responsiveness looks at the eagerness and enthusiasm or readiness of employees to provide the service (Bucak, 2014; Yilmaz, 2009; Wang & Shieh, 2006). This could be seen in the timeliness of service provision.

The fourth component, assurance, deals with the knowledge base, courtesy of employees and their ability to inspire trust and confidence (Omar, Ariffin & Ahmad, 2016). Lastly, empathy focuses on the caring individualised attention that the service provider gives to its clients (Bucak, 2014; Wang & Shieh, 2006; Wassar, Manolis, & Winsor, 2000). Other factors that have also been identified to influence clients satisfaction include courtesy of staff, the client’s sense of equity (this has to do with how equally clients are treated) (Wassar, Manolis, & Winsor, 2000).
According to these authors (Wassar, Manolis and Winsor (2000); Tam (2004); Wang & Shieh (2006) and Chen & Chen, 2010), the satisfaction of a client is directly linked to how they experience services based on the five components of service quality mentioned above. For instance, employees exhibiting high competence through their knowledge of a service and the kind of concern they show could influence satisfaction. Dissatisfaction occurs when the service provided is of low quality, based on the five components. For instance, Omar, Ariffin and Ahmad (2016) conducted a quantitative study in Malaysia and found that all five components of service quality have positive relationship on customer satisfaction. However, it emerged that service components such as tangibles, assurance and empathy have significant relationship with customer satisfaction. But the relationship of responsiveness and reliability to customer satisfaction was found to be insignificant.

In another quantitative study conducted by Tam (2004) among restaurant customers in Hong Kong, China, it emerged that customer satisfaction is influenced by perceived service quality. Customer satisfaction and perceived service quality in turn influence post purchase behaviour of customers (Tam, 2004). Satisfied customers are likely to access the service again and recommend it to other people. A weakness of this study, however, was that it was conducted using customers of a restaurant, thus limiting its generalisation.

Munhurrun, Lukea-Bhiwajee and Naidoo (2010) also had similar findings in their study. This study was conducted quantitatively in Mauritius. The study focused on comparing customer expectations of service quality to that of employees. The study further looked at the gap between the customers’ expectations of service quality and their perceptions of the services they received. Munhurrun et al. (2010) found out that among the five components, responsiveness had the highest gap between customer expectations of service quality and perception of service received. Customers complained that employees did not provide prompt service and showed less concern about their problems and complains. There were
also complains that customers did not receive the services they were promised by the organisation thus, reducing the quality of services received and in turn, affecting the customers’ satisfaction (Munhurrun et al, 2010) Among all the five components, tangibles had the lowest gap, which is similar to a study conducted by Yilmaz (2009). Thus, the facilities the organisation had, met the expectations of the customers who participated in that study.

In a quantitative study conducted by Li (2013) in China, it was found out that service quality has a positive influence on customer or client satisfaction. It was, however, revealed in the study that among the five components, assurance had more influence comparatively. Thus, client satisfaction greatly depended on how trustworthy the service provider was. This stems from the ability of the service provider to guarantee efficient and effective services, to which their reputation should attest to.

CSSP (2007) also identified physical factors and facilities which enlarge clients’ comfort and convenience as factors that influence satisfaction. These physical factors include the organisations’ environment, the office set up, and provision of comfortable chairs to clients, among others. Relying on feedback from clients, CSSP (2007) revealed that clients complained of delay in service provision and that queuing affects how clients see a particular service and their satisfaction.

In a desktop research by Danda (2012), the main challenge that emerged out of several reviewed studies was the attitude of service providers towards service recipients. The posture and perception of an employee about a client have some form of effect on the service outcome. Clients who think that the employees have a negative perception of them may feel reluctant to continue receiving a service (Ballon & Skinner, 2008). For instance, in the case of addiction clients, the kind of stereotypes that may be labelled against them can affect
their decision to continue treatment or not (Danda, 2012). The limitations of these studies were that the researchers relied on quantitative methods and as such, left no room for participants to give detailed information.

2.2.3 Fulfilment of Clients’ Expectations

In a qualitative study by Bakri, Osman, Bachok and Shuid (2016) in Malaysia, it emerged that clients’ expectations of how a service will perform affect or influence satisfaction. The study revealed that clients of the DSW who participated in the study were not satisfied with the service because they did not receive the service they were promised. Thus, the service did not meet their expectations.

2.2.4 The Smooth Process of Service Delivery

In a study conducted in Bangladesh by Rahman, Ul-Hasan and Raman (2014), clients were of the view that service providers must be timely, and queuing must also be strategized to reduce time wasted. Rahman et al. (2014), study also revealed that for employees of an organisation to provide satisfying and quality services to clients, the management must equip the employees. This could be done through thorough training, provision of necessary tools and resources, flexibility and empowerment to solve a problem. In a similar study by Hendricks (2003) in Duluth, it emerged that only 38.5% of the sampled population indicated that they were completely satisfied. It was also revealed that clients were not happy with the fact that their social workers did not understand their way of life. This brought to bear the competence level of the social workers as it is part of the workers’ job not to allow their prejudice to get hold of them and foist their beliefs on the clients. Employees treating clients with respect also emerged as a factor that influenced satisfaction in Hendricks’ (2003) study. Additionally, in a quantitative study conducted in Sweden by Garcia, Archer, Moradi and Ghiab, (2011), it emerged that waiting time, which means delay alone, does not influence
satisfaction. Delay and factors such as clients’ reported issues not being adequately resolved can lead to dissatisfaction. The opposite is the case when a client is delayed but has his issue resolved. In another study conducted in Norway by Auer (2017), it emerged that customer satisfaction hinges on the competency of the service organisation and the kind of treatment given to customers. Auer (2017) indicated in her study that the competence of a consultant organisation is a very important factor that influences clients’ satisfaction.

Also, in the health sector, patients who happen to be PWDs have indicated in various studies that the challenges listed below served as barriers in their attainment of satisfaction. These challenges included long queues, distant health facilities, the high cost of services involved, unfriendly physical structures and negative attitudes of service providers (Ahumuza, Matovu, Ddamulira & Muhanguzi, 2014; Ganle, Otupiri, Obeng, Edusie, Ankomah & Adanu, 2016). Looking at the conditions of PWDs and the fact that they must travel a long distance before they could access services is worrying. Thus, geographical locations and the kind of physical structures affect the ability of a client to access a service. The above-mentioned studies, however, happen to be qualitative. Thus, only few clients were interviewed limiting the study with regard to generalising. Moreover, they focused on only one type of clientele, PWDs, leaving one to wonder whether the challenges of other clients may differ.

Moreover, another factor that has been identified by Kantsperger and Kunz (2005) to influence satisfaction is employees’ satisfaction. Although many studies do not find this factor as having any direct link with satisfaction, Kantsperger and Kunz (2005) found that it is a vital determinant of satisfaction. According to Kantsperger and Kunz (2005), if employees are satisfied with their conditions of service, it translates to their productivity which means that they will treat their customers well. For instance, an employee who is unsatisfied may report to work moody and unleash their displeasure on a client. This can
influence the satisfaction of that client. This is because studies such as Ballon and Skinner (2008) have identified employee attitudes as a determinant of client satisfaction.

In Mbura’s (2014) study conducted in Kenya, it emerged that some demographic characteristics of participants influence their satisfaction. Mbura (2014) found that demographic characteristics such as age, level of education, income level and clients’ occupation have some influence on customer satisfaction and retention. The chi2 run in Mbura’s (2014) study revealed that these demographic characteristics were statistically significant. However, marital status and gender were found to be statistically insignificant and consequently not having any relationship or influence on clients’ satisfaction. Musekiwa, Njanike and Mukucha (2011) also found out in a study in Zimbabwe that the relationship between gender and satisfaction was statistically insignificant. Clients’ satisfaction was measured using the various components of SERVQUAL. Clients were asked questions on these components and the differences between the responses were analysed based on the gender of the clients. Although some differences were found, they were insignificant, and it was concluded that gender had no influence on clients’ satisfaction.

2.3 Improving Service Provision

Many studies have identified several ways in which service provision can be improved. For instance, in a study conducted by Makanyeza, Kwandayi and Ikobe (2013) in Kenya, it was revealed that in order to improve local service provision, the following strategies must be adopted.

Service beneficiaries should be actively involved in local activities and the local government must partner with the community receiving the service. Programmes designed for citizens must be based on the beneficiaries’ preference. There must be broader consultations in the
drafting of the programmes and activities. Other strategies that were identified were: strategic public service planning and sound human resource policy, taking into consideration capacity building and employee motivation; government partnering with other players and outsourcing services; managing change; dealing with corruption and improving accountability, among others. These strategies were the opinions of some local public service employees and service users.

Kwok (2003) in Hong Kong, found that the idea of social welfare as the sole responsibility of the government is changing. Thus, social welfare being linked to the concept of the welfare state has shifted to involve other actors such as NGOs, the rich and elites and other service providers. There is, therefore, the need for social welfare programmes to be designed in such a way to bridge the gap between the rich and the poor. In doing so, the involvement of the rich in providing these services is vital.

Kwok (2003) further stated that the citizens of Hong Kong, China, have raised concerns about the need for the Social Welfare Department to find other means of soliciting for funds. According to the Chinese, social welfare should not be based on the traditional welfare approach. This traditional approach looks at the government taking responsibility for the provision of social services without any help from other private institutions. The government alone cannot bear the burden of rapid population growth and economic hardship. The limitation of the study is that Kwok (2003) failed to identify ways by which the government can involve other sectors in the provision of social welfare in China.

Kwok’s (2003) study is corroborated by a quantitative comparative study conducted in Europe by Bahle (2003). From Bahle’s (2003) study, four European countries (England, Wales, France and Germany) have seen major changes in their social welfare systems. These are privatisation, marketization and decentralisation. The private sector has been given the
opportunity to provide welfare services to people. Although some services are provided by the private sector, clients have no obligation towards them. This is due to the fact that the government still funds these services, but private institutions provide them.

The main reform that has occurred in France, however, is decentralisation (Minas, Wright & Berkel, 2012). Provision of social welfare services have been spread across localities to ensure that the citizens are not deprived of their right due to their location. For instance, Spicker (2013) asserts that social welfare is a right for which every government must endeavour to provide its citizens. Hence, social welfare policies and programmes must be designed based on the needs and wants of the population it serves and not in a vacuum. As such, some people must not be deprived of their right because of their location.

