

# INTERDEPENDENCE, WELL-BEING AND CHOICE

Mullah Nasrudin was out in the street searching for the key to his house. A friend passing by offered to help him and asked the Mullah whereabouts had he lost the key.

*“In my house”, said the Mullah.*

*“Then why are you looking for it out here”.*

*“Because there’s more light out here”,  
replied the Mullah.*

**This amusing and profound teaching story has been told for generations to remind us of a common human failing - how we search for answers in familiar, (well lit), places.**

**We hope that by retelling it here it will act as a timely reminder for policy makers as they look at implementing the recent White Paper on Health and Social Care -**

**‘Our health, our care, our say: a new direction for community services’.**

## Bringing the vision back home

The White Paper’s well publicised ‘vision’ is of a shift toward “prevention, public health and well being” but policy teams have primarily been looking at ways of delivering services, either by a paid health and social care workforce or by the commissioning of similar services from the voluntary sector, again mostly provided through paid staff, (e.g. C.S.C.I., Skills for Care & S.C.I.E.).

Yet, if, as hoped, they are to realise their vision within the next decade they need to start now to open up the delivery of health and social care and provide opportunities and incentives for the general public to feel useful and a sense of co-ownership.

It is among ‘service users’, their families and friends that health and social care professionals will find their strongest advocates and allies. It is in the local neighbourhoods that they will find the volunteer base to underpin and sustain affordable and effective community based services.

## Two way delivery systems

All that is required for this to happen is an acceptance of the limitations of one way service delivery models. There are other ways and two way services that actively involve those we are trying to help are very effective. Professionals would benefit from the local support as much as local people would value the chance to pay back in some way, rather than continue to be passive consumers.

For example, recently a GP in South London found he had to ration out the time he spent comforting isolated and lonely people because there was such a high demand. He noticed that his waiting room was full of other isolated and lonely people so he set up a Time Bank and started prescribing social interactions between his patients. The passive consumers became co-providers of low level social care for each other and became integrated into the wider community through exchanging everyday support with a whole range of other local members of the Time Bank. Their self esteem grew, their depression lifted.

It is toward this sort of 'co-production' of services that we need to look. To return to a culture of mutual self help - maybe something that looks a bit more like a National Health Service that its originators had in mind.

## A level playing field

To do this, we will first require strong, cohesive and diverse neighbourhoods with the capacity to work together in partnership with a targeted and innovative health and social care workforce.

Writers have rightly drawn attention to the present power imbalance between the vast infrastructure of our public services and the few local networks that exist. We therefore will need to support the growth of new kinds of social networks.

The time is right to throw a whole beam of light therefore on community engagement techniques that work and that motivate people to learn about and exercise their powers and responsibilities as citizens.

Local people will need new structures if they are to work together for their common good.

In turn, health and social care professionals will need to open up even more spaces for people to participate in the actual delivery of services.

Valuing and appreciating the contributions that people make will also be important. After all, as we all know only too well, civility is a two way street.

## A new mechanism to make it happen

A proven method of community engagement that incorporates all of these elements is **time banking**.

Time banking is the ideal tool for this broad based community capacity building and offers a modern framework for bringing all types of people together.

Everyone's contribution is welcomed and valued equally - one hour of 'volunteering' time earns one time credit.

Time credits are 'banked' and people draw on them to 'buy in' the skills of other participants as and when they need them. A software programme holds a local information system on the skills that people have, when they are available and any special needs they may have.

Time banking acts as a 'letter of introduction' and reconnects people, often those living in the same street. References are taken up when people join and their safety and needs for confidentiality are respected. No long term commitments are necessary, people are asked to help out by the hour, if it is not convenient they can say no without feeling they have let anyone down.

## TIME TO GIVE AND TAKE

Time banking has the potential to become a normal part of our modern life styles, just like reading the Sunday papers. Give an hour or two a month to your local time bank and feel good about yourself. At the same time you get to feel connected and more secure because you know the other time bank members will be there for you if you need them.

### Time to give and take

What's more the time credits allow people to ask for help without somehow feeling a lesser person or worrying about how to return the favour. You can even 'pay it forward' by building up you time credit bank balance in advance and provide yourself with a reliable, inflation free local mutual insurance policy.

