

Time is Power: Spend it Well

How can 'timebanking' help to deliver 'Reshaping Care for Older People' and is the volunteering legacy from the 2014 Commonwealth Games for Glasgow - in part - a policy environment that does value and support the 'core economy'?

Timebanking ticks a number of boxes in terms of current policy development and there are increasing numbers of programmes across Scotland and the UK that are being established or supported in this context.

But Glasgow's experience of timebanking is varied: Castlemilk Timebank has survived and thrived for over a decade, while others have struggled to get started or - in the case of the Gorbals - have been successful then disappeared altogether when funding ran out.

This **final version** of our report follows a development process initiated by Glasgow public and third sector partner agencies during the first year of the Scottish Government's Change Fund for Reshaping Care for Older People. The report reviews the available literature, gathers insights from a series of interviews with key informants from across the UK, lists a series of critical success factors based on these, and makes 7 recommendations following feedback and consultation with stakeholders at a development event held on 13th March 2012 at the Albany Conference Centre.

Contents

Executive summary	3
Policy context	4
Timebanking:	
How does it work?	7
The health benefits and economic case	8
Lessons from Glasgow, across the UK, and North America	10
Critical success factors	12
Costs	14
Recommendations	15
Acknowledgements	17
References	18
Appendix 1 – outline interview schedules used with ‘key informants’	21
Appendix 2 – Margaret’s story: timebanking, staying in her own home, and change fund investment	22
Appendix 3 – Dr C’s story	23
Appendix 4 – ensuring a clear design	24
Appendix 5 – stakeholder development event: feedback, workgroup notes, and action points	25

Executive summary

Timebanking offers a mechanism to address a number of policy areas including Reshaping Care for Older People, the recommendations of the Christie Commission on the Future of Public Services, the Community Planning Partnership's 'One Glasgow' approach, the volunteering strand of Glasgow's 2014 Commonwealth Games Legacy Framework, and 'Age, Home and Community': A Strategy for Housing for Scotland's Older People. It is a practical example of the concepts of co-production, asset based approaches to health improvement, and community capacity building.

There is an increasing body of evidence which supports the assertions in the literature and of our key informants that timebanking impacts positively on health outcomes and offers cost savings in terms of anticipatory care and preventative spend. The strength of timebanking is the value it places on work in the 'core economy' which isn't valued in the market (or 'money') economy: in particular, people often isolated or excluded are empowered to use their existing skills to help both themselves and others.

As a mechanism to deliver key policy objectives, timebanking appears to be gathering support in other areas of Scotland, and also in Wales and England.

The literature and our key informants identify a number of critical success factors which have a direct relevance to our proposals for timebanking in Glasgow. These factors include the need to ensure members and participants are fully involved in early development and have a clear sense of ownership (if not complete control of ongoing management), that time banks are embedded within an identified community with local organisations also involved, and that they are clearly designed and resourced with start up costs, an identified base, a competent time-broker(s), added incentives, and effective working relationships with public sector agencies.

Our recommendations are designed to deliver an innovative Reshaping Care for Older People Change Fund programme that manages associated risks. Interim report proposals were presented to a wider stakeholder development event on 13th March 2012. They have been refined in accordance with the views of colleagues from community, third and public sector organisations and agencies, and are specified on pages 15-16.

Policy context

Across the UK, there appears to be political consensus that current levels of public sector expenditure on health and social care services for older people are unsustainable as the population ages over the coming decades. The Scottish Government's policy on '**Reshaping Care for Older People**' has created the context for the development of local plans agreed by all partners to deliver local priorities through a Change Fund. Every local health and social care partnership is charged with, *"working together to design and deliver sustainable services for older people that really work for them and harnessing the enthusiasm and drive of all with an interest to do so"* (Joint Improvement Team, 2011.) The Change Fund is a Scottish Government initiative with allocated budgets for all 32 local authority areas between 2011-15 which aims to, *"improve services for older people by shifting care towards anticipatory care and preventative spend"* and with particular emphasis on the development of capacity at the level of community and the individual (Scottish Government, 2012.) Many community-based groups and third sector organisations already deliver a range of health and social care support programmes and services often with the fundamental involvement of people volunteering. Time banking potentially offers a mechanism of valuing and extending volunteer effort particularly - though not exclusively - in areas identified with issues of multiple deprivation.

Co-production has been defined as, *"delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change"* (Boyle and Harris, 2009.) Originally conceived in the wake of changes in policing in the USA in the late 1970s, the concept of 'co-production' has been further developed and extolled by Edgar Cahn the founder of time banking. Examples of successful time banks in the UK appear - on the basis of available evidence and the insights provided during this project's interviews with key informants - to give their participating members real ownership of the schemes but in genuine partnerships with public service providers and third sector organisations: to use some of the concepts from Scotland's **community engagement** practice built on the basis of the 2005 National Standards, successful Timebanks' members haven't just been 'told' (informed) of services and developments, or even 'asked' for their views (consulted), they are genuine partners 'making the decisions' (engaged) in how these programmes develop and are managed (Scottish Community Development Centre, 2010). nef - the new economics foundation - goes as far as to suggest that time banking is one of the few success stories in an otherwise general *"failure of regeneration policies to engage people"* (nef, 2008).

