

# ***Keeping the GP away***

A NEF briefing about  
community time banks and health

With special thanks to Dr Isabel Garcia

**February 2002**



# Keeping the GP away

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

**Dr Richard Byng, pioneering GP at Rushey Green Group Practice**

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

**Tessa Jowell MP, as Minister for Education and Employment, March 2001**

This briefing provides an introduction to how community time banks – the social infrastructure known as ‘time dollars’ in the USA – can be adapted successfully in the health sector, to keep people healthy, to speed up recovery and to save scarce NHS resources. It is intended to do two things:

- Introduce the concept of community time banks as a health regeneration tool.
- Provide a brief summary of the first evaluation of a time bank used in a GP’s surgery at Rushey Green in Lewisham.

The evaluation is part of a much more comprehensive three-year project involving Guy’s, King’s and St Thomas’ hospitals – carried out by the Socio-Medical Research Centre at St Thomas’ Hospital – which will not report for some time. It was carried out by one of the doctors at the practice, Dr Isobel Garcia, and will be published in full shortly.

## **Background**

‘Time dollars’ or community time banks are the brainchild of Washington law professor Edgar Cahn, who developed them as a way of providing non-medical services for older people – helping them to stay in the own homes, keep hospital appointments and stay healthy.

Supported from 1986 by the Robert Wood Johnson Foundation, the first wave of time dollar schemes in the USA a new kind of money, known in the UK as ‘time credits.’ These are now used in over 200 cities in the USA to fuel volunteer schemes, health maintenance programmes, support old people and a range of other local social projects. There are around 700 similar schemes in Japan, backed by the government, and more in China – both places with high proportions of older people in the population.

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

Evaluation conducted by the University of Maryland’s Centre on Ageing throughout the 1990s established that time banks were able to attract people who don’t normally volunteer, keep old people healthier and cut drop-out of volunteers.<sup>1</sup> Most dramatically, the hospital group Sentara, in Richmond, Virginia, found that using a time bank to provide peer support for people with asthma, cut emergency admissions to hospital by 74 per cent and saved \$217,000 over two years.<sup>2</sup>

One of the most successful projects in the USA, is Elderplan, a social Health Maintenance Organisation in New York City. In their first 12 years, mutual volunteers from their Member to Member project have put in over 100,000 hours helping each other, teaching each other and supporting each other to be independent. Member to Member enables volunteers to earn and pay time credits for giving and receiving non-medical services like, shopping, friendly visiting, bill-paying, hospital visiting, home repairs, walking clubs, support groups, self-help courses and others – all funded by time credits earned through the scheme.<sup>3</sup>

"Often you can't buy what you really need," says Mashi Blech, Elderplan's director of community services. "You can't hire a new best friend. You can't buy somebody you can talk to over the phone when you're worried about surgery. But by getting people helping through the time bank we want to involve people as co-producers of their own health care."<sup>4</sup>

The New Economics Foundation (NEF), supported by a grant from the King's Fund, organised a series of UK seminars by Edgar Cahn in 1997. The visit generated a great deal of interest, particular from the health sector and the King's Fund agreed to support NEF to pilot a UK approach to time banking over a two-year period – and in particular to set up an experimental community time bank in London around a hospital or health centre, primarily with and for older people. Since then, a range of other partners have become involved in the development of time banks – including the South London & Maudsley NHS Trust – and there are two major networks of time banks up and running, the London Time Bank ([www.londontimebank.org.uk](http://www.londontimebank.org.uk)) and Time Banks UK ([www.timebanks.co.uk](http://www.timebanks.co.uk)).

### **Rushey Green**

The pilot community time bank was developed in partnership with the Rushey Green Group Practice, based at two locations in Catford, in south east London. It has a team of 14 clinicians: six GPs, two nurses, together with a nurse practitioner, a psychologist, a counsellor, a child mental health specialist and a health visitor.

Interest in developing a time bank at the practice was sparked by GP Richard Byng, who was keen to explore and develop alternatives for tackling isolation and depression. Initial research found that both staff and patients supported the idea and felt that the scheme had the capacity to generate much-needed social support for the most isolated older people – as well as families and provide low level practical help to enable older people to stay in their own homes.

Cllr Mee Ling Ng, the deputy mayor of Lewisham officially launched the time bank in March 2000. Now, 18 months later, the Rushey Green Time Bank has 68 members: 59 individual members and nine organisations, including the health centre itself, the local garden centre, a local nursing home, Voluntary Action Lewisham, Lewisham Community Health Council and St Laurence Church. The time bank is co-ordinated by Liz Hoare, who recruits new members and links up their offers and requests for help.

