

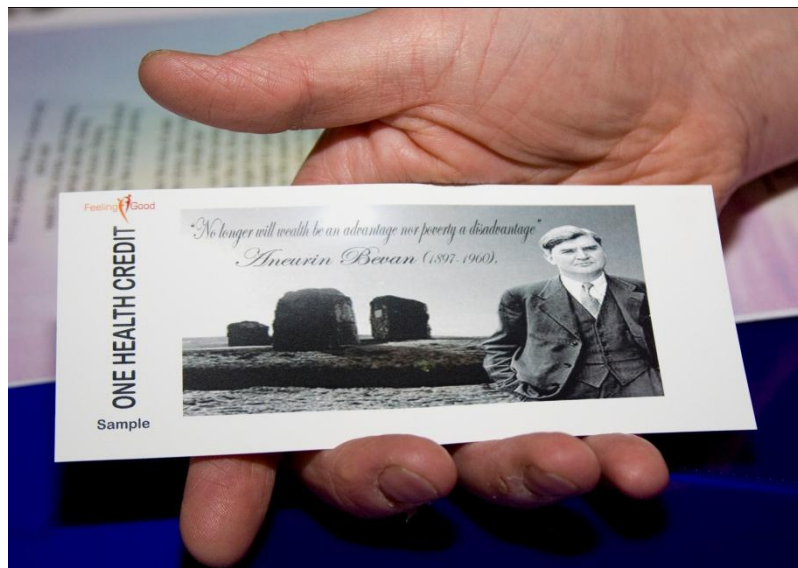
Improving health through participation: time banks as a site for co-production

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This thesis is submitted in fulfilment of the
degree

Doctor of Philosophy



September 2012

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Abstract

Co-production is a term that has gained increased attention as governments seek out new ways for organising and delivering public services which involve citizens. One way of developing co-production is time banking, a form of community currency that has developed in the UK since the 1990s and is gaining increased policy attention with Governments in England and Wales. This research examines the relationship between time banking and co-production within health care. The starting point of the study is two-fold. First there is an interest in the claimed health benefits of time banking and its potential for service delivery. To explore these issues the research specifically examines the mechanisms which generate social capital and social networks through time bank participation to offer a more nuanced analysis of the health outcomes currently found in the literature. Building on this, action research was carried out with health service providers in the South Wales Valleys to examine the applicability of time banking, and therefore co-production to local service delivery. Second, the analysis of these health care interventions seeks to reposition time bank theory. Drawing on the social theory of time the analysis explores how time banking is co-opted into government programmes despite its radical political potential which offers an alternative to neo-liberal capitalism. Consequently the original contribution of this research is the repositioning of current time bank theory to offer a more nuanced understanding of the possible impacts upon health through time banking and a theoretical framework from which to articulate political goals with greater clarity.

Acknowledgements

First and foremost my thanks and appreciation go to Mark Drakeford, Eva Elliott and Barbara Adam, who have provided the support and enthusiasm that anyone working on a PhD requires. Their thoughts, suggestions and advice have been invaluable. Particular thanks go to Mark for many years of support and encouragement, and for first introducing me to time banking. Yet without my participants none of this would have been possible, and so a special thanks to them for being willing to work with me.

There are so many people who have supported me over the last three years and whilst I thank them all, there are a few in particular who I would like to mention: Rachel Swann, David Frayne and Christala Sophocleous (I hope you have benefitted as much as I have from our many research related conversations), Finn Bowring for his advice and my colleagues in time bank research Ruth Naughton-Doe and Liv Pearson. I am also grateful for the support of Liz Renton and Vicky Parkin, it took a while, but I finally got there.

Of course there are two people whose support has been vital, long before this PhD began: my parents. Whilst they are never exactly sure what it is I am doing, their unwavering faith that I could achieve anything has resulted in the thesis you're about to read.

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Chapter One: Introduction

We start as strangers, and commercial transactions leave us as strangers. Time Dollar exchanges are clearly different. We may start as strangers, but we end in a social network that feels like neighbours who know each other and like extended family whose members can count on each other

(Cahn, 2000a: 14)

The increasing interest in rising levels of depression and chronic conditions (Burherman, 2000; Firth, 2004; Diabetes UK, 2011; BBC News, 2012; The Guardian 2012; Henley, 2011) has led to a number of health care reform proposals. Policy responses include renewed interest in community care provision (Zakus and Lysack, 1998; Laverack and Wallerstein, 2001; Wanless, 2004; Adler and Goggin, 2005; Wallerstein and Duran, 2006; DH, No Date¹; NHS Wales, No Date) and increased patient involvement in improving health outcomes (Beresford and Croft, 2004; Carr, 2004; Carr and Dittrich, 2008; Webb, 2008; Williamson, 2010). Within this context there is growing interest in policy and political circles in the potential of co-production (a form of service provision which brings together inputs from both service users and providers) and how it can be developed through a form of community currency, known as time banking: and here is the starting point of the research.

First, as Chapter Two will show, claims are made to promote time banking in relation to health: that participation can help build social networks for members which have positive health benefits. This claim, however, appears to lack any explanation as to how these networks are formed or how they relate to health care. In this thesis the use of case studies will allow for an examination of two time banks to consider the role of social networks and social capital in co-producing health. This will explore members' perceptions in relation to their own health alongside a typology of networks developed by Catell (2001, 2011, see Chapter Two). Building on these case studies the research

¹ See <http://longtermconditions.dh.gov.uk>

utilised action research (AR) ² to consider how the efforts and activities to co-produce health care through time banking can be developed within public services. Here the intention is to explore the interface between community and public services and to reflect upon the ability of the latter to use time banking to achieve co-production. Chapter Two will establish the policy context in which this is deemed desirable and possible. In doing so it illustrates claims that the development of co-production is resisted in the public sector (see Boyle, ND; James, 2005), based on a lack of understanding of the concept and concern over changes required to professional working. The intention of the analysis in this study is not to consider policy transfer *per se* (Haas, 1992; Dolowitz and Marsh, 2000; James and Lodge, 2003). Rather, through the application of case studies it aims to develop an understanding of time bank activities involved in achieving co-production in service delivery and bringing this learning into AR to explore how service professionals engage with time banking. The overarching objective therefore was to consider the ability of time banking to develop co-production in health care services.

At this point it becomes necessary to clarify what is meant by time banking and co-production. The next two sections of this chapter will outline these concepts and their history in the terms found in the time banking literature, leaving a more critical engagement with the key concepts for Chapter Two. Following this there is an introduction to the design of the research and an explanation of why this study was conducted followed by the set of research questions that are underpinned by the discussion in Chapters Two and Three. Finally the chapter outlines the structure of this thesis, providing a breakdown of chapter content to offer a guide to the discussion developed and the analysis provided, in exploring the potential use of time banking to develop co-production in health services.

² AR refers to the process of actively participating in an organization change situation whilst conducting research, see Chapter Four.

1.1 Time Banking: Pre-History and Theory

Time banking as a term, idea and practice is attributed to the work of Edgar Cahn (1986, 2000; Cahn and Rowe, 1992). Although the practice and ideas had been in operation in Japan, prior to his work, (Miller, 2008), the idea and its global development is associated with Cahn. In explaining how time banking works this section will establish the wider tradition of community currencies as well as set out the operation of the time bank mechanism. Subsequently consideration is given to how time banking relates to the wider claim for community currencies, that they offer alternative values for production and exchange.

Community currencies are a form of money tied to a specific community which is not backed by a national government in the same way as national currency (henceforth money). There has been a range of community currency experiments in the UK and beyond, each developed as a form of alternative or complementary currency to money, usually with the intention of supporting increased or additional purchasing power of local people to support the development of the local economy. Examples include, Stamp Script (Gesell, 1918), Wörgal, Wära (developed in Austria in the 1920s), Social Credit (a similar system advocated in the UK and elsewhere in the 1930s, see Drakeford, 1997), Local Exchange Trading Schemes (LETS, see Lang, 1994; Croall, 1997), and most recently the Brixton Pound (launched in 2009) and Bristol Pound (launched September 2012). All are attempts to use community currencies either as a complement to the national currency or as an alternative to national currencies (including the Crédito used in Argentina during the late 1990s). The economic recession of 2008 and image of ‘austerity’ promoted by government programmes (Farnsworth, 2011) have generated a renewed interest in innovations associated with local economic development and the associated idea of community resilience³.

³ Resilience here refers to the ability of communities to survive crisis, usually through adaption and transformation to ensure sustainability in the future.

Time banking was developed by Edgar Cahn (1986, 2000a) who suggested that a basic notion of equality was put in to practice in time banking. Rather than match the national currency, as other community currencies have done, time credits matched each hour a member gives to their community through voluntary activity with one time credit, each credit being equal to an hour. Thus there is no differentiation based on activity or skill in terms of value of earnings, no judgement is made on how productive that time has been, unlike activities in the market place. How each member participates in earning activities will depend upon the skills/abilities that they wish to exchange, which are overseen and arranged by a Time Broker. This forms the basis of Cahn's (2000a) Person-to-Person model (P2P) of time banking which he claimed would build social networks.

Such social networks form through interactions between members. For example Scott spends two hours this week working on Enid's garden, earning himself two time credits. He used these credits to take piano lessons from Jon, earning Jon two time credits which he used to have Jane drive him to the shops and help with his shopping. In earning time credits by helping Jon, Jane used her credits to have Enid look after her children a couple of hours. These credits will then allow Enid to "pay" Scott for the work on her garden next week. Through such exchanges, Cahn (2000a) argues, time banking develops reciprocal relations and creates stronger connections within communities. Furthermore drawing on the ideas of Putnam (2001), Cahn suggested that time banking offered a means of developing social capital (a mechanism that, Cahn suggests, Putnam failed to elaborate). This idea of social capital is core for Cahn and forms a central aspect of his idea of co-production.

Refining this idea, Cahn (2000a) developed time banking within a notion of social justice (although he does not offer a clear definition of this) leading him to a specific idea of 'co-production' which he claimed underpinned time bank practice. A range of theories of co-production pre-date and follow on from this (see Chapter Two), but for Cahn, co-production involved service user and provider production inputs to enhance the effectiveness of social programmes. But this had to be based on four key

principles: *assets, redefining work, reciprocity and social capital*. As Cahn (2000a: 24) explains:

1. Assets. The real wealth of this society is its people. Every human being can be a builder and contributor.
2. Redefining work. Work must be redefined to include whatever it takes to rear healthy children, preserve families, make neighbourhoods safe and vibrant, care for the frail and vulnerable, redress injustice and make democracy work.
3. Reciprocity. The impulse to give back is universal. Wherever possible, we must replace one-way acts of largesse in whatever form with two-way transactions. "You need me," becomes "We need each other."
4. Social capital. Humans require social infrastructure as essential as roads, bridges, and utility lines. Social networks require ongoing investments of social capital generated by trust, reciprocity and civic engagement.

Co-production intends to utilise the assets people can contribute to their community through transactions based on mutuality. It is an attempt to prevent 'co-option' of individuals and actually to engage them in their communities. For Cahn (2000a), co-production achieves these aims by providing the missing element from social programmes: what beneficiaries supply to achieve service outcomes. But for Cahn, co-production operated at an individual and societal level.

At the Individual level Cahn (2000a: 34) explained that '[c]o-production validates individual worth and contribution with a mix of psychological reward and extrinsic confirmation... [it] supplies an interconnectedness based on core values'. At the societal level, co-production elevates the 'non-market economy as an obligatory source of energy, vitality, knowledge, insight and essential labor' (Cahn, 2000a: 34). Cahn believed that co-production becomes an imperative and establishes an obligation between members, whilst ensuring that the activities of the core economy, which underpin the market economy, are recognized, legitimized and compensated.

Within the UK community currencies such as LETS operate in a different way, offering a complementary currency (Bowring, 1998) where value of exchanges is set to match the national currency. LETS developed in the UK in the 1980s and were closely associated

with the green movement (Lang, 1994) and sought to offer a community based alternative to neo-liberal capitalist production and exchange. A number of the operational features of LETS are different from time banking (see Gregory, 2009a). Its parity with the national currency, for example, ensured it was able to interact with and be used by local businesses in a way that time banking cannot (see North, 2005): although Gregory (2009a) questions some of this argument. Consequently LETS, as well as other community currencies, have become associated with the 'Transition Towns'⁴ movement (North, 2010), with the underpinning aim of promoting, at the local level, resilience to economic fluctuations and alternative forms of exchange and production. Time banking was included in North's (2010) list of currencies, but in earlier work he is critical of its potential to promote non-capitalist values (see North, 2006a): this will be explored in Chapter Three. However North (2006) questioned the potential of time banks to challenge neo-liberal thinking in the same way as other community currencies, suggesting that the association with co-production makes it acceptable and therefore a usable tool for governments. Thus the radicalism of community currencies refers to the ability to offer alternative production and consumption values to those found in the market.

Yet within time banking Cahn (2000a) places co-production as promoting different values from which to tackle social problems and in a way which reflects the alternative value tradition of community currency systems. He made a distinction between the 'market economy' and the 'core economy': which illustrates the potential to alter services with time bank practice. The core economy contains family, community and democracy and operates a different value system to the market economy, which contains "everything else". The market economy, however, puts value on 'competition, conquest, aggression, [and] acquisition' (Cahn, 2000a, p.58). Contemporary social problems are often addressed by policy makers in ways which promote market economy solutions, thus eroding community support and networks, consequently exacerbating social problems (a similar theme can be found in Jordan,

⁴ A community-led movement seeking to develop stronger, happier and locally sustainable communities.

2010a, in his discussion of the implementation of market and contract-based practices in welfare provision). Cahn (2000a: 72), builds up an argument to suggest that

When we alter money's characteristics, we alter the dynamics that flow from those characteristics. Every characteristic that makes conventional money valuable has a down-side, a social cost. As those social costs mount they create social problems and social pathologies. Time Dollars are a currency designed to counter each of the adverse social consequences, the social costs that flow from conventional money... It is not clear that a system driven by scarcity is the best way to produce or distribute love, caring, trust, knowledge, or civic engagement

The suggestion is that through time banking the values of the core economy are promoted to tackle social problems. Consequently time banking does not exacerbate social problems, as the use of market values and mechanisms has done; rather it recognises the importance of time for developing community relationships. Cahn (2000a), however, is clear that both market and core economies complement each other and work in unison. One does not replace the other, nor are the values of one imposed on the other. Thus on the one hand Cahn outlines an implicit argument that there is something about "time" that is important to community relationships and alternative values to the market whilst, on the other hand, explicitly stating these values are not in opposition to the market values: they are important and different, but not an alternative.

This study will examine this by drawing upon the social theory of time (Adam, 1994. 2004) within a wider analysis of the potential for co-production to reform delivery of public services (NEF, 2004a, b, 2007, 2008a, b; Boyle and Harris, 2009; Boyle, Slay and Stephens, 2010; Boyle, Coote, Sherwood and Slay, 2010; Horne and Shirley, 2009), health services in particular (Simon, 2003; Dunston *et al*, 2009; Hunter, 2009; Glynos and Speed, 2012). Whilst research into time banking practice is steadily growing (Seyfang, 2001a, b, 2004a, b, c, 2006a; Seyfang and Smith, 2002; Collom, 2005, 2008; Gregory, 2009a, b, Ozanne, 2010) its suitability to achieve co-production and introduce new values into public service delivery remains unexplored: this study seeks to rectify this.

1.2 Time Banking: UK development

It will be useful, therefore, briefly to outline time bank development in the UK. Transferred from the US (Gregory, 2012) time banking was taken up in the UK in 1998 and initially developed in a Gloucester-based organisation, Fair Shares led by TimeBanking UK (TBUK). In Wales the development of time banking resulted from a partnership between TBUK, Newport University and Valleys Kids which established the Welsh Institute of Community Currency (WICC), during 2003. WICC was supported by Welsh Assembly Government funding from the first round of Objective 1⁵, illustrating early policy interest. During 2008/09 WICC was divided into two separate organisations: Timebanking Wales (focused upon developing time banking practice across Wales within the third sector) and SPICE (focused on developing practice with public services across the UK). At the time of writing, time banking had gradually expanded across the UK and as of 2012 the number of active time banks stands at 250⁶, up from 109 in 2008 (NEF, 2008a).

Initially schemes were set up in a similar way to Cahn's (2000a) approach: P2P models. This allowed individuals to engage with others in their community. However the idea has been modified by practitioners in the UK, particularly in Wales. Rather than focusing on the P2P approach, Welsh time banking practice engaged people with specific organisations/agencies (Gregory, 2012). Within the person-to-agency (P2A) model time credits are exchanged between individuals and the agency. An example being an organisation engaging local people in litter clearing in a local area in exchange for time credits, which can be used to access a range of services and activities made available through the organisation, e.g. First Aid courses, BINGO night and clay sculpting classes. This "time centre" model facilitates interactions between individuals/community groups and the time bank, promoting collective activity towards a specific outcome, e.g. environmental improvement.

⁵ European Union funding aimed at reducing differences in social and economic conditions within the EU. Calculations are based on levels of GDP. Where a country has 75% or less of the EU average GDP then they are entitled to Objective 1 funding.

⁶ <http://www.timebanking.org/about/> accessed 14/08/2012

Thus different models of time banking have developed and are discussed by NEF (2008a). First, there is the P2P approach, where the time bank operates along the original idea suggested by Cahn and relies upon individuals voluntarily providing services direct to other members of the community. Second, there is the P2A model which follows the development of Welsh time banking discussed above (an innovation developed in Wales that has been adopted in other parts of the world, see Gregory, 2012). Third, there is the Agency-to-Agency (A2A) model established to facilitate the sharing of resources by public and voluntary agencies. This model works when organisation “A” requires use of a mini-bus to which organisation “B” has access. Time credits provide an opportunity for organisation A to use the mini-bus in exchange for time credits which organisation B may use at a later date to access resources they require but do not possess.

Whilst policy transfer has allowed for the P2A model to be adopted in America as time banking *per se* has been developed in the UK, there remain a number of developments which further distinguish the UK from the US context. As Gregory (2012) explains, both the UK and the US appear to show no differences in the basic operation of time banking: time credits are earned in the same way and they follow the basic principles of practice outlined by Cahn (Cahn 2000b; Seyfang 2006a). However whilst Cahn (2000a: 128-131) supports the use of time dollars in accessing goods such as refurbished computers, this is not possible in the UK. Seyfang (2006a: 8) highlights the ruling of the Department of Work and Pensions (DWP) which considers any time credits used to “purchase” goods to count as earned income and will effect benefits negatively.

Moreover the DWP can perceive time bank participation as an indication of ability to work, potentially impacting on individuals’ benefit entitlement. Of course time banking could be used to facilitate returns to employment (see Chapters Five and Seven), but clarity is needed regarding the impact on benefits. At present, involvement in time banking can be disadvantageous to benefit claimants in terms of the potential impact on welfare support, but advantageous in that this group may receive great benefit from involvement. In fact as Williams (1996a) argued, in relation to LETs in Australia,

legislation was implemented to overcome some of these issues. Whilst this then places some restrictions on the use of LETS it offered clarity and is a potential solution to similar issues in the UK.

Predominately time banking has been developed within community development settings (Seyfang and Smith, 2002; James, 2005; Gregory, 2009a, b) with research considering a wide range of issues: from the development of reciprocity and altruism to citizenship, community ownership and local economic development. However arguments have been made to widen this focus to public service delivery (see, NEF, 2004a, b, 2007, 2008a, b; Boyle and Harris, 2009; Boyle, Slay and Stephens, 2010; Boyle, Coote, Sherwood and Slay, 2010; Drakeford and Gregory, 2010a, b). The suggestion therefore is that time banking has a much broader application than community development work because of its association with co-production. It has been suggested (as illustrated in Chapter Two) that co-production is a means of altering the delivery of welfare services to empower service users and enhance service outcomes. As such it has potential applicability to health services which links to claims that time bank participation can improve members' sense of wellbeing (Seyfang and Smith, 2002; NEF, 2008b). Combined with the enhanced political interest in health and co-production (Glynos and Speed, 2012), there is a need to understand and start developing an account of time banking in relation to co-production in health care reform.

1.3 Research interest and design

With a growing interest and research in the field of time banking (Gregory 2009a, b, 2010, 2012; Drakeford and Gregory 2010a, b) this project provided an opportunity to continue to research time banking *per se*. However building on earlier work two starting points informed the development and design of this research. The first relates to the opening quote at the beginning of the chapter, and is a theme found across the time banking literature. Here the concern is with the way in which time bank practice can facilitate the growth of social networks and subsequent health care implications. Exploring this health aspect of time banking entailed the investigation of two case

studies of time banks (one P2P and one P2A) to explore members' perceptions of time bank participation in relation to their perceived health status, the mechanisms that foster social networks and the ways in which co-production is developed. Such an analysis draws on qualitative methods of observation and interviews with time bank members and Time Brokers. The aim here is to develop a more nuanced understanding of the role of social networks in time banking and the relevance of such networks in relation to reforming service delivery. Networks are seen as necessary for organisational change (Lin, 1999; Steinfield *et al.*, 2009) and so Chapter Two will provide an account of these terms within this study.

Little has been said explicitly about the organisation of time banks and how they operate to deliver co-production (but see Seyfang and Smith, 2002). Drawing on earlier research (Gregory, 2009b, c) this study will build on this work to explore how time bank operation and development in the community sector is achieved and offer an explicit account of social networks in achieving co-production. Combining insights from the case studies with the suggestion that change within community organisations starts from a small 'pilot' study (Gregory, 2009b) the AR will seek to foster service change within a health care setting. Wider issues of organisation change and diffusion of innovation (Lin, 1999; Rogers, 2003; Steinfield *et al.*, 2009; Osborne and Brown, 2011) will then be addressed in Chapter Eight, drawing across the findings of this study. Chapter Six will also offer insight into the roles of Time Brokers in relation to health care professionals, drawing on some attempts to examine the Broker role in relation to social workers (Granger and Bates, N.D). Second co-production as a form of public service delivery has become increasingly visible within government rhetoric and has partly resulted in the promotion of time bank practice within government policy. Today the interest is with the Westminster Coalition Government's 'Big Society' (see Chapter Two) , but attention can also be found within the previous New Labour Government's interest in co-production and the Welsh Assembly Government's own activities in relation to time banking. Thus if time banking promotes alternative values the compatibility and promotion of such alternatives must be explored in relation to contemporary ideology and policy frameworks. To achieve this it is necessary first to identify the forms these non-market or core economy values take, before conducting

an analysis in relation to current political thinking. Through the analysis of the case studies and the AR this research sought to explore how participation and credit exchange are valued by members to consider if the potential alternative values of time banking associated with co-production, as a basis for questioning/challenging the claimed imposition of market values on human relationship and social welfare provision (Jordan, 2010a).

Combined, these two starting points generate an analysis which seeks to explore and refine current time bank practice and theory in relation to developing co-production. Yet it does so in a way which focuses on a number of contemporary policy debates around health. Consequently the questions which guide this research are as follows:

1. How does time banking practice engage patients/service users in co-producing their own health, especially in relation to chronic illness?
2. In what ways does time banking generate social capital, and how do members perceive any relationship between social networks and their health?
3. What key organisational processes underpin co-production/time bank practice in community settings and need consideration in time banking within health services? What challenges exist to their development?
4. How does the theory of time banking interact with the idea of the 'Big Society' and what practice implications does this have?

The first two questions have been designed with the case studies in mind. The intention here is to uncover how time bank members engage and participate generally within time banks and how they become involved in co-production itself. Are they engaged in directly designing and delivering activities targeted at health improvement or are they engaged in a broader range of activities? The case study interviews, as noted above sought to explore member perceptions of health and understand member participation and subsequent social network formation to facilitate co-production. Essentially however this relates to the social determinants of health (Dahlgren and Whitehead 1991) which incorporates social and community networks and issues around "status anxiety" (see Sennett and Cobb, 1983) and a number of

psychosocial factors (Wilkinson, 1997). It is considerations of this sort which have led to the promotion of social capital as a tool for tackling ill-health. To test such a view requires gathering participant perceptions of health. Whilst the time banks explored here were pre-established and so reduced the possibility of gathering data based on a pre and post-test approach found in evaluation studies, the intention here has been to gather data which develops a qualitatively rich account of the complex interplay between time bank participation and social network formation. In the process the research aims to offer a better understanding of potential effects of time banking and to inform future evaluations and research into time bank practice.

The third research question establishes a link between the case studies and the AR. As noted above the case study observations and interviews explored the role of time brokers and how they go about establishing and operating the time bank. Whilst highlighting the relationships they have with members it also exposes the way in which the time bank as an organisation is managed. This provides insights to guide the AR because, as suggested earlier, the assumption is that successful practice within the community setting can be transferred to the public sector. Drawing on Gregory (2009b) this question is answered by attempting to set up a “pilot time bank” to observe how health service planners engage with the idea and put it into operation. The result of this (reported in Chapter Six) was a modification of time banking ideas into a reward system. This unexpected finding provided an interesting link to the second guiding interest for this research, the theoretical concern regarding the “radicalism” of time banking. This final question seeks to explore this in relation to the “Big Society” – as this has been closely aligned to time banking in contemporary policy documents (Cabinet Office, 2011). By applying the theoretical framework developed in Chapter Three to the interviews conducted in the case studies, and through an analysis of the data gathered from the AR, the analysis is able to explore the tensions between alternative values and co-option within time banking.

1.4 Thesis Structure

Thus far the discussion has outlined the context of time banking and the interest in researching this topic. Chapter Two provides an exploration of the notion of co-production, drawing out some of the key aspects of the concept to offer a more rounded theoretical account of the term than offered by Cahn (2000a). This will set out a division between types of co-production before considering the relevance of the term with regard to the 'Big Society'. Additionally Chapter Two will start to explore the wider literature around community, social capital and health to establish the policy context in which time bank participation and health have developed and introduce themes and concepts which underpin later analysis. Chapter Three establishes a framework to consider how co-production may facilitate the promotion of alternative values in public service delivery by drawing on the social theory of time. But it goes beyond this to consider the possibility of co-option of time bank practice into other ideas. The potential association with the 'Big Society' offers a focus for this discussion. Chapter Four outlines the research methodology. It starts by justifying the use of AR and two case studies in exploring time banking, before outlining data collection and analysis techniques and offering some commentary on validity, rigour and quality. Combined these chapters provide the foundation for addressing the core research questions.

Chapter Five explores the data gathered from the two case studies (P2P and P2A). The focus here is on social networks, participation and social capital. Additional consideration is given to how time banks are established, organised and operated through a discussion of Time Brokers to inform the AR. Chapter Six reports on the AR project which sought to develop time banking practice with a Local Health Board⁷. The discussion illustrates some of the challenges of developing time bank practice within health services. Chapter Seven provides a theoretical consideration of time banking, with particular emphasis on the tension between radical possibilities and co-option in to the 'Big Society'. Chapter Eight draws across these Chapters to discuss the potential

⁷ An administrative unit within the Welsh NHS, established in 2003, 22 such boards existed before being reduced to seven in October 2009. LHB's have responsibility for the delivery of health care services within a specific geographical boundary.

of bringing time banking as a tool for organisation change in health care to achieve co-production. Finally Chapter Nine sets out key conclusions in relation to the research questions and offers policy recommendations as well as a commentary on the research design and some wider implications of the research to guide future research. This seeks to offer a foundation for broader theoretical and empirical research, beyond this thesis. Essentially, Chapter Nine explores the potential difference between time banking as a form of resilience within local communities, against the fluctuations of neo-liberal capitalism, and time banking as an activity capable of fostering resistance and change.

Chapter Two: Constructing the need for co-production?

The key differential for success over the next 20 years is not how the health service responds, but how the public and patients do.

(Parker, 2007a:179)

As long ago as 1971, Omran (1971) suggested that an epidemiological transition, in which economic development moves a country from a developing to a developed nation alters the general experience of disease and illness within the country (see also Caselli *et al.*, 2002; Mascie-Taylor *et al.*, 2004). Omran identified three stages, the age of pestilence and famine; the age of receding pandemics and the age of degenerative and man-made diseases. The UK, it is claimed, is in this latter stage evidenced by escalating levels of stress, depression and chronic conditions such as diabetes. In response health policy has started increasingly to focus on the role of citizens and patients in improving their own quality of health (Beresford and Croft, 2004; Carr, 2004; Carr and Dittrich, 2008; Webb, 2008; Williamson, 2010). It is within this context that co-production has been promoted as a means of engaging people in the management and improvement of their own health (Radwin, 1996; Griffiths *et al.*, 2007; Greenhalgh, 2009; Badcott, 2005). Simultaneously, co-production has been suggested as a means of delivering health care *per se* as well as improve health outcomes; although discussions of the term usually fail to separate the two different aspects of health.

Exploring the potential role of time banking in fostering co-production in service delivery requires that attention is given to its definition. Providing these definitions will be the first aim of this chapter. This will then be set within a wider focus on communities and health, exploring links between co-production, the 'Big Society' and participation (placed alongside a discussion of the relationship between communities and health). Taken together sections 2.1 and 2.2 outline the policy context in which time banking has developed, its association with co-production and its proposed use in health care. The final part of this chapter will therefore seek to establish links between time banking and the wider literature on community health, paying particular

attention to delivery of health care and social capital (Kawachi *et al.*, 1997; Kawachi, *et al.*, 1999; Carlson, 2004; Poortinga, 2006; Folland, 2007; D’Hombres *et al.*, 2010). It will also explore the links to social capital and social networks, in particular drawing on the typology of networks offered by Cattell (2001, 2011) to provide a framework for exploring networks in the case studies. Additionally the typology of co-production offered by Bovaird (2007) provides a similar framework within which the analysis of this study can be conducted.

For this chapter the literature was drawn from a range of database searches (Scopus, metalib) and citation searches of useful articles. The results returned a range of articles predominately from the UK and the US, with a small number of Australian and European articles, all in the English language. Initial search parameters used the key terms “co-production AND health” and “time banking”. Additional sources of information come from publication searches of key organisations conducting research in social and public service reforms (New Economics Foundation and Demos in particular). To establish the policy context in which time banking and co-production have developed wider social policy literature was drawn upon in relation to welfare reform since the 1980s, but paying greatest attention to material post-1997 and devolved policy documents in Wales. Consequently the nature of this chapter requires that a broad range of issues and topics are covered in order to outline the policy context and proposed application of co-production, following a definition of the term itself.

2.1 Co-production

This section will explore co-production in greater detail and establish a division in how the term is applied. Such a division does not imply that co-production activities fall in to one or the other definition; rather it is presented in order to identify different uses of co-production. Once this distinction has been outlined, consideration is then given to the role of co-production in health before exploring some of the challenges facing the development and implementation of co-production. In this discussion it will be shown how a range of theorists have offered co-production as a means of reforming

welfare services, but there is rarely a commentary on how organisations change to achieve this. Where some suggestion of this has been made this will be highlighted but, as will be shown, this does not offer much insight into how services change in order to co-produce: rather there is the suggestion that it is necessary to do so.

2.1.1 Efficiency Co-production

Co-production as a term was first used to describe a specific form of user involvement in public services (Percy *et al.* 1980; Parks *et al.* 1981). This engagement was based on service users playing a key role in delivering services. For Ostrom (1997) this could take two forms: either direct engagement with service providers or as additional work outside the remit of services. To illustrate this distinction Parks *et al.* offer the example of police, as a public service. Here responsibility for producing public safety can be co-produced with local people. As Parks *et al.* explain, on the one hand, and without police involvement, local people can fit locks to their front doors thus increasing their own safety; whilst on the other hand, police patrols of the area also enhance community safety. In this way both the providers and beneficiaries of community safety are involved in its production; not by working together but by performing different and complementary roles. Here the separate activities would not require changes to delivery of services to achieve co-production.

While policing is offered as an example, the focus of much literature has been upon co-production's capacity to improve the effectiveness and efficiency of local government (Lovelock and Young, 1979; Kiser and Percy, 1980; Parks *et al.*, 1981; Brudney, 1984; Kiser, 1984; Whitaker, 1980; Lam, 1997; Ostrom, 1997). Here the vital relationship between the client and service provider has been defined as one that jointly produces service outcomes. It is within this approach the consumer/client relationship forms a central aspect of the production process, highlighting the need for 'client' inputs. Consequently a view of public sector reform developed which claimed that successful production relied upon resources, motivations and skills of consumers. Such perspectives can be positioned beneath the umbrella-term of *efficiency co-production*

as opposed to *efficacy co-production* discussed below⁸. Efficiency co-production seeks to incorporate service users into service production for economic and performance gains and to enhance the efficiency of the service offered. Here the vital relationship between the client and service provider is defined as one that jointly produces the service outcomes and effectiveness. A rationale for this approach in the 1980s was the belief that service outcomes could be improved, despite financial restraints through innovative collaborative efforts. The need to see citizens as central to ensuring public service efficiency is a theme mirrored in contemporary policy debates (see Cabinet Office, 2010).

Improving service outcomes requires a number of cost decisions be considered within co-production in relation to technology, economics and institutional infrastructure (Percy *et al.* 1980: 5). Use of technology can determine if production functions require, using the American terms, 'regular' and 'consumer'⁹ activities to ensure output; the economic aspects determine efficiency of mixing the types of production both in terms of financial costs to 'regular/consumer' producers but also time costs to consumer producers (Kiser and Percy, 1980; Rich, 1981; Ferris, 1984; Harrison and Singer, 2007). Where costs to the service user are low co-production can occur, but this is dependent upon the structure of the service: does it allow service users to engage with providers thus allowing for a mixture of production inputs? Thus Parks *et al* (1981) suggest that it is possible for services to be organised in ways which discourage mixed production, when co-production is shown to be inefficient. Thus an organisation may prohibit co-production when it is technologically and economically suited to service production, by not accepting or allowing service users to participate. Although offering a comment on organisation structures, this is not very illuminating. Research examining how time banking facilitates co-production will necessarily explore changes to specific health service structures which allows co-production to occur: this is one of the reasons for adopting action research (see Chapters 4 and 6).

⁸ This distinction is being imposed on the literature here to clarify between the aims of co-production activities. This is not to claim a dualistic approach to co-production rather to illustrate how the way in which the term can be debated and constructed can draw upon a number of different ideas, aims and purposes for developing co-production.

⁹ Service provider and service user respectively in the UK literature

Parks *et al.* (1980) identify two relationships where co-production is feasible (a) as a substitute where service user and provider activity can replace each other to achieve the same outputs and (b) interdependent inputs, where outputs cannot be achieved without input from both. The general argument is that efficiency may not be achieved if there is reliance upon service providers alone. Budget constraints provide an opportunity to review the use of user production, thus Parks *et al.* (1981: 1010) conclude co-production could be recognised 'as an efficient alternative to increased reliance on regular producers in meeting rising service demands'. Although there is little comment on what this looks like in practice, development in health care in the UK have seen an increased focus on the incorporation of patients in service delivery (Wanless, 2004; Hunter, 2005).

Yet Kiser and Percy (1980) suggest there is no clear way of determining how the changes in user/provider inputs will affect service outputs. Furthermore the example of co-production activity offered by Parks *et al.* (1981), co-producing community safety, opens up additional critiques. Essentially this model presents a form of co-production not based on mutual dependence and joint activity but sees both actors, separately, providing inputs to ensure the intended outcome. In turn, this highlights how co-production can be used in voluntary/community sectors to deliver services not offered by the state (Prenties, 2007, but see also Brandsen and Pestoff, 2006 who argue that in the UK the term is used specifically to analyse the third sector). Whilst offered as an example of co-production based upon direct and indirect working relationships some theorists would argue that this represents 'parallel production' rather than co-production (Boyle *et al.*, 2006).

Further critique of the efficiency argument can be found in Kiser and Percy (1980, citing Alchian and Demsetz, 1972), and suggests that interdependent production relationships can create incentives to shrink input contributions. Interdependence can obscure the single inputs from contributors thus making it difficult to detect decreasing efforts. Co-production therefore requires a system to monitor activities, potentially, it could be argued, a role for time banking which records interactions and

exchanges between members. Such developments could provide the state with a means of monitoring and measuring citizen contributions (in a Beveridge-like fashion). Thus time banking could be used to determine who has access to services, based on their record of contributions. Such an argument is, at best, speculative, but the general idea runs parallel to changes that have occurred in welfare provision post-1997 (Powell and Hewitt, 1998; Powell, 1999, 2002, 2008). Yet Brandsen and Pestoff (2006) argue the opposite position, suggesting that the argument for increased levels of participation rests upon the idea that the classical welfare state reduced individual involvement (Parker, 2007a, b) and in doing so removed the input of consumers, limiting service outcomes: co-production corrects the balance. The danger of such arguments rests upon a focus on the individual and a forgotten historical analysis of the welfare state - that it was established to ameliorate the negative consequences of industrialisation and capitalism (Gough, 1979; George and Wilding, 1994: 103-120; Jones, 2000; Fraser, 2003; Harris, 2004). What this starts to illustrate, and is the intention of the division in the co-production literature presented here, is that it matters how the term is conceptualised: it remains important to understand how those who use it are constructing the social problem to which co-production is being applied.

Therefore a final consideration for efficiency co-production rests on the interest in 'nudge' behavioural economics. Thaler and Sunstein (2009) have promoted this field of psychology, applying it to public policy. Essentially they argue for a form of 'paternalistic libertarianism'. This is a belief that people should be free in the libertarian sense whilst it is simultaneously legitimate for governments and other organisations to shape the choices people make and to influence their behaviour to foster longer, healthier and better lives. Leaving to one side the potential debate about how Thaler and Sunstein (2009) define better lives (whose definition of better and what values influence this view?) they suggest that individuals, organisations and governments can act as 'choice architects' taking the responsibility for shaping the contexts in which people make their choices. 'Choice architects' can therefore nudge people towards certain types of behaviour depending on how the context within which a choice is made is arranged. This, it has been suggested, has influenced the Coalition

Government (Ellison, 2011; Lister, 2011) with the Cabinet Office establishing a behavioural economic unit (Wintour, 2010)¹⁰ which has considered these ideas in relation to health and wellbeing (Cabinet Office, 2010).

The relevance of nudge economics to co-production can be found in the typology offered by Whitaker (1980): citizens' request for assistance; citizens' provision of assistance and citizen/agent mutual adjustment. This third type is focused on the modification of clients' behaviour through both persuasion and coercion. Thus Whitaker (1980: 246) argues that:

Coproductio is especially important for services which seek transformation of the behaviour of the person being served. By overlooking coproduction, we have been misled into an over-reliance on service agents and bureaucratic organization of human services... We have too often come to expect that agencies can change people and have forgotten that people must change themselves.

'Nudge' behavioural economics offers two potential ways of delivering co-production. On the one hand, if using a time bank mechanism to engage service users, the credit may act as an incentive, or nudge, to change behaviour and therefore co-produce, indicating a more instrumental engagement with credits by time bank members. On the other hand, where time banking is not used, but co-production is still developed, patients, for example, could be engaged in other ways to promote behavioural change, such as Expert Patient Programmes¹¹ (EPP, see below). Such approaches, however, could be linked to co-production as 'compliance', as suggested by Alford (2002 – discussed below).

2.1.2 Efficacy Co-production

Central to the efficiency notion of co-production is the view that individuals who use services are important contributors in efforts to enhance service outcomes. This is a theme which is shared with the second definition of co-production: efficacy co-production. This is the approach to co-production found in Cahn (2000a), who placed social justice at the core of co-production (albeit in an unspecified way). Cahn begins

¹⁰ See also <http://www.cabinetoffice.gov.uk/behavioural-insights-team>

¹¹ Courses designed to train patients to manage their long-term chronic conditions

from a set of principles of co-production rather than a definition: assets, redefining work, reciprocity and social capital (see Chapter One). The intention of co-production therefore is to utilise the assets that people can contribute to their community through 'generalised transactions' (Alford, 1998, 2002). These reciprocal transactions allow people to contribute in a wide variety of ways (based on skills and a redefined notion of work). This, Cahn suggests, builds up social capital within their community. Furthermore the foundation of exchange is time, containing an equality which is not reflected in other forms of co-production (see Warren *et al.*, 1984: who raise questions of equality in relation to co-production). This equality is not just based on the equivalence of time (one hour equals an hour) but in terms of access and participation (if everyone is an asset, everyone can potentially contribute).

In both Cahn's (2000a) theory and suggested practice, time is key – but not for its use as a measure or facilitator of exchange. Time is important because it represents a contribution to the community and will help to clearly distinguish this definition from the more instrumental definition based on efficiency. As discussed in Chapter One, the core and market economies play a central role in Cahn's (2000a) thesis: this is the societal level of co-production, whilst the individual level draws attention to participation and the combination of psychological rewards with the benefits of receiving credits. Within the UK, Cahn's ideas have influenced debate around public service reform. It is to this literature the focus now turns to illustrate the idea of efficiency co-production.

Within the UK the co-production literature has been focused on how to implement time banking at the level of institutions, especially by the New Economics Foundation (see NEF, 2004a, b; 2007, 2008a, b; Parker and Heapy, 2006; Boyle *et al.*, 2010; Coote, 2010a, b; Slay and Robinson, 2011), often with participation and democratic reform in mind (Pestoff, 2006; Parker 2007a, b; Prentis, 2007). Such accounts advocate the development of co-production for participation, engagement and inclusion as part of reforms to how welfare services are provided. Attention is given to the challenges of implementing co-production, often in the form of service provider resistance to implementation (see section 2.3.3) and the need to overcome these barriers. In

relation to the claimed outcomes of these reforms, there is little attention given to how the growth of co-production creates increased trust and improved service outcomes. What these look like, how they are measured, how they are generated, remains largely uncommented upon.

Whilst some of this work conceptualises co-production practice as being ‘to engage and involve the beneficiaries of a service in the delivery of the service itself’ (NEF 2004a: 5), others have explored the potential role of co-production in developing effective citizen engagement with public services. However these have not drawn upon the core concepts set out by Cahn (2000a), preferring to relate to participation in its own right (Needham, 2008; Parker, 2007a, 2007b). Furthermore the time bank literature *per se* claims improved outcomes in terms of health and social exclusion (Seyfang and Smith 2002, Seyfang, 2004a,b, 2005; James, 2005) but offers no clear understanding of the specific qualities of time banking that generate outcomes. It is within this debate that NEF (2008c¹²) have outlined two forms of co-production: ‘generic’ and ‘institutional’, giving an impression of how services could operate but little insight into how they change to achieve this.

‘Generic co-production’ refers to efforts to involve local people in mutual support and service delivery. ‘Institutional co-production’ is the type outlined by Cahn (2000a). The differences are explained in relation to Cahn’s four concepts. On the one hand ‘generic co-production’ will, under the notion of *assets*, rely on volunteers directed by staff; will involve clearly defined *work* roles between volunteers and staff; establish specific, one-way, “*reciprocity*” from volunteer to beneficiary and establish *social capital* as an unintended by product. On the other hand Cahn’s ‘institutional co-production’ treats people as complementary participants (*assets*); focuses on the *work* within the core economy that individuals provide; facilitates generalised *reciprocity* and seeks to build *social capital* as an explicit aim. Yet the literature does not make clear how institutional arrangements facilitate these differences. As with a number of key issues

¹² <http://www.publications.parliament.uk/pa/cm200708/cmselect/cmpubadm/408/408we18.htm> this is a memorandum on co-production presented as written evidence to the Select Committee on Public Administration

this is left to implicit explanation or is illustrated through case studies of practice with no attempt to draw out the specific organisational practices and ways of working which foster different types of co-production. Furthermore, despite offering an interesting distinction NEF's two types do not consider the intentions of co-production: why co-produce? Here is where the efficiency/efficacy divide is useful.

Bandura's (1994) psychological understanding of *efficacy*, suggests that people can change their beliefs about their capability to produce designated levels of performance. This in turn generates a motivating force leading individuals to behavioural improvement. Bandura (1994: 71) argued that 'a strong sense of efficacy enhances human accomplishment and personal wellbeing.' These high levels of efficacy, Bandura suggests 1) generate high assurance of an individual's capabilities helping them to master rather than avoid difficult tasks; 2) fosters intrinsic interest and deep engrossment in activities; 3) allows people to set challenging goals and maintain commitment to achieve them; and 4) meet setbacks with a rapid recovery of self-efficacy. As Taylor and Bury (2007) note there is no clear causal relationship between engagement in activities such as EPP and levels of high efficacy. The usefulness of the term for understanding co-production rests upon the type of activity and its intentions. Efficiency co-production seeks to engage users in producing outcomes, but, as was shown, this often depends upon cost/benefit calculations. Efficacy co-production looks to engage users to invest in them, to spend time building up confidence and capabilities of these individuals (and communities). The intention is to build on the work and skills individuals have to give them a sense of worth and purpose and bring them into the process of tackling social problems (again it is often unclear how organisations do this, and activities can be related to types of participation, see 2.2.2). Often the early activities of this form of co-production will take place where there are low levels of efficacy, where individuals and communities will doubt their capabilities, avoid difficult tasks, have low aspirations and weak commitment to goals and dwell on their personal deficiencies (creating a key distinction between efficacy and efficiency co-production). Whilst efficiency seeks cost savings in delivery of services, efficacy may require more intensive use of time and money resources to facilitate the development of confidence and capabilities of co-producers. There is no automatic assumption that

service users are capable of co-producing, rather the recognition that the possibility exists. But this possibility needs nurturing and support and here is the second distinction, that co-production must involve service users and producers in joint-activities.

Efficacy co-production can also be distinguished from the notion of co-design or co-creation (Cottam and Leadbeater, 2004; Bason, 2010). On the surface these terms seem to share with co-production the willingness to engage service users to change provision. However despite frequent references made to the need to work with service users/citizens (see for example Bason, 2010) citizen involvement is often presented as the use of qualitative research methods within policy-making to understand citizen use of services to provide new insight into user perspectives. Thus direct citizen inputs are illustrated by the use of information technology and e-government, without thought as to how this fits into different types of participation (from tokenism to empowerment, see Arnstein 1969). Co-creation, presented in this way, does not seem to explain how solutions are created with citizens. Rather citizens are presented as research subjects than engaged actors in policy processes. Co-production seeks to engage users directly in provision and therefore not just consultation but tied to changing the relationship between user and provider of services. What remains largely absent is a discussion of exactly how this is achieved in practice.

2.1.3 Co-production Challenges

The literature on co-production does suggest a number of challenges to reforming services to accommodate co-production. As noted above, in the discussion of efficiency co-production, Percy *et al* (1980) suggest institutional arrangements are key to this process and they draw on Sharp (1980) who stated that governments believed there were three roles for citizens in relation to public services: to demand, consume and evaluate government services. Percy *et al.* add co-production as a fourth role for citizens. From this they offer a number of policy implications, including overcoming potential professional bias towards co-production; raising the awareness of citizens' productive role; developing this productive capability whilst evaluating the services to measure the impact of co-productive efforts; and to understand the consequences of

these new developments, but do not state how organisations change to achieve co-production. Similar issues are found within the efficacy literature (James, 2005; Boyle, *et al.*, 2006), yet at no point do they demonstrate how this is achieved.

Furthermore, Alford (1998, 2002) argued that little interest had been given to co-production because it is seen to rely on volunteers. He suggested the rise of the 'citizen-consumer' (to use the term offered by Clarke *et al.*, 2007 and Needham, 2008) replaced altruism in the public sector with market-based values. However Alford argued that the elections in the US and UK of President Clinton and Prime Minister Tony Blair signalled a move away from this market idea in favour of social capital and communitarianism, thus creating an opportunity for co-production. It is worth highlighting that some would not support the claim that market views were abandoned in political rhetoric and welfare reform (Jessop, 2002 and Tickell and Peck, 2003, see also Jordan, 2010a). But this matches growing interest in both co-production and time banking (Seyfang, 2004a, b, 2005; Horne and Shirley, 2009; Lambeth Council, No Date¹³; Cabinet Office, 2011). For them the focus is on time banking (rather than co-production), as a form of self-help within the development of the 'Big Society' concept (see below and Chapter Seven).

Thus opportunities for implementing co-production have developed and for Alford (1998: 129), the claimed diminution in market focus created space for client co-production which 'is not just a nice thing to have like volunteer assistance, many public activities are actually impossible to do without it.' It therefore raises many more hard-headed imperatives for public managers than volunteerism. Reiterating the fear of welfare professionals over job loss and the resistance to giving power to untrained individuals, Alford considered how co-production was not only a positive tool in public service delivery but could also impose legal obligations applied through co-production and increase regulation of the public. Yet missing from this discussion remains an explicit account of how services change to incorporate co-production. How co-

¹³http://www.lambeth.gov.uk/NR/rdonlyres/DC161C40-6C0F-49CC-84FE-3A0755151F31/0/Sharingpower_Anewsettlementbetweencitizensandthestate.pdf

production is implemented and developed remains important when examining Alford's (2002) ideas in more detail.

Alford (2002) presented a typology of co-production based around 'reciprocal obligation' and 'obligatees'. Through the use of social exchange theory, Alford suggested that some service users can be conceived of as clients who supply *compliance* rather than money. By treating them as clients it then becomes possible to help ensure on-going compliance and increase willingness to co-operate. This is most clearly illustrated with the idea that a prisoner, who willingly complies with prison rules, produces a more effective service, than a prisoner who is unwilling to comply. Whilst prisoners are not clients in a private sector market sense, there are benefits to treating them as such. Here co-production can be used to help ensure compliance, giving social policy a surveillance/disciplinary element tied to social control (Squires, 1990). Yet Titmuss (1997) in his examination of blood donor services showed that reciprocal relations did develop obligations, but that these obligations did not necessarily return to the person who provided the gift of blood, thus operating in a different way to market exchange. Alford's idea of reciprocal obligation does not fit with the Titmussian approach to reciprocity nor does it fit well with market-based ideas. Additionally, whilst Alford is talking about co-production, he is not considering time banking – his ideas around compliance would not fit efficacy co-production put forth by Cahn (2000a), but might be suited to the efficiency co-production linked to 'nudge' behavioural economics above.

Seeking to retain the notion of exchange, Alford (2002: p: 341) leaves behind the notion of 'restricted exchange' (mutually reciprocal exchange characterised by market based interactions) for the idea of 'generalized exchange' (involving at least three actors who benefit from each other indirectly). Within 'generalized exchange', reciprocity is not instant and mutual, but delayed and univocal¹⁴. Such an approach

¹⁴ The suggestion by Alford, is that mutual exchange requires two or more people engaged in provision of a service to others with all parties having the same relationship with each other. By claiming that exchange is 'univocal' the implication is not only that provision is likely to be one-to-one but those engaged in exchanges will not necessarily have identical relationship with each other, i.e. they will not

depends upon diffuse and deferred reciprocity where relationships depend upon trust and the hope that benefits will be gained at an unspecified time in the future. This conceptualisation also fits with efficacy co-production. Through this Alford illustrated three types of relationship 1) paying customers; 2) beneficiaries and 3) obligatees. Paying customers are those found in the market and do not necessarily fit the provision of welfare. Beneficiaries do not pay for services but this can be conceived of as either a direct exchange, satisfying psychological externalities of the general public, such as reduced distress caused by homelessness (Glennerster, 2003), but also indirectly: in return for benefits claimants reciprocate by consenting to social order. Where obligatees are concerned they offer compliance in exchange for services, this may not be wilfully given as obligates may resist coercive forces, but by treating them as consumers and ensuring that coercion is applied fairly 'the agency receives more willing – or at least less grudging (and less costly) – compliance' (Alford, 2002:343). Unlike generalized exchange it is unlikely that these relationship types would fit into Cahn's (2000a) ideas.

Alford (2002: 343) stated:

Both beneficiaries and obligatees provide cooperation and compliance with agency requirements and/or citizens' expectations, rather than money. Because compliance enables the agency to achieve its purposes more readily, it is a valuable resource – and sometimes a critical one – just as customer revenue is to a private firm.

For co-production, there is a need to be aware that the intention of activity may not be democratic engagement as offered by the efficacy approach. Rather co-production may be pursued to secure compliance to service providers' expectations and practices, to encourage efficiency: nudging service users in the directions professionals wish them to go. Again it is important to stress that there is a need to know the underpinning intentions of developing co-production and not just accept that the use of the word simply means creating new service user/provider relationships: there are purposes involved.

both adopt roles of providing and receiving services, they may only ever adopt one of these roles in relation to the person they exchange with.

Related challenges presented by Boyle (No Date) include potential problems public service agencies may have in understanding the idea of co-production: staff may raise concerns regarding handing responsibility over to service users; to working peculiar hours to fit in with service user needs; an associated fear that staff jobs would become vulnerable to redundancy. This could result from the unclear articulation of how service practices change to accommodate co-production. Tensions may arise with regard to official targets which, Boyle claims, do not fit neatly with co-production outputs. Finally, for Boyle, the rigid hierarchical nature of services prevents the full benefits of co-production being realised. Other challenges, set out by Boyle, Coote, Sherwood and Slay (2010), have been raised around: 1) difficulties in commissioning co-production activities because commissioners currently lack the tools for determining the value and potential of co-production; 2) generating evidence of value; 3) taking successful co-production services to scale; and 4) developing professionals' skills. Possible solutions offered argue for altering how services are managed and delivered (but with little detail as to what this would look like in practice); a change in the way services are commissioned and for an opening up of new opportunities of co-production.

Whilst barriers may exist to institutional developments of co-production and the intentions for using co-production may vary, so can the form of co-production developed. Drawing on a range of case studies Bovaird (2007) offers a typology of co-production highlighting various forms based upon the roles adopted by professional service providers, service users and their communities in relation to service planning, design and delivery. Bovaird (2007: p.6) identifies seven co-production relationships, each developing from different backgrounds and motivations. Subsequently, through case study illustration, this hints at the type of practices and service arrangements which allow for co-production.

This typology is based around three connected approaches to service planning: professionals as sole service planners; professionals and users/community as co-planners; and service planning with no professional input into service planning at all.

Each of these approaches to planning interacts with a parallel set of three delivery forms: professionals as sole service deliverer; professionals and users/community as co-deliverers; and service delivery with no input from professionals. Taken together, these two dimensions produce nine different variations of provider/user relationship. Two of these do not form a co-production, being professional-only and community/user-only patterns of planning and supply. The remaining seven forms are all co-production, involving relationships formed by professionals, service users and communities: with one “pure” form of co-production at the centre where professionals, service users and communities play equal roles in the design and delivery of services.

Table 2.1: Bovaird's Typology of Co-production

	Professionals as sole service planner	Service user and/or community as co-planners	No professional input into service planning
Professionals as sole service deliverer	Traditional professional service provision	Traditional professional service provision with users and communities involved in planning and design <i>(Participatory budgeting, Porto Alegre, Brazil)</i>	(Not applicable)
Professionals and users/communities as co-deliverers	User co-delivery of professionally-designed services <i>(Sure Start, UK)</i>	Full user/professional co-production <i>(Caterham Barracks Community Trust, UK)</i>	User/community co-delivery of services with professionals, with little formal planning or design <i>(Beacon Regeneration Partnership, UK)</i>
Users/Communities as sole deliverers	User/community delivery of professionally-planned services <i>(Villa Family, France)</i>	User/community delivery of co-planned or co-designed services <i>(Tackley Village Shop, UK)</i>	Traditional self-organised community provision

Adapted from: Bovaird, T (2007: 848)

Whilst this offers a range of ways for considering and exploring co-production, little direction can be found in the literature as to how services change to develop practice. This is potentially hampered by case studies which draw examples from the third

sector but pay little attention to the different operational context of the public sector. Despite this, however, there have been a number of suggestions for the use of co-production within health services.

2.1.4 Co-production and Health

As noted earlier the use of the term co-production has been simultaneously applied to health outcomes and service delivery. Dunston *et al.* (2009: 50) note '[c]o-production is not only identified as addressing issues of health improvement and health system sustainability, but also progressing broader citizenship and democratic policy agendas.' This serves as a reminder that co-production encompasses both a focus on improving health and wellbeing, alongside redesigning the provision and delivery of health care. Whilst it would be analytically beneficial to separate both aspects (Dunston *et al.*, suggest local [i.e. individual practices] and system-wide [health services] forms of co-production), this would potentially create a false separation in the terms usage. Co-production links both individual and system practices together, co-producing any service may indirectly co-produce improved health for participants, where participants are building up their confidence and capabilities in activities unrelated to their health. Noteworthy is Glynos and Speed (2012) suggestion that under New Labour co-production could be conceived as "additive", i.e. an addition to existing services, or, in the form of time banks, as "transformative", transforming not just service users but also service professionals.

Thus Hunter (2009) has argued that co-production offers an alternative way of delivering health services which builds on the strengths of the public and professionals, resists competition and market-based approaches to service delivery and offers a community-wide rather than individualistic approach to health care. LeGrand (2009) however points out that Hunter gives little attention to defining co-production or explaining how this would work in practice, as has been noted with regard to other discussion about co-production. Keeping this critique in mind, the discussion in this chapter has focused on how co-production is defined, thus this section considers

implementation through time banking. A number of evaluations¹⁵ of time banking and health provide some insight into the relationship between co-production and health (Simon, 2003; Harding *et al.*, 2006; Warne and Lawrence, 2009), if not how service organisations should change. Two forms of practice can be distinguished: practice associated with an explicit health focus often tied to a health care provider and practice embedded within a wider community development project which utilises time banking.

Within the community development approach different health care initiatives can form part of a range of local time bank activities: Weight Watchers, a walking bus, Walking Your Way to Health, gym classes, an aerobics group (Harding *et al.*, 2006). This evaluation, co-ordinated by WICC, sought to assess how time banking had built social capital, increased active citizenship and facilitated participants' development towards social and economic inclusion. To do this the evaluation explored four time bank projects within a particular local authority looking at the outcomes (in terms of levels of active citizenship, increased individual capacity, self-confidence, etc.) and outputs (number of participants, hours and community projects) generated by time banking activity.

Harding *et al.* (2006), however paid greater attention to staff views, rather than those of members, and emphasised a notion of a 'carrot and stick approach'. This comment is not fully explained or examined in their research so it is unclear what exactly the "stick" is within the scheme, assuming that the carrot is time credits. Such a view potentially presents time banking associated with behavioural economics and compliance as outlined above. Thus where service users provide inputs, these offer an individualistic approach to health improvement. Despite recognition of Cahn's (2000a) idea that co-production required professionals to think differently about service users, it overlooks how participants also thought of themselves differently, beyond a brief mention that some participants have adopted facilitator roles within some time bank

¹⁵ These are mostly in-house evaluations from the 'grey-literature' on time banking and as such provide insight into practice but should not be treated as independent, academic evaluations of time banking activities.

activities. Thinking of themselves differently is key to members developing efficacy and altering their perceived health (discussed below).

These considerations share some similarities and differences with two other evaluations between time banking and health (Simon, 2003; Warne and Lawrence, 2009). These reports make similar problematic claims found in the time bank literature: that time banking has a number of health outcomes, without illustrating how these benefits occur or comment on how organisations change to develop co-production. For Simon (2003 - at the time of writing a leading member of Timebanking UK) this results from conducting an analysis from the research literature alone. Yet this report is not so much an evaluation as a literature review drawing on a range of examples of practice, it does not aim to demonstrate how health improves through time bank activities. Its intention instead was to promote the development of time banking, and therefore co-production. As such it offers a very limited critical treatment of the evidence.

Simon (2003), in line with Hunter (2009), argued for the use time banking to establish participation and inclusion at the heart of the clinical model. He suggested that time banks engaged knowledgeable and useful users of services but distinguished between 'co-sufficiency' and co-production. 'Co-sufficiency' is defined as users of services belonging to mutually supportive social networks (which does not require the direct involvement of professionals) whilst co-production is the "explicit and dynamic" collaboration between the client, community and the professionals. Both are offered as ways of restoring mutual belonging into the NHS and achieving the Wanless report (2004) aims of patients 'fully engaged' in their health care. The co-sufficiency schemes seek to build mutually supportive networks, whereas co-production is predominately concerned with the theory of changing the relationships between patients and professionals by promoting core economy values. The one example given of co-production in practice focuses on the person-to-person support offered at a residential community for women dealing with substance misuse: but Simon is vague on how this is different from the discussion of co-sufficiency or how relationships have been

transformed. Nevertheless it indicates that relationship change is central to service delivery which seeks to develop co-production.

Warne and Lawrence (2009) also incorporated interviews with time bank members. However these members, as the report notes, were engaged in relatively few transactions, thus views were more aspirational than comments on actual engagement. This evaluation focused on the North West (of England) and its outcome measurements were devised by the steering group of the time bank being evaluated. These focused on exploring the expansion of time bank practice, the improvement to members' health, and community support and member engagement in formal employment. The analysis offered was drawn from three data sources: a review of the secondary literature, an analysis of member activities through records kept by the time bank and an analysis of member experiences based on five interviews with time bank participants and a survey with 15 respondents. Maintaining a focus on organisational arrangements for developing co-production, Warne and Lawrence (2009) offered some discussion on funding issues and management of time banking. Yet they focused very little on the role Time Brokers play. Rather they highlighted how time bank members are unwilling to get involved in the running of the projects leaving leave this task to the Brokers. However, as the report itself points out, these members were not currently very active, so this should be read as the perception of "new" members rather than members with extensive participation and engagement. In relation to health outcomes the report argued that, in line with the research literature, members perceived improved sense of wellbeing, additional health bonuses from some time bank activities (such as gardening) and potential long-term benefits where members gradually changed their unhealthy behaviours, rather than be forced into a sudden change. But this is based upon the existing literature which, as will be shown below, does not sufficiently engage the research into health and social capital and offers no explanations for changes in members' perceptions.

As such, co-production and time banking are offered as a new innovative policy tool for addressing a number of health problems within communities but also in relation to

the organisational arrangements of health services. What remains to be explored is why co-production has become a favoured policy response.

2.2 Co-production in Context

The foregoing has explored the concept of co-production, but has yet to consider why this term has gained public attention. This section seeks to place this debate within the wider policy context. Inevitably this involves covering a wide range of ideas and arguments that are found within debates regarding welfare provision and attempts to address health inequalities through community-based initiatives. Consequently the first section explores the shift in definitions of need, a move from societal to individual explanations which creates a specific context in which policy responses, such as co-production, become viable. This is followed by a discussion of the 'Big Society' as an approach to welfare provision which emphasise the role of local communities and has links with co-production and time banking. The final two sections explore issues of participation in relation to health and the EPP as an example of participatory service delivery.

2.2.1 Societal and Individual need – the changed context

In the discussion that follows it will be suggested that community schemes, such as time banking, have become favourably promoted by policy-makers because they underpin the presentation of social problems as the result of individual not structural causes. This fits with policy developments under New Labour and the Conservative-led Coalition Government. Essentially co-production and its achievement through time banking become policy responses of choice, in some circumstances because they can be constructed to focus on individuals and their communities: thus maintaining the 1980s politicization of definitions of need (Langan, 1998). This shift can be clearly seen in the distinction between the Beveridge Report focus on how to create a new social order in tackling interlinked societal causes of need, with today's construction of need around the individual (Langan, 1998). A renewed focus on societal needs can be found within some research statistics (Wilkinson and Pickett, 2010) suggesting a need to campaign to change how society is structured (Whitehead, 2011). The aim of such a

campaign is to ensure greater equality in material foundations of society on which better social relations can be built. This requires that Wilkinson and Pickett's work is not limited to its discussion of social capital but recognises the wider context, emphasizing structural inequalities (discussed in 2.3).

