

moral values of attentiveness, responsibility and competence which constitute care are integrated as practice and therefore provide service delivery with a “standard” for an “integrated well-accomplished act of care” (Barnes, 2006; Fraser, 1989; Sevenhuijsen, 1998; Tronto, 1993).

Explicit in Tronto’s (1993) argument for the integrity of care is that care should be performed in a competent manner starting with the viewpoint of the other. The moral integrity of care is based on mutual commitment, because it always includes reciprocity whilst at the same time recognising that service users and social workers are differently positioned in social relations. Where service users’ responses describe how the social worker has acted competently to meet needs, this indicates to them both that the social worker showed concern for the outcomes of service delivery at an interpersonal level.

However, there are service users who do not benefit from service delivery. Service users’ experiences of service delivery that is “not so good” raises questions about the adequacy of care’s integrity and “good practice” principles.

“Not good enough” service delivery

Service delivery that is described as “not so good” by 94 service users is illustrated by the following responses to questionnaires administered to service users in relation to the research question: “How you see the service given at this organisation”:

“too long to wait for assistance (26), need to improve service delivery – need more resources (28); services are not easily accessible, i.e. long travelling distance to organisation (11), geographical location is inconvenient(7); need more home visits (2); need on-site visits for job creation programmes (2); social worker was unable to help me (9); lack in communication (9); facilities are not so good, i.e. special needs not accounted for (5); pleasant environment but staff conduct needs to improve (4); give more people access to organisational programmes, especially for income generating (2)”.

Services are perceived to be “not so good” when service users experience service delivery at social service agencies as not meeting their described needs; where all levels of staff are not participating and communicating in a co-operative manner; and where resources to access care are inadequate. Service users gain the impression that service delivery is “not so good” when service users feel unwelcome; have long waiting hours before being attended to; where offices are too small, cold, lifeless and seen as “disorganised”; and where there is an uncomfortable working environment. In addition to this, being faced with conflict; where staff are overstretched; cope with too many service users; give only as much of their time as can be possibly allowed without resources to support their work, then service users describe services as “not so good”.

Focusing on the qualitative interviews with service users conducted by students, one student who actively engaged with a service user on the purpose and experience of accessing a service organisation was given a pertinent response. As the aim for the student’s research was to know what was happening in service delivery at that time, the student’s question is linked to the research aim. Not all students asked this kind of question nor got as sound a response in regard to what is happening to service users in service delivery. Therefore this service user’s response was chosen for authenticity as spoken to and transcribed by the student.

“I: Do you feel needs are met and do they attend to you quickly?”

R: They take their time and they ask a lot of questions, I thought it is so unnecessary ... I think that their work So they must do that but I feel sometimes it’s really unnecessary. Like that

man yesterday he leave work eleven years ago and he had to go where he used to work If you are ready for pension deal with that no go back to school..... I feel that is so (silent).... We don't see any things ... that you can put your trust in and it's like there is not hope for me and that's all ... needs aren't met".

This comment clearly resonates with Fraser's (1989:154-155) notion of the administrative element in which the service user's life situation is publicly subjected to scrutiny in order to conform to previously determined administrative criteria which are applied through means testing before such application and welfare rights will either be condoned or denied. Fraser's (1989) contention that the juridical element is linked with the administrative element in service delivery shows how social policies are executed to benefit some service users but not all, for example, those whose life situation does not conform to previously determined administrative criteria, as is seen in the above excerpt, where the service user had come to apply for a pension and was subjected to what she regarded as unnecessary interrogation.

Service users have different ideas of their own needs and do not necessarily want to be "passive recipients" of the "caring about" they receive (Fraser, 1989; Tronto, 1993). Conflict in social relations arise because there are different perceptions of how needs and the process for meeting needs should be met. Tronto's (1993) definitive position regarding care is that service delivery should be based on the concerns and needs of the "other", a service user as person in his/her own right, and by implication, that participatory parity should prevail in these interactions. When engaging and deliberating with a service user about needs to be addressed, then the starting point is the service user's perspective, taking into account their descriptions of their situated lives. Service users expect social workers to understand what their needs are.

When service users respond that needs were not attended to in the "caring about" phase, then "taking care of" leads to inaction and constitutes inadequate caring morality, resulting in lack of "care giving" in service delivery. In this instance the four phases and moral values of the care ethic are neither inter-related nor integrated.

The following example from a qualitative interview highlights a similar scenario faced by a service user:

I: Are services sufficient?

