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# The Other Pandemic

## Social isolation and timebanking

Edgar Cahn and Christine Gray

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## THE OTHER PANDEMIC

Dr Edgar Cahn is the creator of timebanking and the president of TimeBanks USA. He is also the co-founder of the National Legal Services Program, a pioneer in creating clinical legal education and the founding Co-Dean of the Antioch School of Law (now the University of the District of Columbia David A. Clarke School of Law), where he now teaches two courses, system change and law and justice. He is the author of *No More Throw Away People: The Co-Production Imperative*, *Time Dollars* (co-author Jonathan Rowe), *Our Brother's Keeper: The Indian in White America* and *Hunger USA*.

He started his career in government as special counsel and speechwriter for Attorney-General Robert Kennedy under President John Kennedy. As part of that role, he was assigned by Kennedy to the Solicitor-General's office for the government's amicus brief in civil rights sit-in cases and to the task force shaping the War on Poverty.

Dr Christine Gray is a former director of TimeBanks USA and co-developer with Edgar of the ideas behind Co-Production in practice. As a local community organizer and leader, she helped to save environmentally significant parts of the Malibu, CA, watershed from damaging development. Her doctoral thesis in political science was published as *The Tribal Moment in American Politics: The Struggle for Native American Sovereignty*. For the past 20 years, in partnership with Edgar Cahn, she has helped to lead and shape the timebanking movement.

# The Other Pandemic

*Social Isolation and timebanking*

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Edgar Cahn and Christine Gray



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Honouring Mashi Blech;  
Turning strangers into extended family -  
non-stop since 1987.



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# Introduction

*“We have what we need – if we use what we have.”*

Even without covid-19, loneliness and social isolation are painful for human beings to experience and destructive of wellbeing, but the expansion of professional services has failed to prevent social isolation from reaching unprecedented levels.

Moving away from the primacy of professional or paid services to achieve ‘co-production’ is a framework that calls us to recognise the strengths of service receivers as well as their needs. That emphasises reciprocity and the idea that all of us have something to offer – which implies a fundamental change in the very idea of what services do and can accomplish.

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We are virtually oblivious to an invisible pandemic: *social isolation*. Different from loneliness, social isolation is the lack of the connectedness and sense of purpose needed to develop, to contribute to others, and even to take care of oneself.

As a pathology, social isolation operates at every level: family, neighbourhood, community, national and global. In the United States, it is anchored and reinforced by our

racial divide. Articles on social isolation have tended to concentrate on its impact on older adults. But that is too restrictive. Research shows isolation to be “a silent yet potent killer that affects diverse groups of Americans across the age spectrum”.

We humans need to be needed. Having purpose and feeling valued can offset the inertia created by social isolation. We need to regard social isolation as a pathological threat to an ecologically healthy habitat at all levels. But given the way in which the covid 19 pandemic and the recession immobilise us and reinforce social isolation, that won't be easy.

This paper has three purposes:

1. To upgrade awareness of both the harm, the different manifestations and the increasing prevalence of social isolation across the lifespan.
2. To introduce co-production as a framework that can shape efforts to reduce social isolation for individuals, families and for marginalised communities.
3. To document ways by which the implementation of co-production by using timebanking is already reducing social isolation.

# 1

## *The toll that social isolation takes across the life span*

For many years, research and intervention addressing social isolation has focused on older adults. But in the last decade, the impact of social isolation from birth to death has finally received increasing scrutiny. The destructive consequences of social isolation manifest in different patterns at different chronological stages of development; the patterns of injury are often cumulative.

**Birth to Four Years. We Start Equal.** Humans are all born with more than 100 billion neurons in the brain. From birth to four-years-old is when those billions of neurons link in synapses. Those synapses don't form at the same rate for infants who are left alone, without touch, speech, or caring interaction with others. Discriminatory impact begins. Equality ends.

Most recently, studies show that the brains of neglected foster children are six percent smaller – likely evidence of fewer synaptic connections. The synapses that do not develop are those involved primarily in decision making and choice. That neurological deficit may well be irreversible.

**Childhood.** School performance provides a proxy indicator of the role and impact of social isolation. The National Assessment of Educational Progress (NAEP) documents how few students in the public schools have met expected levels of mastery: 27 per cent in civic, 41 per cent in mathematics and 35 per cent in reading.

In Washington DC, the school system's self-assessment reveals that at the elementary school level, approximately 30 to 50 per cent of their students did not meet or only partially met expectations. In some middle schools, as high as 86 per cent of students did not meet or only partially met expectations.

**Adolescence and Early Adulthood.** The national high school graduation rate is 84.5 per cent - but for marginalized populations facing higher rates of social isolation, it is significantly lower: only 72 per cent for Native Americans, 78 per cent for African-Americans and 80 per cent for Hispanic Americans. And students in struggling communities are often allowed to graduate even when their skills are not up to par. The community colleges that enrol many of those high school graduates report that it often takes at least a year or more to bring their freshman class up to minimal standards.

**Older People.** Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even

premature death. In the United States, nearly 29 per cent of the 46 million older adults who live in the community live alone. That rate rises to nearly half of those still living in community who are 85 years old and older.

Older women are particularly at risk of being socially isolation. About 70 per cent of older people living alone are women, and 46 per cent of all women over 75 years of age live alone.

**Families.** As the basic building blocks of society, families perform critical functions: producing and raising children; providing sustenance, maintenance and physical care; functioning as an instrument of social control. Stable families have a higher life expectancy, lower risks of mental illness, alcoholism, substance abuse, unwanted teen pregnancy and domestic violence.

