Cambridge Centre for Housing & Planning Research

Evaluation of the public health outcomes of Time Credits in Wisbech

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Structure

- The research
- Context
- Findings
- The conceptual framework
- Challenges
- Conclusions
- Feedback and discussion



The research

- National Institute for Health Research (NIHR)
- School for Public Health Research (SPHR) Public Health Practice Evaluation Scheme (PHPES)
- Evaluation collaboration with Spice, Cambridgeshire County Council and CHS Group
- Research collaboration between the Cambridge Centre for Housing and Planning Research (CCHPR) and the Cambridge Institute for Public Health (CIPH)







Key objectives of the evaluation

Key aim

To evaluate the outcomes of the Time Credit project in Wisbech, Cambridgeshire, with a focus on health outcomes

The primary objective

To analyse the potential of Time Credits to address public health issues by:

- 1. Reducing loneliness and social exclusion
- 2. Improving wellbeing
- 3. Increasing community cohesion and social capital



Methods overview

- Mixed methods research design using both quantitative and qualitative methodological tools
- Incorporating co-production in the evaluation methodology
 - Interviews with key stakeholders
 - Literature review, systematic review of Time Credits and health outcomes
 - Secondary data analysis
 - Developing a theory of change
 - Longitudinal survey with individual new Time Credit members
 - Face to face interviews with individual Time Credit members
 - Survey and face to face interviews with partner organisations
 - Ethnographic methods including visual ethnographies and participant observation



Outputs

- Working papers:
 - 1. Time Credits and time banks
 - 2. Co-production in research
 - 3. Co-production in public services
 - 4. Theory of change
 - 5. Wisbech context
 - 6. Using ethnography
- Interim report
- Time Credits member case studies report
- Time Credits partner organisation case studies report
- Two conference posters and two conference presentations
- Presentation to public health Cambridgeshire
- Festival of Ideas event
- Final report and summary
- Three short films
- Two journal articles
- Systematic review



Context

- Shaped our understanding of the context for the research
- Also have identified research findings in relation to each area
- Individually and together

- 1. Time banks and Time Credits time exchange as the community model to bring about change
- 2. Co-production as the ethos that underpins the model
- 3. Social determinants of health tackling health inequalities through community engagement
- 4. Wisbech as the specific place where it is embedded



Time Credits in Wisbech

- Wisbech, England area with above average levels of deprivation and a range of challenging social issues
- Market town agriculture and food processing immigration











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Time Credits in Wisbech

- 17 local organisations where people can earn Time Credits
- Include schools, homeless hostels, children's centres, adventure playground, project supporting people into employment
- Activities include reading with children, after school clubs, gardening, office work, working in a café and kitchen, litter picking
- Spend activities include cinema, gym, swimming, beauty treatments, social events, theatre tickets
- Working paper



Time exchange

- Time banks
- Time Credits
- How time exchange works in a local community
- The 'core economy' the non-monetary, unmeasured sector of the economy comprising family, neighbourhood and community
- Exchanges are built on a sense of obligation and reciprocity, rather than price determined by supply and demand
- Working paper



Co-production

- Spice model
- Working together for an agreed outcome
- Co-production in services (working paper) services are designed, developed and/or delivered with or by people, instead of for them
- Co-production in research (working paper) conducting research 'with' communities rather than 'on' communities
- Best research practice lies in a synthesis of academic research, practitioner knowledge and research participant 'expertise by experience'
- Challenges and opportunities



Community approach to public health

- One approach to reducing health inequalities is through improving social capital and reducing isolation
- Solid evidence that increased levels of community engagement and social participation have a positive impact on health behaviours, physical and emotional health, and self-confidence, especially among disadvantaged populations (Public Health England, 2015)
- These benefits are so widely acknowledged that the National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement



Theory





How Time Credits can lead to positive health outcomes

- Assume positive health outcomes emerge through a causal process - range of 'lower level' outcomes (or 'waypoints') affect health and wellbeing, potentially across the life-course
- Outcomes may be direct or indirect and benefits may accrue to individuals, to the wider community, or to both
- Pathways to health outcomes can be complex
- Some activities impact health directly spend Time Credits to go swimming or to the gym - health benefit immediate and directly linked to the activity
- Also indirectly using Time Credits to access health and leisure facilities - expand social networks and reduce loneliness, leading to better mental health