In terms of health inequalities, there are two trends which underpin this debate. First, there has been a greater focus on the 'Neo-Durkheimian' perspectives (Wilkinson, 1997; MacIntyre, 1997; Ecob and MacIntyre, 2000; Pickett & Pearl, 2001; Charlesworth *et al.*, 2004), rather than 'Neo-materialist' perspectives (Lynch *et al.*, 1998, 2000), shifting policy attention towards individuals' relationships and networks. This can also be seen as part of the argument for adopting a social model to understanding health (see below, 2.3). Second, from the mid-1970s onwards there has been fierce debate about the direction and future development of welfare provision when the "classical welfare state" was criticised from both the political left (Gough, 1979; Offe, 1984; Williams, 1989) and right (Hayek, 1944; 1960; Johnson, 1990). With the election of the Conservative Government in 1979 the political right started to overhaul welfare provision, rolling back the welfare state (Farnham and Horton, 1993). Consequently there was a shift in ownership and responsibility for welfare provision from the state to the individual (Drakeford, 1999), accompanied by a change in the mixed economy of welfare (Powell and Hewitt, 1998) and a politicization of definitions of need (Langan, 1998; Dean 2010). Combined, these trends have reconfigured notions of citizenship into market ideas of the consumer (Clarke *et al.*, 2007; Needham, 2008) and developed policy and welfare provision in market terms, reinforcing the focus of policy on the individual and communities rather than the structures that generate social problems. Under New Labour these themes and changes were maintained (Jordan, 2010a; Powell, 1999, 2002, 2008), whilst offering a different conceptualisation of social exclusion (Levitas, 1998), and communitarian solutions capable of fostering social capital and networks (Fremeaux, 2005). The impact of these developments shifted policy focus away from structural determinants of ill-health, impacting on perceptions of the causes of ill-health and illustrating how poorer people deny the impact of structural causes of ill health (Blaxter, 2000: 43-4). Consequently individual factors are seen to generate and contain the solution to health problems facilitating a reduced

role for state intervention and a greater emphasis on individual health-related behavioural change (Riemsma *et al.*, 2002).

It is within this policy space that co-production becomes an acceptable policy response. A focus on the individual and community participation and self-help social networks offers a means of improving service outcomes without challenging the causes of social problems. Essentially seeking to treat symptoms rather than causes, such policies leave unchanged the conditions in which poverty and ill-health are created. Jordan (2010b: 202-3) notes two central weaknesses of the 'Big Society', that have relevance here:

First, it takes time for cultures of self-organisation in communities and groups to develop, and commercial interests will occupy the spaces left as Third Way systems are closed down. Second, because wider solidarities are so weak, new organisations will be homogenous and narrow in their membership, reflecting the fragmentation of society into neighbourhoods of similar incomes, age groups and lifestyles.

The 'Big Society' can do little to address the first of these, a result of maintaining a neo-liberal economic agenda, rather than adopt Blond's (2010) critique of the market (discussed below). The second however is the problem which time banking is claimed to solve. This is achieved through the belief that participation creates social capital, and therefore repairs fragmented solidarities (but the missing critique of the market in the Conservative Party version of the 'Big Society', limits this possibility in practice). The process of rebuilding solidarities, however, has also been suggested as essential for the health benefits of time banking: the fostering and strengthening of social networks. Attention will be given to an examination of the relevance of the 'Big Society' to co-production and time banking, linking this to a discussion of participation and the role of communities in relation to health care.

2.2.2 The 'Big Society'

It is within this diminished focus on structural causes of social problems that individuals and communities become the target for policy: thus creating a place for co-production, but also the 'Big Society'. Co-production has in a number of commentaries been associated with the 'Big Society' (Alcock, 2010; Durose *et al.*, 2011; Ellison, 2011;

Lister, 2011; Westwood, 2011). This link is usually established by a brief mention of the term without engagement with its definition and established in relation to a continuation of New Labour's active citizenship agenda (Davies and Pill, 2012; Lister, 2011), civic conservatism (Wiggan, 2011), a 21st century twist on Burkeian conservatism (Ellison, 2011) and part of a wider approach to neighbourhood working within coalition policy (Durosse *et al.*, 2012). This provides support to the suggestion by Jordan (2010b) that the Third Way established the foundation on which the 'Big Society' was established. Additionally time banking itself can be found within Coalition Government policy (Cabinet Office, 2011). In part, therefore, it will be necessary to explore time banking in relation to the 'Big Society' (Chapter Three provides a theoretical framework for achieving this). Here the intention is to examine the idea of the 'Big Society' in establishing the context in which co-production becomes an option for policy makers.

The foundation of the idea rests within the work of "Red Tory" Phillip Blond (2008a-e; 2009a-c; 2010), although a variation of this work is found in earlier Conservative Party rhetoric (Ellison, 2011; Wiggan, 2011, Jordan, 2012). Blond (2008d) was critical of both state and market, claiming that '[b]oth seem to support each other's monopoly interests and both disempower and destroy civil society.' The 'Big Society', therefore, is offered as an alternative way of organising society, which rolls back the state, revives community spirit, and fosters strong local economies, whilst seeking some wealth redistribution within society (Blond, 2010; Jordan, 2010a, 2012; Davies and Pill, 2011; Ellison, 2011; Wiggan, 2011).

Yet in launching the Conservative Party vision of the 'Big Society', Cameron (2009) was critical of the state, following Blond's footsteps, but not of the market. Wedded to the neo-liberal economics of his party, Cameron offers a variation of Blond's critique, a solution to social problems which rolls back state provision, but leaves untouched the economic conditions from which social problems arise. Favouring localism, a theme underpinning a number of government policies (Conservative Party, no date), the state's role, for Cameron, is to become a facilitator of the 'Big Society'. The reimagined state ends the crowding out of voluntary action caused by welfare provision, although

Alcock (2010) shows no evidence supporting this claimed automatic expansion of the voluntary sector as a result of rolling back the state. Davies and Pill (2010) suggest this is a move away from the underclass thesis, whilst retaining a dependency culture argument (see Wiggan, 2011). Yet Ellison (2011) illustrated how it is unclear, in the Burkean tradition, how a small state empowers communities to produce sustainable local action: potentially this lack of clarity lies behind the diminished role given to the 'Big Society' during the 2010 election campaign (Bochel, 2011).

Criticisms of the 'Big Society' suggest that the attempt to promote community self-help at the same time as rolling back the welfare state provides a resource problem. Cattell (2011) argues that resources and facilities are essential for the forms of informal community interactions essential to the 'Big Society', but sources of funding have been cut whilst local authorities are seeking to close facilities in order to achieve financial savings. Essentially the 'Big Society' requires long-term, potentially expensive, investment if it is successfully to foster community action. This should, in Blond's (2010) work, occur alongside wealth redistribution and a focus on local economies to underpin community action. But in maintaining an attachment to neo-liberal economics the 'Big Society' is open to critiques from the political opposition that it is a return to laissez faire welfare of the early 1900s (see Grice, 2009; Freedland, 2010; Coote, 2010a, b); that it conflicts with the flexibility required by neo-liberal economics (the requirement that people move to where there is employment contradicts the need to invest time over the long-term in your neighbourhood to build the 'Big Society', Freedland, 2010). From this neo-liberal perspective neighbourhood working is both an unnecessary and an unaffordable element of big government (Alcock, 2010; Durore *et al.*, 2011: 23).

Attempts have been made to promote the association between co-production and the 'Big Society', although with some critique of the deficiencies in the latter (Boyle, 2010; Coote, 2010a, b; Gregory, 2010). Glynos and Speed's (2012) conception of co-production as 'transformative' or 'additive' does not consider the 'Big Society', but it could be suggested that co-production in this sense is a replacement of existing welfare provision. If the 'Big Society' is fostering a replacement of welfare provision

there will be barriers in attempts to upscale local practice across national welfare provision. Not only do challenges exist in preventing likely top-down control of services (Davies and Pill, 2010) which can impact on the type of participation in which people engage (Durose *et al.*, 2011), the possibility of subtle central direction of local decisions remains a possibility (Mooney and Fyfe, 2006). Finally, Flinders and Moon (2011) highlight an accountability paradox likely to develop as the attempt to create a post-bureaucratic state conflicts with the workings of a Parliamentary state. Here the attempt to establish accountability in the shift towards devolved/local services unwittingly creates a bigger state.

Responding, to some of the critiques of the 'Big Society', and offering some of their own, the New Economics Foundation (Boyle, 2010; Cooke, 2010a, b; Penny and Slay 2012) have promoted co-production as a means of correcting some of its faults. Gregory (2010) has discussed the problems which arise when attempting, simultaneously, to reduce the scope of the state and build the 'Big Society'. By rolling back the state, the cuts to public services carried out for the purposes of promoting 'austerity' are critiqued because they fail to provide adequate resources and support for the 'Big Society'. The counter argument is that the state is reimagined; rather than a provider it supports the growth of self-help, changing the balance of the mixed economy of welfare. Yet co-production, in the Cahn (2000a) sense, requires joint effort. The 'Big Society' removes the state, rather than bring together users and providers of services to produce outcomes. Eroding the state removes a key partner and as such does not facilitate co-production. This point is emphasised by calls for the 'Big Society' to be about a new partnership between the state and civil society (Coote 2010a, b).

The promotion of co-production, and time banking, as part of the 'Big Society' tends to treat co-production as an uncontested term. The 'Big Society' and co-production can be linked through the efficiency co-production definition. This is not to say that arguments for the use of co-production would not relate to the need to build individual capacities and confidences, as found under efficacy co-production. Rather it is to suggest that the policy drive for developing co-production is based on public

sector cuts and reducing the cost of service provision. The broader definition of efficacy co-production does not fit the 'Big Society' because it seeks a more radical change in welfare services and is tied to the idea that co-production involves both service providers and users in joint efforts. Additionally efficiency co-production can associate neo-liberal economics to promote the ideas of self-help, supported by Smiles (1958), offering a form of co-production which loses the trust, care and reciprocity of efficacy co-production (Boyle *et al.*, 2006).

2.2.3 Participation and Health Care

Underpinning the foregoing discussion is policy interest in participation, an important idea within welfare provision, gaining attention for a variety of reasons: improving democratic accountability (Pateman, 1970; Creasy, 2007, Cornwall, 2008; Beetham *et al.*, 2008); building social cohesion (Home Office, 2004; Blake *et al.*, 2008; Foot, 2009); aiding public service reform (Parker, 2007a, b; Duffy, 2007) and creating personal (individual) benefits (Barnes and Shardlow, 1997; Popay *et al.*, 2007). Also promoted in welfare reform (Beresford, 2001, 2002a, b; Beresford and Croft, 1994, 2004) it is often seen as providing the basis for vibrant communities and generating social capital (Putnam, 2001; Portes, 1998). This provides a context from which time banking and co-production become possible policy options. Time banking can be portrayed as a mechanism for facilitating participation offered up as a tool for attempting to achieve participatory goals.

Under New Labour these ideas gained increased attention through their communitarian interests. Brodie *et al.*, (2009) suggest that New Labour placed communities and participation strongly in the public health agenda, with the expressed intention of linking state, communities and individual citizens. Despite this political rhetoric, promoting community control and local decision making, some analysts have argued that policy has driven the co-option and overstretching of participation and community, bringing the voluntary/community sector into public governance (Taylor, 2011). Often this has been accompanied by central government steering of local decision makers to make determinations in line with central government policy (Fussey, 2004; Mooney and Fyfe, 2006), undermining the empowerment rhetoric.

Whilst these governance issues move away from the focus here on the health relevance of participation, they are important considerations in relation to the 'Big Society' agenda and Cameron's relabeling of the community and voluntary sector as the "first sector" (Cameron, 2008¹⁶). This further illustrates the general view that the 'Big Society' represents a continuation of ideas developed under New Labour (Lister, 2011; Jordan 2010b) although there has been a subtle change in language (Taylor, 2011: 4).

Participation has been presented as central to democratic renewal, embedded in the local agenda to deliver power to local communities and generate social responsibility, civic pride and innovation (PM Strategy Unit, 2006, 2007). Yet within both New Labour and 'Big Society' rhetoric, there is no consideration of how participation can vary in form and impact (Arnstein, 1969; White, 1996; Jochum *et al.*, 2005; Mohan, 2007; Cornwall, 2008) and can have both positive and negative effects (Dinham, 2006). Forms of participation are important for health research as different types of participation may generate different expectations of outcomes but also different experiences of engagement. Generally there is an implicit association between participation and the perceived benefits drawing on the literature on volunteering (Thoits and Hewitt, 2001; Paylor, 2011) and an implicit assumption that participation offers people control over both services and their own lives (Wallerstein, 2001; Adler and Goggin, 2005; Scriven, 2007; Letcher and Perlow, 2009).

A further key division in the participation literature draws on the 'consumerist'/'democratic' distinction set out by Beresford (2002b). On the one hand, 'consumerist' approaches search for external input into service provision but have preconceived ideas of the form input takes. This results in no change in control or the distribution of power. On the other hand, Beresford (2002b: 278) argued, the 'democratic' approach ensures 'that welfare service users and other citizens have the direct capacity and opportunity to make change'. This model is associated with libertarian and transformative ideas and can be brought together with Cornwall's

¹⁶ Volunteering Policy Paper - http://www.conservatives.com/Policy/Responsibility_Agenda.aspx

(2008: 275) distinction between the spaces 'created for' and the spaces 'created by' people. Invited spaces are structured and formed by service providers, where the transfer of ownership is difficult and the focus is upon service access. Created spaces are less structured by power differentials and allow people to come together because of something they share in common. This is considered essential for those groups with limited voice but also because the space in which participation takes place is constructed by participants themselves.

Beresford (2010) has argued that user involvement approaches to welfare service have been "co-opted" so that governments have more control and say over the type of participation that is possible. Part of his critique includes a discussion of co-production, where he claims that this engenders co-option because it is not a term generated by user movements, but attempts to reflect efforts of user-led activities. Co-option is a concern for co-production and time banking (see Chapter Three), but not in the way in which Beresford claims. His argument overlooks some important distinctions in defining co-production. As previously argued, and illustrated above, (see Gregory, 2009a, b, 2010), co-production can take a number of forms, some of which will relate to the 'democratic' definition offered by Beresford and the created spaces definition offered by Cornwall (2008). Beresford, like others (Ellison, 2011; Lister, 2011), is in danger of criticising the term as defined in its efficiency form whilst overlooking efficacy co-production.

Yet when distinguishing between the various ideas that underpin co-production there is a need to consider the different forms participation can take. Drawing on the literature in relation to health which has specifically considered self-help groups and lay-knowledge (Williams *et al.*, 1995; Williams and Popay, 2001, 2006; Kelleher, 2001, 2006), a context develops in which existing participatory approaches to health care and co-production become entwined (Chiarella *et al.*, 2010). The argument is that rather than draw solely on professional knowledge, it is essential to draw upon lay-knowledge of those with health conditions to produce a more rounded knowledge base of ill-health (Williams and Popay, 2006), thereby eroding the distinction between lay and expert knowledge. It is essential that this distinction be diminished because, as

Williams and Popay have argued, it can contribute to knowledge production as lay-knowledge and it reflects the critical thinking patients have conducted themselves in relation to their own experiences of their health and how this relates to biography, history, locality and social divisions. This lay-knowledge forms a “popular epidemiology” which can influence and shape debates over the meaning of health and relevant policy for promoting the “good life”. Efficacy co-production offers a means of tapping into this knowledge, to bring it into health debates and erode the “blunt dichotomy” between lay and expert knowledge. Additionally such ideas underpin attempts to develop EPP in relation to chronic conditions (Radwin, 1996; Griffiths *et al.*, 2007)

2.2.4 Expert Patient Programmes

The use of EPP within the UK results from the transfer of policy from the US, building on the work of Long at Stanford University (Donaldson, 2003; Tyreman, 2005, Wilson *et al.*, 2007). Here the suggestion was made that expert patients could improve their self-rated health status, cope better with fatigue and with other generic features of chronic disease (Donaldson, 2003) as the EPP was designed to apply across chronic conditions rather than be applied to specific illnesses. The evidence presented by Long led to the UK Government developing its ideas for EPP in *A New Approach to Chronic Disease Management for the 21st Century* (DH, 2001) which set out the vision and aim of reforming health care services to incorporate EPP. The Taskforce which produced this policy sought to bring together the existing work of patient groups and clinical organisations to develop self-management initiatives (Tyreman, 2005) with the aim of facilitating patients to lead a good quality life despite their chronic condition. In particular the EPP was seen to be a means by which the image of the patient as a passive recipient could be challenged, which reflects the ideas of people as assets found in time banking (Cahn, 2000a).

Part of the case advanced for EPPs was the changing pattern of disease (as noted at the opening of this chapter (Omran, 1971; Caselli *et al.*, 2002; Mascie-Taylor *et al.*, 2004). The intention therefore was to alter health care delivery in relation to chronic

conditions based on an understanding of EPP as set out by the Department of Health (2001: 3.13, p.22):

Expert Patients Programmes are not simply about educating patients about their condition or giving them relevant information. Neither are they based on a model of care whereby a health professional educates or instructs a patient and then measures success on the basis of patient compliance. They are based on developing the confidence and motivation of the patient to use their own skills, information and professional services to take effective control over life with a chronic condition.

The focus of such schemes was therefore upon pain management, stress, low self-esteem and the development of coping skills (Tyreman, 2005). Potentially, as Hinder and Greenhalgh (2012) suggest, EPP can be divided into cognitive tasks (self-monitoring, menu planning [i.e. diet control] and medication adjustment) and socio-economic tasks (coping, managing relatives' inputs, negotiating access to services). But despite the growing support for the use of EPP in government policy, research suggests that these two components of self-management could be hindered by socio-cultural conditions within the family, workplace and community (Kenedy *et al.*, 2007a; Hinder and Greenhalgh, 2012). Additionally examinations into the claimed benefits of EPP through the use of random controlled trials (in terms of condition management and cost-effectiveness for services) have often offered mixed results. The suggestion is that patients will gain in terms of coping, stress management and knowledge over the condition from EPP (Deakin, 2006; Kennedy *et al.*, 2007b; Cooper *et al.*, 2008; Loveman *et al.*, 2008; Helslet *et al.*, 2010) but that benefits in terms of improvement in condition are less likely. For example in terms of Type-II diabetes there is little evidence of glycaemic control despite significant educational and psychological benefits (Cooper *et al.*, 2008). Although most trials are reporting over a six-month trial period, Deakin's (2006) data is over a 14 month period of X'pert Patient (an EPP targeted at type-II diabetes) and does not improve glycaemic control, reduce total cholesterol, body weight, BMI, waist size and requirement for medication. But, as noted, this is data from an EPP targeted at a specific condition and not a general EPP on chronic condition management.

It is useful here to expand on X'pert in more detail, as this is the scheme that was adapted in the AR reported in this study (see Chapters Four and Six). X'pert Patient was designed by Trudi Deakin, bringing together health care professionals and patients with type-II diabetes. X'pert seeks to deliver a patient-centred service focused on structured education designed to facilitate increased skills, knowledge and confidence of patients (and their carers) in the prevention and self-management of Type-II diabetes. Its aims are listed as:

- Develop, monitor and evaluate a community-based, health professional-led, structured education programme for adults with Type1 and Type 2 diabetes
- Deliver the programme in a manner that allows participants to develop the skills, knowledge and confidence to identify their own problems and possible solutions concerning lifestyle and self-management of diabetes
- Improve quality of life, diabetes control and reduce the risk of developing secondary complications¹⁷

The course is designed to be conducted over six, weekly, sessions, each lasting two and a half hours. Each session covers a different topic all designed around patient activation, discovery learning and empowerment. The first session focuses on explain what diabetes is, how the body works in relation to blood-glucose and insulin as well as symptoms and possible treatments. Session two moves on to consider Weight management. It aims to teach participants about energy balance, the 'Eatwell Plate' and sensible eating. This is assisted by a fat attack DVD that demonstrates why crash diets fail, opening up a discussion on weight loss strategies. Patients use models and life-sized food pictures to develop an understanding of the relationship between quantity and types of food and glycaemic control, developing an understanding of the impact of different carbohydrates on their condition. The fourth session focuses on food labels and will consist of either a supermarket visit or an in-house session using demonstration cards. This session is designed around teaching patients how to read labels and determine which foods are best for their diet based on the knowledge they

¹⁷ Accessed from:

http://www.diabetes.org.uk/Professionals/Shared_Practice/Care_Topics/Patient_education/X-PERT-Programme-Structured-Education-for-people-with-Diabetes/

have developed thus far. Session five focuses on the long and short-term complications that can arise from diabetes; here there is emphasis on self-management and prevention but also information on issues such as driving and travel. The final session is designed around a board game which seeks to reinforce key messages from across the five sessions and build patient confidence in discussing and describing what they have learnt over the course. In between sessions patients are set a range of tasks related to the learning in the session: so recording their food intake on a mock 'Eatwell plate' and then working out carbohydrate intake.

One suggestion found in RCT analysis of EPP is that single, disease specific programmes may have more long-term benefits than general EPP (Rogers *et al.*, 2008) leading to longer term benefits and improved cost-effectiveness (which Deakin's, 2008, data could be illustrating). Achieving the development of a range of EPPs requires, according to Rogers *et al* a reform of services focused on the patients, the organisations and the health professionals. They set out this work in an earlier piece (Kennedy *et al*, 2007a) where they explore the changes necessary for all three elements. For patients the reforms needs to focus on the adaption to coping (rather than having their condition cured). EPP, they suggest, can provide the skills but this will unlikely accommodate patient variability (by background, socio-economic circumstances and personal experience). With regards professionals they highlight how EPP debates illustrate a need for health care providers to engage in new training. Kennedy *et al.* accept that this is true, to an extent, but suggest that professionals need to focus on new ways of working. Although they fail to list examples, time banking, it could be suggested is one tool for achieving this through the development of co-production. This would link to the need to reform the organisation itself. Patients' use of health care is driven by the service so that it becomes patterned behaviour reflecting the existing provision of services. Changing health care to incorporate self-management requires acknowledging how services shape behaviour. Thus adopting and developing practice where self-managent is central may lead to service changes. It could be argued that the debate around co-production, outlined above, seeks to change how organisations operate and involve patients thus seek similar reform.

The link to co-production could be found implicitly in Funnell (2010) who highlights how responsibility for chronic conditions rests mainly with the patient and families. Although responsibility for outcomes is shared with health care providers the decisions and behaviours of patients will strongly influence future health. Although the use of co-production could be in either its 'additive' or 'transformative' form (Glynos and Speed, 2012) depending on how government policy intends to use EPP and how this relates to the suggestion of empowerment of patients (Fox, *et al.*, 2005; Wilson, *et al.*, 2007; Helslet *et al.*, 2010) as associated with participatory policies generally. Essentially the suggestion being made is that EPPs offer peer-support through the development of networks between patients. These networks offer support in the management of chronic conditions which should improve health outcomes in the long-term (Helsler, *et al.*, 2010; Hinder and Greenhalgh, 2012). There is a problem here in that neither Helslet *et al.* or Hinder and Greenhalgh explain how social networks or social capital are involved in this or have an effect, this is explored below.

Co-production, Glynos and Speed (2012) suggest, under New Labour is 'additive' it is not aimed at transforming service delivery but an addition to existing provision. The same could potentially be claimed of EPP when considering the aims that were established for the policy to achieve. The UK Government expectations regarding the conduct of expert patients were:

- Recognising, monitoring and responding to symptoms.
- Managing acute episodes and emergencies.
- Using medications.
- Adopting appropriate aspects of lifestyle including healthy diet, exercise and relaxation, and not smoking.
- Interacting appropriately with healthcare providers.
- Seeking information and using community resources.
- Managing negative emotions and responses to illness.

Fox et al (2005: 1306)

What EPP could be said to achieve, therefore, is an incorporation of the rights and responsibilities agenda explored in 2.2.1 into health care. The aim of EPP is to increase the responsibilities of patients and to alter their behaviour not necessarily to empower patients and involve them in the management and decision-making around health care. Thus Fox *et al* (2005) claim there is a need to ask what forms of expertise are being created and how alternatives to the medical model of health are allowed to develop when the dominant discourse remains biomedical. Health care, Fox *et al* suggest, is not focused on the empowerment of groups which may lead to efforts to reform service delivery, but the empowerment of the individual as an informed consumer of health services. The use of EPP is important here. Promoting patients knowledge about their conditions, EPPs are presented as a means of tapping into this patient experience, knowledge and understanding and to move patients from passive recipients of care to key-decision makers about treatment. Moreover the schemes seek to bring together people with chronic conditions so that they can share their knowledge (Radwin, 1996; Griffiths *et al.*, 2007; Greenhalgh, 2009; Badcott, 2005). Whilst it is possible for such self-help groups to offer resistance to dominant forms of medical knowledge (Kelleher, 2006) this may depend on whether they occupy 'created' or 'invited' spaces (Cornwall, 2004). Whilst used in community development literature the argument is that 'invited spaces' are those set up by service providers to which citizens are invited to participate. Thus the terms of reference, activities and purposes of such services are structured by the provider. Consequently it is doubtful that such organisations could offer resistance in the way Kelleher (2006) argues: this would require 'created spaces' by the patients themselves rather than, as Kelleher notes, the co-opted EPP.¹⁸ The suggestion here is that whilst co-production can fit with these user-led/lay-knowledge approaches to health, there is a careful balance to be drawn between offering the opportunity to change and resisting co-option into service provider frameworks.

¹⁸ There is of course a possibility that 'invited spaces' could become 'created spaces', such possibilities have been under-theorized in the literature, possibly because a change could be viewed as a transfer from state to individual responsibility for welfare provision, but a note of caution is that the transfer from an 'invited' to 'created' space is likely to require service users build up sufficient confidence, skills and capabilities, otherwise attempts to transfer from 'invited' to 'created' space is likely to fail.

2.3 Health Care and Social Capital

This section builds on the foregoing to consider health service reforms which seek to bring patients into the delivery of care, specifically through community based initiatives, before considering related issues of social capital and social networks. Attention is then given specifically to social capital within time bank and co-production literature as its relevance in the delivery of care warrants a broader examination than currently offered in existing literature. Thus far, the literature claims that social networks provide time banks with their health benefits (Seyfang and Smith, 2002). But how these networks play a role in developing co-production and the possibility of different types of networks forming in time bank practice (a development noted in other community based activities) has gone uncommented upon. This section therefore introduces the literature which will underpin the data analysis of this study.

2.3.1 Communities and Health

While the participation literature has considered how individual patients can be involved in health care (for example EPP), the discussion above also encompasses a focus on community involvement. Such attempts to engage service user participation in service provision also builds on notions of community resilience to factors that cause ill-health and low levels of wellbeing. The research on the links between community and participation also reflects the association between health, poverty and resilience (Flint, 2010; Batty and Flint, 2010; Elliott *et al.*, 2010; Cattell, 2011). This analysis serves as a reminder of the relationship which cuts across a number of policy areas to create a 'wicked issue'¹⁹ (Blackman *et al.*, 2006; Adamson, 2008). The 2008 financial crisis has generated additional attention on the impacts for communities (Day, 2009; Hussain *et al.*, 2011; Giuntoli, 2011; Johnsons, 2011, Hudson *et al.*, 2011; Athwal *et al.*, 2011, Ariizumi and Schirle, 2012), exploring a range of poverty and health issues which can relate to wider research on place and health (Blackburn 1992; Bambra and Eikemo, 2009). Continued focus has been placed upon participatory and social capital approaches to tackling these challenges (Curtis and Rees Jones, 1998; O'Neil and Williams, 2004,). Such approaches emphasise psychosocial aspects of

¹⁹ Problems can be difficult to solve due to incomplete, contradictory and changing nature of the problem which is, consequently, resistant to resolution.

health and Wilkinson's argument for the potential benefits of social capital (Wilkinson, 1996, ch 10).

Morris and Gilchrist (No Date) offer such an approach, drawing lessons from community engagement experiences for public service delivery. In their discussion they offered co-production as a means of engaging service users, recommending public engagement activities to grow 'bridging social capital' (see below) alongside individual budgets. Yet this maintains an individual focus within policy responses, consequently promoting coping strategies and efforts targeted at problematic individuals. In relation to social exclusion, such approaches often seem to reflect the moral underclass discourse (Levitas, 1998), and the shift in policy debate caused by the 1980s 'politicisation of need' to address what was claimed to be excessive welfare spending on irresponsible people and their 'irrational' demands (Langan, 1998). Important as it may be to promote coping and resilience strategies to tackle health problems, especially during a recession (Elliott *et al.*, 2010), such an approach may separate policy responses from material and structural causes.

Emphasis on communities, for example, can illustrate the significance of history (Elliott *et al.*, 2001; Mallinson *et al.*, 2003). Here structural factors, for example economic policy changes in the 1980s, impact on local communities in ways which create social problems which can span decades. Charlesworth *et al.* (2004) draw out this point in relation to Northern English towns, in their argument for a focus on psychosocial factors: the economic conditions disrupt the community and the cohesion that exists between its members (see also Williams, 2007, for a discussion of a similar process in South Wales valleys). It is the combination of structural and psychosocial factors that are key for communities as the focus on both community history and the impact of recessions have shown (in the above sources). Community based policies can therefore provide a link between psychosocial causes of ill-health and wider structural and material causes, illustrating how, unchanged, the wider determinants of health continue to perpetuate a context that generates ill-health (for example, Cattell, 2011).

Community resilience to ill-health is associated with the links between co-production, participation and developing community networks. Morris and Gilchrist (No Date) place such approaches at the core of welfare reform under their discussion of the 'Big Society' and their *Connected Communities* project²⁰. They suggest that social networks can have health benefits, without making clear how this is brought about through engagement in "community hubs". Such arguments are again attached to notions of community resilience (Norris *et al.*, 2009; Shaw, 2008; Hawkins and Maurer, 2010; Wallace, 2010; Castleden *et al.*, 2011; Hancock, *et al.*, 2012) and the importance of community participation to health (Zakus and Lysch, 1999; Wallerstein, 2001; Adlet and Goggin, 2005; Letcher and Perlow, 2009; Poortinga, 2012). Social capital is given centre stage in how to facilitate resilience (Morris and Gilchrist, No Date) but there is no comment about what communities are to be resilient against. Thus the separation of communities from the structural and social causes of social problems is maintained, despite efforts to locate these problems within the wider context (Bauman, 2001). A partial opportunity to challenge this position must appreciate the potential benefits of community initiatives whilst considering the challenge of structural inequalities; this is the key aspect of Wilkinson's argument (1996, 2005; Wilkinson and Pickett, 2010). But this is often overlooked in policy making (Smith, 2010) in favour of attention to the social capital and community dimensions. Additionally whilst the community focus facilitates consideration of participation, this can be structured in ways which promote the status quo rather than challenge power relations. The attention given to social capital is important to community-based initiatives, but, this can have positive and negative effects.

2.3.2 Social Capital and Health

The concept of social capital has been mentioned frequently so far. Social capital has been used in relation to network formation (discussed below), but also in exploring how people understand health messages (Viswanath *et al.*, 2006), and comparative analyses of health and social networks in different countries (Carlson, 2004;

²⁰ This is project run by the Royal Society for the Arts seeking to develop action research projects to learn from community development practice to find new ways of generating participation in public services. This should not be confused with the AHRC project with the same name.

D'Hombres *et al.*, 2010). The use of the term social capital has drawn mostly on the definition presented by Putnam (2001: 18-9):

the core idea of social capital theory is that social networks have value... social contacts affect the productivity of individuals and groups... social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them.

Putnam argues this relates to civic virtue and that social capital calls attention to 'a dense network of reciprocal social relations', focusing on civic participation. For Bourdieu social capital describes the connections that can be, in certain conditions, converted into economic capital (Bourdieu, 1986: 243), the actual/potential resources linked to durable networks (Bourdieu, 1986: 248; Bourdieu and Wacquant, 1992: 119). Coleman (1990: 302) views the term as being:

defined by its function. It is not a single entity, but a variety of different entities having two characteristics in common: They all consist of some aspect of social structure, and they facilitate certain actions of individuals who are within the structure.

Whilst there are numerous definitions, Cattell (2001) suggested that Coleman's definition allowed for an examination of social capital in terms of the mediating role of social networks in relation to health; the effect of neighbourhood contexts on social capital formation; whether participation is a major aspect of social capital; the nature of the networks that are formed and how different forms of social capital relate to health. This wider and more fluid positioning of social capital goes against the grain of the majority of health literature which adopts the narrower civic participation approach offered by Putnam (Moore *et al.*, 2009).

Cutting across the two definitions are types of social capital: bridging and bonding. Putnam (2001: 22-3) explained bonding social capital as those networks that develop between homogenous groups (strong, exclusive ties) whilst bridging social capital are those networks between heterogeneous groups (weak, inclusive ties). Bridging social capital is seen to be produced by time banking (Seyfang, 2004a, b, c; Seyfang and Smith, 2002), and has gained prominence in both New Labour and Conservative Party ideas (Elliott *et al.*, 2011; Shirani, 2011). Although Putnam noted that social capital

could have negative aspects (see Putnam, 2001, ch 22), the term has been subjected to wider criticism for its economic/neo-liberal elements (Jordan, 2012), unclear definitions (Schuller *et al.*, 2000; Macinko and Starfield, 2001), over-versatility (Portes, 1998) and measurement problems (Roche, 2002).

Yet building on Wilkinson (1997) there has been an increased focus on exploring the potential of social capital in relation to health and health care. Whilst a number of papers have debated and explored the statistical measurement of the concept against indicators of health (Kawachi *et al.*, 1997; Kawachi, *et al.*, 1999; Carlson, 2004; Poortinga, 2006; Folland, 2007; D'Hombres *et al.*, 2010), for this study the interest is in network formation and development. As such a different body of literature is drawn upon. Such work has considered the ways in which social networks facilitate coping, stress reduction, transmit health information, buffer against ill-health, offer moral and affective support. Here links have been made with volunteering and health research (De Silva, 2007 *et al.*; Folland, 2007; Fiorillo and Sabatini, 2011a, b), although the effects are often measured in individual rather than collective terms. Additionally, focus has been given to building social capital by reducing inequalities (Wilkinson, 1996, 2005; Fiorillo and Sabatini, 2011b), accumulating human capital (Fiorillo and Sabatini, 2011b) and examining the potential role of universal welfare provision (Fiorillo and Sabatini, 2011b, Horton and Gregory, 2009a, 2009b). Two important points can be drawn out here. First, social capital is shown to be a multidimensional term with no unequivocal health impact. Second, and related to the first, there is no clear causal relationship between health status and available social capital, and it is possible that a reverse effect occurs (that good health generates good social capital).

The interest in the potential effect of social capital on health status has grown out of a wider debate within the research literature on the determinants of ill-health. Whilst structural factors and their impact on social problems have long been of interest (Jordan 1974, 1981), the Black Report (Townsend *et al.*, 1988) revitalised research into the structural and material factors of ill-health indicating the existence of a social gradient of health (where the lower one's socio-economic status the worse one's health is likely to be) and the health gap (the difference between health inequalities

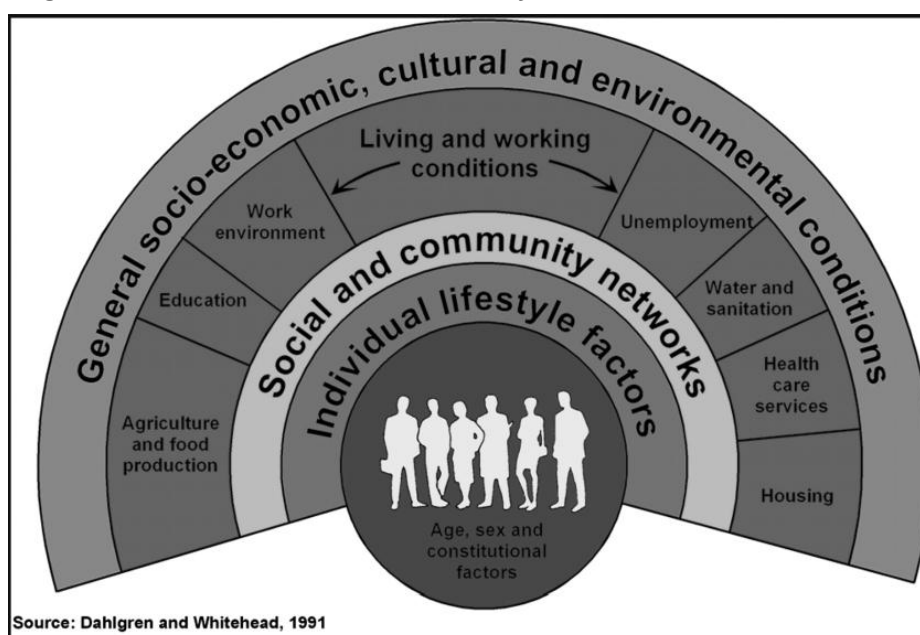
between the rich and poor; see Marmot *et al.*, 1991; Marmot and Shipley, 1996; Graham 2001, 2004; Marmot, 2010). Williams (2007) suggests that the core of the Black Report attempted to move beyond single explanations for social inequalities in health: measurement artefact, natural or social selection, materialist/structuralist and cultural/behavioural. It supported the materialist/structuralist explanations, arguing these accounted for the general improvements in health in society whilst maintaining classed-based health differences. Up-dating the findings of the Black Report, the Health Divide (Townsend *et al.*, 1988) and Acheson Report (1998) supported the materialist/structural explanations. Yet Williams (2007) argued that the latter report was unfocused, both theoretically, and in terms of its policy recommendations. The Marmot Review (Marmot, 2010) offered a contemporary in-depth study exploring causes of ill-health, reiterating the social gradient and the associated social determinants of ill-health (see Dahlgren and Whitehead, 1991). It provided great weight to the argument that it is not just a matter of tackling health inequalities but social inequalities that will have the biggest impact in closing the health gap.

As Figure 2.2 shows this has been conceived at various different levels as set out by Dahlgren and Whitehead (1991). Williams (2003) argued that focus on the social determinants has adopted a “black box” approach, whereby it is possible to observe, measure and correlate the inputs and outputs, but the workings inside the box, the interactions between inequalities, poverty and powerlessness and their impact on health is less clear. Consequently there is a need to consider the pathways by which social structure influences mental and physical health at the micro-level (Lynch *et al.* 1998).

Others have widened the discussion to explore psychosocial factors (Wilkinson, 1997; Charlesworth *et al.*, 2004) leading to the promotion of social capital in tackling ill-health. Consequentially a debate has developed between which factors are important to determining health and which should inform policy responses. The argument of the psychosocial approaches relate to the epidemiological transition, and the focus on

chronic conditions (Omran, 1971)²¹. Policy responses to chronic conditions have focused on the interconnections between sufferers and the networks they rely on to cope with their conditions (Anderson and Bury, 1988; Williams, 1993; Chiarella *et al.* 2010; NHS Wales, No Date). Similar arguments have been put forward in relation to mental health (Kawachi and Berkman, 2001; McKenzie *et al.*, 2002; DH, 2007). Such developments have been underpinned by two trends outlined in section 2.2.1.

Figure 2.1: Social Determinants of Health



Source: Dahlgren and Whitehead (1991)

Within the health debate these ideas are found in the contrasting work of Richard Wilkinson and John Lynch. Wilkinson (1996, 2005; Wilkinson and Pickett, 2010) presents inequality in society as producing the erosion of cohesion and damaging interactions between members of society; essentially underpinning the psychosocial causes of ill-health by weakening the social fabric which forms a key part of conceptions of subjective health. Subsequently Wilkinson's argument is that improving quality of life draws upon rebuilding social cohesion. But this must be done against the back-drop of redistribution to create a more egalitarian society. Supporting these ideas, Sennett and Cobb (1993) explored the hidden signals of class against which blue-

²¹ As noted in Chapter One: three stages of this transition are: the age of pestilence and famine; the age of receding pandemics and the age of degenerative and man-made diseases

collar workers measured the value of their lives and occupations. Within “affluent societies” internal, emotionally hurtful forms of class difference exist because the value of human beings is judged against an arbitrary scale of achievement based not on diversity of talents, but a pyramid of their worth: with those few deemed most worthy at the top and the least worthy at the base. Sennett and Cobb suggested that such valuations lead to an injurious frame for determining “achievement” and self-justification, causing psychosocial health problems due to ‘status anxiety’²². It is within this context of structural inequality that people experience negative consequences to psychosocial health, leading to a policy response promoting the use of social capital.

Sennett and Cobb (1993) do place their analysis in wider economic conditions. However the charge levelled by the ‘Neo-materialist’ critique is that policy makers will overlook issues of class, leaving unchanged the structural conditions which generate ill-health, (Lynch *et al.*, 1998; 2000). Lynch *et al.*, suggested that the work on social capital, ignores structure and therefore has little impact on the wider determinants of health. Time banking therefore, with social capital as a core concept, may find government support as a mechanism for community resilience to the causes of ill-health. It is possible this could be presented in a way which tackles negative psychosocial health, as identified by Wilkinson (1997, 2005; Wilkinson and Pickett, 2010) alongside other policy initiatives designed to tackle the structural inequalities that generate those health problems. Alternatively time banking could be conceptualised in ways which support the prevailing focus on individual causes and therefore responses to ill-health. Cahn (2000a) does not theorise the concept beyond a reference to Putnam (2001), consequently, not only did this allow for the co-option of his ideas into psychosocial approaches to ill-health, it limited his analysis of the impact social networks have on health and wellbeing.

2.3.3 Linking Capital and Social Networks

Drawing on Cattell (2001; 2011) it is possible to explore different forms of networks in greater detail (see Table 2.2), illustrating two points. First that when talking about

²² Anxieties that result from how people feel they are perceived by others having detrimental impact on psychosocial wellbeing.

social capital it is important to explore what form the networks generated are taking. Second, that in identifying different networks (see below) it is possible to identify different health effects: for example restricted, tight bonds can potentially have damaging health impacts indicating a negative side that needs consideration in health research.

Table 2.2 Social Network Typology

Type of Network	Description
Socially Excluded	Small numbers of these networks exist and are very limited in terms of number of members. Examples of members include newcomers to communities, isolated older people, single parents and unemployed people. Will have very limited bonding social capital.
Parochial	Small number of membership groups but may have extensive contacts with these members. Membership consists of extended local family and a small number of local friends and neighbours, as with socially excluded networks, this is based on bonding social capital.
Traditional	This involves a larger number of membership groups: family, neighbours, ex workmates, old school, youth/sports/social club friends. This is a dense, tight knit structure and will predominately involve long-term residents.
Pluralistic	This is an open network consisting of a large number of membership groups in a loose knit network (bridging social capital), thus members are less likely to know each other compared to previous networks. This form of network is to be found in voluntary organisations.
Solidaristic	This network consists of a wide range of membership groups of similar and dissimilar people sharing characteristics with the parochial and traditional networks on one hand and the pluralistic on the other. Essentially it

therefore offers a mix of bonding and bridging social capital.

Adapted from Cattell (2011: 123).

Cattell's (2001, 2011) distinction between networks offers a more nuanced approach, drawing on bridging, bonding and a third, linking, forms of social capital. Linking capital has been discussed by Lynch *et al.*, (2000), but it is the work of Szreter and Woolcock (2004), which when combined with Cattell, offers a useful approach to thinking about Wilkinson's (1996) argument for a focus on social capital. Set within the wider context of industrial development (Szreter, 2004), Szreter and Woolcock (2004) emphasise the potential connections between Wilkinson and Lynch to argue for the need to embrace both arguments and utilise the term linking capital to consider the link between neo-material claims for causes of ill-health with the focus on social capital. Szreter and Woolcock (2004: 655) define linking social capital as 'the nature and extent (or lack thereof) of respectful and trusting ties to representatives of formal institutions... that have a major bearing on their [the individual's] welfare.' Here, social capital encompasses not simply the links between similar and different groups of people within communities but also the ties between communities, institutions and organisations.

In relation to health, Szreter and Woolcock (2004: 656) argue that a three-part definition of social capital is necessary (1) for public health concerns, (2) for facilitating consideration of networks types, but (3) 'also enables a greater range of important social, economic and political outcomes (both positive and negative) to be encompassed.' What linking capital therefore adds to Cattell's (2001; 2011) analysis is that:

social capital is in fact as much about highly tangible matters such as styles and forms of leadership and activism among public health workers and officials *themselves* – and structures of service delivery – as it is about the seemingly abstract properties of "social cohesion" among communities of social collectivities of various kinds.

Szreter and Woolcock (2004: 657)

As suggested, 'status anxiety' results from an unequal society. Cattell, (2011) argued that whilst this is important it does not account for how perceptions can be challenged by things such as an offer of a decent home or participation in consultations and community life. This is because inequality, Cattell suggested, can have negative and positive effects: it can generate hopelessness just as it can be a spur to action. Here is where social networks act as a mediator and moderator of the macro and micro levels in society. Consequently it is essential to have a detailed understanding of social capital, leading Cattell to outline a number of different network types (Table 2.2).

Restricted networks (excluded, traditional and parochial) are likely to be more damaging to health status due to low feelings of self-esteem, control and hope; especially as those within tight networks share life events (i.e. the death of a family member). Consequently, members are often unable to provide support at times of distress as they too suffer. This is especially the case when the strongest link in the network is lost, as it can damage the internal core of the network. Numerically extensive ties are good at providing support and conferring identity. Additionally extensive networks can facilitate access to services, information and resources, making a connection to the role of social capital in developing networks. Restricted ties offer none of this. The potential development and impact of different networks has not been considered in relation to time banking. As such interviews will allow this research to not only explore participant perceptions of health but also discuss their participation and engagement with other members to consider the type of networks that develop against Cattell's (2011) typology. Additionally observation and interviews provide insight into linking social capital between members and Time Brokers to illustrate how this relationship develops to facilitate co-production activities.

Particular attention should be given to the final two forms of networks. On the one hand 'pluralistic networks' can help people to cope actively and provide access to a range of resources. Cattell (2011) argued that members also perceive some control over their lives and believe that active engagement can change their neighbourhood and that members play a role in protecting their health. Members of these networks 'believe [political] progress is possible and see a role for themselves in the process'

(Cattell, 2011: 137). Yet, whilst committed to their community 'their own sense of personal identity with the community appeared weaker than that of many others' in different networks (Cattell, 2011: 138). On the other hand 'solidaristic networks' cope interactively. Such networks embrace similar and dissimilar people whilst facilitating easier management of day-to-day life and everyday hassles. Members build social capital of thick and thin kinds, providing health buffering effects along with direct health benefits. Implicitly it is possible to link the time banking literature to these forms, but, as demonstrated, they have different health effects for network members because they operate differently. Furthermore exploring these networks may demonstrate their relevance to instigating co-production.

Those in 'solidaristic networks' are able to participate in wider community activities as with 'pluralistic networks', but also have 'parochial' elements: a tightly bonded group capable of offering support during difficult times. These networks can be created actively with help from local services or voluntary groups and as a consequence the loose, thin, ties in some instances can form into thick, strong ties. Thus 'the fluidity of our social connections... [the] distinctions between categories of "bonding", "bridging" or "linking" ties soften and blur when real life cases are confronted' (Cattell, 2011: 141), potentially creating a neighbourhood store of social capital accessible by all, even those outside 'solidaristic networks'. Bringing this more nuanced understanding of social capital and social network into this study allows the case study investigation to develop an analysis of how these ideas are related to the development of co-production and organisational change (Lin, 1999; Steinfield *et al.*, 2009, see Chapter Eight).

2.3.4 Application to Time Banking

Whilst a range of research has been carried out in relation to social capital and health little of this has filtered into the time bank research. Rather the focus has remained on Putnam's (2001) suggestion that social capital has positive health effects and Cahn's uncritical use of this to form a key component of his conception of co-production. Despite the absence of this wider thinking, co-production and time banking have captured policy-maker interest, and the foregoing has suggested this has been

facilitated by the creation of a policy space into which time banking and co-production have become suitable responses to social problems. This, as has been suggested throughout the chapter, rests upon the construction of need at the individual level but also the view that the causes of social problems rest in individuals and their communities. This view has developed in the UK since the 1980s and has been maintained by the different political ideologies of various governments since.

Within this policy context co-production becomes a viable policy tool. However the intentions behind developing co-production need to be uncovered, and the first part of the chapter sought to illustrate two, broad, definitions which can assist with this. Deploying an efficacy co-production definition it is now possible to elaborate further the relevance to Cahn's (2000a) work. Essentially, for uses of time banking related to health, the formation of social network through the fostering of social capital is important. Specific consideration must, therefore, be given to examining how members participate in time banking activities and the consequences this has for the formation of social networks. How these impacts will be explored will depend on a qualitative investigation of time bank members' perceptions of their own health status. Through interviews not only can this be uncovered but it is possible to explore members' suggestions about the role of the time bank on these perceptions of health. Thus this study sought to examine the role of social networks in more detail than currently provided by Cahn or the wider time bank literature, to offer an analysis of the relevance of networks for service delivery reform.

2.4 Conclusion

By way of summary this final section briefly draws attention back to the research questions that have guided this investigation into time banks and co-production. The research questions are drawn from this literature review and seek to question some of the assumptions highlighted throughout the chapter. Section 2.1 explored the concept of co-production in detail to suggest a distinction between efficiency and efficacy co-production, associating the latter with time banking. Furthermore the discussion illustrated limitations in the research literature. Where arguments are made for the

development of co-production in public services suggestions are regularly made in favour of organisational change and overcoming service barriers are put forward. But there is no clear articulation of what different organisational structures can be introduced, nor is there a clear link between empirical research and the claimed barriers – these are often presented in the theoretical discussion.

The second section of this chapter examined the policy context in which co-production has developed, making explicit links between health in relation to participation at the individual and community level. Here there has been interest, by policy makers, in involving service users in provision and improving service outcomes. Co-production offers another means by which this can be achieved but, when attached to time banking, may offer additional incentive for engaging in service production (this is an idea which underpins Cahn's [1986] earlier concern with service credits which eventually became time banking). The third section built on themes examined in the previous sections drawn out around EPP to consider social capital and social networks. The aim here was to develop links between co-production, time banking and existing patient participation schemes which underpinned the development of the action research (see Chapters Four and Six). This was developed in order to facilitate the analysis in this study to offer an understanding of the role time banking can play in relation to health services.

In the next Chapter the intention is to set out the theoretical framework for analysing time banking and co-production. This aims to consider the values that time banking promotes (as is suggested by Cahn [2000a]) but also to link with the discussion in this chapter regarding the policy context, specifically the 'Big Society'. The issue here is whether time banking offers different values from the market economy, thus offering alternative values to be pursued in public service reforms. But if such values exist there is a need to consider if they run the risk of being co-opted in to the 'Big Society', for co-option would potentially prevent the development of efficacy co-production.

Chapter Three: Exploring the value of time

Money has certain characteristics. Each characteristic produced certain results. Therefore a new kind of money, if it was different from the old kind, could do different things. The new money might not replace the old kind. But I wasn't trying to get rid of money or replace it. I was trying to find a way to complement it.

Cahn, 2000a: 9

This chapter develops a framework for analysing time banking through which North's (2006a: 8) claim that '[t]he less resistant ethos of the co-production of public services, and on volunteering encapsulated by Time Money was far more attractive to government [than LETS]' can be considered. Generally community currencies are offered as a means of both resisting and challenging capitalist production and exchange by offering an alternative. North suggests that time banking, due to its association with co-production, is quickly co-opted into government programmes and thus unable to offer an alternative as is the case with other community currencies. But time banking was originally designed to working within public services (Cahn, 1986) and it is not concerned with challenging production and exchange but offering alternative values upon which to build public services. Here the focus is on human interaction and the challenge offered is the promotion of core economy values. Yet North's suggestion of co-option remains valid in so far as these core economy values could be lost within policy attempts to implement time banking because Cahn (2000a) does not specifically articulate what these values are. This chapter seeks to do this by drawing on the social theory of time.

This chapter must cover a range of material to familiarise the reader with the social theory of time, how it facilitates an understanding of contemporary society, and its application in social policy analysis. Through such an analysis it becomes possible to investigate if time banking actually does offer alternative values, those of the core economy (Cahn, 2000a). To achieve this, the first section of this chapter examines time as a measure (section 3.1). This however only outlines one perspective of time. It is necessary also to explore 'relative time' (section 3.2), an understanding of time which

a focus on measurement fails to capture. With this theoretical ground covered, including examples of its relevance to policy analysis, the final section of the chapter moves on to consider the issue of co-option. Co-option has been discussed in relation to the failure of community currencies successfully to challenge capitalism (Leyshon and Lee, 2003; Williams, 2003). Drawing on the work of Gibson-Graham (1993; 1996) the suggestion is that this failure stems from capitalism's ability to resist such challenges, and the final section of this chapter explores this issue specifically. Attention then turns to how time banking can be drawn into this debate before establishing a framework for this study to draw upon in the analysis of alternative values and the challenge of co-option. Whilst not arguing here for wider societal reform as advocated by others (Bryson, 2007, see below) the theoretical arguments surrounding co-option offer a means by which to explore efforts to develop efficacy co-production and the intention to use time banking within the 'Big Society' (Cabinet Office, 2011): is this an opportunity to promote new values or an example of co-option?

Yet first it is necessary to justify the focus on time over other potential theoretical approaches, particularly social exchange theory (Homans, 1957; Befu, 1977; Lavler, 2005; Stafford, 2008). It is, of course, entirely possible to explore time banking through social exchange theory, as could be done for community currencies and co-production (see Powell and Dalton, 2003; Terese Soder, 2008). Underpinning this approach is a focus on the exchanges which maintain human interaction and a cost-benefit analysis in relation to rewards received from the interaction. This has been critiqued for applying economic rationality to human interaction (Miller, 2005), yet it does focus analysis on the forms of exchange that take place through time banking and co-production, but also allows for an examination of gift relationships (Mauss, 1950; Titmuss, 1997; Gregory, 1982, 1997; Testart, 1998) of which time banking could be seen as an example. Here the obligation associated with receipt of gifts promotes reciprocity (a core value of co-production) because the gift is never fully detached from the gift giver. Thus the act of gift-giving forges a connection with the receiver of the gift leading to an obligation to reciprocate. The gift is presented as inalienable, that is property rights of the gift are never fully transferred, part of the ownership remains

with the giver (Mauss, 1950; Gregory, 1982, 1997); although this is critiqued by those who suggest that some gifts are obligation free (Testart, 1998; Landlaw, 2000). Terese Soder (2008) draws on these ideas to illustrate the value of community currencies to individuals and explore the exchange process. Yet there is no clear articulation of how these operate or what it is that is being valued. In time banking this is important because there is some confusion in Cahn (2000a) as to the purpose of time banking: the credit is an additional reward for giving time, but giving time itself is its own reward. Additionally such a focus does not account for credit hoarding (see the data for this in Chapter Five). Why do members earn credits and continue to do so, but not spend them?

Powell and Dalton (2003, citing Blau [1964]) also draw on social exchange theory to suggest that time banking allows young people to harness the value they perceive within peer groups. They suggest that time banking actually harnessed this value to promote behavioural change within the group of young people they studied. Yet it is unclear how this was supposed to have happened. Some elaboration is provided of different steps which underpin exchange in relation to time banking, but the practices which map on to these stages are not articulated in their discussion. Powell and Dalton explain the four stages as follows. Step one is when individuals negotiate exchanges with each other, leading to step two, the recognition of differentials in status and power within the proposed exchange. They note that time banking advocates would highlight how the hour-to-hour ratio minimizes these differentials. Step three is the legitimization of the exchange within its social context, which leads to the development of larger social structures (such as family or formal organizations). The final step suggests that these larger organisations may mobilise opposition to common cultural values and norms which interfere with exchange. Of relevance here is this fourth step, for this links to the focus of this study – the potential application of time bank-based co-production as a way of bringing non-market values into welfare provision. By focusing on time within time banking it is possible first to explore the claimed existence of such values, second to outline the influence such values have within health service provision and finally start to develop the theoretical claims of time banking to allow for more effective, future, examination of time banking in

relation to exchange theory. The first step is to understand what time banking is about and the practices it generates. This requires an examination of time.

3.1 Capitalist Societies' use of Time

This section starts to explore the theoretical understanding of time found within sociological work, predominately Adam (1994, 2004). It starts by examining the notion of 'absolute time', essentially time as a measure which exists external to human beings. With this foundation established the section considers how 'absolute time' has, so it is claimed, dominated capitalist societies before exploring the use of this understanding of time in policy analysis. This leads to a discussion of 'relative time' which offers a critique of the claimed dominance of clock time in capitalist societies and offers alternative ways of understanding time which, it will be suggested, are implied in Cahn's (2000a) argument regarding the core and market economies.

Before starting this discussion it is necessary to articulate a clear starting point for this discussion. Time is implicit in all that we do. It exists within our interactions, our social organisation and cultures, yet rarely has time been made explicit in our analysis of society. To facilitate a consideration of time, within time banking, this section surveys how time exists, operates, is used and considered within capitalist societies. The intention is not to provide a complete historical account of the development of notions of time (Adam 1994, 2004) or how time has developed in capitalist societies (Thompson, 1967; Adam, 1994; Giddens, 1995; Bauman, 2000). Rather a number of these themes are drawn upon to illustrate how time banking is influenced by these perspectives of time which potentially facilitate co-option by neo-liberal thinking. Adam (1994, 1994/95, 1995, 2001, 2004; Adam and Groves, 2007) has explored time across a number of academic disciplines to show how time flows through human history. Noteworthy is Adam's argument that time is generally conceptualised dualistically, distinguishing between 'absolute' and 'relative' time, but that this dualism prevents a complete understanding of time. This section starts by exploring 'absolute time'.

3.1.1 'Absolute Time'

'Absolute time' is typified by Newtonian notions of time. Building upon a philosophical tradition (Adam, 2004: 23-9), Newton posits that time is duration between events, unimpeded by the alterations it describes and therefore external to humans. Thus time is viewed 'as a quantity: invariant, infinitely divisible into space-like units, measurable in length and expressible as number' (Adam, 2004: 30). As such, time measures motion, and whilst it is possible to increase or decrease the speed at which objects move, time itself remains unaffected. A distinction can therefore be made between measurement/laws of things in motion *in* time and 'absolute time within which motion and change are thought to take place' (Adam, 2004: 30). Consequently the clock becomes important as a device for measurement, an expression of a common language of time. Such ideas have had influence beyond science (Adam, 1994), for example in the philosophy of Kant, who considered time as *a priori* intuition. Here time is a conceptual tool making experience and perception possible. Time does not relate to feelings, images or objects over time, its relevance is in *how* we perceive, not *what* we perceive. Thus 'absolute time' is independent of human beings and their world. 'Absolute time', therefore, is a time outside of human creation, within which motion can be measured. This externality is reinforced by the clock that emphasises time as measurable and controllable and establishes a link to how society determines the value of goods and services in social and political domains.

The time of the clock pervades across all of society and its structures, institutions, cultures, organisational practices and social reproduction. The suggestion is that the development of capitalist societies has altered the perception of time, to empty it of social meaning. This focus on time as external to humans and living organisms has pushed out notions of 'relative time', explored below (see Thompson, 1967; Adam, 1990/1994; 1994/95; 2004; Glennie and Thrift, 1996; Bauman, 2000; Westenholz, 2006). In terms of work, this shift, according to Thompson (1967), was illustrated by a move away from "task time", where time was internal to the task, to contemporary practices where time is an external measure within which a pre-defined level of production must be accomplished. Within the work of Weber, Adam (2004) shows how it is possible to see how time features in the development of capitalist society, as a

quantitative resource used for economic exchange in work and the banking system of credit and interest. As Adam (2004: 45) writes, 'time emerges... as a tool for the regulation of conduct. This of course required as precondition an externalized, universal time, abstracted from events and emptied of all content.' The advent of the clock made possible the rationalization of conduct, to harness time for economic goals and profit creation with a future focused orientation, establishing a particular value of time in capitalist societies.

According to Adam (1994; 2004), Marx also utilised the 'absolute' notion of time, although it was not explicit in his work. The labour theory of value required the control, regulation and exploitation of labour time and as such utilizes a notion of time as an abstract exchange value disconnected from the value of goods and services. This is a necessary pre-condition to enable labourers to be paid for their time rather than the goods or services they provide. Here time is used to underpin notions of value. Whilst use-value is context specific, the medium between use value of goods or services and money needs to be context independent. As Adam (2004: 38) explained '[t]he common, decontextualized value by which products, tasks and services can be evaluated and exchanged is time... Time is the decontextualized, asituational abstract exchange value that allows work to be translated into money.' Here time is quantifiable as money is quantifiable. An hour must be an hour irrespective of context, content or emotion. The measurable, divisible clock time equates with money and acts as the foundation for abstract exchange values. For Marx therefore, time in capitalist society was commodified, empty of content and disembedded from events.

3.1.2 Clock Time, Capitalism and Money

Thus it is claimed that clock time has permeated the key institutions of industrial society: political, scientific and economic. Time is extracted from processes and products. Disembedded, time consequently becomes one object, subject to bounding, exchange and transformation. In this form time is colonized, it became focused around the clock. As a measure of duration, time is used as a medium of exchange in time banking, an empty unit into which measured activity can take place. Although this may appear to de-skill workers by not differentiating the value of different activities, it is

precisely this form of equality that marks time banking as something distinct from the time-is-money calculations that permeate the 'market economy'. This distinction is implicit in Cahn's (2000a) theory and illustrates the necessity of bringing an analysis of time into accounts of time banking.

As noted in Chapter One other community currencies mark value through equivalence to money thus some links to money must be considered. Here Thorne (1996) and Pacione (1997) have explicitly drawn out the links between Local Exchange Trading Systems (LETS) and money. Thorne argued that LETS are capable of operating in both domestic exchanges and the money based economy. By focusing on community building and mutual aid and its modes of operation, community currencies 'reformat' the economy as being embedded in social relations. Two points arise from this. First, community currencies operate differently to money. Debt does not prevent exchanges, because individuals retain the capacity to generate further currency themselves. As Pacione (1997: 1185) highlighted 'debt [is] repayable to anyone'. Additionally community currencies do not generate interest as the health of the currency, and the wider system, does not rest upon a 'strong currency' and accumulation over time, but constant circulation. Second, Thorne (1996) suggested that community currencies operate to re-embed the economy within social relations. Subsequently purposive action is developed and maintained to enhance collective social wellbeing in exchange relations. This seeks to enhance and value what Pacione (1997) refers to as the non-monetary sector, which pre-dates capitalist markets (domestic, outside employment, volunteering/neighbour work) which is based on inter-house, neighbourly, unpaid exchanges: this is what Cahn (2000a) includes within the core economy.

