a fair share of health care

TIME BANKS AND HEALTH

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FAIR SHARES

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ACKNOWLEDGMENTS

TIME BANKS & HEALTH

THIS RESEARCH PROJECT BEGAN with a detailed review of the current literature followed by a series of interviews with 'expert witnesses' from the fields of health, community development and time banking.

Five participatory workshops were then facilitated by the researcher and were hosted by:

- **The South London and Maudsley NHS Trust**
- **Time Banks UK National Conference, Glasgow (2 workshops)**
- **Sandwell and West Birmingham Hospitals NHS Trust**
- **The Kings Fund, 'Social Capital and Primary Care Seminar'**

In total, 86 people took part in the workshops including policy makers, managers, practitioners, users of public services, Time Bank participants and academics. Throughout this report, the key points raised during the workshops are included as quotes in italics, as are direct quotes from other sources. *(Please see the bibliography for numbered references.)*

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Martin Simon the author of this report is the founder of the Fair Shares network of Time Banks in Gloucestershire and is acting Executive Director of Time Banks UK. He has worked in the public, private and voluntary sectors and is a passionate advocate for participation, mutuality and social justice.

FOREWORD by Richard Rockefeller

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Over the past half century the global free market has shown itself to be such an engine of innovation and productivity that many people *(in my country especially)* view it a panacea for all humanity's ills, not just our material wants.

Unfortunately, like most treatments, this one comes with side effects. For one thing, unrestrained global market capitalism has proven devastating to the environment. In the social realm, the dynamic new world economy combines with factors such as an increasingly mobile populace, the movement of women from home to marketplace, and various attributes of the welfare state, to undermine the "core" economy of trust and reciprocity within family and community that serve a range of critical - non-material as well as material - human needs.

Time Banks promise to mitigate many of these unintended consequences. Indeed, the Time Banks movement is poised to unleash an outpouring of "social capital" productivity and plenitude similar to that wrought by global capitalism in the material realm. Time Banks do this sort of judo-fashion, harnessing some of the very forces, which, until recently, seemed only centrifugal to the social body. Information technology manages the currency for Time Banks' core economy, and the means to re-integrate it with that of the formal market. A Time Bank harnesses increased mobility to build community across geographic barriers. Finally, Time Banks extend the awareness of "one world" which globalism has engendered, such that the communities it creates extend across ethnic groups.

The chronic depletion of social capital has become palpable to the general public only in recent years. Those working in health and human services were among the first to bear witness to this loss, probably because the gap between those needs we can meet professionally, and the greater totality of health and social needs - traditionally served by family and neighbors - is large and growing so rapidly.

A 'Fair Share of Heath Care', a proposed partnership between the NHS and Time Banks in the UK, seems particularly well suited to address this problem.

Combining recent experience from joint ventures between Time Banks and health care practices from around UK and the USA, with creative brainstorming from a series of workshops over the past 12 months, Martin Simon shows how a new partnership between the NHS and Time Banks could successfully address some of the thorniest problems besetting health care today - problems as diverse as burnout of health professionals; low health literacy, unhealthy lifestyles, excessive dependency and poor support by patients; and burgeoning health care costs - not to mention a requirement by the Health and Social Care Act 2001 for real patient and public involvement in the NHS.

This report demonstrates potential value in more areas than I had thought possible, despite extensive work with Time Banks *(we call it Time Dollars)* in the USA over the past decade, including Time Dollar related health program I helped create in Portland, Maine, two years ago.

Simon argues persuasively that involvement in Time Banks will improve participants' own physical and mental health by decreasing their social isolation and improving their social connection. Among many other examples, he describes how Time Banks stimulates participants to become more knowledgeable about their own health, more empowered when confronting the health care system; and more adherent with their medical regimens.

Participants support one another's health as well. Time Banks members might provide home assistance and emotional support to other members following hospitalisation, for example, or share specific expertise such as diabetics and asthmatics teaching other diabetics and asthmatics.

Participants may also support the health care infrastructure. Simon cites ways as diverse as providing transportation to and from doctors offices, hospitals, chemists, etc., to advocating for the NHS.

Promising as this initiative appears, it offers to contribute toward an even greater goal, the restoration of social capital and the hidden core economy upon which it depends. For reasons of physical and mental health, as well as social wealth, this collaboration must move forward.

Richard Rockefeller, MD,
Founder and President,
New England Time Exchange Network
Board Member,
Médecins Sans Frontiéres
(Doctors Without Borders).

ABSTRACT

Nobody disagrees that Britain, along with many other countries, is facing critical problems in managing the demand for health care services. However, opinions diverge when a solution is sought. There is often conflict between, on the one hand, the intended outcomes and impacts of numerous strategies and frameworks, and on the other hand, real life on hospital wards and in GP surgeries across the country.

What if there was a way to address this conflict, and thereby tackle many of the pressure points in the NHS with a single, united will?

It is widely accepted that simply pumping more money into the NHS will not solve problems. The real currency is time. Time Banks release the value of this currency through active participation, not passive consultation.

Time Banks provide a new framework for 'giving and receiving' which are the basic building blocks of positive personal, interpersonal and communal life.

Every hour contributed to the well-being of others earns a Time Credit, which is stored at the Time Bank ready to be used when needed to 'buy in' help from others.

By introducing Time Banks into the NHS, the clinical model of treatment and care is expanded, so that participation and inclusion are at the very heart of the process. Service users are more knowledgeable, 'useful' and understanding of providers' problems when they themselves are engaged in the actual provision of services. As such, this revolutionary model for involvement is a welcome development for all parties.

There are specific barriers to service user participation in the health sector, some cultural and others structural. For many people, there is a history of bad experiences; patient involvement can be feared and resented by health professionals, and viewed as cynical and inconsequential by service users.

To achieve and then sustain real participation and involvement can be difficult and time consuming. By default, health providers have turned in many cases to the traditional voluntary sector. Time Banks offer a fundamentally different and innovative solution.

At the core of the Time Banks model are the dual principles of co-sufficiency and co-production.

***Co-sufficiency:** Belonging to a mutually supportive local social network sustains our long term well-being (and good health).*

***Co-production:** An explicit and dynamic collaboration between the 'client community' and the helping professionals.*

The tangible benefits are seen in examples where Time Banks are already incorporated into health provision:

- Health Centre doctors writing 'prescriptions' for home visits where practical and emotional support is provided by Time Bank members, who are fellow patients, and who themselves then visit the GP less frequently as a result of their participation.
- Community Wellness Classes rewarding people with Time Credits for taking more control of their own health needs and support – from how to deal with an asthma attack, to detecting the first signs of depression.
- Self-help telephone support services by Time Bank members, using an assessment procedure designed by clinicians but operated by fellow patients, dramatically reducing the incidence of hospital admissions.
- A social network within a residential centre for women recovering from substance abuse, where training and support are provided by women for women, and 'paid' for in Time Credits through their own Time Bank.
- A rural Time Bank offering a 'health insurance' scheme under which all members are guaranteed two weeks' home support from other participants after an accident or illness.

This report details more examples where Time Banks are making a difference. However, these models for reciprocity, (give and take), and co-sufficiency, (we need each other), are equally applicable when looking for the enhanced involvement and participation of health providers, as well as patients. The benefits are both practical and motivational for NHS staff constantly working under severe time constraints, and Time Banks can also reinforce relationships and shared aims between planners and deliverers of health services.

The application of Time Banks also reaches beyond service provision and into health promotion. This is an ideal vehicle for peer education and engendering a culture of both individual and collective responsibility for our personal health.

IN SO MANY AREAS, THIS IS A **SUCCESS STORY** WAITING TO HAPPEN

1 INTRODUCTION TIME BANKS & HEALTH

THE PURPOSE OF THIS REPORT IS TWOFOLD:

- **to redefine the limits of the possible for a 'culture of involvement' within our NHS.**
- **to introduce Time Banks to health professionals and to a wider public.**

The Health and Social Care Act 2001 now places a duty on strategic health authorities, primary care trusts and the NHS trusts to make arrangements to involve and consult patients and the public.

"REAL PATIENT AND PUBLIC INVOLVEMENT IS NOT ABOUT TICKING BOXES, IT IS ABOUT NHS ORGANISATIONS DEVELOPING CONSTRUCTIVE RELATIONSHIPS, BUILDING STRONG PARTNERSHIPS AND COMMUNICATING EFFECTIVELY."
(DEPARTMENT OF HEALTH, 2003)[28]

This will require a shift in attitudes and changes in the nature of the relationships between both the NHS and the general public and between NHS staff and patients. Professionals have to be more proactive in avoiding dependency and patients have to be encouraged to take more responsibility for their own healthy living and also for the well-being of those around them.