The undocumented work undertaken by families and neighbours has been characterised as the Core Economy<sup>1</sup> by economist, Neva Goodwin. The value of household work is estimated to equal in value about one quarter of the formal GDP. But families are fragile. The most

<sup>1</sup> Just the value of informal care given to keep seniors out of nursing homes is estimated to be \$353 billion, a figure that dwarfs national spending for formal home healthcare and nursing home care. Economists estimate that at least 40 per cent of all economic activity takes place in the core economy that is not reflected in the GDP.

prevalent form of violence in the United States is domestic violence – in families.

Almost a quarter of all US *children* under the age of 18 live in families with one parent and no other *adults*. *The United States* has the highest rate in the world of children living in households with a single adult, with marginalized populations, who generally face steeper socioeconomic challenges, having higher rates than Whites. More than half (58%) of Black children, 36 per cent of Hispanic children and 24 per cent of White children live with a single parent. The share of Asian children living with a single parent is markedly lower (13%).

Social isolation takes its own toll on families. The number of grandchildren living in grandparent-maintained households keeps rising. In 1970, 2.2 million grandchildren lived in households maintained by grandparents. (Casper & Bryson, 1998). By 2000, that cohort had more than doubled with over 4.5 million such families (Bryson 2001) and 5.4 million in 2010 <sup>3</sup>.

## 2

# *The limitations of current responses to social isolation*

The service-centred response to isolation has relied primarily upon proliferating a vast specialized social service delivery system staffed by credentialed professionals, paid staff and volunteers.

This paper submits that the problem cannot be solved exclusively by expanding services delivery. A paradigm shift is needed to address scope, depth and damage resulting from entrenched and embedded disparities, disenfranchisement, discrimination. Patients and clients, their families and their disadvantaged communities need not – and must not – continue to be relegated primarily to the role of passive recipients.

A change-maker process needs to embrace a strategy that redefines as equal partners those whom these programs are seeking to help and those communities they are seeking to enhance. This paper proposes Co-Production as a framework and timebanking – a system for creating informal networks of support --as one tool to realize that objective (or at least to make substantial, documented progress toward its realization).

A Co-Production approach transforms the consumers of services into co-workers and co-producers of outcomes. Timebanking supplies a tax-exempt medium

of exchange that can be used (in combination with paid personnel and rewards) to enlist the capacity of community and reward the engagement needed. To achieve effective scale, that transformation requires systemic change. Doing so, we assert will entail a commitment to a Co-Production framework. We propose the use of timebanking as a vehicle to advance that strategy.

There is more to social isolation than individuals not connecting – as if they were on a level playing field. Study after study confirms that poverty, in combination with aging and racism, are predictors of social isolation. Whole communities are impacted by social isolation that can come from a multitude of sources: poverty, racism, gender discrimination, ageism. Distrust, exhaustion, past broken promises, disillusionment, and competing survival demands all take a toll. Sometimes, people just want to be left alone and sometimes they have just given up.

Social isolation is compounded by a money-centred culture that idolizes self-sufficiency and puts self-interest on a pedestal. Prioritizing the development of effective strategies to promote and reward mutual support and sustained community engagement is essential to counter the widespread isolation generated and perpetuated by structural inequalities.

These inequalities arise from historically grounded patterns of racism, xenophobia, sexism, ageism and other “isms” that are entrenched and reinforced by an economic system that assigns a top priority to protecting

return on capital. It is not only the healthcare system that is challenged by social isolation. It permeates and constricts all social service systems that, regardless of intent, commitment and effort somehow keep generating (or failing to reverse) escalating inequality. These include housing, education, mental health, immigration, retirement, eldercare and access to justice.

One more point is needed: targeting social isolation sounds safe, non-political. That is useful. Given current political polarization, creating an initiative to reduce social isolation may generate scepticism. But it is so basic that, at least, it does not trigger angry ideological opposition. We don't need to deepen further intractable divergence.

All these points apply equally to UK services, though the NHS has finally begun to recognize the social elements of ill-health, that doctors spend up to 40 per cent of consulting time on non-health issues they have not been trained to tackle.<sup>2</sup>

<sup>2</sup> See Becky Malby et al (2019), *The Asset Based Health Inquiry*, London: London South Bank University.

### 3

## *Co-production: A way to frame social isolation*

In the 1980s, I (Edgar) proposed a new form of *co-production*,<sup>3</sup> using timebanking as a strategy to promote engagement and reduce social isolation. We adapted

<sup>3</sup> Timebanks USA, founded by Edgar Cahn, developed the Co-Production construct independently and secured the trademark for Co-Production™. The idea of coproduction in the context of social services was originally introduced in the 1970s by Elinor Ostrom, a Nobel Laureate in Economic Sciences. She developed the idea as a framework for gaining insight into the benefits that arise when citizens are engaged in contributing to the essential public services that public systems are mandated and paid to provide. Examples she studied included citizen alert patrols to reduce crime, parent engagement in their children's education, and resident engagement to map and construct a sewer system in the favelas of Rio de Janeiro. Such contributions by citizens – and the impacts of those contributions – had previously been overlooked and unseen. Ostrom's early work on the concept opened the door to a flurry of research. But, to her great disappointment, the idea never found its way to the forefront of public policy as she had initially hoped. Research and practical applications continued, but over the following decades, they remained on the margins.

