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EXECUTIVE SUMMARY

As long-term supports and services (LTSS) increasingly favor home and community-based approaches, the need for family caregivers and community supports becomes significant. The resource limitations of Hawai’i’s aging and disability networks, coupled with the growing older adult population, increase the urgency for innovative care approaches that consider outcomes for both the care provider and recipient. Explored in detail throughout this report, timebanking is a community exchange approach widely used to co-produce public services and social care. The purpose of this paper was to explore the feasibility of developing a timebank system in Hawai’i’s Aging Network to supplement formal LTSS and provide a source of community-based respite to caregivers. The major themes—such as the common service exchanges among timebank members, among others—in the ensuing analysis suggest the need to adopt a broadened view of respite that utilizes a family-focused framework. This broadened view of respite will target families’ social determinants of health needs when developing respite approaches for Hawai’i’s communities. Furthermore, partnerships with the LTSS providers of Hawai’i’s aging and disability networks, and integration with the Aging and Disability Resource Centers (ADRC) will increase the impact and utility of a respite-focused timebank. Although not widely considered a public health intervention, timebanks are a community-based participatory approach that have demonstrated quality of life outcomes across diverse communities.

The interest in utilizing a timebanking system in Hawai’i was established in 2005, as documented in Senate Bill 1021 (2005). The Executive Office on Aging (EOA) was awarded a grant in July, 2011 by the Administration on Aging (AoA)/Administration on Community Living (ACL) through the Lifespan Respite Care Act, which was authorized by Congress in 2006 and which has since enabled evaluations into Hawai’i’s respite care system. Additionally, in 2013 EOA received a grant from the Corporation for National and Community Service (CNCS) enabling the recruitment of two AmeriCorps VISTA members to increase the capacity of the project. In 2013, House Concurrent Resolution 76 and Senate Resolution 77 were enacted during the Twenty-Seventh Legislature; these resolutions acknowledged the need for a feasibility study to explore timebanking as a sustainable alternative currency system to strengthen Hawai’i’s respite care system.

Throughout the past year, and made possible through the supports and resources shared, the Lifespan Respite Program has conducted focus groups, key informant interviews, community conversations, and an extensive literature review on timebanking; the following 9 recommendations conclude the program’s investigation:

1. A timebank pilot project is recommended through Hawaii’s Aging and Disability Resource Center (ADRC), with a limited scope of services in a geographic area rich with existing pluralistic community networks;
2. Hawai‘i’s Aging Network should operationalize a broadened definition of respite services;
3. In addition to traditional timebanking outcome measures (i.e., demographics, participation rates, services exchanged, etc.), analyses of the pilot should seek to capture the unique intention of the project to elicit respite-related outcomes, leveraging data obtained through evidence-based assessment tools (such as Inter-RAI and TCARE) for caregivers and families through the timebank system, and applicable cost-savings when compared to traditional services;
4. A timebank pilot project that engages an existing volunteer organization within Hawai‘i’s Aging Network is suggested. Likewise, the cultivation and development of community partnerships during planning and implementation will enable the success of the pilot project;
5. All timebank participants should be required to attend an orientation and training session upon joining the timebank;
6. Adoption of timebank exchange models that complement Hawai‘i’s local culture;
7. Ongoing public education is recommended, with a focus on community co-production approaches to meet broadened caregiver respite needs (within a family focused framework); and, focus on evolutionary rather than episodic change;
8. To ensure the sustainability of the timebank, this study suggests the timebank employ a timebank coordinator; and,
9. It is recommended that the Lifespan Respite Network be activated as the timebank advisory board to assist in planning and implementation of a timebank pilot project.
I. INTRODUCTION

In Hawai‘i, in 2009, there were approximately 247,000 caregivers who were providing care to older adults and 12,000 grandparents who were caring for their grandchildren (Feinberg, Reinhard, Houser, & Choula, 2011). Although we do not have an exact evaluation of caregivers providing care to persons with disabilities, we estimate that 11% of Hawai‘i’s population is caring for a person with a disability (based on the U.S. Census population estimate of disability status). The resource limitations of Hawai‘i’s aging and disability networks, coupled with the growing older adult population, suggests a growing dependence on family caregivers and the need to support the care they provide.

Tasks that often are done through the assistance of caregivers, according to AARP, “home and community-based long-term services and supports” (LTSS), refer to assistance with activities of daily living (ADLs) such as bathing, dressing, and using the toilet, and instrumental activities of daily living (IADLs) such as shopping, managing money, and doing laundry, which help people with cognitive and functional limitations remain living in their homes (Kassner, 2006). Trends in long-term care have shifted from institutional services to home and community-based LTSS; because they are more cost-effective and better address the preferences of those receiving care (Centers for Medicare and Medicaid Services, n.d.). Yet, as Americans live longer, and with higher rates of chronic conditions and disabilities than ever before, the health and social care needs of older adults are becoming increasingly complex (Feinberg et al., 2011). LTSS rely heavily on family caregivers who supplement the care of formal service providers; however, despite positive effects on care providers and recipients, caregiving can induce emotional, physical, and financial stress that can threaten the health and employment of caregivers. The Congressional Budget Office (2013) estimated that the 2011 value of care provided by informal caregivers was approximately $234 billion nationwide (this value didn’t account, however, for potential lost wages for caregivers who were employed). The value of caregiving is estimated to be substantially higher than the 2011 total U.S. payments for LTSS (two-thirds of which was covered by the two major government health care programs, Medicaid and Medicare), which were valued at $192 billion (CBO, 2013). The economic benefits associated with services that support and sustain informal caregivers are evident.

The majority of the aging network and formal service programs in the U.S. focus on providing LTSS to older adults; few programs and interventions target family caregivers, and those that do primarily focus on the social and psychological dimensions of caregiving. Respite care is an LTSS that enables planned or emergency care to an individual with special needs in
order to provide temporary relief to unpaid family caregivers from their ongoing responsibilities (ARCH, 2013). Respite care is funded largely through the authorization of the Older Americans Act (OAA), which is administered through each state’s aging network and targets services to those who are most at risk for institutional placement or in the most economic need (AoA, n.d.). Respite is an important component of successful caregiving and the largest unmet need that caregivers express (National Alliance for Caregiving & AARP, 2009). An inventory of Hawai’i’s respite care services in 2008 identified several gaps including a lack of transportation to and from respite sites, and prohibitive costs that restrict accessibility to respite providers (Yancura, 2008).

With limited funds to meet the social service needs of older adults, and respite needs of caregivers, alternative mechanisms for financing and delivering these services have interested policymakers and service providers. Only recently, as the early baby boomers approach retirement, has family caregiving started to emerge as a public health issue (Talley, 2007). The advent of new and diverse caregiving contexts suggest the need for systemic public health interventions, a reconceptualization of family caregiving and sustainable systems within the aging network and formal service programs that can facilitate support to those providing care. Timebanking is explored throughout the following report as an exchange system possible of eliciting respite outcomes through community participation. We explore ways that the aging network and service providers may consider the provision of services and supports that look at a caregiver’s social determinants of health, which are best described by the World Health Organization (WHO) as “the conditions in which people are born, grow, live, work and age, including the health system” (as cited in Institute For Alternative Futures, 2012, p. 9).

