

Pride and purpose

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Pride and Purpose: reflections on time banking practice for fostering social networks in wellbeing improvement schemes

Abstract

This paper explores the relationship between social capital and a community initiative known as timebanking. Its purpose is to offer a more critical account of the literature to date, which suggests time banking generates improved health outcomes because it facilitates bridging social capital. Drawing on Cattell's (2011) analysis of social networks the paper offers an alternative account. It suggests a more nuanced view of social networks shows the development of different networks by members, resulting from gendered forms of participation. The consequences of this is that whilst different network forms provide sources of pride and coping mechanisms for members, for women they inhabit more diverse networks which offer greater benefits whilst men may still experience some forms of exclusion and isolation through their participation.

Keywords: timebanking, social networks, social capital

Introduction

There has been rising interest in the role of social capital in relation to health improvement from the work of Putnam (2001). The concept of social capital has filtered into health debates as it helps generate coping strategies, build resilience, and fosters wider health behaviours (Nieminen *et al*, 2012; Castleden *et al*, 2001). The term has also been used to explore how people understand health messages (Viswanath *et al.*, 2006), and informed comparative analyses of health and social networks in different countries (Carlson, 2004; D'Hombres *et al.*, 2010). Timebanking has received considerable attention over the last two decades in the UK and beyond as a way to develop social capital with suggestions that this can improve health outcomes. However, this paper suggests that the timebanking research has yet to appreciate the nuance of social capital and health debates. The suggestion that generating social capital improves health outcomes pays scant attention to the breadth of research, indicating a need to consider the structure of networks. This paper reviews timebanking and the social capital and health literatures prior to reporting on research into timebank practice. It identifies multiple network formations, with different health outcomes, which, in turn has several policy implications.

Timebanking: an overview

Timebanking developed in the US through the work of Cahn (2000). Its basic premise is that for each hour of voluntary activity local resident's offer, they receive one time credit, through a reciprocal exchange relationship (Alford, 2002). Each credit is equal to an hour and grants access to an hour of service from another member of the community. Time banking differs from direct market exchange where persons A and B do not trade unless person A has something person B requires in

return. Early research suggested timebank reciprocal exchanges generated a range of social, economic and political citizenship benefits (see Boyle, n.d., 2003; Seyfang, 2001b, 2003, 2004a, 2004b, 2006; and Seyfang & Smith, 2002; Simon, 2003; Warne and Lawrence, 2009). This has predominately operated within community development activity (Gregory, 2012a) there has also been interest in engagement of young people (Gregory, 2012b) as well as reform of health services (Boyle and Bird, 2014). It is this latter welfare domain, health, which this paper will focus.

For Cahn (2000) timebanking rests upon four core principles: treating people as assets, re-defining work, reciprocity and social capital. Based upon these values, timebanking is a mechanism for facilitating co-production of welfare services: a term that has gained popularity within policy debates (Needham, 2008; Bovaird et al, 2015; Durose, et al, 2017 Bevir et al, 2019). Co-production seeks to change the relationship between service user and provider towards one of greater partnership, building a new social network to foster the growth of social capital. In fact, Cahn (2000) suggested that timebanking was a mechanism for creating social capital, something he argued was lacking from the analysis offered by Putnam (2001). However whilst there has been critique of co-production *per se* (Beresford, 2010; Lister, 2011; Ellison, 2011), the research into the use of timebanking has also been more cautious of its ability to radically reform service provision (Glynos and Speed, 2012; Gregory 2014). Nevertheless, there is continued interest in timebanking to facilitate the development of co-production (Cabinet Office, 2010; Department of Health, 2010) and to generate social capital to secure improved health outcomes.

Time Banking and Social Capital

Globally there has been interest in the use of timebanking to promote improved health outcomes (Miller, 2008, Collom, 2008, DH, 2010; Hayashi, 2012; Boyle and Bird, 2014). Within the UK this has been attached to a number of emerging policy themes. The association with co-production and active citizenship briefly found a sympathetic ear in the Cabinet Office (2010) reflecting values of empowerment and self-determination of welfare users (particularly in social care, see Glasby, *et al*, 2013). Thus for many timebanking was an idea whose time had come (especially in regards to social exclusion, Seyfang and Smith, 2002).

Weaved into these debates, Putnam's (2001) social capital framework promotes civic participation to create networks of reciprocity and trust. His approach diverged from individual-orientated concepts of social capital found in Bourdieu and Coleman's respective works (Rostila, 2011). This collective framing highlights connections between community members, promoting *bridging social capital* (those networks between heterogeneous groups generating weak, inclusive ties) and *bonding social capital* (which reflects networks that develop between homogenous groups, generating strong, exclusive ties). Early research into timebanking suggested it facilitated bridging social capital and associated (often unspecified) health benefits (Simon, 2003; James, 2005; Seyfang and Smith, 2002; Warne and Lawrence, 2009, Boyle and Bird, 2014). Timebanking is also placed as a mechanism for generating co-production to transform service provision and improve health outcomes. However, whilst recent work is sceptical of this transformative nature (Glynos and Speed, 2012; Gregory, 2014; Burgess and Durrant, 2019), the links between timebank practice and health outcomes are under-researched, something this paper seeks to address.

