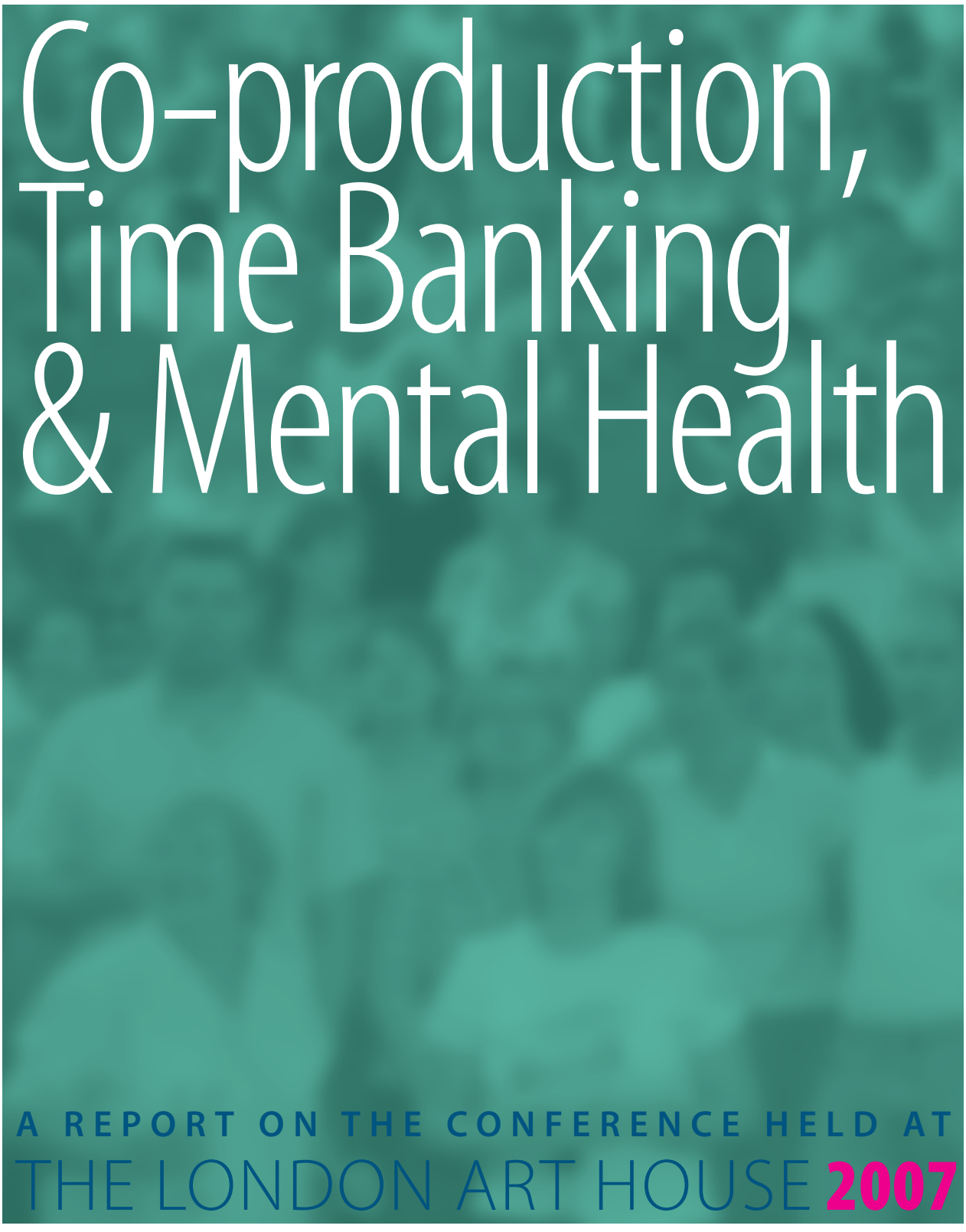
'Getting Real'

Co-production, Time Banking & Mental Health



A REPORT ON THE CONFERENCE HELD AT

THE LONDON ART HOUSE **2007**

1. Introduction

This report has been co-produced by the participants.

The purpose of this event was to bring together people who are planning, commissioning, providing and receiving mental health services to:

- **Explore the values and benefits of co-production**
- **Emphasise its relevance in current national policy**
- **Showcase time banking as a system for co-production**
- **Identify the first steps to be taken for the change we all want to see**

By 'co-production' in this context we mean:

Working together to maximise the potential of our mental health services by actively engaging service users and the local community as partners in the design and delivery of those services.

There are **four core values** at the heart of co-production;

'Together we can improve our health and well-being by tackling the social exclusion experienced by people with mental health problems by bringing together local communities and citizens with mental health needs in partnership with the relevant public services'
'Together We Can' (2005) Strategy for Community Engagement, Home Office, Civil Renewal Unit

Assets: everyone can be a contributor to the mental wellbeing of others in their community

Redefining work: work must include whatever it takes to bring up healthy children, preserve families, make neighbourhoods safe and vibrant, care for the frail and vulnerable, redress injustice and make democracy work

Reciprocity: wherever possible we must replace one-way acts with two-way transactions between individuals, as well as between people and institutions

Social networks: social networks require ongoing investments of social capital generated by trust, reciprocity and civic engagement

Project

Ward Based Recreational Activities and Timebank Project - Hillingdon Capital Volunteering

In partnership with Hillingdon PCT & CNWL Mental Health Trust, the ward based project involves service user volunteers in running activities for inpatients at the Riverside Centre as an addition and complement to OT groups and therapies. Activities include an Internet café where service users help others access computers and the internet. Ex-patients are particularly encouraged to volunteer. The local time bank project offers the opportunity for service users to volunteer as part of a group, great for building confidence before taking on volunteering which might be less supported. Activities include providing activities at a lunch club for older adults.