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

New members join the time bank, on average at the rate of one to two per week and turnover is low, with most of the members who joined at the beginning still involved. By far the most common reason for leaving the time bank is returning to, or finding paid employment. Other members have moved and three older members have died. There are also 23 people who initially contacted the time bank and decided subsequently not to get involved.

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



*Lou, John and Sheila – Rushey Green time bank members*

### **What difference has the time bank made?**

A two-year evaluation, supported by the King's Fund has now been launched by the Socio-Medical Research Centre at St Thomas' Hospital, led by Dr Tirril Harris. Combining both qualitative and quantitative approaches, the research will document how the time bank works and measure how it impacts on participants and their:

- Confidence and self-esteem
- Social networks
- Access to preventative as opposed to merely *reactive* care
- Self-perception of health as well as clinical health
- Possible cost savings to the NHS.

Initial research was conducted by Dr Isobel Garcia, a GP at the practice. She interviewed 24 time bank participants, and surveyed practice staff about their experiences of the scheme. Her main finding has been that – as well as the volunteer support to local people who need it generated by the time bank – it has also helped to build people's confidence and self-esteem by shifting the emphasis from areas where they are challenged or failing, to activities and skills that they enjoy and can share with others.

In this way, the scheme has given a sense of self-worth to people who had previously been passive recipients of care. Many of the members are elderly or disabled and cared for, at least to some extent. The time bank has also given them the opportunity to give and become 'carers' themselves in different ways in the community.

By blurring the distinction between givers and receivers and encouraging more vulnerable people, such as the elderly and those with mental health needs, to get involved and share their time, the time bank is helping to build more community based self-help and mutual support:

- "*I was asked to go and sit with an elderly lady. She was blind and very isolated but she lived just across the road from me and by getting to know her and starting to look after her, I came out of my depression.*"
- "*I am supporting them, but if there's a time I need to be supported, I am sure they will be there for me.*"

Other impacts include the following:

### **Support for traditional carers**

Because participants are very much involved in the management and development of the scheme, they have come to take more responsibility for each other. This has helped to reduce the burden on traditional carers in the form of both family and social services to some extent by providing support from other local people:

- *"We discuss who can help and who's had a stroke or who's just returned from hospital and may need someone just to come in and sit for a while."*

**Respondent to the research questionnaire**

### **Peer support**

Participants have also drawn support from sharing health challenges with peers:

- *"Talking to other people who have had the same problem that I have calmed me down."*

**Respondent to the research questionnaire**

### **Widening support networks**

The time bank has also been successful in increasing the number of people, participants felt they could trust and call on for help when they needed it. Some participants even felt that the time bank offered an alternative to visiting the GP:

- *"It makes me feel good that I can actually trust people again... It's just nice to know you have someone you can call on."*

- *"Rather than just keep going to your GP, you can always go to the Community time bank people."*

**Respondents to the research questionnaire**

### **Getting people active and engaged**

Being involved in the time bank has enabled people to play a more active part in their local community:

- *"And at the same time, because I felt better, I was able to get involved in other things...and I think it's all because I went out doing my Community time bank that gave me the push."*

- *"It has made me feel brighter about Catford."*

**Respondents to the research questionnaire**

### **Broadening the professional view of health**

The time bank was also found to have had an impact on GPs and nurses at the practice, who are now able to offer a friendly chat or a helping hand when it is needed – rather than prescribing medicine or a lengthy referral to another agency.

- *"The time bank has broadened the view of how we as clinicians see patients; so patients get some benefit even if we don't refer them to the time bank. We consider patients in more societal terms. The time bank has helped form an identity for the practice, and a focus for patients. Patients' groups often fail because they focus too much on illness. But [through the time bank] we've formed a community."*

**Respondent to the research questionnaire**

- *"Community time bank members have made a great difference to people arriving at the Central Lewisham surgery. The flowerbeds at the front of the building were dismal – full of weeds and rubbish –*

*and they had been like that for years. Then the members started taking care of it. Mothers coming to our clinics often comment on the change – especially the wonderful display of daffodils in the spring. It cheered them up and made them feel better even before they got to see a health visitor or GP!"*

**Local health visitor Mercynth Johnson**



Hyacinth Thomas – one of Rushey Green time banks founder members

## **Challenges**

With any social innovation like community time banks, there is bound to be a considerable amount of on-the-job learning. For example, while many members have a great deal to offer, they need time and encouragement before they feel ready to give. At least half the membership requires ongoing support to keep them involved and contributing. This is one of the main tasks of the time bank co-ordinator, requiring special listening and people-skills.