It will be essential to focus on restoring a sense of mutual ownership of the NHS that will give staff, patients and the public permission to engage in a two way process of health care.

"BUILDING A PARTNERSHIP BETWEEN HEALTH PROVIDERS, PATIENTS AND THE PUBLIC IS AT THE CENTRE OF MODERNISING THE NHS. PATIENT AND PUBLIC INVOLVEMENT IS NOT AN END IN ITSELF BUT A WAY OF ACHIEVING THREE FUNDAMENTAL OBJECTIVES:

- *STRENGTHENED ACCOUNTABILITY TO LOCAL COMMUNITIES;*
- *A HEALTH SERVICE THAT GENUINELY RESPONDS TO PATIENTS AND CARERS; AND*
- *A SENSE OF OWNERSHIP AND TRUST."*

(LAMMY, 2003)[28]

Local Strategic Partnerships have been given a key role to play but the NHS has to reach out and involve people who do not take part in the current structures. We need to capture the imagination of the public and build on the trust that the NHS still enjoys above all other public services.

"NHS HOSPITALS EARNED THE HIGHEST TRUST RATING BY THE PUBLIC OF ALL OF THE ORGANISATIONS THAT PROVIDE OUR PUBLIC SERVICES AT 79%."
(AUDIT COMMISSION, 2003)[31]

For the past year we have been examining in depth two key ways in which Time Banks can help achieve these changes:

- **by rewarding professionals, patients, service users and the general public for their contributions to the mutual provision of health care.**
- **by creating more effective and more mutually supportive exchanges between staff and service users which lead to an appreciation of each other as co-workers in a common cause.**

Two new key concepts have evolved:

Co-sufficiency
Belonging to a mutually supportive local social network sustains our long term well-being (and good health).

Co-production
An explicit and dynamic collaboration between the 'client community' and the helping professionals.

2 SOME NEW CHALLENGES TIME BANKS & HEALTH

AN AGEING POPULATION

By 2023 there will be more people aged over 50 years than there will be people aged under 50. This will place an enormous tax burden on the younger minority of the population who will have to pay for a large part of the public services that will be needed by our ageing population.

Not only are people living longer, (average life expectancy by 2030 will have risen to 85-100 years), they are increasingly likely to be living alone.

"SINGLE PERSON HOUSEHOLDS CONSTITUTED LESS THAN 20% IN 1971, BY 2021 OVER 30% OF OUR HOUSEHOLDS WILL BE SINGLE PERSON ONLY." *(EVANS & SAXTON, 2003)*[15]

The picture becomes even more problematic when we grasp that in less than twenty years large numbers of people aged 60-75 years will have at least one of their parents still alive.

The longest study into 'Ageing Well', the Harvard Study of Adult Development, has been studying 800 men and women since the 1930s and has concluded that ageing successfully is something like being tickled – it's best achieved with another person. That is to say, social connections are crucial to good health while growing older.

DIMINISHING SOCIAL CAPITAL

Many of the hidden ties that bind communities and families have been broken over the past 40 years. Two related changes have been shaping society. One is that we tend to do things alone, whether it be watching the television or surfing the internet. The other is a growing lack of trust.

"FEWER THAN ONE IN THREE PEOPLE BELIEVE OTHERS CAN BE TRUSTED, DOWN FROM 60% IN THE 1960s." *(HALPERN, 2003)*

Modern lifestyles mean that people move around far more and the make-up of the typical family is changing rapidly.

" 'BEANPOLE' FAMILIES ARE BECOMING THE NORM AND BY 2050 MANY CHILDREN WILL HAVE NO SIBLINGS, COUSINS, AUNTS OR UNCLES." *(ECONOMIST, 2003)*

We can no longer assume, therefore, that the informal care, freely given and worth billions of pounds if paid for in cash, will continue to be available to underpin the more specialised health care provided by professionals.

A typical family has 1.6 children and the parents are increasingly likely to be unmarried, divorced or remarried.

"MARRIED COUPLE HOUSEHOLDS MADE UP 70% OF OUR HOUSEHOLDS IN 1971, BY 2021 THEY WILL MAKE UP ONLY 40%." *(EVANS AND SAXTON, 2003)*[15]

Voluntary organisations report a consistent drop in the numbers of people coming forward to volunteer and participation in public life, for most people, seldom extends beyond single issue campaigns and making financial donations to good causes.

Many people told us that their friends did not necessarily live near to them, and that in their home communities they felt that they are now living amongst strangers and that the circles of respect and shame that once self regulated communities no longer exist. The prevailing culture is one of suspicion and increasing isolation.

THE 'FREE' MARKET

The gap between rich and poor is continuing to widen and the health of the socially disadvantaged is still more at risk.

"CORONARY HEART DISEASE IS THREE TIMES HIGHER AMONG UNSKILLED MEN THAN AMONG PROFESSIONAL AND THAT GAP HAS WIDENED SHARPLY IN THE LAST 20 YEARS. FURTHER, STROKE DEATHS IN PEOPLE BORN IN THE CARIBBEAN AND THE INDIAN SUB-CONTINENT ARE ONE-AND-A-HALF TIMES HIGHER THAN FOR PEOPLE BORN IN THIS COUNTRY – A DIFFERENTIAL THAT HAS PERSISTED FROM THE LATE 1970S." *(NEIGHBOURHOOD RENEWAL UNIT, 2002)*[18]

Children up to the age of 15 years from unskilled families are five times more likely to die from unintentional injury than those from professional families.

Advances in medical science and the power of the drug companies mean that treatments are costing more and consequently the NHS is often perceived as financially driven. The public private partnership approach has distanced people

from the NHS and it has undoubtedly suffered from this. The NHS is now seen by many as more like a:

"MONOLITHIC MONOPOLY WITH ALL THE POWER CONCENTRATED CENTRALLY, WITHOUT OBLIGATION TO PEOPLE OR PLACE." *(BLEARS, 2002)*[2]

The frustrations experienced by successive Governments have been obvious to us all. The millions of pounds that they pour into the NHS do not seem, by common experience, to bring about comparable improvements in service delivery.

It is a commonly held belief that many of the regulatory procedures that have been introduced by the NHS in order to avoid risk are in danger of stifling innovation.

LIFESTYLES

The Health Select Committee alerted us this year to a substantial rise in sexual diseases among teenagers.

Reported cases of chlamydia have risen by 108% from 1996 to 2001 and there has been a 86% rise in gonorrhea over the past 5 years. Cases of herpes and thrush are similarly on the increase.

There is an impending obesity epidemic and 10 million Britons could be diabetic by 2020, victims of bad diet and lack of exercise. If unchecked the cost of obesity-related diabetes will swallow up health budgets. (1 in 5 adults are now classed as obese and 1 in 9 children.)

The 'baby boomer' generation is getting older and will continue their reforming march through our culture. They have changed sexual politics, the structure of the family and countless other cultural norms. They are bound to have an impact on the demand for health services and if services do not expand accordingly there will be a strong lobby for change from a generation that first exercised its political muscle in the sixties.

SIMPLE ECONOMICS

The Wanless Report concluded that an increase in understanding, self help and engagement by the public in public health, over the next twenty years, would save the NHS £30 billion every year by the year 2022 – that is half the current annual budget of the NHS.

There is an ancient and wise proverb that says if we do not change direction we will end up where we are headed!

"IF IN THE PAST DECADE THE NHS HAS COME TO UNDERSTAND THAT HEALTH SERVICES ARE IMMEASURABLY IMPROVED BY THE PATIENT VOICE, IN THE NEXT TWENTY WE WILL COME TO UNDERSTAND THAT THEY CAN ONLY BE DELIVERED WITH THE CITIZEN'S HAND." *(HODGKIN, 2003)*[17]

3 WHAT ARE TIME BANKS? TIME BANKS & HEALTH

A TIME BANK IS A COMMUNITY development tool that could make participation by the general public in planning and delivering health services as much a part of modern lifestyles as reading the Sunday papers.

Time Banks offer struggling NHS services a new way to involve people and a framework for shifting the focus away from treating problems to a new way of working that explores what we can all do for each other. Time Banks are being used in neighbourhood renewal, health improvement, lifelong learning and community enterprise across the UK. They are a proven tool for generating involvement, trust and reciprocity, which are the prerequisites of social capital. Time Banks can revolutionise the NHS and promote self care, user involvement and equality of access to services.