Co-production requires service providers and their organisations to:

- Seek out and involve as equals people who have previously been treated as collective burdens on an overstretched system

- Invest in strategies that develop the emotional intelligence of people and the capacity of local communities

- Use peer support networks as well as professionals as the best means of transferring knowledge and capabilities

- Reduce or blur the distinction between clients and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered. Services seem to be most effective here when people get to act in both roles - as providers as well as recipients

- Allow mental health service providers to become catalysts and facilitators as well as central providers

- Devolve real responsibility, leadership and authority to service users, and encourage self-organisation rather than direction from above

- Offer participants a range of incentives which help to embed the key elements of reciprocity and mutuality.

By promoting a co-production approach to mental health, service providers can transform themselves into an inspirational force for social change and demonstrate their belief in local people and the possibility of social renewal. In return, they will be able to bank on the co-operation, local knowledge, skills and goodwill of 'service users' and local people once again.

By time banking we mean: a tried and tested tool for the community empowerment and community engagement. It uses a local time based currency that brings local people together and rewards them for sharing their skills.

Time Banks create opportunities for people to take on some responsibility for their own and their communities well being.

An hour of engagement earns one time credit, a community loyalty point, which can be spent on support or services from other local people when needed. Time banking provides a way to hold local information on who is available, when and with what skills to provide a safe, broad based framework for connecting people who would not normally meet.

Project

Gloucester Time Bank

In early 2000 Fair Shares set up 4 time banking projects in Gloucester. Based in neighbourhood project areas, the focus of these was small scale local work. After a few successful years, and some funding from the Home Office, the 4 projects were brought together and Fair Shares set up the first city wide time bank in the country; The Gloucester Time Bank. The time bank has grown and developed and we are particularly proud of the work we have done with engaging organisations, involving traditionally hard to reach communities, and raising the profile of time banking to healthcare professionals. Our most recent project involves pioneering work with Gloucester Prison where prisoners can earn time credits for work inside the prison and donating their credits so that their families can receive support from the wider community outside.

Project

The Healthy Living Project - Havering Capital Volunteering

This pilot project was started and is run by a service user volunteer in partnership with the Upminster Community Mental Health Team. It offers an open door drop in for smoking cessation with advice, guidance, monitoring and ongoing support along with access to blood glucose and cholesterol testing, healthy food tasting sessions and information around health and diet. The drop in operates alongside a weekly clinic.

People relearn that 'give and take' is the basic building block of community life and they form strong social networks.

Time banking is, above all else, an agent for social cohesion.

The investments made into each time bank by people who would not normally see themselves as 'volunteers' and have hitherto been labelled 'hard to reach' are witness to all the new social, practical and emotional exchanges that enrich the lives of everyone.

There are many successful examples of time banking in this country, and in 22 other countries across the world. There is no question time banking can help the co-production of mental health services and local well being.

We are now focused on how with this tool we can bring about the system change and the shift in attitudes required to ensure better outcomes for staff, service users and local communities through a co-productive approach.

How time banking works

- Everyone's contribution is welcomed and valued equally - one hour of engagement earns one time credit.
- These 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 local people have, when they are available and any special needs they may have.
- Time banking acts as a letter of introduction and reconnects people. *(Give an hour or two a month to your local community through the safe framework of the time bank and your community will be there for you when you need it).*
- Once in circulation a 'time based currency' takes on a meaning of its own and becomes every bit as real to people as the cash in their pockets.
- Participants soon come to understand the power of reciprocity and that 'give and take' is the basic building block of positive relationships and local well being.

The social networks that are created through time banking offer the best chance of sustaining a local infrastructure for people to pool their efforts and work together with mental health service providers on solving broader issues of mutual concern.

What people are saying is important to them about timebanking:

'Every hour looking out for others is rewarded'

'All our time are valued equally - one hour is always one credit'

'We all have some skills that are of use to someone else'

'You feel safer knowing you can call on someone for an extra bit of help'

'It's really flexible, you can join in when you want to'

'It gives me the chance to meet new people'

2. Policy drivers

Current policy in mental health has been defined by five key documents: *Modernising Mental Health Services: Safe, Sound and Supportive' (DH 1998); The National Service framework for Mental Health (DH 1999); Choosing Health (DH 2004); Improving the Life Chances of Disabled People (DWP, DH, DfES, ODPM 2005); Our Health, Our Care, Our Say' (DH 2006); and The Local Government and Public Involvement Bill (DCLG 2007).*

All these policy documents highlight the importance of involving the public, patients and services users in the planning and delivery of care, of promoting independent living, and of improving lives by giving service users more choice and control. There is an increased focus on the community: promoting health and wellbeing in context of the public mental health. All these key policy dimensions are in line with a co-productive approach.

Policy drivers for social inclusion and mental health are Mental Health and Social Exclusion (Social Exclusion Unit 2004); and Reaching Out: An Action Plan on Social Exclusion (Cabinet Office 2006).

The planned modernisation of day services provides an opportunity for increasing social inclusion and promoting recovery for people with mental health problems. Modernised day services can provide:

- Opportunities for social contact and support
- Support to retain existing roles, contacts, activities
- Support to access new roles, relationships, activities
- Opportunities for service users to run their own services and provide their own support

These four key functions are again in line with a co-productive approach to support and service provision.