Other challenges include:

- **Safety of participants:** To make sure community time bank members feel safe, references are taken up for all new members. This can pose a problem for some people, like refugees and people who are very isolated and have nobody who can give information about them. By offering group activities, such as gardening or shared meals, the time bank has been able to provide a safe space for people who are without references to participate and gives the co-ordinator, as well as other participants time to get to know them better.
- **Diversity of participants:** Referrals to the time bank from people with mental health needs have been very high. But the success of the scheme has rested on its ability to mix people up and engage them on the basis of what they can do, rather than segregate them and confine them to activities organised around their particular health condition. The health centre is part of a rich network of help and support in local people's lives and the research implies that the time bank is most effective as part of this and therefore an integral part of the local scene. Links have been made with voluntary groups, churches and local businesses and the bank will continue to foster these ties.
- **Getting people to ask for help:** Whilst most time bank participants enjoyed giving *and* receiving help, one third found it more difficult to ask for help. Bad weather, illness and depression were the main barriers which periodically deterred some members from being actively involved. Links were most successful when participants had already met – normally through the time bank – and when there were additional social opportunities, like parties.

## **Conclusions**

It is becoming clear that participation – and especially participation through time banks – can make an important difference to people’s experience of the NHS, to their health and to the cost of curing people and keeping them healthy, although what those cost savings might be remain to be seen.

Community time banks do seem to provide a way to make it clear to professionals and patients alike that they need each other if either are going to succeed. Doctors need patients, as much as patients need doctors, in other words. And although this is a truism, it has been hard to make that mean something in a health context. The key findings of the initial research at Rushey Green are as follows:

### **1. The community time bank approach does help to engage patients as partners in the business of delivering health.**

It does this by helping to shift the focus from people’s problems to their abilities. Professionals traditionally concentrate on what patients *can’t* do: often this becomes the accepted way of triggering help. And traditional volunteering makes a distinction between those who can give and those who need help. Community time banks focus instead on people’s assets, what they *can* do and how these activities can complement and support existing services. In this way, time banks can provide a valuable force for social exclusion.

### **2. Time banks can lever hidden resources in the community.**

The Rushey Green model seems to be able to access people’s time and goodwill in such a way that they can provide a useful arm to the surgery. Seen like that, the local community can relieve some of the support burden from health professionals.

### **3. Time banks allow health centres to supply a broader view of health.**

Time banks are not a stand-alone model, but a flexible approach that can be grafted onto existing activities. By linking up and using these hidden resources in the community – including organisational resources (like other community groups), health centres are able to provide access to a much wider range of services than traditional surgeries – anything from basic DIY to self-help bereavement counselling.

### **4. Mutual support can make a difference to the way people experience the NHS.**

Mutual volunteering among patients through a time bank can benefit both the giver and the receiver, can have an effect on people’s health, and can be far cheaper than conventional drug therapies by themselves.

## **Recommendations**

We propose that the time banks model should be developed further in a health context. This will require:

- 1. Other layers of NHS provision need to experiment with time banks:** Sandwell Health Authority and South London & Maudsley NHS Trust have both launched their own programmes, but there need to be experiments building time banks and mutual volunteering into other forms of care-management and hospital discharge planning.

2. **Boundaries between the different providers of health service need to break down further:** Local authorities and education authorities using time banks need to be able to link up with other providers – from surgeries to social services – to make the health component more effective.
3. **Community participation and involvement should be recognised and rewarded as work:** This can't be done with money, but it can be done with time credits.
4. **The remaining bureaucratic hurdles for people on benefits taking part in time banks need to be removed:** Given the high proportion of members who are disabled, or have mental health problems, it is essential that time bank participation is seen as a therapeutic self-help activity, without implications for receipt of incapacity benefit.
5. **The ambiguity about the charitable status of time banks needs to be cleared up:** As mutual institutions, the Charity Commission doesn't necessarily recognise time banks as charities – though they are clearly a regeneration tool for the benefit of disadvantaged people.
6. **We need to develop more sophisticated accounting methods, so that the savings on future NHS spending from time banks can be clearly recognised.**
7. **There needs to be a legal obligation on any public institution to involve clients as equal participants in the business of health:** Time banks are a useful mechanism to help them do this.

New Economics Foundation  
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## **Appendix A**

### *Further information*

There are a number of websites that can provide more information about the time banks idea, notably the Time Banks UK website ([www.timebanks.co.uk](http://www.timebanks.co.uk)), the London Time Bank website ([www.londontimebank.org.uk](http://www.londontimebank.org.uk)) and the Fair Shares website in Gloucestershire ([www.fairshares.org.uk](http://www.fairshares.org.uk)). The American Time Dollar Institute also has a useful website ([www.timedollar.org](http://www.timedollar.org)).

