

Rushey Green time bank evaluation report

April 1999 - May 2001

"This alternative method of treatment has led to a lot of patients being taken off anti-depressants. Too often in the past doctors would give people drugs or nothing at all. Now we have this new method, and the results I have seen have been remarkable. I've seen smiling faces on people who were very depressed before they started the scheme and I can't wait to start the in depth evaluation which will give us more information about how people use the time bank and what they get from it."

Dr Richard Byng, pioneering GP, Rushey Green time bank, March 2001

"The regeneration of communities and individual people's lives can also come in other ways [than Government programmes] and particularly from within. The idea of using and trading in community time has been one particularly effective and now widespread phenomena."

Tessa Jowell, **Cabinet Minister for Employment and Education**, March 2001

Introduction

This report covers 1999 – 2001, the first two years of the New Economics Foundation time banking programme. During this period and due to support for the King's Fund, time banking has shifted from a little known idea to a well-recognised and proven tool for community building. This report describes the development of the Rushey Green time bank pilot scheme and shows how this has helped sow the seeds for a UK-wide time banking movement.

Background

"Time Dollars" or time bank schemes are the brainchild of law professor Edgar Cahn who developed them as a way of providing non-medical services for older people – helping them to stay in the own homes, keep hospital appointments and stay healthy.

Supported from 1994 by the Robert Wood Johnson Foundation, the first wave of time dollar schemes pioneered a new kind of money, 'time credits.' Time credits are now used in over 200 cities in the USA to fuel volunteer schemes, health maintenance programmes, support old people and a range of other local social projects.

Time bank schemes work by recording, storing and finding new ways of rewarding the time people spend helping each other in their local communities. The time credits earned in the schemes can have their value underpinned by local authorities or concerned businesses making goods available in return for them – reinforcing reciprocity and trust. But even without that, time banks are one way of putting neighbours in touch with each other, using people's skills and imagination, particularly older people's which is ignored by the market economy, and building a network of neighbourhood support.

Evaluation conducted by the University of Maryland established that time bank schemes succeeded in attracting people who don't normally volunteer, kept old people healthier and cut drop-out of volunteers. Additional research by the Health Maintenance Organisation, Sentara in Richmond, Virginia found that their time bank, which provided peer support for people with asthma, cut emergency admissions to hospital by 74 per cent and saved \$217,000 over two years.

One of the most successful projects in the USA, is Elderplan, a social Health Maintenance Organisation in New York City. In their first 12 years, Member to Member volunteers have put in over 100,000 hours helping each other, teaching each other and supporting each other to be independent. Member to Member enables volunteers to earn and pay time credits for giving and receiving non-medical services like, shopping, friendly visiting, bill-paying, hospital visiting, home repairs, walking clubs, support groups, self-help courses and others, all funded by time credits earned through the scheme.

"Often you can't buy what you really need," says Mashi Blech, Elderplan's director of community services. "You can't hire a new best friend. You can't buy somebody you can talk to over the phone when you're worried about surgery. But by getting people helping through the time bank we want to involve people as co-producers of their own health care."

Time Bank Development Programme – the project

In 1998 the New Economics Foundation (NEF) supported by a grant from the King's Fund organised a series of UK seminars by Edgar Cahn. The visit generated much interest, particular from the health sector and the King's Fund agreed to support the New Economics Foundation to pilot a UK approach to time banking over a two-year period.

The aims and objectives of the project were three-fold:

1. To set up an experimental time bank project in London which uses time as a currency to develop volunteering services around a hospital or health centre - primarily with and for older people.
2. To funnel expertise from the Time Dollar Institute in Washington and provide badly needed support, co-ordination and expertise to other time bank projects in the UK
3. To monitor and evaluate the success of new time bank projects in order to gain the support of policy makers and facilitate the development of future time bank projects.

Meeting the project Objectives

Objective 1

To set up an experimental time bank project around a hospital or health centre, primarily with and for older people

The Rushey Green Practice is based at two locations in Catford, South East London. It has a team of 14 clinicians: 6 GP's, 2 nurses, 1 nurse practitioner, 1 psychologist, 1 counsellor, 1 child mental health specialist and 1 health visitor.

In May 1999, NEF took Edgar Cahn to visit the health centre to talk to GP's, health workers and patients. The meeting inspired people to think about how the time bank could make a difference to health and well being of the people using the health centre.