"OFTEN YOU CAN'T BUY WHAT YOU REALLY NEED. YOU CAN'T HIRE A NEW BEST FRIEND. YOU CAN'T BUY SOMEBODY YOU CAN TALK TO OVER THE PHONE WHEN YOU ARE WORRIED ABOUT SURGERY. BUT BY GETTING PEOPLE HELPING THROUGH A TIME BANK WE INVOLVE PEOPLE AS CO-PRODUCERS OF THEIR OWN HEALTH CARE." *(MASHI BLECH, 2002)*

HOW TIME BANKS WORK

Money is an agreement between a group of people to use a common currency as a medium of exchange. Time Credits are a new kind of currency which use TIME as that medium of exchange. Time-based currencies are tax free, and earning and spending them does not effect people's entitlements to state benefits.

- **One hour of help given to someone else earns one Time Credit.**
- **These Time Credits are deposited in the Time Bank.**
- **Individuals can then draw out their Time Credits from the Time Bank and spend them on a range of skills and opportunities on offer from the other local participants.**
- **Everyone's contribution is welcomed and everyone's skills are valued equally – one hour earns one Time Credit regardless of the type of task.**
- **Details of all of the participants' skills, needs, availability and likes and dislikes are stored confidentially in the Time Bank computer.**
- **When they want a task done, participants contact the Time Broker who acts as an intermediary and arranges for an appropriate participant to carry out the assignment.**
- **Time Keeper computer software counts each transaction made between participants and issues people with regular Time Bank statements.**

3 WHAT ARE TIME BANKS?

TIME BANKS & HEALTH

As the time currency circulates and more people share their time and skills, the more vibrant and healthy the community becomes. Through a Time Bank, everyday acts of kindness are validated and rewarded as important contributions to the health of individuals and to the community. Experience shows that such acts inspire further acts and the upward, positive spiral of care and concern takes on a momentum of its own.

"WE WON'T HAVE A COMMUNITY UNLESS PEOPLE FEEL THEIR EFFORTS ARE VALUED AND WORTH SOMETHING TO SOMEONE THEY RESPECT."
(WORKSHOP PARTICIPANT)

Time Banks offer people a safe framework for involvement and act as a letter of introduction to a network of local people they can trust. As people connect with each other, new friendships are made and old fears are more likely to disappear. The health and well-being of participants also improves because the more outward looking and active people become, the less prone they appear to be to depression and disease.

"AT OUR TIME BANK WE ALL LOOK OUT FOR EACH OTHER RATHER THAN JUST WORRY ABOUT OURSELVES."
(WORKSHOP PARTICIPANT)

Time Banks make sure that everyone has the chance to be both a giver and a receiver. In this way 'volunteering' becomes a 'two way street' and people re-learn how to accept from others as well as to give help.

Many Time Banks use a version of the cartoon questionnaire shown overleaf and work through it with new members to demonstrate to them that they have skills to offer others and that there are plenty of local people around with skills that they are happy and willing to share.

Our experience is that initially when we interview people who want to join the Time Bank they believe that they have nothing to offer others. It is only when we go through the invaluable everyday skills contained in the cartoon questionnaire that we dispel this myth at source. Our belief is that this is because we have all allowed the market economy to define for us what is to be regarded as valuable. Things that are scarce have a high price and things that are plentiful are devalued. This is how the market works but we have to turn this around and rediscover that the everyday acts of kindness are invaluable to healthy living.

HELP YOUR TIME BANK IDENTIFY THE NEEDS AND SKILLS IN YOUR AREA:

	Need help with	Can help with
Escorting people to appointments	☐	☐
Shopping	☐	☐
Doing errands	☐	☐
Help with form filling	☐	☐
Typing/ Word processing	☐	☐
Letter writing	☐	☐
Budgeting	☐	☐
Sewing/Embroidery/ Dressmaking	☐	☐
Knitting	☐	☐
Woodwork	☐	☐
Metalwork	☐	☐
Playing a musical instrument	☐	☐
DJ	☐	☐
Entertaining	☐	☐
Films and video	☐	☐
Giving people a lift	☐	☐
Driving a car	☐	☐
Driving the people carrier	☐	☐
Simple home repairs	☐	☐
Simple decorating	☐	☐
Gardening	☐	☐
Simple car repairs	☐	☐
Motorbike repairs	☐	☐
Cycle repairs	☐	☐
Car washing	☐	☐







	Need help with	Can help with
Helping with social events		
Running a bar		
Catering		

	Need help with	Can help with
Teaching reading		
Translation		
Adult literacy		
Teaching languages		

	Need help with	Can help with
Muscle: building work		
Muscle: moving/lifting		

	Need help with	Can help with
Providing local knowledge		
Local contacts		
Storytelling		

	Need help with	Can help with
Computer skills		
Design work/ Printing		
Book keeping		
Surfing the net		

	Need help with	Can help with
Using leisure centre/gym		
Sports coaching		
Fishing/Wildlife		
Fitness		

	Need help with	Can help with
Painting and drawing		
Pottery		
Craftwork		
Interesting hobbies		

	Need help with	Can help with
Delivering leaflets		
Packing leaflets		
Publicity work		

	Need help with	Can help with
Basic housework		
Cooking		
Washing/Ironing		

	Need help with	Can help with
Babysitting/ Child care		
Meeting child from school		
After school care		
Youth work		

	Need help with	Can help with
Visiting housebound people		
Phone friend		
Companionship		
Listening		

	Need help with	Can help with
Dog: walking/training		
Pet care		
Plant watering		
House sitting		

	Need help with	Can help with
Emergencies		
On call at unsocial hours		
HAVE A GO AT ANYTHING		

3 WHAT ARE TIME BANKS?

It has been a common mistake to define whole communities as in need of skills that can only be provided by outsiders. We have found that every community has an abundance of skills and talents, including those neighbourhoods usually labelled deprived.

Below is a list of the services on offer from a typical local Time Bank; this one is just over a year old.

1 Administration
2 Adult literacy
3 Advocacy
4 After school provision
5 Apple mac design
6 Art/craftwork
7 Art/drawing lessons for children
8 Art of manifesting
9 Baby sitting
10 Baking
11 Bee keeping
12 Board games
13 Book keeping
14 Book illustration
15 Car washing
16 CD/video loan
17 Cello playing
18 Cloth nappy advice
19 Coaching for public speaking
20 Common sense
21 Computer hardware and software knowledge
22 Computer skills
23 Cookery advice (qualified)
24 Cooking
25 Copywriting/editing
26 Counselling (qualified)
27 Crime prevention advice
28 Crocheting throws
29 Cycle repairs
30 Dance tuition for children or novice adults
31 Delivering leaflets
32 Dog walking
33 Drawing tuition
34 Driving/lifts to shops
35 Electrical work (trained electrician)
36 Feng Shui lessons and advice
37 Film/cinema showings
38 Folding and collating leaflets
39 French tuition/ translation
40 Gardening
41 Gardening advice
42 German tuition
43 Greek tuition/translation
44 Hair cuts
45 Hand-milking goats
46 Have a go at anything
47 Health and lifestyle advice
48 Hedge-cutting
49 Helping childcare groups
50 Help teenagers design own clothes
51 Helping with social events
52 Holiday cottage available
53 Holistic therapy: Bach Flower Remedies
54 Holistic therapy: healing
55 Holistic therapy: reflexology
56 Horse care
57 House sitting
58 Housework
59 Illustration for children's books
60 Interior design and soft furnishing
61 Ironing
62 Knitting
63 Latin tuition/translation
64 Lawn mowing
65 Library/museum work
66 Manicure
67 Massage
68 Mechanical expertise
69 Meditation
70 Music industry advice
71 Office space/venue
72 Painting and decorating (basic)
73 Parent support
74 Patent and trade mark advice
75 Pedicure
76 Personal coaching
77 Personal growth
78 Pet sitting
79 Piano playing
80 Piano mending (not tuning)
81 Planning advice
82 Plant dye advice
83 Plant watering
84 Play reading
85 Playing a musical instrument
86 Presentations in alternative remedies and therapies
87 Print and project management
88 Proof reading
89 Providing a room for meetings
90 Reading to someone
91 Reading/recording for the blind
92 Reiki
93 Riding lessons for children (under 6 years)
94 Road crew work
95 Sewing/needlecraft
96 Shopping/doing errands
97 Sign language teaching
98 Sound engineering: analogue and digital (qualified)
99 Spanish conversation
100 Specialist counselling: loss, grief and bereavement (qualified)
101 Spinning tuition
102 Spiritual healing
103 Staffing a contact point
104 Storytelling
105 Support following miscarriage, stillbirth or neonatal death
106 Surfing the net
107 Tai Chi tuition (qualified)
108 Tarot card reading
109 Teaching English as a foreign language
110 Teaching English for GCSE/A level
111 Telephone listening ear
112 Video editing
113 Violin lessons
114 Visit racehorse stables
115 Visiting housebound people
116 Voice training: for wedding and funeral speeches, public speaking
117 Washing
118 Website design

We ask you to compare this list of skills with the suggested list of skills in which the proposed Citizens Participation Agency believe people should be trained:

"ADVOCACY, PUBLIC SPEAKING, ACCOUNTS, COMMITTEE SKILLS, CAMPAIGNING, CHAIRING SKILLS, COMPUTING."
(BLEARS, 2003)[3]

Now imagine living among people exchanging the Time Bank list of skills and then among people skilled in the second (CPA) list. Which would feel more like a community? Which would give the most people the opportunity to participate? Which would provide the more powerful and more sustainable base for real citizen's advocacy?

