



"Stitching bundles of assets to improve wellbeing and quality of service"

- **How the public and professionals coproducing together can effect real transformation**

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In the busyness of our work we may not be always aware of nuggets of good practice that effect positive and durable change in people's lives. We continue to plan and sometimes adjust after having tried different programmes that do not always achieve as well as anticipated or hoped for. What are the cause and effect relationships that underlie our performance? We should be asking **why** something is happening or not, as well as why we want to, or must do something new and different. Thus it is not so much what we do, but why we do things in a certain way, that should be the question.

Here are some whys:

- You want to start a new service or group, why?
- Why with this community of people?
- Why in this space and not another?
- Why are we doing the same things that don't work, or why change the ones that work!
- Why something works better in this context, and not in another context?
- Why are people engaged, or not engaged?
- Why coproduction is a better way to do things?

We know what is on the agenda and we know how this event will happen, but **why** am I here? Is it because something needs to change or we are we looking for something new that makes a difference to the people we work with? Indeed, some aspects of the provision of welfare services have encouraged a culture of dependency and passive relationships, and their lives have not changed much. Why? This can happen when the client is 'done for' or 'done to', a top down one-way transaction model of service provision and entitlement, based on classifying and labelling

people according to needs or clients deemed at risk or being a risk. Often, the person has not even been asked what they want or are capable of and what they can bring to the table to improve their circumstances and help the process of improvement. It may not have been considered that it can be easier to progressively build upon what someone can already do, than it is to undo the behaviours and disempowering cumulative effect of doing everything for them.

We design products for the 'service user' and the provider gets the blame when the service fails to deliver as expected. Meanwhile, to deliver quality and efficiencies, diverse forms of provision for the service user have been required, including targets to be achieved by professionals whose job it is to assess people's needs and then fix it for them. This model of operating has been based on the premise that the service user is deficient and cannot contribute. It comes from the way people are perceived and perceive each other, and we need to transform our perception of people's capabilities and their role and responsibilities. Their abilities and willingness are often greater than we think, it's just that we have not asked or tried to find out. Perhaps it's because we are guided by stereotypes, including the idea that people can't or won't change.

When I need to change or something needs to change, how I respond to the change will often depend on how **significant** it is to me or for those around me. What's the value I get from it, does it do anything? Significance triggers and validates how long and how far we want something or get involved. It is often the 'why I need it' in a narrative that will convince me deep down to accept or embrace something what is being proposed, and will justify my investment of time and capital required for a change or new initiative.

What motivates someone to be engaged and be an active participant at the organisation, in a group or service, needs to dovetail with the participant's innate sense of what is meaningful to them. In a time bank, the efforts of a member will be as rewarding and significant as to what the member does with or gets from their exchanges of time and skills. It is about value returned for the time invested. People switch off when they don't experience value. In our health and social care work we should aim for initiatives that are transformational and bring significance to the people we work with so that they are engaged to 'coproduce' the process of change.

"Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change."¹ We often talk about 'user-involvement' and participation, but the process should be about **contribution**. The act of contributing suggests that in this community or programme you are the actor as much as everybody else is, you play your part to make something good by contributing with your assets - knowledge, experience, skills, abilities and time.

If someone's contribution is valued they will likely be more engaged to coproduce the results they want, and they will feel empowered. No matter what journey they are on, they are constantly acquiring knowledge and experience. It gives them each a huge number of 'assets' that they can share with others. However, this also comes responsibility as coproduction works on the basis of reciprocity: each person brings their strengths and abilities to the fore, in particular to share the balance of responsibility as it should be across all parties involved. It ensures fairness and that people can't always take and receive without contributing something equally. This also provides a mechanism for people to be and feel useful, and generally people do want to give back.

¹ D Boyle and M Harris The Challenge of Co-production. London: NESTA, 2009

Time banking for example provides a platform for people to call upon you for help and you can also provide help at all the time bank's activities. In this environment of reciprocity and community we are no lesser than others and we also look out for each other. It feels really good when our talent is recognised, and the positive and affirming environment we find ourselves immersed in raises our self-esteem and self-confidence:

"I am 72 years old. I have been at Rushey Green Time Bank since 2000 when my husband was sick and I was feeling down. My doctor recommended that I join the time bank. Since then I have been busy doing befriending, earning time credits helping at the surgery and at the office. I have accompanied someone to the hospital, picked up prescriptions for others, I have helped with the fundraising and I have done some cooking for events. With my time credits I have also learnt knitting. What I get out of the time bank is fun, friendships, communication, outings, getting to know people and places. I have learnt to be more understanding about other people as we are a diverse community."

