Co-production, time banks and mental health

Zoë K. Reed, with Bee Harries, describes the role and potential of time banks to contribute to social inclusion and people's recovery from mental illness.



n July 2007, I was invited to give evidence on the subject of coproduction to a parliamentary select committee. I bumped into Bee at our summer Sun Fayre and asked her if she could give me any thoughts on the benefits of time banks, and what coproduction meant to her.

Bee is one of a number of service users who have joined one of the local time banks with which our trust (the South London and Maudsley Foundation NHS Trust) works. She uses her skills and experience to earn credits for the time she has spent helping or supporting someone else, and can 'spend' them on whatever other participants are offering that she would like.

Based in the community and most often managed by a paid worker – the time bank broker – time banks use time as a currency to engage local people in exchanging skills and knowledge and building social networks.

Bee sent me a lengthy email and, with her permission, I am reproducing here some of her thoughts on 'all the positive steps that I have been able to take over the last five years or so whilst being supported in the community as a chronic mental health service user'.



A give-and-take experience

'Apart from a very few occasions when things didn't go quite right, or took a bit longer to get started, the whole of these last five years have been nothing less than an exciting, give-and-take, shared experience, with me as the focus being supported by so many other outside teams and agencies.

'I was referred to the home treatment team in the very early days who visited me once a day, then once every other day, then once in three days with a phone call intertwined, right through to becoming able to cope very much on my own. But always with the proviso that if things went pear-shaped, I could call them again with a referral of my keyworker.

'I have regular visits from my key worker who also runs the gardening allotment where I go every Wednesday afternoon. I had to give up my own allotment because I didn't have enough energy, but on Wednesdays I'm very much part of the team, but sit and watch the others dig.

'When I discovered time banks I became a member and quickly joined the monthly poetry afternoon, and this became another bit of routine to my daily activities.

'I love it when I'm there, and everybody knows beforehand that if I perform I go on first and then go home early. Or if it is just a social event, I'll get there early and leave early. This is so good for me – I am not made to feel unsociable or boring by not going at all, but the time I am there I like it. And the people enjoy my company with them, but don't turn a hair when off Bertie [her dog] and I go. Time bank people are like that.

I have become involved in the newest time bank set up by the trust where they have an information trolley going regularly round the wards, encouraging inpatients to come along to time bank activities. It gives time bank members who are mental health service users as well more confidence to take the trolley around themselves. The trolley has a lot of up-to-date information about how best to cope with your stay on the ward, and all the things that are available to you to get back into the swing of living in the community in the easiest possible way.

With the confidence I gained from being a member of the poetry group at the GP's time bank, I then decided that, under the umbrella of the housing association time bank where I live, I would step out in faith and arrange for a social gathering to be held in my house every other month. Time bank workers and members had their invites, as did friends and neighbours in the vicinity, professionals from the mental health trust and service users too.

'It was my key worker who saw the invitation to attend the launch of the service user training opportunities pilot scheme [run by the trust]. This was where I found out how much I could do regarding training, and at the final award ceremony at the Civic Centre we got information about where to go from there. I now do training on the trust's induction courses for new staff, as well as on three London universities' social work and nursing training courses. I learned to do all this all very slowly and gradually, and always with support and encouragement from my keyworker, care co-ordinator and home treatment team.

'My friends and family are very interested in what I'm getting up to, and my family always attends the regular CPA so they get to know exactly what is going on, and nothing gets changed without a full discussion.

'Our life does not have to be going from one drop-in at one centre to another. There are so many other things to get involved with, which do not fall under the mental health services umbrella but are empathetic and accepting of service users. For example, I took my care worker [paid for through direct payment budgets] with me to a year's course in pottery, and felt at ease the whole time.

'I have also got involved in research, and one of the projects I am working with is looking at patient access to electronic records, which means I can log onto my GP's system and book appointments and ask for repeat prescriptions.

'Doing these things means I always have something to talk about to people I meet in other situations.

'I could go on and on and on, finding more and more scenarios to use as illustrations of co-production without even being aware that this is what it is. The real onus is on the staff at the keyworker (and possibly care co-ordinator) level. These are the people who should have the knowledge about what is available, how best to tap into it, or who to contact to ask advice about it. A lot of service users are not at all good with any sort of change, and for the key worker to be able to say "I'll come with you the first time round, as a bit of company" is a rarity, because of their huge, horrendous workload. Where this has been done, it has worked very well, and benefited both the service user newly in need and often more than one service user coping well at living within the community.'

We have been supporting the development of time banks at South London and Maudsley NHS Foundation Trust (SLaM) for over five years. And it struck me, having read Bee's email, that this matches Bee's five years with us as a service user.

Promoting time banks – in the community and within the trust – has:

contributed to the development of a culture that takes an assets-based approach to service users and in which, as providers of services, we see the relevance of taking a co-production approach to the delivery of our work demonstrated that it is a legitimate aim of NHS mental health trusts to contribute to the development of the social infrastructure in the geographic area where services are provided.

Co-production

Co-production is a term that some find irritating, while others are broadening its usage to encompass a range of other meanings. It has, however, been in use for over 30 years with one particular meaning: that the providers of services *need* the consumers of services. For example, doctors need

Co-production, time banks and mental health



patients – and Edgar Cahn (2004) would say doctors need their patients' families and their neighbours too.

In mental health, this means that clinicians need to see their role as working with the service user to produce the best mental health and well-being for that service user. It puts a responsibility on the provider of services to recognise that, if the treatment and regime they are proposing for the service user is not fully supported by that service user, then they are not providing a quality service.