There is an increasing amount of evidence on the determinants of health and wellbeing in the context of health improvement and health inequalities: an individual's social networks and self-esteem and the contributions they make to their world have a significant impact on their wellbeing. ***Asset based approaches to health improvement*** are geared towards accentuating positive capabilities and activating solutions for health promotion action. *Assessing assets alongside needs will give a better understanding of the health of individuals and communities and help to build resilience, increase social capital and develop a better way of providing services in the future. Assets driven work, if implemented successfully, could have a transformative effect on individuals, on social relationships between and among people, and with external agencies and organisations"* (Glasgow Centre for Population Health - GCHP,

2011). Time banking encourages people - that may otherwise be regularly treated as passive recipients of care - to get involved by offering to use their skills, experience and insights for the benefit of other members of the community and themselves. Time banking regards all people as assets: everyone wakes up in the morning with 24 hours at their disposal, and it rewards activities that otherwise go unrewarded in the market (or 'money') economy – often the activities that hold society together or the “*core economy*” (Cahn, 2010) (nef, 2008). There are a number of examples of successful time banks which have well established partnerships with health services including Rushey Green in London and West Edinburgh, both of which are based in health centres.

“The recently published **Commission on the Future Delivery of Public Services** (Christie, 2011; p.viii) report has also highlighted and reinforced the need for new ways of working. The report clearly states that “*irrespective of the current economic challenges, a radical change in the design and delivery of public services is necessary to tackle the deep-rooted social problems that persist in communities across the country*”. To achieve this goal, a key objective of the reform programme must therefore be to ensure that “*public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience*” (Christie, 2011; p.26). Central to this reform process is the empowerment of individuals and local communities by involving them in designing and delivering the services they use and the requirement for public services to work in partnership with other organisations and communities to improve outcomes.” (GCPH, 2011.)

Echoing the findings of the Christie Commission, “*Glasgow community planning partners have established a ‘One Glasgow’ approach – a place based approach to budgeting and public sector reform.*” This approach has prioritised preventative public sector expenditure and the redesign of services for (a) reducing re-offending, (b) children aged 0-8, and (c) vulnerable people aged 65 and over. It aims to demonstrate how partners can redirect resources and improve outcomes within an evidence based approach to monitoring and evaluation. It will include Third Sector groups and organisations in work to develop innovative programmes using the Change Funds (Glasgow City Council, 2011). Interestingly, the Scottish Prison Service working with Timebanking Scotland/Volunteer Development Scotland and local time banks (first among them Castlemilk) have developed time banking mechanisms for prisoners to donate their credits ‘earned’ to their families and/or members of community-based time banks. It demonstrates to offenders - and to others - that they can do work which is valued. “*The **Time Banking Prison Initiative** is a simple, radical approach which could benefit many more communities in Scotland. As a first step, we recommend that each SPS prison works with Volunteer Development Scotland to establish a Time Bank*” (Scottish Government, 2009.) The Government’s new ‘Reducing Reoffending Change Fund’ is focussed also - amongst other priorities - on preventative spend, supporting innovation and on expanding the contribution of the third sector (Scottish Government, 2011).

The Scottish Government - in it’s ‘**Age, Home And Community: A Strategy For Housing For Scotland's Older People: 2012 - 2021**’ - has also identified the role currently played by housing providers, “*particularly the social rented sector, in building capacity and supporting social networks for older people and the potential for extension of this role*”.

There is evidence of a '**goodwill surplus**' in Glasgow: an increasing interest in volunteering but at a time when many formal volunteering programmes are reducing through public sector spending cuts (Volunteer Centre Glasgow, 2011). This trend is likely to continue with much public interest in supporting the 2014 Commonwealth Games: an unprecedented opportunity to inspire people's involvement and realise the City's plans for a lasting volunteering legacy through the co-ordinated programmes of Glasgow Community Planning Partnership's Strategic Volunteering Framework (SVF). *"Time banking is an innovative form of 'volunteering' based on mutual support, and is a highly effective system for promoting active citizenship, the growth of social capital and community empowerment"* (Timebanking UK, 2011). And it offers a mechanism to generate thousands of opportunities for people to volunteer their time. Evidence suggests that it can be particularly effective at engaging traditionally under-represented groups (Seyfang and Smith, 2002), and **breaking down barriers for under-represented groups** to become more involved in volunteering opportunities is a specific objective of Glasgow's SVF: time banking looks to get people involved on the basis of what they can offer, then matches people up, often finding creative ways of engaging people in activities and/or addressing community issues. It is *"a recession-proof"* and *"alternative means of exchange to keep our communities and public services vibrant"* (nef, 2008).

Time banking: how does it work?

Time Banking programmes enable participants to receive 1 time credit for every hour they contribute by volunteering in a wide range of activities. They can then use credits earned to 'purchase' help from other members of their own and - sometimes - other associated Time Banks and schemes. For example, an individual could spend 3 hours visiting or checking on isolated older people in their community and in turn could use the 3 time credits earned to get some help with their ironing or maybe a bicycle repair, or – in some UK examples – use them to receive discounts on leisure services etc. This is the first of the 'two constants' common to every time bank: ***“one hour’s engagement always earns one time credit. There is no pricing system so everyone’s skills are valued equally.”***

The second 'constant' is that, *“everyone signs up to share a set of core values:*

- ***Recognising people as assets*** - people are the real wealth of a society
 - ***Valuing work differently*** - unpaid work such as caring is priceless
 - ***Promoting reciprocity*** - giving and receiving builds trust and mutual respect
 - ***Building social networks*** - relationships are the crux of people’s well being.”
- (Timebanking UK, 2010.)

Community based timebanks such as Castlemilk, West Edinburgh, Coupar Angus, Aberfeldy, Rushey Green in London, and many others, have a central **'time broker'**: one or more people that co-ordinate recruitment of new members, match offers with needs, assist people to identify what they can offer, and record offers and exchanges often using the bespoke software **'time online'** available from Timebanking UK.