Social Capital and Health

As Moore *et al*, (2009) present, the health literature typically adopts the narrower civic participation approach to social capital offered by Putnam. Abbott's (2011) review of the health and social capital debates drew attention to participation and suggests three pathways for linking participation and health: 1) improving public services; 2) psychosocial processes and 3) self-efficacy. The psychosocial pathway draws attention to how social networks address issues such as loneliness, depression, anxiety, and this pathway has gained prominence (see for example, Wilkinson and Pickett, 2010). Consideration has also been given to the ways social networks facilitate coping, stress reduction; reduction in depressive symptoms; transmit health information; buffer against ill-health; management of long-term illness and offer moral and affective support (Kawachi and Berkman, 2001, De Silva, 2007 *et al.*; Folland, 2007; Fiorillo and Sabatini, 2011a, b). However, Abbott reiterates that the relationship between social capital and health remains unclear. There is evidence of an association (see for example Campbell *et al*, 1999; Pevalin and Rose, 2003; and Bouchard *et al*, 2006), whilst others have been cautious, or have critiqued the supposed link with individual level health benefits (e.g. Chappel and Funk, 2010).

Abbott's (2011) examination of participation, suggests different types of participation may contribute to health by facilitating social contact. For example, participation in organised activities and participation in informal leisure activities are identified as ways to encourage social contacts and build social networks. Thus, how networks form through participation becomes the central focus for collective notions of social

capital. Consideration of the structure of networks has therefore increased in research into social capital and health at a community level (Kawachi and Berkman, 2001; Haines, et al 2002). This draws attention to *closure* (referring to close, dense social connections between members) and *range* (referring to the ability of the network to transcend geographic and social boundaries). Haines *et al* (2011:60) suggest that 'closure and range enhance access to different embedded resources', shaping the structure of the network. Further, Haines et al (2011:61) suggest that density and closure shape access to social support, which is associated with better mental health status: it is the *structure of a social network* which may provide mediating health effects (Cattell, 2011).

Cattell outlines a framework through which the range and closure of networks can create certain social network structures. In the framework, there are two broad categories of social network structures, *restricted* and *extensive*, each with different health effects. Each network type is characterised by different links (or lack thereof) and several types of network attach to each broad heading. Cattell's (2011:123) restricted networks consist of three network types:

- *Socially Excluded* - newcomers to communities, isolated older people, single parents and unemployed people, with very limited bonding social capital.
- *Parochial* - extended local family and a small number of local friends and neighbours, as with socially excluded networks, this is based on bonding social capital.
- *Traditional* - family, neighbours, ex workmates, old school, youth/sports/social club friends. This is a dense, tight knit structure and will predominately involve long-term residents.

Whilst extensive networks consist of two types:

- *Pluralistic* - large number of membership groups in a loose knit network (bridging social capital), thus members are less likely to know each other compared to previous networks. This form of network is to be found in voluntary organisations.
- *Solidaristic* - This network consists of a wide range of membership groups of similar and dissimilar people sharing characteristics with the parochial and traditional networks on one hand and the pluralistic on the other. Essentially, it offers a mix of bonding and bridging social capital.

Restricted networks are likely to be more damaging to health status due to low feelings of self-esteem, control and hope; especially as those within tight networks share life events so may be unable to provide support at times of distress as they too suffer (i.e. the death of a family member). Extensive networks are better equipped for providing support and conferring identity; whilst also facilitating access to services, information and resources, making a connection to the role of social capital in developing networks. Restricted ties offer none of this.

Time Banks, Social Capital and Health

Interest in timebanking to address psychosocial health arose at the same time as political interest in Wilkinson and Pickett's (2010) *The Spirit Level*. They suggest that structural inequalities in society erode social cohesion, thus damaging interactions between members of society, overlapping with Sennett and Cobb's (1993) work on the hidden signals of class inequalities. Those in lower socio-economic positions

experience psychosocial health problems due to 'status anxiety': such as negative valuations of the self, depression, anxiety and isolation. However, as Smith (2013) notes this evidence has taken a *fractured journey* into policy processes. Policy makers have adopted the psychosocial aspects of these arguments, but not those on material inequality. This creates a space for as psychosocial health outcomes (Poortinga, 2011) and anxiety reduction (Diprose, 2016) can be achieved through the social networks developed via timebanking.

Lee *et al* (2019) showed that in the early timebank research found an association between frequency of exchange with mental health gains, through the generation of new social contacts but also access to services such as alternative therapies, self-management and self-help activities. This review illustrated how the literature positions itself in relation to bonding and bridging social capital fostering decreased feelings of loneliness, depression and anxiety. Yet as Lee *et al* suggest the evidence consists of several positive stories and is neither reliable nor generalizable.

Rostila's (2011) resource-based conception of social capital, therefore, seem relevant. Informational, emotional, instrumental (help and assistance) and appraisal (help in decision-making and providing appropriate feedback) forms of support are social resources which can be generated through collective social capital building activities such as timebank participation. Thus, whilst the rise in attention around social prescribing policies continues (Bickerdike *et al*, 2017) it is likely timebanking will remain a policy intervention of choice for financially restrained service providers. Yet, as the foregoing has started to map out, the importance of network *structure* for facilitating better health outcomes is prominent in the health debate, but not yet

reflected within timebanking analysis. This paper now turns to report on research into time banking which can help to develop some of the nuance around the structure of networks to inform future timebank research and practice.

Research Design

To explore network formation the research utilised a case study to investigate timebanking practices and contribute to theory building. Yin (2009: 34) suggested case studies draw upon theoretical propositions to determine the focus of the investigation. The theoretical proposition related to this paper was: *time banking is a form of service user engagement which changes user/provider relationships towards co-production through the generation of social capital and the formation of social networks*. Such a proposition allows for a specific consideration of the type of networks that are forming from timebank activity rather than assume a social network forms *per se*.