Alvin Toffler's concept of "prosumer" (combining the producer and consumer role) to the world of social action, social enterprise and social justice in order to address critical public problems.

The term 'co-production' had been earlier introduced in the 1970s by Elinor Ostrom, a Nobel Laureate in Economic Sciences, as a framework for gaining insight into the benefits that arise when citizens are engaged in contributing to the essential public services that public systems are mandated and paid to provide.

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Five core operational principles underpin co-production.<sup>4</sup> They formed the foundation for a co-

<sup>4</sup> In 2000, the framework received formal promotion by the New Economics Foundation, *CO-PRODUCTION: A MANIFESTO FOR GROWING THE CORE ECONOMY*. Private donors, universities and

production ‘Fidelity Index’ for use by organisations, social entrepreneurs and community activists to assess the extent to which those principles of engagement had been implemented.

**Principle 1. An Asset Perspective.** Clients are more than their problems. Any individuals or groups at the receiving end of services have the capacity to learn, to contribute, to be a force for defining and achieving the improvements or changes being sought.<sup>5</sup>

**Example.** The WorkPlace Project<sup>6</sup> developed by public interest lawyer Jennifer Gordon<sup>7</sup> exemplifies that asset perspective. Those who came seeking legal help as clients because of problems relating to their employment were required to give something of themselves. There was a

foundations invested in the development, testing and refinement of the concept by TimeBanks.Org (originally the Time Dollar Institute, then TimeBanks USA, now TimeBanks.Org.)

<sup>5</sup> John McKnight, Jody Kretzman had pioneered exposure of the “deficit mentality” that defined communities and residents by what they lacked rather than by starting from an asset-based perspective based on the resources that they would bring to the table.

<sup>6</sup> The Workplace Project is cited and described to make clear that there are multiple ways (in addition to timebanking) to implement an asset perspective.

<sup>7</sup> Now a professor at Fordham Law School.

modest fee. But the non-negotiable prerequisite to being accepted as a client meant taking a nine-week course in labour law, immigration law and organising. Every would-be client learns that employers cannot withhold paychecks, are required to pay overtime, cannot threaten bodily harm, cannot fire someone in retaliation for demanding pay owed them. They were taught how to represent themselves in hearings.

Most of her clients were non-citizens. They were without the vote and without money. In isolation, they are disempowered persons. But by virtue of learning their rights and organising and contributing time on picket lines, demonstrations and legislative hearings, they secured passage of the nation's toughest legislation, protecting the right of workers to be paid what is their due.

It raised penalties from 25 percent to 200 percent against employers who repeatedly did not pay their workers, and it made repeat non-payment a felony rather than a misdemeanour. The clients then established the first worker-owned landscaping co-operative, and carried out an organising campaign on street corners that increased wages by more than 30 per cent.

### **Principle 2. Redefining what we value as work.**

Volunteering is work. Recognising this, timebanking converts labour provided by "volunteering" from a contribution that is regarded as "nice" to documented – and countable – "work". A timebank is in essence a shared pool of services which members offer and which

they can in turn call on when the need arises, earning and spending time credits – an hour for an hour, regardless of the service offered.

Once counted, it can be formally recognised and valued for fiscal purposes as in-kind contributions essential to realizing key programmatic objectives by providing measurable levels of contribution that can otherwise be easily overlooked. The objectives to which this work contributes may include increased levels of informal support, the bridging of divides in community, and individual and community resilience.

**Example.** A 1987 philanthropic investment by the Robert Wood Johnson Foundation funded Elderplan, an experimental Social HMO,<sup>8</sup> to implement timebanking to provide informal care and reduce the isolation of its elder

<sup>8</sup> The idea of a medical Health Maintenance Organization (HMO) providing non-medical social supports as a Social HMO was revolutionary when Elderplan was founded. As a pioneering HMO, Elderplan implemented the original timebanking proposal (first called *service credits*) proposed in a 1986 paper by Edgar Cahn, *Service Credits: A New Currency for The Welfare State*, published by the London School of Economics where he was a Fellow, 1986-1987. The proposal to set up free-standing neighbour-to-neighbour programmes had been implemented in pilot programs in Miami and other sites. Funding came from the (now defunct) Field Foundation and the Robert Wood Johnson Foundation. The evaluation was funded by the Fan Fox and Leslie R. Samuels Foundation.

members.<sup>9</sup> An impact evaluation that surveyed timebank members in Elderplan found that while members of the timebank as well as non-members experienced increased levels of depression over time, at each successive measurement, timebank members reported a smaller increase in loneliness than did their peers.

The report noted that this suggested a “protective effect” for members against increased levels of loneliness over time. This held true whether the members were engaged more in giving or in receiving services through the timebank. The evaluators also found that these lower increases in loneliness were associated with a lower number of medications and fewer hospitalisations. The evaluators noted that both “are proxies for health status”.

**Principle 3. Reciprocity.** Giving becomes more powerful when it triggers a pay-it-forward response: giving back by helping someone else. “You need me” becomes “We need each other.” Reciprocity empowers the recipient by saying: “You are more than a bundle of needs. By accepting my help, you have empowered me. When you respond by helping another, you are paying back by paying forward. By responding, you are asserting your own value.”

**Example.** For three years in Roseburg, Oregon, Sharon Lee Schwartz, the lead attorney in a legal services office,

invited the clients to reciprocate for services received by helping others. Clients elected to pay back by offering transportation, car repair, help with errands, child care, cooking, sewing, housework, clerical support, making phone calls, tutoring, carpentry, masonry, home visits caring for saltwater aquariums, and yard work. Helping one another, they wove together systems of support that contributed to individual and community resilience.