For community currencies no regulatory system exists similar to that found for banking, nor does interest or conventional debt apply. Additionally profit accumulation is not an end, for the currency depends in its use-value, not its exchange-value. This is a key distinction which clearly draws on Marxist thinking, but will also have relevance with regard to time. Thus, for Pacione (1997), a central distinction between community currencies and money is that the former are a form of exchange and not a means of

storing value: they seek to promote reciprocally beneficial trade. For Pacione, LETS put in to practice Dodd's (1994) argument of the need to re-evaluate the role of money in society, not by replacing the formal economy but working to tackle social inequality. Yet for time banking the focus is less upon using credits to facilitate exchange, but to further encourage and reward the investment of time within our communities. The aim is not to replace or challenge market production, as with other community currencies; nor is time banking seeking to offer resources for additional exchange. It is an attempt to defend the values of the core economy, but these are only rudimentarily articulated by Cahn (2000a). This is why it is essential to understand *time within* time banking. Without this understanding exploration of how time banks operate, of how they facilitate exchanges, or build social networks, or operate as a currency a failure follows to articulate exactly what time banking and (efficacy) co-production is intended to achieve. Without this understanding it is not possible to explore tensions between time banking values and those that drive public service reform, represented here by the 'Big Society'. This is why it is also necessary to understand how existing community currencies have been co-opted into capitalist practices (Leyshon and Lee, 2003; Williams *et al.*, 2003).

One potential explanation for this co-option could reflect the symbolic nature of money. For Simmel (1900) money facilitates the objectification of subjective value. Through the act of exchange, money allows objectification to occur and it grants humans freedom from reciprocal obligations. Money offers the ability to pay with money for that which people would have previously repaid with service. Not only does this create freedom, it also removes obligations and our duties to others. Subsequently the potential number of human relationships increases, but they are emptied of subjective value: only objective value is fostered by economic exchange. Thus money removes the inherent worth of objects, as their value has become exchangeable with a multitude of other goods. Perhaps a similar argument could be presented for time banking, that the credit acts to remove the obligation. However Zelizer (1994) offered an alternative view, to suggest that Simmel's abstract form of money does not fit with any form of money in practice. Essentially all money has social, political, economic and contextual restrictions on how and to what purpose it is used, an argument supported

by North (2007: 173 – 182) when discussing alternative currencies. Thus an examination of time banking needs to explore the perceived value of time credits by members and Time Brokers, thus investigating the meaning and significance attached to the credit. Does this reflect the implicit argument found in Cahn (2000a) or do members think and act more instrumentally than Cahn would suggest? Only by understanding how time is perceived and experienced by time bank members will it become possible to consider whether and how the core economy values can be constructed as a challenge to the imposition of market economy values within welfare provision.

3.1.3 Policy Analysis: Time as a resource

The measure of time, and time as a resource, has been considered in relation to social policy concerns. Conceiving of time-as-money means that time remained a resource to be brought into discussions of need, income and wider welfare debates. Such approaches attempt to illustrate the complex interplay between employment time demands (also linking with income) and non-paid work demands (and their subsequent effects on availability for employment and income). Thus it is argued that policy decisions need to make time a more explicit resource in welfare calculations (Piachaud, 1984; Burchardt, 2008). As with income, time constraints should therefore become an accepted idea for policy makers and social scientists concerned with poverty. Time relates to money, it can determine costs of taking on employment and can place limits on paid employment. Available resources and responsibilities determine the allocation of time between competing demands; “free time” is that which remains out of 24 hours after paid and unpaid work and personal care. For Burchardt (2008) allocations of time can generate time poverty, income poverty or both time and income poverty.

Noteworthy here is the suggestion that governments could develop a time target similar to poverty targets. However it remains unclear from this how social policy and time affect the non-poor. This is something discussed briefly by Piachaud (2008) who focused on ‘time burdens’. ‘Time burdens’ are experienced in terms of both income and time poverty, and can be used to reflect inconveniences for different groups of

people: getting the central locking fixed on the car or the rush between town and country house, present different types of time burden related to lifestyle choice compared to the time burden of someone using the bus because they cannot afford a car. Furthermore time features in social services operations (Lee and Piachaud, 1993). Time as a resource for access and use of services correlates with service privatisation with increased time costs, mirroring the individualised costs noted with regards to income (Drakeford, 1999). This impacts on issues of equity and efficiency and has an inbuilt gender bias regarding divisions of time use in society²³ (Pascall, 2012). Consequently, Lee and Piachaud (1992: 29) argued that time consequences need to be built into project approaches: 'shift[ing] from the blinkered balance-sheets of financial accounting towards the broader concept of social accounting'. Such accounting remains embedded in notions of 'absolute time', a trend continued in attempts to construct income-time combinations as measures of individuals' capabilities or freedom (Burchardt, 2010). Such calculations retain a connection to time use surveys, which have also informed debates around temporal wellbeing.

Goodin *et al* (2004; 2008; Goodin, 2010) explore time within policy debates in relation to 'temporal wellbeing'²⁴, but retain the association with time as a resource. The key concept for Goodin *et al* is that of free or 'discretionary time': time over which you have autonomous control once the need for a minimal income to avoid poverty, necessary unpaid household labour and the minimum necessary personal care have been satisfied. Their focus therefore is on 'the poverty style question: how much is strictly necessary' (Goodin *et al.*, 2004: 38), and they explore how governments indirectly contribute to temporal wellbeing and people's temporal autonomy. Here the argument runs that tax and benefit systems impact on temporal wellbeing without this being a distinct aim of policy. Goodin (2010) seeks to develop this further by establishing the idea of 'temporal justice'²⁵. He bases the argument on the notion of 'discretionary time' to consider how much of this time is available to the 'temporally

²³ Referring to the gendered distribution of employment, domestic care and personal care times

²⁴ A term used to explore how state welfare provision impacts on citizen's use of time with a focus on increasing autonomous, discretionary time within a definition of social justice

²⁵ This term is a refinement of the temporal wellbeing concept and is an attempt by Goodin to bring time into considerations of distributive justice alongside money.

privileged compared to the most temporally underprivileged' (Goodin, 2010: 5). This notion of temporal justice is based upon the narrow conception of time, as a measurable quantity, and as such is incomplete. Consequently, some attempts have been made to expand the notion of time in policy analysis.

3.2 Capitalist Societies' Time Within

Cahn (2000a) argued that the way in which the market economy determines value encroached on the territory of the core economy (see Chapter One). This implies that the application of market values to social problems promotes the market use of time. A similar idea is reflected in the social theory of time literature. The developments of relative understandings of time have laid bare an explicit critique of clock time and its dominance in capitalist societies. Rather than view time as (or only as) external to humans and systems, time is also internal: it exists within things and beings. Here attention is upon 'relative time' (3.2.1), its definition and contribution to understanding of time in analysis. This leads to an examination of the critique of 'absolute time' in capitalist societies (3.2.2), facilitating a move from dualistic thinking: understanding time requires understanding 'absolute' and 'relative' time. The final section then illustrates the use of 'relative time' with examples from policy analysis (3.2.3).

3.2.1 'Relative Time'

As with 'absolute time', Adam (1994; 2004) maps the historic development of philosophical and scientific thought focused on relative time. 'Relative time' is defined as internal, integral to human mind, body and soul; embedded within planetary seasons and the workings of the cosmos. Within our minds, past present and future are intricately linked. Time is not measured but compares what remains fixed in memory against our expectations (Adam, 2004: 51-4). Within this tradition, Adam explains the ideas of St Augustine, where the flow of time is conceived as moving from the future via the present into the past. The world around us moves from past to future, but from the position of the self 'life involves an unbroken chain of future-orientated decisions that bring the future into the present and allow it to fade into the

past' (Adam, 2004: 54). Subsequently the time of the mind moves in the opposite direction to the external world.

This theorization of time draws focus to subjective, internal time, which places relative aspects of time at the forefront. Husserl (cited in Adam, 2004) rejected the idea that time can be an external measure of motion, an empty container into which events take place. Rather he draws on the idea of a 'living present', which features what has been and what is to be/become. As Adam (2004) explains, the construction of the present is as a horizontal flow containing impressions and perceptions of the now, extended through retentions and protentions. Speech illustrates this idea, for without extension in both directions, speech is not possible. Retention is required for what we know and protention to know where we are going. Thus time is not simply equal to the clock, there is a time within beings, interactions and processes which must be brought into consideration. Relative time therefore is internal and contextual. It is the process through which past, present and future are entwined and defined in relation to each other.

The critique of capitalist time has focused upon the dominance of the clock and the promotion of 'absolute time'. The most extreme consequences of this have been mapped in relation to the environment (such as unforeseen impacts of genetic manipulation of crops) to emphasise the need to reconsider this dominance and its false notion of reversibility²⁶ to create new political discourse and policy tools which understand a broader notion of time (Kümmerer, 1996; Adam, 1998). Relative time cannot be measured, for it is performed: time is selecting, prioritizing and sequencing; processes which are determined by the priorities and necessity of the present. Often the strategies employed in the interplay of act and actions are taken for granted, but time is located within personal, temporal perspectives where the here and now forms the central point of reference from which all orientations flow.

²⁶ Newtonian theory states that time is reversible for it is an external linear measure and we can go forward or backwards; the relative notion of time critiques this based on the view that it is not possible to reverse time and therefore undo things once they have been done.

3.2.2 Task Time and Caring Time

A number of theorists have drawn upon 'relative time' to offer a critique of capitalist use of and adherence to clock time and of the way in which the time of some people is valued over the time of others, often on a gender basis (see Gunning, 1997; Zucchermagilo and Talamo, 2000; Oechsle and Geissler, 2003; Brannen, 2005; Leccardi, 2006; Kremer-Sadlik and Paugh, 2007; Bouffartigue, 2010). Additionally, 'relative time' features in explorations of how different times are experienced and woven together in society (Davies, 1990, 1994; Nowotny, 1992; Urry, 1994; Darrier, 1998). Both perspectives have relevance to time banking and this section starts by exploring the latter group.

Exploring the notion of 'relative time' and the different experiences of time which underpin value can begin with Nowotny's (1992) suggestion that time exists *in* events and will not fit the steady flow of the clock. Furthermore Urry (1994) illustrated the distinction between instantaneous time (time which cannot be experienced or observed for it is so brief) and glacial time (immensely long, imperceptible change, i.e. evolution) and the location of clock time between these two points. This is similar to Darrier's (1998) conceptualisation of how 'being lazy' can facilitate the move from clock time to appreciate 'non-anthropocentric times': glacial and geological. Elsrud (1998) however distinguished between 'time out' – a measured quantity of clock time taken from life at home to be consumed in other ways, such as holiday – and 'taking time', which is long-term, 'generative time' where people move away from the clock, generating freedom of action and experiences of different temporal rhythms. Elsrud's distinction can also be found in the work of Kremer-Sadlik and Paugh (2007) who showed that moments of quality, randomly occurring, woven within other times, tend to have more emotive impact than planned and consumed "quality family time", where the more measured, clock-time nature expresses the same sense of pressure and speed that is experienced in the world of work. For some the focus is to show how social interactions can operate in different time scales, from community groups living different temporal cycles (see Keynon, 2000) which can generate exclusion. Others have expressed time as tied to exchange, emphasising co-operation and solidarity over precision measurement (Raybeck, 1992). Such work highlighted the multiplicity of

time, giving attention to the characterization of clock time as 'male time', for its focus on paid work, and presents a notion of 'female time', to illustrate alternative experiences of time often centred around caring.

For Davies (1990, 1994), 'process time' in care work defines actions which cannot be measured into timed segments for completion, because it is not possible to calculate how much time will be "consumed" as it is difficult to distinguish periods of caring activity. Care work can be at the moment of providing care, but can happen during non-direct caring moments: during other times, in our thoughts (planning, thinking, and worrying about caring responsibilities and duties). As such it is not possible to allocate a certain amount of time to the activity, for caring is interweaved with other times. Thus caring involves our thoughts and actions, which relate to the task and as such is part of the process, it interacts in and around clock time, to 'weave intricate patterns in the work carried out by carers and in our lives more generally' (Davies, 1994: 281).

Thus different times can be identified, illustrated by Thompson's (1967) suggestion that industrialization in Western societies facilitated a move away from task time. In pre-industrial societies, time was embedded in the task and within the activity itself. Workers controlled the length of working hours, reflecting the time needed to complete the task. However, under industrial capitalism there has been a shift towards the time of the clock where employers control working hours. Within this commodified time frame, the control of time enhances economic performance, establishing the link between time and money (Adam, 1994/95). Enhanced production within smaller time frames increases profitability. Employment-focused society values this form of work over all others for its profitability, with the result that unremunerated work in the household or school is considered 'unproductive labour' and rendered invisible. Such practices can be found in the noticeable shift within domiciliary care services, where staff have shorter time frames in which to carry out caring duties²⁷. Such production has been referred to as the 'shadow economy' of work (Adam 1994/95) and is

²⁷ See <http://www.bbc.co.uk/news/health-18347303> accessed 04/08/2012

considered of less worth by dominant capitalist notions of 'absolute time'. There is a similarity here with notions of the 'core economy' (Cahn, 2000a). Outside the time economy, this unremunerated time is given little consideration. Social relations within capitalist societies are organised within decontextualized time, despite judgements based upon whose time is valuable and should therefore be transformed into money. But in critiquing the dominance of 'absolute time' it is possible to recognise the multiplicity of time and question clock time's association with value. By accepting that time is also relative and contextual, internal to beings and processes and that it is 'performative', it can emphasise the importance of task time in contemporary society.

The existence of these alternative notions of time link with the capitalist critique illustrated above. Such views offer challenges to a (paid) work-based society and its dogmatic use and adherence to clock time. Some authors are aware that such dualistic distinctions are themselves inaccurate (Odih, 1999; Bryson, 2007) thus linking into Adam's (1994; 2004) critique of dualistic thinking. They aim, therefore to interweave the different times proposed by Davies (1990, 1994) and clock time, reinforcing Adam's claim that time must be recognized in its multiple forms embedded in social relations. Time banking illustrates this, as it operates clock time methods of counting, measuring and crediting time, but it also engages with relational aspects of time. It is not simply subject to the logic of efficiency where production is maximised within the hour time slot. As with care work, the measure does not fit the activity (Davies, 1990, 1994; Gunning, 1997) but relates more to task time (Thompson, 1967; Southerton, 2003; Westneholz, 2006).

Focus on 'task time' encourages movement away from the narrow clock time narrative of employment and draws upon caring associated with giving time - the key purpose of time banking. Thus, it is not simply working for a time credit, but *giving* time. Time matters, regardless of activity. The difference of value between clock time and time giving is explicitly recognised in the theoretical distinction between core and market economies. Cahn (2000a) argued that these distinctions are vital as market values intensify the social problems they are applied to solve (just as clock-time mechanisms are incompatible with the times of the environment and can generate unforeseen,

future problems from present solutions (see Kümmerer, 1996; Adam, 1998). Time banking is about valuing something different and it does so without operating on dualistic terms, as both forms of time are identifiable. Consequently, key to any alternative vision of public service reform is to change how society values different activities, and time is key to recognizing this (Bryson, 2007 – see discussion below).

In presenting alternatives, Reisch (2001) offered the concept of time wealth opposed to money-based and property-based wealth to argue that time in modern society is viewed as an input factor or constraint. People rarely feel that they have enough time at the right time. The implications of this idea are explored by Reisch in relation to sufficiency of environment and social organisation. She argued that the views of sufficiency work are often tied to informal, non-market work, consumer cooperation and self-production and she makes explicit a link with LETS. As illustrated above, in Chapter Two's discussion of co-production, these initiatives require consumer-citizen time inputs. Yet Reisch (2001: 373) goes further than this and argues for personal autonomy, that is working according to one's own pace and organizing the tasks according to one's preferences and rhythms – 'time sovereignty'²⁸. Societal change requires a time-based wealth model, and Reisch sets out a number of principles to achieve this. Time, for Reisch offers a communicative strategy for tackling the negative consequences of the acceleration of life with its consumerist-hedonistic lifestyle patterns which may lead to other dependencies.

3.2.3 Relative time and social policy

Drawing upon this body of work, a number of attempts have been made to incorporate 'relative time' in to policy analysis. Seeking to avoid dualistic thinking such work seeks to draw across both notions of time, illustrating a) how both forms exists within society and b) to question the dominance of clock time in society. Essentially this section provides an overview of both of these points.

²⁸ Some overlap here could be suggested with Goodin's discussion of temporal justice and discretionary time – but Reisch is not limited to only discussing time as a measure of duration and as a resource.

Dey (1999) for example, argued that policy often neglects time by focusing on the instant (the current moment of need) and the eternal (generalized need over time and place). The way in which needs are constructed through different temporal frames is not considered. In fact, Dey suggests that in placing priority on structure over agency the welfare user is cast as a bundle of needs, and as such is overlooked in relation to their role as an agent in developing strategies for tackling social problems (this ties in with Cahn's [2000a] core value of people as assets). Through the lens of multiple times it becomes possible for social policy analysis to incorporate notions of 'desert' and investment into their analysis: essentially attaching an explicit analysis of time into discussions of contributions, for example, to social security schemes and the claim against such funds that can be made.

Bussey (2007) presented time as having multiple expressions. Absolute time blocks the natural relationships which exist and excludes other forms of knowing. Bussey offers a typology (see Figure 3.1) for understanding different times to claim that instrumental time develops a temporal order which renders invisible the systems of social reproduction whilst defining the individual as isolated and autonomous, responsible for their own life (similar ideas reflect the impact of the 'risk society' on social welfare, see Kempshall, 2001). Consequently policy becomes a knee-jerk, present-centred reaction excluding other ways of knowing time. Time is divided by two binary distinctions, (a) collective and individual and (b) linear and layered: providing four spaces for interpreting time. Policy must articulate and engage with all four forms, creating messy forms of policy making which require new tools of community engagement.

Figure 3.1. Bussey's Typology for the Public Clock

Individual			
Layered Time	Memories Trauma Compulsion Hopes and fears Dreams Story World-view	Chronology Life-cycle Personal plans Holidays Family and children Mortgage Speed – collapsing time Deferred gratification vs. instant consumption	Linear Time
	Social imaginary Co-creation Utopia/dystopia Partnership The WWW History Myth/metaphor	Policy Strategic Leadership Elections Funding The market Speed – telecommunications Future-generational amnesia	
Collective			

From: Bussey (2007: 59)

Coffey (2004) in her discussion of time, suggests that time as schedule exists within policy-making, implementation and practice. Welfare payments operate on schedules, policy making processes have schedules, timetables, sequences and dates for key events and meetings. Whilst these schedules relate to certain aspects of time (timings, time frames and time sequences), Coffey (2004: 102) argued that policy practices also involved a time complexity: 'care packages address *present* caring needs, and anticipate *future* caring needs' (emphasis in original). The idea of a life course is also central to social policy, to such an extent that policy works with and at lifetime transitions. Yet this is not isolated from other times; time in policy 'is intimately interwoven with everyday times and the reconstructions of autobiographies' (Coffey, 2004: 104). Finally, as illustrated by Goodin (2010), time can be embedded in key concepts of social policy - social justice, need and equality, leading Coffey (2004: 107) to claim: 'Social policy and social welfare can thus be reconstructed in terms of pasts, presents and futures, transitional movements, cycles and rhythms, time to and time for, making time and taking time.'

Time within concepts such as social justice or wellbeing, has also been considered by Fitzpatrick (2004a; 2004b) who sought to develop a more sophisticated theoretical account of time in policy analysis, linked to efforts to reorganise society. Fitzpatrick offers a conception of time for policy discussion analysis based on 'absolute', 'relative' and 'relational' times. 'Absolute' and 'relative' times have been outlined above and so the focus here is on 'relational time'. Fitzpatrick (2004a: 200-01) suggested that unlike absolute time which allows scientific distance, 'relational time' is the collective space in which debates about meanings and values of time can take place. This considers how the value of time impacts on the organisation of society and its institutions and how people engage with time. Fitzpatrick (2004a: 201) believes '[m]eaningful time is therefore a positional good, a mobile site of conflict as society "makes itself" through the endless reconfiguration of who possesses the most control over the meaning and distribution of time.' Consequently 'relational time' is political and social, the arena for struggles over the 'collective perceptions, memories and models of reflection and self-description' (Fitzpatrick: 2004a: 201). Fitzpatrick established a link between 'relational time' and radical politics: because this is the only form of time to express collective power which actors can use to shape the environment out of which they are shaped. Whilst 'relational time' is malleable, it must not be confused with absolute interpretations. For Fitzpatrick, 'absolute time' fills the social with its own definition of time as part of the operation of capitalism. Without this, it would not be possible to adopt perceived immutable and universal economic laws which are the engine of capitalist society.

Two arguments are essential to illustrating how time as conceived under capitalism has come to dominate. Fitzpatrick (2004b) illustrated the first of these arguments in relation to Rawls' theory of justice. He suggested that Rawls' approach augmented the commonplace. Rather than replace or challenge the dominant way in which time was treated and used in industrial society, Fitzpatrick suggests that Rawls adopted those dominant ideas and practices as the norm. Consequently this allowed the New Right to promote this norm as socially just, so that society diverts from developing a 'leisure society' where work hours is reduced to free time for other parts of our lives, to one based upon materialist and possessive individualism. By treating the eight-hour

working day as the norm, the Rawlsian theory of justice internalizes ‘existing social injustices that the difference principle presumably ought to challenge’ (Fitzpatrick, 2004b: 337). Fitzpatrick cites Goodin (1999) and Gorz (1999) to critique their suggestions about time and ‘leisure societies’ and presents an alternative approach which: 1) accepts time as a resource is treated in the same terms as income and wealth when seeking social justice; 2) decouples work and employment; 3) draws upon new localism as an appropriate neutral time to be brought into the social; 4) argues for a conception of socio-temporal justice which, if adopted, would alter how social policy and welfare relates to time, and highlights ideas of intergenerational justice. One important note Fitzpatrick makes regarding Goodin *et al.* (2004; 2008) is that they have a negative conception of free time²⁹ – time free from employment. Fitzpatrick promotes a positive conception based on informal, civic engagement, which follows the discussion of positive and negative liberty found in wider philosophical and ideological debates (Taylor, 2007: 8). Fundamentally Fitzpatrick advocates an equalization of time to increase opportunities for time to be meaningful and deliberative. This he associates with the notion of welfare democracy and its need for communicative participation of the time rich in discursive actions across a number of deliberative domains.

Thus Fitzpatrick concludes that political philosophies have neglected time in relation to social justice. Incorporating time promotes the exploration of alternative policy approaches. The challenge for welfare reform for Fitzpatrick (2004b: 355) is to develop: ‘Such strategies [which] involve making greater room for egalitarian redistributions of time from advantaged to disadvantaged groups and evolving a politics of post-productivism and post-employment by allowing political economies of care, sustainability and democratic deliberation to emerge.’ All this illustrates the importance of *time* in time banking, for this study because it allows for a consideration of how co-production, in changing power relationships between service users and providers, may also introduce new (or revitalise old) values to public service provision. Thus there is a need to consider if alternative values exist as implicitly suggested by

²⁹ See this discussion of ‘deliberative time’ in section 3.3.1.

Cahn (2000a) and overtly stated in terms of core and market economies; but also if the development of time banking within the public sector (for this study health services) can put these new values into practice. This leads to the final issue to be explored in this research, the potential co-option of time banking.

3.3 Theoretical Framework: Neo-liberal Co-option or Core Economy Alternative

Thus far the chapter has considered the two key theoretical approaches to understanding time and developed links to policy analysis. Through this discussion the potential for co-option of time banking practice into existing neo-liberal thinking has been suggested and linked to the 'Big Society' (see Chapter Two). What remains to be discussed is an explicit link to existing community currency literature on the matter of co-option. This will consider how, if found to exist, the alternative values offered by time bank-based co-production can be protected and offered as a challenge to the imposition of market values in welfare provision. To explore the debate this final section examines co-option within the community currency literature (3.3.1) and the wider theoretical base upon which this discussion has developed (3.3.2). It then considers a potential argument for resisting this co-option, positioning time banking as a means of promoting alternative values which can help to correct the balance between market and non-market values (3.3.3).

3.3.1 The Challenge of Alternative Production

How have community currencies been presented as alternatives to capitalist systems? A number of academics have located these practices within green/environmental ideologies (Lang, 1994; Fitzpatrick and Caldwell, 2001; North, 2007) offering alternative production and exchange systems to those found in the market. Contemporary accounts make links between currencies and the 'Transition Town' movement (North, 2010): emphasising community resilience to fluctuations in capitalist economic systems. This section explores these arguments in relation to time banking.

Pacione (1997) argues that changing social trends in the early 1980s, weakened the moral economy of family and neighbours, simultaneously occurring at a time of welfare retrenchment and emphasis on individual self-help. LETS are subsequently presented as a potential framework for 'relocating interpersonal social and economic relations in the face of the hegemonic power of a global political economy' (Pacione, 1997: 180). Such a framework allows LETS, Pacione claims, to respond directly to unequal power relations by acknowledging the hegemonic power of the capitalist economy and without challenging hegemony outright, develop 'a parallel complementary form of social and economic organisation within a local context' (Pacione, 1997: 1180). Thus, a social and economic identity is sought at the local level, separate from the global economy but without upsetting the mainstream economic order. Rather than challenge, community currencies are co-opted into neo-liberal capitalist practices. This may happen to time banks, as their relationship to co-production and social inclusion (Seyfang and Smith, 2002; Seyfang, 2004a, b) means that they are often perceived by governments more favourably for their potential contribution to inclusion and community cohesion (North, 2006a; 2011). As such the political goals of public service change, and recognition of the core economy, may be side-lined for the technical goals of implementing time bank within communities (Gregory, 2012).

Cahn (1986, 2000a) offered time banking as a currency for the welfare state and a means of offering a new way to provide services which he later associated with co-production. This connection to the welfare state is one of the key concerns for the research here. However, it is an association that is often viewed negatively. North (2006b) highlighted left-wing critics who argue that such initiatives support the dismantling of the welfare state and provide a minimalist welfare-net based upon voluntary organisations. These organisations bypass the state, consequently reducing the rights of citizens (North, 2006b: 32). Such views are advanced when community currencies have been supported to fill the void left from state withdrawal of welfare provision, as in New Zealand (North, 2007). Alternatively, more radical perspectives of such initiatives argue that they provide a 'deeper and more inclusive polity', rather than facilitating neo-liberal inequalities, environmental damage and wasted lives

(North, 2006b: 32). Environmental perspectives of community currencies seek not to remove the state through revolutionary action but develop a cultural project to foster 'alternative forms of rationality and organisation such that capitalism no longer seemed natural, inevitable' (North, 2006b: 33). Consequently, community currencies become a tool for green alternatives to capitalism (Fitzpatrick and Caldwell, 2001). However not all environmentalists would agree with this argument and would claim that community currencies actually clash with their own aims because they cause the commodification of actions and networks that worked better through reciprocal, money-less exchanges (North, 2006b).

Cahn's (2000a) analysis of the two economies with their different values clearly illustrates how time banking is based on the ideas that the application of capitalist values to some aspects of our lives has damaging consequences. Yet, as with LETS, time banking develops an alternative, one which Cahn (2000a: 45) argued can actually be used to support the market economy, as "win-win" relationships can be developed between market and non-market economies: the aim is not to replace market ideas *per se* but to go beyond attempts to alleviate social problems. This has, as noted earlier, led some to argue against the benefits of time banking with regard to local economies (North, 2003) and the limitation of the currencies' purchasing power for benefit claimants (Callison, 2003; Seyfang, 2003), although counter claims have been made (Gregory, 2009a).

3.3.2 The Challenge of Co-option

The possibility of co-option of time banking into neo-liberal practice remains a distinct likelihood and one which North (2006a) suggests has already occurred. An exploration of co-option draws on the work of Gibson-Graham (1993, 1996), which has influenced the analysis of LETS (see Leyshon and Lee, 2003). The tensions between the radical potential of community currencies have been illustrated above, but this does not yet fully explore reasons why this might occur. Gibson-Graham's (1993, 1996) examination of alternative production in capitalist societies demonstrates that capitalism presents itself discursively as the only form of economic provision, despite multiple forms of production existing on the fringes of practice. Understanding this diversity requires a

theoretical framework of hegemony that accepts the possibility of other practices existing with capitalism. This, Gibson-Graham explains, requires a critical analysis of the discursive labels of unity, singularity and totality by which capitalism defends itself. These ideas could also be drawn into the critique of clock time: this is an external time which dominates in capitalist systems, eclipsing other explanations and experiences of time. Yet, as Fitzpatrick (2004a) argued, the notion of 'relational time' ensures that hegemonic conflict suggested by Gibson-Graham in relation to production, can be reflected in the debate over definitions of time. One notion of time, that of the clock, dominates, despite multiple times being lived on a daily basis.

Gibson-Graham (1993, 1996) further explains how capitalist hegemonic discursive practices present capitalism as a singularity. Exhibited as having no peer or equivalent, capitalism exists in a category of its own and with no analogous forms, it becomes dominant: perhaps in the same way in which the clock dominates conceptions of time. The inferiority of community currencies as a form of exchange is therefore a second challenge to the movement. Cahn (2000a) illustrated this point, although without reference to Gibson-Graham, when he discusses how time banking is referred to as a barter economy by some economists and therefore seen as an inferior system. This presentation of capitalism as having no peer may depict alternative forms of production as pre-capitalist, thus as both inferior and consigned to the past. Household production can illustrate this point. Capitalism developed as the economy became a distinct sphere within society, distinct from the household, which consequently is cast as a pre-capitalist form of production and exchange unable to compete with contemporary capitalist production. Entwined with this view is the presentation of community currencies as being dependent on external support in order to operate. Capitalism however needs no such support and is able to rely upon its internal laws of continuous growth to promote its reproduction and expansion. Thus time banks, reliant on external funding, can be depicted as existing in a state of crisis, one where its own sustainability is under question, emphasising its inferior status. The economic crisis of 2008, however, is treated differently. This is not presented as weakness by its architects, rather a part of the process of renewal, feeding into the claim of capitalism's superiority. Consequently, community currencies

may exist as alternatives, but are portrayed as inferior forms of production and exchange.

A final discursive practice outlined by Gibson-Graham (1993, 1996) is the presentation of totality. Presented as a container, capitalism fills up all productive spaces, establishing the view that any production is ultimately capitalist reproduction: just as the clock is presented as both the totality and sole representative of time. In this light, household production or community currencies can both be perceived as forms of capitalist reproduction and this enhances the ability to co-opt potentially radical alternatives into neo-liberal discourses. These discursive techniques make clear that capitalism cannot co-exist with alternatives and so push alternative practices into unrealisable futures. Change can only occur when the whole system is being replaced, changing practice on the fringes does little to overturn the totality (as well as unity and singularity) of neo-liberal capitalism. The need to tackle the system has been illustrated by the sense of unity, singularity and totality that is promoted by capitalism. Reforming society becomes a part of this process because neo-liberal ways of being and organising social relations have filtered through from economic to social practice: the application of market values to the core economy. The values and practice of the latter are applied to the former, enhancing rather than addressing social problems. Jordan (2010a) argued that the problem in social policy essentially mirrors this situation: contractual, market-based ideas and practices have infiltrated welfare operations with negative consequences for collective life and social order.

However Gibson-Graham (1993, 1996) suggests that whilst these powerful discursive tools are deployed by capitalism, alternative production does exist in ways which are distinct from capitalist mechanisms, just as relative time exists alongside clock time. Capitalism provides a blanket view of productive practices when, in reality, diversity flows throughout transactions. There is a need to illustrate this diversity and make it explicit in our theories of hegemony. This facilitates the realization that capitalism co-exists with different but marginalised forms of production. Exploring these modes of production demonstrates that no simple panacea exists, rather there are multiple alternatives. In essence, however, these are visible and replicable now. Time banking is

a practice that has become increasingly visible in recent years and it has not only spread across the UK, but the globe. Yet its potential to foster change appears stifled. Its adoption into policy discourse has seen it positioned within frameworks that accept the mechanisms fitted in to pre-existing political ideology, thus removing political for technical goals (Gregory, 2012). Cahn and Rowe's (1992) failure clearly to define a political base for time banking, despite the implicit alternative values that exist, leaves time banking open to co-option.

3.3.3 'Uchronia' – locating time in campaigns for change

The extensive interest in time banking across a range of policy issues (Seyfang and Smith, 2002; Simon, 2003; Gregory, 2009b; Drakeford and Gregory, 2010a, b; Cabinet Office, 2011) may facilitate a co-option of practice which questions its potential to introduce any alternative values in to welfare provision. Through this study it will be possible to draw on the social theory of time to develop some understanding of how members value and engage with time credits. This then facilitates an attempt to develop the theoretical argument presented within time banking with greater links to wider academic thinking around some of the core ideas. Where time is concerned Biesecker's (1998) suggestion that time-as-money is an economic resource which damages social life and natural environments' reproductive cycles is reflected in the implicit division between the core and market economies offered by Cahn (2000a). Essentially Cahn is advocating for a renewed priority for values which promote social life and human interaction in non-market terms, but does not articulate exactly what those values might be (thus limiting any analysis of key concepts such as reciprocity, social capital, social networks or social exchange). Thus time banking offers, implicitly, a challenge to the value of time determined by the clock in capitalist production and has drawn attention to these alternative values for the development of social programmes.

Exploring time in capitalist societies, Bryson (2007) not only illustrates how time analysis can offer this critique, but also how it informs re-organisation of society. Bryson (2007) drew together time as a resource with time as generated and lived experience, suggesting that disposable time is seen as a 'primary good' and a political

resource. In other words time is required by citizens to contribute to communities and express views and interests. Yet capitalism develops an unjust distribution of time, particularly in terms of gender, whilst also promoting long hours of paid employment which is damaging to individuals, families and society. Together this creates the conditions for a care deficit, a decline in economic effectiveness and in civic engagement. The solution is to find a healthier balance between paid work and other aspects of our lives.

Bryson (2007: 2) paid particular attention to inequalities in time, arguing that:

[i]nequalities in the way that time is used and valued are therefore part of a vicious circle that leaves many women economically dependent and vulnerable to exploitation and domestic abuse, whilst lack of free time makes it difficult for women to gain a political voice and express time-related expenses and needs.

To challenge such inequalities Bryson (2007) argued, there is a need to develop a feminist 'Uchronia'³⁰ – a temporal utopia, a blueprint not to be imposed on society, but to start the debate about the sort of society we wish to live in and how to create it. Relative time theories critique clock time dominance in capitalist societies for the focus on production and the unknown consequences, especially for the environment (Kümmerer, 1996; Adam, 1998). For Bryson bringing this recognition into our approach to the future may lead to sacrifices today rather than borrowing from tomorrow. The welfare state is important here as it must help reinvigorate values in productive labour and caring activities, moving away from a sole focus on paid employment. This development is accompanied by the ending of the link between time and money. Subsequently all aspects of life would not be reduced to considerations of cost efficiency. Time is not abstract, it has to be generated, is bound up in communal rhythms and needs. But clock time retains a place in society. Consequently, time is seen as both a collective and individual resource and as such its distribution is accountable to principles of justice and subject to state regulation. The role of the welfare state here rests in supporting the ways in which time is organised and rewarded. Central principles developing the framework of this 'Uchronia' include

³⁰ Political challenge to existing practices promoting a set of criteria against which to assess contemporary society, whilst simultaneously encouraging debate around the form of the 'good society' and temporal-values this would require.

ensuring citizens spend time caring for others; ensuring care becomes a normal responsibility of all citizens in the same way as it is argued that employment is a responsibility for all; that citizens are able to participate in voluntary, community and political groups and that competent adults are responsible for their own domestic work. Thus, citizenship involves a combination of earning, caring and participation in community and political activities. Part of this change would require the duties of citizenship to place care work before employment activities, a change supported by both the welfare state and industrial relations.

The temporal frame established by capitalism is not inevitable and Bryson (2007) presents initial signs of change. The most noteworthy of these is Bryson's (2007: 171-9) suggestion that LETS and time banking 'are emerging as a significant new form of comparative organisation on a national and international scale', challenging the time-equals-money culture. Bryson argued that combined, political, social, attitudinal and legislative developments have provided a powerful impetus for change. But does time banking offer a key for promoting this change further?

Bryson (2007) essentially draws upon the ideas regarding the 'Utopian method' suggested by Levitas (2005). The first step is to provide a critique of society, the *archaeological* mode. This is the exploration of contemporary society, highlighting its shortcomings, discussed above in relation to time (Adam, 1994; 2004), but more broadly in relation to market values guiding welfare provision (Jordan, 2010a). Such work identifies key aspects to be addressed in stage two: the *architectural* mode. By outlining different institutions and practices the critique of contemporary society is addressed, new ways of being and conduct can be considered and supported; this is essentially Bryson's argument for reforming welfare provision in line with the ideas and practices of time banking and LETS. Thus leading to the final mode, the *ontological*, where it becomes necessary to start to consider how we think about ourselves, to consider how we can *be* differently. Consideration is therefore on what is wrong with contemporary society and what needs to change to alter our social reality. In terms of welfare provision the application of market values is the focus of critique

and time bank-based co-production is said to offer one way of delivering alternative values in practice.

3.4 Conclusion

The relevance of this chapter to this study is based on the suggestion that time banking seeks to promote values within welfare provision which are different from those found in the market (Cahn, 1986, 2000a). The suggestion here is that this needs to be made explicit in order to protect time banking and efficacy co-production from co-option but also to explore if these values exist. The social theory of time offers a means to achieve this through an examination of how time is experienced, used and perceived in time bank practice in particular in relation to how time is valued. This is largely implicit in Cahn's work but his efforts to promote time banks as ideologically neutral (see Cahn and Rowe, 1992) may have contributed to co-option as experienced by other community currencies (Pacione, 1997; Leyshon and Lee, 2003). The discussion of co-option and the Utopian method (Levitas, 2005) offer a means by which the social theory of time can be drawn on to consider the use-value of time bank activities to underpin an account of how public services can be altered to achieve efficacy co-production. By outlining the wider debate around alternative values and co-option into capitalist societies it is possible to examine these themes in relation to time banking and public service reform (see Chapter Seven). Whilst the intention here is not to go so far as Bryson (2007) and suggest a more radical challenge to how society is organised, some thoughts on this in relation to the wider implications of this research can be generated and considered (see Chapter Nine). What may be central to this discussion of welfare reform is the non-dualistic thinking offered by (Adam, 1994, 2004). Time in time banking is both a measure of duration of activity and a reflection of value (see Chapter Seven).

Turning now to the themes that have cut across Chapters Two and Three it is useful to return to the specific research questions to be explored in this investigation. The objective of this research is to examine the potential for using time banking to achieve

co-production within health services, and four questions have been presented to focus the investigation:

How does time banking practice engage patients/service users in co-producing their own health, especially in relation to chronic illness?

Here the issues of created and invited spaces (Cornwall, 2008) and the typology of co-production (Bovaird, 2007) are important considerations for this will illustrate the type of co-production that citizens are engaged in and how this may impact on power relationships with service professionals. However understanding how members participate in co-production activities will need to have an understanding of the social networks that they form as well as the type of participation in which they engage. Thus the second research question considers:

In what ways does time banking generate social capital, and how do members perceive any relationship between social networks and their health?

Participation in activities will underpin the development of co-production and the type of networks that are formed. Here the application of bridging, bonding and linking social capital will be relevant (Putnam, 2001; Szreter and Woolcock; 2004) as well as the typology of social networks suggested by Cattell (2001, 2011). Achieving co-production will require more than service user participation. It depends, also, upon changed relationships with service providers. As a result there is a need to consider how networks and social capital facilitate change in organisations to foster co-production. This in turn links to the third research question:

*What key organisational processes underpin co-production/time bank practice in community settings and need consideration in time banking within health services?
What challenges exist to their development?*

Exploring the organisational changes necessary for co-production requires drawing on the data from the case studies into the roles of time brokers and social network

formation to consider how this can be introduced in the AR to alter health service delivery. This not only links the two methods adopted in this study but starts to bring together the focus on health and social capital with time banking's ambition to reform services. The final question also explores the issue of reform but draws on the debate of this chapter to consider the issue of co-option:

How does the theory of time banking interact with the idea of the 'Big Society' and what practice implications does this have?

Here concern is with how time banking is promoted and whether its core values are compatible with public service reform. Using the 'Big Society' thesis helps to engage this discussion as it is part of the policy context in which time banking has developed but also operated a political ideological ambition for using time banking. Thus how time banking is used and the support this offers to core economy values can be explored. Whilst this analysis will draw on the case study data, some of the experiences of the AR will also be drawn upon to illustrate how practice can alter the implementation and use of time banking. As such, with these questions, policy contexts, core concepts and theoretical framework established it is now possible to explicitly consider the research design which seeks to examine how time banking can be used to develop co-production in health services: the focus of the next chapter.

Chapter 4: Methodological Approach

The aim of this study is to explore the potential for using time banking to reform health services through co-production. This chapter describes the research design and provides a rationale for its use in addressing the research questions repeated below. This chapter first outlines the foundations of the methodological approach, exploring the contribution of critical realism, the choice of research settings and the approach to sampling (4.1). It will then move on to consider the methods used to gather the data within this approach (4.2) through the use of case studies and action research, both of which drew (in full or in part) upon observation and interviews. The final section addresses issues of data management, analysis and ethics (4.3).

In this study two contrasting community- based time banks were used as case studies to explore how their members were engaged in co-producing their health (part of question one). These also provided an opportunity to explore the role and importance of social capital and social networks (question two). Additionally the case studies cast light on the way in which the time bank mechanisms operate and are maintained (question three). These data, when combined, provided some foundational ideas for the action research which aimed to set up a time bank within a primary health care service. The final research question will also be explored through data gathered from the case study time bank members, to explore how they perceived the value of credits.

4.1 Research Groundings

This section revisits the research aims and questions which have directed this study. It then considers the ontological and epistemological position of critical realism which informs the data collection and analysis. The final section then outlines the research settings themselves. Here the intention will be to introduce the two overarching methods used in this study, case studies and action research (AR). Whilst the first section will make links between these approaches and the research questions, the specific methods employed to investigate time banking will be outlined below (section 4.2).

4.1.1 Research Aims and Questions

The aim of this research is to explore the role of time banking as one means of developing co-production of health and within health care settings. In order to do this a number of questions need to be asked of the nature and use of existing times banks. First, how are time banks used and experienced by time bank members? Second, how does this involvement and experience of time banking impact on members' perceptions of their own health? And third, what changes are required within organisations to develop and maintain time banking mechanisms within service delivery? These concerns have been discussed in the previous Chapters and have fed into the four set research questions:

1. How does time banking practice engage patients/service users in co-producing their own health, especially in relation to chronic illness?
2. In what ways does time banking generate social capital, and how do members perceive any relationship between social networks and their health?
3. What key organisational processes underpin co-production/time bank practice in community settings and need consideration in time banking within health services? What challenges exist to their development?
4. How does the theory of time banking interact with the idea of the 'Big Society' and what practice implications does this have?

This section specifically considers the adoption of critical realism to explore the potential use of time banking to achieve co-production. It then moves on to outline the research settings prior to outlining data collection and analysis techniques.

4.1.2 Critical Realism

Action research draws upon a range of philosophical backgrounds to inform its practice from social constructionism, Marxism, Feminism, critical theory and socio-technical systems theory (Bradbury *et al.* 2008; Gayá Wicks *et al.* 2008; Rahman 2008). The approach taken by this study adopts the position of critical realism, and its epistemological and ontological foundations, to explore the use of time banking as a mechanism for service reform towards co-production. It achieves this through both AR

and case study methods (Winter and Munn-Giddings, 2001; Easton, 2010; Houston, 2010; Longhofer and Floersch, 2012), which will be described later in this chapter.

Critical realism starts from the premise that statements about social relations that can be confirmed by observation are acceptable as scientific (Pawson and Tilley, 1997; Sayer, 2000). Such statements are found at the empirical level, which consists of events people experience and can be observed through scientific methods. Beneath this empirical level rests the “actual” – the causal powers, or generative mechanisms, that are activated to create observable experiences. This relates to the final level, the real. The real is the basic material constituting everything that happens, fashioned from objects, structures and powers which cause events in the social world. The purpose of critical realism, therefore is to explore how specific mechanisms, in this case in time banking, operate within certain contexts, such as community health or expert patient programmes, to produce certain outcomes (Pawson and Tilley, 1997). Thus the outcomes are the empirical level – the observable experiences; the mechanism explored is part of the “actual” level – the causal factor which generates the observable outcome; which takes place within a specific context that is the “real” level. Such approaches therefore differ from constructionism or poststructuralism. Here is an attempt to depict the social world as a discursive creation where there can be no one “truth” or “reality”. Critical realism, however does not adopt this position because of the “real”, the belief in a material world which impacts upon mechanisms and outcomes in the social world. Within a critical policy analysis perspective Harvey (1990: 7), agrees that: ‘a theoretical analysis that fails to engage the material world through empirical material is itself limited. Such analysis is prone to detachment from historically specific social processes. It fails to bridge the gap between theory and praxis.’

Bhaskar (1986) developed an approach to critical realism which sought to fuse transcendental realism³¹ and critical naturalism. Transcendental realism offered a view

³¹ A model that draws upon the philosophy of Immanuel Kant to suggest that a subject can be fully conscious of all limitations of their mind, and adjust their reasoning accordingly to explore the world as it actually exists

that scientific investigation must scrutinize objects with real, influenceable, internal mechanisms which produce particular outcomes. Essentially experiments are investigations into these mechanisms, but rather than attempt to impose theoretical order on cause and effect (as the empiricist tradition seeks to achieve), critical realism looks beyond events to examine causal mechanisms. Thus scientific investigation is an on-going process whereby scientists improve the concepts utilized in the examination and explanation of generative mechanisms. Falsification (the act of disproving a hypothesis) is rejected here because mechanisms which impact upon and shape observable events may or may not be activated to cause the effect and may or may not be observable. It is also possible that some mechanisms may counteract each other. Consequently not observing a mechanism does not indicate its non-existence, thus leading to the rejection of falsification.

The second branch to Bhaskar's thought, critical naturalism, suggests that the transcendental realist model is applicable to both physical and human worlds. Yet the study of the human world requires adapting the strategy not only to identify the mechanisms producing social events, but also recognise that mechanisms are in a greater state of flux. This flux results from human structures being susceptible to change much more readily than those of the physical world. Consequently understanding must embrace a framework which explains agency as the result of social structures which themselves required reproduction of certain actions/pre-conditions. Additionally individuals can reflect upon the social structures they inhabit which can lead to changing the actions that produce structures. Such changes are sought through AR (Winter and Munn-Giddings, 2001) but also in approaches such as realistic evaluation (Pawson and Tilley, 1997).

Before moving on to examine the link between AR and critical realism it is necessary to comment on why a realistic evaluation (Pawson and Tilley, 1997) of time banking has not been adopted as part of this study. Essentially many of the ideas outlined above would suggest this approach. However evaluations are essentially an attempt to determine the effectiveness of an intervention. This can be distinguished from empirical research which seeks to provide conclusions based results that can be

generalised beyond the individual programme. Whilst there is a need for evaluative research of time banking this can only be done once there is a better understanding of how time banking works; as Stufflebeam (2007) states, evaluations are designed to improve not prove. At present the work of Cahn (2000a) still influences time bank development and as noted in Chapter Two, many of the concepts he draws upon have a richer and more critical analysis within social science to which he fails to relate. This research therefore seeks to understand better the mechanism (time banking) and its use in different contexts (community initiatives and EPP) to explore its potential use within public service reforms.

Returning now to the link between AR and critical realism, Winter and Munn-Giddings (2001) make the claim that AR is a way of realising, in practice, the ideals of critical realist social inquiry. They suggest that the critical realist perspective is suited to AR as it facilitates a continuous process of 'causal exchange' with objective reality; seeking to identify objective structures and forces which underpin subjective experience, whilst not accepting value neutrality. This is important because AR embodies political values to instigate change. Underpinning this process are a number of ideas: the complexity of social situations to which no general rules can apply; that social inquiry is always a part of the world it describes; that knowledge is fallible and develops from historical factors (ideologies, values); that social inquiry should seek to understand the situation in a way that generates change; and that social activity does not simply reproduce situations, it transforms them. It may appear, at this point, that Winter and Munn-Giddings have moved on to advocate a social constructionist epistemological account (how groups construct their own social reality). Yet from a critical realist perspective, Sayer (2000: 91) argued: '[t]here is a fatal elision in strong social constructionism – firstly of the difference between the act of material construction and the acts of construing, interpreting, categorising and naming, and secondly between actors and theorists interpretations/constructions'. Here, as Nightingale and Cromby (2002) reason, the social constructionist standpoint is limited by its view that the nature of "things" is unknowable or so overlaid with discursive practice, thus making a deeper understanding of "things" impossible. Drawing on Sayer, they contend that a critical realist perspective allows researchers to consider the ways in which social

constructions can inform and constitute ontological and epistemological understanding, but within a framework which allows for the accuracy of accounts to be explored. This accuracy is secured through rooting constructionist concerns around subjectivities within social, material and biological processes.

Thus Nightingale and Cromby (2002) seek to avoid the relativity found in constructionist view points by grounding it in a critical realism which requires identifying the generative mechanisms which underpin our social world. This is a defence of critical realism that has been found elsewhere. For example Houston (2012) draws on a range of papers on critical realism to argue that the epistemological and ontological position is to accept that the social world is constructed but that unlike the pure social constructivist approach; there is a reality and truth that exists. These can be examined, in so far as it is possible to investigate the various levels outlined above, through social research. What is key here is that there is no outright rejection of social constructionism but an acceptance of its relevance where appropriate. This allows for the social world, to be constructed by actors who operate within it but to realise that this social world is connected to the other levels of reality. Consequently the subjective, socially constructed world is tied into social settings and context and vice versa. Accordingly there is always potential for the stories created to explain social situations to be “broken” by the intrusion of the real world, when structural factors act to create upheaval and change within the social world (Easton, 2010).

4.1.3 Research Setting: Case Studies

Throughout the next two sections, links will be made to the critical realist approach outlined above in relation to the two methods selected to investigate time banking: case studies and AR. Seeking to build on the idea that promoting public health must engage community assets and resources (Cooper *et al*, 2007) this research used two case studies to collect data on time bank operations, member participation, member experience and network formation between members and between members and staff. The aim here was to use two time banking case studies: one person-to-person and one person-to-agency time bank. The second part of the research required the

development of AR working within a South Wales Local Health Board³². Drawing lessons from the case studies and upon previous research (Gregory, 2009b) the intention was to introduce time banking into an EPP, specifically the X'pert Patient Programme, to explore the claimed ability of time banks to deliver co-production in the public sector (Simon, 2003; NEF, 2004a, b; 2007, 2008a, b). This would connect an analysis of practice in the community sector to the development of time bank practice in the public sector.

The starting point for selecting case studies was based upon criteria set out by Yin (2009: 27). Yin offers five components in which to make these decisions. First, the study's questions, will direct the choice of case studies. These questions are generated from the wider reading and essentially indicate a need to understand better the claims made in favour of time banking. This leads to the second component: theoretical propositions. These propositions are, essentially, what the research seeks to investigate. In particular, it tests the claims, in much of the literature, that time banking generates co-production which, in turn, results in improved service outcomes as well as promoting the values of the core economy. The core theoretical propositions to investigate, therefore, are:

1. time banking is a form of service user engagement which changes user/provider relationships towards co-production through the generation of social capital and the formation of social networks; and
2. time banking offers a means of developing co-production, the practices of which can be taken from the third sector and brought into the public sector.

These propositions guide this study for they are concerned with how co-production can be established within the public sector to reform service delivery. Third, Yin (2009) suggests that the units of analysis need to be identified. From this selection it then becomes possible to consider the fourth and fifth components: the logic linking data to propositions and the criteria for interpreting findings. Yin (2009: 34) suggests that

³² An administrative unit within the Welsh NHS, established in 2003, 22 such boards existed before being reduced to seven in October 2009. LHB's have responsibility for the delivery of health care services within a specific geographical boundary.

'pattern matching' be adopted for these elements, and this indicates the form of analysis to take place after data collection (see 4.3). Pattern matching takes several bits of data from the case and relates this to the theoretical propositions. Empirical evidence is thus used to support or contest the theoretical claim. Chapters Five and Seven will draw explicitly from the case studies to answer the research questions. Chapter Six, as noted, draws upon some of this analysis as the investigation of time banking management underpins the development of AR.

In adopting two time bank case studies this study was able to explore the research questions in relation to Yin's (2003: 9) argument that in exploring how and why questions, there is less concern with frequency of observations, which quantitative analysis would offer, and greater attention to operational links which cause the effects/change that are the focus of research. For this study, such an approach creates an opportunity to explore different factors and relationships within the case to gain explanatory knowledge regarding the causal factors that are of concern from a critical realist perspective. Thus:

Case research can therefore be defined as a research method that involves investigating one or a small number of social entities or situations about which data are collected using multiple sources of data and developing a holistic description through an iterative research process.

Easton (2010: 119)

Selecting the cases requires consideration of the intention and purpose of the research found in qualitative paradigms in general (Lincoln and Guba, 1985) but, in this study, drew specifically on suggestions from Flyvbjerg (2006). He claims that random sampling is not useful for case studies, for it does not access the most useful cases. Consequently there is a need for information orientated sampling which aims to maximise the utility of information from small samples and case studies. Adopting an investigation of two time bank models allowed for maximum variation in practice to be observed. Additionally, drawing on the typology of case studies offered by Thomas (2011) the study selected cases for their exploratory power. The selection was, therefore made following the theory-building/testing, multiple and parallel case studies approach. This research seeks to understand two different cases at the same

time to develop answers to research questions which can contribute to wider theory regarding the phenomenon under study (time bank generated co-production). As noted in Chapter Two there are numerous gaps in the time bank literature and research concerning their role in developing social capital, building social networks and its stated transferability from third to public sector. Through an examination of a case study of each time bank model it is possible to consider how different models respond to the proposed challenges to implementation and to examine practices involved in the development of co-production. Exposing similarities and differences between models in relation to the theoretical propositions is a beneficial aspect of the case study method and facilitates the drawing out of practice to inform the development of the AR.

4.1.4 Research Setting: Action Research

Reason and Bradbury (2008: 4) present the following working definition of AR:

a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities.

Through collaboration with research participants as co-researchers AR generates change through learning cycles of action and evaluation, providing theoretical and practical insights. The relationship between researcher and participants resonates with the idea of co-production and the joint efforts of producing outcomes. The theme of challenging professional power relations with service users runs parallel to AR practice, drawing on skills and capabilities of those same users. Calls for user participation are long established in relation to welfare services and research (Beresford and Croft 1993, 1994, 2004; Pithouse and Williamson 1997; Beresford 2001, 2002a, b, 2008; Fischer, 2002) which can make specific links to AR (Maiter *et al.* 2008). Thus the movement towards user participation has a shared history with AR. The difference rests in that whereas AR, often used in practice settings, is directed, designed and implemented by practitioners, participative research often remains designed and directed by researchers. Thus research participants in an AR project should have an equal power

relationship to the researcher as there is no privilege given to professional access to special skills and tools (Mullender *et al.*, 1993/1994, cited in Winter and Munn-Giddings, 2001: 32). Furthermore, Winter and Munn-Giddings (2001: 33) argued that: '[t]he emphasis in action research methodology on "empowerment" refers not only to encouraging individual "reflection" but including individuals within a mutually supportive collective endeavour.'

Whilst AR has been supported in health research (Meyer, 2000; Hughes 2008), an exploration into use of AR by Waterman *et al.*, (2001: 21) suggested compelling reasons for adopting this approach:

- Encouraging support for stakeholders to participate and become empowered;
- Evaluating change effectively and to explore solutions to practical/material problems;
- Contributing to an understanding of knowledge and theory;
- Educating; and
- Acknowledging the complex contexts and utility within complex problems in adaptive systems.

Thus, AR provides a potential means for identifying and addressing the professional resistance suggested to exist when implementing time bank initiatives (Boyle No Date; James 2005). Here the argument is that barriers exist, or are generated by service providers, which prohibits the development of co-production through time banks. Action research provides a way of exploring the ways in which such barriers are created and finding ways of overcoming these barriers. However despite the use of AR in a number of health settings, Carlisle *et al.* (2007: 167-8) note that:

it seems likely that community-based health programmes based on genuine consultation and participation will remain difficult to place among the core demands of major agencies' work. Not surprisingly, perhaps, there still seems to be both a lack of understanding, among statutory agencies, of the links between community-based activities to promote wellbeing and broader outcomes/longer-term impacts on health, and a reluctance to invest in such programmes until the evidence base is perceived as "stronger" (that is, more quantitative).

Justifications for utilizing AR when researching time banks rests upon developing both practical and theoretical accounts of time bank development, and this study sought to start this with the case studies introduced above. Here the aim was to gather data on how time banks are set-up and maintained to underpin efforts to set up practice within a health programme. This provided insight into the working practices of time brokers and the development of social networks between members and between members and staff (see Chapter Five) which need to be introduced into public sector uses of time banking if it is to develop co-production. Through AR it was possible to engage service providers in the development of time banking within the X'pert Patient Scheme and explore the development of practice in relation to the case study findings. In particular practices identified in the case studies, such as the efforts to expand uses of credits, were brought into the AR in an effort to facilitate the use of time banking as a means of developing co-production. Section 4.2.4 will specifically address how this developed in practice; the focus here is on the selection of participants, starting with the LHB.

The sampling frame for the AR operated in a very different way to the case studies. First it was necessary to select a suitable LHB – one that would be receptive to the research and the use of AR. This decision led to the researcher approaching an education and learning LHB³³ which was willing to participate. This LHB was approached because it had been involved in attempts to develop service provision to increase patient involvement in health care through its own research and innovation activities. Consequently it was likely to be receptive to not only co-production but the use of time banking in the small-scale project suggested by this study. Thus following the ideas of purposive and theoretical sampling (Lincoln and Guba, 1985) the selection of a service provider and health programme had taken place. This automatically dictates which staff will be approached to participate in the AR and also the patients that will be engaged in the research. The latter group, whilst not directly involved in the AR, would be observed by the researcher during investigations into how X'pert

³³ Here collaborative working between two LHBs has been set up to promote a culture of innovation to find new ways of delivering (and educating) health care delivery.

Patient operated, and engaged through informal interviews to gather their views, thoughts and suggestions about the project (see 4.2.3). Patients however are self-selecting when participating in the X'pert Patient. Whilst they can be referred by their GP and invited by the diabetes nursing team, participation is voluntary. This could of course introduce bias into the research, if the focus was on participants *per se*, but the concern of this study is service reform.

During the early negotiations with the LHB this was discussed as one potential benefit of the research to their services. Furthermore it was suggested that a small project within an EPP could act as an example of time banking which, if successful, should help facilitate time banking developments to other parts of the organisation, and foster co-production (based on Gregory, 2009b). This possibility would be enhanced because information regarding Time Broker practices and day-to-day activities would be drawn from the case studies and applied to the AR. Such claims illustrate the argument found in the literature (Simon, 2003; NEF, 2004a, b; 2007, 2008a, b; Parker and Heapy, 2006; Boyle *et al.*, 2010; Coote, 2010a, b; Slay and Robinson, 2011) regarding the use of co-production in the public sector but offers a means of investigating policy transfer through social research. If the AR was successful in engaging patients and increasing user participation then this should, over time, develop efficacy co-production (the gradual building up of service user confidence and skills to facilitate co-production of services) within the LHB. However, from the theoretical account offered in Chapter Three, the potential for co-opting time bank practice into something other than efficacy co-production remains a possibility, and this approach of changing service delivery by working with providers offered an opportunity to investigate this aspect of the study.

4.2 Research Design and data collection

This section describes the methods used to collect data in the case studies and AR, using observational techniques and interviews. First, the research design is explained in the context of a critical realist approach, second there is a discussion of the methods used. This second section deals with each method individually and explores

observation and interview techniques used, before a specific discussion on AR techniques. Although the discussion of AR could be discussed first the reason it is discussed after the other two sections is that the case studies were designed to provide some insight into the organisation and development of time banking to deliver co-produced services which would feed into the AR. As such by keeping a specific discussion of AR to the end of this section the aim is to reinforce how data collection in the case studies was to act as a precursor to the AR.

4.2.1 Designing a critical realist research framework

From a critical realist perspective it is not enough to know that “B” follows “A”, it is necessary to understand the causal relationship how does “A” cause “B”? This is determined through retroductive thinking, moving back from effect to cause. To illustrate how this study adopts this approach, the steps outlined by Houston (2012: 83) are used to explain the use of case studies and action research. The first step is the development of the transcendental question – what must be the case for events to occur as they do? The concern here is with the deep structures and mechanisms which are in place to generate an observable effect. Developing this question leads to the second step – production of *a priori* hypothesis to explain the observation. Assisting the development of the hypothesis can be supported by systematic or traditional literature reviews. The third step is to seek evidence in relation to the hypothesis using quantitative, qualitative or mixed methods. The process of gathering evidence leads to the final, which Houston refers to as, “critical” stage, whereby the identification of oppressive mechanisms leads to an onus on the researcher to influence and develop strategies to ameliorate or challenge those mechanisms. Houston makes a link here to the use of AR and so drawing on these steps tables 4.1 and 4.2 to demonstrate how it was applied to this study.

What these tables outline is the approach adopted in this study to explore time banking practice in relation to the co-production of health. It starts from the literature claims that a) time banking can generate improved health status perceived by members through the social networks they form; b) that this form of co-production can transfer to the public sector; and c) that it offers alternative values suited to

tackling social problems that do not fit the market values currently imposed. Using case studies allows for an examination of existing time banks to explore how they can generate co-produced services from the perceptions of members and staff. Such insights can then be brought in to the AR, as mentioned above, through the use of observation methods.

Table 4.1: Retroductive thinking (part one)

Steps: for the case study research		This study
Step One	Transcendental Question	For time banking to generate co-production of services and outcomes, what forms of participation and values have to operate?
Step Two	Developing a priori hypothesis to address the research questions	This can be found within the existing literature. Time bank mechanisms of exchange and reciprocity are said to generate social networks by fostering social capital through member participation and engagement in time bank activities.
Step Three	Seeking evidence	The use of case studies can facilitate an investigation into the types of time banking models, members participation and member perceptions of health, social networks and their relevance to co-production
Step Four	Refining, confirming, reworking hypothesis and seeking further evidence	By using theory-building/testing, multiple and parallel case studies approach selected for their information utility will provide data which will allow for a comparative discussion across case studies and provide exploratory data for future research and evaluation.
Step Five	Investigating emancipatory action to counter oppressive mechanisms and active enabling mechanisms	By understanding the nature of time banking this is an issue which future research can address drawing across the case study discussion of time banking and co-production but also the possibility and challenges of introducing different (core economy) values into the public sector.

Table 4.2: Retroductive thinking (part two)

Steps: for the action research		This study
Step One	Transcendental Question	For time banking to generate co-production of public services what practices need to transfer from current practice into the public sector?
Step Two	Developing a priori hypothesis to address the research questions	This can also be found within the existing literature. Advocates of efficacy co-production make claims as to the nature of the challenges facing efforts to reform public services generally around professional roles (often highlighting their resistance) and institutional arrangements (on which little has been said).
Step Three	Seeking evidence	The use of AR can facilitate an investigation into transferring ideas and practices into the public service setting to explore how professionals engage with the ideas and seek to alter service delivery to fit time bank practice.
Step Four	Refining, confirming, reworking hypothesis and seeking further evidence	By using AR the researchers enter a cycle of learning and action which facilitates reworking of ideas and practices and explores the consequences of changes in each new cycle.
Step Five	Investigating emancipatory action to counter oppressive mechanisms and active enabling mechanisms	By its nature AR is said to be emancipatory (this is a key link for Houston [2012] between AR and critical realism) and through action and learning should seek to develop and activate enabling mechanisms for co-production.