It was followed up by two sessions which generated a vision of how the time bank might work and connect patients, GP's, health workers and the broader community¹. The outcome of this early consultation was:

- Patients and health workers felt the scheme had the capacity to generate much needed social support for the most isolated older people as well as families and provide low level practical help to enable older people to stay in their own homes
- The 'Imagine' session generated a broader vision about how the time bank could help create a new kind of health centre, where there would be:

Access to homeopathic drugs

Links to the Internet

No more appointment systems

Surgeries will become healing environments in themselves

No need to prescribe drugs

Surgeries will provide a beautiful environment - out with the scrappy posters and TV's - in with pictures, soothing music, plants and flowers.

Emphasis will be on lifestyle, nutrition and exercise

We will be able to talk about our feelings

Patient empowerment - we will heal each other in the waiting room and I will be able to heal through my own action

Working with a handful of first recruits drawn from these groups, other patients were then approached in the waiting area of the health centre, introduced to the time bank concept and asked what talents and passions they would like to put into the time bank using a simple skills audit.²

Over half of the people approached thought the time bank was a good idea and wanted to get involved. The activities they identified were small errands, letter writing/form filling, simple DIY/home repairs, and companionship.

Several young mothers were brought together at this stage: they all lived in the same tower block in Catford and all wanted companionship and help with their kids but didn't know each other even though they were 'neighbours.' These women formed the core group of the new time bank and helped recruit more housebound older people who had been contacted through the health visitors list. New time bank

¹ See Attachment 1 for more information about the 'Imagine' technique

² See Attachment 2

members met each other at the summer gardening party where they cleared and replanted the health centre garden and earned their first time credits.

In January 2000, Liz Hoare was appointed as the time bank co-ordinator. She took over the day to day running of the time bank, linking up members offers and wants of services using the TimeKeeper software package. Liz also worked with members to develop a newsletter and set up a steering group, made up of members as well as representatives of the practice and local voluntary agencies.

Cllr Mee Ling Ng, the Deputy Mayor of Lewisham officially launched the time bank in March 2000. NEF produced a special edition of our newspaper to publicise the event.³

What the Rushey Green pilot has achieved

By the end of April 2001, the Rushey Green project is a fully operational time bank supporting some of the health centres most vulnerable patients and backed by staff working at the practice as well as organisations from the wider community.

The time bank has 60 members: 55 individual members and 5 organisations including, the health centre itself, the local garden centre, a local nursing home, Voluntary Action Lewisham, Downham Cycle Taxis, Lewisham Community Health Council and St Lawrence's Church.

The time bank has generated over 2,950 hours of service. The range and type of services include: befriending, running errands, giving lifts, arranging social events, woodwork, poetry writing, teaching sewing, babysitting, gardening, lifting that requires muscle, swimming, fishing, teaching the piano, catering, form-filling, design work, drawing and giving local knowledge.

New members join the time bank, on average 1 – 2 per week and turnover is low with all the members who joined earlier in the year still involved. 3 members have left the bank for a range of reasons: one moved house, another passed away and a third took on more paid work. There are also 23 people who initially contacted the time bank and decided subsequently not to get involved.

The time bank is made up of 29% men, 71% women. Of these 44% are from minority ethnic groups and 52 % have some kind of disability. 33% are over 65 and 18% are over 80 years old. The oldest member is 91 years old, the youngest 16.

Of the 60 members:

25% have only *given* time

22% have only *received* time

22% have given *and* received time

69% give time at least 1 hour every fortnight

Elderly members, especially those over 80 years of age are less likely to give time than receive it, but they are still active members. Mabel Wilson, one of the time bank's eldest members (and former child minder) has helped out with childcare and the second eldest member regularly turns up to meetings and socials to dance and sing.

³ See Attachment 3

Referrals to the time bank come from:

GP's and health workers at Rushey Green Group Practice - 60%

Self-referrals from patients – 17% (about half of these have been encouraged by health centre staff to join)

Time bank members recruitment in the health centre waiting room - 14%

Outside agencies including Lewisham Social Services, Mental Health Day centres and Lewisham Hospital – 9%

Initial research undertaken in Summer 2000 found that the time bank was providing people who were suffering from depression with support as *well* as the opportunity to build their confidence, friendships and skills by giving time themselves.