With support from the legal services office, they established their own timebank and secured a VISTA volunteer who took on the essential role of tending to and nurturing the connections of mutual support that brought together marginalised individuals and families to trust each other and help each other.

**Principle 4. Interdependence and community building.** “It takes a village to raise a child.” *But what does it take to build and sustain that village?*

None of us make it alone. We come into the world, nine months in debt. And after that, the interdependence multiplies. The poet John Donne said it all:

*“No man is an island, entire unto itself.*

*Everyman is a piece of the continent, a part of the main.*

*If a clod be washed away by the sea, Europe is the less...*

*.... any man's death diminishes me,  
because I am involved in mankind.*

*Therefore never send to know for whom the bells*

*tolls;  
It tolls for thee.”*

Professionals providing service are mandated to treat each client as an individual, respecting their right to confidentiality and privacy. Indeed, HIPAA<sup>10</sup> rules of privacy demand that. But clients, patients, or service-users and the members of the communities in which they live are the very sources of connection and mutual reliance that people need in their daily lives. Mutual support provided by informal or formal networks provides resilience and staying power.

**Example.** A report to the Annie E. Casey Foundation gives this description of a timebank exchange in Indianapolis after it had been in existence for two years:

“Presently, 193 residents have joined the Exchange, which operates in the Southeast neighbourhood. Activities have targeted youth and senior citizens, who have used time dollars [renamed as “time credits”] in a number of ways. Time dollars are currently earned:

- By youth who take part in the Safe Haven/Girls, Inc after school programme.
- By community residents who help senior citizens

<sup>10</sup> Health Insurance Portability and Accountability Act.

with home repairs and other necessary tasks.

- By senior citizens who provide tutoring to young children; and
- By individuals who are members of neighbourhood organisation teams conducting community trash clean-up days.”

The emphasis in Indianapolis was on the use of time credits to secure items that many low-income residents cannot otherwise afford. These initiatives included purchasing school uniforms for the middle school students who come from low-income families, school supplies for five neighbourhood schools, and food from the food pantry at a local church.”<sup>11</sup>

Similar reports come from timebanking organizations and networks located in nearly every US state and 38 nations worldwide. Co-production as a framework calls for creating roles, policies and procedures designed to recognise, nurture and expand relationships of mutual support and interdependence. Friendships and social networks are born that add critical capacity to address social isolation. In the field of eldercare, we already have extensive documentation of the major cost saving implications that a timebank can generate if it can defer

<sup>11</sup> BUILDING COMMUNITY WITH TIME DOLLARS Part of a Series from the Technical Assistance Resource Center of the Annie E. Casey Foundation and the Center for the Study of Social Policy (2004).

or avoid institutionalised care in a nursing home.

Introducing co-production to reduce social isolation in other areas could produce parallel breakthroughs in legal services, housing, juvenile and criminal justice systems, re-entry, job training, immigration and education. But we must also confront the reality that, unless resources are committed for the core staff, and minor administrative costs, even truly vibrant timebanks have a short life expectancy.

How do we deal with that? Is the core idea defective? What can we learn about sustainability from those timebanks that have survived, here and around the world?

Co-production as a framework calls for creating roles, policies and procedures designed to recognise, nurture and expand relationships of mutual support and interdependence by service users and community members. Friendships are born between them, adding a powerful extra capacity to formal systems seeking to address isolation.

In the field of eldercare, for example, co-production can lead to improved quality of life as well as major cost savings if it can defer or avoid institutionalised care in a nursing home.<sup>12</sup> Or, as the previous example shows, areas of social need such as legal services, housing, job training, juvenile and criminal justice systems and education are

systems that could call on Co-Production to better achieve their aims. When it comes to the epidemic of social isolation, any one of these systems may play a relevant catalytic role in the context and conditions of an individual's or family's life by enabling them to call on their strengths and find ways of making a difference in the lives of others.

**Two Examples.** In Lehigh Valley, Pennsylvania, a group of health providers instituted a hospital discharge program that used timebanking to engage community members and former patients to form extended networks of support that significantly enhanced recovery rates and reduced re-hospitalisation. The timebank was also funded to join a national study on hospital “superutilisers” – low-income patients with chronic health issues using emergency hospital services on a scale that vastly exceeded regular use.

As part of that study, over a six-month period the patients who joined the timebank through that programme reduced their emergency room visits to 63 from 238 in the six months before. The reduction in hospital stays was also dramatic: 64 down from 155. The total number of days spent in the hospital was reduced to 338 days, down from 687 resulting in a savings of \$773,500 by an effort that enlisted both patient engagement and the community support provided by the Lehigh Valley Super Utiliser Partnership.

As a second example, in New York City, Archcare, a medical health care system run by the Catholic Church

chose to operate a timebank system to achieve co-production with its patients and the community. More than 2,000 members, which included over 100 community organizations, generated over 40,000 hours of help and connectivity for each other.

Archcare's timebank program drew upon the expertise of Mash Blech, who had set up and for more than 23 years run the Elderplan timebank described earlier, followed by the multi-year use of timebanking by the Visiting Nurse Services of New York (Visiting Nurses TB). An impact evaluation of the Visiting Nurses TB surveyed elder timebank members found that 79 per cent of the timebank membership gave them support they needed to be able to stay in their homes and community as they get older (48 per cent reported improvements in self-rated physical health).