4.2.2. Observation

Observation is one method which facilitates the exploration of cultures of different groups/communities within society (MacLeod 1995; Hall 2003), and has been utilised in a number of policy contexts (Meacher 1974; Sainsbury 2002; Wright 2003). Hammersley and Atkinson (2007) explain that observation offers a means to explore people's actions and accounts in everyday contexts. Observation is a method which has been drawn upon in both the case studies and the AR reported in this study but

the approach to each has been different within each. Whilst AR *per se* is discussed in detail below there will be some comment on the role of observation within this process. Within this study there were several sites of observation activity. In relation to the case studies the P2P time bank involved three sites: the Time Broker office and two group activities in an adjacent room. For the P2A the observation sites were the Time Brokers office, a local church where a number of time bank activities took place and the local school where one time bank activity was taking place. For the AR there were multiple sites again. For the the X'pert Patient this was held in a different community venues each month but the main thing to note is that most of the observations of this programme were of the usual X'pert Programme and one session was the time credited group. Other observation sites included the service planners office and the local authority meeting rooms.

Within the case studies the researcher adopted an overt, non-participant role in both sites (Hammersley and Atkinson, 2007). This allowed for observations of activities, people, settings, and discussions to be recorded. For the P2P time bank this was aided by the location of the researcher within the time bank office and the members events taking place in an adjacent room. Thus the fieldnotes recorded what people said/did (generating the "data") recording actions and conversations as well as discussion involving participants. This initially started by keeping a note of everything that happened and recording conversations that the researcher either overheard or was involved in. This was separate from the recorded thought and reactions of the researcher which for the case studies highlighted things the researcher felt were interesting and worth coming back to in later interviews (such as a discussion between a member and a Board of Trustees member and a discussion the researcher had with a member a few days before his interview where he spoke about being involved in recruitment of new members). Observation within the P2A time bank was conducted differently as the researcher, still in an overt, non-participant role, was at times out of the office observing time bank activities and, at others, in the office observing staff. All observations were written up at the end of each day after writing up the fieldnotes (see Emerson *et al*, 2001, 2011). Thus two sets of data were developed: one set of data recording what was said and done and another documenting the researchers thoughts

and actions. In this way fieldnotes were generated from the moment of observation and were eventually written up as fieldnote records where the information was organised into sets of information (Sanjek, 1990). Fieldnote record topics included time broker activity (observations and conversations with Brokers), member activity (observations and conversations with members and staff), the Big Society (conversations with staff and members), amongst others to assist with data organisation and later analysis (useful as an initial analysis of the P2P where interviews were taking place in the same week). Within the case studies the observation work was a preliminary activity. On the one hand it generated data for interview investigation with time bank members and staff. On the other hand it provided insights into the operation of time banks to be explored through the action research. The fieldnotes regarding the role of Time Brokers and the development of time banking practice also provided discussion topics within the AR. Drawing on these notes it was possible to illustrate to the service planners some of the activities which Time Brokers engage in to expand time bank practice. In particular the development of networks with external agencies to increase time credit earning/spending opportunities, which became an important issue in the development of the AR (see Chapter Six).

The observational work within the AR took a different approach. It adopted an overt, participant approach (Hammersley and Atkinson, 2007) as here the researcher was involved in the action within the research site (see below). As such recording people, activities and discussions in the fieldnotes was not always possible as action unfolded (thus notes were written during train travel after meetings) but also recorded what occurred alongside the researchers own actions, reflections and questions. Whereas the case study data separates these two elements, the AR records them simultaneously as these personal thoughts inform contributions to discussions and future action. Consequently the fieldnotes within the AR became the core data and facilitated the recording of meetings with staff at various levels of the LHB (for example with the Chair, X'pert patient staff and service planners), informal conversations with staff and patients, the operation of the X'pert patient programme, meetings with the service planners and external organisations, and phone conversations). These data were, however, recorded to maintain the sequential form

in which action unfolded – unlike the case studies where the data was written into a fieldnotes record. Additionally a field journal (Spradley 1979) was written for each part of the research design, case studies and AR, but for the former this was developed into two documents, sequential notes and an account of actions written up into sub-groups of information for analysis (health-related, co-production, ‘Big Society’, value of credits and operating and maintain time banking, see below). This facilitates analysis of different parts of the data in relation to the research questions. For the AR the exploration of action required a different form of record keeping which maintained the sequence, but recorded my thoughts on and input within the flow of events. Through the process of textual production and reproduction (Emerson *et al*, 2001, 2011) a day-to-day descriptive account of people, scenes and dialogue and personal experiences and reflections was created for analysis. All notes were then written up into a more formal account of each days recordings for analysis (see 4.3).

Not all conversations were recorded. Observation inevitably selects what to reproduce and represent in the field work and this shapes what is recorded over time and how this is presented in the fieldnotes. Thus those conversations that were recorded were often those that highlighted a specific view relevant to the research. For instance, whereas one conversation with a dietician during a car journey about patient skills and knowledge generated by the programme, was recorded, other conversations during this same journey were not noted in the fieldnotes for they had less relevance to the study. Similarly the case studies also featured these types of conversations which it was possible to discuss in the formal interviews (see below) and so offered a useful way of generating topics for discussion. For example one Time Broker talking about how it is not always possible to rely on members alone to deliver services because they are ill and cannot always turn up which he related to a fault in ‘Big Society’ thinking. In another case a discussion by one member on knitting a hat for a member of the time banks Board of Trustees opened up a discussion in the interview of how the member participates in time banking (see Chapter Five and Seven). Often in these informal interviews, participants would talk about their ideas and practices and how they engaged with or tried to develop time banking. For the AR, a number of conversations with patients in X’pert Patient (not the time credited scheme) were engaged by the

research to discuss the project and get their thoughts and ideas on potential uses for credits. This provided an early indication of potential receptiveness to the idea and potential uses for credits to be considered with staff during the planning of the modified service. Conversations with the nursing team during the observation of X'pert also recorded their thoughts and ideas. These were recorded within the fieldnotes (verbatim where possible). In doing so this reflected the tension raised by Atkinson (1992) regarding the balance between authenticity and readability when recoding speech in fieldnotes. Recording verbatim can increase the authenticity of the recording whereas providing a non-verbatim account can enhance the readability.

In relation to the length of observational activity, for the P2P case study the researcher spent an initial week with the staff observing and conducting interviews with the potential for follow up observation. However after five days of observation and interviews the wealth of data gathered was sufficient for a) exploring the perceived impact of time banking on co-producing health care and b) developing an account of Time Broker practices to transfer into the public sector. The observation within the P2A time bank lasted two weeks with interviews taking place over the course of four weeks after the observation. Again the data gathered provided sufficient information for considering the research questions, offering data on the roles and activities of Time Brokers (running events/activities, introducing new members, recruiting new members, interacting with members) and the involvement of members (their activities, views, and participation). In part it is necessary to recall that the case studies were explorations of time bank practice to inform the AR and in part an examination of the interaction between time banking and the co-production of health. Observation took a number of forms in both sites: discussions between staff, a range of different group activities for members, staff engagement with members as well as staff involvement in meetings and planning sessions for future activities. But for the case studies these observations were conducted in part to inform discussion topics for interviews.

4.2.3 Interviews

Within the case studies the interviews which took place required a selection process for potential participants which built upon the purposive and theoretical ideas which underpin sampling in qualitative research (Lincoln and Guba, 1985). Thus selection of potential participants was carried out with time brokers whose knowledge of the membership allowed for a range of members to be invited to participate. The list of potential participants sought to incorporate new and long-term members; members who claimed to experience health benefits and members who were more cautious in such claims; members who participated frequently and members who rarely participated. The aim, therefore was to gather participants from a range of members with various levels of involvement and participation to offer a broader view of time bank activity towards developing co-production by members and allow data collected to contribute to an evolving theory of time bank participation based upon experiential relevance (Strauss and Corbin, 1998; Hammersley and Atkinson, 2007). Such an approach however will always be tempered by practical restraints: especially when the research process is built around the willing participation and involvement of potential participants. All staff were offered the opportunity to participate, as case studies sought information on their roles in developing co-production of health care services. Across the two case studies table 4.3 provides the number of interviews conducted, resulting in approximately 23 hours of audio recordings, and one, hour long, non-recorded interview.

Table 4.3 Case Study Interview numbers

	Staff	Members
P2A	6 (4 women, 2 men)	4 (3 women, 1 man)
P2P	3 (2 women 1 man)	14 (8 women, 6 men)
Total	9 (6 women, 3 man)	18 (11 women, 7 men)

Developing an interview schedule drew upon a range of texts regarding the development of qualitative interviews (Mishler, 1980; Payne, 1980; McCracken, 1988; Kvale, 1996; Gubrium and Holstein, 2001; Rapley, 2001; Wengraf, 2001; Nairn *et al*,

2006; Rubin and Rubin, 2005; Abell *et al*, 2006; Irvine *et al*, 2006, Kvale and Brinkman, 2008). Rubin and Rubin illustrated the need not only to formulate questions to ask participants but also consider how they are to be asked. As noted, the observation notes provided some insight into member participation and engagement with time banking which offered additional items to the interview schedule. Opening questions, within both case studies, focused on member experiences of time banking (credit earning and spending activities, engagement with other members and staff, perceptions of time banking, knowledge of co-production). Such questions provided insight into member's participation in time banking (to be brought together with the observational data), their use of credits and what value they perceived in the credits.

Exploring co-production generally took two forms. First the interviews allowed participants to talk about how they engaged with the time bank, exploring their involvement in planning and delivery of services without mentioning the term co-production. Second there were some more direct questions regarding co-production to assess their familiarity with the term and if they could associate any of their activity with this term. In Addition there were questions about their perceptions of their own health (how they would describe their current health and wellbeing, did they participate in health activities through the time bank, how did time banking affect their self-confidence). These questions sought to build on the discussion of participation and engagement to explore network formation and potential health related effects. These interview schedules were directed at time bank members and as the interviews took place it was possible to introduce new topics as new discoveries were made. For example the issue of "flexibility" of time banking, discussed in Chapter Five, is an example of a topic which the participant discussed during an interview and was explored in subsequent interviews with other members.

The topics and questions for interviews were generated from the literature reviews, observation as well as the researcher's own participation. For the P2P time bank there was a need to conduct a quick, initial analysis of observation fieldnotes, because interviews were happening during the same week. To assist with this a number of questions were prepared before the fieldwork and supplemented with the initial

analysis. Additionally as interviews progressed new questions and topics of discussions were raised during the interviews; these were then discussed in subsequent interviews: for example the suggested flexibility of participation highlighted by a member half way through the P2P interviews became a topic for discussion in subsequent P2P and P2A interviews. For the P2A research the interviews took place over the course of several weeks after the observation, therefore the analysis of the fieldnotes was completed before the interviews started, providing additional interview topics: the specific involvement of elected officials within the Time Bank and the assistance offered by staff in member job searches. As with the P2P interviews, other topics arose during the course of interviews, yet here it was also possible to discuss some of the emerging themes from the P2P interviews with P2A participants to facilitate comparisons.

Access to participants was through the Time Brokers who acted as the gatekeepers within both case studies. They provided access to participants and arranged the time and venues for each interview. Fewer formal interviews were conducted with members in the P2A case study because potential participants were reluctant to become participants and two members had to cancel their interview on the day and were unable to rearrange. However a greater number of informal conversations with members were recorded in the P2A fieldnotes as there were more member activities taking place during the observation. This, as noted above, provided additional insights to be discussed with members in the interviews, including the involvement of children in comparison to adults and the perceived value and use of credits.

Interviews with staff also explored similar themes to those just outlined for members alongside questions about how the time bank creates these opportunities and supports members in taking them up. The focus on health investigated how the Time Brokers saw the role of the time bank in this regard and how they felt changes developed. This led to a discussion of co-production (more overtly than with members) to uncover how staff defined the term, how they sought to develop it in the time bank and how they sought to engage members in the process. Additionally these interviews discussed the relationship between time banking and the 'Big Society' (an issue a few

members mentioned unprompted) but also considered issues around the development and operation of the time bank. The latter was explored in relation to observation notes made on the day-to-day activities of the Time Brokers to offer information on the practices which developed to maintain the time bank both daily and in the long-term. What this offered specifically for this study, was not just some insight into the mechanics of time banking practice but also insight into the role of Brokers in achieving co-production to be considered in the AR.

Although semi-structured interviews did not form a central part of data collection in the AR, which relied predominately on observational records of activities and discussion and reflections from action, it was decided that some interviews with patients would be pursued. This would only be sought for the time credits X'pert group in an effort to secure additional data, and four patients were willing to participate in telephone interviews. However of these four only two made themselves available for interviews after the course had taken place. Consequently this data is drawn upon in Chapter Six where it is relevant to do so, adding an additional insight into the analysis, there is no claim that this is a representative view of patients who experienced the time credited X'pert group. Rather these views are drawn upon where they align with conversations noted in the fieldnotes and relate the discussions regarding efforts to establish time banking.

4.2.4 Action Research

The participants within the AR can be broken down between those who participated in non-time bank X'pert Patient (37 patients and 4 members of staff) and the time bank intervention group (16 patients and 4 members of staff), this latter group also included 2 formal interviews with patients in the time bank group. In this section the focus of discussion is upon two issues. First there is a need to outline the role that the researcher adopts in AR as a facilitator of action. Second there is a need to outline how, in this study, this role was adopted. Winter and Munn-Giddings (2001: 45) state that within an AR project the "initiator" is 'not privileged by their experience or their expertise' to involve others in the project, they, too, are "participants". Unlike quantitative or qualitative methods, participatory approaches do not maintain a

professional distance or status distinct from the research participants or the world they explore. Through action, the initiator becomes a participant whose views, ideas and practices are just as open to question as those of any other participants. There was a risk in this approach. Whilst interested in developing a time bank model the use of AR allows for service planners to have control over the development of action. This therefore allows the researcher to also explore the possibilities of co-option of time banking into other practices. As will be shown in Chapter Six the use of time banking was modified in the AR moving away from the implementation of time banking towards the development of a reward system similar to those that could be associated with nudge behavioural economics (as discussed in Chapter Two). This, however, is not necessarily a weakness in the research as such developments and alterations to the initial ideas provide insight into how time banking can be used in public service settings.

Winter and Munn-Giddings (2001) indicate two developments throughout the time-span of the AR cycles. First, the role of the facilitator changes from a supportive and advising role at the beginning to a researcher collaborating with other co-researchers of equal status. Second, the assumptions held by the facilitator and participants at the beginning are altered through the cycles of AR due to learning. Subsequently the professional distance and power relations afforded to researchers in qualitative and quantitative approaches are unsustainable in AR. To maintain them will destabilise the project, leading to practical and ethical challenges. What was necessary, therefore, was willingness by the researcher to “step-back” once the efforts to develop the time bank had started. This is not to imply a diminished role, but to take less of a leading role to allow other participants (in particularly the service planners) to have equal (and in some instances more) control over the direction and development of action.

Within this study the researcher as facilitator first adopted the role of an “outsider” introducing a new idea to the service planners and X’pert Patient staff. The intention here was to explain the ideas of time banking and start developing a dialogue regarding how these practices could be developed within the service provided. Moving forward the researcher as facilitator took a “back seat” to allow the service planners to

engage with the idea and start to develop ways of implementing time bank practices. What developed from this was a working relationship of “co-researchers”. Seeking to develop time bank practice the research team (the researcher and service planners) held a number of meetings (19) to discuss the progress of developing the scheme but also to meet with potential collaborators outside of the LHB. At this point it is necessary to discuss the development of the project to illustrate this relationship and the consequences of action.

As a facilitator of action the researcher discussed the proposed project, developing a time bank within an EPP with the Chair of LHB which led to contact being made by the researcher with a nursing team within the LHB who oversaw the various EPPs. Through six telephone conversations and three meetings with this team a plan was developed for focusing the time bank on the X’pert Patient Scheme, which focused specifically on patients with Type-II Diabetes with the researcher spending some time observing the scheme and working with patients to develop a menu for uses of credits. Unfortunately this could not start until ethical approval for the research had been secured through the NHS Ethics Board, this took between October 2009 to November 2010 to complete. At this point the contacts made by the researcher had moved on to new posts leading to a need to begin negotiations afresh.

Again working with the LHB Chair and other senior officials in the LHB (3 meetings), the researcher was first put in contact with the nursing team that directly delivered the X’pert Patient Scheme. After three telephone conversations and one meeting with the team and their manager the researcher was able to start observing the X’pert Patient Programme. These were non-time bank services offered by the LHB. Over the next two months the researcher started to also build up a relationship with the service planner in the LHB making contact with her through the LHB Chair and introducing the idea of time banking, co-production and the potential use of the AR to develop these ideas with the X’pert Patient programme. At this point the researcher had an understanding of how the X’pert programme worked and was able to relate to this when discussing the use of time banking, providing examples of how patients could use credits by drawing on both observed interests of patients on the scheme and

patients own comments gained through conversations with the researcher: the aim of which was to develop a menu of credit uses.

In working with the service planner to find ways to use credits, however, it was discovered that within the LHB itself there was little scope for providing services. So on the recommendation of the service planner the local authority's Communities First³⁴ co-ordinator was contacted. A meeting was held with her to discuss the research and plans which she understood quickly from previous experience of time banking. This led to a burst of activity in arranging meetings with time brokers from across the geographical area which the LHB operated. Although the response was low from the time banks, four Brokers attended a meeting with the researcher, service planner and local authority official to discuss potential collaboration. The meeting was only partially successful with one co-ordinator keen to be involved and one showing interest. The other two co-ordinators however were less keen due to changes in Communities First policy taking place at the time, making their own futures uncertain. Consequently the local authority official suggested working with other services in the local authority to develop uses for credits.

This meeting however could not take place within the time frame of the research. However the service planner, having secured a small pot of money (£300) to cover the costs of the activities accessed with credits, decided that she would be able to arrange certain rewards for participation in the time bank. As discussed in Chapter Six this led to some complications in relation to developing time banking which changed the direction of the AR towards a reward scheme. Whilst the AR did not result in a time banking scheme the way in which action unfolded was based upon two facilitation "techniques" adopted by the researcher. The first drew on notions of reciprocity and the need for open, trusting relationships between participants. Here the researcher as facilitator supported the service planners in developing time bank practice as an advisor and discussant whilst ensuring that the service planner had control over the

³⁴ Communities First is a Welsh Government initiative to improve the living conditions in deprived localities across Wales through public, private and third sector partnerships engaged in community development.

direction of the AR and was able to modify and develop action as events unfolded. For the researcher to intrude too often would not only undermine the activities of the planner to develop time banking but would also weaken the potential learning guaranteed by the AR: exploring how public service officials engage, use and modify the ideas of time banking to fit their services.

Lipman (1991: 15) utilises the idea of a community of inquiry in relation to education, where the intention is to transform the setting into a community where everyone is listened to; where ideas can be questioned and built upon in a non-threatening manner; and where all assist in drawing inferences from what has been said. This was developed in this study through careful management of relationships and interactions between researcher and LHB staff. Keeping in regular contact by phone and email and frequent meetings helped to sustain these relationships. Early contact of this type required the researcher to act as a facilitator to introduce the idea and intentions of the AR, but it was noted early on that the researcher and participants each had different knowledge and experience which created fairly equal relationships from the outset. For example when the service planner was asked by the LHB Chair to work with the researcher it became possible to bring together two individuals with the knowledge necessary to put the AR into motion. I came with the ideas of time banking and the service planner with the knowledge of the LHB services. This proved to be important when discussing issues such as the use of credits. For example the suggestion by the researcher that credits be used for the Prescription Exercise scheme was generated by informal interviews with earlier participants of X'pert Patient (see Chapter Six). However in discussing this with the service planners it was found to be difficult as the scheme, funded by the Welsh Government, would have particular criteria it must meet in terms of costs. Yet through discussions the potential alternative of offering access to leisure centres was agreed upon leading to efforts to engage the local authority. Consequently the AR attempted to follow where the inquiry lead, rather than operating within established boundaries, i.e. a pre-determined plan by the researcher of what action should occur.

Consequently the process of developing and maintaining equal power relationships through social interaction and made certain that the service planner realised she had significant control over the direction of the AR, facilitating joint research activity by the service planner and researcher. Interested in exploring how staff engaged with time banking, it was possible for the researcher role to gradually shift to one of advisor as the service planner increasingly made her own decisions on the development of action. As noted above, the consequence was that there was a shift from time banking to a reward scheme which, as Chapter Six will show, was the result of a number of factors, including the policy context in which various organisations were operating.

4.3 Analytical Design

The above outlines the groundings and design of the study, thus this section brings the discussion of methods to a close by exploring the analytical technique used. The analysis of both case studies and AR drew upon thematic analysis of the fieldnotes and interview transcripts to organise and analyse the data in relation to the research questions. Following this discussion attention is given to issues of validity, rigour and quality in the research, objectivity in AR and the ethical considerations of the research.

4.3.1 Data Management and Analysis

First, the management of the data will be described. Storage of interview transcripts and observational fieldnotes complied with the requirements of NHS ethics in terms of computer security and all digitally recorded interviews were stored on one computer. The transcriptions of these interviews were stored on the same computer as the audio files. For data gathered through AR the field notes and written records of meetings, phone calls and email exchanges between the research and participants, were all stored in secure cabinets which only the researcher could access. For the analysis photocopies of fieldnotes and fieldnote records were also stored in locked cabinets and, as analysis developed, were stored by themes.

The analysis of the data gathered across the research sites predominately followed similar themes. Observational fieldnotes and records from the two cases studies and

the fieldnotes from the AR were treated as texts subject to thematic analysis in the same way as the interview transcripts. As such the analysis started by indexing data so it was meaningful for interpretation and involved several readings of texts and assigning codes, which as Bloor *et al.* (2001: 63) explain, 'relate to the content of the data and are of interest to the researchers' analytic framework'. All data extracts must be collected together and allocated the same code to allow retrieval and comparison. Whilst there are a number of software packages available to assist in the process, the researcher adopted the "pen and paper" approach, through personal preference, keeping multiple copies of sections of transcripts and fieldnotes by theme storing the data carefully and securely. To explore and divide the data by theme a number of techniques were considered to guide the analysis and coding (Dey 1993; Coffey and Atkinson 1996; Glaser and Strauss 1999; Charmaz 2006). By drawing on these coding techniques the researcher could isolate a number of key themes emerging from the data, for example:

- Health status;
- Pride;
- Worth;
- A sense of purpose;
- Volunteering;
- Time brokers activities;
- Members engagement and participation;
- Definitions of co-production;
- Big Society;
- Government support;
- Community self-help;
- External funding
- Time credit monitoring

Coding was conducted through repeated readings of all fieldnotes and transcripts developing the list of themes from the data. This was done by hand highlighting key quotes and discussions which built evidence around the core themes. These were

stored by theme in files separate from each before building up notes and comments on each of the themes and discussing some initial thoughts on what they illustrated in relation to time bank-based co-production of health care. This led into refining the coding through the use of memorandum (Charmaz, 2006; Hammersly and Atkinson, 2007). The memorandum strategy provided an important step between data collection and analysis, forming a key aspect of the analysis. For Charmaz (2006: 72) 'memo-writing constitutes a crucial method in grounded theory because it prompts you to analyse your data and codes early in the research process... [and it] constructs analytic notes to explicate and fill out categories'. But this is done to achieve Burawoy's (1991b: 11) suggestion that '[a]nalysis, therefore, is a continual process, mediating between field data and existing theory' (see also Gamson, 1991; Schiffman, 1991). From this the following codes were grouped into theoretical themes:

- health related concepts, in particular to social networks, participation and status anxiety: pride, worth, sense of purpose;
- Co-production: time brokers, members engagement, definitions of the term;
- Co-option: Big Society, government support, community self-help, volunteering;
- Time bank management: time broker role, external funding, time credit monitoring

Focusing on the data gathered from the case studies, it was possible to determine interview and fieldnote data which corresponded to these themes to facilitate a return to the research explored in Chapter Two and start to build explicit links between time banking practice, ideas and values. The discussion generated from these findings allows for a focus on the relationship between time banking with ideas around social networks and participation in relation to health (Chapter Five) and also the value of credits (Chapter Seven). However, as noted above, the case studies had a second purpose, providing insight into Time Broker activities in operating and maintaining a time bank to underpin the efforts of the AR. Whilst it is possible to analyse the data gathered from the AR in a similar, thematic way it is also necessary to draw on the AR

literature for some specific analytical issues. Before exploring these, themes drawn from the fieldnote analysis were as follows:

- Service planner engagement: support/uncertainty regarding action, perceived enthusiasm, organising and attending meetings.
- X'pert Patient staff engagement: support/uncertainty regarding action, perceived enthusiasm, support in fostering change in service delivery.
- Patient engagement: support/uncertainty regarding action, perceived enthusiasm, contribution to developing a menu of credit uses, perception of X'pert Patient, perception of time banking, views on credit earning and spending.

Whilst thematic analysis is often an activity taken on by the researcher, within AR there are evaluative stages built into each cycle of action. Consequently it is necessary to develop notions of 'Democratic Evaluation' of the data analysis (McDonald, 1977: 226; cited in Winter and Munn-Giddings, 2001: 48) which 'recognises value pluralism and seeks to represent a range of interest in its issue formulation [with the evaluator acting as] a broker in exchanges of information between different groups.' That is to suggest the need to discuss the analysis with other participants so that the interpretations generated express the range of views from which the researcher and other AR participants can draw. This was associated with the notion of 'responsive evaluation' proposed by Guba and Lincoln (1981) to fully explore and examine the different experiences and interpretations of the action by various participants. Thus it is not an evaluation of time banking but a discussion between participants and researcher regarding action and how it should continue to proceed. Consequently as various meetings and attempts to create the time bank AR unfolded, discussions regarding the outcomes of action and the next steps dominated conversations. The clearest example of this was the challenge of securing uses for credits. When existing time banks were contacted to engage with the project they offered one means of building up a network for delivering activities and uses for credits. This however never took place and so this small cycle of action, in setting up the time bank, required an evaluation of the next course of action in developing the time bank, not on the effectiveness of the time bank. Through discussion it was decided that the team would

approach the local authority which, whilst successful in engaging the Community First co-ordinator, was not successful in securing others. This led to a third evaluation and a decision to secure funding to provide the first round of activities accessible for credits whilst continuing to try and engage other stakeholders. This illustration gives a sense of how the researcher works alongside the “participants” to develop action but how action itself is constantly evaluated and altered which steers the overall AR project in a different direction.

There are dangers to such approaches. Grant and Humphries (2006) argue that in developing critical thought within the project an over-emphasis on the positives may lead to a ‘suppression’ of the negatives. In deliberating over which findings to express in written reports stakeholders may not wish for negatives to be mentioned, or even have the confidence to bring them up in discussions. Thus care must be taken to explore both positive and negative expressions as both ‘can contribute towards an appreciation of a situation, encouraging the hope and achievement of human flourishing through action’ (Grant and Humphries, 2006: 413). It was essential to navigate this carefully and having built trusting communicative spaces with participants it was possible to confer about findings and the changes to practice which developed (see Chapter Six). These complexities must take place alongside an evaluation of the process of AR. It is not just the data and findings that are subjected to analysis, the process must also be open to critique. This is important for the positive and negative views on the intervention to emerge and for allowing ‘corrections’ to inform the next phase of action, data collection and evaluation. Through such open discussion of the process and findings it was possible to ensure effective learning took place for all co-researchers and participants, allowing for a detailed understanding of the praxis of time bank use within health care.

In order to achieve this, frequent discussions were held with LHB staff to assess the course of action and discuss which aspects of the project were successful and which needed to alter. Initially these meetings were fortnightly conference calls and monthly face-to-face meetings, alongside numerous email exchanges. The frequency of meetings was higher during the initial attempts to secure access and start the process

of action and increased again five months into the AR as additional meetings with potential collaborative stakeholders were arranged. Over the course of the AR 19 meetings were held with staff (that is direct face-to-face meetings) and approximately 26 conference calls (this does not include shorter phone conversations between the researcher and staff which were for confirmation of meetings, but does include the phone calls which discussed action and options for future action). Such discussions tended to happen after key stages of developing the time bank pilot (such as meetings to discuss the potential uses of credits with other stakeholders). Finally, the initial analysis from the researcher's own fieldnotes and interviews with X'pert patients informed discussions before the researcher left the research site. That said, the AR was focused specifically on the activities of staff and the efforts to set-up the time bank practice. Interviews with patients on X'pert were pursued only to gather a more formal record of their views, alongside those gathered informally during observation through conversations.

4.3.2 Validity, Rigour and Quality

A number of criteria were drawn on to ensure research quality (Lincoln and Guba 1985; Wolcott 1994; Creswell and Miller; 2000, Long and Godfrey, 2004). One of the first criteria to be built into the data collection and analysis was the notion of prolonged engagement establishing a notion of internal validity (McMillan and Schumacker, 1997). Here significant and sufficient time was invested with participants to ensure their experiences and views were explored effectively through interviews and observations within the case studies and the AR. In the participative context this was enhanced because the researcher-as-facilitator of the AR was also a member of the community in action. This process generated large quantities of data through formal mechanisms of observation and interviews, but additionally informal methods, such as the facilitator's own research diary, recollection of action and open discussions and conversations with participants. Further enhancing the internal validity the data collection recorded interviews and (in the case studies) offered participants the opportunity to view and alter transcripts for accuracy (Crow *et al.* 2006; Hammersley and Atkinson 2007: 181-183). Despite this offer the majority of participants did not request to look at their transcript stating that as the interview had been recorded, the

transcript would be accurate. The only participant to do so was the one time bank member who asked not to have the interview recorded digitally. The transcript was returned with no alterations. For the AR the communicative dialogue between researcher and service planners ensured that participant review could also take place. In particular this was generated through the discussions of action and in planning meetings discussing ways of implementing time bank practice. Consideration was given to the issue as to whether transcripts should be returned to participants; and it was decided that the transcripts would be made available for factual corrections by interviewees reflecting the discussion of creating spaces for communication, outlined above.

Furthermore issues of generalizability or external validity need consideration (Thomas, 2011, Bryman, 2012). Through clear, detailed and contextualised descriptions, the written products of the research process increase the potential for transferring the findings to other settings: although in more modest and cautious ways than quantitative methods. Relating specifically to the AR, the transfer of research findings outside of the specific context can be problematic. As action is localised within the site of the action intervention, decisions which shape the form of action are affected by a range of personal, social and organisational factors within this context. However the process of AR is one of learning and as such it seeks to share this learning widely, the intention is for learning generated to influence action in similar situations, and this is central to the policy analysis of this project. The learning from the implementation and exploration of time banking offers insights into health service use of time banks and public service more widely. Consequently, as with the sampling framework of the case studies discussed above, the aim is to contribute to the theoretical debate on time bank practice. The exploratory nature of this research seeks to refine understanding regarding the links between time banking and co-production, looking specifically at health. It is not an attempt to evaluate the effectiveness of time banks but, as Yin (2009) argues, the case study acts like an experiment which seeks to offer a detailed analysis which contributes to the theoretical debate and future development. This idea can also be applied to AR which seeks to learn through action and share that learning within other settings.

To achieve this meant that this research had to undertake a number of steps to ensure rigour in research practice. Although a number of criteria have been established to assist researchers in their practice (Seale and Silverman 1997; Shaw 1999; Thurmond, 2001; Morse *et al*, 2002; Creswell 2007; Creswell and Miller, 2010), particular use was made of extensive data collection and validation of accuracy in practice. Through action, open communication with participants, the use of observation and interviews, a range of techniques were used to ensure the collection of an exhaustive range of data. For Rolfe (2006), however, this is the imposition of criteria external to the research which is not always possible. Rather a wider range of philosophical positions draw upon qualitative methods and this needs to be considered. Consequently quality and validity rest in the writing-up but also the subjective 'reading' of the reader. Morse *et al* (2002) would however counter this arguing that it is still essential to use notions of reliability and validity to secure rigour, rather than assume rigour is something distinct. For them the responsibility for this rests with the researcher who develops a research design which secures the validity and reliability of research.

Consequently there has been a focus on validity within qualitative research with Creswell and Miller (2010) suggesting that researchers adopt a number of procedures within their study to achieve this. This includes the need for triangulation (see Denzin, 1970). This is the suggestion that multiple sources of data be drawn upon to enhance the validity of the research data and their conclusions. Hammersley (1996) provides a number of types of triangulation or mixed-method approaches, which fit the wider focus on the use of both quantitative and qualitative methods. Yet the use of triangulation can be done within one of these approaches, such as qualitative research (see for example Bloor, 1997) and this is adopted in this study. Essentially the use of observation and interviews within case studies and the AR has generated a range of data to secure the validity of the findings. This is perhaps best explained by drawing on Thurmand (2001).

She suggests that triangulation should only be used when it can contribute to an understanding of the phenomenon that is under investigation. This research design

should be able to answer two questions: Why this Strategy? How does it enhance the study? With regards to the former, Chapter Two illustrated how within co-production and time banking literature co-produced outcomes and co-produced services are not separated. Thus using a mono-method approach would not adequately explore both aspects of co-production of service links to improved health status as perceived by members in terms of status and confidence. Either one of the methods by themselves would be insufficient. It is the use of case studies to understand Time Broker roles and how time banks are organised and maintained which offers insights for the development of practice within the health sector. Without the AR it would not be possible to either explore this aspect of co-production or the transfer of community practice to the public sector. Through triangulation, therefore, the use of case studies and AR has sought to generate and analyse data which examines both aspects of co-production.

Finally, there is a need to consider the user participation aspect within this research. As Becker *et al.* (2006, 2010) show, there is debate within the UK Social Policy Association (SPA) as to the relationship between user participation and good quality research. The main advocates of user engagement have been drawn upon in discussions of participation (see Chapter Two) as well as throughout this chapter in relation to AR. The key claims of this perspective are that user groups have had a key impact on the development of social policy and that policy researchers have grown increasingly distant from the “real world”. By engaging service users they recognise the impact of these groups on policy and overcome the limitations of their position in exploring social phenomena. An alternative view is supportive of this engagement, but only in certain situations. Here the argument is that only some research topics and questions lend themselves to user engagement. This research is broadly supportive of this second view and has drawn out a number of the key arguments for engaging users in developing the participative approach (Becker *et al.*, 2006: 17; 2010: 359-361). This was achieved through gaining participant views on transcripts, discussing emerging findings with time brokers in the case studies and with a clearer participative link, the AR worked directly with the staff to develop the AR project (discussed above).

Others, however, argue that such approaches are often tokenistic in their engagement; have financial and time costs that make them an impractical tool for policy analysis; that the term “user” lacks coherence; and that users lack the skills and knowledge to develop effective research. It will be clear from this chapter, that many of these critiques are not accepted. Whilst the cost implications can inhibit participative research, many examples have been provided where such research has taken place. Furthermore the ethic that underpins AR, and time banking, implies that users have capabilities and knowledge that is vital for the effective co-production of outcomes. Nevertheless, Becker *et al.* (2006: 18) ranked a list of five key criteria believed by SPA members to be essential for research quality: participation comes in at number four. The top three places are awarded to explicit accounts of the research process and the policy and theoretical orientations: Chapters Two to Four have aimed to set out such an explicit account.

4.3.3 Objectivity in Action Research

The use of AR and the foregoing discussion thus leave this study open to critique regarding lack of ‘objectivity’. Objectivity is a central debate in social science research (Durkheim, 1895; Weber, 1930; Gouldner, 1968; Marcuse, 1965; Becker, 1967; Riley, 1971; Hammersley 2000) and has been explored within social policy to illustrate the tension between the Fabian tradition (Taylor-Gooby, 1981) and challenges to government definitions of key concepts and ideas (Townsend, 1975; Williams, 1989). The consequence of this debate is important for AR which overtly claims to seek social reform and emancipation, a position criticised by Hammersley (2004).

Theoria is detached contemplation of the world. *Praxis* is concerned with temporal and contingent human affairs with little relevance to the universal whole. Hammersley (2004) argued that the core of AR sets out to merge these together but creates a tension between them. Navigating this tension will always subordinate one to the other, and for AR inquiry is subordinated to some other (political) purpose. The point of action is to investigate change, and, Hammersley suggested, it is presented and justified because of its supposed liberation potential. This requires an equal relationship between inquiry and other activity, which Hammersley suggests is

contradictory, as inquiry is always subordinate to the other activity. Yet in their discussion of research and linking social capital, Woolcock and Sezerter (2004: s654) suggested 'the purposes to which a given resource can be put should be analytically distinct from how it is defined.' Thus distinguishing between concepts and their application is vital (Gouldner, 1956; Townsend, 1975; Williams, 1989). There is a need to operationalise concepts beyond the set definitions of governments. Thus relating AR to such an investigation can provide insight into how a concept such as time banking is implemented and used and thereby highlight possible differences between government plans and intentions regarding the application of time banking and its theoretical understanding: linking theory and practice in the investigation.

Yet this does not mean objectivity is wholly abandoned. Objectivity itself is critiqued for being a value position (Code, 1993; Thorpe, 2002; 2004). Fundamentally, therefore, objectivity should be recognised as a value and attempts have been made to redefine how the concept is used (Harding, 1992; 1993; Code, 1993; Williams, 2005, 2006). Williams (2005, 2006) argued for situated objectivity, that objectivity operates across three levels (higher conceptual, policy or theoretical and methodological). What is important is that the value of objectivity is transferable across all three levels. Thus objectivity in advocacy sociology will be a narrow form, focused on means to an end, dismissing research questions and methods which do not suit the ends of advocacy. But 'advocacy does not necessarily rule out methodological objectivity' (Williams, 2005: 114). Situated objectivity is unlikely to fit with the political aims for transformation attached to AR especially as methodological objectivity may too closely reflect positivistic science for those seeking to explore change and action. Harding's (1992, 1993) approach to strong objectivity potentially offers an alternative. She suggested that researchers reject epistemological relativism (that all ways of knowing are equally valid) but accept sociological relativism (that there are many ways of knowing, but they are not equally valid). Therefore, allowing for the implementation of 'strategies for maximising objectivity by adopting those methods for detecting systematically distorting assumptions that have proved most powerful in the projects of marginalised groups' (Harding, 1992; 587). Exploring the researcher's subjectivity allows for stronger objectivity because it is possible to identify the values, ideas,

assumptions that underpin investigation. As with Code (1993) the claim is that abandoning value neutrality does not abandon objectivity.

Thus aligning with strong objectivity this study starts with the suggestion that research must separate the conceptual definitions of ideas, policies, practices and aims set by government with those of others and adopt a role which draws upon wider social theories in order to conduct their investigations (Gouldner, 1956; Townsend, 1979; Williams, 1989). Chapter Three starts to do this by drawing on the social theory of time within a framework which seeks to explore issues of co-option and the promotion of alternative values (Gibson-Graham, 1993, 1996, 2006; Pacione, 1997; Williams *et al.*, 2003; North, 2006a, 2007). Thus through the lens of time the analysis will uncover a deeper understanding of this radical potential in comparison to attempts to co-opt the idea into the Big Society. For these reasons AR becomes a useful tool in exploring the processes of co-production in health services whilst examining time banking practice. To enhance understanding, case studies were also conducted to provide insight into pre-existing time bank practice. The use of AR and the case studies to explore the possibility of creating change made it possible to examine Bryson's (2007) suggestion that time banking offers a new way of conceptualising social relations based on a different appreciation of time. The premise is that the structural conditions of society generate social problems and that the study aims to contribute to understanding and changing this context (hence critical realism). Additionally there is a need to recognise the potential of time banking for generating change but recognise the potential limitations due to co-option.

4.3.4 Ethics

Finally the research design needed to account for ethical practice. Whilst negotiating access to the research sites and spending time discussing and explaining the involvement required of participants, a number of ethical considerations were also addressed, alongside an application to the NHS ethics board. Gilles and Alldred's (2002: 32) explanation of ethics as abstract principles focused upon the research process fits with the NHS ethics procedure, but this does not necessarily fit well with AR. In relation to AR, Hilsen (2006) drew on the idea of ethical demand. This requires

researchers to take responsibility for their chosen acts and practices and how these affect the lives of fellow human beings. Practices can liberate individuals and increase their capacities to influence their environment or just as easily limit and restrict people, underpinned by Boser's (2006) principles of democratic ethical approaches to participative methods:

1. external guidelines developed to direct attention to the relation between participants and those affected by the research;
2. integration into each cycle a consideration of ethics; and
3. transparency to the wider community.

These obviously have practice implications during the research but are problematic within the NHS framework. By its nature AR will change and adapt as those implementing actions navigate the challenges of delivering action within the practice setting. Subsequently ethical practice can be followed by discussing and exploring these issues with those involved. However informing the NHS ethics of any changes would require suspending the research in order for a fresh assessment to be made. Whilst AR is a process of action predominately directed by other actors, and not the researcher, a number of ethical concerns can occur which cannot be predicted as actors take research in new directions they determine themselves. Through the communicative practices and the role of facilitator adopted, discussed above, all effort was taken to ensure service planners maintained control over the action.

However the NHS ethics process did facilitate consideration of issues around recruitment and involvement raised by Spicker (2007; see also Brydon-Miller and Greenwood 2006): that organisational research can lead to some participants becoming involved on the "recommendation" of their superiors, thereby developing the notion of voluntary participation. To maintain the voluntary engagement of service planners and X'pert Staff it was decided that whilst the Chair of the LHB, who had acted as a gatekeeper for action, there would be no direct reporting to him during the action. Although he and the researcher did discuss keeping him up-to-date it was felt that the concern with coercion by superiors and the implications for ethical practice took precedence and so he would be reported back to at the end of the project,

through dissemination and as part of the NHS ethics process (there is a requirement to produce an end of study report, alongside annual reports on the research progress). Of course this does not fully prevent any coercion that can be applied by superiors. Yet AR seeks to place power for the direction and development of research in the hands of participants so that staff have control over the research not available through other methods.

Other ethical issues however relate to those found in all social research such as the attribution of participant names to relevant written sections. To do so could potentially break confidentiality agreements which are at the core of the research, but those same agreements exclude participants from the recognition they deserve (for their own creative contribution to action). Discussions with participants and the requirements of NHS ethics ensured that anonymity remained. As part of this process forms were provided to participants providing information on the study and a consent form for participation (copies can be found in Appendix A). This relates to developing communicative space which sought to adhere to Foth's (2006: 221) statement for:

‘maintaining a credible level of accountability and rigour by making the research process, observations and interpretations public to, and discussable and challenged by, community participants.’

Through such open communication it was possible to develop an ethic of reciprocity, suggested by Maiter *et al.* (2008):

- respectful of relationships with participants;
- consider projects as a cross-section of time within a longer term relationship between participants;
- reflexively explore power relations and interests of participants;
- assess the short and long term impacts of research action on participants; and
- become aware of the limits of reciprocity and plan ways of addressing these limitations.

The core ethical concerns of the research, therefore, included the usual issues of confidentiality, anonymity and protection of the voluntary nature of participation.

However, the use of AR, required that additional concerns also be addressed. These related to power relations between the researcher and participants and control of the AR. This required, as suggested above, open and transparent communication between all people involved in the action. Furthermore, these ideas and practices were also brought into the case study research. Spending some time in contact and conducting observational work with both groups of case study participants created working relationships very similar to those found in the AR. As such, similar ethical practice was adopted across both methods..

4.4 Conclusion

This chapter described the design of the research which aimed to explore the potential use of time banking to develop co-production within health services. Building on the discussions in Chapters Two and Three the methods chosen have been selected for providing access to data relevant to answering the research questions. Thus the use of observation and interviews within the case studies facilitated an exploration of time bank practices in relation to network formation between members and between members and Time Brokers. This is important for it has been suggested social networks may underpin efforts to co-produce, as much as they are required for organisational change to occur (Lin, 1999; Steinfield *et al.*, 2009). Through the interviews and observations examinations of members participation and engagement with time banking were used to consider how this fosters social capital to address issues of status anxiety (Senett and Cobb, 1993) but also how it facilitated the formation of different networks according to Cattell's typology (2001, 2011). Furthermore, examining the types of participation in which members engage illustrates the range of activities offered by the time banks to be mapped against Bovaird's (2007) typology of co-production, this is the focus of Chapter Five.

The case studies also provide insight into how Time Brokers form networks with members and their activities in developing the time bank. This was used to inform the AR, reported in Chapter Six, and to guide action with the LHB in efforts to use time banking as a mechanism to foster co-production. In essence this study explores ways in

which organisational structures have to change in order for co-production to develop. In exploring how co-production is put into practice from community to public sectors an opportunity is created to explore the alternative values claimed to be promoted through time banking. Whilst the interviews and observations in the case studies will offer the best insight into the nature of these values, the effort to implement time banking will also provide some insights. These will be explored in Chapter Seven.

Chapter Five: Exploring Time Banking: Social Networks and Co-production

Time banks such as Community Exchange that focus on reciprocity may successfully engage vulnerable populations in community-building to improve health

(Letcher and Perlaw, 2009: s297)

The link between time banking and health has developed in two distinct ways in the UK. On the one hand there are time banks operating a P2P model, seeking to connect local people together through one-to-one interactions, as one possible means of reducing feelings of depression. On the other hand there are time banks which have implemented the P2A model, focused on involving people in community activity to develop social networks between local people through efforts to improve the local neighbourhood. Both models offer a new means by which service providers can develop and deliver services which seek to engage the participation of service users. Using the two case studies, one of each model, the study examined the practices within both, drawing on observational fieldnotes (five days at the P2P time bank and 10 at the P2A conducted mainly to inform the interview schedule) and 18 member and 9 staff interviews. Additionally the use of case studies allowed for an investigation into the role of Time Brokers in the development of time bank practices and their relationship with members. Understanding these aspects of existing time bank activity is necessary in order to explore the possibility that time banking might offer a means of developing alternative forms of health service provision within mainstream public services. As such it also informs the AR discussed in Chapter Six.

For this chapter the focus is therefore on co-production in developing social networks and draws on Cattell's (2011) typology to explore members' perceptions of such networks in order to underpin the discussions of co-production. This is then developed in relation to time banking activities, drawing on the notion of linking social capital (Szreter and Woolcock, 2004). Thus this chapter starts with an analysis of participation and networks in relation to co-producing health before considering wider efforts to

deliver time bank services. As noted in the previous chapter qualitative methods were employed within the case studies to observe the types of activities in which members could engage and their interactions with staff. These observations informed the design of a series of interviews with staff and members. The majority of the observational notes focus on the roles and activities of the Time Brokers. Through an exploration of these elements of time bank practice it was possible to generate some idea of those necessary practices and ways of working with patients that could be incorporated into the AR. In interviews with staff a number of the observed events, recorded conversations and recorded interactions with members were discussed. Through a discussion of members' participation, different perceptions of their own status could be explored together with consideration of the diverse range of networks that develop: both of which are tied to participation. This is where the chapter will begin. First there is an examination of participation in time banks against the wider literature on health benefits associated with (un)employment (section 5.1.). In doing so, the relevance of time banking as a means for developing co-production is also explored. A discussion of social networks then follows (section 5.2.). This aims to draw on Cattell's (2001, 2011) typology of community networks and their relevance to health (see Chapter Two) and to apply this to the data on participation and perceived health impacts. A discussion of networks draws out the relevance of linking social capital and the relationship between time brokers and members. This final section of the chapter gives attention to this role and the attempts to co-produce services (section 5.3). The efforts made by Time Brokers in changing their relationship with members so that co-production becomes possible are then mapped against Bovaird's (2007) typology of co-production to exemplify the forms of co-production that can exist simultaneously. Essentially it is suggested that health status change for members, through a perceived diminishing of their status anxiety, is related to co-producing a service.

5.1. (Un)Employment, Recession and Mental Health

This section begins by exploring the potential impacts upon health of time banking participation in the two case studies. The examination of the data considers how participation in time banking potentially changes perceptions of self and status by

members leading to perceived improvement in health through reduced status anxiety (Sennett and Cobb, 1993). Such status change, as will be suggested below, results from efforts to co-produce services and draws on the efficacy definition of co-production (see Chapter Two) as it focuses on investing time gradually to build up participants' capabilities and confidence within time bank activities. In part this underpins moves back to employment and the development of social networks, and this section explores the former.

5.1.1 The work ethic and self-worth

It will be suggested that participation in time banking itself has health benefits similar to those experienced by people through employment. Such benefits can also be associated with activities which facilitate a return to employment, hence government support for community currencies (see Chapter Seven for a critique). In what follows two themes from the literature guide the discussion: first, how work is perceived to have health benefits and second, the importance of widening the definition of work beyond employment.³⁵

I tend to spend as much time as I can down here. Obviously I have my own commitments like trying to find a job and the house and other things I have. But the majority of my time I like being [...] I like to come in and do little bits and pieces.

*Mike, P2A Member*B1*

Mike's interview extract starts to illustrate how time banking participation offers a time structure for the day-to-day lives of members. Additionally it provides regular social contacts, engagement in activities for collective purposes, status and regular activity (the links between employment and these aspects of health have been identified by Jahoda [1981] and Elliott *et al.* [2010]). Wanberg *et al.* (2002) argued that the loss of time structure and negative psychosocial health are correlated during unemployment. For the unemployed, therefore, time bank activity potentially substituted for the absence of time structure offered by work which enhanced psychological health. Employment also offers, potentially, improved status and sense

³⁵ *B1 Where this symbol appears after a quote from the data it indicates further relevant data to this point can be found in appendix B, section 1

of social purpose, contributing to an individual's formation of positive identity. The data demonstrates the way in which people link together a sense of status received from time banking activities with feelings of self-worth and, in turn, with health related benefits.

Pauline: I've got to be honest I take a lot of pride in some of the things I do, it makes me feel like I belong in the community then, that I have got a purpose here and I mean it has made a lot of difference to my life.

Lee: In what ways?

Pauline: A lot more confidence to do things. Sort of like a lot of the girls in the depression group now still ask others to do things because they are not confident, but I try and put it back on them so they get the confidence that is lacking.

*Pauline, P2A Member*B2*

Here Pauline's extract shows how participation in time banking activity contributes to a sense of individual and collective achievement and purpose. The argument suggests that time bank participation may provide renewed status, social purpose and self-confidence, diminishing member experiences of depression and isolation. However this may not be linked to time banking *per se*, but seen to result from volunteering. Continuing with Pauline's interview:

Lee: How does time banking help with that?

Pauline: I don't think time banking can help with that to be honest; it's from the sense of achievement from doing something.

Pauline, P2A Member

I think that volunteering and active citizenship can generate feelings of self-worth, like one of the most powerful ways of doing that but I think that time banking is a good tool to help facilitate volunteering and active citizenship, whatever you want to call it.

*Bethan, P2A Staff*B3*

For Pauline there is a distinction between time bank activity and its potential impact on self-confidence. She does not associate time banking *per se* with enhanced confidence rather it is the pride and worth stemming from the associated activity which has this effect. Similarly for Bethan, time banking is a tool for facilitating volunteering. Such a distinction is important to both the theory and practice of time

banking and is considered in more detail below (section 5.2). First, to return to self-esteem:

Between everything I do I tend to, I think, now, I have a lot of pride in what I do and am proud of what I've achieved in the few years, and it's all down to Communities First.

Pauline, P2A Member

Pauline is unemployed, has few educational achievements, previously limited engagement in the community, and a drug using adult-aged daughter who is known to be problematic in the community. Time bank participation provided Pauline with a means of helping her community, and has assisted her gaining education qualifications, and a sense of purpose and achievement. Yet this is not attributed to time banking, but to Communities First. Developing time banking within a pre-existing organisation may prohibit separation of the two so they are seen as one and the same. As such it is the wider participation that benefits members, not necessarily time banking. This is a perception shared by time bank members of the P2A model, but not the P2P model where, although based in a GP surgery, the time bank is a separate organisation to which members belong.

The extracts have been chosen to demonstrate how, for some, time banking can generate feelings of self-worth and achievement, building the confidence of members. The argument presented is that participation alters how members perceive themselves and what they are capable of achieving. This change in perception by members is necessary if they are to believe they can contribute to service design and delivery through co-production.

5.1.2 Time banks and unemployment

Underpinning these effects is the experience of unemployment (or retirement for many P2P members). This not only establishes the context where benefits of employment are absent but additionally links to interest in community currencies as a means of facilitating a return to employment. Unemployment was offered as a reason for joining the time bank by a small number of participants (five out of eighteen members interviewed, across both case studies):

I was referred to the time bank due to depression from work. I'm currently on sick leave as my Manger bullied me due to my disability, until I was feeling a need to get out.

Cath, P2P Member

The extract illustrates how Cath is aware of the relationship between work loss and depression. Whilst she went on to discuss explicitly how participation in the time bank has helped her overcome feelings of stigma and low self-esteem, other members were not quite so explicit:

Mike: Over the last few months I have dropped down quite a bit without work. I have tried to commit suicide twice. But with the depression group they've helped me out quite a lot, plus with the community centre staff, who have helped me a lot. But that is why I am back as a full community volunteer because I am completely over it, 100% fit and just raring to go again. And that is solely because of the depression busting meetings.

Lee: Do you think that time banking has impacted on your own sense of wellbeing?

Mike: I don't think it does with me because I don't come here for the time banking for the credits but to get out for a bit. The way I feel about it is that time banking is ok for the kids and the parents that have kids.

Mike, P2A Member

Mike's comment exhibits a distinction, partially noted above, with regard to volunteering. It suggests how members, whilst benefitting from involvement in time banking, do not always view the health benefits as associated with time bank activity; rather they are attached to helping and being with others which is not solely the purview of time banking. Mike is possibly separating out involvement in the "depression busting" group from other credited activities, illustrated by the mention of children. Here his opinion is that children benefit from time banking because they perceive an intrinsic value in the credits (rather than activity), because credits access things that are otherwise denied. From this perspective, while time banking participation can be good for adults, their participation results primarily from a desire to volunteer, rather than to earn credits. Children are deemed likely to participate because they want to earn credits to access rewards.

Attempts to return to employment rely on increasing confidence generated by time bank participation, which results from support provided by time bank staff and members. It is this support which respondents believed was beneficial to unemployed time bank members:

Lee: How about issues of self-confidence, which we have spoken about, how do you think time banking has helped, or not, with that?

Mike: It has helped me a lot with confidence. So before I would not have had the confidence to talk to people, like yourself. It's the same going for a job now, I have more confidence talking to people and to people on the street.

Lee: So do you think that it helps you with your job search as well?

Mike: Yes, there is the job club and I also do searches on my own at home on the computer and at the job centre.

Mike, P2A Member

Additionally the field notes from the observation at the P2A site show that Mike was unable to make his first scheduled interview. During follow up attempts to contact him, a staff member spoke of how he also needed to speak to Mike because he had reserved a job interview place for him. Potentially, time banking offered a support network for unemployed people not only to develop skills and abilities or assist in a return to employment but also as a means of mitigating the negative aspects of unemployment:

John: I was unemployed and had nothing to do in the day. I know people who work for the national organisation up at London Bridge so I knew of the idea and decided I should do something useful with my time³⁶. So I got the local number, gave them a call and got involved.

Lee: So for what reasons did you get involved, was it just to be active?

John: Partly to be active yes, but also to have something on the CV. As I said I was job hunting and you have to show you are willing to do something, you know rather than just sit in doors. And I didn't mind volunteering some time locally because we all do enough complaining so I might as well give some time.

John, P2P Member

³⁶ The claim to want to use time usefully is considered in Chapter Seven

The support offered can be generated by developing new skills and abilities which enhance a CV, but can also be offered through wider networks of staff connected to employment opportunities. Elliott *et al.* (2010) argued for a need to develop initiatives aimed at preventing ill-health. Such initiatives should seek to (i) develop skills for flexible labour markets³⁷; (ii) facilitate support for employment searches; and (iii) build self-esteem, confidence, optimism and help maintain social networks. Drawing from interviews with unemployed members, there is some indication of support in finding employment with two of the five members describing feeling confident of finding work soon (both in the P2A time bank):

When I finish my courses now I hope next year to get a job but have already been thinking of ways in which I could still do this. I don't ever, ever, want to give this [time banking] up, to be honest.

Pauline, P2A Member

In the P2P time bank, one member had moved back into work, briefly, another had moved back into work permanently with consequences for their time banking activity (and potentially their connections to social networks):

Lee: You said a minute ago that you don't earn as many credits now that you're back in full time work, so do you find it difficult to fit time banking into your daily life?

John: At the moment, yeah, particularly at the winter time, with the short days, I can't really do much outdoor stuff for anybody at the moment, so it will improve going forward. So there was the community garden I signed up with before Christmas but we're not in a position to do anything at the moment as we need the money to secure the land. In the past for example I would have had weekdays free, but now I don't so I... generally its Saturdays to be honest most of the time.

John, P2P Member

It is not possible to conclude that time banking is effective at supporting a return to work, but such possibilities exist. Third Way and 'Big Society' theorists would welcome such findings because they allow the promotion of time banking and community currencies, as self-help (individual or community-based) means of facilitating a return

³⁷ This requires developing the skills and abilities that underpin local labour markets often in peer-based support initiatives to reduce potential stigma

to employment. For the discussion here the relevance is how, once again, participation alters members' perceived skills and confidence as preconditions for co-producing services. Additionally the data demonstrates how relationships between members and staff can develop, as explored below.

The development of self-esteem will offer psychosocial benefits to members as well as improve their perception of self in relation to other local people: reducing status anxiety (Sennett and Cobb, 1993). Efforts to tackle this anxiety may contribute to the formation of equal power relationships necessary for co-production. This may be further enhanced through the receipt of time credits.

5.1.3 Money as credits

While there are clear and well established links between income and health with Starrin *et al.*, (1997) suggesting that earning money has a moral dimension, whereas receipt of benefits is deemed as shameful and is linked to a loss of self-esteem and for some, mental health problems. Cullen and Hodgetts (2001) add that people position themselves as outsiders, because they are restrained from normal participation in life by material factors depriving them of an important source of self-worth. Discussions of self-worth and perception in relation to others has importance for individual status, whilst lack of financial resources automatically limits access to social events which play a role in maintaining social networks. Time credits are not money but they replicate some of its functions:

Well I go on trips and I had enough last time to pay for my partner. I checked with [time broker] first and she said that was fine. But I mainly go on trips but not that many. I have the Caravans in three weeks' time. We are paying for the caravans ourselves this year but having the minibus with time credits. But we need a break, they take a hammering with play scheme at this time of year and need a break. We go away and have a laugh, go out for a meal, come back and play cards. Then come home.

*Gwenda, P2A Member*B4*

While there are advantages to time banking in terms of income replacement, for the unemployed on benefits there is a potential risk to their income:

You can spend them here, but I don't know if the job centre would class them as income. I've never asked them and never told them, but now talking to you I've got things going around in my head. Obviously I don't get paid for it but this could, somewhere down the line, be seen as money if I buy something with it [credits] and that would obviously stop me doing it, if they saw it as an extra income.

Lesley, P2A Member

This situation resulted from the current ambiguity of the treatment of time credits in relation to benefit income. This limits the potential to purchase goods but does not bar access to services:

Lee: Have you ever had any problems with the job centre because you are earning time credits?

Mike: No but I did have a long book to fill out, that I was volunteering, and they phoned up to make sure. So the community centre is covered and the job centre know what I am doing and know that I am also doing my job searches. Also as the job club is attached to the [local town] [job] centre there is contact between them so they know that I have been here and do things.

Mike, P2A Member

What remains unclear from the interview, however, is whether the Job Centre was aware of the credit earning. In both cases, credits were used to access social activities within the community allowing members to maintain social networks that existed prior to unemployment.

Thoits (1995) noted that money as a coping resource is important to counter stress generating events. Yet claimed health benefit of time banking (Seyfang and Smith, 2002; Simon, 2003) pay little attention to credit earning *per se*. As with activities building up members' confidence and capabilities, credit earning and spending act as pre-requisites for social network formation. *Both* earning and spending are necessary, but need not be done in equal measure. Furthermore as Thoits explained, financial resources are an indicator of status or chronic difficulty when scarce. Credits like money, may act as a buffer against stressful events, alongside maintaining members' status and standing in the local community.

Drawing on Thoits (1995), credits are a resource which members can access in times of need but also as a means of reducing the use of money (Gregory, 2009a). From an anti-poverty perspective this is an important function of time banking but some community currency literature is critical of this potential (Callison, 2003; North, 2003). Credits grant access to group events which foster social capital formation, with associated health benefits. Yet with time banking there is also an element of recognition for member activities. Credits potentially serve a dual purpose, first providing a resource boost and second in providing a status boost: they are a symbol to the community that members have contributed time, skills and effort. Members in the P2P time bank made clear associations between credit earning and purchasing power (time credits buy access to trips and classes), whilst some members in the P2A locate the appeal of purchasing power with children, not adults, despite using their credits to access certain activities and events.

5.2 Social Capital and Social Networks

The foregoing illustrated how participation in time banking could offer a number of benefits in relation to employment. Yet participation also facilitates informal social interactions between time bank members. Here notions of social capital and social networks inform the health discussion in the time bank literature – despite a lack of critical engagement with the term. Drawing on Cattell's (2001, 2011) typology of social networks and their health consequences (see Chapter Two), it is possible to develop a more nuanced account of time banking relationships to social networks. This will suggest how members' descriptions of time banking participation and activities may illustrate a move from the different restricted networks in the typology toward 'pluralistic' and 'solidaristic' networks (Cattell, 2011). The significance of the perception by members of their status within such networks is underpinned by Thoits' (1995: 64) claim that '[t]he perception or belief that emotional support is available appears to be a much stronger influence on mental health than the actual *receipt* of social support.' The existence of varying perceptions and a variety of different social networks, runs counter to the simplistic claim that time banks lead to social network formation and improved health outcomes in a linear and monolithic way (Seyfang and

Smith, 2002) as Cattell's (2011) discussion and wider research on social networks and health confirms. A more nuanced understanding is needed of the relationship between time bank activity and health, which facilitates later discussion regarding organisation change and networks (Lin, 1999; Steinfield *et al.*, 2009, see Chapter Eight).

5.2.1 Different formations of Social Networks

Cattell (2001, 2011) distinguishes five forms of networks from her case studies³⁸. Within the time bank case studies, it is possible to explore some of these formations and their consequences in terms of the likely effect of social capital on health:

[The local area] was a dormitory town for me, because all my friends were at work, and ummm. So I had some counselling here, which was very, very useful, and one of the things that the councillor said was that, I suppose at the time was true, was that you [interviewee] don't have very many friends. You have one or two close friends but you don't have your family around you or anything, what are you going to do if one of those friends dies or becomes ill?