2.4 Conclusion

In this chapter, the works of other authors which are relevant to the topic were reviewed. Literature was reviewed under four main themes. Out of these themes, four main-sub themes emerged, and four minor sub-themes were also discussed. The themes that emerged were derived from the objectives and research questions addressed in this study. The chapter started by identifying clients’ experiences of services they received. Client satisfaction and the factors that determine satisfaction were also discussed. Several authors and researchers have identified numerous determinants of client satisfaction in various service industries including the health sector. Factors that determine satisfaction include but not limited to the quality of service provision, fulfilment of clients’ expectations, smooth service delivery, among others. Finally, ways of improving service provision were also discussed.
CHAPTER THREE
METHODOLOGY

3.0 Introduction

This chapter presents the methods, approaches, and techniques that were employed in data collection and analysis of this study. The chapter outlines the processes through which the researcher conducted the study. It also presents the research design the study adopted, where the study was conducted, the sampling techniques used, the sources of data, the instruments used and how data gathered were analysed.

3.1 Study Area

Ashanti Region stretches from the central part of Ghana towards the southern. It occupies a total land area of 24,389 sq. km. It is the most populated region in Ghana, with a population of 4.7 million people. It is also the second richest with low poverty rate comparatively (Ghana Statistical Service (GSS), 2014). The region has thirty (30) districts with Kumasi as the administrative capital. The region was chosen for the present study because the researcher is familiar with the region and also, because it has the highest population.

Out of the thirty (30) districts in the Ashanti region, four (4) were selected for the study. Only four (4) districts were selected due to time constraints within which the researcher had to present result findings. Participants were selected from Asokore Mampong, Obuasi, Ejisu Juaben, and Amansie West Districts. Asokore Mampong and Ejisu Juaben Municipalities are located at the central part of the region and share boundaries. Obuasi and Amansie West are also in the southern part of the region with just one district between them. These districts were chosen because they are the second, third, fifth and seventh largest districts respectively in the region. They were chosen due to their proximity to each other and also, to the researcher. Though Kumasi Metropolis is the largest, it was not chosen for this study.
because it was used by the researcher for the pilot study. Asokore Mampong was notched out of the Kumasi Metropolitan Assembly in 2012 (GSS, 2014). The municipality has a population of three-hundred and four thousand, eight-hundred and fifteen (304,815). This figure represents 6.4% of the total population of the region. The district is located in the North-Eastern part of Kumasi Metropolis. The communities in this municipality are all urban. The office of the DSW is located at Asokore Mampong, which is the district capital (GSS, 2014).

Obuasi Municipal has a total population of one-hundred and sixty-eight thousand, six-hundred and forty-one (168,641) which represents 3.5% of the entire population with the majority (85%) of its communities being urban. It occupies the South-Western part of the region (GSS, 2014). Obuasi is the administrative capital of the district. Ejisu Juaben Municipal has a total population of one-hundred and forty-three thousand, seven-hundred and sixty-two (143,762), representing 3% of the region’s population. The majority (72.5%) of its communities are rural. The district is located in the central part of the Ashanti Region and shares boundaries with Asokore Mampong and five other districts. The office of the DSW is located at Ejisu, the district capital. Amansie West district has a total population of one-hundred and thirty-four thousand, three-hundred and thirty-one (134,331) people. This figure represents 2.8% of the region’s total population. The majority (95.6%) of the population are rural. The Department of Social Welfare is located at Manso Nkwanta, the district capital (GSS, 2014). Figure 2 below shows the four districts selected for the study and their locations.
3.2 Research Design

The study employed a concurrent triangulation mixed methods approach. Johnson and Onwueguzie (2004) define mixed methods as a type of research design where the researcher combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study. The mixed methods approach enables the researcher to gain both in-depth information from participants and enough information to generalise of the population under study (Creswell, 2009).

Creswell (2009) identified six main strategies for conducting mixed methods study. They are: sequential explanatory, sequential exploratory, sequential transformative, concurrent triangulation, concurrent embedded, and the concurrent transformative strategies. The
specific type of mixed methods employed in this study was the concurrent triangulation strategy. This strategy allows a researcher to collect quantitative and qualitative data within the same time frame but analyse them differently (Creswell, 2009). The quantitative data is analysed quantitatively and vice versa. After this, the data is compared to identify similarities and distinctions. This particular strategy was chosen because it enabled the researcher to compare both the quantitative and qualitative data after they were collected.

3.3 Target and Study Population

The target population for this study included all clients who were seeking or had sought services from the DSW in the Ashanti Region. The study population, however, included clients who had sought services from the DSW in the Ejisu Juaben, Asokore Mampong, Obuasi and Amansie West districts in the Ashanti Region.

3.4 Sampling Technique

The researcher employed a non-probability sampling technique. According to Collins, Onwuegbuzie and Jiao (2007) either probability or non-probability sampling techniques can be used in a mixed method study. Onwuegbuzie and Collins (2007) also stated that the attribution of probability sampling to quantitative research and non-probability sampling to qualitative research is a false dichotomy. The choice of a sampling design must be based on the type of generalisation intended by the researcher. Thus, a researcher can employ a non-probability sampling in a mixed method study if the interest is not to achieve generalisation, especially to the entire population (Onwuegbuzie & Collins, 2007). Specifically, Purposive and Snowball Sampling techniques were used to select participants in this research. The Purposive Sampling allowed the researcher to intentionally select participants who could provide the needed data for the purpose of this study (Yin, 2011).
Non-probability Sampling was employed because the four DSW offices could not provide a total list of their clientele which would have enabled the researcher to use a probability sampling to recruit participants for the quantitative data. A complete list would have enabled the researcher to obtain the sampling frame of clients of the DSW. The lack of total population of clients was due to loss of clients’ contacts and lack of proper database. According to Uprichard (2011), probability sampling is possible only if the population under study is known, so that a sampling frame could be obtained.

Clients who had sought services within the past 3 years from DSW in the four selected district offices of DSW were chosen for the purpose of this study. This criterion was chosen because clients who had sought services for a longer period might not remember in detail what they experienced. Also, DSW might not have detailed information on clients who had sought services several years back due to update of their database.

**3.5 Sample size**

A total sample of one-hundred (100) was used in this study. Although the various districts selected have large populations, the sample size was not calculated. This was because the DSW did not have the total population of all the clients they serve. Hence, the use of non-probability sampling which does not call for a calculation of the sample size (Omair, 2014). The one-hundred (100) consisted of twenty-five (25) participants from each of the four (4) districts for the quantitative aspect of the study. Ten (10) participants were later selected purposively out of the one-hundred (100) to respond to the questionnaire. This number formed the participants for the qualitative data. Table 1 below gives a breakdown of the various districts and their corresponding villages and towns from which clients were recruited for the study.
3.5.1 Asokore Mampong Municipal

Table 1 below presents the communities in Asokore Mampong from which participants were selected for the data collection. The table also presents the number of participants selected from each of the communities.

Table 1: Asokore Mampong Municipal

<table>
<thead>
<tr>
<th>Community</th>
<th>Number of Selected Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboabo</td>
<td>6</td>
</tr>
<tr>
<td>Akokoamon</td>
<td>2</td>
</tr>
<tr>
<td>Asokore Mampong</td>
<td>8</td>
</tr>
<tr>
<td>Sepe Tinpomu</td>
<td>2</td>
</tr>
<tr>
<td>Paakoso</td>
<td>3</td>
</tr>
<tr>
<td>Asawase</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

Source: Field Data, 2018

3.5.2 Ejisu Juaben Municipal

Table 2 presents the communities in Ejisu Juaben municipality and the number of participants selected from each community to form the twenty-five (25) participants.

Table 2: Ejisu Juaben Municipal

<table>
<thead>
<tr>
<th>Community</th>
<th>Number of Selected Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ejisu</td>
<td>6</td>
</tr>
<tr>
<td>Fumesua</td>
<td>3</td>
</tr>
<tr>
<td>Juaben</td>
<td>4</td>
</tr>
<tr>
<td>Kwaso</td>
<td>3</td>
</tr>
<tr>
<td>Kyerepoaso</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

Source: Field Data, 2018
3.5.3 Obuasi Municipal Assembly

Table 3 below shows the various communities in Obuasi Municipality where participants were selected for the data collection. The number of participants selected in the district is also shown in Table 3 below.

Table 3: Obuasi Municipal

<table>
<thead>
<tr>
<th>Community</th>
<th>Number of Selected Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mensahkrom</td>
<td>4</td>
</tr>
<tr>
<td>Obuasi</td>
<td>9</td>
</tr>
<tr>
<td>Dekyewaa</td>
<td>5</td>
</tr>
<tr>
<td>Nhiaso</td>
<td>4</td>
</tr>
<tr>
<td>Pomposo</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

Source: Field Data, 2018

3.5.4 Amansie West District

Table 4 and shows the communities where participants were selected for the data collection. A total of five (5) communities were selected from Amansie West district. The number of participants selected from each of the communities are also presented.

Table 4: Amansie West District

<table>
<thead>
<tr>
<th>Community</th>
<th>Number of Selected Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abirem</td>
<td>6</td>
</tr>
<tr>
<td>Adubea</td>
<td>4</td>
</tr>
<tr>
<td>Manso Abore</td>
<td>7</td>
</tr>
<tr>
<td>Manso Atwere</td>
<td>3</td>
</tr>
<tr>
<td>Manso Nkwanta</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Source: Field Data, 2018
3.6 Source of Data

The main source of data for this study is primary. This consisted of the data gathered from interviews that were conducted with the participants and data from the questionnaires administered.

3.7 Pilot study

A pilot study was conducted on the 3rd to 5th of January 2018 prior to the main study. This was to ensure that the instrument for the data collection specifically, the interview guide, was appropriate and would generate answers to questions. This, in turn, would aid the research to use that to design the questionnaire. The pilot study was conducted using clients seeking services from the DSW in Kumasi Metropolis which did not form part of the districts chosen for this study. The researcher was able to contact six (6) clients after three visits to the office of the DSW in the Kumasi Metropolis. However, only four (4) agreed to be interviewed. The interviews were conducted on agreed days and times convenient for the clients.

