

# a Big Life manifesto



**Despite neighbourhood regeneration, expanded public services and investment in employment and training, there are still poor neighbourhoods which entrap families and there are still poor people who have never managed to overcome their problems to lead fulfilling lives.**

Inequalities continue to grow – the mortality gap between different social classes has widened,<sup>(1)</sup> and social mobility (if measured by income) has actually got worse.<sup>(2)</sup>

In a worsening economic climate those in government will need to re-assess how to reach the most marginalised people in our communities to avoid further social exclusion. These are the people that **The Big Life group** work with.

When it comes to inequality, we know what we are talking about. The Big Life group work across the North of England with some of the most vulnerable people – people with drug addictions, mental health needs, families living in poverty, black and minority ethnic communities.

We don't see people as their problems, but as individuals with a range of things to offer and challenges to overcome. The shape of this manifesto doesn't therefore reflect Government departments, but sees the issues in context. ***We believe that in order to create positive change we need to stop isolating problems and working in silos, but find solutions that work across these issues.***

Last year we had over 97,000 visitors to our centres and we supported 8,200 people with our services. The Big Life group creates opportunities for people to change their lives.

Formed in 2002, the group contains five social businesses and three charities which offer a range of opportunities including:

- Production and distribution of **The Big Issue in the North** which gives people the chance to earn a legitimate income and signposting to other services;
- Providing **training and employment** to people who face additional barriers to gaining work;

- A **mentoring** service for young people involved in crime or gangs;
- Eight **community resource centres** offering communities and individuals the chance to help themselves;
- **Community mental health services** delivered by people with personal experience of mental distress;
- **Primary healthcare** for people who don't access mainstream services;
- **Summergrove supported housing** for families where the parents have had a drug or alcohol dependency – giving them a chance to rebuild their families;
- Surestart **Children's Centres** and a range of family support services;
- **Childcare** in poor communities and training for local people in Childcare and Education.

1) House of Commons Health Committee (2009) Health Inequalities: Third Report of Session 2008-9 Vol.1 p.16

2) HM Government (2009) New Opportunities: Fair Chances for the future. White Paper p.17

■ The public perception of violent crime has increased at the same time as national reporting has shown a decline. However, gun and knife crime continues to traumatise poor communities in our major inner cities.<sup>(3)</sup> Tackling anti-social behaviour has led to a large increase in the numbers of young people with criminal records. Twelve thousand ASBO's have been issued since 1999; six thousand of these have been breached resulting in a young person gaining a criminal record; 63% were given custodial sentences.<sup>(4)</sup> This just creates further barriers for young people to turn their lives around.

Focusing investment in drug treatment through the criminal justice system hasn't shown any significant success. The most recent evaluation of DTTOs - conducted by the National Audit Office in 2004 - showed that in Manchester only 31% of orders were completed successfully. The nationwide success rate was even lower, at 28%.<sup>(5)</sup> Moreover, Home Office commissioned research found that 80% of those on DTTOs were reconvicted over the next two years.<sup>(6)</sup> Despite this mixed evidence base, the government has expanded its attempts at drug treatment through the criminal justice system,

investing £398 million in 2007/08 alone, and replacing DTTOs with Drug Rehabilitation Requirements.<sup>(7)</sup> The new DRRs have a 'target population wider than the DTTO', as they cover all community sentencing bands, not merely high tariff ones.<sup>(8)</sup>

***We believe crime and violent crime is a symptom of poverty and exclusion. In order to stop more young people becoming entrenched in long-term lifestyles of violence, crime and drug misuse, the government needs to plough investment into community programmes and sentences which are both more effective at changing behaviour and less costly than short term prison sentences. These programmes should develop skills and develop young peoples aspirations.***

■ We have seen an increase in migration with the opening of the European borders and a public perception of increased numbers of Asylum Seekers and Refugees. The public has an exaggerated view of immigration, fuelled by poor quality tabloid reporting and high profile legislative changes to immigration rules (the creation of detention centres etc). 60% of respondents polled by MORI in 2008 said

that Britain had too many immigrants and half wanted the government to encourage foreigners to leave.<sup>(9)</sup> Findings from the Joseph Rowntree Foundation revealed rising immigration had no impact on the UK population, but that there was evidence of increased destitution amongst irregular migrants<sup>(10)</sup>.

National debates about the effectiveness of multi-culturalism following the riots in northern towns reinforced negative stereotypes about diverse communities. Rising unemployment will add to tensions, which racist political organisations could exploit. The 2009 European elections saw the British National Party capture two seats - we need to ensure that we maximise all avenues to strengthen community cohesion and minimise support for extremist views.