Sara, P2P Member

Sara's extract suggests that her restricted networks pre-existed time bank activity (Cattell's parochial network). Consequently in times of crisis Sara had an insufficient network for providing support. As Cattell (2011: 133) noted '[t]he loss of the strongest link in a dense social network can have a particularly adverse effect upon well-being; it can also damage the network's internal cohesion.' Participation in time banking met a need to build an additional network, not to replace the existing one, but to support it. In doing so, Sara had a source of affective support and buffer against emotionally difficult times (Firorillo and Sabatini, 2011a). Such support was not accessible pre-time banking as the number of ties Sara had were dense but restricted.

Time bank participation, as illustrated in the previous section, has a number of potential health benefits. In addition, participation facilitates the development of social networks through bridging social capital; this is the claim in the literature (Seyfang and Smith, 2002; Simon, 2003). But in developing these new networks, older ones are not supplanted: thus time banking fosters 'solidaristic networks' (Cattell,

³⁸ The socially excluded, parochial, traditional, pluralistic and solidaristic networks – explored in Chapter Two

2011). Here members have a mix of networks, both wide and loose and tight and dense ties. On the one hand other time bank members form the wider network, and, on the other, friends and family form the tighter network. Thus negative effects, within either network, can be buffered by membership within the unaffected network. This, for Cattell (2011) is the most beneficial form of network to health, as it offers a mix of ties within the community. The benefit rests in the perceived support of each network, even if it is not drawn upon (Thotis, 19995).

Further benefits relate, first, to members within 'solidaristic networks' forming a notion of community identity, shared with 'parochial' and 'traditional' networks, but offering a more positive hope for the future predicated on a belief that collective action can create this future (a view shared with 'pluralistic networks'). This is important in relation to evidence on status anxiety (Sennett and Cobb, 1993). The ability to promote identity with wider connections to community interest promotes a perception of homogeneity which is potentially beneficial to health (Cattell, 2011: 143) and can be expressed by a family analogy (Cattell, 2011: 142): this was a prominent theme within the P2P time bank data. Second, there is a possibility that 'solidaristic networks' will also include groups who develop tight bonding social capital out of earlier bridging social capital (Cattell, 2011: 141). This illustrates how bridging, bonding (and linking) social capital can blur in real life cases. Indeed members often balance time banking networks and a non-time bank networks, maintaining them both, as Sara went on to say:

Luckily I had already joined here first, so I've got a nice support group. I'm quite a private person, so that group that we saw Wednesday, that's our little group. I've never seen them outside of it. Don't have anyone's phone numbers or addresses, and don't give mine out, I only want to see them here. They respect my privacy. Most of them feel the same way. They are my support group.

Sara, P2P Member

This contrasts with Richard's experience of time banking activity:

Well I was completely isolated. I had totally isolated myself. Ummm I mean I still have major problems in that respect, no one has been through my front door in I don't know how many years, so in that respect it's not over yet, ummmm but I mean I know more people, I've lived here on and off since 81, so 30 years and basically I knew no one. Now I won't pretend I know everyone but

I can walk down the street and bump into people and something as simple as that can really lift your heart. Ummmm so it's got me out of my isolation, its enabled me to do something for other people, which is a great boost for the ego, there are still things to do, but its transformed me as an individual.

Richard, P2P Member

Richard's account reflected aspects of Cattell's (2001, 2011) 'excluded network', despite having lived in the community for a number of years. Yet as his involvement in the time bank developed he did not establish a 'solidaristic network', rather he moved towards a 'pluralistic' one. Whilst 'solidaristic networks' cope interactively, 'pluralistic networks' cope actively (as discussed in Chapter Two). Members of such networks are well informed, have access to a range of resources and believe that they have control over their environments through active participation. This belief in the possibility of progress comes with a realisation of the potential health benefits of their activities. Richard's comments suggested this. He was involved in other time banks, helping to establish some of them; his main form of participation was actively helping others through DIY and gardening and he had a clear ambition of improving the local community for all its residents. But he lacked the tightly bound social network to complement this 'pluralistic network': he lacked bonding social capital.

Whilst able to work towards improvements in his own health and to be actively involved in promoting improvements for others, (Richard was planning a sleep hygiene³⁹ course), without bonding capital, emotional and practical support offered by close, dense ties was missing. This will be illustrated in the discussion below (5.2.2) where Richard spoke of his ability to help others, but not to request assistance. It can be noted that members of 'pluralistic networks' may know numerous people through engagement in the time bank, but none who can offer support. But if time bank practice was based on exchange this should overcome such barriers; the fact that for some members it may not, has not been explored previously and should be sought out in future time bank research.

³⁹ This is the development of a set routine and practices designed to ensure more restful and effective sleep.

Illustrating how time bank activity can help grow both 'solidaristic networks' and 'pluralistic networks' offers a more nuanced understanding of time bank practice. Furthermore different networks may have different health effects, thus it would be inappropriate to claim time banking is beneficial to health without mentioning caveats about its negative possibilities.

Lee: So you told me earlier about the befriending scheme and that you had tried it, why did you originally decide to try it?

Meera: [pause 5 secs] Because there was an elderly... why did I [get involved]..? I think it was because of the dog. There was an elderly gentlemen with some dogs and I think I was going to walk my dog with him and then we could sit and speak to him. It didn't have to be weekly, there didn't have to be that commitment, but I think when you are with someone there has to be that commitment, and I just couldn't manage.

Lee: So you decided to step back?

Meera: Yeah, and I was really happy. I mean, for me it's really important that when you are working with people you are reliable and through that I ended up not being reliable, you know when I couldn't do it anymore. And in the end I spoke to [time broker] and said look I couldn't do this and I had not been in contact with him as soon as I would like to, could you explain this is why? Because I wanted to contact him but I couldn't. Because I was going through such a difficult time, and it was really hard at that time to say I couldn't do this. Which showed where I was at. But luckily [time broker] was able to take over and explain the situation and it just reminded me that I was not able to. Now I would be more able to but now I would still not choose to.

Meera, P2P Member

Dinham (2005) argued that wellbeing was linked to participation. Even if individuals can overcome financial barriers to participation, the form that participation takes can have various health benefits. Meera's time bank activity is one of the main forms of participation offered, but, as she explains, the similarity to her previous employment was in her view increasing her levels of stress and impacting, she claimed, negatively on her depression. This led to feelings of guilt that she could not help the member in the expected way, further impacting on her health. Within traditional volunteering an individual is opting to do a particular task. If they feel unable to do this then volunteering ends. In time banking, individuals can change their participation but, importantly, are supported by the Time Broker who can help members take a step-

back and not feel guilty they are not supporting the other member. Brokers can then arrange new exchanges for both members involved. Thus while participation in time banks may have negative health effects as well as positive, important mechanisms are devised within time banking to facilitate a change in participation. This helps ensure that health improvements and network formation continue.

This flexibility results from a generalised exchange system within time banking, and contributes to the development of bridging social capital. This is based on the idea that as members contribute through their own self-defined skills and capabilities time brokers will help find activities for members to undertake. Such activities are usually from existing lists, which can be expanded as new members, with new skills and interests, join the time bank (see Gregory, 2009b). In the P2P time bank, this flexibility ensures that time banking offers accessible ways of building social networks and develop feelings of worth, appreciation and social purpose. Where participation prohibits or limits this, as with Meera, participation can be damaging. But at the core of practice rests the flexibility which is also recognised by P2A members:

Lee: So in my other case study I mentioned earlier some of the members were telling me how time banking gives them flexibility. Is that something you recognise?

Mike: Yeah I do agree with that because at the end of the day we are giving our time for nothing so it has to be based on how we feel, if we want to come in for an hour. Sometimes I come in at nine o'clock in the morning and leave at four but it's not like a full time job where if I only came in for a few hours I would lose the job, get the bullet.

Mike, P2A Member

Offering an interesting summary of the discussion in this section, the following extract from the observation fieldnotes records a conversation with Ancil (P2P Staff) and illustrates the challenges of working with people with health issues but also the benefits they receive through participation:

My conversation with Ancil following a cancelled interview illustrated the challenges to co-production and health care. There is a difficulty with mental health issues, especially depression, in that underneath the surface of "family" within the time bank serious challenges exist which can create obstacles for time banking. People can come and go depending on how isolated or

depressed they feel – some can be enthusiastic about attending but cannot mix in groups or feel too anxious to attend. Others can be improving for years but then have a “downturn” which leads them away from the organisation until they feel able to attend and be involved again. This is why the broker is key, not simply in matching people up through their knowledge of participants but also for organising the organisation. Volunteers are not “well” and cannot always be relied upon to manage the organisation.

Verbatim notes from field diary

The flexibility of time banks is not just to change participation but to withdraw from participation and return as and when members feel it best suits their own situations. This varies depending on members, but highlights challenges of using time banking to deliver formal health services. Types of networks and participation may have different health effects on members but both ‘pluralistic’ and ‘solidaristic’ networks facilitate engagement and participation in service design and delivery so both can assist in achieving co-production. But the flexibility in participation may be necessary to secure claimed benefits regarding status change perceived by members, noted above. Efforts to bring time bank practice into public services may have to ensure that this flexibility is maintained so that forms of participation are not pre-determined and therefore restricting.

5.2.2 Time banking: Volunteering and Credit Hoarding

Well I mainly got involved two years ago because I was unemployed, somebody suggested to me about volunteering. I asked [local] job centre who put me in contact with Interlink and interlink made a few phone calls so I then got a letter from here asking me to come up for a chat and I’ve been volunteering for two years now.

*Mike, P2A Member*B5*

The relationship between volunteering and time banking is based on a divided debate as to whether the provision of credits either diminish the claimed psychological benefits and altruistic reasons for volunteering or, achieve the opposite, and enhance and support the psychological rewards (Chan [2000a] argues for the latter). However the data from this study illustrated how notions of volunteering may impact on the workings of the exchange mechanism of time banking. For Cahn the exchange of

credits facilitates the growth of social capital and reciprocity. But members do not always use their credits or may give them away:

Lee: And how about spending credits? How do you spend your credits?

Mike: I haven't spent mine for donkey's years. I think if I looked at my book I would have around 200 time credits. I am giving my time and using my time to earn time credits but not really using them at the moment. If I wanted to I could go to trips and also a few other bits and pieces I can use them for.

Mike, P2P Member

Lee: And how about spending credits?

Richard: That's a problem for me (laugh). Having said that I just spent 38 because, sorry 34, because I'm now doing this DIY course. Again most of the things I've done most of my life are self-taught, ummmm, I thought it was a great opportunity to see what was happening these days and to you know see some of the things I haven't done, generally being with a crowd and umm, get up to date and be a bit more useful. And also understand what the course is covered so we can get the ball rolling here, so I put together a tool box and start to build that up so other people can use that and not have to spend a shed load of money on tools.

Richard, P2P Member

Whilst predominantly evident in data from members in P2A time banking, "credit hoarding" takes place in both models. Credit hoarding is problematic for time brokers as the exchange of credits confirms that the system is "working" (see Gregory, 2009b) to ensure that members continue to perceive value in the credit itself. However this again may not be so clear cut:

I have earned credits this year, what did I do? I think I have a good over one hundred because I facilitated the parent and children's group and used to help a lady turn over her mattress. So I am still earning, not as much as when I was still a member, if we can't do something in office hours then we do it as members outside. But I was one of the naughty ones, a giver and not a taker.

Rebecca, P2P Staff

[...] A lot of people volunteering and use the time banking schemes not because of the credits they get out of it, because they've got hundreds, it's about what they can give to their community. So it's not about how many time credits they can earn, it's about what skills, what time they can give back to help somebody else, a person in the community, group or organisation, what they can give back to benefit their community. That's what it's about [...]

Bethan, P2A Staff

Hoarding is perceived as being wrong by Rebecca because she knows that time banking is about (and her job is to facilitate) exchanges. Additionally credit use ensures that earners access the rewards on offer – especially those that have a social group aspect to foster social networks. Yet, Bethan's extract exhibited how benefits come from giving time and being able to help. This relates back to notions of status and social purpose outlined in 5.1. Cahn (2000a) suggests that credits are about recognition, as well as reward. Not regarded as part of the effective working of exchange, recognition is tied to status and social purpose and these are connected to *earning* rather than *spending* activities (as the P2A extracts show) by members.

Illustrating this, Richard in the P2P time bank, discussed how participation overcomes his isolation, but through him providing services. His credit expenditure facilitated by learning new skills, allowed him to offer more services to other members. As he explained:

Richard: Ummm [pause] It's what I want to do and it's a reflection of things I've done before with another group of people, but there is still a side of me, you know I could do with assistance around the house and in the garden, but there is still a side of me that very private which you know I still cannot let go of at the moment and that's why it's more group based activities, so there is a private persona and a public persona and I know that does confuse the hell out of people sometimes.

Lee: So one of the reasons you want to get involved in the DIY course is that it will let you actively help people?

Richard: Yes, yeah

Lee: So you are quite happy to earn credits by helping people, but what you are saying is that when it actually comes to asking for that help in return you are unwilling to do that?

Richard: Yes, I have problems.

Lee: So is there anyway the time bank can help you overcome that or do you think that is something you feel only you can deal with?

Richard: I think it is likely me. I think it's likely me. Yes I immediately can think of things they could do and I have loosely spoken about, but nothing has progressed or developed?

Lee: But do you feel happy knowing that should you ever feel you can ask for help the time bank is there waiting for you?

Richard: [pause] Yeah I'm sure if I asked that it would be there straight away.

Richard, P2P Member

Credit hoarding illustrated an approach to time bank activity that reflects volunteering not time bank exchanges. Here members are giving their time to the community but are not engaging in exchanges between members which is at the core of Cahn's (2000a) suggestion that time banking is about exchanges. Rather the members are acting like volunteers in that they give their time freely but rarely claim that time back. Whilst hoarding for future consumption is possible, in Richard's case, hoarding was not for future expenditure to meet his needs, but develop new skills to offer to others. Following Cahn (2000a) time banking activity should overcome hoarding because help is provided on the basis of exchange. In spite of that some members remain incapable of requesting help, perhaps illustrating a lack of bonding social capital. Hoarding credits does not bar access to networks, but it might influence the form those networks take. Members will still receive recognition and benefit from offering services, altering the self-perceived status, but lack the wider perceived support available through 'solidaristic networks'. Thus there may be a case for ensuring members spend credits to access informal social events, to build 'solidaristic networks'. There can be a blurring of types of social capital in real life interactions and 'solidaristic networks' can form when tighter bonds develop out of initially loose ties. Such a development could move members from 'pluralistic' to 'solidaristic networks', offering new forms of support. Future research should work with Time Brokers to develop such interventions and monitor the consequences for members.

Borgonovi (2008) suggests that one reason for increased happiness is that volunteers are able to compare themselves to people who can be perceived as being "below" them rather than "above" them. People focus less on the wider structural inequalities they experience, preferring to turn attention to their current position in relation to the positions of people who they perceive as being "needier". Where time bank activity is

perceived as volunteering then this sentiment may apply too. However in line with Williams (1989) and Williams and Popay, (1995, 2006) members who are similar provide mutual support to each other, underpinning the health benefits of social networks. This aligns with Cattell's (2011) suggestion of homogeneity in 'solidaristic networks'. Yet whether time banking or volunteering have this effect remains open to debate:

Lee: But do you think time banking helps develop members' sense of worth?

Lisa: Yes but it all depends on how it is perceived. It can, but then that's volunteering not time banking. See there is a difference. It's difficult. If you take time banking out people will feel more worth, feel more valued and their contribution is having an impact on something. Not the same with time banking. Am I making sense?

Lee: So you are saying is the opposite to Edgar Cahn, who claims that time banking reinforces the sense of worth from volunteering with additional recognition from time credits, to say that a sense of worth has nothing to do with the time banking, but with volunteering?

Lisa: Yeah, in what you're saying there is an argument in the debate in what you're saying so some people actively involved because they get something out of it but on the other side of it some people are involved but don't want recognition because they want to do something for their community. So there is two sides of that argument, two sides really, but a lot would see it as no, they are doing it because they want to give.

Lisa, P2A Staff

So I came in and it was a very nice and friendly environment. And that's what I felt really that I needed because I had tried a couple of other places like the hospital and I was told that I was too over qualified to volunteer, that to volunteer you had to have, be, NVQ level. And I thought Christ if I can't volunteer my services (starts to laugh) then things are really bad. When I came in [to the time bank] they said come in because they need the help and stuff.

Lynne, P2P Staff

Time banking practice is premised on exchange allowing for a range of potential forms of participation influencing the social networks that members form. Whether benefits result from time bank exchange or participation *per se* remains debatable. The data above illustrate the latter may have more impact on perceived status than the former. Status anxiety potentially reduces when people perceive they have worth limiting their potential to co-produce. Using credits to access social activities, however, links back to

the discussion in section 5.1.3: stress is reduced because resources to maintain networks are available, but may also foster the growth of larger networks which address status anxiety.

5.2.3 Community and social capital

At first it was said it [time banking] was only for those out of work and the kids and that. But now everyone is getting involved, now that they are getting that little pound an hour, just for an hour of their time. There is always somebody out there who has a spare hour. It brings all parts of the community together. It is a good thing as it brings the comm.... You know we are really lucky as we are a one site community whereas others have a bit over here and a bit over there. But it does help people who realise that they can be rewarded for what they are doing. It's like [local councillor] who says he would never think to put in it, and I say "Well that's your fault if you choose not to, but don't criticise when other people do". It's only a good thing.

Gwenda, P2A Member

Gwenda's comment illustrated the relevance of specific geographic location to discussions about community. In the P2A model this is likely to be a result of this community development organisation's remit but, it was noted, this is made easier because the geographical community in question is not separated and divided by landmarks, major roads, etc, to give a sense of community in "one site". In the P2P model, activities with the local community are limited by what staff are able to provide as a time bank organisation and here they focused on fostering discrete neighbour-to-neighbour interactions, rather than community wide activities as with the P2A:

The problem is if you start recruiting there is an issue of capacity. There is one around space, and one around broker capacity: how many relationships can you have? And when will you start undermining other relationships because you are seeing more of person B instead of person A. And this would not work for this type of time bank because it is about relationships; it is about neighbours caring for each other. You could say that members of the time bank could take more of the weight, but because it is volunteering we cannot force other members to care for others, it has to happen spontaneously, so the broker will maintain a lot of the relationships.

Ancil, P2P Staff

Brokers are seen as important for building up interactions and confidence of members to engage with service providers. Time bank staff and members are referring to a

specific geographical location in which they conduct their activities⁴⁰. In seeking to develop members' capabilities the focus is upon forging links within this perceived community. This happens as members come together for different group activities, for example the P2A case study offers a "weight watchers" club, a "depression busting" group and a circuit training class but will also link with other pre-existing groups to bring them into time banking. However this is not necessarily harmonious:

Lee: How helpful do you think time banking is in building relationships between people?

Lisa: I'm not sure. With the kids it certainly does, but with the adults who just stay in their groups I don't think it does. Just because the groups are getting time credits doesn't mean they interact more with each other.

Lee: So where you have pre-existing groups they sort of stick to each other and don't really talk to...

Lisa: Yeah, well we talk to them because we're [community name] regen' but I'm not sure they talk to each other, they've got their own agendas but Communities First facilitates bringing those groups together.

Lisa P2A Staff

Lisa's comments suggest how groups brought into time banking may not readily be seen as part of a wider cohesive network. Yet, they remain sources of support for their immediate members and are still seen to be providing a service to the community:

Lee: How do you think time banking helps the community?

Beth: I think it is a big benefit and the community don't know. They know, but we need more people to know and make it wider. We have... what can I say... you know... it's.... We are very good at what we do and we want it to spread a bit more, and do more for the community. That is what it's all about.

Beth, P2P Member

Firstly it reduces the isolation of people, with people knowing they can come to the time bank and there is somebody else who they can talk to, there is somebody else to look after their welfare, they can ring up and arrange a visit. You know like I befriend and contact members who are housebound. So it is quite a service and she knows she is not alone, and once a month there is

⁴⁰ In the P2P case study the word community is used by members to refer to local geographic neighbourhood, the word family is used to refer to staff and members.

someone else with a different perspective who she can talk to and sit out on a nice day.

Ron, P2P Member

Some members focused on community as a geographical location, as a physical collective entity. For a smaller number “community” was about their status as individuals within the locality or collective. Regardless, attention was given by all participants to the formation of social ties within the community, a loose but cohesive network of association providing a resource of support should a need for support arise. Accordingly, this would support Lectcher and Perlow’s (2009) contention, quoted at the opening of the chapter, that time banking exchanges offer a powerful mechanism for social engagement. Time bank literature promotes this engagement as a means of tackling exclusion (Seyfang, 2004a). Here attention is given to participants’ views in relation to exclusion within time banking activities:

Lee: So you were saying earlier there were not many male members, can you think of any ways the time bank could get more men involved?

Harry: It’s a very big question to raise. I could ask other people how to do it, but it might be, wrongly, misinterpreted, as sexist. But it is a shame really that it is not more balanced. I know a few of the men, but I don’t often see them. For example in this exercise class I’m the only man, with possibly up to 10 or 11 women, that’s the way it manifests itself. And once a month there is a get together, at the café, and it’s the same thing there, it’s mainly women.

Then later saying:

Harry: [...] My reservation with the coach trip is the same as the exercise class, far too many women on the coach compared to men.

Lee: But it obviously doesn’t stop you getting involved, even if you do feel a bit uncomfortable?

Harry: Well you know I have second thoughts about going on coach trips because of it. I notice the other men tend to sit up the front of the coach to isolate themselves more or less. And I tried sitting in the middle of the coach and it was distinctly uncomfortable. I felt that, particularly the younger women, were having a bit of a joke about me, about being in the wrong place on the coach, something like that. It made me distinctly uncomfortable.

*Harry, P2P Member*B6*

I've had a couple of people I've gone round to see, mostly gardening clearing stuff, that kind of thing. Some housework. I do less now because I'm back to full time work.

John, P2P Member

Disclosures about exclusion typically came from male respondents in the P2P model, illustrating two types of potential exclusion. The first, as described by John, resulted from a return to employment, limiting his engagement with time banking and potentially his access to this social network. This form of exclusion results from the limitations on access to the time bank's "working hours". Providing activities during the 9 to 5 working day limits the possibility for some members to get involved, and where they are able to do so, the available group activities are not always suited to an individual's tastes. It is not entirely clear what forms of network such exclusion may generate, but they would likely reflect the 'pluralistic network', for most members. Here there would be some engagement in time bank activities, providing a service to the local community but such members would be less engaged in social activities where tighter bonds may form over time, which may reduce any perceived exclusion.

The second type of exclusion results from time bank membership. The bias towards women may lead to more activities being designed to suit their collective interests over that of other members. This may have potential consequences for social interaction and access to networks. Membership bias may lead to isolation within a group: as with Harry above. This would seem to be rare as only one instance of this was found in the data, but illustrates possible effects of time banking participation not much discussed in the literature. Bridging social capital can potentially be defended, as different members attend the same group events, but the concept of bonding social capital and the assumption of homogeneity of members associated with the 'solidaristic network' could be questioned. By not being a part of a bonded and gendered network (a network formed by one specific group of members through their time bank activity), Harry experiences isolation within some activities suggesting that there is a need to re-examine the form and content of participation. Thus experiences might not always be positive and may require new interventions or activities to

diminish the likelihood of isolation and undermine efforts to foster networks to engage members in co-production.

5.3 Co-production and Time Banking

The discussions in the previous sections provide an overview of participation within time banking and relate this to potential health benefits. It has been suggested that participation in time banking can have similar effects on health as found with employment, based on changing the perceived status that members have of themselves in relation to others. This participation also facilitates the development of social networks which, mapped against Cattell's (2001, 2011) typology, illustrate different consequences for these perceived status changes in relation to health. But both of these consequences of participation are essential in so far as they facilitate a journey by participants towards co-production. Missing from the above discussion and the analysis of time banking in the wider literature (Cahn, 2000a; Seyfang and Smith, 2002; James, 2005; Gregory, 2009b), however, is the notion of linking social capital. This final section starts by exploring how the social networks that form also generate linking social capital, in particular between time brokers and members, which is necessary to generate co-production.

5.3.1 Linking social capital and co-production

Fiorillo and Sabatini (2001b) highlighted four elements connecting social capital and health, each of which can be seen as a likely element of time banking (see table 5.2), linked to bridging and bonding social capital. But linking social capital must also be considered; thereby establishing a more nuanced understanding of the relationship between time banking and social capital. Utilising linking social capital makes possible a move beyond the narrow focus on individuals to consider wider structural issues that impact on health. It can allow for consideration of material resources within a local setting and to explore how time bank member's link with Brokers to use resources and to co-produce. As Szreter and Wolcock (2004: 257) explained:

social capital is in fact as much about highlighting tangible matters such as the styles and forms of leadership and activism among public health workers and officials *themselves* – and structures of service delivery – as it is about the

seemingly abstract properties of “social cohesion” among communities of social collectives of various kinds.

Co-producing health care required exploration of how social capital forms the link between members and staff. This underpins the development of co-production activity, for these foster the combined inputs of co-producers.

[...] They’ll tell you they have no skills. But as you get to know them as the broker gets them involved, actually they are quite good at that, this person can drive, this person can fix, they just didn’t realise they can do this, because they lacked confidence. But it doesn’t necessarily happen. That is why I keep saying they need to take things on. That is why the Broker has to build relationships, has to get to know Mary even though Mary says she has no skills. Mary suddenly starts to do something and the Broker realises she has skills so is able to ask Mary to do “this” and Mary feels valued as she is being asked to do something, is being valued, and starts to rebuild confidence. That is why the Broker is a key person.

*Ancil, P2P Staff*B7*

Table 5.1: Time banking and social capital

Form of social capital listed by Fiorillo and Sabatini (2001b)	Selected evidence from data
Transmission of information	Discussions during Tea and Chat group about different medications (P2P); cooking classes (P2A), weight watchers group (P2A)
Promotion of health behaviours	Sleep Hygiene course (P2P), Lupas Event (P2P), anti-drug DVD with young people (P2A)
Mutual assistance	Depression busting group (P2A), Tea and Chat group (P2P), service exchanges - gardening, DIY, befriending, dog walking (P2P)
Buffer effect – affective support against psychological disasters	Depression busting group, Family Trips – zoo and swimming (P2A), Calais, seaside towns (P2P), education courses (P2A),

Staff demonstrated that the process of building members’ confidence and generating potential contributions depends on brokers establishing a relationship with the members. As was noted in the quote from Ancil (in section 5.2.3) there is a limit to how many relationships a Broker can sustain without diluting the relationships already

forged. Efforts by Time Brokers to promote these links are important activities, building up confidence and capabilities of members in order to facilitate credit exchanges. The way in which this is done is complex. Within initial inductions, time bank staff are able to provide basic information to new members and gain a sense of member interests and current capabilities, but there is often a need for longer term support.

Such support may take the form of random “drop-ins” by members. The fieldnotes contain a number of such observations of members coming into the office because they happened to be passing or had just finished a group activity and wanted to say hello. For some it meant that they were in the office for the day talking to staff and occasionally offering a helping hand. However as was noted:

[...] sometimes it is just talking to people who want to have a chat, so a lot of time can be taken up, as you’ve seen, by talking to people because they are isolated and come in and have a chat [...] Sometimes things don’t happen, you could say you are going to do something then five people come into the office, you’re not getting that done. So that is something I need to do, to find a balance between someone coming in, when I want to give them time, but also you need to do your stuff.

Rebecca, P2P Staff

These ‘disruptions’ whilst an important part of forging relationships and supporting vulnerable members, also divert staff away from organising activities and events and drafting funding bids. To attempt to overcome this, the P2P time bank set up “office hours” providing staff with time during the day to focus on the paperwork and organisational activities. However this is something one member found disappointing:

Because it hasn’t got the same open door policy that existed before. And I do know, from just knowing how I react to things, I don’t know how I would accommodate it, but I don’t like closed door policies even if it was only a few mornings a week. I know how important it was to me.

Richard, P2P Member

Similarly the staff in the P2A time bank forge links with their members through random drop-ins, but also through the use of space. Group activities can be held in the community centre which can be disruptive to the staff trying to work in the offices

next door. But the links that are created are strong despite any potential frustration staff express. For example during the final week of observation at the P2A time bank, a member's family incident involving a number of volunteers at the centre drew staff away from their usual day-to-day activity to help and support the family. During an informal conversation with the staff, recorded in the fieldnotes, they mentioned that this was disruptive to their work but pointed out that this in itself is part of the job. Forging links with members, to support them and give them assistance when they are in need, fosters the growth of self-confidence.

In a similar way the fieldnotes recorded a number of instances where members were engaged in wider activities in the community. In the P2P time bank three members had wider community involvement. Richard (mentioned above) had been involved in setting up other time banks in neighbouring communities. Whilst some of these had not been successful the focus on promoting time banking seems to reflect his own form of engagement (pluralistic network): actively seeking to change his local community. However it is the activities of Beth and Poppy that illustrated how linking social capital can, through time banking participation, foster connections between members and wider service providers within the community. For example Beth, since joining the time bank, has been actively involved in a number of community campaigns against public sector cuts as well as a pension campaign. Her efforts have not gone unrecognised as in her living room she has a photo of her meeting the (then) Prime Minister Gordon Brown, because her local Member of Parliament took her to an event in recognition of her contribution to the community. Poppy, however, comes to time banking from another direction in that she was already involved in a range of community organisations and groups prior to time bank participation and continues to be involved in a number of activities, including community education.

Time Brokers maintain a role in forging such links. In the P2A case study, which has a community development remit, membership of the time bank included elected local councillors, creating a link between members and elected representatives. Furthermore the organisation is able to seek out relationships with service providers to co-produce certain outcomes. Talking about a response to a Tuberculosis outbreak:

So we worked in partnership [with the local GP] and worked with the street reps and other people as much as possible to get people into the system [of immunization] and it was absolutely choc-a-block, you know there were several immunization sessions in the church and they were choc-a-block. It wasn't stigmatizing or bad, it was just done in a really nice way and I think that was a massive credit to [name of doctor] who came and led on this, she was very sensitive and worked with us brilliantly. I don't think many GPs have her vision of how they can work with us and how things could be.

Janice, P2A Staff

In brief, the data indicates the *possibility* of linking social capital operating beyond the confines of the time bank for members. This is not to say that this is certain to happen or that it will lead to changes in power relations between service users and service providers. Rather the point has been to highlight the possibility.

5.3.2 Role of the Time Broker

Linking social capital is most visible between members and Time Brokers. Here Time Brokers play a visible role in facilitating exchanges between individuals and fostering various types of social capital. One challenge for a time broker, as commented on by Gregory (2009b), was ensuring members understand how time banking works:

[...] But actually getting them to do stuff can be difficult. The first half a year I was here I got attacked by a few people "How dare you ask me to earn time credits", because some people have minus hundred and things like that, how did you get to minus 100 credits, I don't know. And ummm, I would be like you can't go on a trip because you've got no credits and they would be like "attack, attack, attack" and they say how they can't do anything and may be the time bank isn't for them. So that can be difficult, getting people to co-produce.

Rebecca, P2P Staff

Brokers have attempted to tackle this misunderstanding through new induction routines. Yet other challenges to providing exchanges exist in relation to skills gaps of members:

I: [...] Maybe people don't need as much, but I am not getting as many requests or maybe one-to-one exchanges are not a priority at the moment and people are more interested in groupy things, so coming and learning new skill and doing stuff. Last month was pretty busy with one-to-ones but generally the one-to-one exchanges seems to be getting less, I don't know why that is; I don't know what that is. And skills gap is another big challenge, everybody wants gardens and DIY but we have big skills gap on gardening this year so I feel disempowered that I can't help someone and maybe they feel annoyed. But

now with an inductee I make it very clear, because I think the culture was that I join the time bank I never have to pay for anything again.

Rebecca, P2P Staff

The main skills gaps in the P2P case study were around gardening and DIY. The demand is high, but the number of people able to offer these skills is low. Yet these gaps also offer opportunities. For example Richard was willing to spend his credits to participate in a DIY course set up to develop member skills and help fill a service gap. Where a skills gap exists, members can be offered opportunities to learn required competences. Indeed, a number of members, and a member of staff, mentioned they were participating in this DIY course. For the members this participation also links with the earlier discussion about having a social purpose: “being a bit more useful” as Richard expressed it, helping him overcome his own anxiety issues. But for the member of staff there was a move from their occupational role to time bank member, and not only in this instance:

[...] So with the quilting I was supposed to be facilitating, but I ended up joining and I’m learning a lot...

Rebecca, P2P Staff

So Time Brokers can potentially occupy a dual position as both staff and member (two staff at the P2P were previously members before taking on their staff roles, and all three continued to earn some time credits). This facilitated the formation of linking social capital necessary for developing co-production, as it changes the power relationship between staff and members. Yet similar staff involvement was not found in the P2A model, although Ellen, when younger, had been a member of the time bank but later took on a job co-ordinating youth time banking:

I first got involved when I was sixteen. I was volunteering and somebody introduced the scheme and it just took off from there really, just spending time credits. [...] because we were volunteer youth workers we were earning credits.

Later saying, when asked if she earns time credits:

No. I haven’t done since I was employed as a youth worker.

Ellen, P2A Staff

Thus Time Broker roles are not just about monitoring, facilitating and creating exchange opportunities. They required some level of engagement beyond traditional notions of service provision which may, within public service provision, challenge existing boundaries between service providers and users. Even where staff are not earning time credits they still conduct their activities in ways which foster linking social capital and forge strong relationships with time bank members (see also Gregory, 2009b).

5.3.3 Perceptions and practices of co-production

The roles Time Brokers adopt and the networks they form are undertaken in order to develop co-production of both outcomes and services (co-production rarely separates the two). Understanding the development and practice of co-production required first exploring participant definitions of co-production, second considering how this develops in practice before finally applying Bovaird's typology to consider the forms of co-production fostered:

So for me co-production means partnership, not partnership on a staff level, but working together to improve your wellbeing. To realise your full potential as well, co-producing... you actually, because my job here is not to do it for you but to empower you to do it yourself, that's co-production. So working alongside each other for the good of you really, whatever it is you want to do. So in our case it's health and wellbeing and you are interested in French great so I am going to help you get involved to facilitate the group yourself and by you working with me you are co-producing this so we've done it alongside each other and there will be a much better sense of achievement and ownership than if I had set it up for you and it was oh [interviewee name] has done this and done that. You've actually worked with me on your idea to form a group and that means co-production. So it's all their ideas really, I'm just facilitating and pulling things together.

*Rebecca, P2P Staff*B8*

Staff offered varied definitions of co-production which orientate around two ideas: empowerment and joint-working. All focused in their discussions on how the staff help support individuals as the starting point of developing a journey. This journey moves from building capacity to joint-efforts to, in some cases, staff being a source of resources (physical, financial, knowledge and contacts). In part, encouraging

individuals within communities to take-up activities to help tackle social problems affecting their neighbourhood is, for Chan (2000a), co-production.

The discussion in this chapter refers for the most part to co-production activity at the individual level, the activities that are said to improve members' perceptions of their health: but this can occur at the same time as co-production of services. Thus members may help co-produce a service but in doing so may also co-produce improved health outcomes because involvement in service delivery builds up confidence and skills, thus ameliorating status anxiety and perceptions of low worth and self-esteem:

Lee: So going back to your sleep hygiene and the other things you're working on, let's say you have all the sleep hygiene stuff ready to go, what's your next step?

Richard: Once I'm happy I've got the bones of it worked out then I'll say this is what I got, this is how I propose delivering it over this number of weeks, are you interested?

Lee: And will you use the staff to help advertise that to members?

Richard: Oh yeah, I would want it to go through them because again everything we do should be offered to all members rather than just offering it to your mates [...] But if you mention it to those who are not active, 99% will often say no, but that one time could be an important time.

Richard, P2P Member

This extract illustrated how co-production can occur, where members approach staff with ideas for activities and ask for their help or support in facilitating its development for the wider membership. In relation to the earlier discussions of 'nudge' behavioural economics, this also demarcates a clear distinction for time banking in that participation need not lead to the development and implementation of the decisions and designs of "choice architects" (Thaler and Sustein. 2009). Rather, it gives priority to members' own wishes and ideas for service delivery. Similar examples of this form of co-production can also be found where members took over the facilitation of groups, as is the case with the P2A depression busting group:

Lee: How did you get supported to take up your facilitation role? Did anyone help with that?

Pauline: No, I sort of got to a stage where I was so comfortable with these groups that I was ready and able to help. It was for me the people here who were saying come along and try this, but now I stand on my own two feet and go. But they pushed me to begin with.

Pauline, P2A Member

Members engaged with co-production of services, often after developing skills through early training or drawing on existing skills. Not only do members reach a point where they feel comfortable taking on these roles, such developments also facilitate a shift in perception. Members are no longer just members of the time bank, they co-produce it. Here linking social capital has started the process by forging links between staff and members, gradually facilitating a shift in resources from staff to members allowing them to take greater control of activities. Co-production therefore may contribute to changing perceptions by members of their health because of the equal status developing between members and staff when both actors provide inputs. Essentially the perception of unequal status is removed, but this is a possibility which requires future examination.

The final way in which co-production manifested itself and becomes tied into the role of the time broker, is networking with other organisations:

The Lupus one came about by just meeting people. We won a health award a few years ago and they had lots of films on health conditions and I was really inspired by the lupus one and went over to speak to them to tell them that and suggest perhaps working on something for our members. So I got their contact details and passed them on to the surgery, so that's how it came about. Other ones come through networks we already have.

*Rebecca, P2P Staff*B9*

Co-production can be perceived as joint-efforts between organisations. However this is not the agency-to-agency model (A2A, see Chapter One). Here practice reflected an approach to “joined-up policy”, with efforts focused on bringing organisations together to create a combined response. Wider connections with other organisation are often necessary to help provide services to members but also develop solutions to social problems that are more holistic than if the time bank provided them alone: this goes beyond resource sharing. In relation to linking social capital, time brokers build up

these networks, gaining knowledge accessible to members which can forge links with other organisations and service providers.

Essentially the journey of co-production mapped in the case studies is one of building capacity and facilitating a move towards co-production of services. This would seem to match political goals of time banking where the focus is on service change and demonstrates a role for social capital and social networks in achieving change (Schutz and Sandy, 2011; Teater and Baldwin, 2012). A more complete analysis would be concerned that the technical goals may take precedence. Here time banking is developed in order to count hours of volunteering in the community and to engage local people in service delivery to cut costs by replacing staff. Co-production should offer members a chance to adopt equal status with service providers, which is deemed beneficial to tackling status anxiety (Senett and Cobb, 1993). This is a possible side-effect of linking social capital, forging links between members and staff to facilitate a sharing of resources and information so that services can be co-produced.

In summary, the forms of co-production that developed in the case studies in relation to health care can be mapped against Bovaird's typology (Tables 5.3 and 5.4 below); illustrating a number of types of co-production relationships. The aim was only to look at health related activities and this is by no means an exhaustive list of time bank activities, nor, if co-production facilitates self-perceived status change, are direct health services the only forms of provision to have health benefits. Finally these forms and their examples are not static, what is led by staff today may be led by members tomorrow; such is the case with the P2A depression busting group.

Table 5.2 Types of Co-production P2P – case study one

	Professionals as sole service planners	Service user and/or community as co-planners	No professional input into service planning
Professionals as sole service deliverer	<ul style="list-style-type: none"> • Chair-based exercises, • DIY training course 	<ul style="list-style-type: none"> • No examples 	<ul style="list-style-type: none"> • No examples
Professionals and users/communities as	<ul style="list-style-type: none"> • Original French, Art and Poetry 	<ul style="list-style-type: none"> • Tea and chat • Annual trips 	<ul style="list-style-type: none"> • (Potentially) Sleep Hygiene

co-deliverers Users/communities as sole deliverers	groups • Knitting group fund raising	• Current French and poetry groups	course • No examples
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Adapted from Bovaird (2007)

Table 5.3 Types of Co-production P2A – case study two

	Professionals as sole service planners	Service user and/or community as co- planners	No professional input into service planning
Professionals as sole service deliverer	• Original depression busting group	• Services for young people [#]	• No examples
Professionals and users/communities as co-deliverers	• Services for young people [#]	• Depression busting group	• Weight watchers group
Users/communities as sole deliverers	• No examples	• No examples	• Pre-existing groups: i.e. Rugby and Golf club

Adapted from Bovaird (2007)

[#] Although young people participate in the activities it would be inaccurate to describe this as service delivery when it is service use. It is possible to argue that as some parents have helped deliver services they are co-produced which is why this appears in two forms of co-production.

Co-production develops in a number of forms but is underpinned by an ambition to develop efficacy co-production. The journey members embark upon potentially requires the use of these multiple forms to move services towards co-production found at the centre of Bovaird's (2007) typology. When members first join they are unlikely to be able to participate fully in co-production because they lack confidence to use their skills and knowledge. Engaging them in forms of co-production where services are designed by service providers can be the first step towards developing efficacy co-production. Here members gradually build up their capability to use skills and knowledge with confidence, often in direct health focused activities. But health focused activities are developed across the typology. In the P2P case study such activities include chair-based exercises and the potential sleep hygiene course, whilst for the P2A case study this involved the depression busting group and weight watchers group. Gradually members may reach a point where they are able, and willing, to take over the running of a group – such as with the depression busting group in the P2A case study. But members' health may improve through co-production when the

service has no direct health focus, as noted above. Here it is engagement in co-production which changes a member's perception of their status in relation to others and potentially promotes positive mental health. Co-production therefore continues to entwine health outcomes and health services within the one term making it difficult to distinguish the two aspects from each other. But there is no guarantee that co-production will develop in numerous forms or that members will wish to co-produce. What this chapter has demonstrated is that the formation of networks between members and between members and Time Brokers are pre-requisites for building up the skills and confidence of members and altering the user-staff relationship necessary for co-production to occur. It is this change in relationship which allows services to be designed and delivered differently and facilitates a perceived change of status in members. How this develops within the public sector, however, remains unclear. Consequently drawing on parts of the analysis outlined in this chapter, Chapter Six will set out the results of the AR in exploring the development of co-production within health services.

5.4 Conclusion

In this chapter the aim has been to illustrate how co-production generates a perceived change in status of members. Through the formation of social networks, and drawing on the typology provided by Cattell (2011), two sets of findings have been presented. On the one hand are those findings which examine the claims within the time banking literature that participation in time bank activities facilitates social network development which has positive impacts on members' perceived status. What the analysis here offers to this debate can be summarised as follows:

- Time banking participation can offer health benefits similar to employment in the way it can generate self-worth, pride, social purpose, time structure and engagement in collective activities;
- Time banking can also assist in returns to employment – where this is sought by members;
- The earning and use of time credits acts in a way similar to money, offering a means to access services and activities that would otherwise be denied to

members, helping them to maintain status and local standing in the community;

- Different networks can form from time bank activity: drawing on Cattell (2001, 2011) these were identified as pluralistic and solidaristic networks. But the key consideration here was that such networks have potentially different health effects and that members' participation will impact on their perception of their health and status depending upon the activities they are involved in. Consequently this offers a more nuanced explanation of social networks which underpins the claims for time banking; and
- Having illustrated how members can perceive negative health effects from their participation it was demonstrated how the exchange idea of time banking, unlike pure volunteering, ensures members have flexibility to change how they participate, and that this is facilitated by Time Brokers.

Moreover, and linked to this last point, the chapter has suggested that the Time Broker plays a key role in the formation of social networks, that these networks are necessary for changing relationships between staff and members and create a space where it is possible to foster co-production in a number of different forms. Yet the time bank literature pays limited attention to the role of Time Brokers. This chapter has focused on this role to suggest that:

- Linking social capital can be a useful concept for understanding the relationship between Brokers and members, but also time bank members and wider community services and campaigns;
- the role of the Time Broker is essential not only in managing the time bank but also in promoting the development of co-production: essentially, the Broker seeks to achieve both the political goals (through fostering linking capital with members) and technical goals of time banking (by seeking to expand time bank activities and grow the time bank, but linking this to the political goals and efforts to encourage members to co-produce).
- Finally attention was given to the definition of co-production to be found in the time banks and to the forms of co-production that have developed. By demonstrating that different activities are located across Bovaird's (2007)

typology, it was suggested that some forms of co-production may offer initial steps towards the development of efficacy co-production within service delivery.

By drawing together a number of key ideas, the case study analysis presented here informed the AR reported in Chapter Six. In particular the role of Time Brokers in developing political and technical goals is associated with the need to develop linking social capital so that the relationship between staff and members can underpin efficacy co-production. Additionally it has been suggested that some forms of co-production may act as “stepping stones” towards efficacy co-production. The idea of flexibility of participation emerged as a practice that needed to be considered in developing time banks within public services. The next chapter explores the AR effort to establish time banking within health care services.

Chapter Six: Co-producing Health Service Reform

‘As we came to understand, however, the process of becoming a different economic subject is not an easy or sudden one.’

J.K. Gibson Graham (2006: 152)

As this opening quote from J.K. Gibson Graham states of their own action research (AR) projects, the efforts to generate social or economic change is not easy or sudden. As has already been illustrated in Chapter Four this study introduced time banking to a LHB in order to investigate the ability of staff to understand, engage with and develop time banking practice as a means of achieving co-production. Consequently this chapter explores the potential for time banks in engaging patients/service users in the co-production of health care (research question one) and the transferability of time banking from the third sector to the public sector (contained within research question three). Findings from the case studies provided a number of insights that informed the development of the AR, these were: 1) a need to foster linking social capital between service providers and users to facilitate co-production; 2) that staff (Time Brokers) must work towards the development of both technical and political goals; and 3) in order to do this different types of co-production can be developed at different points of the patient/service user co-production journey (see Gregory, 2009b).

As already noted in Chapter Four the AR progressed along two lines. The first involved observation and informal discussions with staff and patients in the non-time bank X’pert Patient (37 patients and 4 members of staff) and the time bank intervention group (16 patients and 4 members of staff) as well as 2 formal interviews with patients in the time bank group. The AR also involved the service planner for the LHB, a member of the Local Authority community development team and, briefly, several other members of staff (e.g. LHB Chair). As has been mentioned above the process of the AR moved from a time bank to a reward scheme. This could be seen as a failure of implementation but more interesting than that, for the research, it raises questions about what can happen to an idea when it is developed in a different context and how the idea itself can be adopted and changed. In the sections that follow, this chapter will unravel this development and offer some explanations.

This chapter will explore the early stages of developing action, looking explicitly at staff receptiveness to time banking and co-production and the potential impact on professional identity (6.1). The discussion will then move on to discuss the difficulties experienced during the implementation phase (6.2) before drawing the discussion to a close with an examination of the nature of participation particularly in the context of AR (6.3). The chapter ends by drawing out key conclusions and links to Chapter Seven which explores the alternative values claimed to be found in time banking. But first there is a need to outline what the AR sought from the researcher's perspective.

In introducing the research to the staff at the LHB a specific outline was developed as to how I saw the action research potentially developing. The explanations always started with an outline of time banking, as I was aware that this would be a novel initiative to many staff working within the LHB. I explained how time banking worked and its use in the UK, linking this to a discussion of co-production. Here I explained how Cahn defines co-production and how, from my previous research (Gregory, 2009b), this could grow from a small demonstration project. This was a key point as it introduced two fundamental, for me, elements in the AR. First that I wanted to work with the LHB to set-up such a demonstration of time bank practice in one health care service, ideally an EPP, to develop a framework for implementing time banking and gather evidence on its ability to reform services. If successfully developed the AR would support the development of time bank practices into other services, expanding the range of ways that individuals could earn credits and increase the amount of co-productive activity taking place. Second, if it followed the community development experience, these developments would gradually introduce different co-production relationships as mapped on Bovaird's (2007) typology. However I believed that this possibility would only occur on a timescale beyond this study. Thus I aimed to make a number of elements of my plan of the AR clear from the outset: (1) that it was a small-scale initiative which could be expanded to other services; (2) that it should seek to expand ways of earning (and spending) credits and that (3) full development of co-production activity would be beyond my study's timescale. My interest, therefore, was

in how the LHB staff engaged with the idea and sought to develop it at the initial stages.

6.1. Introducing Co-production through Time Banking

The AR was designed to operate so that I, as a facilitator of action, would introduce the idea of time banking to the LHB, explaining how it could operate and offer advice during its development. This would ensure that service professionals had to take a role in developing time banking as if they were introducing the idea themselves. This drew from previous research, the case studies reported in Chapter Five and, as a result of some observational research discussed below, informal discussions with X'pert Patient staff and participants during the observational work. In part, what follows is a narrative of how events unfolded in the AR but the discussion will also provide an analysis of action in relation to how receptive service providers were to the development of a time bank (6.1.1) and how this relates to their professional identity (6.1.2).

6.1.1 Receptiveness

One of the suggested challenges within co-production literature regarding the public sector adoption of co-production is the potential resistance of service professionals to new ways of delivering services (Boyle, No Date; James, 2005). Utilising AR facilitated an opportunity to explore how professionals engaged and understood the idea of time banking and co-production. Securing access via the LHB Chair illustrated organisational endorsement (Osborne and Brown, 2011), but it is the front-line staff and their utilisation of the time bank and co-production ideas which needed to be the main focus of research, as it is these individuals that were responsible for putting co-production into practice. Consequently this section explores their receptiveness to these ideas.

The first steps to facilitating action involved meeting with LHB staff members who the Chair felt were best placed to develop action. This led to a meeting with “Heather”, one member of a team of nurses involved in both practice and training of nurses within the LHB but with a specific interest and oversight of Expert Patient Programmes

(EPPs). These discussions took place during the beginning of the study when ethical approval was being sought through the NHS.

During our discussion “Heather” informs me that there is some concern that X’pert is not retaining many patients over the six weeks of the course. Because it is offered as a half day training session, one day a week, patients are dropping out as the weeks go by. There is some hope from Heather that time credits might help improve retention levels and increase the number of people completing the course. I did have to explain the practice of time banking in more detail than the idea of co-production as this was new to Heather, perhaps reflecting the uncertainty of new members when they join time banks? Although her earlier enthusiasm related to using the mechanism for retention of participants in X’pert our discussion of the type of co-production being sought led her to suggest the use of the AR as a test to inform future activity in other community services – this reflects my own hopes for the AR in that it can act as a “pilot” for time bank practice and reflect the development of time banks and co-production in the community as I have found in previous research.

Fieldnotes 26th January 2010

During these discussions, Heather showed an understanding of efficacy co-production (see Chapter Two), that I hoped to encourage through time banking. Additionally she was aware that the development of a time bank could go beyond the timescale of this study. During these earlier meetings there was interest in the use of time banking as an engagement tool, a means by which to help secure participation of patients over the six week duration of the course. Here Heather saw the time credits as a possible incentive to retain participants. In explaining that time banking sought to develop a specific form of co-production and that the mechanism itself required expanding earning and spending opportunities, Heather could see potential for the AR to act, in the first place, as a test with the X’pert Patient group to put the mechanism into place, before gradually rolling out practice to other community services. However at this stage ethical approval was still being secured, consequently pausing the AR. By the time approval was granted by the NHS Ethics Board, Heather had moved to a new post meaning that these initial planning stages had to be repeated with new staff. This resulted, working with the LHB Chair, in a series of meetings with two high-level managers in the LHB. Each of these meetings led, in turn, to contact with another

member of staff. During this stage it is possible to illustrate how the receptiveness of the proposed AR was met with some reservations:

Today I have had three meetings with senior members of the LHB, one of which was particularly interesting and requires a more detailed note, I will refer to him as Dr. C (as he was the third Doctor I had a meeting with today). In discussion with Dr. C I found out that he had actually been involved with the Ethics Board assessment of my application and he asked if I had addressed the concerns he raised. I asked what they were and when he told me I informed him that those concerns had not been filtered back to me (perhaps an interesting insight into the ethics procedure itself there!). His concern was mainly focused around two issues: 1) the difference within the LHB between Expert and X'pert which seemed unclear in my proposal; and 2) depending on which version was to be the focus of my study there was a danger that patients, having read something online, would give advice to other patients that seemed to have authority but was in fact bad medical advice – listing examples of American claims to be able to cure diabetes through a very strict exercise regime. In response I highlighted that the PhD application had been written prior to me learning that the LHB had operated Expert and X'pert and that in earlier discussions (with Heather) the focus was to be on X'pert which addressed his second concern. Expert is patient-led and does not involve staff whereas X'pert is a facilitated learning course led by LHB staff (diabetes nurse and dietician). Bringing my research into X'pert seemed to reassure Dr. C that his concern of bad medical advice being given some form of official sanction would be avoided and he started to wonder about the possibility of using the AR as the basis for training community-health teams in the future – depending on my results.

Fieldnotes 9th May 2011

From this extract it is possible to identify two things. First is the initial concern with the status of professional knowledge and the perceived damage that may occur where this is missing. Such a view would relate to the concerns raised by Boyle (N.D) and James (2005) in relation to how professionals will not fully understand co-production at the outset limiting its development (see 2.1.3). However as this discussion unfolded Dr. C actually became more supportive. Second, in the meeting he was very much in favour of the empowerment and participatory ideas which underpin the suggestions of the time bank literature making links to the pre-existing policy context which has focused on greater participation of patients in health care, but there was clearly some reservation regarding the position of different types of expert and lay knowledge (see Davison *et al.*, 1991; Rogers, 1991; Charles and DeMaio, 1993; Booker *et al.*, 1997;

Shaw, 2002; Popay *et al.*, 2003). Dr C. was the individual who then acted as a contact with the X'pert Patient team, as he worked with them closely.

What the discussion so far illustrates is that an understanding of co-production pre-exists and that this should not be a surprising finding. There has long been growing emphasis on engagement and empowerment activities within health care (Shaw, 1997; Richardson, 1997, Wanless, 2004; Williamson, 2010) with a contemporary focus on issues of co-production and co-design (Simon, 2003; Harding *et al.*, 2006; Dunston *et al.* 2009; Hunter, 2009; Warne and Lawrence, 2009; Bason, 2010; Glynos and Speed, 2012). Already operating within a context in which patient knowledge and participation are considered important aspects of health care (Wanless, 2004) it is perhaps unfair to suggest that professionals will be resistant to the idea as Boyle (No Date) and James (2005) do; although it is possible to accept that there may be reluctance to hand over all power and decision making to non-professionals. What is unfamiliar and therefore potentially problematic is the introduction of time banking as a mechanism for achieving co-production which seeks to foster the development of a specific form in Bovaird's (2007) typology (see Chapter Two). But in moving from the meeting with Dr. C to meetings with the X'pert Patient nursing team it is possible to further illustrate these points regarding the receptiveness of the ideas being promoted in the AR.

Again the nursing team were familiar with the ideas and assumptions of co-production. This results from their day-to-day work being involved in co-producing diabetes care. The X'pert Patient team work with patients to develop knowledge and understanding of Type-II diabetes and introduce various dietary and exercise advice to help patients manage their condition. This is perhaps best illustrated in the discussion of the early observations of X'pert Patient.

Today was the first day observing the X'pert Patient training. It has now changed from a six week course where patients complete six half-day sessions to a 2.5 day course – which is a change away from the national practice of X'pert. Consequently the early perceived instrumental use of time banking, to assist retention, may not feature so strongly in the AR when it develops – this is something to consider over the next few months. What was interesting in today's session was that, despite the staff dominating the session by doing

most of the talking and essentially “teaching” patients about diabetes and means by which their blood-glucose levels could be controlled there were numerous opportunities for patients to contribute their own thoughts and experiences. This is an interesting mix of expert and lay-knowledge drawn upon to facilitate learning by patients. For my study, however, what I have seen today is essentially a form of co-production that can be found on Bovaird’s typology. Under the provider designed and service provider/user delivery type of co-production, X’pert seems to offer patients a chance to not only co-produce the knowledge and discussion during the course and manage their own health in future (the “outcome” end of co-production) but it also involves them in the delivery of the course (the health care delivery end of co-production). Through their questions, experiences and discussions the patients direct how the course is delivered – will this vary from group to group will be something to observe in the coming months as will the staffs efforts to cover the core knowledge they wish to impart to patients.

Fieldnotes Day 1 of June 2011 X’pert Patient

Essentially the X’pert Patient scheme is an interactive process and whilst the overall structure of each group was the same, the conversations and attention given to key parts varied depending on the information, experiences and questions participants bring and contribute to the course. This process promotes health outcomes (managing their Type II diabetes) by co-producing the skills and knowledge through the course to then be applied in patients day-to-day lives. But, as discussed in Chapter Two, X’pert seeks to draw explicitly on lay-knowledge (Williams *et al.*, 1995; Williams and Popay, 2001, 2006; Kelleher, 2001, 2006), to develop participatory approaches to health care (Chiarella *et al.*, 2010) through co-production. Through the relationship that staff develop with patients there is an attempt to foster a near equal power relationship in an attempt to achieve Williams and Popay’s (2006) suggestion of a rounded knowledge base of ill-health which erodes the distinction between lay and expert knowledge. It is unclear if this will create change in service delivery through empowerment of patients. What could possibly be suggested here, and would require future investigation is that, as suggested in Chapter Five, multiple forms of co-production are required to develop patients journey’s towards co-production: with time bank members initially starting in provider designed or invited (Cornwall, 2008) services but co-delivered with users to build up their confidence and skills before involving them in design of services. The end goal of such journeys is efficacy co-production associated with time banking. X’pert

Patient therefore acts as a starting point, for engaging patients in co-production and service delivery. It would then be possible to build on this, through time banking, to continue to facilitate patient participation developing their skills and confidence and increase the scope for co-production. This, however, can only be speculated.

Following the discussions with the nursing team and having observed two X'pert Patient sessions I was put in contact with a service planner by the LHB Chair. Once again there was a need to discuss and explain time banking and co-production, the aims of the project and how its development was envisioned. This then opened up discussions around how the service planner could be involved and what they would need to do to put time banking into operation. But the receptiveness to time banking at this level of service provision was different from that experienced with other staff:

Today's meeting has probably been of mixed success. Whilst I was able to illustrate potential ways in which time banking could develop across the LHB's services through increased earning activities – I drew on the list of example activities gathered through informal conversations with participants in the June X'pert group – I felt that there was understanding of the aims for the AR but some reluctance as well. This reluctance was not articulated by "Charlotte" in our conversations but there was less eagerness of the possible use of time banking in other services as found in previous meetings with Dr. C, Heather or even the X'pert Patient team. Hopefully I will uncover if there are some concerns held by Charlotte over the potential use of time banking and in future meetings and if so will have to work towards overcoming them, although without influencing her engagement with the ideas or work towards developing the time bank X'pert group as I am interested to see how the staff implement and develop the idea.

Fieldnotes 20th July 2011

Whilst some staff were clearly interested and quite receptive of the idea of time banking within each case there was some uncertainty of its use. For Heather and the X'pert Patient staff it was originally a tool for participation and retention but through discussion they eventually saw it offered potential to develop a different form of participation beyond a simple measuring and reward device. For Dr. C there was eventually an agreement that AR had a role to play in the development of a time bank, but only after addressing concerns he had about the status of professional knowledge. For the service planner, however, at first it did not feel like there was such agreement

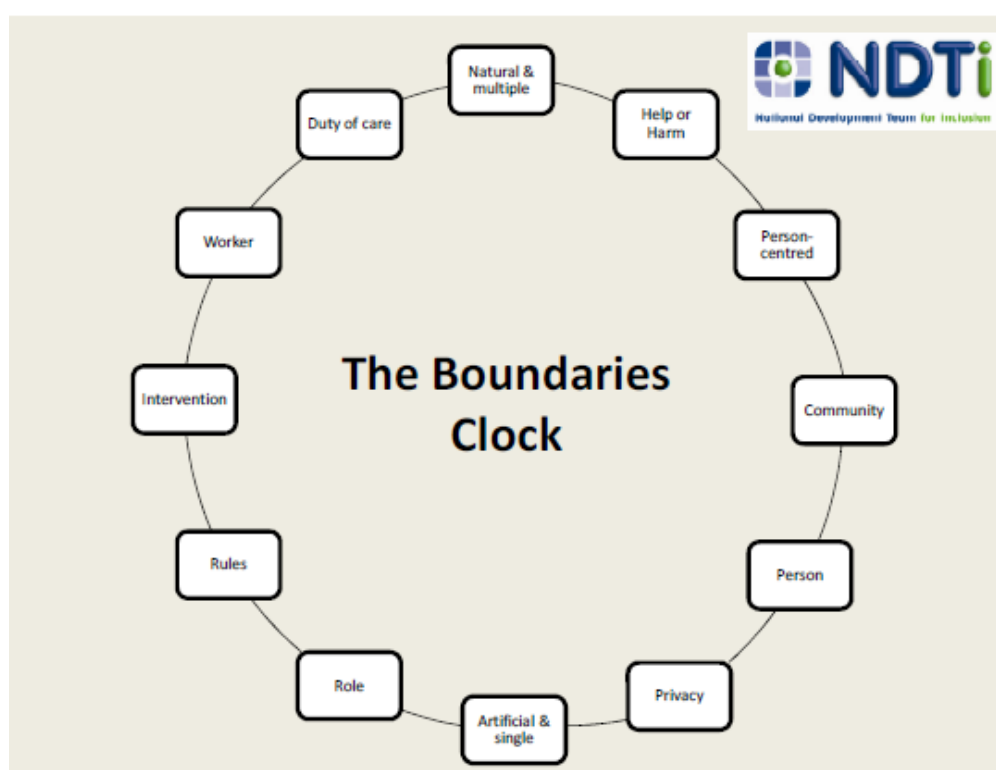
on the potential use of time banking to achieve anything other than the instrumental reward system impacting upon the delivery of the time bank X'pert Patient scheme. Before looking at the way in which the time bank was implemented, however, the next section will explore links between receptiveness and the professional identity of the LHB staff.

6.1.2 Professional Identity

In Chapter Five it was noted that the role of the Time Broker fulfils political and technical goals to foster changes in relationship and status with time bank members (demonstrated through the notion of linking social capital). Facilitating time banking in the LHB required that similar practices are brought into the AR. Bates (2010) in discussing social work with mental health service users presents the “Boundaries Clock” as a diagram illustrating the different roles and relationships social workers can have with clients (see Diagram 6.1). The purpose of this clock is to encourage discussion around the multiple roles that social workers have to engage and it identifies 12 points for discussion each creating six pairs. For example Person-centred service is paired with rules whilst worker is paired with person. The purpose of these pairs is to demonstrate contrasting relationships and intentions found in social work and to help determine where the boundaries between professionals and clients exist. Relating this to time bank activities and to the roles that Time Broker's play there is a need to consider the differences in roles for service planners and the X'pert Patient team in relation to the political and technical goals pursued by Time Brokers.

Applying the “Boundary Clock” to time banking leads Granger and Bates (No Date) to claim that formal frameworks of rules and surveillance, often found in contemporary social work, are not effective tools for developing co-production. These create definite boundaries between staff and members and consequently hinder efforts to develop values of respect, mutual accountability, trust and openness that are necessary for developing co-production.

Figure 6.1: The Boundaries Clock



From Granger and Bates (No Date)

Within the AR it is possible to identify where such efforts have been made by X'pert Patient staff to develop these values:

In discussing the course with me during the lunch break Tina informed me of her opinion why X'pert is an ideal scheme: 'The real benefit from my perspective is that it helps them [the patients] to understand that this is their responsibility. As a nurse in the hospital there is only so much I can do to convince them of that, but here we get to spend time with them, talking to them about their concerns and addressing their questions whilst giving them the information they need to manage their diabetes.