Like the Elderplan timebank before it, the Visiting Nurses timebank folded when government reimbursement models changed to make the timebank fiscally non-viable. When history repeated itself yet again, and the Archcare timebank was similarly forced by financial reasons to close, New York's largest not-for-profit health insurer, HealthFirst stepped forward in 2019 to become the most recent sponsor and host of timebanking in New York state.

These up and down fortunes of timebanking vividly demonstrate how little consideration federal funding policies and philanthropic cost-benefit analyses give to the critical value of enabling regular citizens to build and sustain the informal linkage systems imbedded in their

communities. Still less did funders assign a weighted value to the increased stream of reciprocal grassroots efforts when they reviewed proposals seeking funding to cover the costs of the 1.5-3 person staff infrastructure needed to generate, support and document the thousands of hours and the management effort entailed.

The good news is that Healthfirst, with Mashi Blech at the timebank's helm, has committed to make timebanking available for its customers. All prior Archcare members are included. With a goal to enlist a substantial portion of its 1.6 million customers in the timebank, Healthfirst will operate timebanking at a whole new scale that could have a catalytic impact on the healthcare industry.<sup>13</sup>

**Principle 5. Mutual Accountability and Respect.**

To operate effectively, systems need the feedback loops that will inform them as to whether the system has achieved hoped for results, and how improvements might be made. Authentic respect requires listening to voices that are otherwise unheard and may also involve listening to messages that are uncomfortable to hear.

**Example.** In 1996, the Annie Casey Foundation had

<sup>13</sup> Healthfirst offers Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans in New York City, Long Island and other outlying counties.

made a multi-year, multi-million dollar investment to transform urban mental health services in Miami for Hispanic children. The proposal undertook to shift mental health from a medical treatment model to a holistic model promoting member engagement that addressed prevention and education as well as crises.

The leadership committed the organisation to enlist the community in an effort to create a neighbourhood environment designed to support the development of mental health. All the features needed were present: evidence of grassroots support, plans for a parent's council, commitments to community empowerment.<sup>14</sup> Timebanking would provide the technology needed to build sustainable connectivity.

The parents enlisted in the timebank and used their status as co-producers to define a role that would build and strengthen them as a constituency. Everyone coming into the centre for services was referred to the parent co-ordinator who undertook to enrol the "client" as a member of a social timebank club. It was an easy sell because the dues were in time credits.

<sup>14</sup> The family, neighborhood and community-based organisations are mediating structures, which offer new approaches to public understanding and new knowledge of the delivery of services that is sure to benefit the entire society. To make the proper use of these indigenous resources requires, of course, a painful rethinking of the way public policy is developed (see Bob Woodson, *A SUMMONS TO LIFE*).

The benefits were clear: a birthday party for anyone in the family born that month, a monthly pot luck, access to food from the food bank, computer classes, English classes, and art classes for the children. The club may not have looked like a workforce, but it was. Its function was to take in strangers and turn them, first into non-strangers, then into trusted friends and finally into extended family. That constitutes co-production of mental health by reducing social isolation.

The club in turn identified members who know how to cook special ethnic foods as its members sought to launch an ethnic catering business that could sell its wares to community non-profits and agencies needing to show themselves as supportive of community self-help efforts. One unstated feature was also central: undocumented aliens could not be legally hired as employees for a job - but nothing prevented them from helping cook meals in the catering business and being paid for the meals they deliver.

This strategy originated from a source that requested confidentiality. But it evidences the value of combining professional sophistication with community savvy. It takes ongoing innovation to build bridges between the dollar economy of professional service providers and the non-dollar economy of community.

One other co-production innovation was critical: the professional therapists were trained to include timebank assignments in their treatment plans. Therapists came to understand that they could be more effective if the family engaged its friends as part of an organised support

system. That rewarded the friends for helping; it gave the family and the therapist a ready-made team to help guide, support, and if need be, intervene—at hours when the office was closed, in places professionals don't go, or on days when professionals were not on duty.

Abriendo Puertas received a half-million dollar award. The feature cited most was the role of the parents and the community. As a licensed provider of medical and health care services Abriendo Puertas broke precedent, enlisting documented and undocumented residents to create an oversized extended family with critically needed competency and capacity.

With the timebank in place, community participation proved to be more than token representation on the Board or token employment of one or two residents. The parents gained an identity and status as essential, documented co-producers of a healthcare ecosystem sustained by the engagement, interdependence, and trust of community members. Whether documented or undocumented, residents knew what they brought to the table. And they knew both its worth—and their own. As this nation copes simultaneously with immigration and health care, we have the prototype. It redefines possibility.

## 4

# *Timebanking: A strategic tool to implement Co-Production*

With co-production as a framework, clients and community members can partner with professionals by offering peer level help earning time credits in the community, as illustrated by the following possibilities:

- ***Food scarcity*** by teaching skills and providing support for growing and preserving food.
- ***Adequate shelter*** by offering home repairs and teaching home maintenance skills.
- ***Reliable transportation*** by offering car repairs, rides, and delivery of needed items.
- ***Health care*** by providing care giving services so patients can return home from the hospital sooner and respite for overburdened caregivers.
- ***Education*** by offering tutoring, lessons and computer literacy.
- ***Independent living*** for seniors and disabled people by providing support services, such as rides to appointments and meal delivery.
- ***Job readiness*** by helping members maintain

skills, learn new skills, network, and receive job coaching.