The Minister for Health, launching the SEU report, said *'Social Inclusion for people with mental health problems is a moral imperative',* and that *'Our vision is a future where people with mental health problems have the same opportunities to work and participate in their communities as any other citizen.'*

Project

Maudsley Time bank

The Maudsley Time bank has been running for nearly 18 months and in that time it as evolved into a viable and sustainable project. We are situated in the Occupational Therapy Resource Centre in the Maudsley Hospital and this provides a unique context in which to involve service users in the delivery of services. To enable service user involvement at all levels we have created a number of opportunities. This includes low-key opportunities from running social groups to more complex ones such as running the information trolley. Our aim is to generate opportunities for service users so that while they have entered the hospital as 'patients' they can leave as 'volunteers'.

3. Delegates response to project presentations

After the showcasing of the practical examples of co-production, delegates were asked to answer three questions. In response to the question ***'What surprised you most about the projects?',*** there were some key themes:

People were impressed by

- the breadth and variety of services and activities on offer
- the high levels of commitment and energy of those involved
- the diversity of people involved in all of the projects.

Favourable comments were made on the apparent ease of implementation and speed of growth for some of the projects, with limited financial resources and minimal support from statutory services. Delegates were also impressed by the extent of community engagement and the links with local

businesses. Some reflected surprise at the lack of sustainability strategies in place for the projects.

When asked ***'What most excited you about the projects?'***, delegates focused on the potential of co-production to deliver positive outcomes for people with mental health problems. The projects were seen as examples of inclusive practice where service users are in control, and where their contribution is equally valued alongside professionals. Opportunities were identified for real partnership working across a wide range of organisations, for whole system transformation, and for local people, organisations and communities to influence change. Delegates highlighted the limitless possibilities and the flexibility and adaptability of the time banking model, and its effectiveness at building social capital.

When asked to identify what ***'further information'*** delegates may want about any of the projects, delegates focused on the practical: how do you set up a time bank?; what makes a good time broker?; what are the possible sources of funding?; how are risk assessments carried out?; how are participants involved at every stage of service design?, delivery and evaluation.

People also wanted to know more about the interface between community projects and statutory services, and asked for advice on how to influence commissioners and those still wedded to the medical model.

Requests were made for evidence of benefits to mental health and well being, and of links to employment and training.

Project

Time Bank Plus in Bath

We began in October 06 and operate within a geographical boundary in Bath. The Time Bank is a project of Envolve Partnerships for Sustainability. We involve everyone. The office is run by 2 part time members of staff and a whole host of volunteers. At this moment we have nearly 400 individual members with over 50 local groups and organisations who work with us and/or support us. We have 6 active teams in the area, all headed by a team leader who travels around the area helping local people. The volunteers who join the teams learn skills and information on gardening, decorating, DIY, energy saving, cooking, babysitting and activities to improve and promote mental health (games, knitting and cookery). The Time Bank is popular due to its central High Street location in a shop premises. New members are keen to get involved to earn time credits or swap them for our incentives of free cinema tickets, paint balling activities, theatre trips and training opportunities. Our Time Bank would not have been so successful if it had not been for the massive support from local people.

4. The changes delegates wanted to see

…it is about time we started 'getting real' about what this means for staff, for service users and for local communities.

People wanted to see service users benefit by being related to as people, using their skills and receiving support in return, being valued by others and gaining recognition as contributors to community life.

Delegates agreed that change has to begin with themselves and that they should further develop their understanding of co-production. They suggested that they begin with their use of language, which inside mental health circles is often divisive, and maintains a culture of 'us' and 'them'.

Co-production is a credible approach and is being promoted by politicians and policy makers without necessarily any real understanding or at least acknowledgement of the changes that are needed. Before any more progress is made at a policy level they need to move from rhetoric to reality and to do this they have to believe in the desirability of devolving power to service users and local communities.

We need to develop new applications of co-production using the proven technique of time banking and funds must be found to enable mental health provided to ring fence professional time and energy for this purpose.

5. What is needed for these changes to happen?

The culture change within mental health services that is needed to embed principles of co-production was seen as a significant challenge.

Delegates suggested ways of addressing this challenge, including several different levels of activity:

Individually and within our own services

- Share what has been learnt today at staff meetings and with local networks. Take ideas to social inclusion groups and mental health partnerships locally; staff to become facilitators/catalysts/time brokers /bridge builders
- Widespread promotion of the values and principles of co-production and inclusion in mainstream training programmes and service reviews

With commissioners

- Education at management and commissioner level - Commissioners where are you?
- Nationwide promotion of time banking, including inviting TBUK staff to present the concepts of co-production and time banking; invite time bank participants to speak and encourage staff to visit time banks
- Involve politicians, mental health forums, mental well being impact assessment groups

With a wider audience

- Use clear, confident and concise messages, possibly through a speakers bureau of service users - amplify the voices of people actually involved in co-production and enable them to make the case in their own terms
- Do a cost benefit analysis of co-production and time banking for PCTs, Foundation Trusts etc

The challenges that face us

- Negative effect of low expectations of statutory agencies, pressures on staff around targets and risk avoidance stifling innovation
- Shift from blaming government to shared responsibilities, particularly by the general public - mental health effects us all
- Move inclusion initiatives into the public eye and away from agency silos

And finally

- Keep the NSIP/NEF/TBUK/Capital Volunteering/SLAM/ partnership going and expand membership

6. Action plan

This conference was a starting point to enable those that are interested in and can see the potential of this way of working to come together, share their stories and successes and plan for the future.