Case Study 1

The time bank works with the local Community Health Council (CHC). A group of members, many of them old and frail, go and help when the Council needs to do a large mail-out. This gives them the opportunity to get out, feel useful again and make friends. In return, the CHC helps in many different ways: one CHC worker befriends an older woman who is housebound and took her to buy a cassette recorder so that she could listen and enjoy books on tape now that her eye sight had deteriorated. Another practised her Spanish with a younger time bank member, who in return was able to improve her English.

Case Study 2

A group of members who enjoy gardening have helped care for the two gardens attached to the buildings of the Health centre. The local garden centre have provided plants and tools including those which can be used by members who have to use a wheelchair or who might have difficulty bending.

This year the time bank was successful in obtaining a grant of several hundred pounds from the environmental charity, Groundwork. As a result members are replanting the flowerbeds at the main surgery building (in the busy Lewisham High Street) with mature plants and shrubs. These will quickly give pleasure to passers-by and will attract butterflies, birds and insects as well as providing interest for people with sensory impairments by growing plants that are perfumed or have a tactile interest.

The garden provides a valuable interface with patients and local passers-by. Health Visitor, Lavinia Johnson describes how:

“Time bank members have made a great difference to people arriving at the Central Lewisham surgery. The flowerbeds at the front of the building were dismal – full of weeds and rubbish – and they had been like that for years. Then the members started taking care of it. Mothers coming to our clinics often comment on the change – especially the wonderful display of daffodils in the spring. It cheered them up and made them feel better even before they got to see a health visitor or GP!”

Case Study 3

Ann, who is one of the founder members of the time bank, had been very depressed after two very difficult events in her life had taken place very close to each other – a divorce from her husband and the death of her mother. Before joining the time bank, she spent most of her time indoors watching TV.

She got involved in the time bank when she started befriending a housebound neighbour; she also helped with gardening at the practice. In return another member

befriended her, Jane who telephoned her regularly to see how she was feeling. Jane herself is very restricted in her mobility as she is a wheelchair user.

Another member repaired Ann's shed roof. Ann has commented herself on many occasions that becoming involved in the time bank helped change her life for the better. Not only did she make friends and come out of her depression, but she went on from strength to strength soon becoming involved in an amateur theatre group where the performances are about the experiences and lives of older people. The company, Age Exchange takes their shows around Europe and Ann has accompanied them on one of their most recent tours.

Ann's experience is backed up by the practice's clinical psychologist Melanie Shepherd: "Amongst clients I work with I've found that becoming involved in the time bank can have spectacular results. It's been particularly valuable amongst people who are reluctant, or unable to use psychological intervention where I've seen dramatic changes in the person's attitudes and affect. At the same time I've seen it working really well alongside counselling help."

Evaluation of the pilot scheme

The first survey of the Rushey Green time bank was completed in Summer 2000⁴ and provided a snapshot of how some of the time bank members had become involved, how they used the time bank and what difference participation had made to them.

The survey found that the time bank had given members someone to talk to and got them out of the house. It had improved their social networks outside of their home and family and had enabled people to gain support and learn from each other's experience, either through meeting informally or through telephone 'help lines'. By 'mixing' people up the time bank had also helped increase people's understanding and tolerance of conditions, like depression and mental illness.

By valuing everyone's time and skills as equal - from calling someone on the telephone through to cake making, the time bank had given a sense of self worth to people who had previously been passive recipients of care. Many of the members are elderly or disabled and cared for to some extent. The time bank had given them the opportunity to also give and become 'carers' in different ways in the community. It had also reduced the burden on traditional carers in the form of both family and social services to some extent by providing support from other local people.

The survey showed that the time bank provided support for workers at the health centre by creating a system of social support for some of the health centre's more vulnerable patients. It has meant that GP's and nurses are able to offer a friendly chat or a helping hand when it is needed rather than prescribing medicine or a lengthy referral to another agency.

A second more in-depth evaluation, supported by the King's Fund is now underway. This is a two-year evaluation being led by a research team based at King's College London. The first stage (co-ordinated by Dr Garcia⁵) will be completed in autumn 2001. The research combines qualitative and quantitative approaches to describe the working of the time bank and measuring it's health impacts. The findings of the research will be disseminated through workshops and a handbook.

As part of Time Banks UK (the national network of time bankers), we are working with Dr Gill Seyfang at the University of East Anglia to co-ordinate a national evaluation of time banks⁶. This is a two-year piece of work, to be completed in September 2002, supported by the Economic and Social Research Council and has 2 stages: a first national survey of time banks, to be followed by more in depth case studies with individual time bank members and will be completed in September 2002.