The pilot study revealed that there were lapses in the questions in the interview guide. Also, the language (Twi) used in the interview did not generate related answers. After the pilot study, the questions in the interview guide were reviewed severally and based on it, some questions were generated for the questionnaire. The pilot study also helped the researcher to decide that a Likert Scale was needed for the satisfaction aspect of the questionnaire and hence, one was adopted. In order to overcome the loss of information due to the language, it was decided that in-depth interviews would be conducted in English. However, it was decided that the questionnaire would be administered in both English and Twi, based on the preference of a participant.
3.8 Method of Data Collection

The actual data collection consisted of quantitative data collection and qualitative data collection. The data was collected within the same time frame. The actual data collection took place from the 19th of February 2018 to the 16th of March 2018. The researcher first sought permission from the Ashanti Regional Director of the DSW. Letters from the Ashanti regional office were sent to all the four districts chosen for this study. The researcher then contacted the four districts and was given permission to start the data collection.

3.8.1 Quantitative Data Collection

Regarding the quantitative data collection, a questionnaire was used in eliciting data. The questionnaire consisted, mostly, of closed-ended questions with a few open-ended questions. In all, the questionnaire consisted of thirty-five (35) questions. In order to achieve objective one, clients’ level of satisfaction, a 7 Likert scale consisting of twenty-five (25) items was used. The scale, McMurtry’s Clients’ Satisfaction Inventory (CSI) was adapted (McMurtry, 1994). Apart from the twenty-five (25) items on the scale, the researcher also added ten (10) questions which were generated. Nine (9) of these questions were about the demographic characteristics of participants and the remaining one (1) pertained to the third research objective, clients’ suggestions on how to improve service provision.

CSI is a self-report made up of twenty-five (25) questions. All the questions were couched simply for participants to easily read and understand (McMurtry, 1994). Participants were asked to rate each statement on the scale of 1 – 7, (1 = none of the time; 2 = very rarely; 3 = a little of the time; 4 = some of the time; 5 = a good part of the time; 6 = most of the time; and 7 = all of the time). Participants who could read and write administered the questionnaires by themselves and the researcher administered the questionnaires to those who could not read and write. Administering of the questionnaire lasted between ten (10) and twenty (20) minutes.
3.8.2 Qualitative Data Collection

For the qualitative data, in-depth interviews were conducted with the study participants with the help of an interview guide. The interviews were recorded with the aid of an audio tape recorder. The interviews were conducted at participants’ homes, offices or places convenient for them. Participants chose convenient days and times favourable for them for the interviews to be conducted. Each interview lasted between thirty (30) minutes and an hour and was conducted in English.

3.9 Data Handling and Analysis

The quantitative data as well as qualitative data collected from study participants were analysed separately and were later compared. The sections below give detailed explanation of how the data were handled and analysed.

3.9.1 Quantitative Data

The data from the questionnaire were analysed with the help of the Statistical Package for Social Sciences (SPSS) and Stata statistical software. The researcher first coded the open-ended questions and then entered the data into SPSS after data collection was completed. The data was then transferred from SPSS to Stata and were cleaned. Omissions and spelling mistakes were identified and rectified. This was followed by the actual analysis. Total scores from CSI ranged from 0 to 100 for which higher scores represent higher satisfaction and vice versa. Satisfaction scores from 60 to 100 represented satisfied and 0 to 59.9 represented dissatisfied. In calculating the scores, all negatively worded items were reverse scored during the analysis. This was done by changing the scores of 1 to 7, 2 to 6, 3 to 5, 6 to 2, and 7 to 1, scores 4 remain the same. After the reverse scoring, the total score (S), representing client satisfaction was calculated using the formula: \( S = \frac{(\text{Sum} \ (Y) - N) \times (100/\text{N}(6))}{} \). Where Y is the score for each item and N is the total number of items completed by a participant. Items which were not scored or scored outside the range of 1 to
7 were not added. Scores were then computed for each participant. The reliability of CSI scale has been found to be 0.93 and the validity has been found to be 0.57 (McMurtry & Hudson, 2000). This reliability excludes the questions that were added to the questionnaire. Frequencies, percentages, graphs and tables were then generated to help explain the data.

3.9.2 Qualitative Data

Qualitative data collected through in-depth interviews were analysed with the help of Smith and Osborn’s (2008) four stages of Interpretive Phenomenological Analysis (IPA). The data recorded during the interviews were initially copied on to the researcher’s personal computer and were secured with a password. The recorded data were then transcribed from audio to text then analysed using the four stages.

The stages are as follows:

Multiple reading and notes making: Here, the researcher read through the transcribed data several times to take note of interesting and important comments made by participants. The researcher identified similarities and contradictions in the statement of participants.

Transformation of notes into emergent themes: The researcher then focused on the notes already taken to generate meanings out of them. Initial themes were derived from sentences and phrases from the interview. The themes were developed further and then organised accordingly.

Relationship seeking and clustering of themes: The emerged themes were listed, and the researcher identified linkages and connections among the themes. As some themes were main, others were sub-themes which fell under the main themes. The researcher explained in detail, the relationship between the themes.
Write up: This is the final stage of the IPA which deals with the narration of the outcome of the analysis, thus, the study. Here, the researcher outlined the meanings inherent in the participants’ experiences and supported them with verbatim quotes from the interview. This is followed by a discussion of the whole analysis with the help of the quantitative data.

3.10 Credibility and Trustworthiness

In order to ensure credibility and trustworthiness, member checking, and peer debriefing were used.

3.10.1 Member Checking

According to Birt, Scott, Cavers, Campbell and Walter (2016), member checking helps to reduce researchers’ bias which might affect the credibility and trustworthiness of a study. Member checking is the returning of transcribed interviews to participants for verification and validation (Birt et al., 2016). In order to ensure that the study is credible, transcribed interviews were emailed to some participants to confirm whether interpreted responses were in line with their thoughts. This was possible because participants gave out their email addresses. Study participants, during the interview, were also asked to verify the accuracy of whatever had been said or noted.

3.10.2 Peer Debriefing

According to Rolfe (2016), peer debriefing enables a researcher to determine the credibility of a study by allowing people with expertise who are not part of the study to also make input. As such, colleagues and supervisors were consulted to identify the authenticity of the study.
3.11 Ethical Consideration

The following ethical concerns were adhered to in order to ensure an ethically sound research. Informed consent, confidentiality and anonymity, voluntary participation and plagiarism.

3.11.1 Informed Consent

The purpose of the study was explained to the participants to seek their approval before interviews and questionnaires were administered. For the interviews, participants were given an information sheet which consisted of information about the study and a consent form. The participants were interviewed only after they had signed the consent form, signifying their agreement to be interviewed.

3.11.2 Confidentiality and Anonymity

Participants in this study were assured that all information they give would not be disclosed to any third party. As such, data were kept and secured with a password on the researcher’s computer. The identities of the participants were also concealed using pseudonyms.

3.11.3 Voluntary Participation

Participants were not coerced into providing information. They were assured that they could opt out at any point during the interview or study.

3.11.4 Plagiarism

Works from other authors and researchers which were cited in this paper have been duly acknowledged.
3.12 Limitation of the Study

The inability of the researcher to use a probability sampling limits the scope of generalisation. The findings of this study can only be generalised to the four selected districts in the study.

3.13 Conclusion

This chapter focused on the main activities that took place on the field and after the data had been collected. These included the research design adopted, how participants were selected, the research instruments used and how interviews were conducted. The methods employed in the analysis of data obtained have also been discussed in this chapter.
CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

The aim of this fourth chapter of the thesis is to present the findings of the study, based on the objectives and the research questions. It further discusses the findings by relating them to other researches and the theory that underpins the study. In this chapter, the demographic characteristics of participants, including the types of services sought, are discussed. The level of participants’ satisfaction, the factors that influence participants’ satisfaction and participants’ suggestions on how service delivery by the DSW can be improved are presented. All names used in the quotes are pseudonyms, in order to ensure anonymity of study participants. The findings that emerged from the study are presented based on the objectives of the study which are; to identify clients’ level of satisfaction with service provision by DSW in the Ashanti Region, to find out the factors that influence clients’ satisfaction with service provision by DSW in the Ashanti Region, and to explore clients’ suggestions on how service provision by DSW in the Ashanti Region can be improved.

4.1 Demographic Characteristics of Participants

The demographic characteristics of participants include, gender, age, marital status, religious affiliation, educational level, occupation, number of children participants have and the type of services sought by participants. Table 5 below presents the gender of participants, age, marital status, religious affiliation, educational level and number of children participants have.

In terms of gender, most of the participants were females, representing 59% and the males represented 41% of the total sample. With regard to age, most (55%) of the participants were within the ages of thirty-six to sixty-four (36 – 64) years. One fourth (25%) of the
participants were within the age range of fifteen to thirty-five (15 – 35) years. The remaining one fifth (20%) of the participants were sixty-five (65) years and above. The mean age was found to be 49.5 with a standard deviation of 16.57. The minimum age was twenty-one (21) years and the maximum age was ninety-five (95) years. The median age was found to be forty-seven (47) years.

With regard to marital status, 31% of the participants were married and 24% were widowed. This was followed by 19% which represented participants who were single. Fifteen per cent (15%) were co-habiting and only 8% were divorced. Three per cent (3%) of the participants did not provide their marital status. With participants’ level of education, many of the participants had completed basic level education, representing 49%. Twenty per cent (20%) said they had secondary or technical education. Nineteen per cent (19%) had attained no formal education at the time of the study. The least, 12% of the participants had obtained tertiary level education.