To begin with we will focus our energies on influencing commissioners including;

- Host policy sessions for those commissioners already engaged with agenda, to create a team of peer champions
- Provide training opportunities for commissioners as an introduction to the co-production agenda
- Develop a 'co-production index' to enable commissioners to audit co-production activity

For a wider audience we will

- Develop clear, confident and concise messages and amplify the voices of people actually involved in co-production
- Keep a broad vision of co-production and its implications across a range of agendas including housing, health and community development, seeking out and making the links to the mental health agenda
- Lobby central government for a 'co-production fund' to enable organisations to experiment with this approach

'We are looking for citizens to be involved. . .
not just in designing services but delivering them.

This will involve a shift in the balance of power between professionals and citizens and the blurring of boundaries between producers and consumers' David Miliband

To be involved contact
info@timebanks.co.uk

Appendices

A/Suggested further reading and resources

- Modernising Mental Health Services: Safe, Sound and Supportive' (DH 1998)
- The National Service framework for Mental Health (DH 1999)
- Choosing Health (DH 2004)
- Improving the Life Chances of Disabled People (DWP, DH, DfES, ODPM 2005)
- Our Health, Our Care, Our Say' (DH 2006); and the Local Government and Public Involvement Bill (DCLG 2007)
- Hidden Work, co-production by people outside paid services, Joseph Rowntree Foundation
- Public Administration Select Committee, Putting People First? *www.parliament.uk/parliamentary_committees/public_administration_select_committee/pascppf.cfm*
- Independence, Well-being and Choice: A vision for Adult social care in England (DH 2005)
- Patient and Public Involvement in Health: the evidence for policy implementation (DH 2004)
- No More Throwaway People: the Co-production Imperative, Edgar Cahn (2001)
- Life After 60; A National Wellness Service, nef & Young Foundation (2006)
- Bowling Together; co-production, time banking and local authorities, Martin Simon, (2006)
- The Journey to the Interface; How public service design can connect users to reform, Sophia Parker (2006)

B/Participants list

John Alan **Capital Volunteering**
Sarah Allner **Maudsley Time Bank**
Clare Almond **South London and Maudsley NHS Foundation Trust**
Jo Beale **Birmingham and Solihull MHT**
Denise Bewsey **Capital Volunteering**
Christine Bird **Newcastle Time Bank**
Chris Bishop **North East London Mental Health Trust**
Fionuala Bonnar **CSIP London**
Becky Booth **Time Banks UK**
Julie Bootle **Milton Keynes Council and PCT**
Martin Brennan **Newcastle Time Bank**
Edmund Brooks **Bristol PCT**
Edgar Cahn **TimeBanks USA**
Zita Calkin **Social Services Employment Service**
Steph Carolan **CSIP South East**
Navjyoat China **Oxfordshire and Berkshire MHT**
Sherry Clark **South London and Maudsley NHS Foundation Trust**
Alice Colson **Routes 2 Employment**
Dave Cox **Sandwell MH NHS and Social Care Trust**
Barbara Crosland **CSIP West Midlands**
Ian Davis **Ealing PCT**
Kate Deamer **Nottinghamshire Healthcare NHS Trust**
Sally Denley **Eastern and Coastal Kent PCT**
Carole Dimmock **Capital Volunteering**
Suzanne Dodge **Time Banks UK**
Antony Dowell **Imagine**
Christa Drennan **National Social Inclusion Programme**
Kate Dudley **Imagine**
Mary Dunleavy **CSIP West Midlands**
Martin Farrell **Time Banks UK**
Jennette Fields **National Social Inclusion Programme**
Martin Fischer **Kings Fund**
Carla Fourie **South Essex Partnership NHS Foundation Trust**
Jacci Fowler **Social Services Employment Service**
Michele Garwood **Beds and Luton Trust**
Mervin Goring **Experts by Experience**
Vanessa Gould **Lewisham Time Banks**
Dan Grainger **Time Banks UK Trustee**
Phil Greaves **Tameside Council**
Naomi Hankinson **National Social Inclusion Programme**
Susan Hasler-Winter **London Borough of Wandsworth**
Claire Helman **Capital Volunteering**
Hilary Heyes **Sawston CMHT**
Fiona Hill **Brent MH User Group**