Fieldnotes Day Two July X'pert Patient Group

On the car ride back to Cardiff today, discussing the course with the dietician I was asked my view of the course. I said that in comparison to the previous groups I had seen this group were quite chatty which I imagined was both good and bad from her perspective. In response she explained that it can be difficult as there is a set course to complete in the two and a half days and they need to get through everything but that in having a talkative group they often make the course their own and tend to benefit from participation more because they can decide what gets discussed and what issues the staff spend more time focusing

on. She finished by saying: “As you would have seen today they are concerned with food labels and that is the important bit for me, they need to know how to read them so that they can take more control of their diet once the course is over; its key to them managing their diabetes”.

Fieldnotes Day One September X’pert Patient Group

These extracts demonstrate efforts to facilitate patient responsibility through a form of co-production. The role that staff adopt, therefore, is not so much one of a professional delivering information which the patient must adhere to, but engaging the patients to find out what they want to learn and engage patients in managing their condition. Taking this further the nursing staff who form part of the X’pert Patient team will know a number of patients prior to the course. Of the 53 patients, 26 patients had some mention by the nursing team of when they had either last spoken to them at the hospital or referred to some previous encounter. The fact only 4 patients were noted as not having prior contact with the nursing team reflects some of the early attempts by Time Brokers to foster time bank member participation in the case studies reported in Chapter Five. The journey towards ideal co-production moves through different forms of co-production. Here the focus is on the provider designed and co-delivered type of co-production (Bovaird, 2007) which may act as an initial engagement technique to gradually introduce patients to co-production (Gregory, 2009b). Consequently this may provide an ideal starting point for developing co-production through time banking and underpins the decision to use X’pert Patient – it offers a form of co-production which can be expanded through additional credit earning and spending opportunities. But these links are necessary because they allow staff to determine the skills, confidence and ability of members to engage in future co-production activities – the link between political and technical goals are discussed below.

Returning to the “Boundaries Clock”, Granger and Bates (No Date) also suggest that ‘formal and informal connections in a tightly knit community keep knowledge and news circulating, and this in turn helps make the activities of the time bank and relationship transparent.’ Potentially this is more challenging to achieve within X’pert Patient as it does not offer continued interactions between members and staff, other

than the one-to-one interaction nurses will have when patients visit hospital. But this need not preclude such networks forming:

I've been attending the exercise course and am almost done now. But I often see people from the day [the X'pert Patient course attended] at the gym and we say "Hello" and have a quick chat about how we are getting on. I don't see everyone of course as not everyone goes to the gym.

John

Despite X'pert links lasting 2.5 days, members of a group can continue to have some interaction with each other. In addition groups are brought back together a year after their course for a catch up and to see how everyone is doing. What this demonstrates is that some, very tentative, links exist which could offer a foundation for establishing stronger ties between members and between members and staff to foster a more cohesive network which underpins efforts to co-produce services. Whilst possible to question the desirability of such networks within the public sector, seeking to develop co-production requires consideration is given to such matters. One way in which this could be achieved is through credit earning and spending activities, hence the use of time banking. However this requires that the X'pert Patient staff continue to develop their links with patients and promote their involvement in co-production. Yet these members of staff cannot influence or shape the services which the LHB provide outside of their own service roles. This requires the involvement of service planners. Perhaps a limitation of the AR was that in the moment of developing actions there was a need to take a step-back and gain some distance from the efforts to develop ways of using credits to realise that the challenge here, in part, rested on the separation of the political and technical goals.

As discussed in Chapter Five there are two sets of goals to be found in time banks. Technical goals require building up and expanding time bank activities, monitoring exchanges and flows of credits. Political goals, on the other hand, require changes in service provision towards efficacy co-production. It was found, in the case studies, that Time Brokers adopted both sets of goals and operated in a way which gradually built up the skills and confidence of members before finding new ways for them to engage with the time bank. Consequently time bank activities expand because members are

able to offer new skills and are more confident in participating. As such in pursuing the political goals the technical goals can also be met. The danger of co-option hinted at in Chapter Three and the move towards efficiency co-production (see Chapter Two) is that the technical goals take prominence and the political goals are directed towards more tokenistic forms of participation (Arnstein, 1969). X'pert Patient staff are engaged directly with patients and their aim is to move them towards co-production. The aim is to help them take responsibility for managing their condition and to work with the nursing team and dieticians to achieve this. Essentially X'pert Patient is an example of co-production hence its use in the AR.

X'pert aims to give patients knowledge and skills to manage their chronic condition. For a community time bank, however, staff would work towards engaging members in additional activities, once they were sure members confidence and skills would allow this, and so expand the forms of co-production that develop:

In opening the discussion today Tina notes that diabetes is 'a very individual thing. You can't open a text book and say that will happen and then that will happen. We are here to help teach you the skills and empower you to manage yourself.

Fieldnotes Day One October 2011 X-pert Patient group – time credited

Within the LHB however this cannot happen through the efforts of the X'pert Staff but through the activities of service planners. Consequently it could be suggested that political and technical goals are not fused together in the public sector as they are in community-based uses of time banking. The growth of activities and opportunities for earning and spending credits is held by the service planner. As will be shown in the discussion of delivering the time bank X'pert Patient this led to a change in how the AR developed and was implemented. As already noted there was a shift away from time banking to a focus on rewards. This conflicts with the aims of empowerment found in X'pert and the fusing together of lay and expert knowledge (Williams *et al.*, 1995; Williams and Popay, 2001, 2006) to promote a 'nudge' type of behavioural economics which reinforces a notion of participation in relation to attendance (and potentially compliance) rather than a shared contribution to health care.

6.2 Delivery

Acceptance of co-production ideas and the mechanics of time banking have been shown to vary between different levels of the LHB staff structure. Here, perhaps, is where the challenges for delivery start to become visible. To illustrate this two key issues will be discussed. First is the problem of limited resources as the LHB had narrow scope for developing new ways of spending and earning credits. In P2P models of time banking these activities can be fostered through one-to-one skills and services exchange between members. For P2A time banks there is a need for the agency to provide these services, often as group-based activities. The AR, in working with the LHB, adopts the P2A model. The second issue concerns the delivery of the time credited X'pert group resulting from their resource implications.

6.2.1 Resource Issues

In working towards the development of the AR, TimeBanking Wales provided some time credits to be used in the project. This was necessary as to design and print paper-based credits for exchange is potentially expensive. This also meant that there were sufficient credits to give to X'pert Patient participants for each hour that they attended their course. With this secured it was necessary to focus on how they could be used. This is the point at which issues around resources started to impact on the development of the AR. Working alongside the service planner (Charlotte) it became possible to start putting in place the structure for credit exchanges. This started with an examination of what potential services could be used and drew upon the list generated from informal discussions with X'pert Patient participants to offer a suggested menu of services that patients were interested in accessing: gym/Prescription Exercise course⁴¹, dietary books, local authority leisure facilities, local transport and swimming sessions. Prescription Exercise was an interesting link as this was a service offered by the LHB and could be a starting point for efforts to alter wider services to include time banking.

⁴¹ A scheme whereby certain health professionals are able to refer patients to an exercise programme, in this instance the programme is run by the local authority leisure facilities offer a range of different activities patients can choose to participate in from gym to aerobics classes, each led by people trained to design programmes with the variety of conditions patients may have.

Within X'pert Patient a local authority leisure centre representative discusses with participants how they might benefit from Prescription Exercise. The presentation is designed to link with patient learning on how to change lifestyle factors and offers a reduced introductory rate to participants. At each course a small number would sign up thus the researcher suggested it might be possible if the use credits to access the scheme would increase this number. Yet in discussing this with the service planner this was not pursued due to cost implications. However the participants had been keen to use gym facilities and this was therefore an opportunity to use time credits which was lost:

It [X'pert] was really good and I ended up on [the Prescription Exercise course] and have done 13 of the 16 weeks and will soon be able to get 3 months reduced but then it is full price. It's a bit frustrating as I've done the hardest part now and it's a routine, you know. And it would be good to continue at a reduced price, personally I think that leisure centre services should be at a reduced cost for people over 65, but that's a local authority thing and nothing to do with you.

John time credit X'pert Patient Programme Participant

During the AR I suggested that credits could be used instead of the small introduction charge that participants paid to access this service. At a meeting with the service planner I suggested this approach, illustrating my suggestion as part of the process of establishing a menu of options for credit use (and eventually credit earning activities). These menus are often developed though Time Broker knowledge of member skills and confidence levels and I was adopting this from community practice. However the service planners decided at this meeting that the use of credits would not be ideal because there would be a reason for the cost:

The meeting today has highlighted two points of concern for me in the development of the AR towards achieving time banking. First the reluctance to change alter the Prescription Exercise course potentially indicates an unwillingness to engage in reforms to service provision which, from my previous work with TimeBanking Wales, is one of their main ways of getting services to think differently and move towards co-production. If this is, as Charlotte suggested, due to contractual reasons for delivering the scheme then it is understandable, but the tone of the suggestion seemed to imply that she would not be looking in to it, I will have to see if I can mention this again in future and see if there has been an effort to look into this – if only to confirm that it will not be possible. Second, and another legitimate point raised, health services are provided free at the point of use, the introduction of credits may

conflict with this and be seen as a charge. This is an important critique of the use of time banking in health services if time credits were simply about exchange and access to goods and services. But time banking is about fostering co-production and finding ways to promote the values of the core economy in welfare services, the exchange is secondary to involving and empowering patients. Perhaps the exchange mechanism gets in the way of people new to time banking realising this?

Fieldnote extracts 9th August 2011

This extract highlights the uncertainty of using time banks specifically to develop co-production. Specifically focusing on health services the perception of an exchange mechanism might seem too similar to give the impression that credits are necessary to access health services. Fundamentally, however, there were few identifiable sources of credit earning and spending within the LHB, this leading to efforts to work with other agencies. The aim here was to work with other time banks operating within the LHBs geographic area. Working with the Communities First liaison officer within the local authority a meeting was arranged with local Time Brokers to discuss potential collaboration. These efforts to secure credit earning opportunities were an early attempt to develop a wider range of services to access with time credits and establish a foundation for building sustainability into the scheme. The meeting with Time Brokers was a mixed success. Some Time Brokers could see potential links and benefits, particularly in terms of expanding their own membership in small ways; others could not see how their members benefited from involvement. Supportive of the efforts and intentions the latter were not as willing to build up links or attend future meetings. Consequently it was not possible fully to explore in what ways such links could be forged or determine the type of involvement this would require from the different partners:

Mixed success today, which has left things a bit uncertain in my view. Lisa (from the P2A case study) is keen to see links built with the health board and to offer time credit uses. The other time brokers however seemed a bit disinterested, with one making it clear that she didn't think there was a need for her to be involved in future meetings. The next step will be for me, Charlotte, Natalie and Lisa to meet with council service providers to build up the network of service providers, but a date for this is to be fixed.

Fieldnotes 17th August 2011

Additionally this reluctance over involvement may have stemmed from a changing policy context in which Communities First was operating. At the time of the meeting the regeneration programme was being reorganised resulting in some uncertainty about the future of such projects. Thus threats to funding and longevity of these time banks and the Communities First groups to which they were attached may have led to their reluctance to be involved. The discussions with the Communities First Time Brokers were part of an attempt to build a network of time bank practitioners involved with the LHB. Running alongside this were efforts to work with the local authority and meetings were called with a number of service providers to find ways of earning credits (leisure, culture, education and potentially transport). This built upon the suggestion by Drakeford and Gregory (2010b: 163) that 'local authorities are exceptionally well placed to develop a menu of rewards against which earned time credits can be used – at very marginal cost to the local authority itself.' However efforts by myself, the service planner and our liaison in the local authority failed to secure this meeting within the time frame available. Consequently with no partners to deliver uses for credits, the service planner decided to implement a reward based scheme using the funds she had secured to cover the costs.

A number of restrictions on action soon developed as a result of these resource issues. The first was the limited scope within the LHB to alter how it provides services – something which potentially operates differently in youth services, education and prison time bank initiatives (see Gregory, 2009b; Drakeford and Gregory 2010a, b; Gregory, 2012). Second, and further illustrating the attempt to set up a partnership between the LHB and other organisations, this activity was limited in one specific way. The focus on uses of credits needed to have a parallel discussion about ways of earning time credits. In endeavouring to secure uses for credits to make the pilot a success, attention was given to how to increase participation opportunities for those who took part in the pilot and patients who would follow in their footsteps. The same can be applied to the attempts to work with other divisions of the local authority: the focus is on uses of credits not participation. There is perhaps more scope to earn credits within the LHB as there are a range of services, but there was a challenge in finding ways to

use credits. Consequently time bank practice shifted towards a tokenistic participation tool as found in some other uses of time banking (Naughton-Doe, 2011).

6.2.2 Delivery of “Time Banking”

Thus far there have been suggestions of a move away from time banking towards a reward system. Here the focus is specifically on this shift by focusing on the implementation of the time credited system. Despite the resource restrictions and the challenges in setting up a network of collaborators a “time credited” X’pert Patient group took place in October 2011. In this section the focus starts with a discussion of how the “pilot” took place followed by a commentary on its effects.

The suggestion of a menu of exchange options was replaced by a decision to ask the credited participants what form of “reward” they would like. Here there was a terminological and conceptual shift. In meetings with the service planner it was important to emphasise the access to services and feelings of recognition that credits would offer and their relevance to co-production (Cahn, 2000a). However, using the funding already secured, a reward scheme was decided upon and participants were asked to state the rewards they would like. This resulted in requests for book tokens and cinema tickets, and gym access (linking with the earlier suggestion of using Prescription Exercise). Thus the pilot ended up not representing time bank practice. Participants were not given credits for each hour of activity, rather patients were rewarded for participation as this was, in the view of the service planners, easier to arrange. This development seemed to shift the proposal towards ‘nudge’, behavioural economics (Thaler and Sustein, 2009) and not co-production.

Implementation of the rewarded, X’pert Patient group (consisting of 16 patients) was the first and only group of this kind. The participants were then to receive “reward letters” congratulating patients for completing the course and providing them with their chosen reward. These letters were not sent out until three months later in February 2012. In the planning stages it was decided that information would be requested from participants (contact details and their choice of reward) so that these rewards could be expedited. However once this data had been gathered, the service

planner stated that those wanting gym access (five participants) would need to provide additional information (age, details of health conditions which might limit exercise, and which facility they wished to use). Contacting participants to request this information took approximately a month, as I had to conduct a number of follow up phone calls to patients before being able to speak to them directly to secure this information. A number of these developments were followed up in the interviews with two patients who were willing to be interviewed. In particular there was a discussion of the potential use of a “menu” against the voucher system offered on the course. The vouchers received a more cautious and mixed response from the participants, who were unsure about how effective these would be in regard to the project’s aims of retaining participants:

I wouldn’t go to this [X’pert] for the vouchers but I know some people would go because they will get something out of it. I’ve never had a voucher in my life. Can you get them for cinemas? People might benefit from them as they could get out the house. I have a friend who never goes out and he might if he had a voucher like that.

John, time credit X’pert Patient Programme Participant

Yeah, well it’s all carrot and stick isn’t it? Anything you get as a gratuity is good. Would I have gone on the scheme without the voucher? The answer is yes. For people in denial, the voucher scheme aspect might help

Simon, time credit X’pert Patient Programme Participant

This finds some similarity with the participants in the P2A case study who said that they did not volunteer for credits, but understood why others, especially local children, might do so. There is perhaps a theme running through time banking activity in that whilst it allows people increased participatory opportunities (their assets/abilities define their volunteering, not the requirements of other organisations), participation occurs regardless of the additional reward of the time credit. As such, time banking potentially increases participation because it creates opportunities and not because people wish to earn time credits. Here the argument suggests that rather than having prescribed forms of participation, drawing on people’s skills and capabilities allows opportunities to be created which are informed by, and suitable to, members of the time bank. Thus in the P2P case study the Tea and Chat group started off as a social gathering of time bank members mid-week, but they eventually became involved in

planning time bank activities. Securing this in the AR required the link between technical and political goals being secured as discussed above.

The move away from a menu required the time credited scheme to use a form to capture preferred rewards of patients. Using the forms designed to gather contact details attached to the consent form, space was created to record patients reward suggestions. Rewards were then arranged by the service planner. Subsequently during interviews with participants a discussion was had around this approach and the original plan of a menu of activities:

Lee: You mentioned the difficulty in coming up with ideas of using the vouchers, one of the original ideas was to offer a list of uses to participants...

John: Yes that'll be a good idea. With all the info you're having given to you from the girls [nurse and dietician] and the sports centre staff [running Prescription Exercise] you have a lot of information to try to remember. A list that you could tick one or two items from would be much better. [...] It is nice to have the voucher reward for putting in the effort, and a list idea is excellent, this doesn't mean you will get everything but it can help you to decide and offers a fair way of ensuring people get something.

John, time credit X'pert Patient Programme Participant

John's extract suggests that participants have a lot of information to manage during the two and a half day course. Not only are they learning about different food groups and portion control in relation to blood-glucose levels, they are discussing the importance of exercise; how to read food labels; how to balance calorie intake against calorie burning through exercise; how the body works and the processes involved in Type II diabetes (that is the relationship between different organs, blood and fat cells in relation to insulin production and function); the possibility of the prescription exercise courses; the potential complications that arise from diabetes (relating to eight different parts of the body from the circulatory system to feet, eyes and sexual performance) as well as different medications (how they work and their possible side-effects). To then introduce time bank practice, which is not always easy to understand at first (see Gregory 2009b), potentially overloads patients with information. The use of a menu of options, as is practised in a wide number of time banks, could offer a way of tackling this overload. Providing a range of activities generated from patients from

which to use credits, is better than having to think of ways on the spot with only limited knowledge about the resources you have to access these services:

The free for all left it open to anything and everything in reason. I would assume that if you had a list you had co-operation with people on the list so you can explain to them what the course is about and how they can be involved, they might then be willing to add a voucher for a sports provider which might be an extra incentive.

Simon, time credit X'pert Patient Programme Participant

Simon, however seems more concerned with controlling what people are able to access which might reflect a similar concern as that expressed by John. Here, in discussing the potential for developing a menu of options, he remains committed to this sport voucher idea but he links it to the idea of an incentive.

From this discussion the central point to be drawn out is as follows. Whilst involved in co-productive practice, participants may not necessarily be aware at the time that they are involved in helping produce their own health outcomes. However the use of time banking should help facilitate this realisation by encouraging people to engage in producing outcomes before gradually expanding the scope in which they co-produce health services. The shift to a reward system however shuts down this potential avenue of growth. Time banks grow through exchanges between agencies and people or between individuals. By contrast, reward systems end once the reward is received.

6.3 Potential for Reform

The idea of co-production as presented so far sits uncomfortably within the neo-liberal reforms of public services since the 1980s (NEF, 2004a, b; 2007; 2008a, b; Parker and Heapy, 2006; Boyle *et al.*, 2010; Coote, 2010a, b; Slay and Robinson, 2011). The intention is to offer something new that focuses on engagement, empowerment and voice associated with democratic reform and participation, and to avoid utilitarian applications (Boyle *et al.*, 2006). Essentially the aim was to develop efficacy co-production through, as depicted in Chapter Five and mentioned above, member's co-production journey. This occurs where service providers operate co-production across Bovaird's (2007) typology so that members' activity fits their skills and confidence

levels. Thus it is as much about giving patients a voice as it is about improving service outcomes, bringing together expert and lay knowledge (Williams *et al.*, 1995) to change user-provider relationships. Underpinning the effort to increase participation the AR illustrates that reform through time banking to achieve co-production has a number of potential pitfalls which hamper wider service change. This section starts by exploring issues of participation before reflecting on the use of AR itself.

6.3.1 Participation of Members

When discussing participation within the wider policy context (see Chapter Two) attention was given to ‘created’ and ‘invited’ spaces (Cornwall, 2008). Following on from Chapter Five this chapter has made reference to the co-production journey members of time banks can make and how this requires a range of types of co-production in service delivery. Here we can map those against ‘invited’ and ‘created’ spaces. X’pert, as with other examples from the case studies (for example P2P Chair-based exercises or the original depression buster group in the P2A case studies) are invited spaces for co-production. They specifically seek to bring patients/members into the service designed by service providers but with an aim to co-produce with users. This co-production is necessary to help facilitate the realisation by both staff and participants that they must both think and act differently to achieve service outcomes. But the move towards efficacy co-production may require more than this, and here time credit exchanges, it is claimed, encourage an expansion of time bank activity to coincide with an expansion of forms of co-production. Consequently this altered relationships over time. Rewards, as developed in the AR, however do not lend themselves to this perception, as was explained by a participant in X’pert.

Lee: Do you think vouchers reward attendance or participation – can a distinction be made between the two?

John: I don’t know to be honest. It gets to the point where you want to be there or don’t. It’s a token voucher but I think that after being on the course it’s [attendance] either yes or no. It would make no difference to me beforehand.

John, time credit X’pert Patient Programme Participant

John suggests that the use of rewards rather than time credits potentially limits the option for involvement. Co-production requires more than involving participants, they have to actively participate in developing outcomes. In terms of efficacy co-production this will require working with members to develop their skills, capabilities and confidence levels so that they eventually adopt more control and involvement in the type of services offered. Whilst X'pert Patient schemes facilitate a form of co-production, time crediting this activity makes co-production visible, recognising and valuing members' contributions. The switch to rewards, however, does not facilitate a discussion of how participants can contribute in the future, and they shut down any routes to fostering co-productive practice.

Earlier investigations of community time banks (see Gregory, 2009b) and the case studies indicate that multiple forms of co-production develop through time bank exchanges. These can include the central type on Bovaird's (2007) typology co-designed and co-delivered services. In seeking to promote the development of wider earning and spending activities the AR aimed to start this move towards a number of different forms, even if it was not fully achieved within the duration of the study. Additionally the need to develop flexibility of participation, as found in the case studies and tied to the impacts of participation on health highlighted by Dinham (2006), could not be examined. Both of these, one could suggest, are necessary to avoid the nudge-style behavioural economics approach to time banking which seeks compliance of service users rather than empowerment, potentially representing a move towards efficiency rather than efficacy co-production.

To achieve this the development of a menu of activities may have assisted in widening the participation opportunities for members. As noted above rewards are one off, credit earning and spending facilitates continued engagement. With this in place it would have been possible to use the time credits secured from TimeBanking Wales to distribute credits at the end of the X'pert Patient course, thus the recognition of participation and patient effort occurs simultaneously with the end of the course. The implemented reward system broke this link. As one interviewee commented when asked whether the delay was a disappointment:

I forgot about it to be honest, because I didn't really expect anything.

Simon, time credit X'pert Patient Programme Participant

Additionally vouchers removed what is at the core of time credits, the sense of contribution and not just recognition, and this was disappointing from my own personal ambitions for action. Gone was the idea of a community currency that could facilitate co-production, replaced instead by the use of rewards that held no exchange value.

During the interviews with patients there was some support of the potential benefits of the type of co-production that was implemented in X'pert Patient.

I think it makes you aware that they [staff] can only go so far and help you and you have to help yourself. I've been doing [Prescription Exercise course] and have been sleeping better because I have been losing weight, in fact I've just got back from there. Obviously I still wake up early but I think that's just habit. A lot of people in the room [from the course] also go to gym, six or seven from the day [referring to the course].

The staff [on the course] are also excellent in explaining too, so it wasn't too technical and they had a lot of patience. It's hard to take everything in and they were extremely good.

John, time credit X'pert Patient Programme Participant

Here it would seem that the course had for this interviewee an impact on lifestyle factors as intended, encouraging both changes in his diet and exercise regime. But is this efficacy co-production? As noted above X'pert is an "invited space" (Cornwall, 2008) meaning that it is designed by service providers and seeks to engage patients in a prescribed way. A 'created' space would involve patients developing their own health interventions, possible in a way that Dr. C was concerned about in section 6.1.1. Whilst there may be some reluctance for patient design of services, involvement of both providers and users may offer a space which brings together expert and lay knowledge. However the use of time banking in this AR study illustrates how participation may still be within the tokenistic range of the ladder of participation (referring to informing, consultation and placation, see Arnstein, 1969). Indeed it could be suggested that within the X'pert Patient scheme itself the team developed a form

of participation similar to partnerships (the lower rung of citizen empowerment on the ladder of participation). Here service providers and users have clearly defined roles within X'pert but there is input from both sets of participants directing how the service is delivered, with potential consequences for future courses:

The intention, as always, was to play the DVD during the second half of the first day before the Prescription Exercise representative arrives to talk to patients about the service. Today, however there was a technology failure and it will be played on the morning of the third day (the supermarket trip tomorrow meaning there will be no time on day two).

Fieldnotes Day One time credit X'pert Patient October 2011

Today they have shown the DVD as promised and the response from the patients is overwhelmingly in support of actually changing the order of the course so that the video is shown on the third day. Comments have been that it is easier to understand and realise the importance of the balance between exercise and diet after they have done the training sessions on food and food labels. The nursing team are surprised by this and after the session talk to me about how they are going to consider changing the order of the course if the effect really is this great.

Fieldnotes Day Two time credit X'pert Patient October 2011

This demonstrates that service providers on the frontline of delivery are engaged in practices which reflect some of the ideas found in co-production, and so does not align with the critique that professionals will not understand co-production (Boyle, No Date; James, 2005). Whilst X'pert may not fully reflect efficacy co-production, the use of time banking should set up a journey of co-production which ends with efficacy co-production. However, the development of time banking within the health setting researched here reflects the consumerist model put forward by Beresford (2002b). This model operates within a prescribed search for external input into service provision with preconceived ideas of the form input takes. Yet this potentially reflects compliance, which Alford (2002) incorporates into co-production. As patients have not been involved in collective discussion and engagement of what services they should be producing, how those services are themselves designed, nor offered opportunities to maintain their involvement in services, there is little opportunity for efficacy co-production to develop. Rather it may appear as compliance because patients are conforming to a pre-defined set of practices and activities to which they are invited

and from which they are expected to learn. However patients were still learning new skills and developing confidence in managing their chronic condition.

This links with efforts to encourage long-term endeavours by participants to produce health outcomes. Type-II diabetes is a progressive disease, and efforts at the initial stages to control diet and increase exercise to reduce body fat are deployed as early interventions before the use of medication to control blood-glucose levels. As noted from John above:

It [X'pert] was really good and I ended up on [the Prescription Exercise course] and have done 13 of the 16 weeks and will soon be able to get 3 months reduced but then it is full price. It's a bit frustrating as I've done the hardest part now and it's a routine, you know. And it would be good to continue at a reduced price, personally I think that leisure centre services should be at a reduced cost for people over 65, but that's a local authority thing and nothing to do with you.

John time credit X'pert Patient Programme Participant

For John it would be possible to suggest that the motivation he felt to continue with the exercise activity could underpin future credit earning activity. Earning credits to access the gym could be linked to LHB consultations and other services facilitating patient involvement and, potentially, co-production. Yet the way in which the AR developed did not include a means by which he could continue to earn credits, thus preventing this possibility. Participation was limited because the wider resource and delivery problems limited the efforts to develop time banking and fully explore its potential. What it did provide, however, was insight into how practice can be co-opted and changed and this is vital for understanding time banks in contemporary policy debate.

6.3.2 Reflection on Action Research

Reflexivity forms an important aspect of all research, but for AR it is an essential element of the methodological approach. Not only is reflexivity essential for the maintenance and development of relationships with participants (Delamont, 2002), but also in exploring the researcher's own values, bias, methods and decisions (Bryman, 2001). This section gives my reflexive account of action.

Schön (1991) suggested adopting surprise and spontaneity in the technical application of practice to avoid becoming accustomed to the standard “case” which our methods usually develop. In conducting AR this was a helpful framing tool for on-going analysis, in so far as initiators are never quite sure, at the outset of research, what is going to happen. Rather we go into the research with an idea of what we want to achieve and seek to find ways of making this occur. The challenge, however, is that we are working with others who have an equal, if not greater, control over the research, which may take action in unforeseen directions. This was a realisation that dawned on me early in the research when navigating my way through the NHS ethics process and was also reflected in the importance of changes in staff, and in the negotiations with the LHB Chair in getting the action started.

The challenges in developing action were not wholly unexpected, rather it was the form that these challenges took that could not be predicted. Going in to the project I intended to build up working relationships with staff so that I could essentially, work as an advisor to the LHB in their efforts to develop time banking. Whilst being an initiator of action I was not seeking to privilege my involvement but rather, to adopt a specific role which would define my status at the early stages of action. I was, therefore, aware that my own ideas, hopes and intentions would become part of a broader spectrum of aspirations for action, as other participants brought their own views to our collaborative efforts. I anticipated that my role would change as action progressed and relationships were established with participants so that we all became “co-researchers”. However in hindsight this change did not seem to develop. Rather, the roles instituted at the start, mine as advisor, staff as participants, remained. I feel that this resulted from the change in staff who I engaged with. Because of this change insufficient time was spent in interactions with staff to facilitate a change in relationship. Additionally I feel that being an “outsider” coming into the organisation restricted the possibility of developing a co-researcher relationship. Action research often takes place by people already within the organisation or involved in community development. Consequently participants developing action share similar roles and status. Being a researcher coming into the organisation to develop a specific AR project

inevitably meant that I had a different status to my participants and once established this was difficult to undo. The AR literature suggests that there should be a change in the relationship as the research develops – but does not offer an illustration of how this happens or of how to respond when this does not occur (Meyer, 2000; Hughes, 2008)

Winter and Munn-Giddings (2001) also suggest that assumptions held by people change during action. They suggest that this is a consequence of cycles of action and learning. In my research such changes did occur, but these cycles of action and learning relate to attempts to establish the pilot rather than carrying out a number of time credited X'pert Patient groups. Here action cycles relate to our efforts to secure uses for credits. The learning was the realisation that the LHB had limited scope in developing uses for credits and that partnerships should be pursued but these were unlikely to develop in the time scale in which the study operated. However, as commented on earlier, the staff need not have focused on my time scale and could have opted for a longer term approach. This may then have resulted in more time and effort to secure partnerships. However, this did not happen.

The co-operative open relationships suggested by AR literature (Meyer, 2000; Hughes, 2008) did develop between myself and the service planners but not to a point where the status differences between us no longer existed. With more time working with this group I feel this would have changed. An indication of this possibility was evident in my relationship with the nursing team. Although starting in a very different position in terms of status, I was entering the nursing team's course so they had control over when I could contribute and engage with participants. We developed a co-researcher relationship. Having spent more time with this team (four X'pert groups and several meetings before and between group meetings and shared car journeys) the status differences that persisted with planners did not occur with the nursing team. I feel that this was also a result of how my involvement did not alter the day-to-day work of the nursing team, whereas, for the planners, I was instigating meetings and making arrangements to involve them in activities and discussions in addition to their day-to-day duties. As such, the impact of action on the workload of participants varied.

Problematic, as my action was, in relation to delays experienced, drawing on Schön's (1991) reflection in action (routine response, surprise, reflection, question assumptions, on the spot experiment) was a useful guide to facilitating action. The result, as explored above, has been an insight into the challenges of developing time banking within the public sector. Additionally it has provided insight in how action can be facilitated differently in future. I would seek to develop relationships with a wider range of staff earlier in the research rather than relying on one key member of staff. Furthermore I would make an early recommendation about the need to develop uses for (and ways of earning) credits in order to facilitate partnerships earlier in the process. Finally my findings lead me to suggest that the development of a single pilot project might, potentially, be an inappropriate approach within the public sector. The need to expand ways of credit earning required exploring new participation opportunities. Establishing a range of ways of earning credits may be a necessary pre-requisite to developing successful action, the aim of which is to establish time banking and gradually develop co-production (in a range of forms) across the LHB's services.

6.4 Conclusion

This chapter has suggested that the use of AR to develop time banking within a health service did not achieve the aim of developing a time bank. What it did uncover however was a number of factors which can shape, and impact on, attempts to use time banking as well as on the role of co-production within health services as a result of wider participation and engagement paradigms developed over previous decades (Powell, 1999, 2002, 2008). In particular the chapter has demonstrated that there was a mixed reception to the idea of time banking and a more enthusiastic embracing of co-production. The latter relating to existing practice, in some form, as the emphasis on participation in the Welsh policy context offers a language familiar to, and used by, service providers. Consequently it is already part of professional identities to engage with users' lay-knowledge to produce services designed to manage chronic conditions. What is potentially difficult to transfer from the community to public sector is the different boundaries that exist between Time Brokers and members and health

professionals and patients. Whilst some signs of linking social capital were discovered in both the case studies and AR, within the case studies this facilitated efforts to expand credit earning activities, as Brokers are responsible for service planning and delivery. Within the LHB however this role is carried out by another. This is not to critique the separation of these roles, but to suggest that the use of time banking to develop co-production may have limits in the health sector which are not necessarily found in other public services (youth work, for example see Drakeford and Gregory 2010a, b).

These limits were also reflected in the resources that health services have available to deliver services through time credits. Operating within a competitive policy context building networks and partnerships to overcome these challenges also proved to be unrealisable. This altered the AR so that it created a reward system rather than a time bank. The consequence of this was that there was a separation between participation and time credits. Furthermore this prevented the development of forms of participation and engagement that are necessary for co-production to progress. As such this chapter has suggested that the challenges outlined in the time banking literature regarding the use of co-production in the public sector are not necessarily the ones experienced in relation to health services in this study. This is because:

- Health services in this study already practised certain forms of co-production, and the X'pert Patient programme is an example of this;
- The LHB had limited scope for developing uses of credits, but working with other agencies also proved problematic as they had different policy priorities and pressures. In addition services were competing against each other for the same resources; and
- These pressures, in part, altered time bank practice to something else: a voucher system resembling a nudge in patient behaviour rather than an effort to engage them in co-production. Although for Alford (2002) compliance can still be conceived as a form of co-production, it is unlikely this would fit the efficacy co-production my AR project sought to develop.

Additionally, this chapter has suggested that the shift to a voucher system rather than a time credit system:

- Provided an impression that participation was a one off activity; and
- Limited the potential co-production journey where service providers recognise the skills and abilities of participants to create suitable opportunities leading to new credit earning opportunities and the gradual development of multiple forms of co-production.
- This results from the political and technical goals being sought by different members of staff rather than one Time Broker.

The use of vouchers, rather than time credits gives the impression of one person “doing” and another “giving”. The service user is the one doing the work whilst the provider is rewarding their efforts. Therefore there is no change in the relationship and this does not reflect co-production. Cahn (2000a) is clear that co-production involves mutualism and reciprocity: both giving and receiving. The idea of credits supports this idea because of the notion of generalised exchange (see Chapter Two). Vouchers do not reflect this practice. Consequently the perception of activity is different, despite the explicit links to time banking. Finally there is a suggestion that the material rewards of vouchers are not the only way in which volunteering activities of members are rewarded. However this should be considered in light of view that time banking may not be volunteering in the traditional sense (see Chapter Five) nor should it reflect compliance, as Alford (2002) claims is possible. What occurred was the co-option of time banking into something suitable and manageable by the service planners. This is interesting in that the co-option, and the separation of political and technical goals, was a result of resource and time pressures and, it is argued, the organisational structure of the LHB. In the following Chapter attention will be given to the nature and processes of co-option and the difficulties in promoting and embedding alternative values.

Chapter Seven: Change or co-option: the value of time

‘Time banking ‘is an idea whose time has come’ (Seyfang and Smith, 2000: 52)

Service reform through co-production is premised on the promotion of an alternative set of values which do not fit the market based ideas and approach found in contemporary welfare service reform (NEF, 2004a, b; 2007, 2008a, b; Parker and Heapy, 2006; Boyle *et al.*, 2010; Coote, 2010a, b; Slay and Robinson, 2011). For Cahn (1984, 2000a) the purpose of time credits is to promote core economy values rather than those of the market economy (as discussed in Chapter Two). Consequently the journey towards co-produced services, explored in Chapters Five and Six, must also consider the promotion of alternative values and how these alternatives fit or contradict existing political ideologies. This is the purpose of this chapter. As the examples explored in this study demonstrate, seeking co-production within public services is not just about implementing a time bank system but is about promoting the values embedded in time banking practice. The difficulty here is that Cahn (2000a: 47-58) is not very explicit about what this involves. Implicitly the practice of time banking contains assumptions about time, core economy values rest on spending time with one another, investing in one another and our communities through time and taking time to care for each other. As such, and as discussed in Chapter Three, the focus of this study is not on social exchange *per se* (as has been done elsewhere, see Powell and Dalton, 2003; Terese Soder, 2008), but on time. This chapter is therefore concerned with 1) does time banking promote core economy values, and what do these look like; 2) are these values retained in current usage of time banking and 3) how can they be promoted in service reform through time banking. The question of whether they should be promoted is a matter for future research once a better understanding of core economy values has been established and requires an engagement in an ideological debate regarding the role of welfare services.

To achieve this, the chapter starts by drawing upon case study data (see Chapters Four and Five) to explore the values of time banking activity. This starts with considering time as a resource before examining its value and perception as a means of exchange

(7.1). As noted in Chapters Four and Five, 18 interviews with members and 9 interviews with staff across the two case studies, comprising 10 men and 17 women, offer the foundation for the data set. Data collection was through semi-structured interviews which included discussion on time use, managing time in day-to-day life between time bank and other activities. Interviews also explored respondents' views of the value and reward associated with time credits. Following this the chapter explores how different political ideologies have engaged with time banking and co-production in policy. This shows how time banking can be co-opted by different political actors. Here the focus is on the sustainability of core economy values in the face of political ideologies with specific agendas and how these relate to values and perceptions found in the case study data (7.2). Finally the theoretical framework outlined in Chapter Three is explicitly drawn upon to consider how it might be possible to articulate the values of time banking in a way which protects them within public service provision and may contribute to the promotion of efficiency co-production. As should now be clear the aim is not to present these ideas as a challenge to capitalist economics *per se* but their application to public sector reform. To this end suggestions are made to refine and develop core economy values within time bank-based co-production so that they can be articulated in arguments for reforms to public (including health) services (Simon, 2003; Boyle *et al.*, 2010; Coote, 2010a, b; Slay and Robinson, 2011) and to guide the development of the application of time banking to achieve efficacy co-production.

7.1. Time, Value and Time Banking

Drawing on the understanding of time presented in Chapter Three, this section illustrates how time is used within time banking. Consequently consideration is given to time as a resource and how time is valued by time bank members before discussing the relationship between time and money. Essentially it will be suggested that analysis of time banking cannot deploy the dualistic thinking of either 'absolute' or 'relative' time (Adam 2001), but needs to embrace both. In doing so it becomes apparent that the qualitative aspects of time are of central importance to political goals of achieving co-production underpinned by the core economy values while technical goals are tied

to measurement and monitoring of credits and facilitating exchanges which requires the counting of units of time which credits represent.

7.1.1 Time Banking Time as a Resource

The use of time as a resource in time banking is a familiar and established idea found in the work of Cahn (2000a). Essentially this concerns the construction of a currency and exchange mechanism through time. However time banking is not unique in developing a currency based on time. Ithaca Hours is another form of time currency (Boyle, 2000) which seeks to establish parity with money (North, 2010) in order to act like other community currencies and allow exchanges within the formal economy. Consequently hours are transformed into a money equivalent and not kept at the hour for an hour ratio: thus, in Ithaca Hours, it is possible to spend, for example an eighth of an hour. Thus what is distinct about time banking is the one hour for one hour exchange rate. This illustrates that there is something different in time banking because it is not linked to money as have other time based currencies:

But the other thing time banking is, in that case, [it] is a tool for measuring active citizenship in the community all the hours they contribute and they don't want credits that's fine because we don't want to take away that goodness. But I think their hours can be counted, and those people aren't about counting hours, but I'm sure they would like service providers to know what is being invested in their community by local people. Some of the people who might argue with that in the local community, if they're giving a thousand hours a year to a local education project, it would be really, really good if local education providers could see what investment was coming from local people.

Janice, P2A Staff

What this demonstrates is that the role of credits as a means of counting and recording cannot be ignored. This is an important function from the perspective of staff because, for instance, it helps in applications to funding bodies, by demonstrating how the organisation can engage local people in active citizenship (see Chapter Two). Moreover, when exchange operates on an hour for an hour basis there is a need to keep a record in order to distribute credits and facilitate exchanges. To focus solely on this, however, would leave the measurement of time at the forefront of time bank practice and suggest that the quantification of time in time banking is parallel to the counting of money in the market economy (Adam, 2004). Yet note how Janice states

that this is “the other thing” which time banking offers. As she states earlier in the interview:

I think the purchasing power of the credit is limited, but it is good for self-confidence as they can use it or give it away, so they can be included and not excluded from a residential⁴², for example. But being part of the community and knowing people around them is hard to put a price tag on, it's hard to measure, but its huge.

Janice, P2A Staff

Time as a resource allows for an examination into how time bank members make decisions about their time allocation. This gives some insight into the way in which members determine the time costs of participating in time banking (Kiser and Percy, 1980; Rich, 1981; Ferris, 1984; Harrison and Singer, 2007). For many of the members participation is possible because of either retirement or unemployment.⁴³

I can slot it in fairly easily as the rest of my life isn't especially rigid, even though I am usually busy with other things, I can usually fit it all in together

*Euan, P2P Member*D1*

Members fit time banking into their day-to-day lives with some ease. The types of activity people participate in can impact on members' use of time. For some there is flexibility in their participation as illustrated above, yet for others there is a more regular commitment, as illustrated by Poppy who also facilitates group meetings:

I have to divide my day so I can work out my commitment to time bank. So I write it all in my diary so I know when I have to be there and when I can't make it. And we all ring each other anyway and ask if we are coming next week

Poppy, P2P Member

Poppy is an active member of the community and not just involved in time banking. As such her scheduling and time allocation decisions are different from the members above who, because of unemployment or retirement, have different allocation

⁴² Referring to trips offered by the centre which members can access for credits, in particular the term residential is associated with activities across a weekend away from the estate for children/young people often with parents using their credits in combination with their children's to pay for trips.

⁴³ At the end of the interview extract there is a ^{*D1} which indicates that further data relevant to this point can be found in appendix D

decisions. Additionally how individuals earn time credits can impact on how they allocate their time:

Well of course the website and stuff can be done at home, and the video editing. So I don't have to get out much, unless there are special events

Harry, P2P Member

For others time bank participation was something that had diminished after taking on employment:

I do less now because I'm back to full time work

John, P2P Member

Despite doing less, John was still able to participate but this varied across the year:

At the moment, yeah, particularly at the winter time, with the short days, I can't really do much outdoor stuff for anybody at the moment. So it will improve going forward. So there was the community garden I signed-up with before Christmas but we're not in a position to do anything at the moment as we need money to secure the land. In the past I would have whole weekdays free, but now I don't so I... generally its Saturdays to be honest, most of the time

John, P2P Member

First this illustrates how time bank activity is not seen as an alternative or as more important than a return to employment, as found with LETS (North, 2005; Peacock, 2005). Second, within the time cost analysis, employment is given priority over time bank activities because the time costs of employment offer greater reward than time bank activity within the same amount of time. Third, John's participation is limited to weekends. Here there was an interesting division in how John spoke of his time banking activity. Although he also participates in the befriending scheme, and in the interview he emphasised how this had led to a good friendship with another time bank member, he predominantly spoke of gardening activities when talking about his time bank participation, illustrating how certain times are treated differently (Raybeck, 1992; Darier, 1998; Elsrud, 1998; Kremer-Sadlik and Paugh, 2007). One is active service provision which John considered his main contribution. The other is a social engagement which benefits both participants. This may also reflect different gendering

of networks, mentioned in Chapter Five, in relation to the P2P time bank. In the interview John refers to his activities in the community more frequently than activities designed to increase personal interaction of members. This contrasts with the presentation of activities by women:

Because I am only involved now once a week for two hours. Because I am knitting for them I can do two or three hours a day because I've got nothing else to do. So when it comes to half past ten and I have done a bit I can, and I am aching, so I need to sit and put my feet up, but I can't sit still. I have about six things on needles waiting to be done. But it gives me pleasure, a lot of pleasure, and fortunately I have not stopped working. I did the art class and am doing the quilting but that is all. I can do no more. That is enough. I do always do tea and chat and if someone is missing we ask around if anyone knows if you're alright. So you know to let someone know or you'll get a phone call...

Sara, P2P Member

Chapter Five noted how gender in the P2P time bank appeared to have an impact on types of participation. Men predominately participated in either employment related or individual activities. Three of six male members in the P2P case study were engaged in gardening, up-dating the website and producing time bank newsletters and focused their discussions on these activities over other forms of participation. For women in the P2P case study, all eleven emphasised their social forms of participation over their individual activities and only three women listed such activities in their interviews. Despite Sara working on time bank activities at home, this is not discussed in the same way as group activities, illustrating how the time may be perceived differently. Only time with others in time bank activities is presented as "time bank time", emphasising a shared element to this experience of time. Differences in perception can also be seen between different time bank models:

Lee: What about people who argue that it is not really volunteering, because you're not doing something for nothing?

Pat: I've never thought of it that way to be honest. Ummm.... I think for most of the adults here they would still do it even if they didn't get anything out of it. I'm not sure if that would be the same for the children, but when they start they do have fun and enjoy it.

Pat, P2A Member

In Pat's discussion the focus is less on participating to receive credits but to give time to the community, to volunteer. As discussed in Chapter Five, some forms of participation in time banking reflect volunteering more than the exchange system presented by Cahn (2000a). The difference illustrated here may reflect the aims of the models of time banking. P2P time banks are designed to tackle social isolation and depression; they specifically aim to bring members together in social situations. As such, the P2P models of time banking rarely engage existing groups of volunteers to achieve their stated aim. Rather they focus on facilitating the growth of networks by encouraging people to earn and spend time credits. P2A models facilitate community development projects which often result in engagement with pre-existing groups and volunteers, whilst also seeking out potential members informed by notions of active citizenship. It is possible to question if this was time banking *per se*. If activities pre-exist is this new activity generating time credits or is the attempt to measure existing activities with time credits motivated by a wish to increase the recorded quantity of credits for future funding applications? If the latter, then this reflects an instrumental desire by time banks to increase recorded hours to secure funding (see also Panther, 2012).

Interestingly there is recognition by members that the time given to time banking is "spare" time. Such views were often expressed during discussion of how time banking in case study two was often perceived:

At first it was said it [time banking] was only for those out of work and the kids and that. But now everyone is getting involved, now that they are getting that little pound an hour, just for an hour of their time. There is always somebody out there who has a spare hour.

Gwenda, P2A Member

It's not just for the kids it's for the older people as well, if you've got a spare hour come and give us a hand, that's all we're asking.

Mike, P2A Member

First, these extracts suggest that members need to have "spare" time for time banking, and this links to discussions of time allocation in relation to co-production (Kiser and Percy, 1980; Rich, 1981; Ferris, 1984; Harrison and Singer, 2007; Parker, 2007a, b). Second, illustrated by Gwenda, there is an association of time credits with money. As

the member stated they get a “little pound an hour”. Not meant in the literal sense, it shows that despite this difference there is, at some level, a perceptual equivalence between credits and money, and this is discussed below.

The measurement of time is important, as it is the medium of exchange. This associates with the technical goals of time banking, the efforts to set-up, operate and maintain time bank activity. As has been noted throughout the above discussion the focus is especially upon measurement of hours of active citizenship to aid the writing of future research bids. Whilst it is thus possible to treat hours and credits in the same way as time-is-money within the market economy (Adam, 2004) this would overlook the second element of time to be found within time banking. When discussing what is valued in time banking and its credits, members, and staff, consistently raised the same themes: time and the person, and these will now be explored.

7.1.2 Time Valued

Exploring perceived value was part of the interviews with members and staff in the case studies. Whilst there were specific questions regarding what time credits represented and how they were valued, alongside how they were used, the thematic analysis of transcripts also illustrated how these values were noticeable in other responses around participation and time bank activity. Chapter Three demonstrated that time is not just an external measure but that it contains qualitative experiences (Gunning, 1997; Zuccheromagilo and Talamo, 2000; Oechsle and Geissler, 2003; Brannen, 2005; Leccardi, 2006; Kremer-Sadlik and Paugh, 2007; Bouffartigue, 2010). Thus when time is the focus of exchange it is important to establish how time is both used and experienced in both ‘absolute’ and ‘relative’ definitions of time (Adam, 1994, 2004). Drawing on qualitative methods it is possible to explore perceptions of time by allowing participants to reflect upon their activities and lives with a “temporal lens” (Adam et al., 2008; McLeod and Thomson, 2009; Henwood and Coltart, 2012; Henwood and Shirarni, 2012; Emmel and Hughes, 2012; Macmillan et al, 2012). Such an approach not only allows participants to reflect upon the meaning and value of time but also allows it to be explored in its multiple forms (Adam et al., 2008). This can be explored through narrative, interviews and ethnography. This study aligns with the

ethnographic approach (McLeod and Thomson, 2009) in seeking to explore change through the case studies of two time banks, conducting observation and interviews to understand members' use, experience and perceptions of time within time banking. This illustrates how time is both a measure and a resource but it also reflects a meaning and an experience. Exploring how members perceive the value of time offers insight into the values of the core-economy and the wider debate regarding co-option. Thus looking beneath the measurement of time illustrates how staff and members experience this different value of time and the relevance it has to them and makes a link to Cahn's (2000a) argument that a more explicit account of political goals is necessary to produce co-production.

The person. Time. It values the person's time. It's not about pound for pound, it's not about a person's experience or physical worth, it values their personal time. If someone gives you an hour of their time, which is a precious commodity, to their community, or someone in their community, there is a massive difference they can make. It values people's time commitment.

*Gwenda, P2A Member*D3*

Exploring the existence of core economy values first requires an examination of what time credits value, and second, how time credit use relates (or not) to the focus on efficiency and production found in the market. Such an approach emphasises Blanc's (2008: 8 cited in Zelizer, 2005: 558) suggestion regarding money. As he puts it, 'a deep, comprehensive analysis of money [requires] looking closely at what persons and organizations actually do with it: we must study money not simply as prescribed by law but as people live it.' In the same way, understanding how people engage and use time credits is an essential pre-requisite for any exploration of exchange or engagement with the market. What people perceive to be valued by the currency dictates how it is used. For time credits, time is what members value alongside each other. The quote at the start of this section illustrates this sentiment, widely shared by others across both case studies. Indeed one member, unprompted by the researcher, made a comparison with his previous experience of LETS:

Harry: Well with LETS your contribution is weighted according to its worth, so it's less equal. Whereas with the time bank it's not just on an hourly basis, but

whatever contribution you make, which is more equal. So some menial task is as equal as something much more intellectual.

Lee: Because in LETS activity can be determined in the same way as the market in terms of value?

Harry: Yes. And I also see the time bank as giving protection against the money worlds and that's how I would justify it having employees. They are there to protect us from the money world. So with [staff member], he's usually fund raising, organising coaches and things like that where money has to be paid out. Whereas we don't have to get involved with all that.

Lee: So you get to focus on the other side of things, I suppose?

Harry: Yes. And of course the idea of people helping each other'

Harry, P2P Member

Here a distinction is made between time banking and LETS; illustrating the discussion in Chapter Three that time banking, unlike other community currencies, offers a different basis for valuing activities. Value is in people and their contributions. It is use-value not exchange value (Pacione, 1997; Bryson, 2007: both make this claim for both LETS and time banks). The focus on people can be seen in the following:

It's the people. Put the people at the heart of things, and that's where it really changes, but that is also what makes it so hard as you're not just running you know a job club, a walking group, you are trying to find out what the people want, need and putting it on. That's the real art of making it work because sometimes what people want you can't afford, you can't arrange, you don't have the available time

*Richard, P2P Member*D2*

What it values is the capacity that people have to be active. It recognises that they have skills and knowledge and time. And in fact I think it values good will, but generally speaking if you have a warm environment where people are trusting and respected they will give more. I think that it values that given the right conditions you can do all sorts of stuff

Lynne, P2P Staff

Here value relates predominately to people's interactions and contributions to each other. The staff member quoted above broadens the focus, calling attention to the specific qualities about people that are valued: skills, knowledge and time. Yet members in the P2A model offer a slightly different view, one which focuses on contributions to the community:

I think it's commitment and ummm yeah, benefits the community... benefit to the community basically. That's what it's all about, we're not doing it for anything else. We're benefiting the community but getting the reward to do it.

Bethan, P2A Staff

From the two case studies it is possible to argue that different models of time banking emphasise different aspects to be valued. Under the P2P model, the individual is the source of value, whilst for P2A models, time given to their communities is valued. Here the extracts build links to explicit ideas in time bank theory. Although a view that time is a commodity persists, time is the basis of exchange. But time is not treated as a measurement of production but of contribution. Time credits recognise the time people give not the worth of members' skills to profit accumulation. Associated with this implicit idea is the separation of speed from production, subtly focusing time bank activity on task-time (Thompson, 1967). This is the second issue to be considered in relation to relative time and is perhaps less clear to establish. Sara's quote earlier, restated below, offers some insight into this issue.

Because I am knitting for them I can do two or three hours a day because I've got nothing else to do. So when it comes to half past ten and I have done a bit I can, and I am aching, so I need to sit and put my feet up, but I can't sit still. I have about six things on needles waiting to be done.

Sara, P2P Member

Prior to the interview, the field notes record how Sara arrived at the office and struck up a conversation with a member of the time bank's Board of Trustees who happened to be in the office. The Board Member complimented Sara on her hat, saying she would like one for herself. Sara instantly offered to knit her one, adding that it would take a while. Combined, the above extract and observations illustrate how there is no sense of some need to produce knitted products quickly. Production takes as long as it takes. This provides a link to the discussion of task time (see Thompson, 1967; Southerton, 2003; Westneholz, 2006), where the speed of production was not related to profitability, but to allowing the production of a "good" to take the time the person required. Despite the member only being able to knit for a few hours a day, and working on several items at once, she was under no pressure to complete the knitting within a set time. Consequently a different experience between time associated with

speed of production is created: a view that reinforces the task rather than profit as the source of motivation for production. This is not to say that other time frames or schedules do not impact on time banking. A development project may need to be completed in a set time, or a knitting group might be working towards a deadline to produce goods for a fund raising effort. The point is that time is not used to increase the speed of production to generate profit. Rather the time necessary for completion of the task dictates the speed at which production is completed.

However the issue of credit hoarding, discussed in Chapter Five, may illustrate how time banking need not operate in the system Cahn (2000a) attempted to set up. Cahn is specifically seeking to foster social interaction and reciprocity in members as the basis of developing alternative approaches to tackling social problems. However in practice there are other ways of using credits, credit hoarding but also transfer, which may reflect the way money can be used. That said the value of the credit is still attached to time and the perceived use-value of the credits.

7.1.3 Time and Money

To recap, money itself develops as a means of exchange and measure of value which not only has important functions in contemporary society (Giddens, 1990) but overcomes the inefficiencies of barter and can reduce transaction costs by generating a form of trust (Ingham, 2000). Money can act as a means of distancing individuals from reciprocal obligations (Simmel, 1900) but often leads to a focus on quality and monitoring of the supply of money (Ingham, 2000). Consequently this has led to the suggestion that money has social, psychological and cultural meanings (Zelizer, 1994) and is a social relation distinct from the production of commodities. In this formulation the current form of money is specific to contemporary capitalist systems, the implication being that money may look and act differently under different economic systems (Ingham, 1999). Efforts to broaden the sociology of money have noted the limitation of both sets of theories in exploring diversification of money, which includes community currencies (Dodd, 2005; Zelizer, 2005), but also in demonstrating how some paid activities use money in ways inconsistent with market values (Williams, 2008; Williams and Windeback, 2001a, b). This has led to the suggestion that analysis

of money should consider how its meaning is created, transformed, transported and possessed (Carruthers and Espeland, 1998).

There is some distinction to be made between those who earn time credits because they want to volunteer and those that earn time credits for their intrinsic “purchasing power”. It should be noted that this view was only expressed in the P2A case study, and was usually attributed to children and young people:

The only way I can describe it is that I don't basically do it to get the time credits I do it because I love doing what I do, love being out and love keeping this place ticking over. But with the time banking for some people I suppose it could be incentive kind of thing. Come do an hour's work, get a time credit and save them up for a trip, especially for the kids.

Pauline, P2A Member

Pauline offers a slightly blurred distinction between time credits and money. There is some acceptance of the similarity between the two because both represent some form of purchasing power. Yet this was accompanied by recognition that there were differences, although uncertainty existed in explaining these:

In a way it could be perceived, yeah, as people do say it's another form of money. But the other side of that is actually it is a form of money, but what we do on a smaller budget, for instance, if we had 15 young people access cheerleading, say they went out the estate they would have to each pay £3 which for people on this estate is a lot. But here they don't. In terms of actual money, say we have a £10,000 budget we could actually get £30-40,000 out of it, from volunteering. Does that make sense? What we manage to do on a small budget, if we put into real monetary terms would be a much greater budget, so it's not the same as money. Does that make sense? If we were to price what we do on a small budget and their time there is not a parity.

*Lisa, P2A Staff*D4*

The extracts above illustrate how time credits can be seen in a way familiar to money in their practical application. But the meaning that underpins credits, the values with which they are infused, is very different. It stimulates potential contributions in ways that reach beyond the normal capabilities of money as illustrated in the quote from Lisa. Whilst Simmel (1900) claimed money facilitated the objectification of subjective value, a charge which could possibly be levelled at time credits, Zelizer (1994) argues that all money maintains social, political, economic and contextual restrictions on how

and to what purpose it is used. Time credit use is restricted by what a time bank can offer which may be a disincentive for some and is generally restricted to the specific community. But as with money credits can be transferred to others. The central argument of time banking is that it redefines work by valuing activities within the core economy (Cahn, 2000a). The data presented here offers some support based upon the perceived use-value of time existing simultaneously with the treatment of time as a measure and means of monitoring activity. Members experience both. On one hand time acts as a “gift” (Mauss, 1950) and fosters reciprocity, but the use of credits establishes this within ‘generalized exchange’ (Alford, 2002), thus the return of the “gift” need not be to the gift giver, it can go to another member, the wider community or even transferred to another:

Well I go on trips and I had enough last time to pay for my partner. I checked with [time broker] first and she aid that was fine.

Gwenda, P2A Member

And if one hasn't got credit, I have credit and I give some to my friend, I just say have my credit, they can have my credit for that. We share, so to speak.

Poppy, P2P Member

Here, parents and neighbours donate their credits for others to use, also found in prison uses of time banking (Gregory, 2012). As such there are some practices which may not directly reflect Cahn's (2000a) explanation of reciprocal exchange which take place – where credits change hands only when people offer or access a service from another member. Perhaps the clearest example was in the P2A time bank when parents gave their children credits for events; however this was not always seen to be a good thing:

The downside of it is, is that some people use it to have something and some of our volunteers are committed and do a lot of hours, but they pass on their credits to their children and in a way I think it's not beneficial and it's too the detriment of the young people, because it's not giving back.

Lisa, P2A Staff

This is an aspect of time bank practice which, due to the credit mechanism, reflects to a lesser extent some of the characteristics of money. Transfer is the focus here because it facilitates a move away from how time banking operates but may still

reflect notions of gift giving more generally (Mauss, 1950). As such it is not just the notion of co-production which might allow time banking to be co-opted (North, 2006a) but, as with other community currencies, there is sufficient similarity to how money is used for practices to be used to achieve other political goals.

7.2 Co-production and Co-option

Although this thesis has focused on the use-value of time within time bank practice this is rarely argued and Cahn (2000a) himself fails to make this explicit in his work, leaving it implicit in the discussion of how time credits operate and the values they should promote. Furthermore Cahn and Rowe (1992) presented time banking as ideologically neutral, underpinning North's (2006) claim that the association with co-production enhanced the appeal of time banking to governments. However time banking has been co-opted by both New Labour and the subsequent Coalition government to support wider policy objectives. Consequently the next two sections focus on how co-option of time banking has occurred. The third section (7.3) considers how contemporary thinking on the political left may open up space for developing an alternative approach to time banking.

7.2.1 New Labour and Co-production

Positioned as a post-ideological approach to politics (Blair, 1996: 4-21; Mandleson and Liddle, 1996; Rawnsley, 2001: 308-323; Giddens, 2003; 2004) with a focus on communitarianism, New Labour's Third Way approach sought to promote self-help (PAT 9, SEU, 1999) through community-based initiatives (Foley and Martin, 2000; Alcock, 2004; Powell and Moon, 2008). It is within a pragmatic focus on "what works" (Davies *et al.*, 1999) and a concern for community resilience that time banking could be adopted into New Labour's policy initiatives. However whilst the communitarian approach offered by New Labour was often critiqued for its top-down conceptualisations of community, empowerment and social capital (Dinham, 2005; Fremeaux, 2005; Mowbray, 2005; Mooney and Fyfe, 2006), some suggested that this created favourable conditions for developing time banking, encouraging Seyfang and Smith (2000: 52) to suggest that time banking 'is an idea whose time has come.'

Although New Labour did not overtly engage with time banking *per se* the early time bank research positioned its findings in ways designed to appeal to the Third Way ideology. However towards the end of Labour's period in government, there was an overt shift in favour of mutualism and co-production (Horne and Shirley, 2009; Stratton, 2010). Consequently the co-option argument in relation to New Labour focuses on two issues: first researchers establishing a link to social exclusion and second the adoption and reconfiguration of co-production and its core values.

Seyfang (2004a, b) made clear how time banking can link with New Labour's approach to exclusion. Drawing upon Levitas' (1998) typology of social exclusion discourse, Seyfang argued that time banking was associated with the social integrationist discourse (SID) of New Labour. Here, inclusion and integration of the excluded is achieved through engagement in paid employment. Time banking was positioned to appeal to the Third Way, where the role of the state was considered to be "an enabling force, providing – as a right – equality of opportunity, whilst insisting on the individual's responsibility for their own welfare and future" (David Blunkett, 1999; cited in Seyfang, 2004a: 57). Such a move could reflect the concern identified by Williams *et al.* (2003) that community currencies are promoted as primarily a bridge back into employment: especially as SID was predominately concerned with paid employment. As illustrated in some of the interview extracts in Chapter Five, this link is recognized by time bank members and staff. When asked about the potential link, respondents explained:

Yeah, I think definitely, it's interaction with somebody which they might not get. So a lot of volunteers have said it's given them a lot more confidence and support in getting jobs, so it is giving people new skills to do things. Even if it's not to do with time banking it gives them skills to move on and do things outside the community, to get jobs, things like that.

Ellen, P2A Staff

Whilst for New Labour, therefore, support for employment-related activity through time banking is to be encouraged, this may limit the wider application and value of time bank activity experienced by members. Associating time banking with tackling social exclusion has benefits to members in terms of network building (Seyfang and

Smith, 2002) and having resources to maintain those networks (Cattell, 2011) but this occurs alongside a wider definition of social exclusion associated with community currencies (Williams *et al.*, 2003). Within the New Labour approach, time banking may have lost sight of the core economy values as surface measurements of active citizenship and its recording of time takes precedence over the use-value of time which could be reflected in how new Labour engaged the concept of co-production.