We often use the analogy of a computer to explain this point. A computer has a range of excellent specialised programmes, (Excel, Word etc). It also has basic operating systems, (DOS, Windows etc). If the basic operating system is not working properly then the specialised programmes will be ineffective or useless. The same is true in society. If the basic operating system of family, neighbours and community is not working then none of the more specialised welfare programmes will be anywhere near as effective as they could be. By focusing on restoring what we call the 'core economy', (of family, neighbours and community), Time Banks are providing a base for social welfare programmes to flourish.

"MENTAL HEALTH TOUCHES US ALL AND RECOVERY CAN BE SLOW. LOCAL PEOPLE WHO UNDERSTAND AND HAVE SPARE TIME CAN BE THERE FOR PEOPLE MORNINGS, EVENINGS AND WEEKENDS."
(WORKSHOP PARTICIPANT)

CASE STUDIES:

We asked two experienced time brokers to tell us some typical stories of how people use their Time Bank for their health and well-being:

3 WHAT ARE TIME BANKS? TIME BANKS & HEALTH

FIRSTLY, FROM JON COUSINS…

"MARGE EARNS CREDITS BY READING FOR ANGELICA. WITH HER CREDITS MARGE HAS GONE OUT FOR TRIPS AND TO LUNCH WITH YOUNG PARENTS CELIA AND CHARLES, WHO HAVE SINCE USED THEIR TIME CREDITS TO HAVE MARGE BE A 'RENT A GRANNY' FOR THEIR CHILDREN. WHILST WAITING FOR A HIP OPERATION MARGE HAS ALSO SPENT CREDITS ON PARTICIPANT'S GETTING HER PRESCRIPTION FROM THE CHEMIST, AND NOW SHE IS JUST OUT OF HOSPITAL FOLLOWING HER OPERATION, PARTICIPANT'S ARE EARNING CREDITS BY VISITING HER AND PREPARING MEALS.

JENNY LOOKS AFTER HER BROTHER BILL WHO SUFFERS FROM ALZHEIMERS. JENNY HAS BEEN ABLE TO 'BUY IN' RESPITE CARE FROM MARY, WHICH HAS ALLOWED JENNY TO GO ON TRIPS AND EVEN VISIT THE THEATRE FOR THE FIRST TIME IN OVER 10 YEARS.

BRENDA IS VISUALLY IMPAIRED, AND HAS BEEN SLOWLY LOSING HER SIGHT FOR THE PAST 5 YEARS. SHE HAS EARNED CREDITS BY GIVING LESSONS IN BRAILLE, AND ADVISING LOCAL ORGANISATIONS ON ACCESSIBILITY ISSUES. SHE HAS SPENT CREDITS HAVING PEOPLE HELP HER CLEAN THE HOUSE.

KATE HAS SUFFERED FROM A LONG-TERM ILLNESS THAT MEANT SHE HAD TO GIVE UP WORK AS A HEAD TEACHER. SHE NOW EARNS CREDITS HELPING TEACH COMPUTERS AT AN AFTER SCHOOL CLUB. KATE SPENDS CREDITS ON REFLEXOLOGY FROM JILL AND MASSAGES FROM CARO."

SECONDLY, FROM PASCALE VASSIE…

"HENRY IS HOUSEBOUND AND JOINED THE TIME BANK BECAUSE HE NEEDED SOME HELP WITH HIS SHOPPING. HE WAS WORRIED ABOUT JOINING A TIME BANK, EVEN THOUGH HE THOUGHT RECIPROCITY WAS A GOOD IDEA. HIS CONCERN WAS THAT HE HAD NOTHING TO GIVE IN RETURN. AT HIS INTERVIEW WE DISCOVERED THAT HE WAS A BRILLIANT PIANIST AND ENTERTAINER. WE TEAMED HIM UP WITH DENNIS, WHO JOINED BECAUSE HE HAD BEEN UNEMPLOYED FOR A LONG TIME AND HIS CONFIDENCE WAS VERY LOW. DENNIS SAID HE HAD SEVERAL BAD EXPERIENCES WITH PEOPLE AND HE DIDN'T WANT TO TAKE PART IN GROUP ACTIVITIES BUT WOULD REALLY LIKE TO GET INVOLVED IF HE COULD DO THINGS WITH JUST ONE OR TWO PEOPLE. THIS IS WHAT HENRY HAD TO SAY ABOUT HIS EXPERIENCE WITH THE HOURBANK:

3 WHAT ARE TIME BANKS? TIME BANKS & HEALTH

"THE BEST THING I GOT OUT OF JOINING IS THAT I'M NOW ABLE TO GET MY SHOPPING DONE. DENNIS TAKES HIS TIME AND GETS EXACTLY WHAT I WANT, HE'S VERY GOOD. HE COMES EVERY FRIDAY AND WE GET ON REALLY WELL. I ALSO MET LEE AND WHEN THE CAFÉ OPENED I THOROUGHLY ENJOYED THE BAND THAT PLAYED THERE AND HAD LONG CHATS WITH ALL THE MUSICIANS. I ALSO GET ON REALLY WELL WITH DADA, WHO DROVE ME TO THE EVENTS AS I CAN'T GET OUT ON MY OWN. I HAVE HIS NUMBER IN CASE I GET STUCK AND I WANT TO GET ABOUT OR TO THE HOURBANK CAFÉ. SO FAR ALL THE MEMBERS I'VE MET THROUGH THE HOURBANK HAVE BEEN VERY NICE, VERY CARING PEOPLE."

AS IS OFTEN THE CASE THERE IS MUCH MORE TO THIS STORY THAN IMMEDIATELY POPS OUT – DENNIS SOMETIMES GOES A WHOLE WEEK WITHOUT LEAVING HIS FLAT, SOME DAYS HE DOESN'T LEAVE HIS BEDROOM. HIS PARTNER SAYS THAT SHOPPING EVERY FRIDAY FOR HENRY GAVE DENNIS A PURPOSE, A SENSE OF RESPONSIBILITY – THAT HE TOOK HIS COMMITMENT TO HENRY VERY SERIOUSLY AND EVEN ON A 'BAD' WEEK HE WOULD GET OUT OF THE FLAT AND DO HENRY'S SHOPPING. ON THOSE OCCASIONS IT MIGHT TAKE HIM TWO OR THREE HOURS TO GET THE SHORT LIST THAT HENRY HAS MADE HIM BUT HE DOES IT. THEN HENRY AND DENNIS HAVE A CUP OF TEA AND SHARE A CAKE BACK AT HENRY'S PLACE.

WHEN DENNIS WENT ON HOLIDAY ABOUT 18 MONTHS AFTER HE'D JOINED THE HOURBANK, I WORRIED THAT HENRY WOULD HAVE NO-ONE TO DO HIS SHOPPING AND SO I CALLED HIM. TO MY SURPRISE HENRY TOLD ME HE LIVED IN SHELTERED ACCOMMODATION AND GOT MEALS-ON-WHEELS EACH DAY SO HE WOULD NOT NEED ANYONE TO REPLACE DENNIS WHILE HE WAS AWAY. HE TOLD ME THAT HE HAD KEPT UP THE REGULAR ARRANGEMENT WITH DENNIS BECAUSE HE COULD SEE THAT IT WAS HELPFUL TO BOTH OF THEM. IT GAVE DENNIS A SENSE OF PURPOSE AND HIM A SENSE OF INDEPENDENCE.

BOTH OF THEM HAVE GIVEN MUCH MORE TO THE HOURBANK THAN THEY EVER THOUGHT THEY HAD TO GIVE – DENNIS HELPED IN THE KITCHEN WHEN HE FELT 'UP TO IT', MADE DELICIOUS APPLE AND ALMOND CAKES FOR EVENTS, TOOK PART IN OUR MANAGEMENT COMMITTEE FOR A WHILE AND BECAME A QUALIFIED FIRST-AIDER. HENRY PLAYED THE PIANO, ENCOURAGED OTHER MUSICIANS TO JOIN, AND WHEN PIANO PLAYING BECAME TOO PAINFUL WOULD ENTERTAIN WHOLE TABLES OF PARTICIPANTS WITH HIS CHEERFULNESS. HE ALWAYS CAME TO EVENTS EARLY AND ASKED FOR SOMETHING TO DO. WHILE HENRY WAS AROUND WE ALWAYS HAD CUTLERY NEATLY ROLLED UP IN A NAPKIN AT EVERY CELEBRATORY MEAL OR TIME BANK CAFÉ LUNCH."