- ***Re-entry from prison*** by enabling people returning from incarceration to provide mutual support, literacy training, shared housing, and launch initiatives such as home repair, moving services, evening escort, and neighbourhood safety patrols.

Co-Production envisions that those who receive services will also be recruited and rewarded to take on a different role as partners invited to earn time credits by some form of “pay-it-forward” reciprocal engagement.<sup>15</sup> Those contributions may be facilitated so that clients (and their families) can help their peers, their community, or the timebank organisation itself. That contribution may be as simple as, for example, helping

<sup>15</sup> To enlist clients as co-producers in addressing the challenge of isolation calls for finding answers to basic questions. (1) What skills, capacities and talents do the clients bring? (2) How might those assets be put to use as valued work to help the clients gain the connections needed to bring isolation to an end if it exists? (3) How might incentives also encourage this reciprocating effort by service receivers? (4) How might the resultant interdependence in community be nurtured over time, yielding a multiplier effect so that outcomes would be greater than the sum of its parts? (5) How might feedback loops be designed that would increase accountability, provide a continuing corrective and yield new possibilities?

someone walk their groceries home , helping a child with homework, providing an immigrant with an opportunity to practice conversational English, or setting up a room for a meeting.

The challenge involves how to generate the system change needed because converting passive consumers into active co-workers and co-producers can also change power relationships. This is where timebanking can make a critical contribution. There are never funds available to pay consumers to assume the pay-it-forward roles, to convert them into becoming a reliable work force and contribute the invaluable labour that they have the untapped capacity to provide. Volunteering is regarded as desirable but insufficient in terms of reliability, volume and long-term sustainability. That is partly what prompted the creation of timebanking.

With time as a digitised unit of exchange, timebanking provides a way of counting, recognising and rewarding contributions that people give to and receive from each other. Give an hour of service, receive a credit, and use the credit to receive an hour of service, or else give the credit away.

In this manner, members of a timebank can create a shared pool of talents and capacities from their individual offers from which each can subsequently draw. We liken the digital inventory of services offered by members as a digital Yellow Pages that now can be accessed on smart phones, laptops and ipads.

Every timebank follows a few basic rules:

- All hours of contribution either given or received are equal in value, regardless of whether a member provides a highly skilled professional service or washes the dishes for a member who is recovering from illness.
- Time credits are not for sale and cannot be converted into money.
- Members can spend time credits only on labour that builds community resources, furthers a charitable purpose, provides personal support, or remedies a social problem.
- When a member receives an hour of service from another timebank member, there may be a moral or social obligation to pay it back to the timebank community, but there is no legally enforceable obligation to do so. The US Internal Revenue Service has ruled that because timebanks are not commercial barter organizations, time credits do not count as taxable income.

For timebank members, an earned time credit has two distinct meanings:

(1) It confers the equivalent of purchasing power to secure a service or a benefit or a discount.

(2) It affirms the sense of worth that one gets from knowing one has made a difference.

The first is an extrinsic reward; the second is an intrinsic reward. Each transaction is more than a

commercial transaction. It is an invitation to create a relationship, and such relationships create an ethos of trust that enables people to re-weave the fabric of community.

A currency that treats all hours as equal does more than simply provide an alternative to market price as a measure of value. It empowers people whom the market does not value and labour that the market does not value. And it validates both those people as contributors and their labour as a contribution to society.

Using specially created software called Community Weaver<sup>16</sup> that operates somewhat like Craigslist, timebank members can list the services they can perform, when and where they can perform those services, and so on. Or, using the same software platform, they list the services they would like to receive. When one member provides a service to another member: they use the platform to record that exchange. Time credits in the service recipient's account then transfer to the service provider's account. The services that members may offer cover a broad range—

<sup>16</sup> Community Weaver stems from the very first software to spread timebanking. It is becoming more powerful and user-friendly. It has also spawned upward of thirty alternative software systems by social entrepreneurs and timebank programs in thirty eight nations and six continents. Integration with social media is emerging that will multiply the spread of timebanking as teenagers, living in a digital world, use it to advance their dreams.

from cooking, gardening, and quilting to helping with tax preparation and providing respite to caregivers.

A member-to-member timebank with several hundred members may offer hundreds of different services. Exchanges based on member-to-member service, however, make up only one form of timebanking. Some timebanks, like the youth court described below, will be oriented around a specific purpose, in which case the range of actions involved is determined by the nature of that purpose, organisational mission or funding requirement. In different communities, members have earned time credits by taking part in classes or any number of community-building events or projects, like creating a neighbourhood garden.

They have helped out at a neighbourhood farmers' market, led a yoga or Bible study class, organised a wellness day, created a baby-sitting co-op, or taken part in a tutoring programme.

Every timebank receives – and gives – services to its members. Strong networks of mutual support do not spontaneously arise and are not necessarily self-perpetuating. They must be constructed, nurtured, maintained. Depending on scale and formality, that will cost money.

At the start, this takes bringing people together, discussing and forming agreements around the timebank's purpose and the kinds of action it seeks to support and why, organising gatherings, sharing information, setting up the systems to count the hours that members give and receive, writing up the policies of

the timebank. All this work must either be donated for free, or “paid for” either in time credits, or money.

There are many ways to go about this, and timebanks vary greatly in their policies.

In middle-class communities, people with time and skills may be able to take on the tasks of building, nurturing and maintaining the timebank. But making that investment of time and commitment requires a more explicit recognition (by funders, volunteer groups, non-profits, community organisations or government) of the costs (economic, political, social, environmental, normative) that result from failure to do so. Hence the need to appreciate the cost invisibly exacted by social isolation.