The following report explores timebanking as a scheme that may complement the public and private LTSS systems of Hawai‘i, and more specifically, as a system that looks at alternative supports that may elicit respite outcomes for caregivers and those who provide care to another person in Hawai‘i. After an overview of timebanking and its theoretical foundations, feedback gained through focus groups and key informant interviews will be shared to consider the feasibility of timebanking for Hawai‘i, with a specific focus on caregiver and family respite needs. The report will conclude with recommendations for a pilot project, tentatively planned to begin in summer 2014, through partnerships between the Lifespan Respite Network, Executive Office on Aging (EOA), Maui County on Aging (MCOA) and Disability Resource Center (ADRC), Na Hoaloha, and Project Dana.
II. THEORETICAL FOUNDATION OF TIMEBANKING

WHAT IS A TIMEBANK?

According to Cahn and Rowe (1992), a timebank is a community exchange network, where services, and occasionally goods, are exchanged for time, rather than money. Members list their needs and offerings on a shared space, such as a newsletters or website, and connect with members who can fulfill their needs. Members negotiate the details of their own exchanges; however, the value of every service is quantified in “time dollars” and is based on the amount of time it takes to complete. Thus, one hour of service provided earns a timebank member one “time dollar,” regardless of the type of service provided. Time dollars can be used to purchase services from other members, saved for future needs, or donated to other members who cannot earn their own time dollars. The services exchanged are based on the skills and talents of the community. Timebanking employs an egalitarian perspective where one time dollar is equivalent to one hour of service; thus everyone’s skills are valued equally. Unlike traditional bartering, timebank exchanges are not limited to two people at a single point in time; in fact most of the trades are multilateral and relationships may extend over long periods of time. In timebanking, every member is able to give and receive from the community. Everyone, their time and their skills, are of equal value (Cahn & Rowe, 1992).

In timebanking, the universal exchange rate of one hour for one time dollar generates a mindset where social benefits, in addition to economic benefits, can be realized. Timebanking is not a comprehensive solution, and its efficacy relative to other respite schemes must be explored; however, timebanks would enable public health practitioners and communities to identify, address, monitor, and evaluate caregiving issues, enhancing the LTSS system’s infrastructure through community participation. Throughout this report, the application of timebanking—a service exchange system rooted in co-production—is explored as a system that may complement publicly funded long-term services and supports (LTSS).

HISTORY OF TIMEBANKS AND COMMUNITY CURRENCY SYSTEMS

Timebanking is the invention of law professor Edgar Cahn, who recognized the need for a core economy system parallel to the mainstream economy that would bring value to the unpaid mutual support of community members (Cahn & Rowe, 1992). Timebanks are one of several types of community currency systems that emerged in the 1980’s in response to inadequate funding for social services. Other types of community currency systems, including Local Exchange Trading Schemes (LETS) and Hours, are conceptually similar, but often less formal, and less successful than timebanks. In contrast to timebanking, these systems use a variety of currencies, including paper scripts and service credits, which are pegged to national currencies in the market economy. Community currency systems are well established in the
CO-PRODUCTION: THEORETICAL FOUNDATION OF TIMEBANKING

For the purposes of this report, the focus of co-production is within the area of public service provision and is described as “public services that rest on an equal and reciprocal relationship between professionals, people using services, their families and neighbors” (Boyle, Slay, & Stephens, 2010, p. 3).

In December 2009, a partnership in the U.K. between the New Economics Foundation (nef) and National Endowment for Science Technology and the Arts (NESTA), a public services innovation lab, produced a series of three discussion papers from co-production practitioners and presented evidence that suggests the potential for better outcomes through a reform of public services, which involved offering co-production as a more effective, efficient, and sustainable approach to providing many services needed and unmatched by current service provision schemes (Boyle, 2011).

A similar movement, driven largely by members of the New Economy Coalition, has also been established in the U.S., but with a broad focus on economic models that restore political and economic power to society in an effort to promote ecological health and well-being (New Economy Coalition, n.d.). The rationale for society to invest in alternative approaches to financing and addressing social problems is best described by Edgar Cahn (as cited in Fisher, 2011):

No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe, care for the elderly, make democracy work or address systematic injustices... The only way the world is going to address social problems is by enlisting the very people who are now classified as ‘clients’ and ‘consumers’ and converting them into co-workers, partners and rebuilders of the core economy. (p. 6).

Strong governmental support has progressed the U.K.’s co-production movement. Highlighting this support was the government funding from the U.K.’s Department of Trade and Industry, which enabled the London Business School and the NEF to collaborate and introduce the Social Return on Investment (SROI) Primer to measure social outputs, outcomes and impacts, using the SROI approach to valuing some social impacts in monetary terms (examples found in subsection E, Economic Benefits, found in section III of this report).

The government support for public service innovation in the realm of co-production is visible. The U.K. Coalition Government’s first policy statement on social care in their forward, A Vision on Adult Social Care (2010), argued: “Care must again be about reinforcing personal and
community resilience, reciprocity and responsibility to prevent and postpone dependency and promote greater independence and choice.” (p. 5). Subsequently, research—especially in the area of demonstrating social impacts in monetary terms—and public service innovation in the U.K. are largely driving the co-production movement and its analysis worldwide. What’s more, the New Economic Foundation found that investing £1 (or $1.63) in community development delivers £3 (or $4.90) in social value (Wilton, 2012).

THE APPLICATION OF CO-PRODUCTION TO PUBLIC SERVICES

The application of co-production to public services dates back to the U.S. Nurse Home Visiting Program, started in New York, Memphis and Denver in 1977 and which has since demonstrated that the program (which pairs nurses with mothers—mainly vulnerable first-time teenage mothers—to support needs by engaging the abilities of many families the nurses are working with, and their neighbors, to provide these mothers with a strong network of support) can save a significant amount of money (Boyle et al., 2010). One of the long-term goals of the U.S. Nurse Home Visiting Program is to build mutuality more explicitly into the program, so that parents can begin to support each other more (Boyle et al., 2010). In a discussion by Boyle et al. (2010) on the Nurse Home Visiting Program, they reveal the program saves...