R: Yes ... I am HIV+, must eat healthy diet, but how? We don't have money and we are not working ... Need to be at a certain stage of infection before qualifying for disability grant Am now applying for grant ...am worried ... CD4 count is down."

Here the service user describes her own vulnerability, but is powerless to prevent her needs from being re-interpreted.

In such instances where service users do not benefit directly from service delivery, it is as a result of their position of passive citizens, which places them face-to-face with the legal apparatus that is in operation in the welfare system denying them the social rights they ought to be entitled to. Service users have tried to construct meaning of their own lived experiences and needs, but face a double jeopardy when they are subjected to the juridical-administrative element, because their needs are re-translated into the legal and administrative matters of service delivery policy (Fraser, 1989:154-155). The previous interview excerpts in this section show that the two service users interviewed were somewhat disconcerted about the number of questions that had to be answered when applying for an Old Age Pension and Disability Grant and indicate how a service user is subjected to the administrative element of needs

interpretation. Both service users' subject position is highlighted in their own words: "*needs are not met*" ... "*am worried*"... "*eat a healthy diet*". The service user has to conform to criteria defined by social welfare policy by explaining themselves to the social worker, only to have their needs re-interpreted as, for example, "*must eat a healthy diet, but how?*", thus personalising her economic circumstances and reinterpreting the situation as her responsibility. One service user was disgruntled about the social security application procedure. She was waiting for an answer, but does not trust the system. For her, her needs remain unaddressed. The other service user needs financial security to address her health needs and knows that she must eat a healthy diet, but does not have the *means* to do so.

Bureaucrats have the power to make decisions about needs without necessarily engaging and deliberating on needs with the service user.

The results of the study show that service users do petition their needs to social workers, but in doing so they need to conform to those criteria administratively defined by policy through the administration of means testing. It is only the bureaucratic institution which is empowered to decide on service users' claims. Implementing the political ethic of care to engage with a service user would be better practice, because the service user and social worker would co-construct the meaning of situated life experiences and needs, as well as co-construct possible solutions. This engagement is based on mutual commitment and understanding of asymmetrical reciprocity, which gives the social worker better insight to work from the perspective of the service user.

Specific responsibilities and authority regarding service delivery are delegated to social workers in their respective organisations. The care ethic responsibility is "to take care of" service users when facilitating with them their access to public resources so that their needs can be met. However, service users are differently positioned, not realising that their needs can be re-interpreted. Their perception of social workers "*doing their best*" describes their own vulnerability when being "taken care of" and being "cared for", and is formed by their own position of "other", not deserving of better treatment, often leaving them feeling disempowered. Social workers constructed as "*doing their best*" are examples of Amartya Sen's "small mercies" of gratitude, which helps a service user to barely survive, to merely hope for (Sen in Tronto, 1993:139).

As frontline workers, social service workers address those needs which have been determined as administrative criteria through policy procedures far removed from daily service delivery, but which have power to determine which needs will be attended to and which solutions will be adequate (Fraser, 1989; Sewpaul & Holscher, 2004; Tronto, 1993). This is the "privilege enjoyed by the powerful" as they are able "to define needs in a way that suits them" (Tronto, 1993:140).

The following response illustrates resistance to needs re-interpretation in the context of social relations where "needs are translated into legal-administrative matters" (Fraser, 1989:154). This is another example of participant observation in action and is drawn from the triangulated methods used by the students. The observation reflects a student's clear description of what happened unexpectedly at a service organisation while doing the research study. The description was not orchestrated and honestly reported as experienced – as is required from a participant observation study.

"An incident occurred at the office, a man entered as the gate was not locked; he was looking for the welfare lady, so I referred him to Ms ... She then asked how she could help and he just started ranting saying that he is hungry and it is due to them, that he cannot work because they

declared him mentally ill They then gave him something to eat and he calmed down and left the office."

The service users' rage, conflict and resistance to service delivery describe not only the "detached" "caring about" received on a personal level, but also an expression against the underlying power and authority of social relations between a service user and a social worker which a service user experiences as powerful. The service user argued that his real needs for food security and employment were not addressed. Instead he was angry about his experience of service delivery and wanted his hunger and need for food security to be addressed; therefore he turned back to the welfare organisation, insisting on being helped.

Fraser's (1989:155) contention about the juridical-administrative-therapeutic (JAT) interlinking elements opens up the therapeutic moment of the *modus operandi*. The therapeutic diagnosis of "mentally ill" is, Fraser (1989:145) contends, the political therapeutic element of the JAT in which social welfare issues get framed and needs to be re-interpreted. It is here where service users are subjected to scrutiny of the "mental health" aspects of their lives. The politics of social work and those practice "theories" contributing to the therapeutic interpretation are based on "individualist-reformist views". Here the aim of service delivery is premised on creating a better "fit" between individual and society, rather than addressing structural social changes (Payne, 1997:4-5). Services are then delivered to make individual behavioural changes, thus constructing gender-political and political economic problems as individual, psychological problems (Fraser, 1989).