In terms of occupation, 42% of the participants were tradesmen and women, including hairdressers/barbers, seamstress/tailors, drivers, petty traders among others. One fifth (20%) of the participants said they were farmers. Only 9% said they were teachers. Twenty-two per cent (22%) were unemployed as at the time of the survey. With religious affiliations, majority (76%) of the participants said they were Christians. Twenty-two per cent (22%) said they were Muslims and the remaining 2% did not indicate their religious affiliation. In terms of dependents, captured by the number of children participants had, half (50%) of the sample had from one child to four children. Twelve per cent (12%) of the participants had no children and the least 7% said they had ten (10) or more children.
Table 5: Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Category</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender of participants</td>
<td>Male</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>59</td>
<td>59</td>
</tr>
<tr>
<td>Age of participants</td>
<td>Youth (15-35 years)</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Adults (36-64 years)</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Elderly (65+ years)</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Marital status of participants</td>
<td>Married</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Co-habiting</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Educational</td>
<td>None</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Basic</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Tertiary</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Occupation of participants</td>
<td>Unemployed</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Pensioner</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Farmer</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Trader</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Sanitation worker</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Marketer</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Religious affiliation of</td>
<td>Christian</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>participants</td>
<td>Muslim</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Number of children participants</td>
<td>No child</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>1 - 4</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>5 – 9</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>10+</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Total (N)</td>
<td></td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Data, 2018

4.1.1 Services Sought by Participants by their Gender

Table 6 below presents the various services participants sought from the DSW against their gender. The services that were found were custody, paternity, child maintenance, child welfare, disability services and LEAP. Many 47 (47%) of the participants said they sought LEAP. Out of this figure, fifteen (15), representing 31.9% were males and thirty-two (32), representing 68.1% were females. Thirty-five 35 (35%) indicated that they sought disability services. Out of this number, nineteen (19), representing 54.3% were males and sixteen (16),
representing 45.7% were females. Eight (8) participants, representing 8% of the participants said they sought child maintenance. Out of this number, 1 (12.5%) was male and 7 (87.5%) were females. Participants who sought child welfare represented 4 (4%) for which 2 (50%) were males and females respectively. Those who sought custody were 3 (3%) out of this, 1 (33.3%) was male and 2 (66.7%) were females. Those who sought paternity were also 3 (3%) and all of them were males. The observed differences according to the probability value recorded is statistically significant at 5%. This is because the probability value recorded was less than 0.05 (p=0.045). Thus, the chi-square value of 11.37 with 5 degrees of freedom and probability value of 0.045 indicates that gender plays a significant role in the type of services sought by clients at the DSW.

Table 6: Services Sought According to Gender of Participants

<table>
<thead>
<tr>
<th>Services sought by participants</th>
<th>Gender of participants</th>
<th>Total n</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male n (%)</td>
<td>Females n (%)</td>
</tr>
<tr>
<td>Custody</td>
<td>1 (33.3)</td>
<td>2 (66.7)</td>
</tr>
<tr>
<td>Paternity</td>
<td>3 (100)</td>
<td>0</td>
</tr>
<tr>
<td>Child maintenance</td>
<td>1 (12.5)</td>
<td>7 (87.5)</td>
</tr>
<tr>
<td>Child welfare</td>
<td>2 (50)</td>
<td>2 (50)</td>
</tr>
<tr>
<td>Disability services</td>
<td>19 (54.3)</td>
<td>16 (45.7)</td>
</tr>
<tr>
<td>LEAP</td>
<td>15 (31.9)</td>
<td>32 (68.1)</td>
</tr>
<tr>
<td><strong>Total (n)</strong></td>
<td><strong>41</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

Chi2
(Probability value) 11.37
0.045

Source: Field Data, 2018
Note: P<0.05 degrees of freedom (df)= 5 (χ² 5 = 11.37; p=0.045)

4.2 Clients’ Level of Satisfaction with Service Provision by the DSW

Objective one of the study was analysed quantitatively. The level of clients’ satisfaction was found using McMurtry’s CSI scale. From the scale, the optimum level of satisfaction a client could attain is 100. It however emerged in the study that the maximum level of satisfaction
of the participants was 86 and the minimum was 7.3. The mean (average) level of satisfaction was 50.5 with a standard deviation of 17.9. Total scores from CSI ranges from 0 to 100. Satisfaction scores from 80 to 100 represented extremely satisfied, 60 to 79.9 represented satisfied, 40 to 59.9 represented dissatisfied and 0 to 39.9 represented extremely dissatisfied.

4.2.1 Distribution of Participants’ Level of Satisfaction with Service Provision by DSW.

Table 7 presented below shows the distribution of participants’ level of satisfaction. The findings of the study indicate that only 4% of the participants said they were extremely satisfied. Twenty-eight per cent (28%) said they were just satisfied. Thirty-five per cent (35%) said they were dissatisfied and the remaining 33% said they were extremely dissatisfied with the services they received from DSW.

Table 7: Distribution of the Level of Client Satisfaction

<table>
<thead>
<tr>
<th>Range of Satisfaction</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied (80 –100)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Satisfied (60 - 79.9)</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Dissatisfied (40 - 59.9)</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Extremely dissatisfied (0 - 39.9)</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Data, 2018
Table 8: Level of Satisfaction According to Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Extremely satisfied n (%)</th>
<th>Satisfied n (%)</th>
<th>Dissatisfied n (%)</th>
<th>Extremely dissatisfied n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custody</td>
<td>-</td>
<td>2 (66.7)</td>
<td>1 (33.3)</td>
<td>3 (100)</td>
<td></td>
</tr>
<tr>
<td>Paternity</td>
<td>-</td>
<td>2 (66.7)</td>
<td>1 (33.3)</td>
<td>-</td>
<td>3 (100)</td>
</tr>
<tr>
<td>Child maintenance</td>
<td>-</td>
<td>-</td>
<td>3 (37.5)</td>
<td>5 (62.5)</td>
<td>8 (100)</td>
</tr>
<tr>
<td>Child welfare</td>
<td>-</td>
<td>1 (25)</td>
<td>2 (50)</td>
<td>1 (25)</td>
<td>4 (100)</td>
</tr>
<tr>
<td>Disability services</td>
<td>3 (8.6)</td>
<td>6 (17.1)</td>
<td>9 (25.7)</td>
<td>17 (48.6)</td>
<td>35 (100)</td>
</tr>
<tr>
<td>LEAP</td>
<td>1 (2.1)</td>
<td>19 (40.4)</td>
<td>18 (38.3)</td>
<td>9 (19.2)</td>
<td>47 (100)</td>
</tr>
</tbody>
</table>

Pearson chi2 (Probability value) 22.3 0.09

Source: Field Data, 2018
Note: P<0.10  df=15  \(\chi^2_{15} = 22.3 \text{ and } p=0.09\)

Table 8 presented above reports clients’ level of satisfaction of services. It can be seen from the table that all the participants (3) who accessed custody said they were either dissatisfied 2 (66.7%) or extremely dissatisfied 1 (33.3%). For participants who sought paternity, 2 (66.7%) said they were satisfied and 1 (33.3%) said he was dissatisfied. For child maintenance, 3 (37.5%) of the participants said they were dissatisfied and 5 (62.5%) said they were extremely dissatisfied. None of the participants who sought this service was satisfied. For participants who sought child welfare, 1 (25%) was satisfied, 2 (50%) were dissatisfied and 1 (25%) was extremely dissatisfied.

For clients who sought disability services, 3 (8.6%) said they were extremely satisfied and 6 (17.1%) said they were satisfied. Nine (9), representing 25.7% of the participants said they were dissatisfied and seventeen (17), representing 48.6% said they were extremely dissatisfied. For those who sought LEAP, only one (2.1%) said he was extremely satisfied.
Nineteen (19), representing 40.4% said they were satisfied, 18 (38.3%) were dissatisfied and 9 (19.2%) were extremely dissatisfied. The observed differences with respect to the level of clients’ satisfaction and the various services sought, were statistically significant at 10% according to the chi2 and probability value recorded. This shows that the type of service sought could determine clients’ satisfaction with services.

In terms of gender, age category and locality, the differences between the ranges of satisfaction were found to be statistically insignificant. The probability value and chi2 values recorded for gender was 0.68 and 1.53. Age was 0.190 and 8.72 and locality was 0.351 and 3.27 respectively. The degrees of freedom were 3, 6 and 3 respectively. Thus, gender, age of participant and locality are irrelevant and have no influence on clients’ satisfaction.

**Table 9: Level of Satisfaction According to Marital Status**

<table>
<thead>
<tr>
<th>Level of Satisfaction</th>
<th>Marital Status n (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Married</td>
<td>Divorced</td>
</tr>
<tr>
<td>Extremely satisfied</td>
<td>1(25)</td>
<td>0</td>
</tr>
<tr>
<td>Satisfied</td>
<td>9(32.1)</td>
<td>5(17.9)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>15(44.1)</td>
<td>2(5.9)</td>
</tr>
<tr>
<td>Extremely dissatisfied</td>
<td>6(18.8)</td>
<td>1(3.1)</td>
</tr>
<tr>
<td><strong>Pearson chi2</strong></td>
<td>30.51</td>
<td></td>
</tr>
<tr>
<td>(Probability value)</td>
<td>0.010</td>
<td></td>
</tr>
</tbody>
</table>

**Source: Field Data, 2018**  
Note: P<0.05  
df= 15  
(χ²₁₅ = 30.51 and p=0.010)

According to Table 9 above, the observed differences with respect to marital status are significant at 1 per cent. This indicates that the marital status of clients can affect their level of satisfaction with the service they receive from DSW. From the table, only 1 (25%) of the participants who were extremely satisfied was married, 2 (50%) were widowed and the
remaining 1 (25%) was co-habiting. For the participants who were satisfied with the DSW services, nine (9), representing 32.1% were married, 5 (17.9%) were divorced, 11 (39.3%) were widowed, 1 (3.6%) was single and the remaining 1 (3.6%) was co-habiting. For participants who were dissatisfied, 15 (44.1%) were married, 2 (5.9%) were divorced, 6 (17.7%) each were widowed and single and 5 (14.7) were co-habiting. With regards to participants who were extremely dissatisfied, 6 (18.8%) were married, 1 (3.1%) was divorced, 5 (15.63%) were widowed, 12 (37.5%) were single and eight (8), representing a quarter of the participants were co-habiting.

4.3 Factors that Influence Clients Satisfaction

Objective two of this study sought to find out the factors that determine participants’ satisfaction with the services provided by DSW. This objective was analysed qualitatively. Participants gave several reasons why they were satisfied or dissatisfied with the services they received. The themes that emerged from the study were grouped into four main themes; the fulfilment of clients’ expectations, the behaviour of social welfare officers towards clients, the process of service delivery, and other challenges participants encounter.

4.3.1 Fulfilment of Clients’ Expectations

According to some of the participants, they had several expectations when going to DSW to seek services. While some of these expectations were that the DSW would solve all the problems they presented, others were expecting that just some of their problems would be solved. The participants’ expectations differed depending on the type of services they sought. The excerpts below present participants’ expectations and whether or not they were satisfied as the expectations were confirmed or dissatisfied because expectations were disconfirmed.