People's wellbeing grows through the building of personal and community networks for mutual and peer support, especially when the support helps us overcome personal challenges. This community may just be what a person needs rather than medicines or just medicines. *"The Rushey Green Time Bank has a proven record of improving mental and physical wellbeing amongst our patients by supporting people in their environment"* (Dr A Febles) – and, "spending time with people, and building people into a wider social network where they feel valued and useful, is critical to people's recovery from ill-health, just as it is critical to staying well."²

"I am 76, and I joined Rushey Green Time Bank a year ago. I really enjoy it. I have Dystonia which is a neurological movement disorder that causes muscle spasms like involuntary twisting and repetitive movements in my neck and arms. Because of the shaking I don't go out a lot, and meeting others at the time bank has given me opportunities to meet people on a regular basis and do things together. We do knitting, have discussions and exchange ideas, and fundraise for projects. It keeps me active. It gives me personal pleasure to knit for others and seeing the joy it gives them. The time bank makes me feel better. I feel I am part of something. It helps me to cope and also forget the pain. I have made friends and if I need help I can call on them." We cannot claim or promise to heal people of infirmities, but we can provide a caring and invigorating environment to alleviate the pain. Time banks often are communities where people feel they belong, and the schemes attract people that may have felt on their own or on the sidelines. This is particularly relevant in urban contexts where families have become fragmented, the population is transient, local shops and the people we might have met there on a regular basis have become extinct, home visits are few and isolation sets in. It is very real for housebound people. Time banks welcome people; everyone is viewed as an equal and not someone just with deficiencies. Members share their time with each other and visit one another. The growing sense of a local community gives them a sense of identity as well as opportunities to do something with or for others. It helps members shape what happens around them, and members of Rushey Green Time Bank say that this environment helps them manage their condition and circumstances.

²Boyle, David; Bird, Sarah (2014-11-25). Give and Take: How Timebanking is Transforming Healthcare (Kindle Locations 72-74). Timebanking UK. Kindle Edition.

“The Time Bank has provided me with contacts, friends and a sense of wellbeing and belonging in the community.” A community of belonging and reciprocity also helps generate respect and trust. Barriers come down when we feel safe around each other. We had misconceptions and we are surprised to meet people that are not the stereotypes we expected! My understanding of the other persons around me, and my ability to relate to them, will facilitate moments that will be attractive to them; it will make them feel so accepted and valued by me that they may become involved with me. My life is changing through the networks facilitated by reciprocity and the contribution that I bring. Collectively, these changes at grass roots and the kindness experienced through mutual exchanges restore the neighbourliness that once defined our communities.

In the realms of health care, this attribute of neighbourliness complements the synergies between professionals and services users when they are recognised as equal partners. However, and for example, “Time banking can seem to fly in the face of traditional medicine as it requires professionals to shift from being fixers of problems to catalysers of capacity.”³ Instead of analysing needs and fixing problems, the professional should be a catalyst for change, an agent of change, a facilitator who accepts the uniqueness of each individual and is able to see the assets in the people he deals with - and be prepared to let go and trust the service user. This requires “blurring the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered”⁴, and, “fundamental shifts in behaviour need to come from people, and be both intuitive and self directed in order to effect a sustainable change in people’s patterns and habits. These attitudinal and behavioural shifts also need to be supported by organisational and structural changes, which are flexible enough to accommodate new initiatives and social norms.”⁵

‘Don’t think about what you can’t do; think about what you can do’- it is a complete transformation of the way we have traditionally thought and worked; it is an asset-based approach that fosters encouraging the service user and the professional to positively think about what can one do. The professional becomes a coordinator that facilitates the person to make connections, as one connection after another will activate the person’s assets, building up on what the person can do. It’s a bottom up approach and, again, it’s not just how we perceive others but also how we perceive our roles, and it ought to be about linking things and people - stitching!