The politics of needs interpretation can be seen as linked to the political ethic of care framework in Fraser's (1989) contention that a service users is positioned as "dependent other", whose needs are not co-constructed but re-interpreted as the therapeutic element of the JAT. A lack of awareness of needs when "caring about" makes it impossible to act on meeting those needs when "taking care of", leaving no competence for "care giving". The resultant gap which arises from need interpretation means that the position of the service users from their perspective of vulnerability is not considered.

The political ethic of care moral framework of attentiveness, responsibility and competence encourages social workers to act in accordance to what service users are communicating about their needs that are unmet, because it focuses the attention, responsibility and competence of service delivery on both the impact on and response of the service user (Barnes, 2006:119; Tronto, 1993). Fraser's (1989:145) contention that what lies at the heart of the politics of needs interpretation is what service users themselves really need, and that their interpretations of needs should be the authoritative part of the process for service delivery. Everitt and Hardiker (1996:32) suggest that a social worker will take responsibility for ensuring "good practice" when openly engaging with a service user about his or her needs. In doing so, social workers do not neutralise needs, regard the service user as "other", apply rational-technical approaches to needs interpretation or dichotomise themselves and service users, nor should they create a "fit" by adapting the service users to their situated life experience.

Without an awareness of, and attention to, needs as constructed by service users, it is not possible to act responsibly and competently, as required by the political ethics of care, as service delivery offers a ritualised procedure for meeting needs. Turning public strife into private woes implies that real felt needs are not understood in the broader social political context of basic needs. In this process the lack of the integrity of care means that, in this context, service delivery cannot be judged as "morally admirable".

For service users who experience that service delivery is “not so good”, then, according to Everitt and Hardiker (1996), “corruption of care” is associated with the gap that exists when the official policy value statements and intentions are different from what happens in actual service delivery, i.e. the manner in which social workers have the power to condone or deny needs with regard to the “poorest of the poor”. This is a consequence of service users not realising that needs are interpretations open to public scrutiny for analysis and critique (Fraser, 1989:154). Service users are positioned through the juridical-administrative-therapeutic element in ways that do not empower them. It personalises them as “cases” and so militates against their collective identification (Fraser, 1989:154; Young, 1994).

The extracts from students’ accounts above demonstrate that “corruption of care” arises when service users are differently positioned in the care relationship and the balance of power, powerlessness and empowerment are “taken for granted” irrespective of administrative procedures, and where power denies access to resources. Service users then not only feel powerless to gain access to bureaucratic structures, but are also powerless to influence the structure to be more responsive to their needs. When accessing service delivery, service users tried to exercise agency and express their citizenship as a “right to care”. Service users, although aware of their rights as citizens and their right to entitlement, were powerless to effect it for they hold a form of “passive citizenship” in which “the state pre-empts the power to define and satisfy peoples’ needs” (Fraser, 1989:156). This is aptly expressed in the following quote from an in-depth interview conducted with a service user by a social work student: “*well I know I have the right to complain, but many a times you get so despondent because it feels if you are fighting against a concrete wall. Nothing is being done so you just asking yourself what is the use of complaining...*”.

Yet service users perceive that social workers have responsibility for the system: “*where else must we go if they do not help us*”. In this instance there are service users who do expect social workers to mediate and advocate for a more responsive service delivery system demonstrating their accountability to and for them. This example from a service user’s exasperation in relation to the service she has experienced does indicate that the best interests in care are neither discussed nor deliberated between social worker and service user, even though Batho Pele and other principle ethics endorse democratisation of power in service delivery (Tronto, 1993; Everitt & Hardiker, 1996). Such practice often results in meeting what Everitt and Hardiker (1996:33) refer to as “secondary objectives”, by which they mean that “good practice” requires debating, for example, about the purpose of addressing poverty. Social welfare management ought to encourage debate on different points of view on poverty, basic needs, social security and welfare rights, so that service delivery does not lose its mission and objectives to serve the “poorest of the poor”.