Mark Andrew Hobson **MMHSCT**
Mike Hudson-Scott **Nottinghamshire Healthcare NHS Trust**
Annmarie Hutchings **Beds and Luton Trust**
Jan Hutchinson **South Essex Partnership NHS Foundation Trust**
Lynn Jackson **Kent and Medway NHS Social Care and Partnership Trust**
Sagal Jama **HAVS**
Ron Johnson **User Support Service**
Dan Kessler **Colchester Mind**
Ellah Kilpin **BLPT NHS**
Jane King **Sandwell MH NHS and Social Care Trust**
Karina Krogh **South London and Maudsley NHS Foundation Trust**
Ann Lacey **Oxleas NSH Foundation Trust**
Liz Lawton **Pennine Care NHS Trust**
Reyaz Limalia **Gloucester Time Bank**
Jolanta Lis **Royal Borough Kensington and Chelsea**
Kerry Love **Warrington Community Care**
Karen Lyon **London Timebank**
Kenny Mackay **The Sussex Partnership NHS Trust**
Neil Manning **Capital Volunteering**
Neil Mapes **Age Concern**
Elaine Mather **Imagine**
Diane Medwell **Sussex Partnership Trust**
Rebecca Mitchell **National Social Inclusion Programme**
Nicholas Moon **Kent County Council**
Mick Morgan **Outlook Care**
David Morris **National Social Inclusion Programme**
Graham Munns **Beds and Luton Trust**
Sharron Nestor **Groundwork**
Pauline Newnham **Whipps Cross University Hospital NHS Trust**
Funmi Olowe **Clapham Park Time Bank**
Emer O'Neill **Depression Alliance**
Stella Parkes **Time Banks UK**
Jacqueline Parris **Mind in Camden**
Glen Peddar **Staffordshire County Council, Social Care and Health**
Heather Penn **Kent and Medway NHS Social Care and Partnership Trust**
C Plowright **Imagine**
Sarah Rapkin **Portsmouth City Teaching PCT**
Kate Rawson **Surrey PCT**
Zoe Reed **South London and Maudsley NHS Foundation Trust**
Alex Reeve **Family Welfare Association**
Debbie Roberts **Eastern RDC**
Peter Roberts **Mildmay Timebank**
John Rogers **Wales Institute for Community Currencies**
Jim Rollinson **Time Banks UK**
Isabel Ros Lopez **United Response**
Alec Rosam **Gloucester Time Bank**
Paula Rowe **Futures at Knightstone**
Josh Ryan-Collins **new economics foundation**
Eulene Sam **Tulip Mental Health Group**
Christine Saunders **Health Living Project - NELMHT**
Dennis Scott **Time Banks UK**
Pauline Simms **North East London Mental Health Trust**
Martin Simon **Time Banks UK**
Elizabeth Smith **Richmond Fellowship**
Kay Sookun **Beds and Luton Trust**
Lucie Stephens **new economics foundation**
Nicola Steur **new economics foundation**
Sarah Tanner **CSIP East Mids**
Duncan Tree **CSV**
Natalie Turner **Capital Volunteering**
Susan Unger **Lewisham PCT**
Wendy Walker **Sussex Partnership Trust**
Karen Weston **Time Banks UK**
Alan Williams **United Response**
Jayne Williams **Hexagon Housing Association**
Michelle Williams **Time Banks UK**
Janice Woodruff **Haringey Teaching PCT**
Lillian Yates **Pennine Care NHS Trust**

Project

Clapham Park Time Bank

Clapham Park Time Bank is set up to promote mental wellbeing in the community of Clapham Park New Deal for Community programme by using the neighbour to neighbour Time Bank model. The time bank is managed by the local Mental Health Trust and based in the heart of the community of Clapham Park. Our focus is to reduce stigma of mental illness and reduce isolation by involving people from across the community. The time bank is open to any one from the community and works with individuals and agencies, such as community mental health teams, social services and the local Primary Care Trust. 70% participants come from BME groups.

Clapham Time Bank has evolved from small activities being facilitated by the staff to activities lead by the participants, including supporting elderly people with shopping, organising belly dancing training and performances, design of the Clapham Park website.

C/Partners who organised the day

Time Banks UK is cultivating and environment for time banking to flourish We campaign, lobby, champion existing time banks and help individuals and groups who want to set up a time bank.

Time banking is about developing communities and helping people to feel healthier and happier in their lives by becoming active citizens.

Time banking is for everyone and connects all kinds of people.

Time banking treats people as assets, redefines work, understands reciprocity and builds community and our respect for each other.

Time banking treats people equally - one hour equals one time credit.

Capital Volunteering is a pan London programme which aims to tackle issues of mental health and social inclusion, through volunteering. The lead partners are CSV and the London Development Centre, and the programme is funded by the Treasury, through its Invest to Save Budget (ISB). Projects are located across London, and cover a wide range of interests and activities.

South London and Maudsley NHS Foundation Trust, (SLaM) provides mental health and substance misuse services to people from the four South London Boroughs of Croydon, Lambeth, Southwark and Lewisham, and substance misuse services in Bexley, Greenwich and Bromley. We also provide specialist services to people from across the UK.

SLaM has since 2001 explored different ways of using co-production in mental health, both by working with local community and voluntary groups to set up time banks to promote mental well being and social inclusion, such as Clapham Park Time Bank and also by using the time bank model within services, like the Maudsley Time Bank.

The National Social Inclusion Programme (NSIP) co-ordinates the overall delivery of the Social Exclusion Unit report 'Mental Health and Social Exclusion', published in 2004. The report is directed at improving the lives of people with mental health problems by reducing or eliminating barriers to employment and wider social participation. It sets out a 27-point action plan to bring together the work of government departments and other organisations in a concerted effort to challenge attitudes, enable people to fulfil their aspirations, and significantly improve opportunities and outcomes for this excluded group. NSIP brings together individuals and organisations from a range of backgrounds and social inclusion expertise. The programme team has cross-government representation as well as voluntary sector, service user, mental health professionals, and cross programme membership.

nef is an independent think-and-do tank that inspires and demonstrates real economic well-being.

We aim to improve quality of life by promoting innovative solutions that challenge mainstream thinking on economic, environment and social issues. We work in partnership and put people and the planet first.

nef was founded in 1986 by the leaders of The Other Economic Summit (TOES) which forced issues such as international debt onto the agenda of the G7 and G8 summits.