***In this context it is crucial that the government focuses on building and supporting cohesive communities with diverse populations.*** Our experience is that many migrant people experience barriers to fully participating in their local community such as difficulty entering further Education and getting access to ESOL classes.

# We believe the government should:

■ **Replace ASBOs with community programmes that are more effective at changing behaviour, develop young peoples skills and aspirations.**

■ **Remove restrictions so that anyone living in this country can access further education or training, regardless of legal status. People can be isolated and seen as outsiders by the local community, but accessing English lessons or joining a local training course can overcome this.**

“I’m doing well. The police no longer see me as a prolific offender and I’ve stayed out of custody for about 18 months, the best I’ve ever done. It’s still difficult coping with my drug addiction but I’m getting by without resorting to crime. The mentoring I’ve had has really helped me get this far. The mentors I had were just like me, they understood my situation and were able to offer good advice which I could connect with.”

**Gary - Mentoring Project**

“I’m a Romanian of Roma origin and one of the leaders in the Roma community in Manchester. I live in a rented three bedroomed house with ten members of my family. We came to this country in search of a better life, but my family and I have had some problems in the local community and we’ve not always felt welcome. I would like to get more involved in the local community and I’ve had some meetings with local authorities but my lack of English is a big problem at times and I would like to have English lessons.”

**Mr C - Big Issue in the North vendor**

3) The Guardian (2008) & British Crime Statistics (2009) Crime in England and Wales 2008/09: Vol. 1 - Findings from the British Crime Survey and police recorded crime.

4) Home Office (2009) Anti Social Behaviour Orders: Statistics; Hansard (2008) House of Lords Debate 9th June 2008; statement by Lord West of Spithead, Parliamentary Under-Secretary Security and Counter-terrorism, Home Office.

5) National Audit Office (2004) The DTTO – Early Lessons HC 366 Session, 2003–2004. Report by the Comptroller and Auditor General. London: NAO.

6) Hough, M., Clancy, A., McSweeney, T. & Turnbull, P.J. (2003) The Impact of Drug Treatment and Testing Orders on Offending: Two-Year Reconviction Results. Home Office Research Findings No.

184. London: Home Office cited in Falk, C (2004) Are DTTOs working? Issues of policy, implementation and practice Probation Journal 51; 398.

7) NTA cited in Release (2009) Welfare Reform Bill: a briefing for Members of the Lords.

8) Hollingworth, M (2008) An examination of the potential impact of the Drug Rehabilitation Requirement on homeless illicit drug using offenders Probation Journal 55; 127.

9) BBC (2008) Britons fear race violence – poll 17th April 2007.

10) Findings from the Joseph Rowntree Foundation- WHERE?

■ Britain has more diverse families now than at any time in the past. In the last ten years the proportion of children living with lone mothers increased by 19% and the number of children living with cohabiting couples increased by 8%<sup>(11)</sup>. But we continue to read that the 'traditional family' is best. Governments that continue with this approach will not only alienate their own voters, but miss an opportunity to tackle the real problems facing families today. We have nearly 60,000 children living in care<sup>(12)</sup> and applications for care proceedings rose by 38% in March 2009 compared to the same time last year.<sup>(13)</sup>

In recent years there have been some innovative approaches to supporting families that are challenged, such as the Family Intervention Projects which offer intensive support to families in crisis. The Big Life group's Summergrove supported housing project for families whose parents have been addicted to drugs and alcohol is another example. ***Parental substance misuse has reached pandemic levels where 30% of children live with at least one binge drinking adult and 8% live with an adult who has used illicit drugs in the last year.***<sup>(14)</sup> ***However, funding continues to be delivered for***

***either adults or children and the lack of a funding stream for families means that agencies are constantly juggling funding.***

The role out of standard children and family services into all communities through Children's Centres is a big investment, and positively focuses on prevention rather than crisis work. However, the emphasis and resources have been taken away from deprived communities, meaning that their impact is diluted. The Big Life group's Children Centre had its resources reduced by 25% and the population it serves increased by 40% reducing the actual available spend per child from £845 per child a year to just £257 per child a year. A number of agencies have reported similar concerns about the dilution of Surestart investment as coverage expands<sup>(15)</sup>.

The extension of free nursery places to all three year olds has been a positive move to encourage early development of children and increase the opportunity for parents to train or work. We look forward to the implementation of free places for two year olds. However, nurseries need to be more than a route to work for parents, or an educational hot house. The Big Life

group works in communities where children are deprived not only of basic economic and housing needs, but sometimes of opportunities for personal and social development. ***It is therefore essential that nurseries offer opportunities to play and learn key social skills.*** We believe that providing such opportunities will also help the UK to improve its position on child happiness from its current place at the bottom of the OECD.