Horne and Shirley (2009: 12) presented their own understanding of co-production, which, despite an explicit link to Cahn (2000a), identified altered core values: 1) everyone has something to contribute; 2) reciprocity is important; 3) social relations matter; and 4) social contributions are encouraged. Values one to three are Cahn's assets, reciprocity and social capital, rephrased but with essentially the same meaning. The fourth value for Cahn however is redefining work. By changing it to recognising social contributions the Cabinet Office are able to promote New Labour thinking in terms of citizen obligations and responsibilities, emphasising the primacy of paid employment alongside the importance of community responsibilities. This removes the more radical implications wrapped up in the idea of redefining work. Whilst Cahn (2000a) does not make this link, redefining work has a place in a wider ideological and political agenda (Gorz, 1999; Bryson, 2007). The aim of such arguments is to challenge the order imposed by capitalist systems, to promote a different work-life balance, to facilitate the development of more sustainable societies with greater levels of wellbeing (so advocates claim). This draws upon some of the technological and productive advances of capitalism but questions the guiding principle: profit accumulation. Consequently if time banking focused on the core economy (Cahn 2000a) then there is a need to rebalance the dominance of market values through the promotion of non-market values (Bryson, 2007). For this study the aim is to investigate time banking as a means of reforming services and therefore consider how core economy values challenge the perceived imposition of market values on the public sphere (Jordan, 2010a).

By maintaining a time-is-money ethos this loses the emphasis on use-value and the task offered by time banking. This overlooks the potential benefits time banking can

offer. The argument here is not that the employment-first approach is wrong or inferior, but that it creates a specific lens through which time banking activity is viewed. This consequently changes the potential use of time banking by obscuring the core economy values, attaching practice to policy programmes designed to promote active citizenship as part of the rights and responsibilities agenda (Langan, 1998). This limits the potential for public sector reform sought by advocates of time banking (NEF, 2004a, b, 2007, 2008a, b).

7.2.2 'Big Society' and Time Banking

The 'Big Society' was a defining feature of Conservative thinking post-2008 and has a similar ideological basis to New Labour. Since the 2010 general election the Coalition Government has given particular attention to time banking and co-production, which is often, uncritically, associated with the 'Big Society' in academic discussion of the Government's policy initiatives (Lister, 2012; Ellison, 2011). Exploring the links developing between the 'Big Society' and time banking and co-production allows for a consideration of how time bank activists and members also perceive the Big Society. The conclusion to be drawn is the same as with New Labour: co-option has removed political aims and focused on technical goals, eliminating any consideration of use-value and task time.

Promoted in the *Giving* White Paper (Cabinet Office, 2011) time banking was suggested by the Coalition Government as a means of allowing people to give time to communities. The association between the 'Big Society' and time banking starts here. Promoted as a tool for local empowerment, time banking is a means by which community self-help can thrive. This connection between time banking and the 'Big Society' is recognized by members and Brokers, but is cautiously welcomed:

I was interviewed the other day about that and the only thing I could say is that we are doing it. Neighbours helping neighbours, you know, creating networks in the neighbourhood. Lovely little stories we have of two ladies at tea and chat who met here and realised that they lived across the road from each other, then spent Christmas day together [...] If that's not Big Society I don't know what is [pause] we are doing it. They are calling it big society, making it all formal and corporate but we are doing it

Lynne, P2P Staff

Can I give you another example? There is a campaign in Cardiff over a reservoir. They are able to bring together local resources, you know, skills and knowledge which don't exist in our community. We have to build things up. There is an unequal distribution of skills and resources.

Janice, P2A Staff

Lynne illustrated how time banking and the 'Big Society' are connected so long as the focus of activity is at the level of interactions and relationships between people. Janice, however in comparing people in the time bank locality with the community mobilisation efforts of a more affluent neighbourhood, raised concerns about how pre-existing inequalities will impact on the development of local action. These inequalities can be in financial resources, but also people's skills and confidence. Disentangling time banking from the 'Big Society', however, will be difficult. The Coalition Government have been proactive in forging links with time banking, reflecting the malleability of time banking and the argument in this section regarding co-option. Efforts to disentangle time banking and the 'Big Society', should it wish to be done, may prove challenging as the two ideas have become closely associated:

So, although it is called, time bank, it is based on the good neighbourhood scheme. It is based on how in the past our parents and grandparents, if mother was having a baby, someone took the children to school, you know all this sort of thing. So if you see that as the basis, and the more we do like the big lunch out, the more the community will see what we are doing and the more they will be interested in what we are doing. As I said to you Wednesday the Big Society, Cameron's Big Society, he wants to base on time bank, he can't find nothing better.

Sara, P2A Member

This perception of time banking offered by Sara highlighted the disentanglement challenge. The emphasis on community activism and local control of services is a key aspect of the 'Big Society' (although, despite several re-launches⁴⁴, it still remains largely unclear as to what form this local control should look like). What is maintained in the post-New Labour period is the theme of active citizenship (Lister, 2011) which, as discussed above, suggested the dominance of time as a measure of activity.

⁴⁴ See: <http://www.guardian.co.uk/politics/2011/may/23/david-cameron-big-society-project> and <http://www.telegraph.co.uk/news/politics/david-cameron/8320702/Cameron-relaunches-Big-Society-with-moral-purpose.html>

However this quote from Ancil illustrates disentangling the idea from the 'Big Society' may be possible:

So the way I'm looking at it, I see what they say about the Big Society and say we can have this and we can have that but ohhh we won't have that because it's not us. So the elements of the Big Society we are particularly interested in is that element of neighbourhood and belonging and people connecting with each other [...] What we can't do, we can't replace social services, we cannot do the work of government or the work of social services, because it is regular work, and often specialist work and our members, they are time bankers, they dip in, dip out as they want to, and I think that's a big thing: we are not volunteers. We do not provide an army of volunteers to clean up the streets. If a member wants to clean up the streets and earn time credits, that's fine, and we can encourage that. But we can't... it's because of the nature of what this time bank is about, it's about health and wellbeing, it's about family, it's not about sorting out the problems that are local, but what you want to do is be part of it [the community].

Ancil, P2P Staff

Here time is the implicit factor which marks the distinction between the 'Big Society' and time banking. Ideas of regular consistent work necessary to deliver service provision do not reflect the experience of time bank participation by members. The flexibility, discussed in Chapter Five, can therefore be widened beyond a concern for choice over participation, to include how time is given to time banking activity. This is not simply an allocation decision, where people allot time within their daily lives for time banking. Instead it reflected how members selectively use their time in certain ways. Time bank participation requires flexibility in the form of participation (as noted in Chapter Five) as prescribed forms of participation may have possible negative health impacts when they reproduce the conditions that caused stress/depression in the member's life. Rather members need to be able to select and shape how they participate, and this needs to be retained in public sector experimentation with the idea. Consequently participation will have different meaning for members depending on how it is spent. Time given to cleaning the local neighbourhood might be considered more productive than time spent in the Tea and Chat group, but the value of those times are treated differently by members. The latter offered social interaction and a social network for members. Over time it had become increasingly involved in helping organise and plan time bank activities, reflecting the need to invest time in

people and their communities (rather than assume their capabilities) and reward them with time credits for completing certain activities: illustrating the journey of co-production members can take from informal supportive networks to involvement in service planning.

Through the 'Big Society', time banking is a tool for facilitating community participation. What is appealing to government is that particular aspects of time banking activity can be quantified. The time bank mechanism is therefore being applied without the commitment to efficacy co-production, as a way to reform local service delivery. The technical goals of running a time bank dominate because they offer a tool for accounting for active citizenship, for monitoring and surveillance purposes, but pay little attention to the unequal distribution of resources and skills across communities. The importance of co-production and time banking from both New Labour and the Coalition's point of view is not the promotion of values that support the core economy (Cahn 2000a) but the promotion of mechanisms that serve the purposes of the market economy. Time banking is used to achieve something different which questions the potential for time banking to actually reform services towards efficacy co-production. Such uses as those being pursued by the coalition, for example, may reflect co-production as a form of compliance (Alford, 2002) and link with the nudge-style behavioural economics found in Coalition government thinking; consequently the emphasis is on efficiency co-production and not efficacy co-production (see Chapter Two). The following section considers if there is scope for political ideologies to support the development of efficacy co-production and Chapter Eight will reflect upon its desirability.

7.2.3 Locating Alternative Ideas

Cahn (2000a) developed time banking to achieve a reform in the delivery of public services which reinforced core economy values. Yet he does not clearly articulate what these values are. The foregoing suggests that these values are associated with the use-value of time, reflecting the discussions of care-work, gender and time (Davies, 1990, 1994; Nowotny, 1992; Urry, 1994; Leccardi, 1996; Gunning, 1997; Darrier, 1998; Zucchermagilo and Talamo, 2000; Oechsle and Geissler, 2003; Brannen, 2005; Kremer-

Sadlik and Paugh, 2007; Bouffartigue, 2010). Yet time banking is also about measurement and providing a currency for exchange, important for time bank development but this may foster co-option and block the development of core economy values. However exploring public sector reforms which seek to promote core economy values can draw upon consideration of two different streams of thought in the Labour Party: the Welsh Labour Party and the recent development of 'Blue Labour'.

Devolution within the UK has resulted in a debate about divergence in policy making (Adams and Schmucker, 2005; Schmucker and Lodge, 2010; Williams, 2011). This can be seen clearly in relation to health policy where ideological differences between New Labour and Welsh Labour have been stark. Greer (2005) claims that the Welsh political context, post-devolution, led to a policy focus on local government and public health at the centre of health policy, emphasising localism within a wider focus on the determinants of health which exist beyond the control of the health system. Such developments resulted from an ideological commitment to the values of "old" social democracy (Sullivan and Drakeford, 2011). Consequently Welsh policy refused to develop New Labour's emphasis on citizen responsibilities (in exchange for rights), although some research into Welsh health policy displays a less stark contrast with England, illustrating that despite different rhetoric regarding health service reforms the focus remained on targeting behavioural change of patients/service users (Harrington *et al.*, 2009; Smith *et al.*, 2009; Blackman *et al.*, 2009, 2010, 2011). Nonetheless Welsh policy rhetoric has focused on reinforcing a commitment to using the welfare state to achieve equality, social justice and social inclusion. Consequently Labour-led Assembly Governments have over a decade or more sought to emphasise collaboration, participation, communities and partnership. In the search for 'citizen-centred' public services the Assembly Government has given attention to time banking and co-production⁴⁵.

⁴⁵ See Public Services Management Wales paper on Time Banking, accessible from: http://www.justaddspice.org/images/stories/downloads/Evidence/timebanking_ss.pdf

The development of a 'citizen-centred' services has been tracked across the history of Welsh Assembly policy-making (Martin and Webb, 2009), but the most recent developments were established in the Beecham Report - *Beyond the Boundaries* (2006). The aim of the report, essentially, was to establish balance between consumer and citizen-based approaches to public service delivery. With clear preference to the latter, the balance sought is between the demand for improved services (the consumer relationship) and the demand for parity of services across Wales (the citizen relationship). Core elements in achieving a 'citizen-centred' approach rested, according to Beecham, upon the engagement of citizens. This required permeable organisation of boundaries to help place citizens at the centre of local delivery. The development of this approach required some re-organisation alongside stronger collaboration with local service providers and local people (Martin, 2000), which the Beecham Report illustrated (in terms of the balance it sought to achieve), as being between citizens engaged as consumers and as co-producers. Here, therefore is a link to the wider concerns of this research.

Putting the above ideas into health policy has taken a number of forms (Sullivan and Drakeford, 2011), but for this study interest in time banking and co-production it is the Government Report *Designed to Add Value* (WAG, 2008a) which provides an important foundation for a 'citizen-centred approach'. This document recognised the importance of the third sector in underpinning a vibrant, independent and fulfilled life, which was linked to community development efforts to engage volunteers, to assist in accessing specific communities and support people to fulfil their potential. Building a link between volunteering and health and social care, this document drew upon *The Third Dimension* (WAG, 2008b) which argued that three links existed between government and the third sector. The biggest of these, community development, contributed to a healthy and active society and required citizen involvement to regenerate their communities, provide care and build people's skills and confidence. This was to be the bedrock of the other two links: making better policy and delivering better public services. The latter is important, for the policy document argued it is within this 'sphere' that the innovative and transformational role of the third sector can change

service delivery to engage citizens: and it is here where the Welsh experimentation with time banking has grown.

Illustrating the role of the third sector in the development of 'citizen-centred' local service delivery, interest and support for time banking in Wales has come from the Assembly, but the promotion of this practice is not, as outlined above, focused on co-option. Rather the focus is on efficacy co-production, building up citizen involvement and engagement. Thus if implementation of public sector reform remains a challenge in Wales, time banking could offer a means of achieving this (but a note of concern would reflect how institutional challenges of time banking can alter intended practice, see Chapter Six). What remains clear in Wales, however, is a commitment to time banking playing a role in the social economy as part of the wider efforts to create the 'good society' (Drakeford, 2011).

In a very different way, the Labour Party in England has, since 2010, started a process of rethinking its ideological and policy positions (Cruddas, 2010; Cruddas and Rutherford, 2010; Purnell and Cooke, 2010; Glasman *et al.*, 2011; Philpot, 2011). Early debates gravitated around the idea of "Blue Labour", with proponents, Jon Cruddas MP, Maurice Glasman and Jonathan Rutherford all discussing different ideas which form part of the wider theme. It is the work of Glasman which arguably has shaped much of the debate and discussion.

Glasman (2011) offered a historical analysis of the Labour Party and suggested that, the Party has moved away from its own traditional values. The traditions of reciprocity, association and organisation (that is the focus on the power generated by local self-help, mutual activities) are for Glasman central to building a common life shared by all. But in this view the development of the Labour Party has moved away from these ideas in favour of centralised responses to social problems, post-1945. Subsequently, for Glasman (2011), social democracy should challenge this in order to build the 'good life' for citizens. Here there is a need to remember that the welfare state was not a right, but won through political struggle (although this view ignores critiques of the welfare state by Feminist and Marxists theories). There is a need, Glasman (2011)

contends, to rebuild relational power (organising) as a counter balance to the power of money. Here two links can be made with time banking. First, ideas of reciprocity and organising (developing mutual, self-help activities at the local level) which can be found within time bank practices are prominent in Blue Labour thinking. Essential however is the view that this is not local development to challenge capitalism but resistance to capitalism limiting the potential for developing local mutualism (Finlayson, 2011). This suggests that time banking can be a tool for increasing active citizenship, engaging local people in resolving local problems and therefore changes the role of the state. Second, unlike Cameron's version of the 'Big Society', Blue Labour theory potentially allows for the use-value of activities to be recognised because it accepts value in human activity can be placed above the value of money. Thus local organisation can be a source of resistance to the power of money. Finlayson (2011) explained that whilst Glasman is not opposed to capitalism, he opposed the greed and exploitation it engendered. Recall Zelizer's (1994) suggestion that all money maintains social, political, economic and contextual restrictions on how and to what purpose it is used. Thus it becomes possible to present time banking, and the credits it produces, as something different to money. Here the use-value of time may fit with the critique of greed at the expense of common life.

Generally community currencies offer a different basis for production and consumption (North, 2011: 173 – 182). Community currencies do not produce things in themselves, rather they recognise the production efforts individuals contribute to communities and they facilitate the exchange of locally generated and produced goods and services. Credit exchanges facilitate the ethical community life that Blue Labour strives for. As such *part* of the Blue Labour thesis can be drawn upon to promote the political goals of time banking; allowing for the possibility of greater investment in community production, reciprocity and the fostering of social networks. But for time banking specifically this must associate with task time⁴⁶. In order to give people more control over their work lives and enhance their ability to engage in their communities there is a need to build upon parts of Glasman's ideas to facilitate a shift away from

⁴⁶ Discussed in Chapter Three and above – the form of production where time necessary is allocated rather than determining how much production should take place within a set time.

the perception of employment as the first obligation of the citizen. Achieving this also requires appreciating qualitative experiences of time. Wilson and Bloomfield (2011: 24) argue that:

Time, too, is a critical issue at this intersection. 'New' Labour only valued paid work, and its support for childcare for lone parents came across as instrumental in this regard, rather than being motivated by concern for gender equality or child development.

Expressing clock time as the dominant form of time under capitalism, the authors attempt to make the case for a change in how time is treated within policy with regard to issues of equality. Glasman's valuing of community activity, his critique of money and the plea for a return to values of mutualism and localism can be brought together with a view of time that recognises the relative form and not just the time of the clock. Together this offers a starting point for building the 'Good Society' and it offers arguments for reinvigorating the political goals of time banking, which may help resist co-option.

7.3 Challenging the paradigm

Community currencies have always been presented as radical alternatives to capitalism (Pacione, 1997; Caldwell, 2000; Fitzpatrick and Caldwell, 2001), but rarely have any had significant impact in challenging capitalism (Peacock, 2004; North, 2007) or comment offered on the consequences of the obligations created. Whilst likely to be tied to resilience of local economies and communities (North, 2010) the potential radicalism is seen to be lost through co-option of community currencies by capitalism (Leyshon *et al.*, 2003, applying the ideas of Gibson-Graham, 1993, 1996). Yet the application of these ideas has been denied in time banking, because of the association with co-production (North, 2006a). In fact earlier discussions of community currencies have argued that value and exchange based on time foster self-determined activities by individuals (and communities) rather than an alternative to formal employment (Bowring, 1998). What the foregoing sections illustrate are attempts to make explicit the role of relative time in differentiating time banking value from market value. This section seeks to move debate forward by placing the use-value of time as central to

time banking aims for co-production and explore how this can be articulated. In drawing upon some of the more politically intentioned writings the suggestion here is that alternative values to the market economy exist and that these should be accorded some degree of attention and promotion. The claim, therefore, is not one of radically challenging capitalism but highlighting the potential values for reforming public services and how these can be presented to protect the political goals of time bank-based co-production.

7.3.1 Repositioning *Time* Banking: 'Uchronia'

If time banking is to successfully promote core economy values and challenge the dominance of market values, some links to existing efforts to offer alternatives needs to be made, in particular where this relates to welfare reform. Although the aim here is not necessarily to advocate such reforms there is a need to draw upon these ideas to place core economy values within a body of literature where they are suited. In Chapter Three, it was noted that relative notions of time are used to provide a critique of contemporary society. Bryson (2007) argued that time banking was an example of alternative practices which emphasised the importance of caring responsibilities over those of paid work: promoting a different value of time to that found in the market economy (to use Cahn's [2000a] term). This formed the starting point for an alternative temporal order for which Bryson believes society should aim.

Bryson (2007) argues for a reordering of social structures through the welfare state, thus giving caring activities greater prominence; indicating a move away from the dominance of neo-liberal economics which would cast time banking as a means of achieving efficiency co-production (Boyle *et al.*, 2006). Time Banking and other community currencies offer, according to Bryson, a radical challenge to capitalist hegemony. Yet as Gibson-Graham (1993, 1996) argues, this hegemonic dominance is not easy to undermine and, time banking has been co-opted into broader policy agendas. As such the effort to promote the use-value of time is left unnoticed as time remains implicit within time bank theory and practice. Measurement of active citizenship is promoted within a tokenistic participatory framework attached to co-production (Pemberton and Mason, 2009). Consequently time banking may not

achieve Bryson's aims. Despite offering alternative values, the practice of time banking seems not to promote more radical reforms sought through 'Uchronia'.

Drawing on wider debates regarding social policy and time (Fitzpatrick 2004a, b; Gooding, 2010) it may be possible to make a case for the alternative values time bank can potentially promote. However this needs to take into account the consequences of altering interactions between individuals and public services which has yet to be done and should be the focus of future research. However Bryson (2007) potentially overestimates the role time banks could play. Co-option has removed political goals from time bank activity in favour of a mechanism which suits current political ambitions around rights and responsibilities of citizens (Langan, 1998). Of course the argument here is not that the aim should be the replacement of capitalism *per se* but the reallocation of market values to the market and the promotion of core economy values in the public sector thereby resisting the imposition of market values on the welfare state (Jordan, 2010a). In achieving this it may be prudent to draw on Fitzpatrick more so than Bryson.

7.3.2 Repositioning *Time* Banking: relational time

Fitzpatrick (2003) through his exploration and critique of New Social Democracy (NSD), attempts to develop an alternative renewal for social democratic theory than that offered by the Labour Party. He suggests three key terms which may have relevance here: 'distributive justice', 'attention' and 'sustainability'; each of which will now be explored. For Fitzpatrick (2003: 201) New Labour's focus on individuals rather than social problems reflected a "shrinking of the social imagination around the extremist centre", such as co-production claimed by the political left and right. This limits the potential to discuss policy options beyond those that already exist. The terms Fitzpatrick offers are presented so as to give a new language to social democracy which promotes a different set of ideas and values which can be associated with those of the core economy (Cahn, 2000a).

Developing a response to co-option from a time banking perspective will require drawing upon 'distributive justice'⁴⁷, the first of Fitzpatrick's (2003) three concepts. Fitzpatrick argued that 'distributive justice' regards material equality as essential to the conception of reciprocity and responsibility. A wider range of policy suggestions within debates of welfare reform often engage with this term: in particular the work around basic incomes (van Parijs, 1992, 1995, 2001, 2009). Distributive justice requires consideration of the impact of actions today for future generations illustrating a time-based element of the analysis. In terms of time banking this consideration may highlight gender inequalities (Pascall, 2012) and foster a change towards greater equality.

The second concept offered by Fitzpatrick (2003), is the principle of 'attention'. This presents a clearer link with time banking and with Bryson's (2007) call to recognise the value of care (see also Davies, 1990, 1994). 'Attention' is used by Fitzpatrick to group two aspects: care and recognition. As Fitzpatrick (2003: 118) explained:

Attention implies 'attending to', that is, we have a responsibility to recognise the diversity and difference out of which one's own identity is shaped; it also implies 'being attentive' or caring for the damage that is an ineluctable part of social and emotional relationships; finally, it also possesses a locutionary force (as in 'stand to attention!') that implies a systematic approach to justice and care, which avoids treating all groups or all care claims as being of equal moral worth.

In relation to time banking the focus on care emphasises the importance of the task and the use-value of time. Engaging in community initiatives or person-to-person interactions, caring activities are taken on by time bank members. However, Fitzpatrick is keen to ensure that care is not treated in isolation, but coupled with recognition. Recognition ties in with notions of self-esteem and human dignity. Ensuring equal distribution through distributive justice facilitates recognition. Essential here for time banking is that the focus is on contribution and recognising the importance of care work. A focus on task and the use-value of time, in a way which promotes self-esteem,

⁴⁷ The philosophical aim to ensure incidental inequalities are not generated by societies structures and institutions

pride and status within the community (as discussed in Chapter Five) offers such a link reinforced by receipt of credits.

The final term that Fitzpatrick offers links with the environmental aspect of community currencies: 'sustainability'. Social democracy must embrace sustainability as crucial to human wellbeing in both the present and the future. Research into time banking (Seyfang, 2006b), and LETS (Lang, 1994; Fitzpatrick and Caldwell, 2001), has been positioned as a means to promote environmental sustainability. The focus on community production and distribution by promoting the repair of goods rather than replacement enhances sharing of resources and environmentally-friendly purchasing (Lang, 1994: 36). For the New Economics Foundation, co-production also shares this aim in that it can be used as a model of zero-growth public services (see Boyle and Simms, 2009). Time banking offers, therefore, a means of promoting sustainability in terms of the environment and economics but also socially, linking with the New Economics Foundations "triple crunch" (NEF, 2008d) to an acceptance of the complexity and multiplicity of time.

These principles, Fitzpatrick claims, relocate the desire for productivity, affluence and growth within the values of emotional and ecological labour. Fitzpatrick (2003: 206) argued for "participative equality", for the development of new forms of civic engagement in public spaces, to subject public issues, debates and decisions to the "democratic gaze". This is something that could possibly be developed through co-production: but there is a danger of such an approach perpetuating co-option if credits are used tokenistically to engage local people in policy decisions. Thus the starting point must be efficacy co-production: allowing people to invest time in relations and communities, and to have contributions valued. Embracing the notion of task time helps to achieve this but must go hand in hand with a wider notion of work and the realization that time is not just a resource for allocation in production and consumption but is also a lived experience. Additionally wider economic changes are essential so people have flexibility to engage in activities necessary for participative equality. Such changes rest on the way time, income and wealth are distributed in society. Challenging this distribution one could draw on Williams *et al.*, (2003) who

argue for a wider definition of inclusion not restricted to either the New Labour or Coalition Government views of inclusion as prioritising paid employment.

7.3.3 The Challenge of Paradigm Shifts

The previous section illustrated how there is space within Labour Party thinking to promote the use of time banking which emphasises the use-value of time. This however is only possible if the challenge of co-option can be addressed adequately. Generally community currencies are positioned as challenging capitalism, building alternatives at the local level. But such challenges can only ever seek a partial transformation of capitalism, thus Pacione's (1997) claim that LETS, which are limited by capitalist hegemony, are only a partial answer. Others illustrate how formal employment remains preferable for its ability to grant access to a wider range of goods and services (Peacock, 2004). Promoting political goals of time banking is an endeavour to challenge the imposition of market values in public services: this is Cahn's aim (2000a).

Thus public service reform to achieve co-production may need to draw upon a wider policy reform agenda. Biesecker (1998) claims that a 'wealth of time' may offer such links between time banking and basic income policies to promote economic security to allow people to engage in activities outside of employment. Here time banking may offer assistance, provided co-option is avoided, because it recognises contributions people can make to society other than paid employment, as quotes from earlier in this chapter illustrate:

What it values is the capacity that people have to be active. It recognises that they have skills and knowledge and time.

Lynne, P2A Staff Member

Yes. And I also see the time bank as giving protection against the money worlds and that's how I would justify it having employees. They are there to protect us from the money world. So with [staff member], he's usually fund raising, organising coaches and things like that where money has to be paid out. Whereas we don't have to get involved with all that.

Harry, P2A Member

Developing a new 'wealth of time' requires implementation of policies that can secure peoples' financial security so that they are able to take time away from employment to be free to use their time in other ways. This would then be factored into the cost-benefit analysis individuals make when deciding on their participation in co-production (Kiser and Percy, 1980; Rich, 1981; Ferris, 1984; Harrison and Singer, 2007). Such an approach may add to Jordan's (2010, 2004) argument that providing a basic income allows collective life to be reinvigorated. Yet time banking remains presented as a tool in both New Labour and Conservative/Red Tory ideologies for developing state-guided localism. Thus the technical goals retain prominence, leading to the second challenge, elevating the political goals: those that seek to promote efficacy co-production and the use-value of time. The Third Way and the 'Big Society' offer ways in which political actors and policy-makers can envision time banking as a technical tool for achieving a specific policy aim (be it social inclusion or community welfare provision). The promotion of core economy values in public service reform must first develop within a wider policy agenda and second clearly advocate policy goals and the use-value of time. Finally there is a need to justify the use of efficacy co-production. Cahn (2000a) offers little on any of these fronts, whilst others have offered some insights (NEF, 2004a, b; 2007, 2008a, b; Parker and Heapy, 2006; Boyle *et al.*, 2010; Coote, 2010a, b; Slay and Robinson, 2011). In the following two chapters some thoughts on this are offered alongside a review and discussion of the key findings of this study in relation to the research questions.

7.4 Conclusion

The argument developed in this chapter is that alternative values exist in the practices of time banking. However the way in which time banking, and co-production, have been co-opted has obscured these values. Co-option has essentially concealed the use-value of time, which section 7.1 suggests is the main experience and value of time for both staff and participants. Yet the chapter also illustrated the dominance of the measured duration of time. Time within time banking therefore does not operate on dualistic terms. Rather it requires an appreciation of relative and absolute definitions of time. However attempts to use time banking within policy making have, typically

promoted a measured duration approach symbolised by time credits. Use-value is given little consideration over the possibility of measuring the profitability of active citizenship for community development programmes. If the Coalition Government plans for expanding time banking into health and social care provision go forward⁴⁸, then it is likely that the alternatives will be lost as time banking promotes a measurement tool for active citizenship.

Cahn's (1986) work on "service credits", the precursor to time banking, explicitly linked the promotion of non-market values for credits within the welfare state with acting as a tool for increasing participation and engagement of service users. Thus credits need not reflect profit motives, as with other informal activities (Williams, 2008; Williams and Windeback, 2001a, b) but nor does this mean it is promoting an outright replacement of market values (Peacock, 2004; Hermann, 2006). Rather this form of community currency and the values it promotes can be linked to the politically ambitious analysis of Gibson-Graham (1993, 1996, 2006) to demonstrate that multiple values and means of exchange exist in society and it is not all assumed under capitalist economic markets. These alternatives exist alongside market values and the argument here is that these alternatives need recognition when reforming public services to develop co-production. The aim of this chapter, therefore, was to draw upon the theoretical framework of Chapter Three to explore the existence of alternative values and whether they can be promoted in time bank activities. It is not the place here to suggest that these values should replace those of capitalism, although some do (Bryson, 2007). The success of scaling up community currencies and their potential to replace formal employment opportunities is limited (Peacock, 2005; North, 2005). Instead the aim is to produce the foundations of a way in which the existence of alternative values can guide welfare reform, provided this is sought within a wider range of policy reforms. Time banking is capable of making a contribution to such reform, when it is designed to produce efficacy co-production and pursue different values for human activities in the reform of public services. This chapter suggests these

⁴⁸ At the time of writing the Department of Health has invested in a project through Timebanking UK setting up a number of time banks attached to GP surgeries to offer time bank services to tackle depression within the participating regions.

alternative values exists and are based upon the use-value of time. But whereas Cahn (2000a) envisions core and market economy values working together within their own respective spheres, co-option of time banking may continue to promote market values in efforts to alleviate social problems. The chapter has not sought to suggest that core economy values or efficacy co-production are superior. The objective of this research is to understand better the theoretical underpinning of these values and their application to public services. Judgement as to their suitability has been carried out by others (NEF, 2004a, b, 2007, 2008a, b; Boyle and Harris, 2009; Boyle, Slay and Stephens, 2010; Boyle, Coote, Sherwood and Slay, 2010; Horne and Shirley, 2009) and should be discussed in future research.

Chapter Eight: Achieving health care co-production through time banking

The previous Chapters (Five to Seven) have each outlined key findings each implicitly developing analysis related to the research questions. This chapter will present an explicit discussion which brings these findings from the three Chapters together. Consequently this chapter sets out to consider how the reform of health care services to develop co-production can be achieved through time banking. It begins by exploring issues of social capital and social networks (8.1). Drawing on the material set out in Chapter Five this provides a starting point for discussing how co-production can arise from the activities of Time Brokers who develop linking social capital with members and their participation in the time bank. The discussion then moves on to discuss implementation issues, bringing the discussion from Chapter Six to the foreground to focus on how the introduction of time banking relates to organisational change and innovation (8.2) and patient participation (8.3). It will be suggested that the challenges faced by the action research (AR), whilst creating a barrier to developing time banking in this study, may not be experienced in other settings.

That said the findings from this study are not entirely optimistic about the potential use of time banking as a means of achieving co-production in health services in particular. Building on this uncertainty the following section (8.4) explores the argument of Chapter Seven regarding the co-option of time banking. Again the ideological focus is brought to the forefront of discussion but the aim is also to move beyond this to illustrate how time banking also offers alternative values which do not fit easily into co-option by the Big Society. Thus the final part of this chapter (8.5) starts to broaden the discussion to lead into the conclusions set out in Chapter Nine. In developing the discussion in this chapter the aim is to cut across the findings to bring together complementary threads in a more holistic view of the potential use of time banking to develop co-production in health care.

8.1 Social Capital and Social Networks

Efforts to develop co-production in the public service generally, and specifically in terms of health care for this study, often cite the success of the idea in the community sector as something to be emulated in the public sector (NEF, 2008a; Gregory 2009b). But whilst the transfer of time banking as a policy initiative has been discussed in the international context (Gregory, 2012) there is little consideration of *how* time bank practice might be adopted by the public sector. Any attempt to achieve this needs, therefore, to understand how time banking operates in the voluntary sector and bring that understanding to the public sector. The case studies offered a means of achieving this and Chapter Five argued that time banks within community settings can foster 'pluralistic' and 'solidaristic networks' (Cattell, 2011) by allowing members to build bridging social capital, alongside pre-existing bonding capital. The development of such networks depends on the type of participation in which people engage. Additionally, in the case of time banking, linking social capital can be found in the relationship between members and staff as barriers between professionals and service users are eroded to allow co-production relationships to develop.

Drawing on Cattell (2001, 2011) it was suggested that a number of health benefits in terms of coping and support can be found in social networks. Additional benefits, for example time structure and engaging in purposeful activities (Jahoda, 1981), were also identified in terms of the structure of time bank activity. Such health benefits relate to co-production in two ways. First they required participation of members within time bank activities which represented the contribution members made to the co-production. Participation is the contribution of effort which helped secure health outcomes, but this need not be through involvement in service planning and delivery but can include participation in service activities. Here Chapter Five has suggested that time banking participation can offer health benefits similar to employment in the way it can generate self-worth, pride, social purpose, time structure and engagement in collective activities; occurring alongside credit earning opportunities which provide a resource that could help members maintain existing social networks and community status. Consequently time banking may impact on members' perception of their health and status differently necessary for developing co-production.

Such efforts to develop co-production require time for members to build and form a social network (should they wish to do so). In the AR example a three-day X'pert patient group was not sufficient to achieve this task; hence the desire to build time banking practices across other services to engage patients more widely in LHB activities and service. In doing so creating opportunities for future participation and credit earning activity is essential to developing the social networks. Where the time broker role is divided between two different levels of service provision (planning and frontline provision), the creation of these opportunities is limited because the information gathered through developing personal relationships is not connected to the ability to create and develop participation opportunities. Promoting this approach however requires a much clearer debate in the time bank and co-production literature on the relationship first between social capital and social networks and second on how these underpin engagement of patients over the long-term to facilitate co-production.

In particular there is a need to see social capital as an investment in social relations which facilitates knowledge management, information sharing and access to resources (Lin, 1999; Steinfield *et al.*, 2009). Through participation in time banking members will generate social capital with other members, forming relationships which develop into social networks allowing the transmission of knowledge, information and resources and, considering the health focus, support to other members. Whilst there are debates as to whether social capital should be explored as an individual resource (Steinfield *et al.*, 2009) or as a structural condition independent of individual characteristics (La Due Lake, 1998) the focus is upon how social capital is produced by the intentional activities of individuals who are connected to one other through networks and social relationships. What is needed however is clarity as to whether time banking can be used to put this into practice. If it can, as this study would imply, then there is a need to consider if this reflects Coleman's (1988) focus on network closure, where cohesive ties are fostered through a normative environment to secure co-operation. Alternatively it might be better aligned to Burt's (2001) structural hole theory where cohesive ties are seen as being too rigid and so hinder the coordination of complex organisational tasks. Whilst Burt's work is related to organisational change it has

relevance here in the use of time banking to change service delivery to make co-production explicit. Time Brokers may, therefore, act in ways similar to 'brokers' in Burt's work in that they are connected to several networks and therefore able to link these networks together – bridging the structural holes. Podolny and Baron (1997) try to bring Coleman and Burt's ideas together to suggest that both are necessary to secure service reforms.

Such a view could be supported in this study. Members do develop bridging social capital, and bonding capital in some instances (such as the Tea and Chat group), but partly, at least, in a desire to develop cohesive networks which offer support, information and knowledge. Running alongside this, however, Time Brokers operate within these member networks to make connections between them, to share information between the networks and generate new participation opportunities. Combined the structural holes between networks offer opportunities to reform services (Gargiulo and Benassi, 2000) and the linking social capital between members and Time Brokers allows for these opportunities to be pursued through co-production, where members have the confidence and skills to take on such opportunities. Thus confidence and skills develop from earlier participation and development of social networks emphasising the value of reciprocity. Time bank exchange has embedded in practice the idea of reciprocity which Coleman (1988) sees as the main mechanism for ensuring the development of network closure and co-operation. Reciprocity binds people together as there is a need to return the favour one has received: as discussed in relation to gifts and money in Chapters Three and Seven. But the ambiguity of the value of a gift can lock people into mutual exchanges (Leiter, 1988). On the one hand this might foster strong ties and co-operation across social networks. On the other there is a risk to autonomy and freedom. Consequently time bank members will make decisions to participate which seek to balance the co-operative ethos of networks to gain access to resources, information and support, with freedom to participate and engage as they choose. The suggested flexibility of time banking based on its exchange mechanism may have something to offer in relation to this and should be the focus of future research.

Underpinning this development in the case studies and community development, time banks generally are efforts to engage members in a range of activities, building up their skills and capabilities as well as confidence (Seyfang and Smith, 2001; James, 2005; Gregory, 2009b). But underpinning this is a focus on valuing what members can contribute when they first join the time bank. In doing so it becomes possible to develop members' skills and encourage their involvement in planning services and facilitating activities. Chapter Seven argued two key points (1) that use-value remains the dominant feature of time bank exchanges and (2) that task time structures the form of production that time banking adopts. Links can be made here with social networks which form through the participation of time bank members in various activities. In carrying out these activities everyone has their time treated in the same way: it has the same value, thus no one is perceived to be more valued than another. Additionally time is invested in the individual and the community. Task time (Thompson, 1967; Southerton, 2003; Westneholz, 2006) is important here because it is through the focus on the task, rather than production speed that time spent in participation adopted a different meaning. It is not time spent to generate an income, it is time spent to achieve something collectively. Subsequently time is invested in the formation and building of social networks. In order for 'solidaristic networks' to exist members required sufficient participation opportunities, but also ample time to be engaged in those opportunities. Spending time together is essential (Southerton, 2003; Brannen, 2005; Kremer-Sadlik and Paugh, 2007).

In relation to networks the argument is that time must be invested in community participation to generate social networks. Building up the confidence and capabilities of members are important pre-requisites for co-production. As noted, in Chapter Seven, this cannot be achieved through the 'Big Society', which remains wedded to a neo-liberal economic idea that requires people to move home with fluctuating employment demand (Freedland, 2010)⁴⁹. The formation of co-production is based on social networks, not just in terms of coping with ill-health, or other social problems, but also in building links to other organisations. Underpinning this development are

⁴⁹ See also report on suggestion that unemployed get buses to nearby cities to find work: <http://www.bbc.co.uk/news/uk-wales-11605318> accessed 12th November 2010

quantitative measures and qualitative experiences of time which bring with them recognition, feeling valued and having social purpose. These sentiments would be severely damaged should people be required to move elsewhere for work and essentially be forced to move from a 'solidaristic network' to a 'social exclusion network', to use Cattell's (2001) terms.

Possible means of establishing these networks can draw upon the arguments offered for a 21 hour working week (NEF, 2010). This is an issue considered in relation to building the Big Society (Coote 2010a, b) but also in relation to improving collective life through social work (Jordan and Drakeford, 2012). The argument suggests that such a reduced working week would free up people's time to participate in their communities. Whilst laudable this would require further consideration as "quality time" can still be influenced by value of time promoted by capitalism (Kremer-Sadlik and Paugh, 2007). Finding ways that free people's time to engage in community activities requires equally the provision of the use-value of time so that engaging in collective life is not perceived through the lens of the clock: and here time banking offers one route to achieving this.

Bryson (2007) and Fitzpatrick (2004a, b) emphasised this point. In fact Fitzpatrick considers work-life balance and time in relation to "basic incomes". Whilst this latter point offers an interesting site for future theoretical and research endeavour, the consideration to be drawn here relates to the core economy. The value of the core economy is essentially tied to a notion of use-value of time. This is very distinct from the exchange-value of time promoted in the market and this is exactly what Cahn wishes to defend communities and families against. But in order to do so effectively Cahn needs to adopt a different stance. He needs not only explicitly to recognise this value but emphasise its role in challenging the dominance of market values. Here is where Cahn's definition of core and market economies potentially limits the discussion and where it is more useful to draw on Marquand's (2004) triple distinction between private, public and market. For, if Cahn is correct and market values are impacting on the core economy, then there are many who would argue in a similar way against the impact of market values on the public sector (Jordan 2010a). Subsequently, the

challenge that alternative values of time can offer may be much broader than the terms in which Cahn casts the debate: this will be discussed below.

8.2 Implementing co-production and increasing participation

In the opening of the previous section it was suggested that one way in which time banking activity relates to co-production was that participation contributes to co-produced outcomes and the foregoing explored how social networks and social capital underpin this development. The second way in which time banking activity relates to co-production lies in the delivery of services *per se*. Whilst participation provides health benefits which co-produce outcomes, the networks that develop to achieve this are necessary prerequisites for co-producing service delivery, the main focus of this study. Time banking participation allows members gradually to build up the confidence and capabilities of time bank members ensuring that they are able to co-produce directly in the future: by facilitating groups and taking part in discussions about service planning and delivery. Furthermore, facilitation of groups requires that members have sufficient knowledge and confidence to plan and deliver services. This can impact on health and illustrates how the term co-production often combines health care delivery and health outcomes.

The time bank literature has considered the potential challenges to implementing co-production practice within the public sector (see Chapter Two). These challenges are based around a number of key points: issues of staff understanding what co-production entails; the length of time it takes to educate providers and users about co-production; the rigidity of public sector hierarchies and the fear of job loss (James, 2005; Boyle, No Date; Boyle *et al.*, 2010). This study specifically examined how co-production could develop within health services. Previous research exploring the role of Time Brokers provided some insight into how a small demonstration project could be used to facilitate the development of time banking (Gregory, 2009b). Bringing this into the health care setting was the core idea to be explored in the AR to consider how public services engaged with time banking in an effort to reform service provision and consider the claimed barriers to the development of co-production. Alongside this,

Osborne *et al* (2008) claim that voluntary and community organisations, once seen as a source of innovation, now operate in a policy context in which they focus on the provision of specialist services which assist local authorities in securing central government service targets. Thus the use of community development time banking not only allowed for an examination of Time Broker practices which foster time banking activities but also offered the opportunity to consider how this form of delivery could be introduced to the public sector.

The literature on organisational change in business and management settings has been considered in relation to public health (Dooris and Hunter, 2007). This illustrates the importance of environment and context; cultural change; skills development and structural development of systems and processes. Whilst useful, Dooris and Hunter do warn that the literature in this field rapidly changes focus as new avenues of inquiry develop. Specifically for this study and the use of AR, the policy context set out in Chapter Two does support the move towards co-production within the public sector (Horne and Shirley, 2010; Beresford, 2010) which lends some support to the use of time banking. Whilst this policy context is important in helping explain why a change within an organisation takes place, it does not investigate what happens to the organisation during change (Armenakis *et al.*, 1993; Ansari *et al*, 2010). To reiterate briefly the key points from Chapter Six, staff at the LHB were already involved in a form of co-production and so were believed not to be resistant to the basic concept. The challenge was to broaden this practice to other forms of co-production. The role of the Time Broker was demonstrated to be different in an agency context compared to a community setting, and Chapter Six argued that the time bank movement needs to consider how this difference impacts on practice (discussed in more detail below). Additionally, attempts to build relationships with other service providers can be problematic in developing uses for credits. Such attempts must navigate the different policy contexts and ambitions of different organisations (and potential competition for resources). What the data suggested is that the implicit assumption that time bank practice can be easily transferred from community to public sector organisations may be problematic. Rather, developing co-production through the use of time banking will require public institutions to be willing to experiment with different approaches to

participation in the implementation of the efficacy co-production ideas attached to time banking.

Such change would focus more on 'continuous' rather than 'episodic' change (Weick and Quinn, 1999). Rather than "freezing" service provision, creating a change and then "unfreezing" provision, as with episodic change, here the focus is on incremental and evolutionary change. As noted above the development of networks will take time. These networks not only build patient confidence and skills to co-produce but need to form between providers and users of services in order for co-production to be possible. The AR did seek to foster this with the use of X'pert Patient as an example of practice to be rolled-out to other services, reaching beyond the time scale of this study. As noted in Chapter Six this did not happen. Potential explanations for this may begin with the suggestion of Armeankis *et al* (1993) that staff readiness for change is predicated upon messages for change; social and interpersonal dynamics; influence strategies and change agent attributes. Messages for change are based on justifying the need for such change – illustrating the discrepancy between the present and end state and the perceived ability to secure change. With regards to the AR it was suggested that a modification of existing practice would enhance the attempt to develop citizen-centred services pursued by the LHB within the Welsh policy context (WAG, 2006). This change was possible because it did not require staff to act and deliver the service in a radically different way, rather that the service provision change to use time banking as an engagement tool initially in one service and then spread to others. The difficulty for the AR here was that while some staff were engaged with these ideas and approach early in the study, from late 2009 and early 2010, the service planner had a much shorter time frame in which to become accustomed to the message and the AR plans. This is potentially one reason the AR did not produce time banking.

Taking together the social and interpersonal dynamics and change agent attributes, suggested by Armeankis *et al* (1993), some potential positives can be presented in the use of AR. Here efforts to create a community of inquiry (see Chapter Four) and equal power relationships between the researcher and the participants are key to promoting

change in AR. This allows for a social network to develop between all participants in the AR, permitting the social and interpersonal dynamics of the research to develop an effective working relationship. Despite not creating a time bank the participants did work towards creating change and altering service delivery. Thus in a way the credibility of the researcher as an initiator of action was maintained. By demonstrating knowledge, expertise and sincerity in the use and application of time banking and with contacts and networks within the local time bank movement, credibility was reinforced. Such credibility was developed and maintained in a number of meetings, conversations and other activities which sought to create change and develop the AR. These practices, however, depended on effective influencing strategies and fostering communication and active participation by all involved. In a rather circular way the nature of AR allowed for these components to develop and in so doing created the conditions in which they could be fostered. This may be one reason why AR is used in organisational change research (Greenwood and Levin, 1998; Weick and Quinn, 1999), or as part of research promoting change through participant action (Gibson-Graham, 2006; Houston, 2012). The challenge for the AR however was not necessarily the working relationships of participants but the external policy context within the community development sector which limited efforts to expand time bank activities, as discussed in Chapter Six.

As previously stated, staff were not resistant to the idea of co-production. They already operated a form of it within their pre-existing practices. The X'pert Patient programme was, implicitly, based on co-production. It was at this level that patients engaged with service providers and developed relationships with staff, over time (the nursing team, more so than the dieticians, engage with patients outside of X'pert on a regular basis). Their efforts did build the confidence and capabilities of patients in managing their condition. Yet the nursing team were not in service planning positions and could not seek ways of expanding participation opportunities for patients (nor was it their job to do so): here it was felt that the X'pert Patient team had greater "readiness" for change than the service planner (Armeankis *et al.*, 1993). Creating these opportunities existed at the service planning level, but here staff did not engage directly with patients. The data from the case studies suggests that Time Brokers

occupy both roles and this is how they grow the time banks activities (Gregory, 2009b). Within the LHB service planners do not engage with patients, do not build the linking social capital and the knowledge of members' skills and interests which drive time bank activity expansion in the community sector. Consequently, it was not possible for service planners to facilitate the creation of participation opportunities in the way found in the case studies. Thus the technical and political goals are separated because they are located in two different jobs. Growth of a time bank depends on the Time Broker being in a position to occupy the relationship-building role alongside the responsibility for expanding opportunities for participation. The AR project illustrated that this is, currently, unlikely to happen in the health sector. Returning to Glynos and Speed's (2012) discussion of 'transformative' and 'additive' co-production, the AR project reflected an addition to existing services, rather than a transformation in the relationship between users and professionals, potentially adopting the view of co-production offered by Osborne *et al* (2012, discussed below). The experience illustrated that 'transformative' approaches may be harder to achieve because they require agencies to sign up to broader political goals: although questions remain as to how effectively public sector organisations can sign up to alternative political goals.

Considering the AR project more broadly, Rogers' (2003) work on the diffusion of innovation may provide a useful insight into how time banking developments could overcome some of the identified challenges. Rogers notes four key elements of diffusion: innovation, communication, time and social system. The innovation of the AR would be the use of time banking itself, this was something new for the LHB and there was a willingness to develop a pilot. Communication channels were strong as part of the process of AR, which depends on open and effective communicative spaces. The challenges for developing the AR however rested in the other two elements. Where timescale is concerned here, the focus by service planners to complete the pilot before October 2011 meant there was limited time available to build up partnerships with other organisations and therefore develop a credit-based exchange system. Additionally Rogers' use of the term social system implies that there are interrelated elements working together to develop the innovation. In the AR reported in Chapter Six, this was not the case. Only one service within the LHB was

experimenting with time banking, hence the suggestion that future efforts seek to develop action with a range of services. Ansari et al. (2010) however are critical of the diffusion literature for its presentation of innovation as a physical process in which innovative practice is a readymade and unchangeable outcome. Rather they suggest there is a need to focus on negotiation and change occurring at the time of the diffusion process – in which the technical, cultural and political dimensions (the policy context of co-production for example) are an accepted norm. What remains to be made clear is how this norm is implemented within practice itself with a focus, for this study, on how time banking is used to achieve co-production in health services.

Osborne and Brown (2011) suggest that the normative appeal of “innovation” overlooks the complexity of its use in relation to public services. They suggest that change first requires an “innovation sponsor” which, in relation to the AR in this study, can be demonstrated by the LHB Chair who provided a political and organizational mandate and space for the innovation to take place. But the LHB itself is caught up in the wider activity discussed above as well as the external policy context which impacted upon the efforts to develop time banking. Whilst the wider context of Welsh policy is the development of citizen-centred services (WAG, 2006) efforts to develop this in one policy area (community development) blocked the attempts of the AR to widen time bank activities. This of course was not intentional but an untimely occurrence during the life of the AR. Furthermore Osborne *et al* (2012) suggest that the literature, drawing heavily on business management sources, remains product-dominant and thus unsuitable to public service analysis. Public services are based upon a service-dominant logic where (1) services are not concrete, rather they are intangible, unlike manufacturing; (2) there is a different production logic based on production and consumption happening simultaneously, unlike manufacturing where products can be stored for later consumption; and (3) the user is a co-producer and this is at the core of services. Thus there is an argument to be found in the public service innovation/change literature which echoes Cahn (2000a) and wider arguments regarding co-production (NEF, 2004a, b; 2007): citizens/users should be collectively referred to as stakeholders each with knowledge and skills essential to effective delivery of public services and the achievement of outcomes. Reforms should place co-

production at their core within a service-dominant approach to management. This would foster the longer-term ambition for incremental and evolutionary change. Realising that co-production develops gradually, as suggested by efficacy co-production and the discussion of networks above, innovation in the AR required a long-term view from the start. Potentially the view of the service planner did not fit this approach, seeing the AR as a period of change with a start and end date and as a process with an end product to be analysed by the researcher and taken away from the LHB at the end. Combined with the challenging policy context this led to a reward-based approach to co-production and not time banking.

What this discussion elucidates, therefore, is that developing time banking within the public sector will need, carefully, to consider the role the Time Broker is to play in order to operate at the different service levels related to technical and political goals, carefully navigating wider policy contexts. Failing to do so may result in a shift towards efficiency co-production, sought through a reward-based system associated more with a nudge-style behavioural economics. This prevents the development of efficacy co-production suited to the citizen-centred rhetoric that informs much policy in Wales (outlined in Chapter Seven). Yet implementing co-production is only one aspect for using time banking, the second is to increase citizen engagement and participation.

8.3 Co-production and Participation

The data in this study provides few insights into the potential for increasing participation because only one X'pert Patient group was "time credited". Compared to the previous (4) X'pert groups observed by the researcher, the one credited group did see more participants, but it is not possible to claim that this was the result of time banking. Two considerations in relation to participation are evident. The findings illustrated how little attention was given by service planners to expanding participation. In discussing the role of the Time Broker this lack of attention is attributed to the separation of political and technical goals which, when combined in the Time Broker role in community time banks, underpins the development of member/staff relationships through the expansion of time bank practice. Running

alongside this was the shift in how time banking was viewed. Focus shifted from facilitating co-production towards rewarding “one-off” participation in the programme, resulting in the provision of rewards. No attention was given to expanding time bank activity beyond X’pert, rather there was an assumption that future practice would operate around the reward system for future X’pert groups. Some attempt was made to connect with time banks existing outside the Health Board but, as Chapter Six indicated, this was not successful. Yet this attempt was a positive aspect of the AR. Although unsuccessful in making these connections, it allowed for discussion of how the time bank pilot could connect with other time banks in order to forge a link between public sector and community time banks, promoting some of the principles found in Welsh policy documents (see WAG, 2008a, b).

The expansion in membership of community time banks adopting a P2A model is often accomplished by attaching the time bank to existing community groups (Gregory, 2009b; Panther, 2012). In a similar way this form of expansion was being explored here. Whilst the focus was on finding ways for X’pert Patient participants to use their credits, by taking a broader view service planners could find ways of expanding practice across services thus recruiting future participants. This would offer a wider number of possible ways in which potential members could participate. What the P2A model also illustrates is that existing community groups can be influenced by community development organisations, so that they take on time bank practices, offering new opportunities to engage in the wider community and a range of time bank activities. Similar approaches can be adopted by the LHB, provided service planners look beyond the one service. Future action should look towards working with service planners, to identify a range of services that can potentially be altered to incorporate time banking and create a joined-up system of time banking services which must rely on credit exchange. This would underpin attempts to increase the number of participants.

In terms of participation time banking could be seen to assist in efforts to reform public services towards co-production (Parker, 2007a, b; Duffy, 2007), to offer personal benefits to patients (Barnes and Shardlow, 1997; Popay *et al.*, 2007), but also relate to

welfare reform and service user engagement (Beresford, 2001, 2002a, b; Beresford and Croft, 1994, 2004) . Yet as noted in Chapter Two, there is the suggestion that participation is co-opted by the use of the term co-production (Beresford, 2010) and that this is brought, uncritically, into the 'Big Society' (Ellison, 2011; Lister, 2011). But time banking offers a means by which a number of different forms of co-production can develop across Bovaird's (2007) typology (see Gregory, 2009a, b, 2010). Development starts from 'invited spaces' (Cornwall, 2008) where service providers engage in prescribed ways, in services planned by providers but which require user participation to secure outcomes. From the discussion above and in Chapter Five, this may gradually develop confidence and skills to allow members to engage service providers in other ways, potentially moving towards 'created spaces' as noted in community development (Gregory, 2009b). Thus co-production in public services offers a range of forms of co-production for service users to engage with as their skills and confidence allow. This forms part of the process of moving patients from passive recipients of care to key-decision makers about treatment as shown in EPP (Radwin, 1996; Griffiths *et al.*, 2007; Greenhalgh, 2009; Badcott, 2005). Thus the AR sought to start this process in the health care setting. Indeed, the AR has illustrated that the trials facing any attempt to develop time banking within the public sector include implementation challenges resulting from the split role of the time broker and the difficulty of building partnerships, itself exacerbated by the changing policy context of potential partners. In terms of participation this limited the possibility of expanding time credit earning/spending activities and thus increasing the level of participation citizens could pursue, if they so choose.

8.4 Time Banking and the Big Society

The analysis of Chapters Six and Seven suggest that time banking as an idea is malleable, exposed to co-option like other community currencies (Pacione, 1997; Leyshon and Lee, 2003). But as Chapter Seven suggests the practices and values, whilst different to capitalist systems operate at the same time (Gibson-Graham, 1993, 1996; Williams, 2008; Williams and Windeback, 2001, 2009). The key difference for time banking, and drawing on North's (2006a) critique, is that the association with co-

production makes the alternative values harder to distinguish. The political goals of time banking, challenging market values applied to social problems and reforming service design and delivery are distinct from the technical goals, monitoring, recording and crediting exchanges (Gregory, 2012). Moreover the technical goals were seen to shift focus from the use-value of time, (implicit within time banking as discussed in Chapter Seven), to exchange-value necessary for efficiency co-production. Promoting exchange-value resulted in attention being given to measurement and monitoring of exchanges: ensuring engagement but not promoting the long-term benefit of participation. Parallel to this development is the view that what is valued by time banking is only applicable to the core economy. Any challenge this can make to how time is valued in society is therefore shut down.

The promoters of the Big Society (Blond, 2010) are interested in community self-help and initiatives which allow individuals to improve their local circumstances. Essentially the aim is to establish “little platoons” to take over the operation of a whole range of services: taking them out of the hands of the public sector. From this perspective time banking becomes a means of engaging (and monitoring) participants in their efforts to cope with social ills, with no space for challenging its causes. In the Big Society approach, time banking is firmly about coping with, not tackling the causes of ill-health and this coping/management approach is both the beginning and end of time bank activity. This (as Chapter Seven suggested) was the co-opted approach found in the way Westminster Governments have engaged with time banking and co-production. Additionally the promotion of citizen-centred services in Wales may still run the risk of separating out political and technical goals when time banking is brought into institutional practice. Running parallel to this, as previously discussed, the service planners in the AR were focused on making the pilot a success. In doing so, less attention was given to the idea of co-production, than the development of efficient and effective mechanisms for recording and rewarding the time given by patients. Such record keeping is important to the achievement of co-production (Gregory, 2009b), but there is a need to focus on how to increase the opportunities to expand participation. As a consequence of the nudge-like development of the pilot, discussions with LHB staff, regarding its sustainability, focused on providing uses for

credits over the long-term. There was little discussion about increasing participation opportunities. Consequently concern was focused upon the next cohort of X'pert patients and not the pilot group, who were to have rewards provided to them. This separation results from the second issue highlighted above: the role of the time broker.

It has been suggested that the malleability of time banking ensures that efforts to make it a tool of the 'Big Society' will sufficiently alter practice so that efficacy co-production never truly becomes a possibility. Rather, the focus is upon rewarding participation and on opportunities to reduce state provision. As suggested in Chapter Seven, co-production required inputs from both traditional service providers and service users. It is a joint effort which the reduction of state provision by the 'Big Society' potentially undermines (Jordan and Drakeford, 2012). Cahn's (2000a) definition of co-production, what was referred to in Chapter Two as efficacy co-production, is tied to people developing the belief that they can change and improve their capabilities. Turning up and participating is the model supported by the 'Big Society' and is rewarded. Turning up, participating and gradually altering the power relationship between provider and users so that they are in a near equal position, is the model supported by time banking.

Where the role of the time broker is split between different levels of the service, the service planners are concerned with making the system 'work' and the constraints that develop around these efforts limit the scope for exploring wider routes to develop co-production. In contrast, Cahn's (2000a) approach offers time banking as a means of demonstrating to people that valuing contributions in reciprocity unlocks new sets of capabilities, confidences and abilities, to move people beyond coping towards challenging the causes of ill-health. Shifting the focus beyond the individual and community to encompass structural and social determinants rests on relating this to the work of Richard Wilkinson. Time banking can offer a solution to the psychosocial causes of ill-health (status anxiety, see Wilkinson, 1997; Senett and Cobb, 1993) but as noted in Chapter Five, there is potential for some members to engage in wider political activity resulting from the enhanced confidence time bank participation has helped

develop. Here there is scope for structural inequalities to be the target for change. But it must be stressed that this study does not suggest this is a guaranteed or necessary outcome of time bank activity. Rather the possibility exists and should be the source of future research. For the discussion here the issue is that Cahn does not make the political goals clear in his discussion of time banking nor does he demonstrate the alternative values he desires for public services. As a result Chapter Seven concludes that while time banking does offer a site of resistance, by itself it remains insufficient to the task of facilitating wider change in society. The challenge rests in finding ways of developing time banks within the public sector which do not necessarily limit the potential of fostering wider resistance to the application of market values across all aspects of social life. This requires making the use-value of time explicit in accounts of time banking.

The possibility of communities utilising time banking as a space for resisting neo-liberal ideas, practices and values has been alluded to previously and will be explored in more detail here. It has been suggested that Cahn's (2000a) work offered scope for conceiving of time banks as a means of challenging structural determinants of ill-health (and potentially other social problems, building on the suggestion by Wilkinson and Pickett, 2010, for a campaign to create a more egalitarian society, see also Whitehead 2011). Yet the establishment of social networks, the implementation and growth of time banking, and reform of health services as suggested by the co-production literature, are attached to the alternative values that time banking offers. Thus time banking supplies a means for coping with social ills, whilst helping to develop members' confidence and capabilities to be drawn upon should they later wish to challenge the determinants of community problems. As noted above this could be related to Wilkinson's (2005) research with the suggestion that time banking addresses psychosocial ill-health and offers a foundation for building a wider campaign for change.

Thus it can be suggested that time banks operate within a framework which not only facilitates local resilience, but also creates space for asking why the need to be resilient has arisen. The 'Big Society' approach allows for the first, but not the latter. Cattell

(2012) however argued that the 'Big Society' is dismantling the welfare state and creating a context of reduced services provided to local communities, thus increasing the inequalities that communities experience and weakening attempts to promote the 'good society'. Promoting time banking within the 'Big Society' will ultimately face a contradiction whereby services are reduced on the one hand, limiting opportunities for local people to meet up and engage with each other, whilst, on the other hand, promoting local responsibility to take over these facilities – but without any support in achieving this.

8.5 Function

Cattell (2011) argued that social networks are vital for the good society as they offer people the support and resources they need to live healthy lives in the face of poverty and ill-health. This is an important aspect for the health concern of this research which can also relate to the alternative values promoted by time banking. Yet it also gives rise to one final issue for consideration, the idea of 'function' set out by Tawney (1921: 8):

A function may be defined as an activity which embodies and expresses the idea of social purpose. The essence of it is that the agent does not perform it merely for personal gain or to gratify himself, but recognizes that he is responsible for its discharge to some higher authority

In *The Acquisitive Society* Tawney provided a critique of industrial society, suggesting that a separation of function from private interests and property has occurred. This separation emerged from the Utilitarian idea that rights are derived from utility. Rights, in this sense are not associated with discharging functions. Rather they allow the pursuit of self-interest in a way divorced from any notion of service. These private rights are then afforded priority over public interest as rights are considered to be primary and unconditional: relegating the public to a secondary and contingent position. The presentation of rights in this way ensures that rights do not need social justification: functions of course do and where functions direct actions, only the socially justified actions are permissible.

Tawney argued that the 'acquisitive society' is one where the focus is upon the acquisition of wealth and that the separation of rights from function allowed this accumulation of wealth to occur undeterred by the social consequences. However the use of function to guide social actions and obligations required that we consider what people can "make or create or achieve" and not what they possess. This is the foundation of a 'Functional Society', 'because in such a society the main subject of social emphasis would be the performance of functions' (Tawney, 1921: 29) rather than industrial society's pursuit of destructive, functionless activities.

This theme is reflected in much contemporary debate (Boyle and Simm, 2009; Jordan and Drakeford, 2012) concerning the environment, sustainability and anti-productivist critiques of capitalism. But it is possible to draw upon this notion of 'function' to reinforce the argument offered above. Time bank activity has a function which is not focused upon accumulation of wealth, but on what you can offer to your community. It focuses upon activities which can be valued outside the market because it uses an incompatible system of measuring value (something which North [2003] critiqued when he asked: How many time credits for a pound of carrots?). The purpose of time banking activity is not profit and accumulation: the focus is on task time and use-value. As Chapter Seven has shown, time banking activity is about creative endeavours for self-improvement and improving your local community. Whilst some element of personal gain is identifiable, this is achieved through building up and engaging in a wider social network, formed across the community and requiring commitment to the community. Essentially, time banking starts from what people can create and activities whose function is to protect the core economy. But this responsibility can include resisting and challenging the way in which society is structured and promoting a different set of values against which human activity can be judged. In promoting different values, time banking offers a space in which function can be brought back into a discussion of social activity. This is why the political goals and implicit value of time, which Cahn (2000a) does not quite acknowledge, must form a key argument for time bank activity.