EVALUATION

The recent national evaluation of Time Banks, 'The Time Of Our Lives', University of East Anglia/NEF, found that:

- *"TIME BANKS ARE SUCCESSFULLY ATTRACTING PARTICIPANTS FROM SOCIALLY EXCLUDED GROUPS. THIS INCLUDES PEOPLE IN RECEIPT OF BENEFITS, FROM LOW INCOME HOUSEHOLDS, RETIRED PEOPLE, THE DISABLED, THOSE WITH LONG TERM ILLNESS, WOMEN AND NON WHITE BRITISH ETHNIC GROUPS.*
- *TIME BANKS ARE SUCCESSFULLY ATTRACTING PEOPLE WHO WOULD NOT NORMALLY GET INVOLVED IN TRADITIONAL VOLUNTEERING. ONLY 16% OF TRADITIONAL VOLUNTEERS HAVE AN INCOME OF UNDER £10,000 WHEREAS NEARLY FOUR TIMES AS MANY TIME BANK PARTICIPANTS DO (58%). NEARLY DOUBLE THE NUMBER OF TIME BANK PARTICIPANTS ARE NOT IN FORMAL EMPLOYMENT (72%) COMPARED TO TRADITIONAL VOLUNTEERS (40%).*
- *THE MAIN MOTIVATIONS FOR JOINING THE TIME BANK WERE TO HELP OTHER PEOPLE, AND TO BUILD SOCIAL NETWORKS, TO MAKE FRIENDS AND MEET PEOPLE. ALTHOUGH IT WAS INTEGRAL TO THE SCHEMES, EARNING TIME CREDITS WAS THE LEAST MOTIVATING REASON FOR JOINING THE TIME BANK.*
- *PARTICIPATION IN TIME BANKING WAS FELT TO IMPROVE PEOPLE'S QUALITY OF LIFE. A MAJOR PART OF THIS WAS THROUGH SOCIAL INTERACTION. THIS ALSO HELPED WITH UNDERLYING PROBLEMS SUCH AS ALCOHOLISM AND MENTAL ILL HEALTH.*
- *BEING IN A TIME BANK FOR SOME PARTICIPANTS IS A WAY TO ARTICULATE A VISION OF A BETTER SOCIETY – WHERE LABOUR THAT DOES NOT NORMALLY HAVE ECONOMIC VALUE IS REWARDED AND APPRECIATED. THE VALUES OF TIME BANKING ENCOURAGE PEOPLE TO DEVELOP PRACTICAL VISIONS FOR THEIR NEIGHBOURHOODS. THEY KNOW THAT OTHERS ARE THERE TO HELP AND SUPPORT AND THE COMMUNITY GELS."*

(SEYFANG, 2002)[25]

LEVEL ONE- 4 CO-SUFFICIENCY TIME BANKS & HEALTH

"SELF-SUFFICIENCY IS A MISNOMER. SELF-SUFFICIENCY IMPLIES THAT WE CAN SINGLY PROVIDE FOR OUR NEEDS, THAT WE NEED NO ONE. YET THE TRUTH IS THAT WE ARE ALL DEEPLY DEPENDENT ON EACH OTHER. TO SHARE AND TO CO-OPERATE MEANS TO TAKE GREAT RISKS, WITH HIGH RETURNS FOR OUR BRAVERY. BETTER, THEN, THAT WE STRIVE FOR CO-SUFFICIENCY THAN SELF-SUFFICIENCY. ISOLATE PEOPLE AND WE STRUGGLE IN SILENCE. JOIN US TOGETHER AND WE REACH OUT. ISOLATION IS A KIND OF POVERTY, AND COMMUNITY A CERTAIN WEALTH." (RAY, 2003)[24]

TWO TYPES OF TIME BANKS are currently being developed in this country and both create a climate of co-sufficiency; one in localities and the other in organisations:

1) **'Neighbour to neighbour'** Time Banks are community based and driven by local people who appreciate the value of social networks and the power of reciprocity.

2) **'Specialised Time Banks'** offer organisations a tool to motivate 'users' and supporters to participate in fulfiling the organisation's mission.

Both types will be of interest to the NHS. At the latest count by Time Banks UK, the umbrella organisation for time banking in the UK there were:

"69 ACTIVE TIME BANKS WITH A FURTHER 57 IN DEVELOPMENT. BETWEEN THEM THEY HAVE EXCHANGED MORE THAN 162,000 HOURS." (TBUK WEBSITE)

TYPE 1: NEIGHBOUR TO NEIGHBOUR

This model may be most relevant for advancing public health. There is compelling evidence regarding the detrimental impact of the lack of social support networks upon the health of individuals. One of the most substantial, consistent and neglected findings in all of medicine is that the presence of close and supportive family and friends protects and buffers us against the impact of disease.

Social support refers to the esteem, involvement, help and affection provided by an individual's support network, usually composed of family, friends and colleagues.

"WHEN SOCIAL SUPPORT IS LACKING THE IMPACT OF BIOLOGICAL FACTORS IN DISEASE AND THE PRESSURES EXPERIENCED BY SOCIAL EXCLUSION ARE INTENSIFIED. THE SCIENTIFIC EVIDENCE IS EVERY BIT AS CONVINCING AS THAT WHICH LINKS SMOKING TO LUNG CANCER, BUT IT IS LARGELY IGNORED." (CLARE, 2000)[12]

As long ago as 1960, a nine year study of 7,000 people found that:

"INDIVIDUALS WHO WERE ISOLATED, WERE NOT MEMBERS OF A CLUB OR COMMUNITY GROUP, WHOSE CONTACTS WITH FAMILY AND FRIENDS WERE POORLY DEVELOPED, DIFFICULT OR NON EXISTENT, WERE BETWEEN TWO AND THREE TIMES MORE LIKELY TO DIE. THE FINDING WAS NOT RELATED TO SUCH ISSUES AS AGE, ETHNIC GROUP, SMOKING, ALCOHOL CONSUMPTION, OVER EATING, PHYSICAL EXERCISE OR THE USE OF HEALTH SERVICES." (KAPLAN, SALONEN & COHEN, 1984)[19]

Nor was gender an issue – women with poor social supports were as likely to die as men, although men do usually have poorer social support systems.

"SOCIAL SUPPORT, CONNECTION, COMMUNITY OR SOCIAL CAPITAL, CALL IT WHAT YOU WILL. AT HEART IT MEANS THAT WHEN YOU FEEL LOVED, NURTURED OR CARED FOR YOU ARE MUCH MORE LIKELY TO BE HAPPIER AND HEALTHIER. YOU HAVE A MUCH LOWER RISK OF ILL HEALTH. IF YOU DO GET ILL YOU WILL HAVE A BETTER CHANCE OF GETTING WELL AGAIN AND A QUICKER RECOVERY." (ORNISH, 1999)[22]

Staying fit and well is easier when someone is there to encourage and support you, be it with caring words or with a sharp prod!

TYPE 2: SPECIALISED TIME BANKS

A specialised Time Bank enables co-sufficiency by providing a framework for an organisation to engage users, supporters and the general public in working together to achieve its mission. Time Banks are already beginning to be used by primary care centres, home care, residential care and in healthy living centres. Time Banks UK, the national support network, are now contacted every week by primary care trusts eager to explore the way a Time Bank can help deliver their inclusion agenda.

4 LEVEL ONE- CO- SUFFI CIENCY TIME BANKS & HEALTH

When targeting a particular need or group of people a support network can be built involving the 'problem' people, who can share the skills they have alongside everyone else. By concentrating on what people can do rather than on their presenting problem the emphasis is shifted from other forms of professional interventions that can restrict people to a passive role.

As mentioned there are several health-related specialised Time Banks already operating in this country and set out below are a just a few examples:

GENERAL PRACTICE:

In South London, the Rushey Green Health Centre has run a Time Bank for three years. Doctors write prescriptions for medication but also for a regular hourly visit from a local Time Bank participant. This may be anything from help with shopping to a friendly voice over the telephone from someone who has been through the surgery facing a worried patient.

The Time Bank participants are also patients of the surgery and are happy to co-produce the care and support needed and earn their Time Credits at the same time. The doctors report that Time Bank participants visit them less, which frees up time for them to give to other patients.