...between $2.88 and $5.70 [from] future public expenditure across health, criminal justice and social support services, and the savings are greatest for those defined as ‘high-risk’. It was identified as the most cost-effective child welfare and home visiting [program] in a study by Washington State Institute for Public Policy. Many of these cost savings come from effectively cutting child abuse and neglect. But the overall costs of running the [program] are saved by the time the children are four through reduced health service use, reduced welfare use and the increased earnings of the mother. The biggest long-term savings are because both mother and child tend to be less involved with the criminal justice system. These are indicators of significant change that impacts across a lifetime and between generations. (p. 8)

The Nurse Home Visiting Program has been so successful that President Obama has included the program in his health budget initiatives and it has caught on in the U.K., where the program spread to 3,000 families in the first three years of operation (Boyle et al., 2010). According to one nurse in the U.K. program (Boyle et al., 2010),

We have had to look more closely at what engagement means – what a purposeful relationship means between a nurse and a client that can really make change happen... We have come to understand this about [behavior] change. People have what they need within them. People can only change themselves. (p. 7)
TIMEBANKING AND THE CORE ECONOMY

The previous example illustrates the lasting impact of co-production on communities to suggest the need for a new culture of interdependency within our community that co-produces as a way to support collective needs. The national movement toward participant-directed programs and person-centered care is an acknowledgement of the need for a co-production approach in LTSS service development.

Stepping outside the market economy (i.e. monetary economy), “time dollars” create an alternative currency to support supply and demand within the “core economy.” The “core economy” is based on the premise that every person can be a part of the needed “supply;” timebanking rewards contributory assets shared through skills and services with a new currency- “time dollars.” The “core economy” also looks at redefining productivity to include social as well as economic contributions, largely looking to families and communities as the greatest and undervalued (and unpaid) contributors. Many of the tasks that families provide to care for one another are not valued in monetary terms and are therefore not recognized in the market economy; if one were to value the monetary cost of caregiving, for example, the most recent estimate by AARP in 2009 projected that the economic value of unpaid and informal caregiving for older persons (which speaks only to the care provided by a fraction of caregivers in our communities) to be $450 billion (Feinberg et al., 2011).

Market economy demands (e.g., services ranging from professional case management for LTSS to car payments) are met by market resources (i.e. money), whereas core economy demands have the capability to be met with community resources. Core economy demands may include services, for example transportation to a doctor’s appointment or home repairs, which are expensive in the monetary economy. As a result of supporting the core economy through the engagement of assets within families and communities via the exchange of “time dollars,” timebanking increases the ability for families to absorb market economy demands that are unable or difficult to engage in the core economy. Lee Gregory (2012) notes, “Both market and core economies complement each other and work in unison.” (p. 16).

Timebanking applies a co-production approach to meeting core economy demands with an alternative currency that doesn’t compete with or entirely replace monetary demands; as such, this report does not intend to suggest that a timebanking system will replace the need for formal long-term services and supports (LTSS), but rather that it may help families with their market economy needs and thereby extend the ability to live in their communities.

TIMEBANKS AND LTSS SERVICE INNOVATION
At a time of budget challenges and limits to public funding for long-term services and supports (LTSS), coupled with the difficulty for families to absorb the costs of long-term care that, in Hawai‘i, are the highest in the nation at a median annual cost of $145,000, we are challenged to consider innovative and effective systems to meet increasing community needs (Eifling, 2014). Community care is often individual preference; aside from formal LTSS (which are often too expensive for families to afford in the private market and too limited in the public market to cover all care needs), this is enabled through the support of un-paid or informal caregivers.

Recognizing the need for innovation in LTSS, in 2009 the Administration on Aging (AoA) awarded fourteen organizations across the United States, Community Innovations for Aging in Place grants, which called for innovative strategies to providing and linking older individuals to programs and services that provide comprehensive and coordinated health and social services to older individuals and support aging in place (Administration on Aging, 2014). The City of Montpelier, Vermont, received one of the AoA grants which enabled the Rural Elder Assistance for Care and Health (REACH) Care Bank, a network of people and organizations coordinating multiple avenues of mutual support (Administration on Aging, 2014).

The goals specified in the grant for the REACH Care Bank included: (1) increase vulnerable elders’ ability to stay in their communities; (2) expand services for elders, especially low-income rural elders, foster behaviors that sustain health, independence, and interconnection; (3) increase ratios of community based and paid services; (4) improve social, physical and mental wellbeing for elders and caregivers; (5) improve community resilience, economic empowerment and livability; and, (6) demonstrate viability of the REACH Care Bank model for aging (Administration on Aging, 2014). The success of the project is evident through the REACH Care Bank’s integration within a community timebank in Montpelier, Vermont-Onion River Exchange- in October 2012 (Onion River Exchange, 2014). Onion River Exchange’s timebank currently has over 700 members, offering LTSS services such as transportation and respite to yard work and piano lessons (Onion River Exchange, 2014).

REDEFINING RESPITE: FAMILY-FOCUSED FRAMEWORK

Respite care has been defined as a LTSS service that enables planned or emergency care to a child or adult with special needs in order to provide temporary relief to [unpaid] family caregivers who are caring for that child or adult (ARCH, 2013). As mentioned earlier, respite care is the largest unmet service need shared by caregivers (National Alliance for Caregiving & AARP, 2009). Looking at LTSS within Hawai‘i’s Aging Network, the report put forward supports a broad application of respite needs – [looking at social determinants of health] - to include
consideration that services are most effectively provided within a family-focused framework (Canadian Healthcare Association, 2013).

A family-focused framework makes services available to support the entire family, including the primary family caregiver, the care recipient, and other family members or informal supports directly involved in caring for a child or adult with special needs (Canadian Healthcare Association, 2013). Respite care services can be designed to meet the therapeutic needs of the care recipient; offer opportunities to develop the care recipient’s social, recreational and life skills; strengthen families by reducing stress and ultimately improving long-term functioning of both caregivers and care recipients; and, maintain or enhance the quality of life for families who are caregiving (Canadian Healthcare Association, 2013).

This perspective is similar to that of U.S. crisis nurseries, described by the ARCH National Resource Center for Crisis Nurseries and Respite Care Services (1993) as operating under the belief that “Families operate as part of a total system... [noting that a family support approach is based on several precepts, including:]... Children cannot be viewed as separate from their families, nor can families be viewed separately from their communities, their cultural heritage, or the society at large. Decisions made on behalf of children must take into account the ways in which these various systems are interconnected... [Supporting] them in their movement towards health and self-reliance.”
III. TIMEBANK LITERATURE REVIEW

The next sections summarize the findings from a literature review on timebanking in five categories: A) core values of timebanking, B) timebank structures and organization, C) timebank members, D) timebank participation, E) timebank benefits and impacts.

A. CORE VALUES OF TIMEBANKING

Timebanking is a practical tool for the application of co-production and an innovative way to supplement formal respite and caregiving services. Timebanking provides a space for the expression of critical community values that contrast those of our economic system. There are 5 “core values” that are central to timebanking (Cahn & Rowe, 1992):

- **Assets**: All timebank members, their skills, knowledge, and talents are viewed as community assets. Timebanking is a strengths-based approach and eliminates the perception of people as “problems”.

- **Redefining work**: Society fails to acknowledge any “work” outside of the mainstream economy. Timebanking provides a means of placing value on the informal services that are essential to our health and community revitalization.