The notion of function does not appear explicitly in contemporary policy discussions, but its fundamental argument can be found in debates about the usefulness (or otherwise) of certain activities to society (NEF, 2009; Turner, 2009). For example NEF suggest that for each £1 an investment banker creates s/he will destroy £7 of social value whereas a child carer creates between £7 - £9.50 for each £1 they are paid. Thus the use of 'function' allows for links to Levitas' (2005) utopian methodology, to start thinking about what institutions and different ways of being might be engendered if the alternative values of time banking were promoted as a new way of organising society and promoting social activities and interactions. This will necessitate moving beyond the limitations Cahn (2000a) applied to his work, to promote the implicit values that his notion of time banking, and co-production, bring to policy practice. Such questioning suggests that the restricted development of time banking might be overcome. But considering the growing extent of co-option and association of time banking with the 'Big Society' and the Coalition Government's policy agenda this possibility may be quickly diminishing.

8.6 Conclusion

Whilst the above allows potential links to be made between time banking and wider policy debate, this chapter has sought to restrain this discussion to the explicit research focus, broadening out to hint at these wider issues as the argument progressed. Overall three key ideas can be drawn out. First, that the possibilities of developing co-production with the health sector are not necessarily "doomed to fail", they often already operate forms of co-production. But implementing time bank practice offered challenges very different to those identified in the literature. This resulted from the enforced separation of the political and technical goals, which this chapter has sought to address. Within the public sector the risk of separating out the role of the Time Broker reinforced this division between political and technical goals and solutions have been suggested for future action. Second, health benefits of time banking are not based upon members being engaged in service delivery *per se*. Rather, through participation members generate social networks which offer support for coping with health problems, but also engage in employment-like activity, which offers

a number of health benefits (collective activity, social purpose, sense of worth, and resources). However, improved health is not guaranteed as some network formations and types of participation can have damaging health effects. Time banking offers a potential means of countering these negatives, which may not exist in other forms of co-production. Finally, the development of the 'Big Society' may put some of these benefits at risk. Not only does it limit the scope for challenging structural determinants, but it may also pre-determine the forms of participation in which people can engage, whilst simultaneously eroding state supported resources and facilities which assist time bank activities.

It is not the intention here to claim that time banking may not be suitable for deployment within the health services (or, potentially, the wider public sector). Rather it is suggested that a number of challenges exist which need to be considered for future action:

- The separation of the time broker role in the health service setting researched here restricted the potential growth of time banking across the service. This was exacerbated by the changing policy context within which potential collaborators operated.
- Restricted growth limited the expansion of the time bank activity and therefore opportunities for building social networks.
- Efforts to develop participation activities which build social networks between patients and between patients and members which make co-production possible were prohibited.

The suggestion therefore is that time banking offered some important benefits in relation to health and co-production, but that these are more easily identifiable, and perhaps have greater success, in the community sector. Within communities the development of time banking also facilitated discursive links with the theoretical argument proposed above, offering a starting point for resisting neo-liberal values thus moving beyond the creation of coping mechanisms and resilience. Whether the public sector can overcome the challenges outlined above will depend on the broader policy context. For time banking to succeed there must be support for both its political and

technical goals: yet the 'Big Society' offers little in relation to this. Of course this depends on whether public services generally are able to engage with political goals which foster changes promoted by efficacy co-production. In a similar way there is a need to consider whether communities themselves are willing to be sites of resistance and change. The participation literature makes clear that true participation is voluntary and people have the right not to participate. A similar sentiment must be expressed for communities as sites for change. Just because the possibility of offering resistance exists, does not mean that communities wish to campaign for and create change. Further AR may offer solutions to the challenges faced by the public sector attempting to implement time banking, but could also offer insights into the community time bank settings to explore the possibilities of building up wider resistance to the 'Big Society', rather than continuing co-option.

Chapter Nine:

Most generations, it might be said, walk in a path which they neither make, nor discover, but accept; the main thing is that they should march. The blinkers worn by Englishmen enable them to trot all the more steadily along the beaten road, without being disturbed by curiosity as to their destination.

Tawney (2008 [1921]: 1-2)

The exploration of the potential health benefits of co-production through the use of time banking has taken a rather specific journey. Whilst the development and use of time banking was explored in Chapter One, the key idea of co-production was deconstructed and considered within the wider health inequalities, social capital and community literature in Chapter Two. Offering a distinction between efficiency and efficacy co-production a specific definition of co-production at the core of time banking was outlined. In Chapter Three the exploration of the social theory of time provided a number of theoretical insights. Of immediate concern was the use-value of time itself and its potential relevance to understanding time banking. But Chapter Three also developed a critique of contemporary society, a starting point for questioning the beaten track that Tawney warned against (above). Subsequently time banking was located within a wider debate around co-option by the 'Big Society', and a combination of time theory, and a wider debate around co-option (Gibson-Graham, 1993, 1996, 2006). These created a specific lens through which time bank ideas and practice could be analysed. Consequently this research has not only focused on potential health benefits of co-production but also offered wider theoretical possibilities regarding time banking as a site for resisting the values promoted through neo-liberal capitalism.

In his introduction to *The Acquisitive Society*, Tawney argued that people follow what they feel is the set-path for society unquestioningly, with no consideration given to the destination or the consequences. In questioning this path, however, as it is possible to expose potential and actual damage caused by the blinkered march, alternative paths

become visible. Chapter Three, as noted, starts this process, but its conclusion rests beyond the scope of this thesis. Here it is worth noting Cahn's claim (2000a: 201):

[t]he challenge our species now faces is to create a healthy ecological niche: communities that nurture, space that is non-toxic, exchanges that do not deplete, relationships based on love and caring, transactions powered by the renewable energy of compassion and empathy and reciprocity.

It has been argued in this thesis that Cahn's (2000a) work left implicit an understanding of time which is necessary to meet this challenge. In this final chapter the specific research questions will be addressed in terms of developing co-production and offering resistance to the 'Big Society' to prevent co-option (9.1 and 9.2). This includes some policy recommendations based on this research (9.3). This chapter draws to an end with a discussion of the study itself (9.4) before offering some final thoughts on the potential of time banking to offer an alternative set of values and some wider implications of the research (9.5)

9.1 Time Banking, Health and Co-production

Drawing across the analyses in Chapters 5 to 8, some clear conclusions concerning the potential use of time banking as a means of developing co-production in health can be offered. As stated previously, the time bank literature claimed that health benefits develop out of time bank practice without association to wider health and social capital literature (De Silva, 2007 *et al.*; Folland, 2007; Fiorillo and Sabatini, 2011a, b). This research intentionally sought to bring this literature together, alongside empirical analysis of case studies and action research (AR), to explore the potential of time banks as a means of developing co-production in health services, a term as used in the literature encompasses both health outcomes and delivery of health services, often not distinguishing the difference between the two.

How does time banking practice engage patients/service users in co-producing their own health, especially in relation to chronic illness?

Participation in time banking is essential to the development of co-production. It is through participation that members engage in time bank activities which build up skills and confidence as a precursor to co-production. Yet this participation can be classified as co-production on Bovaird's (2007) typology where service providers plan services, but delivery is achieved with service users. In the community development setting this form of co-production is often a starting point for time bank activity which is then built upon as members grow in confidence and approach staff with their own suggestions for services (Gregory, 2009b). At this stage service users are involved in planning as well as delivery, with joint design and delivery at the centre of the typology, being the ideal form for some co-production advocates (NEF, 2004a,b).

Thus participation in time banking helps users to co-produce health in two ways. First, participation in time bank activities can contribute to an enhanced self-perception of member status (as illustrated in Chapter Five) which, interviewed members suggest, improves their health. Borgatti *et al.* (2009) suggest that social scientists, when exploring networks, take at face value members' comments and views of the activities and consequences of network membership. Unlike physical scientists who use baseline values to measure networks against, social scientists are interested in the different properties within each network and the different outcomes that they produce. To have a baseline is 'like comparing the structure of a skyscraper to a random distribution of the same quantities of materials' (Borgatti *et al.*, 2009: 895), the focus is on the shape of the network. Thus in this study it has been suggested that the types of participation members engage in will shape their networks and, using Cattell's (2001, 2011) typology these offer different health benefits to members. The second impact of participation in terms of co-producing health relates to how service members engage with time brokers, fostering linking social capital and a more equal power relationship between the two. This is required if services are to change explicitly to incorporate co-production and is discussed below.

In relation to the focus on chronic health conditions this research cannot comment on the outcomes of treating such conditions: this is not the focus of the study. Rather from the case studies it can be suggested that the forms of networks resulting from

participation can offer some support in mental health and that future research should look specifically at evaluating time bank outcomes with baseline measures but incorporate into this analysis the discussion of networks outlined above. What this study suggests is that the development of networks and the different ways in which members can participate allows for co-production. On the one hand the networks can offer support, information and resources that help individuals to cope with their conditions. On the other, participation allows members to be involved in co-production and, potentially, in the design of services. The AR had sought to replicate this in relation to X'pert Patient by introducing time banking but also seeking to expand opportunities to earn time credits. The aim of doing so was to increase participation and, in the long-term, to create opportunities for greater co-production. As Chapter Six illustrates this did not occur and will be discussed further below.

Additionally, it was suggested that some forms of participation can increase stress and anxiety for some members. Where participation is perceived to be similar to the activities and relationships that contributed to their mental ill health then time banking could operate to exacerbate these conditions. Yet the flexibility illustrated in time bank use, resulting from the generalised exchange mechanism, offered a means of managing this. Through the Time Broker members can change their activity and participate in time banking in new ways which allows members to build up networks of support and to feel that they are engaged in socially useful activity which can have health benefits. This leads to the next research question:

In what ways does time banking generate social capital, and how do members perceive any relationship between social networks and their health?

Chapter Eight explored the link between networks and social capital in a wider discussion of co-producing health care. Here it was suggested that participation and reciprocity in exchanges act to create and maintain social networks within time banking. For members' perceptions of their health, however, and as touched upon above, the effects of networks depend on their participation and this was linked to Cattell's (2001, 2011) typology. For some time bank members, predominately the men

in the study, 'pluralistic' networks formed as a result of participation. Here members have a sense of community engagement, are active in a number of initiatives to improve their local area but largely have networks based on bridging social capital. Although working to enhance their self-perceived status in the community and reduce status anxiety (Sennett and Cobb, 1993), in terms of network support and coping strategies, 'pluralistic' networks offer limited benefits compared to 'solidaristic' networks. These networks offer a mix of bridging and bonding social capital to members. Resulting from this a distressing situation or event experienced in one network can be offset by support provided to the member from one of their other networks. For instance, someone experiencing a family death in their bonded network could find support through the membership of the bridging network (i.e. their time bank network).

This was illustrated in Chapter Five with a discussion of two members: Richard and Sara. Richard was engaged in the time bank offering a range of services to other members, developing new skills to increase those services he could offer, and was actively involved in other time banks. Yet despite this he was unwilling to accept assistance from others and kept others at a distance, stating in the interview that no one had been through his front door in years. Illustrating the 'pluralistic' network Richard commented that the time banking membership had helped him address his anxiety and depression even though he lacked, indeed resisted being part of a bonded network. Sara, however, participated in the time bank because she already had a tight, bonded network but lacked a wider network. Thus she engaged in a number of group activities in the time bank and had, consequently, developed bridging social capital she was lacking. Again in her view the time bank had helped her to tackle her isolation and depression but she also tried to keep her two networks separate. In doing so she was able to rely on two distinct networks should a negative event have happened in either. According to Cattell (2011), Sara's network offer greater health potential than Richard's.

What key organisational processes underpin co-production/time bank practice in community settings and need consideration in time banking within health services? What challenges exist to their development?

In Chapter Five, the role of Time Brokers was examined, illustrating its central importance in building up individual member capacity and confidence. It is not just a matter of monitoring, facilitating and creating opportunities for exchange. Brokers have a vital role in forging linking social capital with members so that a more equal power relationship develops to allow co-production to occur. Here the time broker acts to support and facilitate members' activities, with the aim of helping members take on co-production of services as an end goal. As brokers have access to resources and information that members do not, linking social capital can be used to explain the processes by which these resources and information were shared. What becomes apparent is that for public health provision, seeking to use time banking and social capital, such links must also be forged between providers and users of services. In addition, the community-based time banks forge links between members and other community organisations and local services. Although limited, some evidence of members engaging in wider campaigns has been highlighted (see Chapter Five), offering potential avenues for future research into the potential resistance offered to neo-liberal capitalism and the cuts pursued under the claims of austerity and promotion of the Big Society. Underpinning this process is the role of the Broker in both the political and technical goals of time banking, something which was separated out in the AR project.

Fundamentally the AR project could not replicate this. The technical goals of monitoring and building the time bank exchanges were attached to services planners whilst the political goals of building confidence, capabilities and seeking co-production were part of X'pert Patient staff roles (see Chapter Six). This separation, it was suggested, contributed to a shift in how the pilot project was perceived, with consequences for how the time banking developed, moving it away from efficacy co-production to a rewards model similar to compliance and 'nudge' (Thaler and Sustein, 2009). The solution lies in making efforts to achieve the political and technical goals

simultaneously. Additionally, it is only when these goals are combined that the potential of using social capital to foster wider challenges to the structural determinants of ill-health and poverty can be achieved.

But alongside this the AR experienced difficulty in finding new ways for members to participate. With few services available for credit exchange the LHB had to seek partnerships with other organisations i.e. time banks and the local authority. Despite attempts to develop these links the AR was unable to do so. In part this was due to the time frame in which the service planner was operating. As suggested in Chapter 8 there was a perception that the change in service delivery had to produce a specific outcome by a certain date, despite the AR being introduced as change that needed to take place over a longer time period and beyond this study. Thus on the wider issue of whether time banking can transfer to the public sector there may still be some scope for success, but in relation to health services the challenges faced in developing their own means to earn and spend credits will be a real limitation. Ideally future research should draw on AR within other public services to seek change through time banking to explore the adoption and alterations of community time bank practices.

9.2 Resistance and the Big Society

It has been suggested that implementing time banking practice requires the promotion of political and technical goals. But the former must explicitly articulate the assumptions embedded in Cahn's (2000a) theory and be drawn out through an analysis based on time. This was the aim of the framework developed in Chapter Three for analysing time banking at a theoretical level. Whilst it is therefore possible to accept North's (2006a) criticism of diminished "radicalism", this is a result of co-option experienced by other community currencies. Where there is a key difference is that the "radicalism" of time banking is not associated with production and exchange but with the value of time and the promotion of that value through different activities and practices. Recognising this provides a more resistant ethos towards neo-liberal capitalism, than the use of time banking within the 'Big Society' allows. Thus this section explores the final research question:

How does the theory of time banking interact with the idea of the 'Big Society' and what practice implications does this have?

Offering a potential starting block for repositioning time banking, the argument in Chapters Seven and Eight started to bring together both an analytical framework and argument for change. Time banking activity within community development illustrates how members' collective efforts can alter their localities and enhance their members' capabilities. Such activities are valued differently than if they were located in the market economy because they reflect the use-value of time: there is no profit motive (recall how case study participants talked about time banking in a similar way to volunteering, the credits are a recognition of activity but not a reason for it). This illustrates a need to consider temporality in policy analysis (as a number of academics have already noted, see Piachaud and Lee, 1992; Dey, 1999; Fitzpatrick, 2004a, b; Goodin *et al.*, 2004, 2008; Bryson, 2007; Bussey, 2007; Goodin, 2009; Burchardt, 2010) and to explore ties between different policy initiatives through the temporal lens. Time banking puts into practice a number of ideas necessary to achieving broader political and structural change. But the co-option of practice limits these possibilities because the political goals are not explicit. Here, this research has sought to reposition Cahn's (2000a) theory around time banking and co-production to make the political goals explicit and capable of shaping practice.

Thus this research may serve as a reminder to the time bank movement that it is not just a tool for generating active citizenship. It is a means of promoting different values in exchange and interaction between people; it is different to the market economy values of 'competition, conquest, aggression, acquisition' (Cahn 2000a: 58). Essentially this indicates that time banking is potentially part of a wider range of alternative policies which are based on a particular critique of society and the welfare state through a focus on time. Thus there is room for research to bring these ideas together, particularly those that are based on arguments for increases in time free from employment to engage in others forms of collective life (Fitzpatrick, 2004a, b; Jordan, 2004, 2010). These are often linked to arguments for basic incomes. Such attempts

must address two challenges offered by the development of the 'Big Society'. First, the Big Society is not interested in efficacy co-production beyond the point that it will assist self-help initiatives. Advocates of the 'Big Society' desire individual community members to have the capabilities and confidence that time banking can generate because this is integral to developing community resilience. As a result resilience and coping become the key aspects of time banking so that state services and resources can gradually be removed, thus privatising social problems (Drakeford, 1999). The potential challenge to structural determinants, argued in Chapter Five, is not part of the Big Society agenda. Second, co-option may discredit time banks as merely a tool of the 'Big Society' and a means of removing the welfare state and pushing responsibility on to individuals. Such a development would tarnish the idea for some (for others this would be a benefit of time banking) and prohibit any challenge to the values which guide interactions within communities. The potential promotion of use-value (the implicit element of Cahn's (2000a) theory which protects the core economy) over exchange-value would be lost. This may already be happening with regard to co-production where links are being made to the 'Big Society' (Ellison, 2011; Lister, 2011).

9.3 Policy Recommendations

Attempting to follow Tawney's (1921) suggestion for seeking alternative paths through the use of time banking to achieve Cahn's (2000a) 'healthy ecological niche' leads to a number of possible policy and practice implications evident from this exploration into health and co-production. This section outlines these recommendations in relation to the foregoing discussion.

The first policy/practice implication is that attempts to use time banking must seek to protect some key elements: flexibility of participation as a result of generalised exchange and the changed perceptions of status within the community developed from building a sense of contribution, pride and worth. These outcomes depend on a commitment to the use-value of time, so that members' contributions and participations are valued and they have time to complete tasks which simultaneously allow them to build social networks. Such networks will alter in form depending on

how members participate; consequently attention needs to be given to finding ways of promoting 'solidaristic networks'. The current literature claims health benefits are generated by social networks; here the suggestion has been the effects vary according to the nature of engagement and participation.

As such the second policy/practice recommendation is that there is a need to realise that participation itself generates different networks and these may have different health benefits. What should be promoted are ways of facilitating 'solidaristic' networks (Cattell, 2011) for all members. This requires a recognition that the potential gendered differences identified in P2P networks be addressed and this should consider the flexibility of participation outlined above. In particular alternative ways of engaging male members should be offered. For instance men avoided social activities such as tea and chat sessions but this meant that they were denied the forms of connection that the women enjoyed and valued. Tea and chat, as was illustrated in Chapter Five, started as a form of bridging social capital for members before facilitating bonding social capital. Consequently it is possible that female members were more likely to represent 'solidaristic' networks, although further exploration of this is required. The participation of men, however, reflected pluralistic networks. Frequently they would participate to change their communities, but lack the bonds and strong identification with the locality which other members claimed in interviews.

A third policy recommendation is that there is a need to develop mechanisms which allow the political and technical goals to be pursued not only simultaneously but in a way which support each other. As the Time Broker role is separated, there is a need to foster a close working relationship between service planners and providers on the front lines, but this must involve the service planners early on. A potential weakness in the AR is that the LHB Chair did not introduce the researcher and planner until late in 2010 and at this point considerable time had been spent working with other staff to develop the AR. Following on from this the AR did not find opportunities to bring frontline staff together with the service planner to facilitate a discussion on future credit earning. The focus of the planner on finding ways to spend credits was

potentially the limiting factor here which diverted action away from exploring such possibilities.

This leads to a fourth recommendation, that whilst health services are potentially limited in the use of credits (health services are provided free at the point of use in the UK) greater effort was needed to forge links with potential partners. But this must happen within a realisation that forging such links will take time and take place within a potentially conflictual policy context. This study took place in a context of austerity and cuts to third sector and public services. In implementing time banks, which depend on multi-agency and multi-sectorial partnerships, the organisations may be competing for similar resources and, as found with the AR, other agencies may also be going through periods of change, both contributing to diminished opportunities to find uses for credits. Future policy innovation needs to be aware that services may be restricted in what they offer for credits requiring the development of wider partnerships and that staff must appreciate that these will be difficult to establish and will take time. By building partnerships health service providers may be able to direct members to earn credits through other organisations as well as with the Local Health Board. Such developments would require considerable leadership direction and collaborative efforts on the part of all agencies and organisations involved; the failure of the AR to secure partnerships prohibited an exploration of this issue.

Following on from this, a fifth recommendation would be that rather than attempt to replicate community development practice, health services should seek to develop the time bank mechanism in a number of services simultaneously. This would start to address the above issue in that patients would have additional services from which they could potentially earn credits, although this does not address the need to find ways of spending credits. It would further demonstrate how existing services can be adapted to incorporate time banking. Within the AR the service planner suggested that the free at the point of use ethos which limits what services can be “charged” for credits may limit time banking. Yet the AR demonstrates the opposite, credits are earned in health service participation, people are not charged. Whilst this point was emphasised in discussions during the AR the data and analysis presented in Chapter Six

and Eight does cast some doubt on the suitability of time banking to achieve co-production in health services. That said it is possible for health services to rethink how some current services are provided, such as the suggestion to remove the cost of the Prescription Exercise (see Chapter Six) in exchange for credits. By working with a number of services at the same time, this challenge could be addressed.

The broader challenge here depends on whether public sector and community organisations can work together effectively to develop the ideas and ambitions offered in the co-production literature. Whilst optimistic that such working practices could be fostered, reservations exist regarding the intent, practice and outcomes of these efforts. The analysis in Chapter Six revealed this is not easy to achieve despite the Welsh Government explicitly promoting such practice in its policy. Without more research into time bank use within the public sector it is not clear that the health benefits outlined in Chapter Five will necessarily occur. Rather it would be a recommendation from this research that time banking remains a community based activity. This is not to say co-production cannot, or should not, be developed in the public sector. Instead this study highlights the limitations of developing an essentially community based activity within a public service structure. Whilst both time banking and welfare services aim to support individuals and communities in times of poverty and ill-health, time banking offers a potentially resistant ethos (as will be discussed below), based on a specific set of political goals (the implicit use-value of time). How willing public bodies will be to promote such ideas is not clear.

9.4 Role of the Research

This study combined the case studies and AR to explore the potential impact of time banking in developing co-production in health care. This presented an innovative methodological approach to exploring time banking in that it was possible to explore efforts to set up a time bank by working with service planners and frontline staff. But this action was built upon insights from a pair of case studies into time bank practice which not only supplied insights into the role of time brokers but the importance of developing social networks in order to achieve co-production. Combined the two

methods offered an interesting insight in that, on the one hand, the case studies offered data into developing co-production but also insight into the mechanisms through which time bank participation can have an impact on members' perceived health. On its own this would offer some support to the claims that time banking can have positive health benefits (Seyfang and Smith, 2002; Simon, 2003) and further research and evaluation of the impact of time banks on health outcomes through co-production should therefore be supported. On the other hand the use of AR illustrated that there were difficulties in adopting these practices in service provision. Indeed, the role of the Time Broker is one issue which has yet to be fully thought out in relation to the public sector. There is a need for a member of staff to facilitate co-production and time bank activity, but in the community setting this is achieved simultaneously by one individual (Gregory, 2009b). In the public sector this rests upon the combined efforts of several members of staff. Despite the wider policy in which increased user involvement in services is advocated (Wanless, 2004; WAG, 2006) this remains a key challenge. Other social welfare policies and practices continue to militate against the achievement of the forms of co-operation and partnership that would generate increased credit earning and spending opportunities.

One solution to addressing this issue in relation to the transfer of time banking from the community setting to the AR is tied to the potential flaw in the AR process in this study. Whilst the efforts to change services started in 2009, the NHS ethics process, changes in staff and therefore key contacts and the slight delay in bringing the service planner into the AR combined to create, in the mind of the service planner, a short-time frame within which the action had to be completed. Although the long-term implications of developing co-production had been emphasised during the introduction of the AR and in subsequent meetings and discussions the service planner was keen to see the project "achieved" by the date at which research field work had to be completed. In order to do so the longer term effort to pursue potential partnerships with the local authority and others, to develop wider opportunities for credit-spending and, eventually, credit-earning, were abandoned. Instead the service planner was able to make use of project funds to buy-in "rewards" for patient participation. Combined

this altered the AR and contributed to raising doubts over the extent to which time banking could be used within health services.

The combination of case studies and AR therefore reflects both positive and negative messages about the potential role of time banking in health care services. At times this study has stressed the benefits to members and to the potential reform of services that can be secured. At other points, however, doubts have been raised as to how successful time banking can be in fostering reform towards co-production. From the analysis here it would be prudent to suggest that, at present, the main focus of time bank activity in health care should be in the community sector as this is where time banking may have greater success in fostering co-production. Looking ahead, there is sufficient evidence from this study to suggest that future AR could continue to explore the transferability of time banking to more formal health services as a means of developing co-production.

There is a tension between the claimed potential of time banks to promote alternative values in public services and how these values can be drawn upon in wider reforms in society. In bringing this study to a close this chapter has drawn on Tawney (1929) to start to broaden the analysis to reflect upon such considerations. This final section turns to this discussion as a way of bringing about both an end, to this study, and a beginning for future debate and research.

9.5 Final Thoughts

Pierson (2006: 233) has previously suggested that ‘within the envisageable future, the “real” issue is not going to be whether we have a welfare state... but what sort of welfare state regime it will be’, a contention that has relevance here relates to the use of time banking. Drawing on the theoretical framework outlined in this research it would be possible to suggest that time banking could be drawn into policy making to advance the shrinking of the state and the promotion of the ‘Big Society’. In fact, the argument has some force in that time banks appear to fit with the language and claims of the ‘Big Society’. However it has been suggested here that a certain version of time

banks is especially vulnerable to co-option within Westminster policy discourse. Yet in Wales, as Chapter Seven illustrated, a different ethos has underpinned the use of time banking: one focused on engaging citizens with local public services. Essentially, therefore, the interest in time banking requires that researchers develop concepts outside of government frames of reference, to understand the values and aims that influence governments' views and policies (Townsend, 1979).

Critical theory offers one potential means of achieving this. Levitas' (2005) Utopian methodology has been combined with the ideas of Gibson-Graham (1993, 1996) and directed by the social theory of time, to offer an account of time banking which offered a different set of values against which to consider 'functions' (to draw on Tawney, 1921) in society and to start to reconsider how society is constructed. The key point is that growing attention is being given to how the operation of society can be altered, opening up the possibility of promoting a space in which researchers create new ways of organising society and suggest ways of reconstituting the welfare state to achieve this. Bryson (2007) offers her 'Uchronia', whilst Jordan (2010a, 2012) advocates a basic income. The suggestion which has been made, in this research, is an approach which links the two.

Whilst the above arguments to change how society is structured pre-date the economic challenges of the post-2008 financial crisis, this crisis provides an opportunity to develop a critique of neo-liberal capitalism. While a number of different "varieties of crises" exist, because of the global nature of the economic crash and different national contexts in which this impact has been felt (Farnsworth and Irving, 2011), the comments here relate only to the UK context. Although Gough (2011) has suggested that within the UK this has shifted from a financial to a fiscal crisis the discussion here adopts Farnsworth's (2011: 263) suggestion that the Conservative-led coalition has presented the crisis as a new age of austerity, whereby: 'cutting expenditure on social welfare in order to pay for provision aimed at the private sector represents a major redistribution of resources, from the poorest to the wealthiest in society'. It is this context which creates space for the 'Big Society' and the use of time banking.

Reiterating the focus on communities and health during times of recession, explored in Chapter Two (Day, 2009; Hussain *et al.*, 2011; Giuntoli, 2011; Johnsons, 2011; Hudson *et al.*, 2011; Athwal *et al.*, 2011; Ariizumi and Schirle, 2012) and the need to create resilient communities, community currencies are generally advocated as a means of developing local economic resilience to the fluctuations of the capitalist system (see Forward to North, 2010, by Rob Hopkins from the Transition Network). But in this research the intention has been to explore the service reform potential of time banking. Thus where resilience is concerned social networks and social capital offer a means of helping communities to survive and cope with shocks and strains. In developing a localism agenda the 'Big Society' seeks forms of service delivery which continues to locate social problems at the individual and community level. Time banking is therefore a tool for resilience. The findings in relation to health and social network formation would offer up and support time banking in this role. These networks do help local community members cope with shocks and traumas, helping individuals and/or communities to maintain healthy, "symptom-free" functioning, (Bonanna, 2004; Davydov *et al.*, 2010). The research on resilience does place social capital as a central resource for creating and protecting communities (see Norris *et al.*, 2008; Hawkins and Maurer, 2010; Castleden *et al.*, 2011).

Supportive of such views would be Hawkins and Maurer's (2010: 1789), suggestion that social workers can help clients 'connect to and use their positive social capital as a survival mechanism, as a strength builder and as a resource for rebuilding' local communities, in the wake of traumatic events. Here time banking could play a role, as resilient communities are those which are less dependent on external help in times of disaster (Castleden *et al.*, 2011). Yet, as Norris *et al.* (2008: 146) state, illustrating the narrative that has been presented in this research in relation to co-production within the 'Big Society': '[i]t would not be too difficult for the concept of resilience to erode into one more way of stigmatizing suffering individuals and communities.' The exploration of time banking in the two case studies showed benefits for members in terms of their own perceived health and wellbeing, and limited support for similar effects from public sector uses of time banking. It is, therefore, possible for time

banking to continue to be used by the 'Big Society' to promote health and community resilience, reinforcing the construction of social problems at the level of the individual and community and not structural causes. Such an outcome would realise the concern raised by Norris *et al.* (2008) and deny the possibility of change that the analysis in this research suggests may be possible.

The 'Big Society' presents time banking as a tool for efficiency co-production to facilitate the development of community resilience but does little to challenge or change the conditions that create community suffering. Here the intention has been to suggest that the focus on the use-value of time offers a means of resistance. Promoting use-value alongside evidence, albeit small, of time banking members engaging in wider campaigns to challenge structural inequalities, offers a possibility for community mobilisation and turning resilience into resistance. It has already been suggested that this should be part of future investigations of time banking. Facilitating such developments, however, rests on articulating a revised set of political goals for time banking. These goals would draw upon the theoretical analysis presented in this research. What remains uncertain is both the willingness and capability of communities to organise and campaign for such change.

As Taylor (2011: 293) has argued, community is associated with the 'ideas of empowerment, participation and partnership, with communities expected to take their place in radically new forms of service delivery and governance.' The essence of co-production, in either efficiency or efficacy form, is based on this idea. However, as Taylor notes, there is a need for a dose of realism when considering the possibility of locally organised challenges to international capital. Burawoy *et al.*, (1991) conducted a number of ethnographic studies to illustrate ways in which global capital can be challenged, which perhaps supports Taylor's pragmatic conclusion. She suggested that 'invited space' for communities to engage with services offer limited possibility. Communities, Taylor suggests, must engage in 'popular space' to allow them to build up confidence and their voice before they engage with 'invited spaces'. Within these 'popular spaces', citizens are able to define themselves and create their local solidarity from which change may occur. Time banking, and co-production, work with these very

spaces. Some forms of co-production on Bovaird's (2007) typology are created spaces in which members engage to develop skills and confidence before seeking to create their own spaces (see Gregory, 2009b). Although this is possibly working in the opposite way to Taylor's suggestion, it should be noted that when members have gained confidence and skills to take over and create their own spaces then they, potentially, may articulate their own demands for social change. As already, suggested some evidence of this exists but needs further investigation.

With the election of Barack Obama there was renewed interest in community organising ideas of Saul Alinsky (1992, see also: Schutz and Sandy, 2011; Teater and Baldwin, 2012). Such approaches seek to promote more radical, active, campaigning communities which may facilitate debate and engagement with the political goals of time banking which this research has outlined. Time banking and co-production may therefore go beyond resilience building through social networks and creating local change. The theoretical analysis makes clear that alternative values can be promoted in time banking practice which allow for more radical possibilities than is currently permitted in the 'Big Society' approach to time banking. Consequently it is possible to realise time banking in relation to Gibson-Graham's (2006: 196) suggestion 'that changing the self is a path towards changing the world, and that transforming one's environment is a mode of transforming the self.' The suggestion being made is that time banking, conceptualised within the theoretical framework presented in this research offers a potential to challenge and change neo-liberal capitalism. This starts at the local level but can facilitate an appreciation of alternative values to those of the market and support wider political change advocated, for example, by Jordan (2010a) and Bryson (2007).

Tawney (1921) suggested finding alternative paths: historically community currencies have been advocated as alternatives to neo-liberal capitalism (North, 2010). Contemporary policy debate on seeking alternatives can be found in the work of the New Economics Foundation which has suggested change based on a 'triple crisis' (economic, social and environmental) and offered new models of operating welfare provision based on zero-growth economics, co-production and changing the number of

working hours in the week (NEF 2008d, 2010; Boyle and Simm, 2009; Coote 2010a, b). Such arguments have long existed in academia, promoting an anti-productivist⁵⁰ approach to organising society (Offe, 1992; Douthwaite, 1996; O'Connor, 1998, Dordy and Mellor, 2000; Bowring, 2003, 2004). More recently such accounts have considered sustainable ways of delivering social policy and social work (Jordan and Drakeford, 2012). Essentially these critiques seek to find ways of breaking from the drive for production and profitability to allow for a wider consideration of how we define, measure and provide welfare and wellbeing to encompass social and environmental concerns. What is essential to promoting and bringing these ideas together is an appreciation of the use-value of time.

Can an investigation into health care and social networks at a local level really provide the foundation for a wider critique of society and start us thinking of different ways of being? In her work Cattell (2001, 2011), links poverty, health and community within a contemporary policy context to examine the role of social networks as a mediator and moderator between structural and individual determinants of health. She makes clear her links with C. Wright Mills (1959), focusing on the connection between micro and macro levels of society to highlight how personal troubles relate to public issues of social structure. Core ideas which she associated with her investigations are Engels' view of "social murder", where structural arrangements of society are to blame for ill-health and early deaths. She argues that cuts in public services, the rolling back of the state and promotion of the 'Big Society', on top of existing inequalities, will not only fail but will potentially further damage lives of the poorest. In doing so she reflects the recent focus on Titmuss' suggestion that policies should be judged by how they impact on the worst off in society - and that failure to make a positive impact is a mark of the irresponsible society (see Levitas, 2011; Sinfield, 2011).

In a similar way my intention has been to draw on Tawney's (1921) argument that it is necessary to know both the destination of society's path and the consequences of

⁵⁰ An approach to addressing environmental concerns by breaking with the productivist paradigm where material wellbeing is equated with exponential production, stimulated by the pursuit of profit; seeking instead sustainable ways of ensuring wellbeing outside of a drive for productivity and profitability

following that path. In knowing the destination it may be necessary to search out alternatives. When society reaches such historic turning points there is a need to consider the wisdom in switching paths, and not to squander the opportunity for change by passing it by. The fiscal crisis and the emphasis on austerity established a context within the UK, allowing for a growing awareness of environmental limits and calls for sustainability (North, 2010); the need for intergenerational justice (van Parijs, 2009) and the calls for tackling inequalities in society (Wilkinson and Pickett, 2010): although there is some critique of such views (Snowdon, 2010; Ben-Ami, 2012). The need for alternatives is being advocated. Time banking is not just a tool for coping with austerity and for facilitating state withdrawal. There exists a potential for offering an alternative set of values to start the debate about changes that can be sought. More work is needed fully to uncover and consider the possibilities of this alternative direction, and we should be constantly vigilant of any potential consequences, good or bad, which may occur as an unforeseen result of following a different path. The starting point to be drawn out from the conclusion of this research is that such alternatives are possible only where co-option can be resisted and herein lies a role for AR: the combination of research, practitioner and community efforts to create something different. For North (2010: 221):

Complementary currencies such as LETS and time banking are good ways for people to share skills and resources, and learn new skills. But they aren't up to the job of developing new forms of production. Here we need paper or electronic forms of local currency that will be taken seriously as ways of exchanging resources, so we can use them to finance new forms of production

Whilst justifying the 'Transition Towns' movement, North (2010) reiterates the argument that policy developments seek to promote resilience in the face of social problems without seeking to challenge the structural causes. Co-option remains a challenge for community currencies because the focus is upon production and exchange: the debate is presented within the terms of capitalism. Instead there is a need to consider issues beyond production and here the theoretical work on redefining work (Gorz, 1999) and its relevance to time and social policy (Fitzpatrick, 2004a, b) should be explored.

What remains is the theoretical development beyond this local context, to offer something which promotes discussion of alternatives. The argument presented here makes no claims for achieving this, rather it offers up a means of pursuing this line of inquiry. Key to this argument is Tawney's (1921: 2-3) notion of 'function' and his view that if society is to debate different 'paths' there is a choice 'to move with the energetic futility of a squirrel in a revolving cage... [or seize the moment with] a clear apprehension both of the deficiency of what is, and of the character of what ought to be'. Where time banking is concerned, its potential benefits are underpinned by the motives of practice. Ensuring motives reflect efficacy co-production and the use-value of time, allows new paths for service delivery to become apparent, potentially as part of wider welfare reform impacting upon society. The challenge, however, rests in the articulation of this renewed understanding of time banking.

Appendix A

Section One: Research proposal information for potential participating organisations

Research Summary for [REDACTED]

Working Title: **Improving health through participation: time banks as a site for co-production**

This research investigates the claim that time bank develops co-production, which can improve service user health through engagement in service design and production. By exploring current initiatives within this field of policy development as well as taking an active part in setting up interventions it will be possible to examine the effects of coproduced services in community health care and the processes of setting up and developing such interventions.

The research will be conducted through three parts:

1. Working with a South Wales Local Health Board and Timebanking Wales, the research will set up time banking practice within some primary care services to explore use and development of time banks and its impacts on health care;
2. Case study of Rushey Green, a time bank project run from a GP surgery in London which has been in operation for over a decade, this will allow for an examination of long-term effects of time banking practice;
3. Case study of a new scheme in Manchester which operates a similar initiative to time banking based on a “points” system. This will allow for an examination of a similar scheme to provide some contrast to time banking but also allow further exploration into the setting up, organisation and development of time banking in health care services.⁵¹

Research design

⁵¹ N.B. this last case study did not go public and so a P2A case study was selected for data collection.

The South Wales project: will be developed inline with the ideas of “action research” where the researcher will be working with Timebanking Wales and the local LHB to set-up the time bank. This is termed action research because it is not simply a matter of developing a theoretical account of the topic but brings together theory with practice which is led primarily by the research participants (the LHB) with the researcher acting as a facilitator. Service users involved in the time bank projects will also be invited to participate in focus groups to discuss their experiences.

Case studies: both the Rushey Green and Manchester sites will be invited to participate in two activities. Firstly interviews with key staff to discuss time banking practice, organisation, development, benefits, restrictions and challenges. Secondly, focus groups will be held with “service users” to discuss their views and experiences of time banking.

Ethical Issues

The research has gone through the NHS ethical procedure which has dealt with a range of issue. Additionally there are three information sheets and consent forms for Rushey Green. The first would be for participants who are involved in running and organising the time bank, the second for service users participants and a third is available should a situation occur when a potential participant lacks the capacity to consent for his/herself. Anonymity and confidentiality is assured to all participants (although anonymity for organisations as a whole may be harder to secure).

Data Protection:

Only the researcher will have access to audio recordings of interviews and focus groups and the researcher and supervisors will have access to final interview/focus group transcripts. Transcripts will also be made available to participants. All data gathered, from contact details and consent forms to recordings and transcripts will be kept in a secure location accessible only by the researcher.

The Researcher:

The researcher has previously completed research on time banking in South Wales in partial completion of a Masters in Social Science Research Methods, in preparation for the PhD. He has also published a number of articles, a book chapter and has given presentations on time banking, focusing on time bank organisation and development, youth justice and local economic development:

Drakeford, M. and Gregory, L (2010) 'Transforming Time: A New Tool for Youth Justice'; in *Youth Justice* 10 (2) pp. 143-156

Drakeford, M and Gregory L (2010) 'Asset-based welfare and youth justice: making it local'; in Brayford, J.; Cowe, F. and Deering, J. (eds) *What Else Works? Creative Work with Offenders*. Devon: Willian Publishing. pp. 155 – 168

Gregory, L. (2008) 'Why Workers in the Criminal Justice System Should be Interested in Money'; presented at Creative Work with Offenders and Other Socially Excluded People, Newport University, April 2008

Gregory, L. (2009) 'Change Takes Time: Exploring the Structural and Development Issues of Time Banking'; *International Journal of Community Currencies* 13 pp.19-36
Gregory, L. (2009) 'Spending Time Locally: The Benefits of Time Banks for Local Economies'; *Local Economy* 24 (4) pp. 323 - 333

Gregory, L. (2010) 'Local people rebuilding their communities - the essence of time banks?'; presented at WISERD Summer Conference, Cardiff University, June 2010

Gregory, L. (2010) 'Time in Service Design: exploring the use of time credits to deliver social policies'; presented at Social Policy Association Conference 2010, Lincoln University, July 2010

Gregory, L. (Forthcoming) 'Time and Punishment: a comparison of UK and US time bank use in criminal justice systems'; *Journal of Comparative Social Welfare*

Contact details for further questions:

[removed for publication]

Section Two: Example of information and consent form

This information leaflet is intended for potential interviewees (service providers)

Please take time to read the following information carefully and talk to others about the study if you wish.

You are being invited to take part in a research study exploring the use of time banks in community health care.

Before you decide, it is important for you to understand why the research is being done and what this will mean for you.

Part One: provides you with information about the conduct of the study and focuses upon what you can expect if you decide to participate

Part Two: provides you with key contact information and complaint procedures

Part Three: provides some general information about why the study is being conducted and how time banks operate

Part Four: relevant consent form to be completed by yourself and the researcher should you choose to participate

If you have any questions or you are uncertain about something then please contact the *researcher* (details below) and ask for more information.

Please take time to decide whether you wish to participate.

Part One

Why have I been chosen?

You have been chosen for an interview as someone with expert knowledge and practical experience with time banking (or similar) initiatives, which this research is interested in discussing with you.

What is involved in the study?

The interview will last about one hour and you may be asked to participate in one or two interviews if a follow up is deemed necessary by the researcher. The date and time of the interview(s) will be arranged *for your convenience* and the researcher will travel to *your location* and conduct the interview at a time that best suits you.

Will taking part be confidential?

Yes. Confidentiality and anonymity are essential in research of this nature and you will not be identified. If any quotations taken from your interview transcript are used in published material these will be made anonymous to protect your identity.

Any contact details that are collected from you will be held in a secure, and locked, filing cabinet which can only be accessed by the researcher.

What if participants change their mind about the study?

Participation is voluntary and you can withdraw at any time, *without giving a reason*. However, I would reserve the right to include any non-personal data that was given prior to you leaving the study.

What are the possible risks?

You will be spending some time in an interview which you may have used differently.

What are the possible advantages?

The possible benefits of taking part are that you contribute to a better understanding of how time banking works in community health by discussing the impact time banking has had on you and your community. The research has the potential to inform wider practice in community health, and increase service user engagement with services.

What if there is a problem?

Contact details are provided (below) should you need to discuss problems with the researcher. Other contact details have been provided should you wish to contact someone other than the research in order to make a complaint.

Harm

In the event that something does go wrong and you are harmed during the research study there are no special compensation arrangements. If you are harmed and this is due to someone's negligence, then you may have grounds for legal action for compensation against Cardiff University but you may have to pay legal costs.

How will information be recorded?

With your permission interviews will be audio recorded and transcribed into a document. You will then be offered the opportunity to read the transcript and make factual corrections.

What will happen with this information?

The information you provide will only be accessible by the researcher (audio recording and final transcripts) and the researchers' supervisors (final transcripts only) and will be kept securely, in strict accordance with the Data Protection Act.

The information you provide will not be used for any other purpose.

The information you provide may be used in written work (final reports and articles) as well as talks/presentations to interested parties. Confidentiality will be maintained as described above.

PART TWO

Who is conducting this research?

My name is Lee Gregory and I am doctoral researcher at Cardiff University, funded by the Economic and Social Research Council. The research has the approval of NHS Ethics Committee, and is supervised by senior academics at Cardiff University.

If you would like further information about the study, you can contact me at any time on [contact details removed for publication]

Complaints

In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against Cardiff University but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate).

[contact details removed for publication]

Who is organising the funding the research?

Mr. Lee Gregory, School of Social Sciences, Cardiff University, is the principal researcher. The research is funded by the Economic and Social Research Council (ESRC) who are funding this PhD study. This work is being supervised by Prof. Mark Drakeford, Dr. Eva Elliot and Prof. Barbara Adam, all at the School of Social Sciences, Cardiff University.

PART THREE

What is the purpose of the study?

This study seeks to use time banks in different community health schemes to find out from participants what benefits, disadvantages and outcomes they feel these schemes have.

What is time banking?

Time banking is a form of credit which supports volunteering. For every hour an individual volunteers in their community they gain one time credit. This credit can then be used to access goods and services in their community for an hour.

Time banking has been used in health care to support people's participation in health based activities from expert patient groups and fitness classes to different approaches, such as working on allotments, supporting community groups, and food co-ops.

Time banking practice

As a service provider you will most likely be familiar with time banking practice having played a role in setting up and establishing time bank services within our health authority.

If you decide to participate please you will be asked to sign two copies of the consent form below: one for your own records, which you keep along with this information sheet and one for the researcher who will be taking your consent.

Finally, thank you for considering taking part in this study and taking the time to read this information

Exploring the use of time banks in health care

Consent Form

Name of Researcher

	Please Initial
1. I confirm that I have read and understood the information sheet (version 4a dated 3/09/10) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason	
3. I understand that formal interviews with the research team will be recorded only with my permission.	
4. I understand that my name will not be associated with any quotes or data presented in reports and papers. The identity of the time bank will only be connected with specific evidence with the permission of the time bank.	
5. I agree to take part in the above study	

Name of participant **Date** **Signature**

Name of person taking consent **Date** **Signature**

2 copies : 1 for participant and 1 for research file.

Please complete and sign this form if you wish to take part in the study and return it to the researcher.

Appendix B: Additional Chapter Five Data

This appendix contains data relating to the discussion in chapter five.

Section One: Time banking and Time Structure

I fit it in where I can, my Tuesday one is easy and regular. Unless they ask me if something is going on and I can see if I'm free and can come along. Sometimes they have all day things at the centre, like the health wales thing, where there were stalls. So I go up and give the others a bit of a break and support it really... I try and be there as much as I can. Sometimes tied with time and can't always get involved.

Mike, P2A Member

I make time, I make time for it. Once I can do it I will do it. If one love's something you got to make time to do it. I am not working but I can fit it in when I see ways to fit it in as I'm involved in many organisations in the community and sometimes they have meeting I cannot go as I have to be at the [meeting] at the other one but I tell them sorry I can't come as I have to be at the other one, you know. I always like to be there, because we are not a boring organisation. Very loving and caring.

Beth, P2P Member

Well I think this is really why I like time bank. I never thought I would still be with the time bank, four or five years ago because it's, you are able to fit it, and it's been growing with me and vice versa. So when I am busy I do less, I attend less, but there are always some things I make a point of doing like Christmas, like the Christmas event. Whatever I am doing, even if I am busy and can't do the lead up, on the day I will do all the help the cleaning, tidy up, packing away, whatever needs to be done, I'll be there. So, so it changes like, so now I've got a bit of time now so I've just done an article for the Christmas party thing which didn't take long, but.... So it's changing now, it's changing and is able to fit my life. And when my confidence changes, when it goes up or down, then that changes what I do with the time bank.

Meera, P2P Member

[...] And as they say the beauty of volunteering is that you can come and go as and when your personal circumstances allow you to. It's not like a commitment to a job where you have to do X, Y and z days or x number of hours, they just come on a as and when basis which for them makes it easier to help their community

Bethan, P2A Staff

Section Two: Sense of Worth

John: [...] But it also makes you feel worthwhile because again when you retire, what's the question we ask each other "What do you do for a living", when you're retired, you're nothing. That's the way I feel. I feel cheated, that I had to stop work so early, I feel cheated because of my illness, and I feel cheated that I'm no longer seen as a member of society, in my mind.

Later saying:

John: [...] So we are all learning little things, and we are getting our pride back. We are doing something and being recognised, and you do feel a bit smug sometimes, you think "Oh, that person thinks that what I did was rather nice" [...]

John, P2P Member

Yeah. I think it kept me; it made me more confident in my area, more confident in meeting people and more confident in my skills. It allowed me to develop my skills, any skills, even picking up the phone, or meeting people, or helping out. You're literally, not only do you have the impact of having whatever condition you have, but you also have the impact of low self-worth, so although the time bank is not like a voluntary job, you can still build that up which is really important.

Meera, P2P Member

Lee: So people can be recognised for their contribution?

Euan: Yes, that's the whole point really isn't it. You've earned. You go home and think "That was a good day to day".

Euan, P2P Member

Section Three: Volunteering Acts

Lee: And do you think earning time credits provides a sense of worth as well?

Bethan: Yes!

Lee: How do you think that happens?

Bethan: Sub-consciously. It's not about the hour for hour I think it's about when they see those hours accumulating on the books and they pay for a trip

that they wouldn't be able to do themselves physically which they wouldn't be able to do themselves, especially if they have children, they comment on the fact "wow. What can we do now? What's next? What can we earn time credits on?" To do something and get benefit of giving something back it's about self-worth as an individual but it's also about being able to do something for your family as well. So the community gets the green house but they [members] get to go swimming [a family trip during observation] in Cardiff which they wouldn't be able to do... for some people they spend all their time here [in community] so it's about taking people out and broadening their horizons.

Bethan, P2A Member

Section Four: Credit Spending

Lee: What do you spend your credits on?

Jamiliah: Trips. If there are trips somewhere you don't have to spend money you can use time credits.

Lee: So what sort of trips have you been on?

Jamiliah: Southend. That's the furthest I've been and that was really good. I know other members have been to Calais.

Jamiliah, P2P Member

Section Five: Perception of Volunteering Acts

Lee: So do you want to start off by telling me how you got involved with time banking?

Mike: I started off volunteering because, as you know I have a daughter that is totally what's it, and because of her I never had any qualifications or anything so I started volunteering up here getting hours for the courses. My life now is just so different from what it was a year and a half ago. I have quite a few time credits but don't have time to use mine but it does work for the children as they are quite eager to do something to get the time credits.

Mike, P2A Member

Gwenda: I only got involved with the time banking because I got involved with the community centre as a community councillor, I got involved in the Committee and it follows on from then. I was involved in a lot of volunteering, not knowing about the time bank and I use to say "it's ok, it's ok, I do my bit for the community", but then [time broker] said "Oh no, you got to get involved, you're giving up a lot of time".

Gwenda, P2A Member

Section Six: Exclusion

[staff members] are constantly trying to get me to spend more but frankly there is not always the things that I desire. [...] But, yeah, perhaps what's on offer for someone like me is a bit limited. But that is changing. They are doing more, social events, we recently went for a bowling afternoon. Ummmm, so yeah I think that's changing.

[Euan, P2P Member]

Section Seven: Definitions of Co-production

For me I think it's about, sometimes people don't recognise their skills for whatever reasons or don't believe in themselves and I think for me what works is a general conversation, and I am like a little spy during that conversation so I'm picking up things and already I'm noting them down in my head and I might pick back up and that and say "We'll you've said this" then question them and that seems to work. Instead of saying well you could do this or that, it's playing it in a way where they are saying it, not me. So we end up with a whole list of things they can do otherwise you end up with a short list. So you need listening skills because you're picking out things and then questioning, bringing it back to them so they bring it out in a sense. So you're having a conversation but you spring things out and attach tasks to that. So you're saying "we" but really it's them and you are keep reminding them along the way that they are doing this and I think that creates sentimental value as people realise that "Yes, I can do this", it seems to work... so far. So it is about listening most of the time and letting them do the work without realising it and reminding them that they are doing it and that it is not about you it's about them, that's important, it's their project. Of course there are limits and we are not going to ask someone if they can't or they don't want to, they can always say no.

Rebecca, P2P Staff

Ok then. We are trying to develop a culture where local people a service providers, statutory and voluntary, are working together to tackle problems. When it works it works really well. So in 2009 we had a petrol bombing of the local shop and lots of racism, with swastikas in the shop. It was looking quite grim and was quite depressing really as we brought all the agencies together and were doing some work. So we brought lots of groups together and did lots of multicultural work with the shop owners and the community and the kids; a multicultural carnival loads off really simple things, nothing rocket science about it. Lots of events on improving the estate with families and young people. In early 2009 we co-produced an action plan with the multi-culture organisations and crime went down to nearly zero. I was amazed. When we get it right we can do amazing things. We are still the lowest for [area] crime rates despite being the most disadvantaged area.

Bethan, P2A Staff

Section Eight: Perceptions of co-production

There are so many words. I think co-production is about the individual taking responsibility for their wellbeing. And its active rather than passive recipients of help. I can give you an example of something that I have seen. There is a group that provides free lunches for homeless people, and I regularly go past that place, and there is the same people, the same people who are always just having a cigarette outside. The same people for the last so many years. And I think all you are doing there is not equipping these people, and I would say to them, join in with the cleaning, peel some potatoes, co-produce your meal. I think that is a practical way of just doing it. As a society, we have allowed ourselves to be spoon-fed and so we become dependent. Co-production is this, actually challenging people to be responsible. But also I feel that some people don't have the confidence or realise they have the skills, so part of it is actually helping people to realise the skills they have.

Ancil, P2P Staff

For me it's about working, me working with individuals to help them to develop, for example say we co-produce a show at the community centre I'm now at the stage where they book the shows, they organise the event, they've booked the artist, basically we just pay for it. That's all we are now, is a tool or mechanism of community support. Some of our groups aren't at that level so we have to work close with them and go through the mechanics of co-producing with them.

Bethan, P2A Staff

Section Nine: Co-production across organisations

L: So you said health was one of your themes, so how do you think you will be trying to co-produce health outcomes?

I: In a number of ways really, but it is perhaps still a little unclear. We will need to try and engender some of that co-production ethos with the GPs and the local health board who are coming on board. In the community there is the weight watchers, fitness group and the depression busters group with local people taking that forward. But health is quite a new priority for us, which sounds bizarre because health is so important, but it isn't something we have focused on until now. It is the area where we have been the least successful in developing partnerships with the statutory agencies [...]

Bethan, P2A Staff

Appendix C: Additional Chapter Six Data

This appendix contains data relating to the discussion in chapter six.

Section One: Data on X'pert Patient scheme benefits

What for you were the key benefits from the course?

I think it makes you aware that they can only go so far and help you and you have to help yourself. I've been doing [prescription exercise course] and have been sleeping better because I have been losing weight, in fact I've just got back from there. Obviously I still wake up early but I think that's just habit. A lot of people in the room [from the course] also go to gym, six or seven from the day [referring to the course].

The staff [on the course] are also excellent in explaining too, so it wasn't too technical and they had a lot of patience. It's hard to take everything in and they were extremely good.

Did this help you manage your diabetes?

My sugar levels have steadied more as I'm trying to have a more balanced diet. I can't do it all the time as I get fed up eating the same things, so have a bit of chocolate or sweets. They say you can eat anything and drink anything [in the right portion size] but I don't drink and when I open a bar of chocolate you can just eat two pieces. But the most beneficial bit has been [the exercise prescription course].

So you still use the knowledge and skills from the course?

Yes I do. I'm going shopping tomorrow so as you cannot eat the same cereal every day each day I pick up boxes and look for variety and read the backs. I even eat little fried food now and more oily fish. I always liked fish but never to the extent that you have to eat it, not weekly.

I'm glad that I went on the course. My diet is stable but I also do circuits on Friday and the gym Wednesdays. The girl there [at the gym] is excellent as you do as much as you want. I'm 67 now and I'm doing more exercise that when I was 47.

John Type II diabetic and X'pert Patient attendee

What did you think of the X'pert Patient course?

For myself, Lee, there were aspects that were somewhat basic as I was the most chronic diabetic on the course and felt frustrated. Someone such as myself had to go through issues that for people not as chronic as I would find useful, especially if they were recently diagnosed. Having been diagnosed

seven years ago I should have been told by the GP to do it [the course] years ago. Saying that, Lee, it was interesting, but the first day and a half had no bearing for me, as it was going through early stages.

What were key benefits from the course?

It had gone through some of the side effects which I've been going through, which I don't get from the GP [...] The traffic light system of food was complicated but I found that bit interesting and this is something that I am still using now [...] But there should be a course available for people who are more chronic and not recently diagnosed, an X'pert advanced.

How did attending the course impact on how you manage your diabetes?

The primary reason for going on the course was to find ways, you know, with any patient coming to terms with diabetes requires you make life changing alterations and that was the case in my case and you're in denial as you can't live the way you have in the past. I primarily went on the course to lose weight as with the amount of insulin I am pumping in to my body I'm fighting a losing battle...

Do you still use the knowledge/skills taught on the course?

Yes and no really. It [the course] highlighted that what you perceive as weight watchers, that dieticians have been involved in designing that product; you don't feel like you need to check yourself. But the course showed these are not always good. I felt that more time on this would have benefitted me, and more time looking at things that aren't good for you.

Simon, Type II diabetic and X'pert Patient attendee

Section Two: Reward Letter

The text below has been extracted, and anonymised, from the letters sent to participants:

Dear

RE: X-pert Patient Programme (Diabetes) Time Credit Research Project

Congratulations on successfully completing the above X-pert Patient course in October 2011.

As you may recall the programme was part of a pilot project being undertaken by Lee Gregory, a researcher from Cardiff University. The research is looking at the use of time credits for people who have attended patient programmes in exchange for rewards (leisure vouchers, cinema tickets etc.)

At the end of the course you completed a form indicating your preferred 'reward'. I am therefore pleased to enclose your £20.00 gift card for use in a local Showcase Cinema.

I understand that Lee will be contacting you in the next couple of weeks to undertake a short phone interview about your experiences of the course and your thoughts on the pilot. Your views are important to us and will help to inform the future of patient programmes in this area.

May I take this opportunity to thank you for your input into this research project. Should you have any queries regarding this letter or about the forthcoming phone interview do not hesitate to contact Lee on [number removed].

Section Three: Interview request letters – follow up to reward letter

The text below has been extracted, and anonymised, from the letters sent to participants:

Dear

You took part in the X'pert Patient group in October last year. As part of this you also took part in a pilot project where participants are being rewarded for participation. A letter was originally sent before the vouchers were sent out, however now you should have received them and so I am re-sending this letter to you.

As part of the evaluation of the project I would like to conduct a short telephone interview with you. This will be to talk about the X'pert Patient scheme and your opinions on how the reward system has worked. This interview should take no more than 20mins.

All interviews will be audio recorded with your permission. Enclosed is an "availability form" so that you can choose a time for the interview which best suits you. I would like to interview you as your views are important for the evaluation of the scheme and will inform its continuation. In addition as this research is part of my PhD you will be contributing to the wider data collection and analysis, for which I am thankful.

Yours Sincerely

Lee Gregory

Section Four: X'pert Patient revised invite letter

The text below has been extracted, and anonymised, from the letters sent to participants:

Dear

You have been referred by your G.P./ Consultant and agreed to attend the X-PERT 2½ day group diabetes education programme which is being held at

Venue:

Date Day 1: Monday 25th July 2011, 9.30am – 3.30pm

Day 2: Tuesday 26th July 2011, 9.30am – 3.30pm

Day 3: Wednesday 27th July 2011, 9.30am – 12.30pm

The program has been shown to improve diabetes control, increase self-management skills and quality of life for people with Type 2 diabetes.

Please leave your name, contact number and a brief message to confirm you can attend or to rearrange a future course. If courses are fully booked you will be offered the next date. If your employer needs a letter to allow time off work we can arrange this.

Please report to reception on arrival just inside the main entrance for directions. If you wish you may bring a family member or friend. In the lunch break, you can bring a packed lunch or there are local shops.

As part of a pilot project being run by Cardiff University the X-PERT course will be crediting the time you attend. This means you will receive special vouchers for attending the course and will be able to use it to access a number of different services, this will be explained during the course.

Please contact us on the above number.

If you are unable to attend the course but would like to see a dietician
if you do not wish to attend the X-PERT course

In both instances your GP will be informed of your decision not to attend

Yours sincerely,

Appendix D: Additional Data Chapter Seven

This appendix contains data relating to the discussion in Chapter Seven.

Section One: Time as resource allocation

Ummm I don't really have much of a life, it is really that simple. It makes me sound incredibly sad, but ummm at this time I have had, except a couple of months last year, had no paid work. For about six months I was actually helping out one day a week with a local charity, ummm, other than that I have oddles of time, so fitting it in is not a problem at all

Richard, P2P Member

I tend to spend as much time as I can down here. Obviously I have my own commitments like trying to find a job and the house and other things I have. But the majority of my time I like being here because I don't class anyone here as staff as they are all friendly and come in to have a chat. I like to come in and do little bits and pieces. But the main thing is my home life and my career that comes first and with the community that comes second. If I can I will give my time anyway I can.

Mark, P2A Member

Section Two: Time as Value

People helping each other, I would say. People helping each other, which is fairly rare in modern society. But also as I said a moment ago, helping disadvantaged people

Anita, P2P Member

Time bank wants everyone to be recognised for their own personal worth, and we have a code of conduct, everyone is equal [...] They [credits] value our personal strengths, what we give each other, what we give to them

Sara, P2P Member

Section Three: Contributions to the community

It's the time the children actually spend volunteering in the community, I mean they get something back for what they do. It's not money or anything like that, but the amount of things they actually do it means they can go and do what they want whether its swimming or if one of the trips come up, so it values the time spent doing these things.

Mike, P2A Member

Section Four: Time as Money

I don't think it's about money because it can never, certainly through time banking we are not paying people for volunteering, we could never match it, could never ever match it, I think overall people should be getting something out of volunteering, even if there is no time banking, be it training, education or meeting people. So time banking is a very small way of saying thank you but it's very important. It's a tool to say thank you. I know that's all very humble and I'm humbling time banking, but that's all it is, but that shouldn't be underestimated in its importance for thanking people.

Bethan, P2A Staff

whenever I tell people about the time bank they are always like, they are quite happy that there is something that is so people based, that it is not about money or profit, and they say "Really?!", people are really shocked that people give and receive in this way.

Meera, P2P Member

...so we knit and if anyone wants it for the baby they have it and I get my credit, they don't pay money for it. Mostly what I do now is knit as I can't move much at the moment. But people see me in the street and show me they are wearing something I made, and I can't remember making it. You go to the shop and someone will put a button on it cost seven pounds, I can do it for a credit.

Beth, P2P Member

Well it's not really a form of money its ummm I think it's a token of how much time they have actually spent, for how many hours they have actually given to the community

Pauline, P2A Member

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