Findings



HOW EARNING AND SPENDING TIME CREDITS CAN LEAD TO POSITIVE HEALTH OUTCOMES

	Increased community participation		Opportunities to feel needed and able to make a positive contribution		Increased social participation		Expanded geographical horizons		Resources to facilities and			
INDIVIDUALS			Improved self-confidence and skills	More active li		estyle	Strengthened relationships		Increased ph activity	ysical		
	Improved employability		Increased satis with life and se		Improved awareness of medical and social support services				Improved ph	ysical		
	Increased labour market participation		Increased social contacts reducing loneliness and isolation		Reduction in substance misuse		Intergenerational exchanges		Improved me health	ental	POSITIVE HEALTH	
											OUTCOMES AND A REDUCTION	
0		Increased social capital		User involvement in the design and delivery of services		Services reta spite of fundi					IN HEALTH INEQUALITIES	
COMMUNITIES		Increased community resources		Improved services – client needs are better understood and addressed		Reduction in anti-social behaviour and crime		Environments that facilitate a more active lifestyle				
	More cohesive, resilient and safer communities											

[■] Indicates strongest evidence of positive outcomes

Case study – 'Alice'

- Career working with children, poor health kept Alice from working for nearly a decade
- Time Credits made it possible to return to working with children at the Orchards School - something she loves doing
- School gave her a formal paid job
- Volunteering has given her an opportunity to share her skills and to make use of her previous experience and training. Most importantly, she become a valued member of a community:
 - "When I went to the first Time Credit meeting, at that point, I never ever had anybody come visit me... the only people I spoke to were my neighbours. I always worried, because I am diabetic, if I'm ill that nobody would find me. Now, I go to that school every day, I may go in sad but I come out with a smile on my face... I finally got somebody, who, if I don't turn up at school they will come looking to see if I'm alright".



Case study – 'Peter'

- Lives in a Ferry hostel halfway house and volunteers in the Ferry project kitchen – came from prison
- Now volunteers most days and treats it like a job
- Learnt new skills, found a new passion
- Feels like he's giving something back, enjoys it, sense of achievement – hopefully route into employment
- Spending Time Credits rebuild relationship with wife and daughter:
 - "We are on benefits and the money only stretches so far ... using the Time Credits, it gives me enjoyment to take my little girl to the movies with what I have earned. If it wasn't for the Time Credits, we wouldn't be doing that many things with her. And because we go out more, we are closer as a family."



Outcomes for volunteers

- Earning Time Credits can have both direct and indirect health benefits for individuals
- Improvements in physical health
 - "I was told that I need to keep my weight down. So I thought, if I come here, it's better for me. If I'm on my feet all day that'll help me keep my weight down instead of sitting next door in my room all day, moping all the time, and succumbing to depression."
- Improvements in mental health
 - "Since I've been working here, my depression has been a lot better and I've got a lot more confidence to talk to people... I'm more confident and upbeat, and I get up at a reasonable time."
- Reduced loneliness and social exclusion
 - "I was getting lonely. I thought what am I going to do with myself?...I come out and I feel like 'wow', I've got my energy back."



Outcomes for volunteers

- Making a positive contribution
 - "It has made me feel that I'm a person again. I feel appreciated. I'm not just a person at home doing housework."
- Improved self-confidence, skills development, work experience, paid employment
 - "In terms of getting paid work. [Volunteer] has health problems. But volunteering keeps her skills. [Volunteer] has applied for jobs and is actively looking for a job. It increases their prospects, especially if it is a job in an area where they volunteer. The process shows they want to go to work, shows willing, that they can keep to a routine. Employers take them more seriously."
- Strengthened family and wider relationships
 - "One lady, her kids never left the house but she will use Time Credits to take them out in the holidays."
- Resources to access activities and services that they would not otherwise be able to afford or would not have tried