In addition we are working with individual time bank groups to help them start evaluating their own projects by putting evaluation materials online.

What we have learned from the pilot scheme

1. Building the time bank through people not systems

⁴ See Attachment 5 for questionnaire used

⁵ See Attachment 6 for outline

⁶ See Attachment 7 for details

Rather than set up the time bank, employ a worker and then start to recruit members, we began by finding out from people what they would like the time bank to do and what they would like to contribute. By working in reverse we created a ready and willing band of helpers who got going immediately. They generated interest and enthusiasm for the project and meant that when the co-ordinator began she inherited an active project around which she could design the most appropriate systems for running the scheme effectively.

While systems and form filling are important and have their place – people always come first in the time bank. The scheme is above all a way for people to give and receive help as easily and informally as possible. Systems and forms should be designed to facilitate this and not to create unnecessary administration.

2. Encouraging members to give straight away

The time bank operates on the basis that everyone has something to give, something they enjoy doing and which makes them feel valued and worthwhile. Developing effective ways of enlisting people's passions and skills (skills audits, parties, gardening sessions etc) takes practice but once people have offered their time it's really important to make them feel useful by getting them giving right away.

Many members have a great deal to offer but do need time and encouragement before they feel ready to give. At least 50% of the membership require ongoing support to stay involved and contributing. This is one of the main tasks of the time co-ordinator, requiring special listening and people-skills.

3. Making members feel safe

It is important that members of the time bank feel safe, especially when they are going into other member's homes. For these reasons the time bank co-ordinator needs to be aware of any health problems or behaviour which might put members at risk or be a risk to other members of the time bank. These can include severe mental health problems, tendency to be abusive, alcohol misuse or other health problems such as slight epilepsy. Issues like these make confidentiality a real concern for the time bank.

To make sure time bank members feel safe, references are taken up for all new members. This can pose a problem for some people, like refugees and people who are very isolated and have no one who can give information about them.

By offering group activities, such as gardening or shared meals, the time bank has been able to provide a safe space for people who are without references to participate and gives the co-ordinator time to get to know them better.

These group activities also provide opportunities to share information and give basic training to members.

A good example of how group activities can provide safe setting for involvement is where the time bank co-ordinator discovered that one member had a drinking problem. He earned his time credits by driving and helping with gardening. He was approached in confidence by the co-ordinator and agreed that his drinking problem meant that he wouldn't be able to carry on driving for the time bank. However, he promised not to drink while on the business of the time bank and was able to continue taking part in the gardening and social events. When the gentleman passed

away a few months later, time bank members attended his funeral and sent the only flowers.

4. Making sure the time bank is diverse and reaches out to the wider community

Referrals to the time bank from people with mental health needs have been very high. However the success of the scheme has rested on its ability to mix people up and engage them on the basis of what they can do, rather than segregate them and confine them to activities organised around their particular health condition.

Ahmed, is one member who is a good example of this. He was referred by his mental health worker and earned his time credits washing cars and gardening. The worker later telephoned the time bank co-ordinator to ask why Ahmed turned up for his time bank activities but not for other activities she had organised for him. The co-ordinator replied that when Ahmed was on the business of the time bank, people knew him for what he *could* do, as a talented and active young man. This perhaps provided more of an incentive for him than attending the mental health day centre.

The health centre is part of a rich network of help and support in local people's lives and it is important that the time bank becomes a part of this if it is to become an integral part of the local scene. Links have been made with voluntary groups, churches and local businesses and we will continue to foster these ties.

5. Involving members in the development of the time bank

The initial 'Imagine' session held when the time bank was still setting up provided a clear sense of direction for the project: members together with practice management agreed that they wanted to use the time bank to create a new kind of health centre where the kinds of help people could give each other took its place alongside more traditional kinds of health care.

Following on from this, regular Steering group meetings have provided more formal opportunities for members to feed into the development of the time bank. For example, members have helped with recruitment and development of new initiatives, like the DIY scheme.

Communicating effectively with members has proved vital at every stage of the project: telephone trees and word of mouth have worked better than fliers and mail outs. Regular updates also go to practice management in order to keep them informed and up to date with developments.

6. Continuing to innovate

The time bank continues to innovate with the launch this summer of a home DIY scheme that will enable members to learn how to do basic home repairs as well as get small jobs done themselves around the home. This idea for this scheme came from members, many of them women, who wanted to learn how to maintain their own homes. The scheme is also responding to the needs of older people who wanted odd jobs done around their home.