Once in circulation, a 'time based currency' takes on a meaning of its own. It is every bit as real to people as the cash in their pockets. The difference being that time credits reward people when they care for one another, are compassionate and co-operate.

Giving, receiving and reciprocating through time banking hits a chord with people. They recognise the power of reciprocity and that 'give and take' is the basic building block of positive relationships and healthy communities.

People who would not normally meet come to understand each other better by doing useful things together.

In a few short years time banking has grown at a phenomenal rate, there are 81 Time Banks now operating in the UK, (and it is in 22 countries across the world).

This has happened mainly through word of mouth without any PR campaigns or media hype, though this is about to change.

If taken to scale and resourced adequately time banking would be the ideal arena to rediscover that our best hope of solving our problems is to pool our efforts and work together on issues of mutual concern.

Both individuals and organisations can exchange services through a time bank and generate the 'social glue' so that neighbourhoods can get organised and play an active part in a working partnership to co-deliver the 'public health, prevention and well-being' agenda.

### Valuing everyone's contribution equally

Time banking is different from other participation strategies that seem to focus only the 'socially excluded', (and are therefore themselves are often marginalised). Time banking does involve the 'hard to reach' but includes them as equally valued members of the broader community. This offers a welcome change from being labelled a burden or treated as a problem. It gives people opportunities to grow and feel proud of belonging to a diverse and mutually valued social network. They get to share experiences with all sorts of people from the local area that they would never usually meet and unpredictable and transformational new friendships emerge.

- 58% of time bank participants come from low income households compared to 16% of traditional volunteers
- 20% are disabled or have long term illness in the home compared top 3% of traditional volunteers
- 72% are not in formal employment compared to 40% of traditional volunteers
- 51% had never volunteered before!

**Dr Gill Seyfang -**

*Time of our Lives - University of East Anglia*

The latest statistics show that

- 22% of present time bank participants are from black minority ethnic groups
- 18% are over 60 years old.

Time Banks UK web site - [www.timebanks.co.uk](http://www.timebanks.co.uk)

## Service users as agents of change

Plans for Voluntary Organisations to become community based service providers may well give health services a friendlier face but it will do little to remove the sense of powerlessness that is often cited as the main cause of the disengagement of ordinary people from active citizenship. The message will remain - we are here to help you but you have nothing we value or need.

This will have to change and the health and social care workforce can be the facilitators of this change. The Green Paper identified the importance of community capacity building and highlighted time banking as a tool.

***“Time Banks provide an opportunity for those who have traditionally been in receipt of care to offer something back to the community, increasing their sense of inclusion and having positive benefits for their own well being”***

**Independence Wellbeing and Choice**

The new direction planned for health and social care will be achievable only if there is a meaningful investment in a whole system approach that integrates a broad agenda of prevention with real community capacity building.

We will need to actively promote an asset based approach like time banking that crosses service boundaries and recognises that everyone has the capacity to contribute to their own health and wellbeing and to that of others.

If not, health providers will be faced with the impossible burden of trying to replace the few networks of mutual support that still remain. For years these networks have been undermined by market forces and by the drift to single issue politics at the local level. The local voluntary sector has been formed into vested interest groups reflecting the service silos of the statutory sector. A health and social care workforce unsupported by local people and broadly based social networks will be unsustainable, even at voluntary sector or privatised rates of pay.

## Sustainable in the long term

By contrast, time banking runs on a mixed economy of cash and goodwill. The administration requires funding in the early years but once established a time bank can be run by participants earning time credits. They also have high retention rates because people enjoy the rewards, both material and psychological. Time Banks are also a vehicle for the commercial world to express their support by donating goods and services that are distributed as rewards for community building hours that people clock up.

There is enormous scope to expand this and to also encourage local authorities to provide, for example, reductions or preferential access to council services in exchange for time credits earned providing social care.

We all like to pay our way and to feel we are making a difference, so why make things difficult when they can be done together....

## Suggestions for action

### Local level

Agencies to carry out 'time audits' to find out how many hours of actual volunteer time their current actions are generating

Agencies to identify rewards that could be offered as incentives - e.g. free places and reductions to Council events and facilities

Programme to rigorously test a range of time banking pilots

### National level

Introduction of time banking and co- production into mainstream training programmes

National Grant scheme for setting up new time banks

Regulation that insists every publicly funded agency must involve their ultimate clients as co-producers of services

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