- **Reciprocity**: The ability of timebank members to give and receive services fosters individual and community empowerment. Unlike traditional volunteering, where the “givers” and “receivers” are divided, timebanking encourages the collaboration of everyone. Reciprocity eliminates the discomfort associated with receiving “charity”, which volunteers may also perceive to be unappreciated. When people are given the opportunity to “earn” the help they need, they gain a sense of purpose in the community, and personal accountability (nef, 2001).

- **Social networks**: The development of strong social relationships is fundamental to the success of timebanks. When people trust each other they are more likely to support one another. Timebanks can also lead to the development of meaningful relationships, which are important to individual and community well-being.

- **Respect**: Respect is foundational to the success and sustainability of all community-based efforts. Timebanking is rooted in a highly egalitarian perspective; thus, the efficacy of the entire system is dependent on the mutual respect among all members.

*Cultural Implications of Timebanking*
As a value-based approach, timebanking may be appropriate for Hawai'i’s communities, especially in the context of family caregiving. According to McLaughlin and Braun (1998), the Asian and Pacific Islander (API) groups of Hawai'i, though highly diverse, tend to hold collectivist, rather than individualist cultural beliefs. Common to most of Hawaii’i’s ethnic groups are the belief in filial piety (the obligation for younger generations to care for older family members), the preservation of harmony (within the family and greater community), and the expectation to provide home care for elders despite the stress and burden it may put on the family (McLaughlin, & Braun, 1998).

In addition, the core values of timebanking resonate with several common Hawaiian values, such as kōkua (to help; provide assistance and relief), laulima (cooperation; group of people working together), lōkahi (unity; harmony), and hō‘ihi (to treat with respect) (as defined in Pukui & Elbert, 1986). Given the similarity between the core values of timebanking and the beliefs and preferences of Hawaii’i’s local culture, there is reason to believe that timebanking would be a culturally appropriate approach for the communities in the State of Hawai'i.

B. TIMEBANKS STRUCTURE AND ORGANIZATION

Timebanks are flexible and dynamic systems with a great deal of variety in structure and function. After 25 years of timebanking in the U.S., several studies have documented patterns in the development, structure, and organization of timebanks, common to those that survive and succeed. The information in this section is primarily guided by a national survey of 128 active timebanks in 2010 (Collum, Lasker, & Kyriacou, 2012) and the results of a timebanking feasibility study conducted in Minneapolis, Minnesota (Project for Pride in Living & Klatt, 2010).

**Timebank Models**

One way to categorize timebanks is by the types of members they include. The traditional person-to-person model involves exchanges between individual members. In the person-to-agency model, organizational members provide individual members with access to services, resources, or facilities, in exchange for volunteers who can provide administrative and operational support to the agency. The members who earn credits by volunteering through the organization can, but may not be, the members who utilize the organizations services. The person-to-agency model was pioneered in Wales by Timebanking Wales and Spice as a way to advance the co-production of agency-delivered services. The third model, agency-to-agency, permits the exchange of skills and resources between two or more organizations; and may or may not be part of a person-to-agency model (Timebanking UK, n.d.). The person-to-person model is the most basic and common type of timebank; however, hybrid models have been successfully used in various contexts.
Approximately half of the timebanks in the U.S. are embedded within organizations, while the others are stand-alone systems. The most common host organizations are community development organizations and health organizations; although less common, timebanks are also sponsored by city or state agencies and have also been housed in churches and schools. In addition to primary affiliations, 61% of timebanks in the US have partnerships with local businesses, non-profits, and universities (Collum et al., 2012). Timebank administrators reported that partnerships with other organizations were important to their success.

**Timebank Development**

Timebanks are generally grass-root efforts, initiated by community-minded individuals, advocacy groups, or community organizations. In a study of the structural and developmental issues associated with timebanking, Gregory (2009) found that the principle of co-production imposes a paradigm shift in social services, which must be embraced by the community and service providers in order to be effective.

Timebanking fosters the inclusion of formally excluded populations and the acknowledgement of social and ethical ideas that are traditionally suppressed in mainstream economic systems. Thus, some organizations are reluctant to adopt timebanking in fear that it might contrast organizational values and threaten leadership structures. However, Gregory (2009) concludes that timebanks do not need to be built to develop co-production, but that it is often a natural outcome; rather, timebanks are often used to pursue existing organizational outcomes and community goals. Perhaps the most attractive, accessible, and frequently-marketed feature of timebanking is its ability to develop social capital. Ultimately, timebank development should be driven by the community and guided by its existing culture and values.

**Administrative Support**

The administrative capacities of timebanks have significant effects on their survival. Forty-percent of timebanks reported having paid staff, which commonly includes one full-time “coordinator”, and a few part-time individuals (Collum et al., 2012). Administrative activities include processing member applications, providing new member orientations, updating the directory, maintaining the website, coordinating events, producing a newsletter, providing general member support, managing the budget, and time credit auditing. Having paid staff members is more common among timebanks embedded within an organization and amongst those that have existed for more than a few years. Timebanks without paid staff rely on members to perform administrative tasks in exchange for time dollars.

In terms of leadership, 51% of timebanks have an advisory board to make policy decisions (Collum et al., 2012). To apply a “true” co-production approach, timebanks must
involve community members in the designing, planning, and implementation of the timebank (Gregory, 2009). Some timebanks use online forums and member representatives to keep the community involved in the decision-making processes.

**Expenses and Resources**

The most common expenses for timebanks are salaries for paid staff, expenses related to marketing, software and website support. Forty-three-percent of timebanks had a formal budget. The mean total annual budget was $67,000; and ranged from $60 to $900,000 (Collum et al., 2012). Timebanks who are funded through grants and fundraising activities incur far more financial challenges than those who collect membership fees (Project for Pride in Living & Klatt, 2010). Twenty-percent of timebanks collected dues, and these systems were more likely to be stand-alone versions. Annual dues range from $5 to $50 dollars per person, with the majority asking for $25 (Collum et al., 2012).

An important revenue source for many Timebanks is the AmeriCorps VISTA program through the Corporation for National and Community Service (CNCS). The AmeriCorps VISTA program was created out of the Economic Opportunity Act of 1964, with over 8,000 volunteers mobilized nationwide, increasing the capacity of communities as they work to overcome issues related to poverty. Many timebanks engage AmeriCorps VISTA members, especially for member development. Possibly the largest AmeriCorps VISTA project through a timebank is the program through Hour Exchange Portland (HEP). HEP received an administrative grant through the CNCS that enabled HEP to recruit, interview, and place VISTA members at timebank sites across the country (Collum et al., 2012).

**Membership Size and Restrictions**

Some timebanks are open to everyone, while others restrict their membership to a particular group of people. Restricted memberships are common among timebanks that service older adults and have been linked to health plan subscriptions, residence in a retirement community, or participation in a community cooperative. While membership restrictions can help to funnel assistance to specific populations, many timebanks must also implement strategies to build their membership. In the United States timebanks have an average of 203 members, considering a membership range between 3 and 2,400 members (Collum et al., 2012).

