ARE WE LISTENING?  
INCORPORATING THE PERSPECTIVES OF PERSONS SERVED LIVING IN POVERTY.

Stephen W. Stoeffler, PhD, LSW  
Kutztown University

WE NEED TO UNDERSTAND WHAT A PROBLEM IS AND ITS CAUSES BEFORE WE DEVELOP A CASE PLAN
PLANNED CHANGE PROCESS

• Engagement
• Assessment
• Planning
• Implementation
• Evaluation
• Termination
• Follow-up

Kirst-Ashman & Hull, 2012

WHY ARE PEOPLE POOR?
PERSONS SERVED VS. CASE MANAGERS VIEWS ON POVERTY

• Case managers tend to emphasize their clients’ personal or interpersonal problems, whereas clients are more likely to emphasize environmental problems (Krumer-Nevo, Slonim-Nuevo, & Hirshenzon-Segev, 2006; Mutschler, 1979; Mutschler & Rosen, 1979; Rosen, 1993; Rubenstein & Bloch, 1978)

• Persons served attribute poverty to both social and fatalistic causes more than case managers.

• Clients’ views, attitudes and recommendations regarding social services and social work treatment are rarely documented and acknowledged (Krumer-Nevo & Barak, 2007, p.27).

• Evidence suggests that people living in poverty find that they are considered by many [case managers] to be difficult, feckless or deviant and thus, in some way, responsible for their poverty (Beresford, Green, Lister, & Woodward, 1999; Davis & Wainwright, 2005; Krumer-Nevo, et al., 2006).

• Social work students prefer to work with other client groups and not with people in poverty (Weiss, 2005).
IMPLICATIONS FOR SERVICE

IMIMPORTANT QUESTIONS

• To what extent are clients consulted about matters relevant to them?
• What do they want?
• What do they need?
• How do they think they can get it?
• How do they see their situation – its troubles as well as possibilities?
• What do they see as resources from within and in their environment?
• What values do they want to maximize?
• How have they managed to survive so far?

(Taken from Saleebey, 1992, p.5)
## COMPARISON OF PATHOLOGY AND STRENGTHS

<table>
<thead>
<tr>
<th>Pathology</th>
<th>Strengths</th>
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<tr>
<td>• Centerpiece of therapeutic work is the</td>
<td>• Centerpiece of the work is the</td>
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<td>treatment plan devised by the practitioner.</td>
<td>aspirations of family, individual, or</td>
</tr>
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<td>• Practitioner is the expert on clients’</td>
<td>community.</td>
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<td>lives</td>
<td>• Individual, family, or community are the</td>
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adapted from Saleebey, 1996


• “If we scrutinize a person selectively to discover his weaknesses, his faults, or the ways in which he is deficient, we can always find some, although certainly this may vary in some degree or obviousness. If, on the other hand, we look to the ways in which that same person is whole or healthy, we may also be able to discover many things. So it will appear that the point of reference will determine which of the characteristics we will find. ‘Seek and ye shall find’” (Beisser, 1990, p.181).
SYSTEMIC CHANGES ALSO NEEDED

- What if the services we offer are not appropriate interventions for the true needs of our clients?
- The incompatibility between family needs and the assistance proposed by social services originates both in the tendency among professionals to focus on the families’ pathologies and functional disabilities rather than on their strengths and suffering, and in the widespread application of predetermined treatment models without adaptation to the specific population group at hand (Krumer-Nevo & Barak, 2007, p.28).

REFERENCES

REFERENCES, CONT.