A participant stated that he was expecting to gain custody of his child.
This was what he said:

…I was hoping that I would be able to get my child back because it wasn’t my intention of neglecting the child. So, my expectation was that social welfare would help me gain custody of the child devoid of maybe huge cost. This is because as I said earlier, it’s been 8 years since this issue started. I didn’t know how to approach it professionally. Initially, I decided to use the radical means which didn’t work. So, I am satisfied because my expectation was met. I have custody of my child now (Abram, Rural community).

Another participant who applied for disability common fund stated that he was expecting the DSW to give him enough money to start a business but he was disappointed. This was what he said:

…When I was contacting them (DSW) my expectation was that I would get the money I needed to start a business. But the money they gave me was not enough for me to do anything meaningful or profitable. I think they consider the quantity rather than the quality. Like considering many people instead of let say, 20 or 25 people that they can give massive support to. This can help the person stand on their own, instead of depending on the Department for support every time. That is why I’m not satisfied, I will be satisfied when they give me enough money to start a business (Job, Urban community).

Another participant, a PWD, had received assistance for his tertiary education through the Disability Common Fund. He stated that before contacting the DSW, he was expecting that his life would change. He is now a teacher at a basic school in one of the communities in Ejisu Juaben but he is still not totally satisfied. This was what he said:

…I was expecting that the assistance they would give to me would take me to another level. Had I not been there during that period, I don’t know what would have happened now. Because, I have seen that too many things in my life have changed now. An example is because they assisted me throughout my tertiary education, I am now a teacher and able to help myself and my family. Also, because I have a degree
now, when I decided to marry it was very easy for me. Initially it was difficult. I am not satisfied with all the services, but I am with some. (Judas, Rural community).

4.3.2 The Behaviour of Officers towards Clients

Clients seek services from DSW with the hope of finding solutions to their problems and not to add to their problems. These clients also expect to be greeted with respect and be treated fairly. Majority of the participants in the study indicated that the kind of behaviour portrayed by the social welfare officers during service provision also influences clients’ satisfaction. Participants stated several behaviours that they disliked and liked about the officers during service provision. These included how receptive the officers were, their readiness to assist clients, level of commitment to the case, friendliness, openness, non-judgemental, among others. As some were pleased with the behaviour exhibited by the DSW, others were disappointed. This theme was grouped into two sub themes, positive and negative behaviour of employees.

4.3.2.1 Positive Behaviour of Employees

It emerged from the study that clients feel more comfortable and confident with a service if the employees exhibit that they are knowledgeable, experienced, friendly and competent.

This was what a happy participant who is a PWD stated:

...When you go there [DSW], they accept you and serve you as an ordinary person. They don't discriminate against you, they are welcoming and also listen to what you bring to them. This makes me happy to go to their office any time (Luke, Rural community).

Another participant who seemed to have a very good relationship with the officers of the DSW reflected on how he was treated:

...Ok, for my community, most of them are down to earth, and most of them too are my friends. From the Director to the officers. So, the way they talk to me is fine, the way they push you across. Just like even this morning the way they called me that
they wanted to come and talk to me. I told them I rather would come to their office and they said they don’t want to inconvenience me. (Neman, Urban community).

A participant who was seeking for the welfare of his child also commended the DSW by saying this:

...What made me satisfied was that the social welfare officer who handled the case was so humble. In fact, initially, the other party (participant who was summoned) thought they had been sent to court. So, they were very aggressive, but the officer handled it very well (Hebrew, Rural community).

4.3.2.2 Negative Behaviour of Employees

Many of the participants (seven out of ten) had a lot of issues with the way the officers behaved towards them and were dissatisfied. The participants complained that some of the employees were inexperienced and did not know what they were about. According to the participants, some of the employees also lacked knowledge on PWDs, among others. These affected their satisfaction of the services they received.

One participant who happened to be an executive of the PWDs association complained bitterly about how the officers in that district treated them. He stated that sometimes, the members complain to him.

…It was not me directly, I was there with someone and they were not patient with the person. The way they responded to her grievances was not all that encouraging. They should have done it in a positive way. The way they were communicating was not cordial. They sometimes shout at you and they may think it wouldn’t disturb you but it’s not a good reception to give to a human being. This is part of the reasons why I am not happy with them (Nahum, Urban community).

Another participant also stated:

…I am not ok with their services. I have a lot of issues with them because it’s not anybody that they can talk to anyhow. As a secretary of the PWDs association, I know I have elderly people among the members. So, I know how to communicate
with them. Few are my age group. For those people, there [DSW officers] it doesn’t matter if you are old or young, their responses are rude, they treat you anyhow. That is why I am not satisfied with their services (Saul, Urban community).

...Sometimes we PWDS try to do some advocacy to try and tell the community that we are part of them. When you invite DSW during such programmes, they don’t come. The director himself will not come but sometimes he sends his employees. If the person will come, he will come very late and leave before we close. I am not happy with that (Luke, Rural community).

...When you look at the faces of the officers you could see that they just find themselves in DSW offices. They are not passionate about their work at all. They are also not friendly and I don’t like the way they talk to me (Bush, Urban community).

4.3.3 The Process of Service Delivery

The study revealed that clients’ ability to go through the process of service delivery smoothly, devoid of hindrances, influences their satisfaction. According to participants, the process of service delivery at the DSW is not encouraging due to the many challenges they encounter. Participants complained that obstacles such as delay, lack of follow up, and lack of understanding of the process of service delivery affect the satisfaction of clients. Others also complained of diversion of issues presented, lack of transparency, informal way of inviting clients, no documentation of proceedings, long queues, unnecessary questioning of clients, among others.

A participant from the Asokore Mampong District complained of the delay in service provision. He, however, attributed it to the inadequate human resources by the Department of Social Welfare. This was what he said:

...Sometimes it delays. If you want the common fund it does not come on time. But it’s not their fault because it’s the assembly which delays them. At times if they don’t get the national service persons to help, they encounter such a challenge. This is due to the inadequate human resource (Nahum, Urban community).
Some participants pointed out that the DSW does not consult them on issues that concern them which makes them suspicious. Especially, when it comes to issues regarding disbursement of PWDs’ common funds.

...I am not satisfied with how they organise training workshops for the members when the common fund comes. We the leaders of the association are saying that they should let us be aware and also know the amount that came and the amount they are using for the workshop. But they do not do that (Judas, Rural community).

...What I have realized nowadays is that they try to do politics with the common fund. Because you know, for this district the Muslims are more than the Christians and the assembly too, most of the heads are Muslims, so they try to satisfy their brothers and sisters who don’t join any of our associations (Saul, Urban community).

Another participant also complained about the number of hours spent on a case. He was also unhappy with how his hearing went. According to him, his case was on child welfare but the issue was diverted from the child to the mother of the child.

...What I disliked was that we spent like 5 hours on the issue, it was almost 8 pm when we left there. This simple issue. So that is where I was saying diversion of an issue. I was told to rent a place for my ex though the issue was able my child’s welfare. All that was discussed at DSW office on that day were not part of the reasons for the meeting (Hebrew, Rural).

4.3.4 Other Challenges Clients Encounter while Seeking Services at the DSW

According to participants, they encounter some challenges which are hindrances in the attainment of quality service. This is because they could not receive adequately and smoothly, the kind of help they were seeking. These challenges are infrastructural and logistical constraints and monetary challenges. The challenges are explained in the subsequent sections below.
4.3.4.1 Infrastructural and Logistical Constraints

The challenges that emerged under this theme included inaccessible buildings and offices, lack of resources leading to poor records keeping, lack of privacy and congested offices, lack of documentation, lack of machines and equipment such as computers, printers, photocopy machines, recorders, among others.

This was what one client said about the facilities:

...Some of the facilities are bad. You cannot go to DSW in my district with a wheelchair unless someone assists you on the stairs. Even the regional office itself is not accessible. They [DSW] talk about accessibility and their offices are not disability friendly (Bush, Urban community).

Hebrew, another participant in this study, complained that the office space of the DSW in his district is too small which makes the room congested when cases are being heard. Although he had this challenge, he was still satisfied because of other factors. He had this to say:

...Well, I think the room where my hearing took place was too congested and the numbers of people around during the hearing were too many. We had about 13 people in a very small room. I needed a little privacy but had no option than to narrate my story in front of all these people (Hebrew, Rural community).

Neman, who indicated previously that he was satisfied, stated this:

...The only challenge I have, has to do with their office environment. So, as a physically challenged person, my challenge is where they are. (Neman, Urban community).

Another participant also stated this:

...Hmm, as of the social welfare office, the access is good since you wouldn’t climb any stairs but only that the ramp is not standard. When going to the district assembly itself, it’s very very steep. (Luke, Rural community).
...They don’t have photocopy machines so when you go there you have to find a place to make photocopy when your cheque is issued and the officer wants a copy. If you don’t have anybody to make it for you then you would have difficulties if you are a physically challenged person (Ama, Rural community).

4.3.4.2 Challenge with Monetary Service

Participants reported facing challenges with monetary service that is, inconsistency in the payment of money and the amount paid not being adequate. This challenge specifically had to do with those accessing community care programmes such as LEAP and the disability common fund. The challenge involves the clients receiving money from the government through DSW. Participants complained that the amount of money was too small and nothing to write home about. These were what some participants said:

...When we apply for the money, we are not given the amount we applied for. For instance, if you apply for 5000 cedis they will give you 200 cedis. For a PWD, if he applied for the money to do a job and you give him 200 or 300, what kind of job is he going to use it for? (Judas, Rural community).

...Sometimes if someone request for 20000 cedis, they give 200 cedis. So, if the person needs this amount to establish a business and you give 200 cedis, what do you mean? That way the person will go and use the money and come back again (Luke, Rural community).

4.4 Clients’ Suggestions on how Service Provision Can Be Improved

Under this objective, participants were asked to state how they think the services they received from the DSW could be improved. This was analysed both quantitatively and qualitatively. Participants were first asked in the questionnaire to state their views and were also asked during the in-depth interviews to explain in detail how the services could be improved based on their experiences. Both the responses in the questionnaire and the in-depth interviews were coded and compared. The themes that emerged under this objective
were grouped into four: government support, effective service provision, training of employees, and organising training workshops for clients.