Case study selection considered information orientated sampling (Flyvbjerg, 2006) and selection based upon explanatory power (Thomas, 2011). This approach facilitated theory-building/testing, utilizing a parallel case study approach of two different timebank models. As Gregory (2012a) notes there have been two main forms of timebanking practice to develop in the UK (although the boundaries are blurred). First, a person-to-person model whereby members of the timebank operate exchanges with other individuals through the timebank. Second, a person-to-agency model where an organisation arranges a series of activities and events using credits to engage members (such as a litter pick or community development activity) or to

spend credits (social events and classes). This informed the selection of cases (see table one).

Table One: The Case Studies

	CASE STUDY ONE	CASE STUDY TWO
Type of time bank	Person-to-Person (P2P)	Person-to-Agency (P2A)
Purpose of time bank	Health focus: depression and social isolation	Community development
Location	GP Surgery	Community facility
Area details	Located within the London Borough of Lewisham the community exists within one of the most deprived areas of England (Lewisham has 40% of its population living in deprived areas, based on the English Indices of Deprivation 2010). 20% of the population is unemployed and claiming working age benefits (London average is 14.7%) and there are higher levels of lone parents and Black and Ethnic Minority households: again above the London average.	Village in Rhondda Cynon Taff area of the South Wales Valleys. The 2011 Welsh Index of Multiple Deprivation ranks the area 39 th , putting it in the most deprived 10% category. In terms of education, employment, income, health and community safety, these are all ranked below 100 with housing ranking slightly higher. Environment and access to services received much higher rankings.
Participants	Staff: 3 (2 women 1 man) Members: 14 (8 women, 6 men)	Staff: 6 (4 women, 2 men) Members: 4 (3 women, 1 man)

Data collection adopted utilised non-participant observation and interviews, Initially 2-3 weeks of observation occurred at each case site prior to interviews with staff and participants members.

Within each case study non-participant observation (Hammersley and Atkinson, 2007) was used to collect the first wave of data. Here *fieldnotes* recorded activities, events, conversations and interpretations in the moment and were later written up as *fieldnote records* (Sanjek, 1990) using categories such as member activity, time broker activity, links with external organisation, etc. These data were then analysed through thematic analysis (see below) to inform interview schedules. Interviews were designed around a semi-structured approach (Kvale, 1996) exploring participation and activity in the timebank; perceived value of time credits; reasons for involvement and (for providers) questions regarding the establishment and operation of the time bank. Participants included all staff and a selection of members whose level of participation with the time bank varied (in terms of length of membership but also frequency of exchange).

Interviews varied in length from 45 minutes to 1 hour 30 minutes, and were audio recorded. One participant asked not to be recorded and this was transcribed verbatim during the interview. Two interviews were conducted by phone as work/health reasons prevented participants attending the pre-arranged interview. All interviews were transcribed (by the researcher) and the texts subjected to thematic

analysis, drawing upon a range of analytical techniques, presented by Charmaz (2006). This adopted practices found within grounded theory to code data but departed with the theory. Following Burawoy (1991:11) analysis constantly mediated between field data and existing theory. This ensured that the analysis remained focused on the theoretical proposition. Coding of the data was conducted through repeated readings of all fieldnotes and transcripts developing the list of themes from the data and then building up notes and comments on each of the themes (making links to existing literature and gaps) prior to refining the coding through the use of memorandum. Charmaz (2006: 72) suggested the memorandums 'prompts you to analyse your data and codes early in the research process... [and it] constructs analytic notes to explicate and fill out categories'. This generated a number of themes within the data such as: volunteering (types of activity, frequency and connections with others) which was linked to network formation and perceived health status (consisting of pride, worth and a sense of purpose) and drew attention to the psychosocial dimension. This allowed analysis to reflect on network formation structures drawing upon Cattell's (2011) analysis.

Empirical Findings

Network Formation

The foregoing suggests a need to focus on the development and structure of social networks and not to assume that the generation of social capital results in improved

health outcomes. Cattell (2011) illustrated this with her typology of networks. She argued that pluralistic networks consist of many members often found in group based voluntary activities. Facilitating the expansion of *bridging social capital* timebank activity is one mechanism of participation which can foster pluralist network structures for members. But it is important to note, as Cattell highlights, members will have less personal familiarity with each other as the level of engagement is based on shared voluntary activities. An illustration of this can be drawn out from the data:

Well I was completely isolated. I had totally isolated myself. Ummm I mean I still have major problems in that respect, no one has been through my front door in I don't know how many years, so in that respect it's not over yet, ummmm but I mean I know more people, I've lived here on and off since 81, so 30 years and basically I knew no one. Now I won't pretend I know everyone but I can walk down the street and bump into people and something as simple as that can really lift your heart. Ummmm so it's got me out of my isolation, its enabled me to do something for other people, which is a great boost for the ego, there are still things to do, but its transformed me as an individual.

Richard (P2P timebank)

Through timebanking Richard has met neighbours in the community, but this has reduced and not removed his isolation. His involvement in the timebank has generated several loose ties with members, but no tight bond friendships.

Timebanking therefore addresses some anxiety of complex, modern life but may not fully reduce it (Diprose, 2016). Similarly, for Mike and Harry:

I haven't spent mine [credits] for donkey's years. I think if I looked at my book I would have around 200 time credits. I am giving my time and using my time to earn time credits but not really using them at the moment. If I wanted to I could go to trips and also a few other bits and pieces I can use them for.