“The plurality of such supportive activities, their tight embodiment within the practice’s life and routine, has added and continues to add endless value to the holistic aspirations of the practice. They also contribute to the promotion of the good reputation of the practice, and to the enhancement of its place and role in the local community” (Dr A Febles). Even though the time bank is an independently run organisation, it is an integral part of the service that the health centre provides. The doctors refer patients in need of community and peer support, and once patients become members of the time bank, they get involved. It doesn’t always happen all suddenly, it’s a gradual process of change, feeling less vulnerable, getting used to the idea of reciprocity and taking some ownership. Members may even provide administration help to the health centre, and they also have access to non-public parts of the building that they feel they have a stake in. If you have a stake in something, you get involved.

³Boyle, David; Bird, Sarah (2014-11-25). Give and Take: How Timebanking is Transforming Healthcare (Kindle Locations 525-527). Timebanking UK. Kindle Edition.

⁴ Public Services Inside Out ,Putting co-production into practice , David Boyle, Julia Slay and Lucie Stephens - London: NESTA, 2010

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“RGTB (Rushey Green time Bank) provides a community arm within the practice which helps towards the holistic, open, informal, welcoming ethos of the practice. RGTB provides GPs and practice nurses with extra referral options which are freely available on site and easily accessible. RGTB are integral to the practice and are part of the wider team. They are an arm of the practice that provides us help and our patients alternatives to reliance on drugs etc” (Dr J Chen). The time bank also works with Community Connections (CC). Community Connections is a preventative community development programme aimed at supporting 1200 vulnerable adult in Lewisham (an increasingly crowded London urban area of 290,000 people) who may benefit from services to improve their social integration and wellbeing. It is delivered by AgeUK Lewisham in conjunction with a consortium of voluntary sector partners. The aim of CC is to help increase people’s sense of wellbeing and reduce their isolation by supporting them to access local services that meet their needs around the project’s priorities which are centred on the ‘Five Ways to Wellbeing’⁶ :

- Connect
- Stay Active
- Keep Learning
- Take Notice
- Give

It is a proactive approach where the person chooses to do basic activities to improve their wellbeing. CC staff help individuals engage with relevant services and social activities that meet their needs and make the most of what they have to offer. The individuals are supported through person-centred plans to identify their skills and interests as well as what is important to them. It is a ‘joined-up’ whole person approach with staff that help build connections with and between community groups, health and social care services and also with Patient Participation Groups (PPGs). All this collaboration generates a better integrated provision that is relevant and meaningful to the individual.

With an average length of time of 14 weeks that CC has worked with the individuals, 86% referrals reported an improvement in their overall wellbeing following their support from CC, and 79% reported an increase in activities they enjoyed. What makes this project successful is a team that facilitates the right connections for each person (often in their locality) to get them supported, to pick up skills and training, and be occupied as well as go to fun activities. This linking is about encouraging networks of support and learning by way of practical and local solutions to meet the needs and aspirations of the individual. The key is to make them contributors. Indeed, some of the individuals have also become volunteers, including a consistent trickle becoming active members of the time bank. As they make new connections they move on and up from being a ‘service user’, to being a member and a friend.

So, what are these bundles of assets stitching together? Foremost they are the service user, patient, client, that with the labels of deficiency removed and therefore feeling valued and useful, can have increased self-worth and with confidence feel more inclined contribute: *“It has restored in me the confidence that I am useful to the community. It energises me and it gives me things to do and I meet new friends.”*

⁶ Foresight Report (2008) Mental Capital through Life: future challenges; Wellbeing and Work: future challenges. Final Project Reports. www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/ProjectOutputs.asp

“At Time Bank we are a happy little band of walkers achieving fun, laughter, increased circulation, a greater vitality with increased self-confidence and improving our general health conditions. By giving a sense of wholeness alongside this we have made and gained new friends.”

It is also the professionals, community development workers, facilitators and organisers, all working together with the individual on an equal setting of shared responsibilities to make things happen. The expertise of the professionals will always be needed. We are not saying we must dispose of professional services, but it needs to be combined with the reciprocal contribution of the service users. It is a collaborative process underpinned by trust and where the quality of service is as good as the emphasis we put on the quality of relationships.

We have gone full circle and this discussion goes back to where we started from: how we perceive people. The rest is visualising and enacting how life can be transformed when everybody is drawn in to stitch a rich tapestry of wellness when we are invited and feel valued.