If you would like more information about how to develop time banks in a health setting, you can contact:

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## **Appendix B**

### *Other UK research*

The national evaluation of community time banks in the UK, currently being conducted by Dr Gill Seyfang at the University of East Anglia, shows that they are a successful tool for engaging socially excluded groups in building their local community.<sup>5</sup> Whilst most schemes surveyed were still relatively young, participant involvement increased over time rather than burning out and moving on after a short period of activity. Significantly, most participants were active both as givers and receivers of time.

The social groups which constitute time banks are precisely those who participate least in traditional volunteering – the poor, unemployed, those with disabilities, the elderly.<sup>6</sup> Compared to the demographic profile of traditional volunteers, time banks are attracting a different constituency of participants - notably a higher proportion of women, retired, disabled or sick people, jobless and low-income participants.

For example, while only 16 per cent of traditional volunteers have an annual household income of under £10,000, the proportion of time banks participants in this category is 58 per cent - nearly four times as many. Also, while 40 per cent of traditional volunteers are not in formal employment, the figure for community time banks members is 72 per cent, or nearly double.<sup>7</sup>

This reveals that community time banks are successful in their objective of attracting members who are socially excluded, and would not normally get involved in volunteering. Indeed, the majority of survey respondents (82%) were confident that they were attracting people who had not volunteered before, and overall co-ordinators estimated that 51 per cent of their members would not otherwise have got involved in volunteering.

Other findings included:

- Over half time dollar participants (51%) are people who would not otherwise have been interested in volunteering.
- Time dollars are succeeding in their aim of being reciprocal – participants in the 15 time banks studied had earned 15,776 hours in time credits and spent 13,838 (the total figure in September 2001 was over 32,500 hours earned).
- Over 90 per cent of respondents said time dollars were meeting some of the needs of participants – as well as building new friendships and trust among them.

Dr Seyfang discovered a range of innovative arrangements – retired people teaching conversational English to Iranian women, others teaching the piano to teenagers in return for help in the garden. In Newcastle time credits can be spent getting into local sports centres; in Cheltenham getting into home matches played by Cheltenham Town.

## **Appendix C**

### *Other US research*

A report by the Time Dollar Institute in Washington outlined some of the other ways that time banks were being used in a health context in the USA, some of which could be applied in the UK too.<sup>8</sup> The development of time banks in the USA is happening partly as a result of a general push to keep down the burgeoning costs of providing medical services, and partly in the face of a wider long term-care crisis in healthcare as the population ages. People over 65 are expected to make up over 21 per cent of the US population by the year 2030. By 2020, the number of Americans who will need some kind of help because of a chronic condition is expected to be around 23 million. Specific innovations include:

- Member Organised Resource Exchange in St Louis, which pays time credits to participants across the city for visiting older people, training in health promotion (asthma and childcare) and passing on the training to others. They can spend the credits on help for themselves or in a network of time bank ‘stores’ around the city.
- Volunteer Caregiving in Richmond, Virginia, where asthmatics are enrolled in a telephone time bank and befriend other asthmatics: the experiment cut the cost of treating those involved by 73 per cent - a total of \$80,000 saved in the first year of the asthma program, rising to \$137,500 in the second year.
- Time Bank in Denver, which pays time credits to participants for visiting older patients to make sure they are taking important medication.
- Care Xchange, part of the Blue Shield health provider in California, which runs a time bank devoted to mutual support and telephone reassurance – with a special concentration on support for diabetics to catch glaucoma early.

- Abriendo Puertas in Miami, which runs a time bank as part of its mental health programme – encouraging patients to find they have skills and are useful members of the community.
- PALS in Pittsburgh, where the time bank concentrates on providing support for and by housebound elderly and disabled people. Credits earned can be exchanged for grocery vouchers.

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<sup>1</sup> Robert Wood Johnson Foundation (1990): *Service Credit Banking Project Site Summaries*, University of Maryland Centre on Aging, Baltimore.

<sup>2</sup> Time Dollar Institute (1999): *Angels and Health: Time dollars and healthcare*, Time Dollar Institute, Washington DC.

<sup>3</sup> See for example: Boyle, David (2001): *The Sum of Our Discontent*, Texere, New York.

<sup>4</sup> Time Dollar Institute (1999): *Angels and Health: Time dollars and healthcare*, Time Dollar Institute, Washington DC.

<sup>5</sup> Seyfang, Gill (2001): *Spending time building communities*, Time Banks UK, London/Gloucester.

<sup>6</sup> Davis-Smith, Justin (1998): *The 1997 National Survey of Volunteering*, National Centre for Volunteering, London.

<sup>7</sup> Davis-Smith, Justin (1998): *The 1997 National Survey of Volunteering*, National Centre for Volunteering, London.

<sup>8</sup> Time Dollar Institute (1999): *Angels and Health: Time dollars and healthcare*, Time Dollar Institute, Washington DC.