Mike (P2A timebank)

Interviewee: [...] My reservation with the coach trip is the same as the exercise class, far too many women on the coach compared to men.

Interviewer: But it obviously doesn't stop you getting involved, even if you do feel a bit uncomfortable?

Interviewee: Well you know I have second thoughts about going on coach trips because of it. I notice the other men tend to sit up the front of the coach to isolate themselves more or less. And I tried sitting in the middle of the

coach and it was distinctly uncomfortable. I felt that, particularly the younger women, were having a bit of a joke about me, about being in the wrong place on the coach, something like that. It made me distinctly uncomfortable.

Harry (P2P timebank)

The quotes illustrate two dynamics: the development of some level of social connections; but also persistence of some level of anxiety/exclusion within the network that is forming. Members of a pluralistic networks can experience positive health benefits through coping actively via their participation in community changing volunteer work (Cattell, 2011). This grants access to a range of resources from the wider loose connections they form with others. The resource-based conceptualisation (Rostila's, 2011) has relevance here. Pluralistic network members perceive some control over their lives and believe that their active engagement can change their neighbourhood. Through services offered to other individuals or to the community, members are generating instrumental (help and assistance) resources and may have some involvement in developing appraisal resources (help in decision making and providing appropriate feedback) within the timebank. As members they may have access to wider emotional resources, but either do not access them (Mike) or feel isolated when they attend (Harry). In the case studies, therefore, men demonstrated a lack of 'the kind of emotional or practical support associated with

dense, closer ties, or with day-to-day neighbourly interaction' (Cattell, 2011:138).

Similarly, Richard illustrated that despite progress there is still "work to be done".

Men's sense of belonging emerges out of complex historic, cultural and structural changes (Franklin et al, 2019). At a general level male sense of belonging is significantly focused on workplace relationships. Other friendships often develop through wives/partners as "kin-keepers" who maintain the wider networks of the couple. Participation in time banking potentially illustrates how men regain activity beneficial to the public/work sphere similar to "Men's Sheds" (Ormsby et al., 2010) which has suggested men make social in ways that differ from women (Patulny, 2013). As such timebanking may be reflecting wider gendered patterns of behaviour which has yet to be explored in the research. Experiences such as Richard's suggests that men lack social networks and are using timebanking to establish social ties. The Pluralistic network offers a route to this reflecting patterned male network formation preferences, but this may not offer network density. Forms of participation are facilitated through certain activities: community interventions, DIY and gardening services, support for the time banks operations. As a result, interactions may be not frequently be with the same people. This differs from the groups that had female only participation which were weekly, regular meetings.

Women's participation in time banking reflected Cattell's (2011) solidaristic network.

These offers both bonding and bridging social capitals as the structures consist of membership groups forming tightly bonded groups which exist because of and within the wider looser network of the timebank. Sara was one participant who during the interview articulated how members are able to move into such a network:

So I had some counselling here, which was very, very useful, and one of the things that the councillor said was that, I suppose at the time was true, was that you [interviewee] don't have very many friends. You have one or two close friends but you don't have your family around you or anything, what are you going to do if one of those friends dies or becomes ill? [Reflecting on joining the time bank the participant continues ...] so I've got a nice support group. I'm quite a private person, so that group that we saw Wednesday, that's our little group. I've never seen them outside of it. Don't have anyone's phone numbers or addresses, and don't give mine out, I only want to see them here. They respect my privacy. Most of them feel the same way. They are my support group.

Sara (P2P member)

Initially it appears that Sara is part of a pluralistic network as she states that her interaction with members is limited. Yet in observing the 'Wednesday group' (the timebank knitting circle) it became apparent that she was progressing towards a solidaristic network in the making. Whilst the wider group interacted and engaged with each other, there were distinct friendships within the room: illustrated by where people chose to sit, who they were talking to predominately, who they arrived and left with and their discussions about favours and future exchanges with each other. As a relatively new member compared to others Sara was in the process of making new connections with the wider group as well as closer bonds to a few members within the group. This is illustrated when Sara states:

[The local area] was a dormitory town for me, because all my friends were at work, and ummm. So I had some counselling here, which was very, very useful, and one of the things that the councillor said was that, I suppose at the time was true, was that you [interviewee] don't have very many friends. You have one or two close friends but you don't have your family around you or anything, what are you going to do if one of those friends dies or becomes ill?

Sara (P2P member)

Beth, another member of the group, also illustrated this when she explained:

So if someone is at home and we have not seen them in a couple of days or week, we would like to know if they are alright so we phone them and have a

good chat with you. We can pay a visit, we would like to pay a visit, some people are still in their shell and say no. But we do shopping and anything and we go and get it for them. Like for instance, I haven't been mobile for the last two months since I've been back from hospital and so I asked my friend, who is a member of the time bank, if she would collect my prescription for me, and she collect my prescription for me. This is like so we help one another, and ummm... we make phone calls and get to know the persons position. How they are at home. If they need some help.

Cattell (2011:139) suggested that solidaristic networks develop both thick and thin forms of trust so members have access to a range of supportive resources (Rostila, 2011). This form of network is likely what underpins Lee *et al's* (2019) review of timebanking literature. Participation in timebanking satisfied a need to build an additional network, not to replace the existing one providing affective support and buffer against emotionally difficult times (Firorillo and Sabatini, 2011a, Rostila, 2011). Such wider support was not accessible pre-timebanking

Other examples of this network form can be identified:

I get some [time credits] from [volunteering in] the community centre, but not a lot as I'm only there on a Tuesday night from about half past five until about seven. The others are there almost every day. I'm also chair of [residents association] and a street rep. I never use to put that down but [time broker]

said I had to put it down, it was my time. I wouldn't have dreamt to put it down, but I was told I had to. It's always little things, you think "It's only an hour" but it soon all adds up.