Small memberships have the potential to increase engagement and the frequency of exchanges, and can also promote the development of meaningful relationships. In Japan, for example, some community currency systems intentionally limit exchange networks to 12 members because the types of services that are exchanged (i.e. caregiving for older adults)
require a high level of trust. On the other hand, large memberships increase the diversity of skills and services circulated and can increase members’ ability to receive the help they need. Lastly, large timebanks are likely to be more representative of the community and can foster relationships that will build social capital. The larger the timebank in a community, the more legitimacy and impact it is likely to have (Collum et al., 2012).

**Liability**

In their timebanking feasibility study, the Project for Pride in Living and Klatt (2010) found no timebanks that provided liability coverage to their individual or organizational members. Theoretically, the use of protective policies is unnecessary, as they could undermine the trust and goodwill on which timebanks operate. Thus, most timebanks encourage their members to clearly define the extent of their exchanges upfront to avoid any conflicts; essentially, participation is at members’ own risk. Yet, to maximize the utility of the timebanks, especially for older adults requiring transportation and home care, safety measures should be considered.

In a review of over 200 supplemental transportation programs using volunteer drivers across the U.S., one of the biggest challenges was risk management (The Beverly Foundation & AAA Foundation for Traffic Safety, 2001). The majority of the programs (79%) screened drivers and their cars, checking for insurance, the driver’s criminal history, and often testing driving skills; additionally, 62% of programs partnered with other organizations to provide driver training, including first aid, and sensitivity training for dealing with older adults and disabled individuals (The Beverly Foundation & AAA Foundation for Traffic Safety, 2001). The ability for older adults and caregivers to independently assess the qualification of other members and the safety of their vehicles is impracticable; therefore, systematic risk management procedures may be warranted.

**Tech Support**

Although some timebanks use a manual system for tracking exchanges and time dollar balances, most timebanks use online databases or software. The two most popular programs are “Community Weaver” and “Time and Talents,” which will be explored in more depth later in the report.

**C. TIMEBANK MEMBERS**

This section explores important components of membership including motivation, trends in membership demographics, and member recruitment. Careful consideration of
membership as a program process aspect of timebanking is important for both implementation and sustainability outcomes.

**Motivations for Joining Timebanks**

Few studies have looked specifically at motivations for timebanking; however, there is an abundance of applicable motivation research related to social movements, volunteering, and community currency use. Social movement participation studies suggest that involvement is strongly associated with utilitarian, social, and ideological motivations (Knoke, 1988). Alternatively, community currency system evaluations (particularly of international Local Exchange and Trading Systems) find that people are motivated by ideologies, altruism, and community-building (Caldwell, 2000). Numerous studies on volunteering reveal a wide range of motivations across demographics and various contexts; however, one motivating factor unique to volunteering is personal fulfillment (Collum et al., 2012).

Studies on motivations for timebanking report factors similar to those for traditional volunteering, but also reflect timebanks unique capacity for reciprocity. Through surveys and in-depth interviews conducted with three large time banks Collum et al. (2012) found that members were motivated by a combination of factors; namely, practical benefits (to receive help with daily tasks, to save money), ideological commitments (to act on my personal values, diversity, community engagement, social justice), altruism (the ability to help others), and social opportunities (to meet other people). As some factors were more significant than others between the three timebanks, it is likely that the motivation profiles reflected demographic differences in the memberships.

In one of the timebanks studied by Collum et al. (2012), which was restricted to older adults, there were notable motivation differences among people who identified as providers versus receivers. Providers joined to do something meaningful and to help others, while receivers joined to get help with essential needs (Collum et al., 2012). Unlike the other two timebanks, this one was designed to decrease social isolation; consequently, the members were also motivated by social opportunities (Collum et al., 2012).

In another study, Collum (2007) evaluated the motivations of members of a large (505-member) U.S. timebank, with no target population. A factor analysis of 30 motivation items revealed the needs and values reasons to have the highest mean scores; but the single most popular motivating factor was “to expand your purchasing power through an alternative currency” (Collum, 2007). Similarly in an evaluation of a broad membership timebank, Letcher and Perlow (2009) reported that members viewed the time bank as a type of social “‘insurance’ policy that gives [members] the confidence that help will be available to them in the future” (p. S294). In sum, the motivations for timebanking appear to be a mixture of practical and
ideological reasons. Nevertheless, regardless of the primary intentions of timebank members, the emphasis on reciprocity ensures that everyone can expect to gain a meaningful experience while giving, and, or receiving help.

Profile of Timebank Participants

To build on the research around why people join, the next section explores who joins timebanks. As many timebanks collect demographic data from their participants upon joining, most studies have been able to combine membership databases to compare demographic trends. Again, most of the current research related to U.S. timebanks has been conducted by Collum et al. (2012); thus, this section summarizes the findings of their national survey of 128 timebank coordinators, and their empirical review of the existing literature. The information in Table 1 summarizes the characteristics most relevant to timebank participation—gender, age, household type, education, employment, and health status—and the implication of participant trends for a timebank project in Hawai‘i. As evidenced below, certain populations gravitate toward, or are better able to participate in timebanks, while others populations may require additional support, incentives, or tailored messaging to embrace the concept.

Table 1. Profile of timebank participants

<table>
<thead>
<tr>
<th>Member Characteristic Trends</th>
<th>Data/ Implications</th>
</tr>
</thead>
</table>
| **Gender.** Timebanking involves caring activities; attracts female members; results in social benefits appealing more to women; and recruitment is through friendship networks, often homogenous by gender (Collum et al., 2012). | • Women are normally overrepresented in timebanks  
• Average U.S. timebank: 64% female (range: 5% to 100%) (Collum et al., 2012).  
• U.K. timebanks: 52% and 71% female (Seyfang, 2003)  
• Recruitment strategies may need to advertise roles for men: yard work, home repairs, or transportation to older adults |
| **Age.** The age composition of a timebank is driven by its mission, goals, and community demographics (Collum et al., 2012). The earliest timebanks were created to service older adults; many timebanks continue to attract members of “retirement age”. | • Average U.S. timebank: 25% of the members are over 60 years of age (Collum, et al., 2012)  
• No association between members’ age and self-reported frequency of exchange; older adults are as active as younger members (Collum, 2008)  
• Health benefits of timebanking associated with age (Collum, et al., 2012)  
• Middle-aged adults represent the largest age group in all volunteer sectors. Assuming that many of these adults... |
| Household Type. Timebank participation is dependent on “biographical availability” (i.e., the absence of personal constraints). People who are unmarried, living without children and unemployed have more discretionary time to participate in timebanks (Collum, 2005). | • Timebanks are more frequently found in college towns, cities with mobile populations, and in communities with older adults where the residents advocate for community-based care (Collum, 2005)  
- Older adults have few commitments that would restrict participation, but their ability to provide services may be limited by functional or cognitive impairments  
  - A community pot enable members to donate timedollars to less able member  
  - In Hawai‘i families may choose to earn timedollars on behalf of older adults |
| Education. In volunteer schemes educational attainment is the number one predictor of participation. Education increases political interest, cultural awareness, civic skills, and community consciousness (Collum, 2005). | • Studies of LETS suggest that the majority of the members are highly educated (Collum et al., 2012).  
- Timebanks may be especially attractive to students looking for experience, volunteer opportunities and access to living assistance  
  - Partnerships with universities should be explored; opportunities for students interested in gerontology should be advertised |
| Employment. The ability to economically empower the unemployed and underemployed through timebanking has been emphasized. Studies have found a wide range of employment rates across different timebanks. | • U.S. timebank studies: 34% to 69% of the memberships were part- or full-time employed (Collum et al., 2012)  
• Timebanks attract people with lower incomes (Collum et al., 2012)  
• Timebanking may help caregivers to maintain their employment and help families from having to pay for formal respite and LTSS. |
| Health. Poor health could prevent members from providing others with as much | • Providers are likely to be in better health than recievers  
• U.K. timebanks: 48% of the members were disabled or had long-term illnesses (Seyfang, 2003) |
help as they need.