We are unique in combining rigorous analysis and policy debate with practical solutions on the ground, often run and designed with the help of local people. We also create new ways of measuring progress towards increased well-being and environmental sustainability. nef works with all sections of society in the UK and internationally - civil society, government, individuals, businesses and academia - to create more understanding and strategies for change.

www.timebanks.co.uk
www.capitalvolunteering.org.uk
www.slam.nhs.uk
www.socialinclusion.org.uk
www.neweconomics.org

D/Speakers biographies

Martin Farrell

Chair of Time Banks UK

Martin Farrell has more than 30 years experience of the voluntary and statutory sectors. He has held senior positions in large (Red Cross and Save the Children) small (Centre for Crime and Justice Studies) and middle sized organisations (Sainsbury Centre for Mental Health) and has a broad range of experience of different professional areas including refugees, young people, crime, mentoring, corporate social responsibility and community development. Martin is also a director of Volunteer England's trading company and a trustee of Volunteering England. He has been working independently for six years and helps people and organisations 'get2the point' - which is the name of his consultancy. Current and recent clients include the Cabinet Office, British Red Cross, Spurgeons Childcare, the Association of Chief Executive of Voluntary Organisations, the UN Climate Change Secretariat and the Community Foundations Network. Martin has just completed a year long contract supporting Time Banks USA and the US time banking movement to work together to develop a new strategic direction. Martin gives 10% of his time to working on a no fee basis. He has been a trustee of Time Banks UK since June 2004 and was elected chair in February 2005.

Edgar S. Cahn, J.D., Ph.D

Creator of Time Dollars, President and Chairman of the Board of the Time Dollar USA

Dr. Edgar S. Cahn is the creator of Time Dollars and the founder of the Time Dollar USA, as well as the co-founder of the National Legal Services Program and the Antioch School of Law (now the David A. Clarke School of Law). He is the author of No More Throw Away People: The Co-Production Imperative (Essential Books, 2000), Time Dollars (co-author Jonathan Rowe, Rodale Press, 1992), Our Brother's Keeper: The Indian in White America (1972) and Hunger USA. The development of Time Dollars is just one achievement in a career that, since the early 1960's, has been dedicated to achieving social justice for the disenfranchised. His own life is an example of dedication to strongly held principles and ideals, and he brings to audiences a powerful vision, sincere compassion, spontaneous humor, and the ability to inspire others.

Dr David Morris

Director: National Social Inclusion Programme

David Morris is Programme Director of the National Social Inclusion Programme (NSIP) at the National Institute for Mental Health in England, leading implementation across government of the report of the Social Exclusion Unit on mental health (2004) and key aspects of the Social Exclusion Action Plan published by the Prime Minister's Strategy Unit in September this year. He has extensive experience in the field of social inclusion, advising on strategy and practice across a range of governmental and non-governmental organisations at national, European Union and international levels.

David is also Principal Lecturer, Community Engagement and Social Inclusion in the Centre for Ethnicity and Health at the University of Central Lancashire (UCLAN) and Director of its international programme on community engagement and mental health services. His doctoral research, completed in 2004 at Manchester University's National Primary Care Centre - was on social inclusion and community engagement in the context of primary care.

From 2001 to 2002 David was Senior Policy Advisor at the Sainsbury Centre for Mental Health and Director of the national 'Citizenship and Community Mental Health Programme', one of four research or policy programmes in this area which he has designed and led. Between 1994 and 2001, David was Head of Mental Health at South Thames Regional Health Authority and subsequently, the NHS Executive South East Region. His professional background and qualifications are in social work and the management of mental health services in social care.

Martin Simon

Executive Director of Time Banks UK

Martin has worked in the public, private and voluntary sectors and has always been a passionate advocate for participation, mutuality and social justice. He is the founder of the "Fair Shares" network of community Time Banks in Gloucestershire and is now the Executive Director of Time Banks UK, the umbrella organization for Time Banking in the UK.

Martin has built an international reputation promoting the 'co-production' of our Public Services and is pioneering the use of community currencies to engage people as active citizens, to rebuild communities and to redefine volunteering. As a 'community organiser' he has worked on projects in Europe, United States and Africa and is an 'organisational development' trainer and coach. Author of the definitive guide to time banking, 'On Becoming A Time Broker', his latest research project for the NHS, 'A Fair Share of Health Care', examines the relationship between time banks and health.

Appendices

Zoë Reed

Executive Director, Developing Organisation and Community (DOC)

Zoë Reed is the, Executive Director, Developing Organisation and Community [DOC] for the South London and Maudsley NHS Trust - one of the largest mental health trusts in the Country. She has been a member of the Trust's Board for 6+ years. Zoë's last local authority role was as Corporate Director Partnership and Citizen Engagement. Zoë has a wide-ranging experience of service management - from the provision of cleaning, catering and other support services for a London Local Authority through to establishing joint commissioning and strategic planning functions for a Social Services Department.

The DOC Unit's vision of itself is as a hub within the organisation, helping the Trust articulate and achieve its strategies and goals. It leads in four areas - identity, vision and values, community connections & involvement, forward planning and ensuring delivery and transformational change - and seeks to blend the information, approaches and styles between them to maximise impact and efficiency. The remit includes communications, equality and diversity, service user, carer and public involvement, building organisational capacity through network maintenance and service improvement. Implementation of the Trust strategy in areas of social inclusion and mental well-being including supporting community based Time Banks and building the membership base as part of the Trust's preparation for foundation status. The Unit is responsible for business planning, contracting and performance management. The Unit also provides two direct clinical support services - pastoral and spiritual care and welfare benefits - and these provide essential reality checking and design advice for the central functions.

The texts of all the presentations are at www.timebanks.co.uk

E/Co-production Self-assessment

The Co-Production Self Assessment is a simple tool that will help you determine to what extent your programme is meeting the principles of Co-Production.

Asset Based Questions

- Does your organisation take into account the things that your client/service user can do for others in the community as part of the strengths the client brings?
- Does your organisation take into account client/service user abilities to mobilize others as part of an asset based approach to human services?

Redefining Work

- Are residents and clients asked to fulfill substantive roles (beyond administrative support) in achieving the outcomes of your organisation?
- How do you record the unpaid hours that clients and community members contribute to your organisation's mission?
- Do you reward the people who contribute in any way?