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Culture

Adopting this rigorous definition of co-production as a mental health service provider requires a particular sort of culture. It means, for example, that even when using compulsory powers, clinicians need to work hard to gain the understanding of the service user as to the reasons and necessity for their use. It means all care and treatment programmes should be designed with the service user's needs and wants at their heart — and this can only be achieved with the active involvement of the service user in designing the components of that programme. It means a personalised approach, since each service user is unique. As Bee says:

Remember I am not a label, or a diagnosis, or a symptom, or just stark staring mad... but I have a name, a soul, a personality and oodles of so many talents to share with others.'

And it has to recognise that the main factors contributing to improving the mental well-being of individuals lie in the community — outside the remit and control of mental health services — which Bee's story illustrates so well.

Another example is from a service user participating in the Clapham Park time bank, where she earned time credits by doing gardening for a residential home for older people. She then spent some of the time credits to get a mentor for her son – saying he had been with her in her journey to recovery and deserved something back.

The trust's work has centred on the development of time banking – both within the trust and within the local community – to help establish co-production as a key shaper of the organisation's culture, and to build the infrastructure for service users to contribute to and benefit from. The social inclusion reasoning for this is so that service users can make their contribution and receive help, in common with all other local citizens who choose to become time bank participants. If a statutory organisation starts to support the development of time banking, then it

is an indicator that the culture is moving towards embracing co-production as a key component of its operating system. This is because time banks are built on the four core principles/values of co-production:

- people are assets the real wealth of any society is its people. Every individual has valuable experience, skills and contacts that they can use to contribute to the well-being of others in their local community.
- redefining work activities such as bringing up children, caring for people, keeping communities safe, fighting injustice and making democracy work have to be recognised and rewarded as real work
- working together we need each other. Giving and receiving are the basic building blocks of positive social relationships and healthy communities
- improving our communities belonging to a mutually supportive and secure social network brings more meaning to our lives and new opportunities to rebuild our trust in one another (see: www.timebanks.co.uk).

Time banks at SLAM

The trust has collaborated with a number of community and statutory organisations in the development of time banks. The work was initially supported by a two-year jointly funded post, with Lewisham Council contributing money and the New Economics Foundation contributing time and expertise in time banking. This post was based at the centre of the organisation. Gradually, however, clinical services came to see the importance of effective time banks in the local communities in their area, and took on the management of local time brokers.

The initial plan was to build and support the development of a network of time banks across the boroughs in which we provide mental health services. Two borough-wide networks were successfully sustained and linked together through 'connector' posts. Time banks are organic, and resourced through soft funding. Usually they are part of regeneration or other specific funding, and as such are inevitably short-term.

For example, Clapham Park New Deal for Communities project, in Lambeth, included a time bank. This was used as a vehicle for a mental well-being project, and was developed with the help of staff from the trust – both central and local. The independent evaluation of the mental well-being project (Inukshuk, 2006) noted that all targets were exceeded, and that the project benefited from being part of a big organisation where time banks were valued, as they had the ability to empower the workers.

SLaM also works with a number of community based time banks, such as Lewisham Time Bank Network, which includes time banks based in a GP practice and within a housing association.

Where are we now?

The trust board has recently approved two key policies – both of which have undergone extensive development processes. Our Involvement Approach (SLaM, 2007a) was

Co-production, time banks and mental health

developed by the trust-wide Creative Involvement Group, the majority of whom are service users. It sets out involvement standards at team, directorate and trust levels. These will be audited and monitored through the trust's performance management system.

We similarly consulted extensively with staff and service users during the development of our Social Inclusion, Rehabilitation and Recovery Strategy (SLaM, 2007b). This sets out 12 recovery principles that have been adopted to enable the trust to achieve its strategic aims and vision.

The statement of principles includes the following:

- that the primary aim of the trust in its work with service users is to support them in their recovery
- that care planning will be based on the goals and priorities of the service user, with each receiving support in making choices about their life
- that staff are to promote hope in their work with service users and their carers
- that the trust will provide access to psychological and social interventions as comprehensively as to medication, and will recognise the essential role and expertise of family and friends
- that the crucial importance of language and documentation is recognised, and that records will be used in a way that encourages recovery-focused and empowering practice rather than dependency, and finally

that people who use mental health services are members of local communities, and should be viewed and supported to maximise their contribution to and benefit from the community.

Promoting co-production and time banking across the trust over the last five plus years has helped create the context – in terms of both culture and organisational structure and focus – within which our recovery and involvement strategy can move from rhetoric to reality.

With grateful thanks to Belinda Harries (known as Bee) for her thoughts on the value of time banks in her life and how mental health service providers need to behave to enable her to lead the life she wants.

References

Cahn E (2004) *No more throw away people: the co-production imperative.* Washington DC: Essential Books, 2004.

Inukshuk (2006) Clapham Park NDC health and social care project: evaluation of mental well-being project. London: Clapham Park NDC. For a copy of this report contact Ching Wah Wong, programme manager, Clapham Park t 0208 678 5900.

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Zoë K. Reed is executive director, South London and Maudsley NHS Foundation Trust. Her role includes shaping and ensuring delivery of the trust's strategy. Her policy development and promotion remit includes leading for the trust on service user involvement, mental well-being and equalities and human rights.

Belinda Harries (Bee) is a member of one of the local time banks with which SLaM works. She also leads training sessions for SLaM. Bee uses a lot of poetry in these sessions, and any enquiries regarding this can be sent to her at wonmum@aol.com t 0208 699 0706.

For more information about time banks, visit www.timebanks.co.uk