Social isolation is omni-present. It does not just affect the elderly. But sixteen percent of the population is already over 65 and, by 2040, they will constitute one-fifth of the nation. In ten years, it is projected that the federal government will spend half its budget (not counting interest on the debt) on those aged 65 and older.<sup>17</sup> And elders represent a key work force in raising grandchildren and creating vibrant families.

<sup>17</sup> Congressional Budget Office, *Rising Demand for Long-Term Services and Supports for Elderly People* (June 2013).

According to a 2013 report by the Congressional Budget Office, the federal government spent about one-third of its budget on seniors in 2005. By last year, the share grew to 40 percent, or \$1.5 trillion. And by 2029, it will rise to half of all non-interest spending, or about \$3 trillion.

Social isolation is a democratic pathology. It does not discriminate – though it does have different dynamics for each age group – and for such special populations as immigrants and refugees, people discharged from hospitals and prisons, school drop-outs, the unemployed and delinquent juveniles.

The challenge is how to reduce social isolation by taking co-production to scale. This paper contends that timebanking can be used to take co-production to the needed scale.

## 5

# *Taking co-production to scale*

Different strategies have been used (or might be used) to inject co-production into the framework for addressing critical needs and reducing or remedying pathological disparities:

1. **Social Prescription.** Individual mandates to clients, students or patients by professional practitioners. And promoting pioneers who will undertake creative initiatives.
2. **Program Initiatives.** Undertaken by non-profits, healthcare membership options, or subscriptions offered by organizations for retired people or faith-based networks, resident councils, etc.
3. **Credentialing requirements.** For example, practicums, residencies, internships, community service requirements, in-kind contribution, continuing education, occupational and licensing requirements, participant-engagement competency specifications.
4. **The Ecological Stakes.** Liability for failure to implement disparity-reducing practices.

The following section describes how each of these

strategies has been implemented or might be used to realize the potential of co-production to enhance well-being:

### **Social Prescription**

In one health centre in the UK, in Rushey Green in south east London, Dr Richard Byng pioneered a new practice. When dealing with patients with chronic health issues such as depression, obesity and diabetes, he prescribed regimens beyond conventional pharmaceutical prescriptions to include participation in the local Rushey Green Timebank.

The patient's recovery entailed following the doctor's written prescription to join in giving and receiving help and providing support through the timebank to other patients and their households. The timebank provided a place for members to relate to each other as peers and as a kind of extended family where receiving and giving equally became a source of stories of shared connection.

The health care practice used by Dr Byng comes under the official heading of 'social prescribing'. Many helping professionals, not just doctors, prescribe regimens (diet, exercise, meditation, schooling, yoga, and programmes) for those whom they are licensed to help.

The licensed status of lawyers, teachers, social workers, mental health workers and so forth as helping professionals enables them to access resources on behalf of the client, patient, student or designated group of beneficiaries. But it also gives them the right to direct the consumer of those services to behave in a certain way,

cease certain practices, and undertake certain new practices which the helping professional deems would have a therapeutic or beneficial effect. In short, the function of a helping professional is to initiate beneficial processes.

Dr Byng used his status to reduce the toxic impact of isolation manifested in the physical and neurological conditions which brought persons to him for treatment. His professional judgment and intuition was that that participation in the timebank would stimulate beneficial engagement without any stigma or inference of implicit deficiency. His 'prescription' affirmed a capacity to help others and gave her a reason for doing something they *could* do: talk to others, listen to others, complain about situations requiring remedy.

Such a prescription assumes, of course, that there is a timebank.<sup>18</sup> In Dr Byng's case, the timebank was set up in his health centre. More generally, if doctors, lawyers and other helping professionals were to collaborate with any group or organisation seeking to start or secure funding for a timebank, as Richard Byng did, their support would elevate the status of the timebank in the eyes of officials and funding sources.

Professional social prescriptions of this kind can become a cause around which the community could rally, providing additional ammunition for grassroots efforts

that call on officials to provide funding for a local timebank initiative to advance community well-being and allow for the recipients of service to take action that provides opportunities of mutual gain, shared learning, meaningful action and the human linkages that are so essential to our well-being.

### **Funded Programme Initiatives**

Loneliness is now gaining formal recognition as a critical risk factor for functional decline, mobility loss, declines in activities of daily living (ADLs), onset of dementia, and increased risk of death.

Social isolation is predicted to increase spending of \$1,644 per Medicare beneficiary annually. A lack of social contacts among older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually.

Funders, foundations, and government agencies are gaining an appreciation of the significance of this connectedness. Funders (government, foundations) will increasingly prioritize (or require) documented participant engagement as an objective and outcome of whatever social initiative they fund. Promoting and documenting that participation will generate reduction of social isolation as more than just a by-product. It could become a designated specified output.

Covid can exponentially increase the presence of social isolation. We must distinguish social distance from physical distance. Given the necessity of increasing physical distancing because of covid, there needs to be an

increasing focus on intentionally and safely reducing social distancing. As a general rule, staff time and organisational resources are devoted to advancing mission. Mobilising members, delivering services, convening meetings and conducting forums bring people together to advance mission. In the past, reducing social isolation may have been noted as a by-product but not a central objective of the funded initiative.

That needs to change. We submit that the reduction of social isolation be upgraded as a central intentional objective of whatever activity is being funded and whatever outputs and outcomes are reported.