Figure 4 below presents the suggestions given by participants on how service provision can be improved. Suggestions that emerged included government support, suggestions on how services can be effective, training of employees and organising training workshops for clients.

**Figure 3: Clients’ Suggestions on how Service Provision Can Be Improved**

Source: Field Data, 2018

**4.4.1 Government Support**

Majority of the study participants indicated that since the DSW is a public institution, the majority of the help must come from the government. They indicated that the government must increase the budget allocation of the DSW to be able to provide basic administrative tools needed to ensure smooth and quality services to clients. Participants indicated that machines such as computers, recorders, photocopy machines, among others are very essential to the day to day administration of the DSW. Participants also stated that the
government must build more structures and provide comfortable offices for employees to deliver effective services. Others also indicated that the government must ensure that buildings of the DSW are disability friendly in order to ensure easy accessibility by PWDs. This suggestion was made by 57.3% of the participants and is shown in Figure 4 above. The suggestion was made by seventy-nine (79) participants out of a total of one-hundred and thirty-eight (138). This was treated as a multiple response question as participants could give more than one suggestion.

Excerpts from the qualitative data throw more light on the suggestions given by participants with regard to government support.

A client who had difficulty in accessing the facilities of the DSW stated this:

...I put the blame on the three arms of government because as a nation we have failed so much. For instance, even the seat of government is not disability friendly, but we had a PWD standing during the last general elections. So, they need to enforce the Disability Act so that all these places will be accessible. So, for that, there is little they can do since they are not working for themselves but the government (Job, Urban community).

A participant was of the view that it is the government’s responsibility to provide the DSW with the needed resources as they work for the government. According to him, the DSW cannot do anything about it since they do not work for themselves.

...Starting with the facilities, I think the government should support them. As a government worker working for the Ghana Education Service, I know that we have challenges with funding, but it would be prudent for the government to support DSW. This is because DSW is about the citizens; if a citizen of a country does not have a sound mind it affects productivity (Abram, Rural community).

...For me, because they are doing public service and the Disability Act also says that any place that public services are done, that place has to be disability friendly. So, they have to improve their office environment (the environment where the office...
is must be disability friendly). So that is my number one suggestion (Neman, Urban community).

4.4.2 Effective Service Provision

About 27.5% (38) of the participants also provided suggestions on how the DSW could ensure effective and quality services to their clients. This is presented in Figure 4 above. Some of the participants stated that there must be transparency in the processes of service delivery in order not to generate any suspicion and distrust among clients and social welfare officers. Others were also of the view that social welfare officers must follow up on clients’ cases in order to see to the root of the cases and their resolution. Documentation and needs assessment were also some of the means clients suggested. In addition, some clients stated that they must ensure that the rooms are not congested. Some also preferred that mature people deal with their cases.

The excerpts below give a detailed and vivid explanations of the suggestions given by clients in the in-depth interviews in terms of effective service provision.

This was what a client said regarding how the DSW can ensure transparency and avoid suspicion.

...There should be a flow of information, information should be available. If the media announces that the common fund has been released, then we are expecting them (DSW) to confirm to us. For instance, it’s been announced recently that it is in, but I came for PWDs’ meeting last month and I didn’t see anything, this month too nothing (Bush, Urban community).

According to a client, in order to ensure that there is evidence for a case, recordings and documentation of the hearing must be done. This would even enable clients to see how serious the officers are with the case before them. This was what the client said:
With the process of service delivery, like I said whatever conversation between a client and a counsellor should be documented. If possible there must be a recording so that at a point in time the client will not dispute any information that he himself has given. There should also be professional dealings between a client and an officer. When an officer is involving other people in the interaction with a client, the client should be made aware. “Because of so so and so, I want to involve this person, this person works with us”. Before another person is brought into the interaction. (Abram, Rural community).

Another client suggested ways the DSW, particularly his district, could deal with the issue of congested rooms. Although some clients were not comfortable on a bench, this particular client indicated he was ok with it. He stated:

...For the size of the room, I think they should take some of the tables out. One table is ok and then a bench for clients. I think when there is a case too, they should have just 2 or 3 people in the room looking at the size of the room.
(Hebrew, Rural community).

4.4.3 Provision of Training for Employees

Participants were of the view that in order to ensure that the DSW officers are abreast with issues and knowledgeable enough, they must be trained periodically. About 4.4% (6) of the participants made this suggestion as presented in Figure 4 above. These were what some of the participants stated during the in-depth interviews.

...Those who are in charge of them should organize courses for them. They should at least upgrade their level of communication or the level of their work. I also think they should also receive some ICT skills (Nahum, Urban community).

Another participant was also of the same view that the employees must be trained

...The workers of DSW must be trained very well and they should be reoriented because in their work with PWDs they must have the passion and put themselves in the shoes of the person. They should also know that they are all potential PWDs (Job, Urban community).
4.4.4 Provision of Training Workshops for Clients

Participants indicated that the DSW must organise training workshops for clients where they could acquire entrepreneurial skills and set up small scale businesses. This could reduce clients’ reliance on DSW. This suggestion was made by participants seeking community care services. About 10.8% (15) of the participants made this suggestion. Below are what some clients said in the in-depth interviews.

...They (DSW) must help those who cannot attend school by putting them into apprenticeship. So, we can organise them and ask them what they want to learn, be it hairdressing, carpentry among others. So that we don’t give them the monies directly because the money cannot be used for anything meaningful (Luke, Rural community).

Some participants also indicated that the DSW organises training workshops for the clients in their districts. A participant indicated that when the common funds are released, DSW organises training workshops for them.

...For instance, the municipality here they have DSTV organization. So, when the common fund is in they try to organise training workshop for the members who are not working. This should be intensified. (Judas, Rural community).

Another participant also stated that the DSW should find other ways of soliciting for funds other than always relying on the government.

...And one area that they can also help themselves is maybe improving their resource mobilization skills by way of proposal writing. They can get international NGOs to come on board so that they can also be a little bit resourceful (Neman, Urban community).
4.5 Discussion of Findings

The discussion was done under the four objectives of the study.

4.5.1 client’s level of satisfaction

This study revealed that most clients were dissatisfied with the services they received from the DSW. According to McMurtry’s CSI, satisfaction score less than sixty (60) indicates poor satisfaction level (McMurtry, 2000). From the study, most of the participants scored below 60 on the CSI scale, indicating that they were dissatisfied with the services of the DSW. It emerged in the study that unlike what was found by Mburu (2014), demographic characteristics such as gender, age, level of education, and locality of participants, have no significant impact on the level of satisfaction of clients. Conversely, marital status was found to influence clients’ satisfaction. The relationship between marital status of participants and their satisfaction were proven to be statistically significant, unlike what was found by Mburu (2014) in his study. This, however, could be due to the differences in the kind of services provided by the DSW as Mburu’s (2014) research was conducted by examining the banking sector.

Additionally, this study found that gender has no significant influence on clients’ satisfaction, it was revealed that the female participants were more satisfied as compared to the males. This could be because the sample was female dominated. This study supports Musekiwa et al. (2011) study that gender has no significant influence on satisfaction. Similarly, most of the participants who were satisfied were adults. Also, most of the participants from the urban communities were more dissatisfied as compared to those from the rural communities.
4.5.2 Factors that influence client’s satisfaction

In explaining the reasons for their dissatisfaction or satisfaction, the following factors were identified to have influenced them. This includes the fulfilment of clients’ expectations, behaviour of officers, quality of service provision, among others.

Clients in this study indicated that they had high expectations when going to the DSW. Some indicated that these expectations were confirmed, making them satisfied. As stated earlier, participants who were satisfied were few, but then, for them, the services met their expectations. Others also stated that their expectations were disconfirmed because they were not met, leading to dissatisfaction. This supports Bakri et. al. (2016) study conducted in Malaysia. It emerged in that study that fulfilments of clients’ expectations influence clients’ satisfaction. The present study’s finding is also in line with the Expectation Disconfirmation Theory by Oliver (1997) which underpins this study. Per the Expectation Disconfirmation Theory, service providers’ ability to meet a client’s expectations lead to client satisfaction (Oliver, 1997). It was evident in the study that most of the participants went to the DSW with hopes and expectations. As some had unrealistic expectations (for example, some clients expected DSW to solve all their problems) others had viable ones but most of these were shattered as some returned with feelings of disappointment.

Another factor that emerged was the kind of behaviour portrayed by the social welfare officers during service provision. The behaviour included how receptive the officers were, their readiness to assist clients, level of commitment to the case, friendliness, openness, and them being non-judgemental. This finding is in line with Fraser and Wu (2013); Chen & Chen, 2010 and CSSP (2007) report on client satisfaction. According to the above-mentioned studies, client satisfaction is based on the kind of reception given by the service providers which is revealed upon interaction. This is in line with the present study because participants interviewed indicated that the behaviour of the officers of the DSW towards
them can either make them satisfied or dissatisfied. This supports Danda’s (2012) findings, which identified that attitude of service providers towards service recipients is a major challenge. Danda’s (2012) study, however, did not identify that participants have challenges with the competency of the employees.

Some participants indicated that based on their experience with the officers, they were not satisfied because the officers did not treat them well. Others were also satisfied because in their interaction with the officers, they were treated well. It is evident from this study that the majority of participants had negative experiences when they sought services from the DSW. This was due to the kind of interaction that took place between clients and the employees of the DSW. Thus, the negative or poor experiences of clients ranged from the kind of interaction clients had with the staff to the physical structures and facilities of the DSW. This interaction was both direct and indirect. The direct interaction was the clients giving an account of what transpired between them and the DSW, thus, the employee. Indirect interaction, for instance, occurred with clients giving account of interactions they chanced on between an employee and another client.