When secondary objectives, i.e. routinised service delivery, to promote self-reliance “take over as aims”, and without the resources needed to achieve these aims, then service delivery “loses its sense of purpose in terms of serving humanity and their social rights” (Everitt & Hardiker, 1996:33). Furthermore, Everitt and Hardiker (1996) contend that in such instances the service user is then reliant on the commitment and values of the social worker on a personal level. The moral capabilities entrusted to responsibility, from a political ethic of care perspective, then become more useful as a process to engage the service user with the social worker to mutually establish what the goals for service delivery are in “caring about” and on how “taking care of” and “care giving” should proceed. It is in this instance that the care ethic extends beyond the

practice of principle ethics and is also more than the need to conform to bureaucratic and professional obligations (Tronto, 1993).

Which caring needs receive which resources is one of the moral dilemmas of care. Tronto's (1993:133) argument regarding competence is that good care always requires a number of resources, for example, finance, skill, time and material goods; "intending to provide care, even accepting responsibility for it, but then failing to provide good care, means that in the end the need for care is not met". Here the moral value of competence is related to care giving.

In this case study, where service users clearly describe service delivery as "not so good", they also describe the conflict they experience between the phases of "caring about", "taking care of" and "care giving". Where insufficient resources are allocated to social workers to "care about", to "take care of" and for "care giving", such process of "taking care of" has no concern about outcomes or end result (Tronto, 1993). The lack of resources for service delivery highlights the judgment that care is not "well provided", because service delivery operates within the macro neoliberal political-economy, which seeks to liberate the South African economy, making it rather more amenable to the forces of globalisation. With neoliberalism the market is seen "to be the organising principle for all political, social and economic decisions" (Giroux, 2004:1). Welfare expenditure, generally, is regarded as creating dependence, even though the aim of eradicating poverty and inequality is foregrounded in policy documents such as the Finance Policy for Developmental Social Welfare Services. Regrettably, this document states that services are fundable only if they meet the aims and objectives in line with self-reliance, negating the importance and centrality of care and interdependence. It is acknowledged in this document that the welfare budget will remain inadequate and will never be able to address all needs (Sewpaul & Holscher, 2004:78, 80). By providing inadequate public expenditure for public intervention, service delivery is devalued and this undermines the capacity for public service delivery: in "the discourse of neoliberalism, the notion of the public good is devalued" (Giroux, 2004:3).

Self-reliance principles and values, inculcated through adherence to neoliberalism, help shape societal perceptions for service delivery as they are coupled to broader socio-economic values of privatisation and profit, self support and independence. Societal perceptions of service delivery are that care is socially constituted on the basis of serving persons, who like the service users in this study, are purported to be helpless, dependent, a burden on the state. Because of these perceptions, care is reduced to a lesser value – insufficient resources are allocated and distributed, thereby marginalising and trivialising the role of service delivery (Tronto, 1993). These views support the service users' and societal perceptions that care is not at all times a social concern and is not a central feature of the human condition – something that we all need.

DISCUSSION AND RECOMMENDATIONS

The normative framework incorporating the politics of needs interpretation, the political ethics of care and good practice provides a useful analytical tool to expand our understanding of service users' experiences and place these experiences in a broader political and social context. The framework provides a lens through which to view possibilities for responsive and caring service provision for the needs of the most vulnerable service users. Furthermore, the framework amplifies the necessity of inclusion of the service user's voice in service delivery (Cornwall & Gaventa, 2001a).

Worldwide, resistance to neoliberal social work can possibly create a paradigm shift for a more critical social work practice (Ferguson & Lavalette, 2006). One base on which to build a social

work of resistance, suggested by the authors Ferguson and Lavalette (2006), is the contribution made by service users' views and experiences of service delivery, which can be used as a means for change of social work practice. The significance of this contribution is that a new paradigm would include "genuine alliances between frontline workers and service users" (Ferguson & Lavalette, 2006:314). A more critical practice for social work would involve redirecting it to a structural and caring practice which seeks alternative possibilities for harnessing the market resistance with which to bring about social changes. Social work does have the capacity to link the macro with the micro, or "public issues" and "private woes", and enable service users to articulate their views on their situations and their strategies for changing them (Ferguson & Lavalette, 2006; Joans & Gaventa, 2002; Vodde & Galant, 2002).

Using the normative framework to analyse service users' perceptions of delivery in the Western Cape foregrounds the importance of social accountability, responsiveness, responsibility and care. The framework underscores the necessity of service users' participation in the design and delivery, as well as monitoring and evaluating, of services, thus being seen as social citizens (Cornwall & Gaventa, 2001b; Joans & Gaventa, 2002). South African social work practice needs to become more inclusive by strengthening attempts to involve service users in research, in social policy formation and implementation, and other means of active participation ensuring democratic governance.

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