■ Despite massive investment in our health services, health inequalities continue to widen. The average length of life of a woman born in the most deprived ward is now 13.6 years less than in the best off wards<sup>(16)</sup>. The Health Action Zones and Healthy Living Centres initiative originally focused on the determinants of ill health, but latterly public health initiatives have focused on blaming individuals for lifestyle choices. For some people, whether they smoke or eat healthily is the last of their concerns. They are struggling to maintain a home, or get a job, or look after their kids. The Big Life group works with many people who fall into this category, for example through The Big Issue in the North and Open Door in Grimsby.

# We believe the government should:

- **Create a dedicated funding stream for families where parents are drug-users – this should enable a tailored package of support to be provided for whole families, whether this be drug treatment for adults, family support, housing, therapy or childcare.**
- **Provide free childcare for all children of parents from low income families / families living in poverty.**
- **Focus resources on Children’s Centres in deprived areas to ensure we maximise impact.**
- **Act on recommendations by CSCI Think Child, Think Parent, Think Family.**

“My youngest son was going to be placed in foster care but getting a flat at Summergrove stopped this happening. Then, after 5 months here, my three year old son was returned to the family after spending 16 months in foster care. My three other children are being cared for by my parents and we’re all in regular contact with one another. We recently spent a day out in Chester Zoo – the first family day out we have all had together in a long time.

“Since living at Summergrove, I’ve been going to Independence Initiatives, a specialist day centre for people struggling with addiction. I’ve completed an introduction to computers course, a drugs awareness course, photography course, and benefited from some of the therapies on offer at Summergrove like Reiki and massage, which have helped me overcome some of the problems and feelings that come about from staying clean. I’ve recently completed a second stage counselling course at an Adult Learning Centre and I work as a mentor for a local drugs organisation, Community Voice, helping others overcome their addictions. I’m now training to be a volunteer with the NSPCC.

“It’s because of my place here at Summergrove that the family is still together.”

**Jane - Summergrove**

11) Office of National Statistics (2009) Social Trends 39: 2009 edition.

12) Department for Children Schools and Families (2008) Children looked after in England (including adoption and care leavers) year ending 31 March 2008.

13) Cafcass (2009) Increase in children entering care system confirmed.

14) Action on Addiction, [www.actiononaddiction.org.uk](http://www.actiononaddiction.org.uk)

15) A number of agencies have reported similar concerns about the dilution of Surestart investment as coverage expands. FROM WHERE?

16) House of Commons Health Committee (2009) Health Inequalities: Third Report of Session 2008-9 Vol.1.

The Big Issue in the North works with people who are often completely cut off from services, housing or employment. This may be because of their mental health, drug addition or because they are migrants who have few legal rights available to them. Many Big Issue in the North vendors became homeless at an early age and became entrenched in 'street lifestyles'. The Big Issue in the North vendor audits found that 40% of vendors became homeless before their 21st birthday. Almost half have been homeless for more than three years, with 23% being homeless for 5 years or more.<sup>(17)</sup> Current legislation means that Local Authorities have little responsibility to intervene to help prevent homelessness. Research has shown that few single people are offered an assessment to see if they are in 'priority need' of accommodation and are often faced with barriers to accessing services<sup>(18)</sup>. ***The Big Life group believes that legislation should be changed to ensure that every homeless person is assessed and Local Authorities have a duty of care to offer assistance.***

The Big Life Open Door Primary Care

service in Grimsby is an example of how we can tackle health inequalities by really joining health and social care together and targeting people most in need. The Equitable Access programme invested in more GPs and extended opening hours, widening the provision of primary care in under doctored areas. However, the procurement process in practice was often too prescriptive, stifling the opportunity to respond to the specific needs of a community. ***We believe the government should encourage Primary Care Trusts to focus investment on reducing health inequalities on innovative primary health and social care services such as Open Door.***

■ The Increasing Access to Psychological Therapies (IAPT) investment has massively improved services for people suffering from anxiety and depression, and struggling to cope. In the past long waiting lists and lack of services meant that people's problems escalated or became chronic. However, in the roll out of the IAPT programme, local implementation has become inflexible offering a standard six clinical sessions in a clinical setting, rather than tailoring the service to the

needs of the client.

The Big Life group Self Help Services' evaluation shows that whilst there is a significant improvement in the depression and anxiety scores for all people using the computerised CBT service, the scores for Work and Social adjustment continue to be significantly worse for people living in poorer areas. This shows the flaw in the current methodology used by NICE to measure effectiveness of treatments – as it is focused on clinical outcomes alone.

