

SNG-Social service redesign-11-27-17

Are the poor different today?

By Jim Nowlan

A year ago, the circus came to my rural county. As a youngster I loved the circus, so I wanted to make sure every kid had a chance to go. Friends and I put a few bucks together, went to a couple of help-the-poor groups and asked for names of families who could use our bucks for tickets.

Fifteen mothers called back to say they would like the assistance. I remember dropping off the tickets—which cost only \$6 bucks for children; we added a little for cotton candy—for several mothers.

At their doors, the young women seemed grateful for such little help. At one beat-up home, I could see a boyfriend lounging on the sofa, just as you hear told. Miserable conditions all, and I'm told we probably didn't reach the most desperate situations.

I am still haunted by that little experience, given my wonderful, Norman Rockwell childhood. Of course, we had the poor back then, always will have, certainly in relative terms.

But something seems different today. Maybe it's the easy availability of drugs, which don't just make life difficult, but destroy lives.

I have friends who happen to be school social workers in my mostly white area. I asked them if they could gather a few of their colleagues, sit around a table with me, and tell me how it is.

They spilled their guts. One of the larger school districts operates an "alternative school" for troubled, disruptive youngsters. Only one of the 21 students comes from an in-tact family, the school's fulltime social worker reported. Then the heart-rending stories started pouring out.

The number of homeless kids has grown, they said. Parent(s) are evicted from the area public housing project for failure to come up with the measly \$50 monthly rent. Apparently, some parents prefer spending money on cell phones and drugs over food and housing. Some sell their SNAP cards (food stamps) for 50 cents on the dollar.

One household, its water turned off for lack of payment, was caught stealing water at night from a neighbor's outdoor spigot! If you can believe this, a junior high school was holding a "hygiene drive" at a game; people were to bring in soap, deodorant, whatever, because it was a distracting problem at school.

The social workers report that some of the youngsters want to work, yet lack transportation to get to the McDonald's or wherever.

I asked around the table: What would the social workers do if they could wave a wand to make life better, more positive for the students who come to them:

Provide stable, supportive families; hope; love; a way to get to the motor vehicle, Social Security, mental health offices; a support system.

Also, get drugs out of the house; kick the parents in the butts; reduce the hoops to getting services, especially mental health, which is in short supply. The suggestions went on.

As one said: The kids who are loved at home come to school to learn; the kids who aren't loved at home come to school to be loved. But the teachers lack the time, try though many do to fill the gap.

Another suggestion about a topic I don't yet grasp: Turn off the screens (digital devices). "When I was in school," one said, "I left my problems at school. Today kids carry their problems with them 24/7 via devices."

Then there is the bureaucracy, plodding, impersonal and fragmented.

[Said one: "Sometimes a mother and child have to go to the mental health office three times to fill out forms before they receive services, often months later."]

In my book "Fixing Illinois" (2014)—boy, was that a failure—I quote a bureaucrat who declared: "Interagency cooperation is an unnatural act among unwilling partners."

It hardly matters, because the agencies cannot talk to one another by computer about a shared client. In Illinois, they operate with ancient IT systems, though Gov. Rauner is the first governor in a while to make strides to develop "interoperability." [The agencies function in what are called silos. Not good.]

When I last checked the Peoria phonebook, I found nine separate state social service units—mental health, Medicaid, DCFS, rehabilitation, alcoholism drugs, and more—all with different physical locations. Several often serving the same person. How is a poor Mom to navigate that?

At the local level, the head of a non-profit social service agency lamented that there was not a single person to serve as the point of contact, navigator, whatever you want to call it, for each family.

I think we need to consider radical reshaping of delivery of social services, from the present centralized model to a decentralized, more personal approach. I would be pleased to receive reader thoughts about all the above.