HOSPITAL AFTER-CARE:

In Gloucestershire, the Fair Shares Community Time Bank offers their participants a novel county wide 'health insurance' scheme called Rest Assured. All active members of the Time Bank are guaranteed that, should they have an accident or an unexpected stay in hospital, other participants will visit, do their shopping, run errands or whatever else needs doing for up to two weeks when they return to their home to convalesce.

HEALTH PROMOTION:

In Glasgow, the Gorbals Time Bank runs a fresh food delivery service and a simple farmers market, paid for in part with Time Credits. Vegetables are collected from the market by van and distributed across the community.

The workers earn Time Credits and spend them across a whole range of opportunities open to them through the skills of other participants. Planning is under-way for extending this idea and bringing organic food straight from the farmers and possibly paying people who live in urban areas in Time Credits for helping to grow the crops. The 'townies' will benefit both by receiving reductions in the eventual cost of the food and the farmers will benefit by the input of a flexible and guaranteed labour force at critical points in the growing cycle.

Children benefit from learning where their food comes from and putting the farmers face on their food.

RURAL TRANSPORT:

In Moreton-in-Marsh, the first rural Time Bank in the UK is piloting a social transport scheme built around a Time Bank.

This provides affordable, (people pay in Time Credits and petrol vouchers only), and accessible, (drivers live locally and there is to be a wheelchair accessible minibus available soon) local social transport.

A team of drivers earn Time Credits that they can then use to make it easier for them and their families and free up their time and give lifts to hospitals, clinics and surgeries. People pay for the journeys with Time Credits earned doing tasks they enjoyed but that others were finding difficult to manage.

LEVEL 4 ONE-CO-SUFFICIENCY TIME BANKS & HEALTH

In the USA the Health Maintenance Organisations, (HMOs), fund Time Banks because they have calculated that for a small cash investment they can keep people healthier longer and in less need of their more expensive mainstream health services. Three recent examples are:

HEALTH EDUCATION:

In St Louis the MORE, Members Organised Resource Exchange, is a flagship Time Bank with over 12,000 members. Participants can pay in time dollars for a visit from a doctor or for a medical check up. Participants are paid in time dollars for going on a whole variety of training courses (they pay men double to attend parenting classes).

Health and hygiene products, cleaning materials, simple health equipment and food parcels can be bought for Time Credits at the time dollar store – one time dollar buys any item.

They also run Wellness Classes that spread knowledge out into the community about how to deal with an asthma attack or how to detect the first signs of depression. They have paid work gangs in time dollars for working on building safe cycling tracks.

COMMUNITY CARE:

In New York, the Elderplan HMO runs the Member to Member Time Bank to help older people live independently in their own homes and also enjoy interdependent lifestyles. Above all, they keep in contact and avoid isolation. Telephone Bingo and quizzes are paid for by time dollars and so are peer counselling, walking clubs and a whole range of non medical but health promoting activities.

They publish a catalogue of health aids, such as blood pressure monitors, which can be bought for time dollars. Participants can also get cinema and theatre tickets, lunches at local restaurants and vouchers for shops and transport in exchange for their time dollars. These perks are donated by local businesses and give people incentives to stay involved.

USE OF 'EXPERT PATIENTS'

In Richmond, Virginia, the Volunteer Caregiving project is one of several time banks that operate a self help telephone support service for diabetics and asthmatics. They use a simple phone assessment procedure that has been prepared by clinicians. Fellow patients have the time to talk things through and can talk from a position of personal experience.

The Sentara Time Bank ran an asthma telephone support scheme and was closely monitored over a three year period. This revealed some startling statistics. For example, among the 142 asthma patients there were significant reductions in demand for professional services:

- **39% reduction in visits to casualty**
- **74% reduction in hospital admissions**
- **73% reduction in costs of asthma services**

(Average savings of over $100,000 a year)

Bedfordshire Health Authority produced a diagram of the 'continuum of involvement' which we have adapted below to show some of the areas that we think could clearly benefit from a Time Bank.

No-one speaks with more authenticity than patients and service users in defence of their services. They are the most valuable resource the NHS has and so when they contribute their time and wisdom it is both sensible and just to pay them back in Time Credits for the 'work' they are doing for the NHS.

THESE ACTIVITIES WOULD ALL BENEFIT FROM A TIME BANK TO REWARD PARTICIPATION:

MINIMUM INVOLVEMENT

Giving information	Getting information	Forums for debate	Participation	Partnership
■ Exhibitions ■ The press	■ Citizens panels ■ Patient diaries ■ One-one interviews	■ Focus groups	■ Citizens' juries ■ Expert patients ■ Health panels	■ Community development ■ Large group processes

4 LEVEL ONE- CO- SUFFI CIENCY TIME BANKS & HEALTH

Some organisations within the NHS already do 'pay back' service users for their involvement, (eg travel and child care expenses), but our contention is that Time Credits would be a more equitable, appealing and cost effective way of doing it on a much larger scale.

The Time Credits would enable people to buy in the support that they may need to free themselves up from routine family commitments or deal with emergencies and the unexpected.

An additional incentive to encourage people to get involved would be to offer them tangible rewards in exchange for the hours they contribute. Socially responsible businesses are donating excess goods and services for Time Banks to pass on to the participants as rewards for the hours they contribute to socially constructive ends. (People in receipt of state benefits can only receive goods and services as awards for the contributions they have made and not in exchange for the Time Credits they may have earned in the process).

At the research workshop in Sandwell Hospital it was agreed that a Time Bank could also offer NHS staff access to a reliable local social support network for use when needed by their families and for those they care for at home.

Interacting with patients and their families and neighbours in this way would also break down some of the artificial barriers and possibly lead to more positive regard, openness and trust between staff and patients.

"IT WOULD HELP THE STAFF TEAM NO END TO KNOW THAT WHEN THINGS GET A BIT HECTIC AROUND HERE THAT THEIR FAMILY CAN BE HELPED OUT BY A LOCAL TIME BANK." *(WORKSHOP PARTICIPANT)*

There is immense scope for the general public to connect once again with the NHS. Everyone uses its services at some time and surveys repeatedly show that at a local level people are happy with the quality of service they receive.

Patients and their families, friends, colleagues and neighbours are all touched by the NHS at some point in their lives and every type of skill and ability could be available through a Time Bank to complement the more specialised expertise of the staff.

Unlike conventional volunteering, at a Time Bank people do not have to commit themselves to an ongoing regimen. They register their skills and availability and respond as they wish when asked to do a task. Some days will be convenient, others not. No blame is attached to turning down a task. When a similar task is required at a later date the person may be asked again and at that time be free. Everyone contributes skills that they enjoy doing for others when they want to do them and in exchange gains access to a range of skills on offer from others should they ever be needed. In the process a 'culture of co-sufficiency' develops.

Some of the GPs we spoke to made it clear that many of their colleagues might resist a co-sufficiency approach and maintain an heroic stance of self sufficiency toward their ever increasing workload.

Yet a small but profound shift in their attitude and an appreciation of the power of co-sufficiency could enlist for them a vast team of co-workers.

Doctors working alone cannot cure isolation and unhappiness. By mobilising their patients they could gain access to an enormous range of people, skills and resources. They already have contact with several thousand people in their local area. They often have a good understanding of their patient's needs and some knowledge of the skills and talents that are available. Time Banks in GPs surgeries are a success story waiting to happen.

LEVEL TWO- CO PROD UCTION 5

TIME BANKS & HEALTH

CO-PRODUCTION REFERS TO AN EXPLICIT AND DYNAMIC COLLABORATION between the client community and the helping professional. Everyone involved puts in what they are uniquely equipped to give and each has their contribution compensated for as the real work that it is. This leads to a more equitable exchange of power and resources and to a different type of relationship.

The Kennedy Report on the Bristol Royal Infirmary Inquiry (2001) sets out a set of principles by which strategies for genuine patient and public involvement should be developed.

- **Patients and public are entitled to be involved wherever decisions are taken about care in the NHS.**
- **The involvement of patients and public must be embedded in the structures of the NHS and permeate all aspects of health care.**
- **The public and patients should have access to relevant information.**
- **Health care professionals must be partners in the process of involving public and patients.**
- **There must be honesty about the scope of the public's and patient's involvement, since some decisions cannot be made by the public.**
- **There must be transparency and openness in the procedures for involving the public and patients.**
- **The mechanisms for involvement should be evaluated for their effectiveness.**
- **The public and patients should have access to training and funding to allow them to participate fully.**
- **The public should be represented by a wide range of individuals and groups and not by particular 'patient groups'.**

The key to understanding the potency of these principles in the context of co-production is the meaning given to the word 'involvement'.