Gwenda (P2A member)

Gwenda's activities involve engaging with others in a broader range of settings, taking a leading role in several activities. Such diffuse participation illustrated how women, more frequently than men, identify a breadth of activities as part of their timebanking participation. Not just their instrumental support but also emotional, informational and appraisal (Rostila, 2011), each generating a number of local connections and creating opportunities for loose bonds to become tighter bonds. These exist alongside bonds outside of the timebank, which was not evidenced by men within this study.

From the data gathered, the development of different networks types is gendered. With a larger sample this may change but some key points can be drawn at this stage. First, male participants in timebanking predominately offer services that create change (gardening, DIY) or individual activities (website management and newsletter writing) but rarely with social and group-based activities. Thus, the type of activities men engage in form pluralistic networks which can still leave them isolated within the

wider timebank. Second, women may be better able or willing to express the development of friendships because they perceive their participation through socially orientated activities. Whilst still engaged in community change actions, they also participated frequently in social activities, which were rarely mentioned, if at all, by men (only one participant mentioned brief involvement in a befriending scheme, which had to stop when he regained employment). Third, this is not to say men do not or cannot form solidaristic networks through timebanking. Rather it illustrates a potential unintended consequence of timebank practices, whereby men's participation limits the potential development of tighter networks. This is important considering the wider health benefits Cattell (2011) claims in relation to solidaristic networks.

Coping and Feelings of Worth

Status anxiety is generated by the inequitable context of social life. Feeling some level of self-control through enacting community change can help members to re-rate their self-perceived status through their participation in timebank activities.

Timebanking provides regular social contacts, engagement in activities for collective purposes, status and regular activity. Similar findings are evident from the formation of social networks through timebanking activity:

But it also makes you feel worthwhile because again when you retire, what's the question we ask each other "What do you do for a living", when you're

retired, you're nothing. That's the way I feel. I feel cheated, that I had to stop work so early, I feel cheated because of my illness, and I feel cheated that I'm no longer seen as a member of society, in my mind. [...] So we are all learning little things, and we are getting our pride back. We are doing something and being recognised, and you do feel a bit smug sometimes, you think "Oh, that person thinks that what I did was rather nice" [...]

John (P2P member)

Yeah. I think it kept me; it made me more confident in my area, more confident in meeting people and more confident in my skills. It allowed me to develop my skills, any skills, even picking up the phone, or meeting people, or helping out. You're literally, not only do you have the impact of having whatever condition you have, but you also have the impact of low self-worth, so although the time bank is not like a voluntary job, you can still build that [feelings of worth] up which is really important.

Meera (P2P member)

As social network structures develop they offer varied health effects. At a general level participation in timebanking potentially reflects the links between employment and psychosocial health which have been identified (see Wanberg *et al.*, 2002; Elliott *et al.* 2010), which suggests that a loss of time structure and social connections

results in negative psychosocial health. Additionally, employment also offers a sense of social purpose, contributing to an individual's formation of positive identity.

Whether participation tends to be fairly "task-based" focused providing services and support or more socially orientated and generating new bonding social capital, timebank members highlight an improved range of connections through active participation in local change and social events. Yet the evidence from these case studies still suggests some gendering effect which results in variations in network structure and the ensuing health effects:

Over the last few months I have dropped down quite a bit without work. I have tried to commit suicide twice. But with the depression group they've helped me out quite a lot, plus with the community centre staff, who have helped me a lot. But that is why I am back as a full community volunteer because I am completely over it, 100% fit and just raring to go again. And that is solely because of the depression busting meetings.

Interviewer: Do you think that time banking has impacted on your own sense of wellbeing?

I don't think it does with me because I don't come here for the time banking for the credits but to get out for a bit. The way I feel about it is that time banking is ok for the kids and the parents that have kids.

Mike (P2A timebank)

Mike illustrates how a structure to the day, and the contacts it generates, has helped improve his perception of self and wellbeing. Yet he suggests that this does not link timebanking specifically, but from being active and making connections (reflecting findings by Jenkinson et al, 2013). This is perhaps an instance of Abbott's (2011) type 2 participation (organised activities for local benefit) which may encourage social networks and provide access to social support. However a gendered distinction may appear again within the same group:

I've got to be honest I take a lot of pride in some of the things I do, it makes me feel like I belong in the community then, that I have got a purpose here and I mean it has made a lot of difference to my life.

Interviewer: In what ways?

A lot more confidence to do things. Sort of like a lot of the girls in the depression group now still ask others to do things because they are not confident, but I try and put it back on them so they get the confidence that is lacking.

Pauline (P2A member)

Pauline's extract shows how engagement in timebanking is a source of renewed status, social purpose, and self-confidence, diminishing her experiences of depression and isolation, similar to Mike. But Pauline makes a very clear link to the social network generated by attending this group (note also she refers to members as "the girls") suggesting a subgroup within the wider network as found with the Wednesday group in the other case study. For Mike, his attendance is because of his timebank *membership*, but not perceived as part of this timebank *activity*. As such he does not make an explicit link to this support or to membership of this group with bonds forming with the other members. Pauline, however, expresses a closer familiarity with the group and the ability to support those members to take responsibility for actions to rebuild their confidence. It is not simply a matter of having people to talk to for emotional support. As Pauline stated earlier in her interview:

It's like a support group and we're there to back each other up, if you have something to talk about. What is said in the room stays in the room but it is a group of people to talk to who know how you feel.