Unlike other forms of alternative currencies such as local exchange trading schemes, time banking credits are disregarded by the Department of Work and Pensions: they don't affect welfare benefit claims.

There are virtually as many 'models' as there are time banks with each able to organise itself around the specific capacities, circumstances and issues of the local community and associated groups and organisations:

- Some involve **person to person** exchanges, some **person to agency**, and others **agency to agency**, or – in the case of many successful examples – combine elements of more than one.
- Some are **integrated** within pre-existing community, voluntary or public sector organisations: others like Castlemilk are **independent**. Most of the time banks featured in 'The New Wealth of Time' are hosted by either public or third sector agencies and are transformed into genuine 'community hubs' but often, *“save a lot on development and marketing time because [they] should already have good working relationships with other organisations and agencies working in the area”* (nef, 2008).
- Some will have objectives associated with specific **health** outcomes such as Salford (smoking cessation and healthy eating) or Community Volunteers Timebank Bromley (services for older people) (Swift, 2011).
- Some operate a 'big' or **'community' pot** where members can donate credits.

Readers are warned that, *“there is no simple 'model' that can be imported and imposed upon an organisation or community from reading reports like this”* (nef, 2008).

Time banking: the health benefits and economic case

In addition to the Rushey Green Timebank in Catford, Lewisham (South East London), two further examples are used as case studies by nef to demonstrate how timebanking reduces isolation and improves the health of older people: Community Volunteers Timebank Bromley and the Visiting Nurse Service of New York (nef, 2008).

Rushey Green Timebank, *“allows members to give and receive a wide range of neighbourly support – from lifts to accompanying people to the shops, from companionship to checking up on people after hospital discharge. The scheme generates much-needed social support for isolated older people, as well as families and provides low-level practical help to enable older people to stay in their own homes and remain independent.”* At the end of its eighth year it had 197 individual and organisation members that had traded 24,882 hours (almost 3 years) (nef, 2008).

Community Volunteers Timebank Bromley (CVTB) established in 2003 by Age UK is quoted as now having over 400 individual members aged 20 to 104 and they've provided a case study of a 93 year old 'Dr C' (Timebanking UK, 2011) reproduced here as **appendix 3**.

A recent public health academic study of the time banking factors that could be attributed to both improved physical and mental health conducted in the USA concluded that, *“time banking may be particularly valuable in promoting health and belonging among older and lower-income individuals and those who live alone.”* (Lasker et al, 2011). The same study in its literature review quotes earlier research: New York City Elderplan time bank members *“reported better mental health and less loneliness at follow-up interviews despite having the same levels of mental health and loneliness as non members at baseline”* (Kyriacou & Blech, 2003).

An evaluation of the Salford Timebank which has been funded by NHS Salford concluded from the results of their telephone survey of time bank members that this, *“reflects the well-documented evidence of the ‘helper’s high’: it is a pleasure to help, and can make people feel better about life, especially those with more room for improvement”* (Hall Aitken, 2011). The evaluation also reviewed available research and states clearly that their interview results also demonstrate a positive impact on national health indicators:

- A sense of self-esteem and well-being from making a contribution
- People supported to live independently
- Preventing ill-health and promoting well-being
- Dignity in care

A recent study conducted in England examined whether investment in three types of community capacity building – time banking, befriending, and community 'navigator' schemes - did in fact achieve either (a) prevention or postponement of the need for social care, and/or (b) 'cost savings or wider economic benefits' (Knapp et al, 2011). The study used a method called 'decision-modelling' and found that **all three approaches delivered savings “over short timescales”**.

In their review of previous time banking evaluations, Knapp et al state that, *“there is a body of evidence to suggest that time banking has the long-term potential to generate savings to budget-holders at local and national level. The evidence is largely qualitative, with the few quantitative data gathering surveys that have been conducted being limited to relatively small sample sizes. Nonetheless, examples of positive physical and mental health impacts, improved employment prospects and decreased*

reliance on alternative forms of paid and unpaid support have been attributed to time bank participation.”

In examining the benefits and cost savings of befriending schemes, Knapp et al concentrated on their effects on the mental wellbeing of older people. In this – and also in the case of community navigators – it may be a false analysis to imply that these community capacity building approaches are mutually exclusive of timebanking: it is clear that they are integrated in some community based timebanks.

Knapp et al conclude by referencing Callison, 2003, that timebanking or indeed any community development projects, *‘run the risk of “being pigeonholed as a “feel good” story of no wider significance”’*. There is, *“a pressing need, not just to identify novel and effective approaches to the prevention and meeting of need, but to demonstrate that they are affordable”*. The challenge for any Change Fund investment in time banking in Glasgow will be to monitor and evaluate its impact on care for older people, and on cost-savings.

The available evidence of the impact of a range of ‘reciprocal exchange systems’ (including time banking) is examined in a discussion paper published in November by NESTA (Slay, 2011). Somewhat confusingly, it reviews the success of Spice in Wales under the section that reviews time banking more generally and not under the ‘national/social’ section that looks at reward systems such as Young Scot, Peckham Pulse HourBank, and nectar etc demonstrating that the typology used isn’t perhaps an exact science. It makes 2 points in relation to the Knapp 2011 study:

- The estimates of the value of time banking were conservative: the benefits to cost ratios are likely to be even better particularly as they consider only value for government. Further additional value to other stakeholders would be captured using *“social return on investment (SROI) and well-being methodologies.”*
- The study doesn’t *“isolate”* specific time banks or models.