If involvement is understood as a synonym for consultation and listening to a range of views before making decisions, then little progress will be made along the road to co-production.

If involvement is interpreted as a joint responsibility for making the system work then these principles in action would revolutionise the NHS.

The point has been raised frequently by people contributing to this research that other public services have declared equally inclusive intentions, but that in time they have marginalized their participation strategies.

Heavy workloads and other pressures have led professionals to rationalise their inactivity around inclusion, often placing the blame on budget limitations or the apathy of users.

Nearly always, however, the eventual response when pressured is to employ more 'specialists' or offer members of the lay community some training to become unpaid mini specialists, obliged to spend their time at meetings commenting on the professionals' agenda. This has more to do with co-option than inclusion.

Time Banking has revealed to practitioners these lessons and they have been the inspiration behind the evolution of co-production theory.

THE PREMISE OF CO-PRODUCTION IS, SIMPLY STATED, THAT: NOTHING WORKS UNLESS WE ENGAGE AND INVOLVE THE PEOPLE WE ARE TRYING TO HELP.

CO-PRODUCTION THEORY OFFERS US :

- **a new way of looking at involvement.**
- **an understanding of why so many inclusion strategies fail.**
- **a set of guidelines for best practice.**
- **a self assessment tool for measuring progress.**

5 LEVEL TWO- CO PROD UCTION TIME BANKS & HEALTH

CO-PRODUCTION ALSO OFFERS US A VALUE BASE:

The four core values of co-production:

ASSETS: Everyone has capacity to be a contributor to the well-being of others in their community.

WORK: Those who carry out the really essential activities, (such as bringing up healthy children, helping to keep their communities safe and caring for those around them who are more vulnerable), need to be validated and rewarded in some way for the vital work that they do.

RECIPROCITY: The impulse to give back is universal. Wherever possible, "You need me" must become "We need each other".

SOCIAL CAPITAL: Building social networks, which people feel that they own and know that they can rely on, is the first step to rebuilding trust.

CO-PRODUCTION REQUIRES NEW AND GENUINE PARTNERSHIPS:

A) **between the service users and the professionals.**

B) **between the market economy and the 'core economy' (of family, friends, colleagues, neighbours and community).**

A) SERVICE USERS AND PROFESSIONALS

Few would disagree with the assertion that specialists, in any field, are far more effective when they can secure the active and willing involvement of those that they are trying to help.

Co-production argues that when service users are treated as valued 'co-workers' they will be more likely to co-operate in their treatment. This means that, whenever appropriate, artificial barriers between the professionals and patients are to be put aside and the focus shifted to discovering and building on the strengths of the service users, rather than relating to them solely in terms of their problems, needs or weaknesses.

For this to happen there needs to be a willingness to let go of some elements of control by the professionals and at the same time a desire on the part of the service users to help themselves and participate in the process by bringing the skills and energy that they do have to the situation. The mutual support of peers will be crucial and a client community has to be fully engaged in any recovery process.

Everyone involved has to relearn to trust each other – we are, after all, the greatest assets each of us have. The specialist needs the input of the service user as much as the service user needs the expertise of the specialist.

As highlighted in a recent newsletter from the London Time Bank the real challenge is:

"HOW DO WE GET PUBLIC SERVICES TO CARRY THROUGH THEIR COMMITMENT TO PARTICIPATION RIGHT THROUGH TO THE FRONT LINE AND RISK INVOLVING REAL PEOPLE AND REAL COMMUNITIES."
(BURNS, 2003)[6]

B) THE TWO ECONOMIES

The 'market' economy and the 'core' economy, (of family, friends, neighbours and community), are complementary but they operate from two distinct sets of principles. The market operates around principles such as profit, specialisation and the sanctity of the contract. The core economy operates around principles of love, acceptance, give and take and spontaneity.

The public sector normally operates in the way of the market but to involve patients and the public the NHS must find ways to bridge the two economies and harness the best qualities and attributes of each.

Co-production teaches us that by drawing on this mixed economy, the best of market led solutions and new kinds of informal support systems, we can tap into a new hybrid source of synergy.

Professional skills
Joint ownership
Personal responsibility
Social networks
Reciprocity
+
= HEALTH

6 FROM PATIENTS TO PARTNERS
TIME BANKS & HEALTH

"THERE IS A CLEARLY STATED RESOLVE BY NHS POLICY MAKERS TO 'TAP INTO THE ENTHUSIASM AND ENERGY OF PATIENTS, THE PUBLIC AND LOCAL COMMUNITIES TO MAKE LONG TERM IMPROVEMENTS' WITH THE AIM CREATING A 'CULTURE OF INVOLVEMENT'."
(DEPARTMENT OF HEALTH, 2003)[28]

This will be difficult to achieve without a shift in prevailing attitudes and an acceptance of a wider understanding of health as promoted by the World Health Organisation.

"HEALTH IS A POSITIVE CONCEPT EMPHASISING SOCIAL AND PERSONAL RESOURCES, AS WELL AS PHYSICAL CAPACITIES." *(WHO, 1986)*[33]

Co-production theory argues that patients and service users must be redefined as assets and encouraged to jointly identify ways in which they can be enlisted as co-workers in producing the desired outcomes, either directly or indirectly. By indirectly, we mean that the work of the patient and service user is not restricted to a set of actions that follow a regime prescribed by or desired exclusively by a professional. Rather, we mean that the patient's or service user's positive strengths be used to create reciprocal obligations or set in motion processes that will address a problem or expand the resources base available to solve the problem.

A WORKING EXAMPLE FROM THE USA THAT WE CAN LEARN FROM:

POWER is a residential therapeutic community for women recovering from substance abuse. For some time the staff were aware that the service users were not participating fully in the programme and so they tried a co-production approach.

They discussed various possibilities with the women and reached a mutual agreement about how a Time Bank might be introduced into the centre.

The idea was that a Time Bank would act as a tool for building a social network between the women. It was also agreed that classes and therapy would be paid for in Time Credits that could be earned by the women by helping with tasks essential to the successful running of the centre and to each other's well-being.

One woman has earned Time Credits teaching another to read and write. That woman paid off her Time Credit 'debt' by teaching another woman to do hair and nails. Another has used her skills to teach another resident to surf the net.

Before the Time Bank, the women's group home was free. Now they pay rent in Time Credits earned through contributing to the programme. Before the home had been the subject of endless complaints and no action. Now, the home is 'theirs'. The women redecorated the place, earning Time Credits as painters, interior designers, getting donations of furniture and fittings, putting up curtains and tending to the garden. The women now bring new energy to the centre's mission as team members, offering to the programme and to one another the strengths they each have and enhancing the quality of the overall programme. In doing so, they have become co-producers. They have also become spokespersons and ambassadors for a treatment regime that they have themselves invested in, developed and maintained.

CO-PRODUCTION IN THIS CENTRE MEANS THAT:

- **the relationship between staff and patients is one of mutual respect.**
- **patients are able to rely on a supportive social network of peers.**
- **patients are rewarded for their local knowledge and individual skills.**
- **together staff and patients are more able to take on longer term strategies that address underlying problems.**
- **staff and patients are respected as a team by the outside world.**

"WHEN PATIENTS IN THE SELF HARM UNIT ARE TRUSTED TO MANAGE THEIR OWN SELF HARMING BEHAVIOUR THEY ARE TAKING BACK SOME POWER FOR THEMSELVES AND GET RESPECT FOR DOING IT."
(WORKSHOP PARTICIPANT)

"PEOPLE NEED TO BE INVOLVED IN PROVIDING HEALTH SERVICES TO UNDERSTAND THE PROBLEMS. THIS IS THE ONLY WAY THAT THE SERVICES CAN BECOME REALLY RESPONSIVE, WHEN ORDINARY PEOPLE AND THE STAFF AND THE USERS ARE ALL PART OF PRODUCING THEM, FOR GOOD OR BAD."
(WORKSHOP PARTICIPANT)

7 CONCERNS FROM THE WORK SHOPS

TIME BANKS & HEALTH

"PATIENTS ARE THE MOST IMPORTANT PEOPLE IN THE HEALTH SERVICE. IT DOESN'T ALWAYS APPEAR THAT WAY. TOO MANY PATIENTS FEEL TALKED AT RATHER THAN LISTENED TO." (NHS PLAN, 2000)

WORKSHOP PARTICIPANTS aired a range of concerns and doubts:

- **The NHS is an extremely large hierarchical organisation and much of the decision making is necessarily slow whereas social networks are driven forward by passion and commitment and this could frustrate any long term co-operation between the two.**
- **People who have been more closely involved with the NHS felt that there was a danger that patients and the public may already feel let down by past attempts at working in partnership.**