- Missouri timebank: 33% of members reported “fair” or “poor” health (Collum et al., 2012).
- A timebank in Hawai‘i may be a feasible approach to promote successful aging

**Member Recruitment**

Although slightly different from motivations to participate, recruitment methods are strong determinants of who ends up joining timebanks. In a national survey of timebank coordinators, Collum et al. (2012) found that the most effective recruitment method was word of mouth, followed by advertisements in newspapers, presence at community events, and the Internet. Similarly, when members in their national survey were asked how they first heard about timebanking, approximately half said they heard about it from a neighbor, friend, or family member.

Thus, consistent with their design, timebanks are heavily dependent on existing social networks. According to social network analysis research, identifying and collaborating with the well-networked individuals in a community can help to spread the adoption of new ideas and behaviors (Collum, 2013). As previously mentioned, recruitment for a timebank in Hawai‘i, with a specific focus on eliciting respite outcomes for caregivers—may be enhanced through partnerships with LTSS providers, volunteer groups, interfaith communities, and schools.

**D. TIMEBANK PARTICIPATION**

The benefits of timebanking to individuals and communities are dependent on members’ level of engagement and frequency of participation; therefore, it is important for timebanks to monitor participation, and to evaluate whether their structure and policies enable the level of participation that result in desired outcomes. Most timebanks track and perform audits on their members’ exchanges by using a timebank software or database; however, few are able to perform comprehensive analyses unless they are embedded within an organization or have partnerships with groups that have the capability and interest in doing so.

Likewise, the data collection and analysis capacity of a timebank in Hawai‘i will be essential to its purpose of supporting caregiving families. The timebank should be embedded within an organization of Hawai‘i’s Aging Network that could provide routine analyses to inform system improvements, and recruitment and sustainability strategies. Further data integration options with Hawai‘i’s Aging Network, via the Aging and Disability Resource Centers, are considered in the discussion section of this paper.
The purpose of this section is to provide an overview of the ways timebank participation is quantified and measured. Few studies reported participation measures and methods beyond basic tracking, with the exception of Collum et al., (2012). The information summarized in Table 2 include findings from Collum and colleagues’ (2012) national survey of timebank coordinators, conducted in 2010, and case studies of two U.S. timebanks: Hour Exchange Portland (HEP) and Community Exchange (CE). Data from Collum’s (2013) evaluation of a timebank for older adults, Member to Member (M2M), is also included. The measures presented may inform the development of timebank objectives and evaluation measures, and the data provided could serve as a baseline or comparison point, until the timebank establishes its own baseline.

Table 2. Timebank participation measures

<table>
<thead>
<tr>
<th>Participation Measure</th>
<th>Definition and Description</th>
<th>Baseline Data</th>
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</table>
| Active Membership     | “Active” membership: number of people who made one exchange in past 90 days (Collum et al., 2012) | Average U.S. timebank:  
|                       | “Lifetime” membership: anyone who ever joined, whether they participated or not |  
|                       | Membership size correlated with age of the timebank |  
|                       | A “critical mass” of 50 members needed to provide adequate range of service options (Williams, 1996) |  
|                       | Membership growth: number of new members per quarter. | HEP: 36 new members per quarter |  
|                       | Dependent on recruitment strategies. | CE: 24 new members per quarter |  
|                       | Challenge: balancing recruitment activities to gain new members and timebank maintenance to retain current members (Collum et al., 2012) | |  
| Frequency of Exchanges| Frequency of exchanges:  
|                       | Total hours exchanged per quarter, across all members | HEP and CE: 1,900 total hours exchanged per quarter; or 21 hours exchanged daily |  
|                       | Or average number of hours exchanged per active member per quarter | HEP: 8.9 hours per active member per quarter |  
|                       | | CE: 11.2 hours per active |
- Measures strength of engagement
- Membership length associated with transaction frequency; it takes time for new members to reach the activity level of the average active member (Collum, 2013)

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| Ego Network Density and E-I Index | **Ego network densities**: measure the extent to which the members whom one exchanges with are exchanging with one another (Collum, 2013).  
  
  - Score of 0%: a member’s contacts have never exchanged with one another;  
  - Score of 100%: all of a member’s contacts have exchanged with one another.  
  - Measure of bonding social capital: the strength of relationships within a group (Collum et al., 2012).  
  
  **External-internal (E-I) index**: measures the extent to which participants exchange with members who are similar or different from them, based on categorized variables such as gender and age (Collum, 2013).  
  
  - Score ranges from -1 (all ties are within the member’s group) to 1 (all ties are external to the member’s group)  
  - Measure of bridging social capital: the strength of relationships between groups. | **M2M**: average network density of 28%; average E-I index score of 0.22.  
  
  (Interpretation: older adults are more likely to interact with individuals who are not connected to each other, and are receiving assistance mainly from non-elders) |

It is important to understand the earning and spending patterns of members to maintain an effective system; however little research exist on policies that prevent excessive debt or savings. Although debt is considered an incentive in timebanking, members with extreme negative balances are often accused of “using the system” and may have their accounts closed (Collum et al., 2012). On the other hand, there are certain members who enjoy providing services to others, accumulate lots of credit, and never spend them. To incentivize members to circulate their credits and prevent excessive accumulation, a Japanese community currency system assessed a 1% demurrage charge, per month, to positive account balances (Lietaer, 2004). The account balance data for HEP and CE, where less than 20% of members
have debt, demonstrate that timebanks are effective exchange schemes and contradict mainstream economic behavior where people attempt to maximize their profit while minimizing their investment.