The discussion paper then goes on to comment on an SROI evaluation (nef, 2011) of the Holy Cross Centre Trust (HCCT) time bank in Camden which found that for every £1 invested, £3.40 was returned in value to the state and £5.75 was generated in ‘social value’.

Slay (2011) also discusses 2 further impact studies – the first calculated over \$100,000 saved on unnecessary visits by home nurses by a US ‘telephone reassurance’ time bank programme for children with asthma, and the second calculated the economic value of time credits exchanged in one year via the MORE programme in St Louis as \$3.5m based simply on the US national minimum wage.

There are a number of other tools which may be of use in identifying impact on health outcomes such as the ‘Mental Wellbeing Impact Assessment’ toolkit (National MWIA Collaborative (England) May 2011), the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), possibly the ‘Keep Well’ initiative health checks, or four mechanisms outlined by nef – including the ‘outcomes star’, the ‘co-production audit’ and the Volunteering Impact Assessment Toolkit developed by the Institute for Volunteering Research (nef, 2008, appendix 2). Volunteer Centre Dundee/NHS Tayside have also very kindly shared their timebanking monitoring and evaluation framework.

Time banking: insights from colleagues on experiences in Glasgow, across the UK and North America

You can start up a time bank with some paper, pens and a small group of people interested in participating, but to grow, you need premises, admin support and an effective time-broker skilled at making and sustaining trusted personal connections. Castlemilk now involves 250 members having been launched in 2001 with the support of a local steering group, a feasibility study funded by European structural funds and help from the social economy team at what was then 'Castlemilk Economic Development Agency'.

The former 'Gorbals Initiative' development agency was heavily involved in running 2 associated local time banks which employed a paid time-broker and for 3 years proved successful. However, after funding was no longer available, the time banks ended. This led nef to refer to an earlier study and conclude in 2008 that, "*much volunteering and other unpaid time-giving is neglected, ignored or taken for granted within communities, not only by agencies or community groups based there but also by policy-makers at all levels of government*" (nef, 2008 referencing Boyle et al, 2006). In Glasgow now, however, we have a Strategic Volunteering Framework approved by the Community Planning Partnership and the vehicle with which the city aims to derive one element of its 2014 Commonwealth Games Legacy. Have we now achieved the nef 2008 report's aspiration and created "*a policy environment to grow the core economy*"?

Perth & Kinross, Dundee and Edinburgh, have all taken a similar approach - employing timebanking development staff capable of facilitating effective community engagement, partnership development, promoting a clear design and enabling independent local time banks to develop and grow (in ways which are capable of being self-sustaining after initial start-up costs are met). The time-broker role in these schemes may be fulfilled in the very early stages by the development worker but is quickly transferred to member volunteers or paid posts where they can attract independent funding. It is likely that in some cases time banks in these areas will continue to share resources such as premises with other local organisations or public sector agencies. The employment of development resources in each of the local Volunteer Centres in these areas appears to be effective in facilitating genuinely 'co-produced' community-based timebanking. In contrast, a local 'top down' approach to timebanking development by community learning and development staff in a relatively affluent neighbourhood in Scotland may be doomed to fail as it doesn't appear to be 'owned' by the community. (Key informant for this report.)

- There have been some negative reactions to early work in Dundee to an initiative that includes 'bank' in its title.
- In Edinburgh, at least 2 time banks are funded through the Change Fund for Older People's Care.

Angus has taken the decision to host the time bank in the Volunteer Centre where a time-broker is employed. Both Angus and North East Dundee are at the early stages of development, but Perth & Kinross have already helped local people to establish successful community-based time banks in Aberfeldy and in Coupar Angus which - for example - developed plans for a winter scheme increasing help for things such as shovelling snow, gritting pathways, picking up prescriptions, walking dogs (all of which many people were restricted from doing last winter in particular).

All of our 'key informants' in Scotland stressed how good people feel when they are given the opportunity to contribute as a member of a time bank.

The Rushey Green Group Practice is the Rushey Green Timebank's (RGTB) most important **organisation member**. Its involvement includes, *"a bespoke telephone befriending service, whereby if a GP feels a patient is isolated, they will fill out a befriending form and ask RGTB to find a member to provide the service. Eighty per cent of the time the member is happy to do so and the conversations will occur every week or month from that point on, with the patient becoming part of the time bank. Time bank members also provide services for housebound patients, including picking up prescriptions or samples (provided the patient joins the time bank)."* (nef, 2008).

It is unclear, however, from this particular case study report whether RGTB meets the costs of any members' out-of-pocket expenses, but there are references in the literature to how the members may be selected, vetted, trained and supported for any role which involves providing support to vulnerable groups. Dundee doesn't envisage any problems with incorporating systems to fulfil legal obligations in terms of the Protecting Vulnerable Groups Scheme and associated regulations. But they do recognise the danger inherent in overburdening time-brokers with systems and they aim to address this with effective facilitation and learning development.

Spice projects in Wales are very much a person-to-agency model of timebanking where people give time to community services and in turn receive rewards in the form of trips and activities. This is similar to models elsewhere in Europe and North America. It is also relatively low in cost and therefore more sustainable as it works using existing service provision. Spice's 'UpLift Time Credits' initiatives aim to reward or thank their participating members, *"with credits that enable access to cultural and leisure services to develop new networks and improve wellbeing"* (Spice website).