Consequently, some participants complained about how their colleagues were treated upon accessing service at the DSW. The findings support CSSP’s (2007) report that the quality of service provision determines whether or not a client would have a positive or negative experience. Quality service is evident in how clients feel about the employees of the service agency. That is how reliable and responsive they are when providing a service. The findings also corroborate Verhoef et al. (2009) assertion that direct interaction between clients and service providers influence the overall experience of clients. However, in this study, both direct and indirect interactions between clients and service providers influenced the kind of experiences participants had.
From the findings, it appears that the officers of the DSW may not have solutions to all their clients’ problems, but the way they approach them says a lot. For instance, officers showing some form of concern would show a client that they are there to serve their interest. Sonne and Harmsen (1999) also identified this factor and competence of the organisation as factors which increase client satisfaction. Additionally, clients in this study also listed transparency as one factor that determines satisfaction. It was stated that the process of service delivery must be fair and equitable, devoid of any misappropriation or fraudulent process. This is in line with Fraser and Wu’s (2013) assertion that equity in service provision influences satisfaction. Some participants pointed out that the DSW does not consult them on issues that concern them which makes them suspicious, especially, when it comes to issues regarding disbursement of PWDs’ common funds. It also emerged in the study that obstacles such as delay, lack of follow up, and lack of understanding of the process of service delivery affects the satisfaction of clients. This is in line with Wassar, Manolis and Winsor (2000); Wang and Shieh (2006); Chen and Chen (2010) and Li (2013) research on client satisfaction. This finding also supports some of the components of service quality as a factor that influences satisfaction found by the above studies. These components are responsiveness, reliability, and assurance which deals with timeliness, eagerness to provide service, trustworthiness, confidence, and competence (Omar, Ariffin & Ahmad, 2016). As discussed in the preceding paragraphs, the kind of behaviour portrayed by employees, which include their lackadaisical attitude, not being on top of issues, lack of follow up, all form part of SERVQUAL which participants complained the DSW officers lacked. Hence, most of the participants being dissatisfied with their services.

Although the study found out that SERVQUAL influences satisfaction, not all the components that constitute SERVQUAL were identified. For instance, tangibles were not identified as a factor that influences satisfaction. Clients did not indicate that the structures,
location of the DSW offices, congestion of offices, among others influence satisfaction as identified by other studies. For instance, Tam (2004); CSSP (2007), Omar, Ariffin & Ahmad (2016) and others reported physical factors and facilities which enlarge clients’ comfort and convenience as factors that influence satisfaction. Though clients in this study had challenges with the facilities of the DSW, it was not a major factor that determined their satisfaction.

4.5.3 Challenges clients encounter when seeking services.

In addition to the above, clients in this study were faced with several challenges which hindered them from receiving quality services from the DSW. The facilities of the DSW were not left out as clients across all four districts under study had issues in this regard. Clients, especially PWDs, seemed to be frustrated with the inaccessible nature of the offices of the DSW due to their condition. This comprised of a combination of inaccessibility of the DSW facilities because it is not disability friendly, long distance to the office, office congestion leading to lack of privacy, organisations’ environment, among others. This is in line with the findings of Ahumuza et al. (2014) as similar challenges were identified in their study. Looking at the kinds of services provided by the DSW, it is expected that they would have the requisite facilities to help provide quality service, but the reverse is the reality. Moreover, it emerged that due to congested rooms, clients do not enjoy privacy and the kind of confidentiality needed. These two components are basic social work ethics that the DSW providing social services must not eschew.

Also, it emerged that instead of the DSW catering for a small number of people and seeing to it that they receive enough money to start some business to be dependent, they rather focus on many clients and give just a little amount of money to their clients. This makes clients dependent on the DSW as they cannot use the money for any business as intended.
Some participants indicated that they were not given the amount they applied for, instead, they were given something very small.

It is clear that some of the challenges clients face are because the DSW itself is faced with challenges. If the service provider does not have basic logistics such as computers, photocopy machines, files, pens, means of transportation, among others, it will directly or indirectly impact on the quality of service provided (Ntjana, 2015). This is because these are basic equipment needed to aid in effective service provision. For instance, lack of vehicles for officers to embark on fieldwork and follow-ups will directly affect the quality of service provided.

**4.5.4 Clients’ suggestions on how service provision can be improved**

This study has revealed that most clients see the provision of social welfare as the sole responsibility of the government. Thus, the majority of participants in this study suggested that the government must support the DSW. This suggestion supports the assertion by Kwok (2003) and Spicker (2013) that social welfare is a matter of right. Thus, the government must protect and ensure that the welfare of its citizens is paramount. This finding, however, does not reflect Kwok’s (2003) viewpoint that the government should not be the sole provider of social welfare.

According to Kwok (2003), other private organisations other than the government must join in the provision of social welfare services. However, most of the participants interviewed in this study were adamant in their suggestion that the government is solely responsible for social welfare. All suggestions, except one, were directed towards the government. It also emerged that the employees of the DSW must be provided with regular training to enable them to function effectively and efficiently as suggested by participants. Finally, the study also found out that some clients prefer to be trained to gain skills in order to be self-employed, rather than relying on the government.
4.6 Conclusion

This chapter presented the findings and a discussion of the findings that emerged out of the study. The chapter started by giving a detailed description of the demographic characteristics of the population studied. Most of the participants were females and adults. A significant number of the participants had only basic level of education and the majority were Christians. In trying to answer the research questions and achieve the research objectives, four main themes emerged. Under these themes, which were based on the research questions, fifteen sub-themes also emerged. Some of these sub-themes were major and others were classified as minor sub-themes but helped in achieving the aim of this study. In a nut shell, the study found out that majority of the participants were dissatisfied with the services they received because their expectations were not met.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.0 Introduction

This is the last chapter of the thesis. It presents a summary of the findings, conclusions drawn and recommendations on how services of the DSW can be improved. The chapter further indicates the implication of the study for social workers, policy and further research.

5.1 Summary of Findings

This study sought to find out clients’ experiences of services provision at the DSW in the Ashanti Region of Ghana. It emerged from this study that although the DSW runs three main programmes under which diverse services are provided, participants sought services under only two of the programmes. Out of the two, it was revealed that majority (82%) of the clients sought services under the community care programme.

The study also found out that the majority of the DSW clients had negative experiences when they sought services from the Department. It was revealed that many of the DSW participants were dissatisfied with the services they received, with most of them scoring below 60 on the CSI scale. This dissatisfaction was attributed to factors such as the inability of the DSW to fulfil the expectations of clients. It was evident in this study that clients contacted the DSW with diverse expectations, wishing that these expectations would be confirmed. However, the DSW was unable to perform to clients’ expectations, thus, participants disconfirmed their expectations, which in turn led to dissatisfaction.
Another factor that was identified was the behaviour of the DSW officers towards clients. From the study, the majority of clients lamented the way the DSW officers treated them. It was disclosed that most of the officers were unfriendly, inexperienced, had poor human relations and communication skills. It is expected that social welfare officers, would be passionate and friendly towards their clients. This is because most of their clients are vulnerable and need to be treated with care and respect. Another factor that emerged was the process of service provision. It emerged that clients had issues with the time it takes to access a service at DSW. Some clients were also dissatisfied because of delay, lack of understanding of the process of service delivery and lack of follow up, among others. It emerged that client satisfaction also hinges on timely provision of service, regular follow ups, transparency, and understanding of the process of service delivery. All these lead to the components that determine the quality of service which also leads to satisfaction. Also, some clients were of the view that the employees are not competent enough to deal with their issues. Others also complained that the employees do not know how to communicate with their clients.

Furthermore, the study found out that many of the clients of the DSW had infrastructural and logistical constraints. This ranged from the location of the offices of the DSW to congested offices. Clients who were PWDs complained of the inaccessible nature of the DSW offices due to lack or poor ramps. Other clients also complained of lack of privacy during hearings due to lack of rooms, making the offices crowded.

Despite the fact that the study found the quality of service to lead to satisfaction, it emerged that tangibles do not affect clients’ satisfaction. Though clients reported facing challenges with the DSW facilities, the location of their offices, room congestion, among others, these were not the reasons why they were dissatisfied. Clients reported that they were dissatisfied
because their expectations were not met. Other factors also included the behaviour of employees.

Clients made suggestions on how services could be improved, based on the challenges they encounter. The suggestions included government supporting the DSW, training of employees, training of clients, and effective service provision. It emerged that clients attribute the challenges they encounter with regard to infrastructure and logistics to the absence of funds. Clients, hence stated that the government must increase the budget allocation of the DSW in order for them to be able to acquire basic equipment and logistics.

It was also suggested that the government must put in place more structures for the DSW and these structures must be accessible by all. In order for employees to be competent and on top of issues, it was suggested that they must be trained from time to time. This could be done by the DSW organising workshops for their workers.

5.2 Conclusion

The study sought to explore clients’ experiences of service provision at the DSW. As revealed by the study, the majority of participants’ access services ran under community care programmes across all four selected districts. Under this, more of the participants accessed the LEAP programme as compared to the disability services. This may be due to the monetary nature of the services. For instance, LEAP involves the provision of cash transfers to the beneficiaries whilst the disability services involve the provision of common fund, rehabilitation centres and training to some selected PWDs. This category of clients do not voluntarily contact the DSW. They are selected based on some criteria unlike the other services such as child maintenance. Hence, it can be concluded that most clients of the DSW in Asokore Mampong, Ejsu Juaben, Obuasi and Amansie West Districts sought community care services.
Additionally, the study concludes that the DSW in Asokore Mampong, Ejisu Juaben, Obuasi and Amansie West Districts are ineffective as they are unable to meet participants’ expectations. Thus, it can be concluded that majority of the DSW clients are dissatisfied with the services they receive. This, in essence, means that the DSW has failed in achieving its main purpose which is to make clients independent. This is because it is assumed that satisfaction in social welfare leads to clients being independent. It can also be concluded that clients of DSW in Asokore Mampong, Ejisu Juaben, Obuasi and Amansie West Districts encountered several challenges when they sought services from the DSW. This affected the quality of service provision.

5.3 Recommendations of the Study

The recommendations of this study are based on both the suggestions given by participants and the researcher’s own observations. This study sought to find out clients’ experiences of service provision at the DSW in the Ashanti Region. The findings revealed that out of all the three core programmes, services under only two are mostly sought by clients. This could be due to the unavailability of data on clients seeking the services run under the third programme. This is because the DSW could not give a total list containing all of its clients. Also, clients seeking disability services complained that the DSW does not have their data and come to their association when the need arises.

Based on these findings, it is recommended that the DSW should have a database in which information on all their clients would be kept. The DSW must also sensitize the communities on the existence of some of these services for them to take advantage of such opportunities. Regular outreach programmes can also be organised by the DSW for community members.