***We believe, developing a market in the NHS has really only meant opening up to large private sector companies and has largely missed the opportunity to bring in innovation through the social enterprise sector.*** Whilst The Big Life group is able to demonstrate the effectiveness of our innovative approach, we often face real barriers to replicating provision. For instance one bid for an Equitable Access General Practice required an investment of £350k a year for two years. Similarly evidence from the IAPT programme has shown that most of the new contracts have gone to NHS organisations, not to social enterprise.



# We believe the government should:

■ **Widen the criteria for housing assessment to all homeless people. At the moment too many vulnerable people are falling through the net and not being supported.**

■ **Review the roll out of the Increasing Access to Psychological Therapies programme (IAPT) to allow for services to be more tailored to individual need. Ensure outcome measures are broad enough to capture both clinical and social benefits of treatment.**

17) Big Issue in the North vendor audits: 2004 and 2005, [www.thebiglifegroup.com](http://www.thebiglifegroup.com)

18) Crisis (2009) No one's priority: the treatment of single homeless people by local authority homelessness services.

“I was sleeping rough when I went to Open Door and I was desperate. My clothes and the medication for my depression and bi-polar disorder were stolen while I was sleeping out, I hadn't eaten for two days and my feet were sore from walking around without socks. The staff at Open Door bandaged my feet, arranged a food parcel and found me some new clothes. And they also worked together to find me somewhere to stay the night, despite the limited number of beds there were available in the area. Someone from the Citizen's Advice Housing who works at Open Door had to email the Homeless Team to push for them to help me out, they eventually did come back with a promise to put me in a B&B overnight, but by then the YMCA had been able to find me a more permanent bed. If it hadn't been for Open Door I would be sleeping rough tonight.”

**Mike - Open Door**

“I do feel that in my case counselling is very valuable, but I found the computerised Cognitive Behaviour Therapy service at Self Help Services so enlightening – I really didn't think a computer programme could bring about such benefits. It's brought me back to reality, helped regain my assertiveness and confidence, it's even helped me board a plane alone for the first time in years and visit an old friend. I now see the cup as half full rather than half empty. It was soul destroying feeling like I did, but the CCBT course and the counselling has enabled me to start planning my life and move forward.”

**John - Self Help Services**

■ Big Life Employment works with many people who have been out of work and have poor health. We believe that getting back into work can improve people's lives and is, for most people, a key aim. However, many of these people have lost confidence and need to develop up to date skills.

We are concerned that proposals to change incapacity benefit will have a negative impact on people's mental and physical health and will not lead to decreasing worklessness. ***We believe benefits are still too difficult for people to stop and start and this prevents people taking short term work opportunities. There still exists a significant poverty trap that makes it more difficult for people to go back into work through minimum wage jobs.***



The recommendations outlined in this manifesto, if adopted, would make a big difference to the 100, 000 people that The Big Life group works with. On behalf of these individuals, and of countless more in similar positions up and down the UK, we'd like to thank you for your attention and look forward to working with you to make these changes a reality and creating further opportunities for people to change their lives.

Fay Selvan  
CEO The Big Life group

# We believe the government should:

- **Audit the commissioning of the third sector in the Equitable Access Programme, IAPT and Employment programmes to ensure barriers to entering the market are removed.**
- **Revise the benefits system to taper benefit payments and to make it easier for people to access short term and temporary work opportunities.**

“Having been unemployed for just under a year, I was really keen to try and get back to work, and Big Life Employment enrolled him on the Employability Skills Programme.

But even though I wanted to get back to work, I was having great trouble with the benefits system. If I was offered a job for a couple of weeks, I was too worried that I would lose my benefits and it would take me too long to get them back when I was out of work again. So I found it difficult to sign off benefits to get temporary work, and often the temporary work I was offered left me worse off financially than when I was unemployed.

Big Life Employment spoke to my advisor at Job Centre Plus and asked them to assess me for any additional credit he could be eligible for. Luckily, I was entitled to reductions to my Council Tax and Housing Benefit and there was also a rise in my benefit entitlement.

I attended sessions on the Employability Skills Programme for 15 weeks, where I was also given help with a range of things like CV writing skills, interview skills, confidence building, and different ways of finding work including help using computers.

This eventually led to me finding permanent employment as a dispatcher for Argos.”

**Marik - Big Life Employment**

Links:

[www.thebiglifegroup.com](http://www.thebiglifegroup.com)

[www.crisis.org.uk](http://www.crisis.org.uk)

[www.hopenothate.org.uk](http://www.hopenothate.org.uk)

[www.makejusticework.org.uk](http://www.makejusticework.org.uk)

[www.endchildpoverty.org.uk](http://www.endchildpoverty.org.uk)

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