"By providing the kind of 'low level' services, such as cleaning, shopping and gardening that the evidence shows are most valued by service users, timebanking can help people to remain living in their own homes for longer and help them to return home more quickly after illness or accident" (Timebanking UK, 2010).

Timebanking: critical success factors

Factors identified in a review for the Carebank proof of concept pilot development in Windsor and Maidenhead (Swift, 2011) were often strongly reiterated by our key informants. Swift reviewed seven different time bank models including those in Salford, Rushey Green, HCCT, CVTB, Spice supported projects in Wales, and Fureai Kippu in Japan, and concluded the following were all issues that needed specific attention:

- **Building the time bank though people:** any person to person community based time bank needs to be embedded in the local community and very much supported by it. And start with a strong steering group. *“If it’s just some worker who has dreamed it up... it won’t work.”* However, *“lots of small, localised time banks where local people are organising structure and events... could work [as the model for time banking being ‘scaled up’ to cover Glasgow].”* (Key informants for this report.) *“Rushey Green... attributes part of its success to using a bottom-up approach”* (Swift, 2011).
- **Getting members to give:** the literature appears to highlight that members of any time bank prone to isolation or health issues will continue to need support and encouragement to stay involved and continue contributing, providing a further argument for adopting the person to person approach as the primary model.
- **Safeguarding and making members feel safe:** the examples of Rushey Green and CVTB provide evidence of appropriate use of character references and police checks where members are undertaking roles that are relevant for these. Clearly, as we discussed with ‘key informants’ in Scotland, the ‘trick’ with the latest legal requirements since the implementation a year ago of the Protection of Vulnerable Groups (Scotland) Act 2007 will be (as it is with any group or organisation whose positions are subject to the legislation) administering the procedures without unnecessarily deterring potential members nor over-burdening time brokers with unhelpful management systems or (in the case of the public sector only) with the cost of scheme memberships and updates. Those responsible for supporting the development of any time banks in Glasgow must be competent at effectively training and advising time brokers in this context.
- **Reaching out to the most isolated and excluded:** it is clear that any time banking investment will only deliver Change Fund impacts at the earliest possible opportunity if time banks have effective links with the community and with local public and third sector groups and organisations - through word of mouth, appropriate promotional strategies, referral systems and methodologies, and a positive and developing reputation.
- **The role of the broker:** it is crucial for any person to person model to have an effective time-broker(s) skilled at making and sustaining trusted personal connections and competent at enabling people to identify their potential ‘offers’. But the literature points out that in the ‘conventional’ person to person community based time banks, all transactions and requests for help are managed through the time-broker. This is not the case in person to agency models such as the Spice projects in Wales where people redeem their credits for trips, activities, or via ‘spare capacity’ initiatives for example, spare seats at football matches, cinemas, theatres etc: instead brokers here ‘facilitate relationships’ by getting a wider range of people involved in giving their time and skills to the wider activities of a community project or agency and

rewarding them with credits (Swift, 2011). Swift notes that the traditional approach limits the number of transactions or members that can be supported, but it seems clear that combined approaches exemplified by Rushey Green, CVTB, West Edinburgh and others offer the best mechanism to deliver Change Fund priorities: they offer participants the widest possible range of opportunities to give, AND can reward and incentivise participation in person to agency transactions for services such as befriending where the broker must also safeguard vulnerable people in their own homes by vetting, training and supervising the volunteers.

- **Sustainability:** although many community-based time banks and the agency to person model developed in particular by Timebanking Wales and Spice requires funding only in the start-up phase, much of the literature and many of our key informants did suggest that ongoing funding is required for time banks to grow and to deliver demonstrable and measurable health outcomes such as those required by the Change Fund. Nevertheless, it was pointed out that in public sector expenditure terms, even relatively well-funded time banks are small beer.
- **Linking with organisations:** Swift (2011) separates this from the 'reaching out' factor above, but emphasises reputation and points out that this is, *"important to tackle negative public perceptions and cynicism over the time banking approach."* Given some of the early reactions in Dundee to use of the word 'bank' we would recommend consideration of an alternative 'brand' terminology that can be associated with the concept and with Change Fund objectives.
- **Incentives:** a range of ways in which time credits are redeemed for activities, events, and/or spare capacity even in the private sector are illustrated throughout the literature and were referred to by our 'key informants'. These can range from group activities outings and trips for example at Rushey Green to the spare tickets initiative of the Spice projects. In Scotland, a number of time banks are considering how they can develop additional incentives. Swift (2011) concludes that, *"for some people incentives provide an additional motivation to participate, for others they provide an additional reward, while businesses can benefit from widening their customer base."* Interestingly, although listing 'Young Scot' within the literature review as one of a number of examples of national/social reciprocal exchange systems, Slay (2011) doesn't then go on to refer to any evidence based study of Young Scot outcomes.
- **Ensuring clear design:** this point further emphasises the need to design any time bank so that it can be clearly communicated and makes sense to potential and existing members. Swift (2011) lists 9 points she attributes to Edgar Cahn that can be used to ensure a clear design and these are listed here as **appendix 4**.

The nef 2008 report (section 8, pp52-53, and appendix 1) proposes a process for the successful development of time banks in 5 steps:

1. Review your group/organisation's mission and values
2. Review how your proposed or existing activities could be enhanced by time banking
3. Review existing local assets and activities in the wider community
4. Identify allies and partners
5. Explore existing time banking approaches

Time banking: costs

For clarity, we have listed all the potential costs of community-based time banks described by key informants or in the literature below.