Reciprocity

- Does your organisation request, require or even encourage paybacks? (Do you just deliver services and material goods?)
- Do you accept help given to people outside of the organisation as a form of paying back?
- Do you budget money or create special programmes with incentives and rewards for people who contribute?

Social Networks

- Does your organisation actively seek to include building trust relationships, mutual self-help and social action networks among clients?
- Do you define clients/service users as individuals or as multi-party clusters that include family, extended family, friends, colleagues, neighbors, and informal support systems?
- Does your organisation work in collaboration with other agencies? Do you encourage clients/service users to access support and help from clients who are part of another organisation?

Appendices

E/Co-production comparisons

The role of co-production in delivering real and lasting change

Recent Joseph Rowntree Foundation (JRF) funded research came to two major conclusions about the spread of co-production. There are two overlapping categories:

- **What we might call 'generic' co-production, the effort to involve local people in mutual support and the delivery of services**
- **'institutional' co-production of the kind advocated by Cahn.**

Both are clearly different shades of one spectrum, and there is an emerging co-production sector, though it may not be aware of itself as such. The table below outlines how different sectors operationalise the core values of co-production.

	Conventional delivery approach (e.g. institutional public services)	Generic co-production approach (e.g. conventional voluntary sector)	Institutional co-production approach
People as assets	Community members as patients, students, victims, perpetrators, the problems to be solved	Community members as volunteers usually primary medium of service delivery	Community members seen both by others and themselves as complementary participants equally responsible for positive/ negative outcomes
	Strategy and policy documents and quality standards restrict community members to status of consumers, clients, end or services users	Community members often describe themselves as 'just a volunteer'	Community members' direct experience seen as integral part of 'solution'
	Significant status and power/ distance differentials	Volunteers often protected and directed by professional staff	Networks of friends and families considered positive co-contributors to success
	Community members may provide user representation on boards, in consultation processes but have little or no real influence over decision making	Community members have some influence over design and creation of services, often sit on management and partnership boards	Community members meaningfully involved in all stages of service planning, design, creation, delivery and evaluation
	Friends and family networks seen as marginal or, at worst, negative influences	Often co-delivery of services done by volunteers and direct experience valued	Community members' contribution to strengthening the core economy seen as necessary for achievement of successful outcomes – by both professionals and community members
Work	Community contributions often restricted by regulations and institutional risk management	Clear distinctions between roles and responsibilities of paid professionals and community members	Community contributions form integral part of organizational strategy – they are systematically recorded and used to define organizational mission and meet objectives
	Status and pay accorded by professional skills, qualifications and expertise – specialist knowledge delivered/ transferred to lay recipient	Some regulations and risk management approaches restrict fully inclusive participation by all community members	Nature of work is defined by needs and complementary skills and capacity of both community members and professionals Institutional co-production approach
	Paid with some marginal unpaid contributions in specific areas	Community members' contributions recorded only for funding purposes rather than to meet organizational aims	Giving and receiving encouraged equally – emphasis on reducing cultural resistance to asking for help (and associated 'weakness')
	Unpaid contributions do not figure in targets or evaluation of service effectiveness	Unpaid work valued highly but nature of work tends to be limited by type of organization and strategic aims and objectives	Reciprocal transactions take place in both specific (1-2-1) and generalized (one-to-many; many-to-one; many-to-many) ways
	What constitutes work is pre-determined and regulated	Specific reciprocity – tends to take form of one-way transactions between volunteer and beneficiary (individual or organization) for which volunteer may receive acknowledgement in the form of training, work experience, paid expenses, etc	Asking for help/ contributions is seen as positive and expected
Reciprocal activity	'Contract' between professionals and community members is implicit with community members required to comply	Stated motivation for community members' participation often 'to give something back'	Reciprocal actions take place across conventional boundaries – both horizontally and vertically, e.g. across status divides, interculturally and cross generationally, between organizations
	Professionals seen as 'authoritative voice' by both paid staff and community. Generally one-way transactions from professional/ expert to lay person/ community member	Expectation of getting something back in return often viewed as contradictory to ethos of volunteering	Generation of social networks and strengthening of both individual and community social capital is specific and explicit organizational aim
	Assumption (implicit) that this is what professionals are paid to do and therefore wouldn't be expected or need to ask for help – nor should community members be expected/ required to provide it	Reciprocal benefits increasingly used as 'carrot' to incentivise volunteer involvement	Both instrumental and transformational networks are actively promoted and supported
Social capital & social networks	Generation of social networks and strengthening of both individual and community social capital seen as outside the remit of service delivery	Generation of social networks and strengthening of both individual and community social capital often unintentional by-product of participation, e.g. self-help groups	Support and delivery of activities that bring people together and generate positive emotions are an integral part of organizational ethos
	Professional networks of high status the norm – foster polarization of in-groups/out-groups	Bonding social capital common, some low-level bridging and linking	Bridging, bonding and linking social capital building activities are underpinned by organizational policies and practice
	Bonding social capital common – bridging and linking forms are rare		

F/Co-production organisations across the sectors

Health

Social Action for Health (SAfH) Health Guides

Cohorts of local people act as health guides within their community in their own language. The aim is to facilitate own-language access for excluded people on information and guidance about health services and health issues; to promote understanding and awareness of self care and self management.