Pauline (P2A member)

Appreciated or not, members have access to a range of support through timebank participation. Female participants were explicit in their account of task-based and social forms of participation and how these formed both loose and tight networks: thus generating a solidaristic network. For men, little to no mention was given to social activities, and when they were, these were shaped in narratives of social exclusion within the timebank (see Harry above) or as a supportive group but not a direct part of timebanking activity. In both network structures, improved sense of

worth and pride can be generated, but for female members, this operates across tight and loose networks and so they do not solely rely on the loose networks alone.

Discussion and conclusion

A driver to the use of timebanking has been its association with social capital building and community development and the potential health outcomes this ensures. Such analysis however has been found to be neither reliable nor generalizable (Lee *et al*, 2019). Furthermore, as this paper demonstrates, the wider literature on social capital and health has moved beyond simply suggesting that Putnam's (2001) distinction between bridging and bonding is sufficient. Rather theory has explored variations in forms of support and resources available to communities and variations in the form of networks that can develop, with differing health effects (Rostila, 2011; Cattell, 2011). Drawing on these wider debates it has been possible to theorise variations in network formation and how these shape member experiences of participation, engagement and health outcomes. The analysis of the case studies indicated that forms of participation by members alters the network structure they find themselves within; and supports claims that participation improves psychosocial health outcomes and can assist in reducing anxiety (Diprose, 2016). But the data also suggests a need to refine theory to consider how participation shapes social network formation.

Furthermore, through this analysis three key considerations for future research can be presented:

- a. timebanking participation generates different network structures depending on how people participate;
- b. different network structures mean different health outcomes and;
- c. this may be gendered.

The case studies have suggested a possible gendered distinction based on the data gathered. This is not to suggest men do not, or cannot, enter solidaristic networks *per se*. Rather it suggests that men, generally, develop social networks differently to women, orientated towards publicly useful work/activity (Franklin et al, 2019).

Timebanking may facilitate this but the nature of this activity (less frequent than more socially orientated, weekly activities) may limit the ability of male participants to foster dense networks. Attempts to enter into new methods of network formation may result in feeling excluded (as with Harry) or being part of the wider group, but not the sub-group (Mike not being identified as “one of the girls” by Pauline). This is not to say health benefits are not experienced by men, rather that the breadth offered by solidaristic networks is not apparent.

Future timebank research should give greater awareness of social network theory but also gendered experiences of participation and loneliness to better appraise the inclusivity of timebanking. Members of the timebanks do perceive improvements in their wellbeing linked to feelings of self-worth and pride resulting from their local change but the picture is more complex than currently presented.

Bibliography

Alford, J. (2002). "Defining the Client in the Public Sector: A Social-Exchange Perspective." *Public Administration Review* May/June 62(3): 337-346.

Abbott, S. (2010) Social capital and health: The role of participation; *Social Theory & Health* 8, 51–65

Beresford, P. (2010). Service users and social policy: developing different discussions, challenging dominant discourses; *Social Policy Review* 22: *Analysis and debate in social policy*; in I. Greener, C. Holden and M. Kilkey. Bristol, Policy Press. Pp227-252

Bevir, M., Needham, C. and Waring, J. (2019) 'Inside co-production: ruling, resistance, and practice', *Social Policy and Administration*, early view.

Bickerdike, L., A. Booth, P. M. Wilson, K. Farley and K. Wright (2017). "Social prescribing: less rhetoric and more reality. A systematic review of the evidence." *BMJ Open* 7(4): e013384.

Bouchard, L., Roy, J.-F. and van Kemenade, S. (2006) An analysis of social capital and health using a network approach findings and limitations. *Horizons* 8(2): 71–74.

Bovaird, T., Van Ryzin, G. G., Loeffler, E. and Parrado, S. (2015) "Activating Citizens to Participate in Collective Co-Production of Public Services," *Journal of Social Policy*. Cambridge University Press, 44(1), pp. 1–23.

Boyle, D. (No Date) The Co-Production Principle and Time Dollars. Retrieved on 1st October 2007 from: <http://www.timebanks.org/documents/Co-ProductionPrinciple.pdf>

Boyle, D. and Bird, S. (2014) *Give and Take: How timebanking is transforming healthcare*. Gloucester: Timebanking UK

Burawoy, M. (1991a) The Extended Case Method; in Burawoy, M., Burton, A., Arnett Ferguson, A., Fox, K.J., Gamson, J., Gartell, N., Hurst, L., Kurzman, C., Salzinger, L., Schiffman, J. and Ui, S. (eds.) *Ethnography unbound : power and resistance in the modern metropolis*. Berkeley, CA: University of California Press pp. 271-287

Burgess, G., & Durrant, D. (2019). Reciprocity in the Co-Production of Public Services: The Role of Volunteering through Community Time Exchange? *Social Policy and Society*, 18(2), 171-186

Cabinet Office (2010) *Giving White Paper*. London: The Stationery Office Limited.

Cahn, E. (2000) *No More Throw-Away People: The Co-production Imperative*. Washington, D.C: Essential Books

Campbell, C., Wood, R. and Kelly, M. (1999) *Social Capital and Health*. London: Health Education Authority.