Moreover, the study found out that clients of the DSW encountered challenges with the facilities of the DSW which include inaccessibility by PWDs, congested offices, inadequate equipment such as computers, printers, photocopier machines, vehicles, among others.
These challenges were attributed to the unavailability of funds as a result of the inadequate budget allocation to DSW (Laird, 2008). Consequently, it is recommended that the government (Ministry of Gender, Children and Social Protection) should support the DSW by putting in place more buildings for the DSW. These buildings must be easily accessible by PWDs by making sure that the various offices have ramps.

The government (Ministry of Gender, Children and Social Protection) must also consider building at least two DSW in each district. Instead of situating only one DSW office in each district, it should consider situating two or three offices in each district. These offices can be in communities, other than the district capitals. This is because some communities are far from the district capitals, making it difficult for people in such communities to access services from the DSW. For instance, a person staying at Manso Nkran, a community in the Amansie West district may find it difficult and costly to travel to Manso Nkwanta, (the district capital where the DSW office is located) to access a service. Manso Nkran is about 45 kilometres away from Manso Nkwanta with poor road network. However, if the DSW has an office closer, for instance, at Manso Edubia, which is about 25 kilometres from Manso Nkran, then, people would find it easier going there to seek service.

Moreover, the study recommends that, in places where a room has been allocated to the DSW in the district assembly’s building, more rooms must be allocated to the DSW in order to ensure that there is privacy during hearings. The ethics of confidentiality and privacy must be taken seriously during service delivery. Most of the district offices (except Obuasi and Amansie West DSW which have 3 three offices allocated in the district assembly building) have only one office which has been divided into two with a plywood. The inner office is allocated to the director and the outer as a general office. The general office is where all services and enquiries are made. During hearings, in terms of child maintenance or paternity issues, there is no privacy as clients keep trooping in and out of the office. The
rooms are also mostly congested. It is, therefore, imperative for the government to ensure that the DSW has its own buildings with more rooms, instead of being allocated a room or two in the district assembly’s building.

Additionally, it is recommended that the government should also provide the DSW with vehicles which would relieve them of the stress when conducting fieldwork and during field visits. Clients in this study complained of lack of follow up by the DSW. Thus, providing a means of transportation which will facilitate their field work would translate into effective service provision. Also, the government must increase the budget allocation for the DSW to acquire logistics needed for its day to day administration.

Beyond the government’s support, it is recommended that the DSW should also devise strategies to solicit for funds from both international (International Labour Organisation (ILO), Food and Agricultural Organisation (FAO)) and local NGOs (Action Aid, Sympathy International) and other organisations. DSW could partner with these NGOs who provide social welfare services among others. This can be done through effective proposal writing. The DSW can also collaborate with these NGOs on related projects. In essence, the Department must not be solely dependent on the government for all of its funds.

This study has also revealed that clients have challenges with the behaviour of employees towards them which also influences their satisfaction. Some clients indicated that they have problems with the way employees handle their cases and treat them. Based on these, it is recommended that in-service training workshops must be organised for the employees from time to time. Employees must also be given the opportunity to attend short courses outside their field but related to their field. This may include human resource courses, communication, information technology among others. They must also be trained on how
to handle Persons with Disabilities (PWDs) and issues related to them. Also, inexperienced employees must be trained before being involved in hearings.

It is also recommended that clients who access community care programmes be trained instead of the regular cash transfers and common fund. According to clients, beneficiaries of these services, especially those accessing the disability common fund, must be given some form of vocational training instead of the money. Clients were of the view that the money is not enough to start a meaningful business with. So, vocational training, especially for the youth, would help them to be independent. It was also suggested by clients that the DSW must focus on selecting a few beneficiaries and give them enough capital to establish themselves to reduce dependency.

With regard to policy, with the introduction of the disability common fund, guidelines were provided by the National Council for Persons with Disability (NCPD) in collaboration with the Ghana Federation of Disability (GFD). This was under the authority of the Minister for Gender, Children and Social Protection with the approval of Minister for Local Government and Rural Development on the disbursement and management of the common fund (NCPD/GFD, 2010). These guidelines include the members that must make up the committee to approve applications submitted by PWDs, the duties of the DSW and the mode of selection. In order to ensure that these guidelines are strictly adhered to, the study recommends that the government should enact a policy specifically for the disability common fund and not based on the policy of the district assembly common fund. This would reduce the suspicion by PWDs in terms of disbursement of the fund.

The policy must also specify the minimum amount each applicant must receive to ensure equity, fairness and transparency. In terms of LEAP, similar policy must be drafted. The policy on LEAP, including criteria for selecting beneficiaries, must be investigated and
strictly implemented. In doing all these, the DSW must not focus on only one side of the coin. The training and sensitisation aspect must also be seen. Likewise, policy on child maintenance must also be strengthened and the DSW’s mandate must be strengthened to implement it.

It is further recommended that in order to complement the views of clients, future studies must focus on both clients and staff of the DSW. This will help to confirm the information given by clients and ensure triangulation. Also, a larger sample size and more districts across regions must be selected. A cross-sectional study could be done in this case to compare findings from various districts across the country.

5.4 Implications for Social Work Practice

The findings from the study hold implications for social work practice. Looking at the fact that the majority of employees of the DSW are social workers, they can take it upon themselves to create awareness of the various services run by the DSW. This could be done not just in district capitals and cities and towns but also, in villages where there are a lot of vulnerable people in need of their services but cannot have access to them.

Furthermore, social workers should also advocate on behalf of clients on the fact that provision of service is the right of citizens and as such, the government must facilitate effective service delivery. They must create the awareness that the providers of these services are not doing the clients a favour as it is mostly portrayed.

Finally, social workers should ensure that the code of ethics in the delivery of social services is adhered to by social welfare officers. For instance, clients’ confidentiality and privacy must be taken seriously. Besides, short social work courses should be run to educate employees of the DSW with no social work background.
REFERENCES


Danda, M. C. (2012). Attitudes of health care professionals towards addictions clients accessing mental health services: What do we know and how can this be used to improve care? *Journal of Ethics in Mental Health*, 7, 1-5.


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APPENDICES

APPENDIX 1

INTERVIEW SCHEDULE FOR CLIENTS

My name is Rosemond Adubofuor, an M.Phil. student at the Department of Social Work, University of Ghana, Legon. As part of the requirements for the award of Master of Philosophy (M.Phil.) degree in Social Work, I am conducting a study on Clients’ Experiences of Service Provision by the Department of Social Welfare (DSW) in the Ashanti Region. The purpose of the study is to explore clients’ experiences of DSW services by looking at their level of satisfaction, the factors that influence their satisfaction, challenges they encounter in seeking the service and how they think service provision at DSW can be improved. This study is for academic purposes only. All information you provide will be kept strictly confidential and used for the purpose of this study only.

Thank you

Section A: Factors that influence clients’ satisfaction

- What did you know about DSW before contacting them?
- What informed your decision to contact DSW?
- Tell me about your encounter with DSW?
- What were your expectations when you were contacting DSW?
- What informed these expectations?
- Explain whether or not you are satisfied with the services you received from DSW.
- What factors do you think influenced your satisfaction?
- What are some of the things you like and dislike about the services they provide?

Section C: Clients suggestions on how to improve service provision

- What are your suggestions on how service provision at DSW can be improved?
APPENDIX 2

QUESTIONNAIRE FOR CLIENTS

My name is Rosemond Adubofuor, an M.Phil. student at the Department of Social Work, University of Ghana, Legon. As part of the requirements for the award of Master of Philosophy (M.Phil.) degree in Social Work, I am conducting a study on Clients’ Experiences of Service Provision by the Department of Social Welfare (DSW) in the Ashanti Region. The purpose of the study is to explore clients’ experiences of DSW services by looking at their level of satisfaction, the factors that influence their satisfaction, challenges they encounter in seeking the service and how they think service provision at DSW can be improved. This study is for academic purposes only. All information you provide will be kept strictly confidential and used for the purpose of this study only.

Thank you

DATE OF INTERVIEW (DD/MM/YY) ___/___/___

DISTRICT..............................................................................................................

Section A: Demographic information of study participants

1. Sex
   1. Male [   ]  2. Female [   ]

2. Age..............................................

3. Marital status
   1. Married [   ]  2. Divorced [   ]  3. Widowed [   ]
   4. Single [   ]  5. Co-habiting [   ]

4. Where do you live?...........................................................

5. Level of education, please choose what applies to you.
Section B: Clients’ level of satisfaction of service provision by DSW

McMurtry’s Client Satisfaction Inventory (CSI)

The questions below are to measure the way you feel about services you have received or are receiving. They are not a test, there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

1= None of the time  2 = Very rarely  3 = A little of the time  4 = Some of the time
5= A good part of the time  6 = Most of the time  7 = All of the time

10 __________ The services I get from DSW are a big help to me.
11 __________ The employees at DSW really seem to care about me.
12 __________ I would come back to DSW if I need help again.
13 __________ I feel that no one at DSW really listens to me.
14 __________ The employees treat me like a person, not like a number.
15 __________ I have learned a lot about how to deal with my problems.
16 __________ The social workers at DSW do not involve me in decisions concerning me.
17 __________ I would recommend the DSW to people I care about.
18 __________ The employees at DSW are competent.
19 __________ I get the kind of help that I really need.
20 __________ People at DSW accept me for who I am.
21 __________ I feel much better now than when I first came here.
22 __________ I thought no one could help me until I came here.
23 __________ The help I get from DSW is really worth my time and money.
24 __________ The employees put my needs ahead of their needs.
25 __________ People here put me down when I disagree with them.
26 __________ The biggest help I get here is learning how to help myself.
27 __________ The employees are just trying to get rid of me.
28 __________ People who know me say this place has made a positive change in me.
29 __________ DSW has shown me how to get help from other places.
30 __________ The social workers seem to understand how I feel.
31 __________ DSW is only concerned about settling more cases than the quality of service, they provide.
32 __________ I feel I can really talk to the employees at DSW.
33 __________ The help I get at DSW is better than I expected.
34 __________ I look forward to the sessions I have with the social workers.

Section C: Clients suggestions on how service can be improved

35. What are your suggestions on how service provision at DSW can be improved?

1. .................................................................................................................................
2. .................................................................................................................................
3. .................................................................................................................................