75 local people from Bengali, Somali and Turkish-Kurdish communities in Tower Hamlets, Newham and Hackney went through training programmes which included how to access resources and services, chronic conditions, how to work with groups, how to listen and how to be representatives. The Health Guides work in pairs to deliver sessions in community settings (community centres, schools, mosques, clubs) to groups of people at different times of the day, evenings or weekends as appropriate. The Health Guides also feedback to healthcare professionals about particular issues/ difficulties that the local community raise and help to develop services that respond to these.

Newham Community Care Navigators

The Community Care Navigators (CCN) are a new workforce that proactively engages the community, carrying out very informal assessments of their needs. Once this assessment is completed the individual will be offered a range of support to help them self-manage their condition. A range of advice and help is offered including counseling, complimentary therapies, housing and benefits, nutrition, smoking cessation, support groups and the expert patient programme. Individuals can self refer to this service or be referred by doctors, health visitors, etc. The CCNs encourage the community to self-manage if they have a long term condition and also promote healthy living. The CCNs are mainly recruited from the local community.

South London and Maudsley (Slam) NHS Trust time bank

Time-based currencies value everyone's contributions equally. One hour equals one service credit. In these systems, one person volunteers to work for an hour for another person; thus, they are credited with one hour, which they can redeem for an hour of service from another volunteer. The Slam time bank is based on the wards of this large NHS mental health trust. Individuals experiencing mental ill-health are encouraged to become members of the time bank, which provides an opportunity to reconnect with the local community.

Because time banks are based on people's skills, rather than their needs, mental-health service users can escape the ghettoisation of services that often leads to mental health service users only ever meeting other mental health services users. By supporting time bank members when they are patients on the wards, the time bank maintains social connections that are frequently lost when individuals are hospitalised. Individual skills exchanges and community activity provides opportunities to develop social networks, contributing to well-being and health. Timebank participants are also able to connect to other local community timebanks based across south London, ensuring a social network is in place for individuals on discharge.

Member to Member, Brooklyn

This is an example of how successful mutual patient support schemes can help mainstream health services, in this case a health insurance agency, provide a more effective service. 'There is a basic need to feel needed', says co-ordinator Mashi Blech, 'we all need opportunities to use our skills and experience to make a difference. We all need to be challenged as lifelong learners. Member to Member brings people together – strangers become neighbours, neighbours become friends, friends become extended family'. Member to Member have been so successful that they have now expanded to cover the whole city of New York and members are even offered discounts on their insurance premiums – because participants in the scheme are a much healthier going concern.

The Expert Patient Programme

The Expert Patient programme illustrates the positive outcomes that can result when the relationship between provider and service user is redefined. The programme recruits volunteers who have themselves experience of chronic ill-health to deliver self-management training to others experiencing ill-health through local PCTs. The programme demonstrates that where patients and health professionals act together to co-produce a positive outcome there are long term reciprocal benefits for all. Volunteers are recognised as assets as a result of their experience, participants are more able to live successfully with their conditions and professionals are less likely to deal with problems that are essentially self-managing.

Education and childcare

Scallywags Nursery, East London

This nursery set up to meet the childcare needs of parents in East London. The project has been able to meet dual challenges of providing flexible and affordable childcare and enabling parents to remain engaged in their childs time while at nursery. The nursery employs a qualified nursery nurse and requires every parent to commit one day per month to the nursery. Parents negotiate their shifts to ensure suitable numbers of carers are available on each day. The nursery is able to take a central co-ordinating role whilst also ensuring that the skills and interests of each local parent are engaged in supporting their own and others children. A secondary outcome of the nursery is that in working together many parents develop friendships that they maintain outside the nursery, overcoming the isolation that many new parents experience.

Appendices

Mitchell High School, Stoke-on-Trent

Mitchell High School is one of the models for the UK Government's 'extended schools' programme. Its success is based on the efforts of an innovative headteacher and her team, and their ability to turn to the community for help in regenerating a failing school. The school explicitly reaches out to the neighbourhood, mainly to parents, to use their skills – not just on the governing body or helping out in the classroom but also to achieve major projects, including improving behaviour. Mitchell uses the school as a springboard in order to rebuild the local community through co-production. It may be the fact that this is a school is less important – other local institutions have been used in much the same way – than the underlying purpose behind the project. In fact, the project has been only indirectly about raising educational standards. It has been primarily about building emotional capacity within the community, which the headteacher saw as a prerequisite before academic standards could be raised. The central idea has been that the community is an equal partner.

Drug rehabilitation

Basta Arbetskooperativ (Basta), Stockholm, Sweden

Basta is a unique partnership between drug rehabilitators and former drug users to develop community services as equal partners, in a co-operative social enterprise structure. It is an example of how co-production can be embedded as part of the legal structure of an institution, rather than relying on the interests of a handful of professionals who may move on to other positions. Basta gives recovering drug users the option to become a partner in the not-for-profit company. The result is a tough model, which gives away nothing, but where the support is entirely reciprocal and where a great deal is expected of the service users.

Environmental projects

Curitiba Recycling Project, Curibita, Brazil

This is a ground breaking attempt by a Brazilian city to pull together underused capacity in the public transport system to solve problems of waste and recycling in slum dwellings, and improve the overall environmental performance of the city. It emerged out of the innovative work of Mayor Jaime Lerner, whose key problem was that the streets in the favelas were too narrow to allow his waste trucks down. As a result, there was a serious problem of informal rubbish heaps, which festered disease and illness and which were affecting the health of the populace. Lerner's successful solution has been to measure and reward the efforts made by ordinary people to tackle this problem with a credit system that allowed them to use public transport.

For more information see www.basta.se
Lietaer, B. (2001) The Future of Money: Creating New Wealth, Work and a Wiser World. London: Century

'Getting Real'

Co-production, Time Banking & Mental Health