Carlson, P. (2004) 'The European health divide: A matter of financial or social capital?'; *Social Science and Medicine* 59: pp.1985-1992

Castleden, M., M. McKee, V. Murray and G. Leonardi (2011). "Resilience thinking in health protection." *Journal of Public Health* 33(3) pp.369-377

- Cattell, V. (2011) *Poverty, Community and health: Co-operation and the Good Society*. Hampshire: Palgrave Macmillan
- Chappell, N.L., Funk, L.M. (2010) Social Capital: Does it Add to the Health Inequalities Debate? *Social Indicators Research* 99, 357–373
- Charmaz, K. (2006) *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*, London: Sage Publications Ltd.
- Collom, E. (2008) Engagement of the Elderly in Time Banking: The Potential for Social Capital Generation in an Aging Society; *Journal of Aging & Social Policy* 20(4) pp.414-436
- Department of Health (2010) *A vision for adult social care: Capable communities and active citizens*. London: Department of Health
- De Silva, M. J., Huttly, S. R., Harpham, T. Kenward, M. G. (2007) 'Social capital and mental health: A comparative analysis of four low income countries'; *Social Science and Medicine* 64 pp.5-20
- D'Hombres, B., Rocco, L., Suhrcke, M. and McKee, M. (2010) 'Does social capital determine health? Evidence from eight transition countries', *Health Economics*, 19 pp.56 – 74
- Diprose, G. (2016). Negotiating interdependence and anxiety in community economies. *Environment and Planning A: Economy and Space*, 48(7), 1411–1427

- Durose, C., Needham, C., Mangan, C. and Rees, J. (2017) 'Generating 'good enough' evidence for co-production', *Evidence and Policy*, 13 (1) pp 135-151.
- Elliott, E., Harrop, E., Rothwell, H. M., Shepherd, M. and Williams, G. (2010) *The Impact of the Economic Downturn on Health in Wales: A Review and Case Study*. Working paper 134. Published by Cardiff School of Social Sciences Cardiff University, Cardiff CF10 3WT.
- Ellison N. (2011) The Conservative Party and the 'Big Society'; in C. Holden, M. Kilkey and M. Ramia (Eds.) *Social Policy Review 23: Analysis and debate in social policy*. Bristol: Policy Press, 45 - 62.
- Franklin, A. Barbosa Neves, B, Hookway, N, Pautlly, R., Tranter, B., and Jaworski, K. (2019) 'Towards an understanding of loneliness among Australian men: Gender cultures, embodied expression and the social bases of belonging', *Journal of Sociology*, 55(1), pp. 124–143.
- Fiorillo, D. and Sabatini, F. (2011a) *Quality and quantity: the role of social interactions in individual health*. The University of York: Health, Econometrics and Data Group Working Paper 04/11.
- Fiorillo, D. and Sabatini, F. (2011b) *Structural social capital and health in Italy*. The University of York: Health Economics and Data Group Working Paper 11/23.
- Flyvbjerg, B. (2006) Five Misunderstandings About Case Study Research. *Qualitative Inquiry* 12: pp.219-245
- Folland, S. (2007) 'Does "community social capital" contribute to population health?'; *Social Science and Medicine* 64(11) pp.2342-2354

Glasby, J., Miller, R. and Lynch, J. (2013) 'Turning the welfare state upside down?'

Developing a new adult social care offer. Birmingham: Health Management Centre, University of Birmingham.

Glynos, J. and E. Speed (2012). "Varieties of co-production in public services: time banks in a UK health policy context." *Critical Policy Studies* 6(4): 402-433.

Gregory, L (2012a) 'Local People rebuilding their communities – an exploration of Welsh time banking'; *Contemporary Wales* 25 pp. 40-57

Gregory, L. (2012b) 'Time and Punishment: a comparison of UK and US time bank use in criminal justice systems'; *Journal of Comparative Social Welfare* 28 (3) pp.195-208

Gregory, L. (2014) 'Resilience or Resistance? Time banking in the age of austerity'; *Journal of Contemporary European Studies* 22 (2) pp.171-183

Haines, V. A, Beggs, J. J. and Hulbers, J. S. (2002) Exploring the Structural Contexts of the Support Process: Social Networks, Social Statuses, Social Support, and Psychological Distress; *Advances in Medical Sociology* 8 pp.269-92

Haines, V. A., Beggs, J. J. and Hurlbert, J. S. (2011) 'Neighborhood Disadvantage, Network Social Capital, and Depressive Symptoms', *Journal of Health and Social Behavior*, 52(1), pp. 58–73.

Hammersley, M. and Atkinson, P. (2007) *Ethnography: Principles in Practice*, Oxon: Routledge.

- Hayashi, M. (2012) 'Japan's *Fureai Kippu* Time-banking in Elderly Care: Origins, Development, Challenges and Impact' *International Journal of Community Currency Research* 16 (A) 30-44
- James, S. (2005) *The Impact of Co-Production on People Outside of Paid Work*. Rhondda: Wales Institute for Community Currency
- Jenkinson, C., Dickens, A.P., Jones, K., Thompson-Coon, J., Taylor, R.S., Rodgers, M., Bambra, C.L., Lang, I. and Richards, S.H. (2013) Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers; *BMC Public Health* 13(1) pp.773-783
- Kawachi, I. and Berkman, L. (2001) 'Social ties and mental health', *Journal of Urban Health*, 78(3) pp.458-467
- Kvale, S. (1996) *InterViews*. London: Sage.
- Lee, C., G. Burgess, I. Kuhn, A. Cowan and L. Lafortune (2020). "Community exchange and time currencies: a systematic and in-depth thematic review of impact on public health outcomes." *Public Health* 180: 117-128.
- Lister, R. (2011). The age of responsibility: social policy and citizenship in the early 21st century; in *Social Policy Review 23: Analysis and debate in social policy*. C. Holden, M. Kilkey and M. Ramia (Eds.) Bristol, Policy Press: 63-84.
- McKenzie, K., Whitley, R.O.B. and Weich, S. (2002) 'Social capital and mental health'; *The British Journal of Psychiatry*, 181(4) pp.280-283
- Miller, E.J. (2008) *Both Borrowers and Lenders: Time Banks and the Aged in Japan*. Unpublished PhD Thesis Australian National University.