Sharing the lessons with practitioners

The Rushey Green pilot has enabled us to provide a resource for practitioners and policy makers at both a local and national level.

Within Lewisham, we have worked with the local Council and the South London and Maudsley NHS Trust to develop a joint time bank programme which will build on what has worked best at Rushey Green, in particular the way in which the scheme involves people with mental health needs. The time bank is also involved in developing a voluntary sector strategy for the borough – one which will get Lewisham's most vulnerable and socially excluded groups participating and helping to build more effective local services.

As one of the core schemes within the London time bank, the Rushey Green is playing an active role in developing new schemes by providing hands on advice and guidance, for example working with the new time bank on the Angell Town Estate in Brixton.

Publicity, presentations and active outreach has generated interest from health practitioners and commentators from around the country. This includes, the National Association of Health Visitors, GP practices in Sheffield and Hull who are keen to implement a similar scheme as well as health authorities, like Sandwell.

Gaining the support of policy makers

We have used the example of Rushey Green to demonstrate to policy makers that:

- The time bank approach helps shift the focus from people's problems to their abilities. Professionals traditionally concentrate on what patients *can't* do: often this becomes the accepted way of triggering help. Time banks focus instead on people's assets, what they *can* do.
- By using these hidden resources in the community, surgeries are able to provide access to a much wider range of services than traditional surgeries – anything from basic DIY to self-help bereavement counselling.
- Doctors need patients as much as patients need doctors - patients are partners in the business of keeping the neighbourhood healthy and need to be recognised as equals.

This has enabled us to achieve a series of policy goals:

- The zero-rating of time credits for tax and means tested benefits.
- Recommendations in the Government's Performance and Innovation Unit's report, 'The Generation Game' that 'community exchanges' be developed in order to unlock the potential of the UK's older people.
- Support in the draft Economic Strategy for the Greater London Development Agency which proposes that time banks networked through smart card technology could help join up London's wasted talent and huge unmet.
- Support for the idea of more mutual kinds of volunteering and time giving through support from the Active Community Unit and collaboration with the BBC TimeBank campaign.

- Participation in the Social Exclusion Unit, Policy Action Team (PAT) on Community self-help, which helped contribute to the National Strategy for Neighbourhood Renewal
- The backing of the recently launched Neighbourhood Renewal Unit, whose director, Joe Montgomery, gave time banks his full support while head of Regeneration at the London Borough of Lewisham:

“Your initiative is particularly interesting given the widespread view that communities are now more disparate and fragmented than ever before, with more people feeling isolated. It is encouraging to learn that you are trying to re-invent local neighbourliness and to bring such communities closer together through schemes such as time bank. It is tremendous that you are pioneering this scheme locally.”

Internationally we have presented the Rushey Green time bank pilot at the People’s Health Assembly held in Bangladesh during December 2000. This generated interest world-wide, especially from primary health care groups concerned with involving excluded groups, like low caste women and people with HIV/Aids.

Summary

Rushey Green has enabled us to explore how time banking works in practice. In addition, the experience of developing a time bank in partnership with a health centre has meant we have been able to innovate new ways of delivering community-based health care. This has generated interest both from community groups and statutory providers who are interested in involving the people who are keen to re-invent the way health is delivered in their communities.

The second part of the project has been to use the Rushey Green experience to support the development of new time banks across the UK. Working as part of Time Banks UK, we have taken the experience of the pilot and made it available to new schemes setting up across the UK.

Our next step will be to use the evidence from the evaluation to support the next wave of time bank development.

Conclusion

We need a injection of reciprocity into our failing institutions, so they are no longer one-way delivery systems constantly short of resources and struggling against a rising tide of need – but two-way networks of reciprocity that involve beneficiaries as partners.

This will often mean an end to giving services away apparently for free and instead asking people to get involved in helping out in their local communities. The new model could mean:

- A legal duty on all public institutions to have mechanisms in place to involve beneficiaries as equal partners in regeneration.
- Imaginative systems, like NEF’s new London time bank, that can link time banks together into single networks, negotiating cheap or free entry to sports facilities

for time credits, or training for time credits, or refurbished computers or recycled furniture for time credits.

- Ending benefit ambiguities about letting people pay for goods like recycled computers or furniture in time credits.

The project funded by this grant has enabled us to find out how these new models of health delivery can work in practice and to share this valuable experience with groups and institutions keen to explore new approaches to improving the health of the whole community.