It is also common for timebanks to have significant percentage of members with few total hours exchanged; timebank administrators believe that many people join timebanks in support of the idea, but find that they do not have time to participate or that they cannot find members who can provide the services they request (Collum et al., 2012). Consequently, it is important to monitor the needs and motivations of new timebank members to facilitate connections and inform recruitment efforts.

Lastly, periodic time credit auditing allows administrators to ensure that the perceived value of the time credits and participation in the timebank is maintained (Gregory, 2009); however, one of the biggest challenges cited by many timebank coordinators is that some participants do not log their hours. Overtime, the formal exchange of services become favors exchanged between friends or trusted neighbors, and thus the logging of hours becomes unnecessary (Lasker et. al., 2011). Perhaps the development of community relationships is one of the strongest outcomes of timebanking.

E. TIMEBANK BENEFITS AND IMPACTS

As timebanks transition from being community-based grass root projects, to being housed in community organizations, government agencies, and health care organizations, their ability to function as an “intervention” and to address specific community needs becomes more significant. Numerous studies have documented the individual- and community-level outcomes achieved through timebanking, which are unparalleled by formal services and other volunteer service schemes. Complex analyses have gone so far as to identify the demographic characteristics and types of motivations that predict various outcome categories. As interest in timebanking increases over time, researchers are developing a better understanding between predictors (e.g., assistance received through the timebank for transportation needs) and outcome variables (e.g., an increase in health status).

However, as mentioned throughout the preceding sections of the report, evaluation measures are in their infancy for timebanks, significantly limiting the outcome data available to those who are looking to best practices that will inform innovative timebank models within the provision of public services. The outcomes discussed in this section have been selected for their relevance in demonstrating the feasibility of timebanking, and where data is available, as evidence for timebanking as an effective respite care approach.

Economic Benefits
To our knowledge, few timebanks have attempted to quantify economic outcomes even though it is a strong motivating factor for members and a primary interest of government agencies looking to assess the system’s value relative to other service provision schemes. Service planners in the aging network are continually challenged to utilize cost-effective approaches, to maximize outcomes for the greatest number of service users as possible, and to prevent the onset of avoidable costs for populations at risk (Knapp, 2013).

Knapp (2013), conducted an economic evaluation of various co-production initiatives and found that the creation of social capital and community capacity building decrease the need for social care, thereby resulting in direct and broad cost-savings to society; furthermore, the initiatives were found to generate net economic benefits in a relatively short period of time. Largely, this research is taking place in the United Kingdom, as mentioned previously, through entities such as the New Economics Foundation (nef), Timebanking UK, and the London School of Economics and Political Science. The following presents some of these recent measures and investigations; however, we anticipate co-production in service provision will continue to attract researcher’s interest to enable quantifying these outcomes over the years to come.

Two similar cost-benefit approaches that are often used to analyze the economic impact of timebanks were developed in the U.K.; Social Return on Investment (SROI) analysis and Decision Modeling. SROI is a framework that seeks to reduce inequality and environmental deprivation to improve collective wellbeing by measuring and accounting for a broader concept of societal value (Nicholls, Lawlor, Neitzert, & Goodspeed, 2009). SROI measures social, environmental and economic outcomes to paint a story of how change is created using monetary values to represent these changes (Nicholls et al., 2009).

The New Economics Foundation has conducted several SROI analyses on timebanks throughout the United Kingdom. One notably referenced timebank SROI analysis by the New Economics Foundation was that of the Holy Cross Centre Trust timebank in Camden, London, which demonstrated a social return of £3.40 (or $5.55 in 2014 U.S. dollars) for every £1 (or $1.63) invested by the Camden Council (Wilton, 2012). These estimates are believed to be conservative as it is impossible to identify and quantify the value of all timebank outcomes (Boyle, 2011). Likewise, these analyses do not account for the specific model that the timebanks utilized (Slay, 2011).

Similar to SROI, decision modeling enables researchers to draw together evidence from a range of sources to simulate the outcomes and/or costs of alternative approaches (Knapp, 2013). Knapp’s (2013) research with the London School of Economics and Political Science used decision modeling to broadly investigate the cost-savings of timebanks in the United Kingdom, yielding the most significant research on timebank’s economic impacts to date. Knapp and his research team found that timebank costs range from £312 (or $509) per timebank member.
annually to £902 (or $1,472) annually (Knapp, 2013). The economic consequences were estimated to exceed £1,300 (or $2,122) per participant with a reduction in benefit claims for a cashable savings to the government of £187 (or $305) per participant (Knapp, 2013).

It is important to mention that these estimates do not take into account the economic value of quality of life improvements for timebank participants, and if included, these quality of life improvements would significantly increase the net benefit of the timebank (Knapp, 2013). In 2011, the London School of Economics calculated the net benefit of timebanks, including quality of life improvement in their analysis. In this analysis, the London School of Economics found the average net benefit of a timebank participant to be £1,545 (or $2,522) (Bauer, 2011). The London School of Economics added that “this is a conservative estimate of the net economic benefit, since timebanks can achieve a wider range of impacts than those we have been able to quantify and value” (Boyle, 2011, p. 9).

Finally, in discussing timebank economic outcomes, it is important to mention that research further supports economic benefits as an individual outcome for timebank members. For example, an evaluation survey of the Visiting Nurse Service of New York (VNSNY) Community Connections Timebank reported that the greatest benefits of timebank membership were perceived by those with an annual income less than $9,800, 73% of whom said that their timebank membership helped them save money (Stern, Cherry, & Oberlink, 2009).

**Respite-Related Outcomes**

In our inventory of existing timebanks, we identified the most common service exchanges between timebank members (reference preceding section on services exchanged). In considering the feasibility of a timebank that would enable greater respite support to Hawai’i’s caregivers, we looked to a timebank servicing older adults and caregivers.

The top ten services exchanged in the timebank “Member to Member” (M2M), which aimed to help older adults maintain their independence were “Friendly visiting” (74%), “Assistance with Shopping” (56%), “Escort Services” (50%), “Transportation” (36%), Telephone Reassurance” (28%), “Minor Home Repairs” (21%), “Reading Mail/ Assistance with Paying Bills” (20%); “Respite” (10%); “Peer Counseling” (10%), and “Hospital and Nursing Home Visiting” (8%) (Collum et al., 2012).

Many of these activities are of direct service to older adults, and may alleviate the responsibilities of caregivers; however, there are a wide range of activities that could provide respite to caregivers without directly servicing their care recipients. As many caregivers might feel more comfortable providing basic care and assistance to their loved ones, they may
achieve respite as an outcome of the timebank by receiving assistance with other necessary, but less personal, responsibilities, such as yard work, house cleaning, grocery shopping or meal preparation.

**Quality of Life Impacts**

Strong social networks are positively associated with quality of life; thus, the collective efficacy (or the willingness of community members to look out for each other and intervene when trouble arises) developed through community capacity initiatives, such as timebanks, increase social networks that increase one’s health status (Wilton, 2012). For example, a 2006 study looking at the obesity and the potential influence of social factors on health found that collective efficacy reduces body mass index, being at risk of obesity, and overweight status (Cohen, Finch, Bower, & Sastry, 2006).