"THEY (NHS MANAGERS) TALK TO US WHEN THEY NEED TO BUT THE IMPORTANT DECISIONS ARE STILL MADE BEHIND CLOSED DOORS." (WORKSHOP PARTICIPANTS)

- **Networks are only vibrant and worthwhile as long as they are of real use to their members. There have been instances of network meetings, originally targeted at public involvement, being attended almost exclusively by paid staff.**
- **In a social network people can be open and spontaneous but when representing their hierarchical organisations people often feel required to adopt a professional façade.**
- **Uncommon words and phrases are used by professionals that inadvertently intimidate people and stifle a real debate.**

"I HAVE ALWAYS FOUND THAT WHEN ANY TWO PEOPLE SIT DOWN TOGETHER, LOOK EACH OTHER IN THE EYES AND TALK STRAIGHT THEN THEY END UP LIKING EACH OTHER." (WORKSHOP PARTICIPANT)

- **It will not be an easy task to change a curative, institutional culture like the NHS into a preventative culture of involvement.**
- **NHS staff often feel overwhelmed and the victims of circumstances beyond their control.**

"IT IS NOT ALWAYS THE ACTUAL POWER YOU HAVE THAT IS IMPORTANT BUT THE POWER OTHERS THINK YOU HAVE." (WORKSHOP PARTICIPANT)

- **Front line services now spend time 'processing and warehousing' people rather doing what they came into the profession to do.**
- **There is a competitive atmosphere within the NHS in which dedicated people are pitched against one another to secure resources for their particular specialism.**
- **It is really hard for professionals who have spent years developing their areas of expertise to loosen their grip and hand over elements of control to patients and the public.**
- **Many people feel that 'risk avoidance' is in danger of stifling innovation and that there is a vast difference between the perception of acceptable risk held by managers and the reality of life for front line workers, who have to take risks nearly every day.**
- **People need to feel that they own their Time Bank and that it is not being imposed upon them or being used as a way to deliver services 'on the cheap'.**
- **There will be little change without the backing of management at all levels and the inclusion of co-production in local delivery plans.**

"WE CAN HAVE WHAT WE ALL NEED IF WE USE WHAT WE ALL HAVE." (WORKSHOP PARTICIPANT)

8 SELF ASSESSMENT & TRAINING

TIME BANKS & HEALTH

DURING THIS RESEARCH the relative merits of self assessment and external accreditation were discussed with various stakeholders.

Co-production, for example, is a new concept and there are distinct benefits to be had from self assessment. It would encourage ownership of the issues and the staff involved would learn about co-production in depth.

Equally, a system of external accreditation may provide a much needed objective view which will help the development of new ways of working. It would also flag up a serious approach to quality and demonstrate confidence and transparency. A stamp of approval may also lend credibility this new approach.

There is no agency that is equipped to offer external accreditation at this point in time although Time Banks UK are working on a proposal to take on a quality control function nationally and national accreditation programmes for time brokers with the O.C.N.

SELF ASSESSMENT QUESTIONNAIRES

These provide an excellent means of gathering the opinions and aspirations of staff. Questions can be custom built for particular organisations or departments and answers can easily be clustered to represent the views of specific sectors.

Questionnaires provide essential background information for follow up discussions on the way that co-production may be introduced to improve services.

EXAMPLES OF THE TYPE OF QUESTIONS TO ASK:

1) **What opportunities do you provide for patients and service users to discover and use their individual strengths and abilities outside of the context of the problem that you are helping them with?**

2) **When and how do you think patients and service users should help to run your organisation and what tasks would you see as possible for them to do?**

3) **What rewards, incentives or benefits do you provide as compensation for the time and skills contributed to the running of your organisation by people not on your pay roll?**

4) **How appropriately do issues of liability, insurance, confidentiality and qualifications affect the involvement of patients and service users in the running of your organisation?**

5) **How does your organisation support the creation of informal support networks in the home localities of your patients?**

6) **What opportunities are there for patients, service users and 'volunteers' and staff to mix and to socialise together?**

7) **How can you make mutual self help central to the delivery of your organisation's mission?**

OPPORTUNITIES FOR FURTHER TRAINING AND DEVELOPMENT

Fair Shares are able to offer health professionals, service users and community groups a range of training and support:

- **Presentations**
- **Consultancy**
- **Placements**
- **Workshops**
- **Research**
- **Mentoring**

Please contact **Martin Simon** for more details.

Tel: 01452 541338
Fax: 01452 541352

Email: fairshares@blueyonder.co.uk

Post:
Fair Shares, City Works,
Alfred Street, Gloucester GL1 4DF

Time Banks UK will be running training programmes in 2004, including:

- **Workshops on time banking for front line workers**
- **Accredited courses on the skills of a Time Broker**
- **Co-production for professionals**

For more information contact:
info@timebanks.co.uk

AHEaD

Agency for Health, Enterprise and Development

AHEaD was established in Sandwell in the West Midlands in 2001 following a successful application to the 'HAZ Innovations fund.'

One aspect to AHEaD's work has been to pilot innovative approaches to public involvement in health and social care services. In 2002 AHEaD established the first Timebank within the West Midlands. Through this report they now seek to share the belief that Timebanks can provide a robust and effective tool to involving local people in NHS service delivery and health improvement.

For more information contact:
Jason Evans

Tel: 0121 500 1500
Fax: 0121 500 1501
Email: jason.evans@rrt-pct.nhs.uk

9 RECOMMENDATIONS TIME BANKS & HEALTH

"IT IS EASY TO MISTAKE PEOPLE'S EXCLUSION AND POWERLESSNESS FOR APATHY. REMEMBER THAT BEING ON THE RECEIVING END OF A SERVICE CAN INHIBIT PEOPLE'S EXPECTATIONS AND LEAD THEM INTO DEPENDENT ROLES AND RELATIONSHIPS."
(DEPARTMENT OF HEALTH, 2003)[28]

THROUGHOUT THIS RESEARCH the workshop participants, interviewees and expert witnesses have been in agreement that wide scale practical involvement of patients and the general public is essential if the NHS is to prosper.

Further injections of financial support from the Government will be essential, but the concern has been expressed repeatedly that the demand for services is growing at an ever increasing rate and seem always to outstrip the resources available.

Recent NHS strategy papers have included a welcome acknowledgement of the need for the NHS to break down this cycle of dependency and involve the energies of patients and local people in new solutions that change the relationship between them and NHS staff. There are clear guidelines for improving the planning process and making services more responsive by involving patients and service users. Our assertion is that this is just the first step in a potential rebirth of the NHS as ***our*** National Health Service.

The NHS is astonishing. It remains a living, breathing testament to the belief that we can only truly care for ourselves if we care for others. By each of us giving up a small percentage of our income we are all freed from the fear of not being able to pay for treatment should ill health unexpectedly strike a member of our family.

Belonging to something larger than oneself, to a community, adds a distinctive sense of purpose and meaning to our lives. We can now choose to make that something the NHS. Staff only need to reach out and grasp the citizen's hand.

It is recommended that action be taken immediately in the following seven priority areas:

1) **that the principles and practice of time banking be included in training to support the Patient and Public Involvement agenda, post graduate and under graduate education, continuing professional development and the future development of local strategic partnerships.**

2) **that time banking be tested in a range of settings within the NHS as a tool for involving service users and the public.**

3) **that a range of front line service delivery teams pilot co-production.**

4) **that the concept of co-sufficiency is placed at the centre of public health and health promotion policy and practice.**

5) **that staff performance indicators are introduced to measure levels of the actual engagement of patients, service users and the public in both planning and service delivery.**

6) **that Human Resources Departments within the NHS explore the potential for in-house Time Banks to support staff.**

7) **that co-production self assessments be widely promoted within the NHS as a way to establish a baseline for development.**

10 APPENDICES TIME BANKS & HEALTH

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III USEFUL CONTACTS

Fair Shares
www.fairshares.org.uk
London Time Bank
www.londontimebank.org.uk
Maine Time Dollar Network
www.mtdn.org
Mutuo
www.mutuo.co.uk
New Economics Foundation
www.neweconomics.org
Time Banks UK
www.timebanks.co.uk
Time Dollar Institute
www.timedollar.org
Transaction Net
www.transaction.net/money

"RECEIVING AFFECTION ALLOWS PEOPLE TO LAUGH AT THEIR OWN TROUBLES, BUT BEING THE OBJECT OF CONCERN DEMANDS THAT THEY LOOK SERIOUS IN ORDER TO KEEP THEIR HELPERS HAPPY." Eric Berne, 1962

TIME BANKS AND HEALTH