Health is just one sphere where connectedness, however invisible was central. Education, civic engagement, partisan politics, safety, economic development are all interactive spheres where reducing social isolation could be explicitly promoted.

Examples abound in every domain. Mentoring programs using on-line instruction are combining the sessions with timebanking to complement and reinforce their educational impact. Neighbourhood development can draw upon internet-based linkage and mutual support systems that promote “collective efficacy”.

Foundation and government grants fund personnel slots and activities. Those can generate digital databases to record transactions, delivery, facilitation of relationships of trust. Commercial as well as non-market transactions can weave networks based on ethnicity, language, age, gender, sport and affinity alignments. Online engagement, network development and political

mobilization will generate enterprises, initiatives, causes and programs. We need to promote ways those can reduce social isolation.

In the past, timebanking has made use of the internet, email, podcasts, and digital technology to schedule and organize transactions. Now digital technology will not just be a vehicle; it will itself provide new substance as a vehicle of empowerment by which we express, create, affirm, contribute and govern. We will have to act more consciously, leave digital footprints, memorialise accomplishments, frame challenges, convene undertakings, take action, secure feedback and reshape reality.

Newly imposed physical distancing will require the creation of new ways to mobilize, to provide physical support and collective support. Timebanking can make visible the effort needed to convey intimacy, build trust, extend empathy, trigger mobilisation, generate consensus, and protest intrusion and alienation.

Just as we need the development of public health systems to deal with covid, we will need parallel public and quasi-public systems to deal with global warming, immigration, transport, and ageing. Boundaries and digital rules of conduct, of privacy, of mutuality, of reciprocity and responsiveness will emerge. We can predict that exchange transactions facilitated by timebanking will generate and proliferate hosts, affinity groups, associations and politically aligned networks.

These will define the social determinants of health, of justice, of personal safety, security, ecology, cultural identity and ecological sustainability government

programmes will support and laws may require intentional engagement of those citizen members of groups most directly affected.

### **Developing Credentials that Certify Competencies to Reduce Social Isolation**

Credentials determine whom we can turn to for knowledge, advice and support. Credentialing determines compensation, career advancement, aspirations and future priorities. Continuing education mandates ongoing updating. Digital technology now makes remote learning, coaching and practicums possible.

Yet the need to deal with social isolation will not go away. Making the reduction of social isolation an explicit competency objective will become more critical as we shift person-to-person interaction to a course of study consisting of web-based practicums, residencies, internships, credentialed externships, and ongoing compliance with regularly updated occupational and licensing requirements.

We need a new stream of activists, knowledgeable about innovations that can effect social change, and equipped with the expertise and the credentials that enable them to set in motion initiatives that enlist both community members and system policymakers to pressing for change.

A credentialed, interdisciplinary course of study for change-makers could create a new stream of professional catalysts to oversee practicums, externships, courses and internships addressing social isolation. Financial aid for

such a course of study, coupled with loan forgiveness could create a stream of graduates with a degree or certificate in system change. The journey to that credential would go beyond delivering specialised services to individual clients or patients. It could impart system change competencies that equips the student to enlist the community and its residents as co-producers and partners in community based initiatives.

### **The Ecological Stakes**

Social Isolation is a pandemic that threatens the ecological health of communities. Covid-19 is teaching us some fundamentals about pandemics. The scale of the threat defines the scale of the required response. Specific failures to remedy social isolation require the imposition of liability.

But more is needed than liability to generate reciprocity on the restorative scale our ecosystem requires. Social isolation has taken a systemic toll. Civic engagement is not a spectator sport. It needs reframing -- as environmental protection for our communities, our species, and ourselves. Opting out is not a neutral act. We reap what we sow

Social isolation is dangerous. Routinely it harms our wellbeing, both individually and collectively. As social isolation becomes increasingly pervasive, the line between an ecology of public health and providing individual health care dissolves.

Institutional rules shape more than individual transactions: they pattern the relationships integral to

society's whole. Greater than the sum of its parts, the whole constitutes an ecosystem that our species developed for its own survival.

Now disparities threaten that ecosystem. Where marginalisation and social isolation exist, one plus one is less than two. The whole is diminished. That is why we need an ecological sensibility attuned to how we connect, and to collective as well as individual needs.

## 6

### *Towards a conclusion*

On both sides of the Atlantic, co-production by clients, volunteers, community, and donors supplies a philosophy, a framework, a guide for organisational change that elevates the role of clients from passivity to active engagement that leads to a sense of meaning, purpose and connectivity that people need.

Timebanking is an effective way to put co-production into action – opening up opportunities for service receivers to both give and receive from peers and others, expanding capacity, upgrading ‘volunteers’ and clients as co-workers, generating documentation to merit respect that has been earned for clients, and securing informed feedback on the consequence of institutionalizing reciprocity.

We have seen clinics generate significant advances in multiple fields: child development, juvenile justice, re-entry from prison and eldercare. The UDC David A. Clarke School of Law sponsored Public Notice Hearings in Pennsylvania that both documented the racial disparity of present school expulsion and showcased the availability of less costly alternatives that effectively reduce that disparity.

After that formal hearing put the system on such notice, a return to past practice would satisfy the intent

requirement for judicial intervention to address previously non-justiciable remedy disparities (See fn. 28 *supra.*).

Co-production supplies the framework and timebanking supplies a medium of exchange that empowers us all to vanquish social isolation. We can reinvent our future. The range of the possible is limited only by our imaginations.

# TimeBanks.org and Timebanking UK

*Find out more*

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