Outcomes for organisations

- Enabled to recruit more volunteers and increase capacity
- Challenged stereotypes and brought diverse people together
 - "It has also changed staff attitudes. Some staff thought that 'these people' volunteering would be a hindrance not a help. Then they realised that they have skills. The staff started to see them in a different way...Understandings have changed."
- Recognition of skills that exist in the community and desire to nurture and support people into employment
 - "What I am most proud of is getting people into jobs. These people would not apply for jobs and now they have paid jobs."
- Develop a more reciprocal relationship with volunteers coproduction
 - "It feels more rewarding. Instead of someone volunteering and just saying thank you, you can give them something in return."



Spend organisations

- Increases footfall additional sales or repeat business
 - "It gives us greater footfall through the door. It increases our clientele..... We encourage students to sell, so it is retail, rebook and recommend. It means we get new people in and can sell"
- Image and brand
 - "They [customers] are more inclined to think well of us and not see us as a big corporate machine"
- Ethos of engaging with and supporting the local community
 - "We have a community focus and want to get involved with the local community.....People who earn Time Credits do a great job volunteering and it is good to be able to give a bit back and give them a nice time.... It gives the staff a nice feeling, being able to reward people for volunteering"



Evidence of challenges

- Lack of local spend opportunities travel and transport, aspirations and geographical horizons
- Hoarding
- Issues around value
- More evidence of positive outcomes for new 'non-traditional' volunteers, rather than those already volunteering
- Core of few very active volunteers benefits concentrated?
- Structural context inequality, poverty, unhealthy lifestyles, social groups and bonds
- Pressures on staff needs committed, energetic individuals to make it work and be sustainable



Research challenges

- Moving beyond qualitative evidence impactful but not necessarily in the world of public health
- Evidencing outcomes longitudinal research using validated health scales in online survey
- Quantifying outcomes demand for monetising outcomes
- Co-productive research worked well co-producing the evaluation with Spice and CCC
- More traditional research pattern
- Difficult to encourage and engage people to get involved in ways led and shaped by them



Conclusions

- Simple concept but a complex intervention.
- Challenges and opportunities of evidencing public health outcomes.
- Beneficial outcomes improved health, wellbeing, skills and confidence, loneliness and social exclusion.
- Time Credits provide the opportunity to be active citizens, to share experiences and skills and make positive contributions that foster a sense of inclusiveness and help shape own community.
- Tool for engaging people to develop more inclusive communities.



Further research

- Quantifying positive change, attributing positive change to the project, and establishing any direct and indirect savings to public services as a result
- Testing whether the findings from the study in Wisbech are similar in different geographical areas and socio-economic contexts



Discussion



Questions

- Do these findings resonate with your experiences and understandings?
- Importance of quantifying outcomes and monetarising them e.g. for CBA or ROI?
- Areas for further research?



HOW EARNING AND SPENDING TIME CREDITS CAN LEAD TO POSITIVE HEALTH OUTCOMES

	Increased community participation		Opportunities to feel needed and able to make a positive contribution		Increased social participation		Expanded geographical horizons		Resources to acce facilities and activi		
INDIVIDUALS	Work experience		Improved self-confidence and skills		More active lifestyle		Strengthened family relationships		Increased physical activity		
	Improved employability		Increased satisfaction with life and self		Improved awareness of medical and social support services		Opportunities for children		Improved physical health		
COMMUNITIES	Increased labour market participation		Increased social contacts reducing loneliness and isolation		Reduction in substance misuse		Intergenerational exchanges		Improved mental health		POSITIVE HEALTH
		Increased social capital		User involvement in the design and delivery of services		Services retained in spite of funding cuts		Reduction in wealth inequalities			OUTCOMES AND A REDUCTION IN HEALTH INEQUALITIES
		Increased community resources		Improved services – client needs are better understood and addressed		Reduction in anti-social behaviour and crime		Environments facilitate a mo active lifestyle	ore		
	More cohesive, resilient and safer communities										

Indicates strongest evidence of positive outcomes

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