- Moore, S., Daniel, M., Gauvin, L. and Dubé, L. (2009) 'Not all social capital is good capital'; *Health and Place*, 15(4) pp.1071-1077
- Needham, C (2008) 'Realising the Potential of Co-production: Negotiating Improvements in Public Services ', *Journal of Social Policy and Society* 7:2, pp. 221-31
- Nieminen, T., Prättälä, R., Martelin, T., Härkänen, T., Hyypä, M.T., Alanen, E. and Koskinen, S. (2013) Social capita, health behaviours and health: a population-based associational study; *BMC Public Health*. 13 pp.613-624
- Ormsby, J., M. Stanley and K. Jaworski (2010) 'Older Men's Participation in Community-based Men's Sheds Programs', *Health and Social Care in the Community* 18(6): pp.607–13.
- Pevalin, D.J. and Rose, D. (2003) *Social Capital for Health. Investigating the Links between Social Capital and Health Using the British Household Panel Survey*. London: Health Development Agency
- Poortinga, W. (2011) Community resilience and health: The role of bonding, bridging, and linking aspects of social capital; *Health & Place* 18 pp.286-295
- Patulny, R. (2013) 'Don't Be Fooled, Loneliness Affects Men Too', *The Conversation* 11 July.
- Putnam, R.D. (2001) *Bowling Alone*. New York: N.Y.: Simon & Schuster Paperbacks.
- Rostila, M. (2011) A resource-based theory of social capital for health research: Can it help us bridge the individual and collective facets of the concept? *Social Theory & Health* 9, 109–129

Sanjek, R. (Ed.) (1990) *Fieldnotes: The Makings of Anthropology*. Cornell University:

Cornell University Press

Sennett, R. and Cobb, J. (1993) *The Hidden Injuries of Class*, New York, W.W.

Norton.

Seyfang, G. (2001a) 'Community currencies: small change for a green economy';

Environment and Planning A 33 Pp. 975 - 996

Seyfang, G. (2001b) 'Spending time, building communities: evaluating time banks

and mutual volunteering as a tool for tackling social exclusion'; *Voluntary*

Action 4 (1)

Seyfang, G. (2003) "With a little help from my friends." Evaluating time bank as a

tool for community self-help'; *Local Economy* 18 (3) Pp. 257-264

Seyfang, G. (2004b) 'Time banks: rewarding community self-help in the inner city';

Community Development Journal 39 (1) pp. 62-71

Seyfang, G. (2004a) Working outside the box: Community currencies, time banks

and social inclusion; *Journal of Social Policy* 33 pp.49-71

Seyfang, G. (2006a) 'Harnessing the potential of the social economy? Time banks

and UK public policy'; *International Journal of Sociology and Social Policy* 26

(9/10) pp. 430-443

Seyfang, G. and Smith, K. (2002) *Using Time Banking for Neighbourhood Renewal*

and Community Capacity Building. London: New Economics Foundation

Simon, M. (2003) *A fair share of health care: Time Banks and Health*. Available at:

<http://www.timebanking.org/documents/Publications/A-Fair-Share-of-Health-Care.pdf>

Smith, K. (2013) *Beyond Evidence Based Policy in Public Health: The interplay of ideas*. Hampshire: Palgrave Macmillan

Spradley, J. (1979) *The Ethnographic Interview*. New York: Holt, Rhinehart and Winston

Stokes, J. and Levin, I. (1988) Gender Differences in Predicting Loneliness From Social Network Characteristics; *Journal of Personality and Social Psychology*. 51(5) pp.1069-1074

Thomas, G. (2011) A typology for the case study in social science following a review of definition, discourse and structure; *Qualitative Inquiry* 17: pp.511-521

Viswanath, K., Randolph Steele, W. and Finnegan Jr, J.R. (2006) 'Social Capital and Health: Civic Engagement, Community Size and Recall of Health Messages'; *American Journal of Public Health*, 96(8) pp.1456-1461

Wanberg, C.R., Kammeyer-Mueller, J.D. and Shi, K. (2002) 'Job loss and the experience of unemployment: International research and perspectives'; in Anderson, N., Ones, D.S., Sinangil, H.K. and Viswesvaran, C. (Eds.) *Handbook of industrial, work and organizational psychology, Volume 2002: Organizational psychology*. Thousand Oaks, CA: Sage pp.253-269

Warne, T., and Lawrence, K. (2009) *The Salford Time Banking Evaluation: A report for Unlimited Potential, formally known as the Community Health Action Partnership*. Salford: The University of Salford.

Wilkinson, R. and Pickett, K. (2010) *The Spirit Level: Why Equality is Better for Everyone*. London: Penguin Books

Yin, R.K. (2009) *Case Study Research: Design and Methods*. London: Sage Publications Inc