- Time broker – many community based time banks operate effectively where the brokers are themselves members and receive no wage or salary. Given that any investment from any public sources interested in achieving health and social care impacts through time banking will be concerned about quality and protecting vulnerable groups, and given the insights from time banking colleagues elsewhere and standard volunteering best practice and relevant legal requirements in the field of care, a paid time-broker seems prudent.
- Out of pocket travel and other (e.g. telephone) expenses for members/volunteers – may not be required in a relatively small neighbourhood area – but are clearly going to be a major barrier for involvement for anyone on low incomes if they're not available.
- Training – where members offer to be involved in roles that require it.
- Vetting – where roles are deemed to be 'regulated work' with additional costs if the time bank is managed by a public sector agency that must pay for volunteer disclosure and PVG scheme checks.
- Accommodation – may be available in kind as is the case in some large time banks.
- ICT – Phones, computer and related hardware, and the bespoke time online software.
- Publicity – any time bank requires a modest budget to pay for effective promotion to potential new members including printed material and an internet presence.
- Enterprise budget – Timebanking UK suggest this is required to thank members with a 'menu of rewards' which suggests reference to the person to agency and Spice models.

Fisher (2011) refers to the work of Loffler (2004) suggesting that the 4 principal cost centres for co-production from a local authority perspective are:

- **Agency professional staff inputs:** to effectively facilitate engagement and dialogue.
- **Agency managerial inputs:** to shape and direct the involvement of public sector workforce involvement in co-production approaches.
- **User-related inputs:** meeting costs such as training and expenses.
- **Professional certification inputs:** training professionals to achieve competency standards required for co-production.

“The key efficiency gain through user or community-led co-production only comes if these co-production-caused costs are outweighed by the costs savings in actual service provision, as users and communities provide more inputs and decrease the need for the service through their increased preventative activities” (Fisher, 2011).

Recommendations

The specifics listed below build on the evidence and insights provided in the preceding sections of this report, have been refined by representatives from a range of public, community and third sector organisations, and are intended to deliver innovation while managing the inherent risks.

They are designed to maximise the impact of the time credit concept on 2 key Reshaping Care for Older People (RCOP) objectives – to increase community-based preventative care for older people (reducing expenditure on more expensive, acute, public sector services), and to enable older people themselves to participate and contribute to their communities thereby improving a key determinant of their own health and wellbeing (social networks).

1. Use the facilitative, development model already established and working successfully in Dundee and Perth & Kinross to establish a development officer resource within Volunteer Centre Glasgow that can assist communities and both public and third sector organisations to establish – initially as demonstration projects in one or possibly two geographical neighbourhoods – community based time credit programmes that deliver RCOP objectives. This resource would draw on a limited budget available (subject to a successful bidding process) from the forthcoming Glasgow RCOP Third Sector Transformation Fund: with a possible maximum available grant of £50,000. This model should assist the establishment of independent community based time credit programmes that would subsequently appoint their own time brokers.
2. This development approach must draw on Volunteer Centre Glasgow's existing expertise of enabling volunteer involving organisations to comply with criminal record disclosure legislation (including the Protection of Vulnerable Groups (PVG) (Scotland) Act 2007) without making it unnecessarily difficult for people to volunteer in their communities.
3. The resulting community based time credit programme(s) should be required to meet a number of criteria based on:
 - a. The critical success factors for time credit based systems identified in this report.
 - b. The objectives and priorities of Reshaping Care for Older People.
 - c. The criteria discussed at the stakeholder event in March.
 - d. An options appraisal of different time banking models.
4. The community based time credit programme(s) must be required to work with senior RCOP strategy partners and Volunteer Centre Glasgow's proposed development officer on appropriate monitoring and evaluation measures, to fulfil the role of demonstration projects: enabling future commissioning of RCOP services to undertake a detailed options appraisal approach to further investment.
5. In parallel to the above, we propose that Volunteer Centre Glasgow works with Glasgow Life and Spice to explore the wider applicability of the Spice approach to incentivise wider community engagement - potentially for *any* public or third sector organisations in the city to implement for the wider benefit of their members, service users and beneficiaries.

6. In working with us to take forward and shape these proposals, we strongly recommend that our NHS, Glasgow City Council, Third and Independent sector partners assist us to take account of the following principles:
 - a. Allow people to identify their own natural 'communities' rather than imposing public sector boundaries that people don't often recognise.
 - b. Facilitate a co-production approach that requires the involvement of local potential participants having a shared sense of ownership and genuinely engaged as equals with organisation representatives on time credit steering and governance groups, and in partnership with the public sector.
 - c. Key local public sector staff must be enabled - via appropriate NHS and Glasgow City Council managerial inputs - to facilitate the referral and involvement of both working age and older people into community-based time credit based systems, and/or to examine the extent to which they might help facilitate and host local time banks.
 - d. Third sector RCOP representatives including the social housing sector must also facilitate the involvement of their local member organisations initially in the geographical communities identified for demonstration phase schemes.
 - e. Don't impose any unnecessarily restrictive models: allow local communities, and/or existing community-based organisations including all social housing providers and community health and social care services to work in partnership to develop their own models and governance arrangements within reasonable parameters that would meet the criteria for Change Fund investment.
7. The proposed Volunteer Centre Glasgow development officer resource must:
 - a. Provide clear and concise information on the concept (potentially incorporating an appropriate agreed Glasgow 'brand' name that may need to avoid use of the word 'bank'),
 - b. Facilitate effective development processes adopting the nef proposed 5 steps with the additional support approach suggested by Volunteer Development Scotland of 3 initial member information and time-broker training workshops,
 - c. Enable local community based time credit programme(s) to use a simple but effective Change Fund monitoring and evaluation tool,
 - d. Enable local community based time credit programme(s) to appoint competent time brokers by providing training and support on issues such as PVG compliance.
 - e. Enable people to use existing volunteerglasgow.org services and resources to 'offer' their skills to local community based time credit programme(s).

Acknowledgements

The research team at Volunteer Centre Glasgow included Jean Inglis, Ewan Hoyle and Emma Smith who each conducted interviews with our 'key informants' and also assisted with the development of this interim report based on David Maxwell's literature review.

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- Gloria Murray, Castlemilk Timebank <http://castlemilktimebank.btck.co.uk/>
- Stuart Callison, formerly Gorbals Initiative, now St Andrew's First Aid
- Kate Kasproicz, Volunteer Centre Edinburgh
<http://www.volunteeredinburgh.org.uk/volunteer/Timebanking>
- Carol Torrance, Volunteer Centre Angus
- Tris Dyson, Spice <http://www.justaddspice.org/>
- Linda Jennings, WRVS – Windsor and Maidenhead Carebank
- Gail Hutchison and Gill Bain, Volunteer Centre Dundee

And everyone that attended and worked so hard to develop proposals at the event on 13th March representing NHS Greater Glasgow & Clyde, GCVS, Faith in Community (Scotland), Glasgow Disability Alliance, Castlemilk Timebank, Glasgow Life, and Queen's Cross Housing Association.

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Appendix 1 – template request for interviews with ‘key informants’ including broad interview schedule questions

Subject: ‘Time Banking’ & its potential with additional investment.

I would be very grateful for up to 90 minutes of your time at some point ideally in the next 2 weeks to help Glasgow public and third sector partners develop proposals for time credit based systems.

We believe you could provide very valuable insights into Time Banking systems and the impact they can help us achieve.

Partners are working to deliver a number of policy priorities including [‘Reshaping Care for Older People’](#) and Glasgow’s 2014 [Commonwealth Games Legacy](#)/Strategic Volunteering Frameworks, and they are very interested in the potential of different Time Banking models and programmes.

Ideally I would like to visit you. However, if it would be more suitable to ask you some questions over the phone, that would also be very helpful.

Please reply to me at the above email address or ring me on 07_____ with one or two times that would be suitable to you between now and the 3rd February.

Very many thanks in advance,
_____[Your name]
Research Team

Further information:

This project is being undertaken by a small team at Volunteer Centre Glasgow, on behalf of public and third sector partner agencies tasked with delivering the Scottish Government’s Reshaping Care for Older People (RCOP) policy in Glasgow.

You can also contact:

David Maxwell, Team Leader, Volunteer Centre Glasgow www.volunteerglasgow.org
0141 226 3431

Project interviews with a range of ‘key informants’ will normally address the following areas:

- *Which timebank models are you familiar with?*
- *How do the model(s) you’re familiar with work?*
- *What does timebanking offer society that ordinary volunteering doesn’t?*
- *Why do some timebanks continue to survive and thrive when others don’t?*
- *What resources are required for these model(s)?*
- *Which models of timebanking could be ‘scaled up’ to cover Glasgow?*
- *Could more timebanks deliver more community-based health outcomes and achieve the RCOP aim of reducing expenditure on expensive hospital based services?*

Appendix 2 - Margaret's story: time banking, staying in her own home, and change fund investment

Margaret was in her mid 80s and was considering whether to go into a home as had no family nearby. Someone said they would like to knit and she realised she could help with that and so set up the knitting group. Margaret also ran a group for local women on how to make a good pot of soup.

She had a stroke while the time-broker was present but refused to be admitted to hospital because she had the support of the time bank and was concerned she'd never come out of the hospital. The people in the community rallied round and helped her through the time-bank with the things she needed help with.

"This was what made us think about the older people's change fund because if that could happen with Margaret it could happen with other people."

There is a problem with getting the message across though. The time bank is reaching out to day care services, social work teams that work with older people, occupational therapists asking if they know of people who could benefit from the time bank. The broker will then visit these potential members to have a chat, present information on the time bank, and establish how they could be involved both in terms of 'offers' and 'needs'.

Appendix 3

Dr C is 93 years old and lives alone. He was referred to the CVTB through one of the Age UK Bromley Floating Support Workers. Dr C served in the RAF and in his professional life was a Senior Civil Servant in charge of scientific research projects and also a University lecturer and external examiner; his field of expertise is Geology. His interests are varied and he has travelled extensively in the Soviet Union and Central Asia - amassing over 2000 colour slides of his travels.

During the Big Pot period the CVTB Team and his Floating Support Worker engaged and supported Dr C by talking & listening to him about his needs and what he felt he could give and receive within the timebank and helping him with filling out the application paperwork. Dr C identified that he would like help with his garden, to widen his social networks and be able to speak with someone in Russian again.

Dr C became a CVTB member and the first skill swap he received was having his garden cleared, something that he had identified that he needed doing urgently. Dr C was also matched with a CVTB member in his 30s, an Uzbek living and working in London as a University lecturer. This was for Russian conversation and companionship. They meet regularly and have become firm friends. Dr C also earns time credits by giving telephone companionship to other CVTB members.

*For more info, contact Liz Kent,
Community Volunteers Time Bank
Coordinator on 020 8315 1884
or lkent@ageukbromley.org.uk*

Appendix 4

Ensuring a clear design

- What is the currency specifically designed to achieve?
- Is it easy to understand?
- Is it easy to use?
- Is it a reliable medium of exchange?
- How easily can I earn it?
- How easily can I spend it?
- Can I save it or not?
- Who makes decisions about the design and management of the currency?
- How can decisions be changed?

Appendix 5

Stakeholder development event: feedback, workgroup notes, and action points

<p style="text-align: center;">POSITIVES ENTHUSIASMS</p>	<p style="text-align: center;">MISGIVINGS QUERIES</p>
<p>An obvious social return on Investment</p> <p>Heaps of potential (If co-ordinated well/effectively)</p> <p>Flexible approach to offering volunteering hours</p> <p>Offers skills & recognition to those who wouldn't (formally) volunteer</p> <p>Great potential re isolation</p> <p>Can see how it could roll out across 3 Glasgow GH areas</p> <p>That everyone has something they can contribute</p> <p>Real potential to make people feel valued by their contribution</p> <p>Potential to make a real difference to older people who volunteer & have volunteers visit them. Social Isolation Link to NHS, social care sector & voluntary organisations.</p> <p>Community focus</p> <p>Anyone can participate</p> <p>Inclusive</p> <p>Reducing Isolation In Communities</p> <p>Providing opportunities for engagement to improve mental health issues</p>	<p>Lack of sharing of ideas for volunteering tasks between separate time banks?</p> <p>How do we get a co-ordinated picture of what's happening already?</p> <p>Can flexibility lead to unreliability?</p> <p>Not getting the referral process right so not as many people use resource as possible</p> <p>Lack of referrals from NHS</p> <p>Disclosure/Protection issues</p> <p>What is/is not regulated work?</p> <p>Not sure about having no disclosure policy taking people at face value</p> <p>Disclosure required or not?</p> <p>Volunteers in contact with vulnerable people</p> <p>Would be nervous about volunteers not having had disclosure checks</p> <p>Do members have account/record of their hours –like a savings book?</p> <p>Limited evidence of impact/health benefits</p> <p>How can benefit to NHS be measured?</p> <p>Is there ever a 'cash flow' type problem? Ie. Not enough hours</p>

<p>The benefits fir reducing social isolation for older people</p> <p>Good way for elderly people to give</p> <p>Opportunities to involve minority communities (support for elderly – social isolation)</p> <p>Real opportunities to address social isolation, low level needs of older people</p>	<p>available?</p> <p>Community Led</p> <p>It would be useful to further scope out the range of services for older people of time banking. To ascertain the boundaries i.e if there are certain tasks that fall into a care remit</p> <p>How it would work on a larger scale</p> <p>TBS seem to work best in neighbourhoods – how many would Glasgow need?</p> <p>Sustainability – not all TBS are going to work</p> <p>Delivery on the scale of Glasgow: Too local – too expensive & difficult to sustain, Too central – lack of local ownership.</p> <p>Identifying community skills that older people actually need and not just what people want to offer</p> <p>How does funding “change fund” get accessed</p> <p>How do you ensure a range of offers, ie. Not all ironing</p> <p>How do we address diversity issues – including minority communities – those with limited language skills</p>
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BEGIN TO WORK UP A BUDGET FOR THE PROPOSALS

- Clear options in Glasgow context at Model level as phased/staged development.
- Identify other potential resource providers.
- Awareness-raising amongst other agencies on ongoing basis.

Resources:

Marketing
Governance
Quality Control
Monitoring
I.T. (cross Glasgow)
Staff – Development
- Broker
Premises

Broadly Costed Option Appraisal to 'complete' the report within 1 month (Who? VCG?)

Talk to Housing Associations about their role/input: When? (Shona/Jim/Gill)

BEGIN TO IDENTIFY SIMPLE BUT EFFECTIVE R.C.O.P. MONITORING & EVALUATION SYSTEMS FOR TIMEBANKING

How do we measure increased confidence & self-esteem?

Ask partners what their outcome priorities are...

Two way process guidance passed back down to time banks

Use existing scales from health psychology/use NHS scales? - Vital for them to recognise measures, also for other stakeholders eg Housing Associations

Castlemilk Broker rates the wellbeing of new entrant
Feed back forms after every match.

Basic analysis of use of resource and activity(hours)

Formal evaluation controlled trials?

Time broker gathers raw data to be passed on

Case studies - qualitative

Team at Glasgow level dedicated to evaluation and analysis of data

R.C.O.P

LIST THE CRITERIA THAT WOULD NEED TO BE MET TO ATTRACT CHANGE FUND INVESTMENT

Pilot projects – innovative approach

Mapping of current engagement/involvement & knowledge of 'health' of communities

In-Kind Leverage (evidence of)

Getting the right broker/Staff structure

Evidence of partnership working including effective working relationships with primary health care

ACTION?	WHO?	WHEN?
<p>Have a clear Glasgow Life offer to fit in with the change fund.</p> <p>Undertake a review of existing robust measures of health & wellbeing which could be used to provide credible evaluation of the contribution of time banks to achieving RCOP outcomes.</p> <p>Consult with 'thematic' communities on fit with RCOP & time banking & models of delivery e.g. GDA for Disabled people in Glasgow e.g. BME</p> <p>Explore how T/Banks could be developed (Perhaps 1 per CHP area as a pilot) Then rolled out.</p>	<p>Jill Miller</p> <p>Volunteer Centre – Research Project & NHS? Health Psychologists?</p> <p>Third sector forum GCVS?</p> <p>Castlemilk time bank and GVC</p>	<p>When is it needed?</p> <p>Before 'roll out' city wide.</p> <p>6 Months</p>