Specifically for older adults, “several longitudinal studies have shown that social networks and social participation act as a protective factor against dementia or cognitive decline over the age of 65” (Fisher, 2011, p. 13). Additionally, communities with strong social networks have less violent crime and delinquency, fewer health inequities, and are able to help individuals and families respond to stressors better (Fischer, 2011). The World Health Organization’s Jakarta Declaration for Health Promotion endorses community development as an effective approach for co-producing positive health outcomes (Lewisham Strategic Partnership, 2009).

In 2009, the Visiting Nurse Service of New York (VNSNY) Community Connections Timebank received funding from the Fan Fox & Leslie R. Samuels Foundation, Inc. to administer an evaluation of the VNSNY Community Connections Timebank for Home Care Policy and Research (Stern et. al., 2009). The study surveyed active older members (ages 60 and over) to gauge the impact of the timebank on their lives. VNSNY measured the impacts of the timebank on participant’s lives using a survey modeled after the “Volunteering Impact Assessment Toolkit- also referred to as the ‘VIAT’” (Stern et. al., 2009). This qualitative evaluation asserted that the 82% of participants who initially reported their health as “fair” or “poor” said that their quality of life had increased since joining the timebank; additionally, two-thirds of those aged 80-89 said that their quality of life had increased since joining the timebank (Stern et. al., 2009).

Other quality of life findings from the VNSNY evaluation include: 85% of participants said that they feel their sense of belonging to the community has increased since joining the timebank; 4 out of 5 participants said that their timebank membership provides them the support they need to stay in their home and community as they age; three quarters of participants reported an increase in social activities with 4 out of 5 reporting an increase in their willingness to try new things; and 90% of participants said that they made new friends
through the timebank with two-thirds reporting that their trust in other people had also increased (Stern et al., 2009).

Finally, looking broadly at existing timebanks and their impact on participant’s quality of life, several outcomes emerge. Slay’s (2011) literature review for the New Economics Foundation found the following common quality of life outcomes of timebanks: improved social networks, improved intergenerational relations, improved psychological well-being, increased access to public services, improved employability, increased social inclusion for typically marginalized groups, improved confidence and self-esteem, increased sense of belonging, greater community cohesion, and reduced stigma or discrimination.

**Systemic Co-Production Outcomes**

The other outcomes in this section illustrate how timebanks, through co-production, can impact the efficacy of existing systems.

**Partnership Development**

The opportunities for partnerships and collaboration between timebanks and the community are endless. Timebanks create an ideal platform for collaboration and partnership development between community groups, publically funded programs, private businesses, government agencies and institutions. As the literature review mentioned, 61% of timebanks in the U.S. have partnerships with local businesses, non-profits, and universities, with timebanks noting the importance of these partnerships to their organization’s success (Collum et al., 2012). In comparison to traditional organizational relationships, partnerships through the timebank can be multi-lateral, where each organization gives to, and receives what they need from, the community, rather than with a single organization.

Arguably the largest time back in the world, Member Organized Resource Network (MORE) dates back to 1844 and its origination in Grace Church settlement house on the Mississippi River. MORE was designed to engage the local community through ‘neighbors helping neighbors’ and time credits. Becoming computerized in 1991, MORE reports 670,000 time dollars have been exchanged since which, calculated at minimum wage at that time would have an equivalent monetary value of $3.5 million (Slay, 2011). MORE’s high rate of exchanges suggests success in their approach to expanding the reach of Grace Hill’s community resources, with partnerships that have evolved opportunities for MORE members to spend their time credits at their health center and for commercial goods, including furniture at MORE stores (Slay, 2011).

**Increased Access to Community Transportation**
As the beginning of this report illustrated, transportation barriers often limit the community’s access to respite services in Hawai‘i. One of the most frequently exchanged services, in general, and among timebanks primarily servicing older adults, is transportation (Collum et al., 2012). Driving is a relatively basic and common skill in most communities; yet its value is large because it enables individuals to access other community resources.

For example, the highly successful Dane County Timebank, based in Wisconsin, has piloted a program to provide medical transportation to rural dialysis patients through a partnership with the Dane County Transportation Services, and WI Dialysis (Dane County TimeBank, n.d.). The volunteer drivers are members of the timebank who agree to provide a minimum number of hours of transportation per week, meet certain eligibility criteria (i.e., automobile insurance, background check, reliable), receive time credits for their driving time, and a small reimbursement for gas. The timebank is used to supplement formal transportation services, and to relieve family members from one or two of the three appointments dialysis patients have in a week. Dane County TimeBank’s Medical Transportation program demonstrates the potential value of timebanking to traditional service providers, and how community resources may be leveraged through minimal investments by traditional funding sources.

Innovation to community transportation services may expand and aid the sustainability of the resources available, while also providing community respite support. Although the initiative is not systematically transacting through a timebank, a good example of the cost-benefits of developing partnerships to maximize a community’s transportation resources is the town of North Hempstead’s innovative "aging in place" initiative, Project Independence, which provides transportation and non-emergency medical visits at a nominal cost to older adults (Rubin, 2010).

Partnerships (largely with taxi companies) have aided Project Independence, which has been so successful, Rubin (2010) notes:

...the program brings down the cost of a taxi ride for a senior substantially. A ride that might cost $15 one-way would cost the senior just $5 because of the negotiated discount with the cab company that would bring the price down to $9.50, and the town's subsidy of half the remaining cost.

Rubin (2010) goes on to explain the larger systematic impacts, stating:

...local emergency services, which in the past have complained about seniors calling 911 and using ambulances to go for routine medical visits, costing the public $800 to $900 a trip, compared to $7 or $8 for a taxi [through Project Independence].
**Engaging New Service Members**

Timebanks also allow the opportunity for co-production to evolve out of previously hard to engage groups in the community through partnerships and providing members a venue to decide what services they have to give and what services they want to receive based on their interests. For example, Orange RockCorps, founded in 2005, offers volunteer opportunities in exchange, four hours of time earns volunteers a free ticket to a music event where top performers play (Boyle et al., 2011). Orange RockCorps recruited 5,000 young people who dedicated over 21,000 hours of time in 2009 to 41 different charities in Europe (Boyle et al., 2011).

**Community Capacity Building Maximizes Health Promotion**

Policies regulating healthcare institutions drive practitioners to seek innovations and solutions to reducing costs. For example, using a timebank to provide peer support for people with asthma, a hospital group, Sentara, in Richmond, Virginia, cut emergency admissions to the hospital by 74% and saved $217,000 over two years (nef, 2002).

Perhaps the most successful utilization of a timebank as a health promotion intervention, and the first timebank to be based in a health care setting in the U.K., is the Rushey Green Time Bank (Lewisham Strategic Partnership, 2009). Rushey Green TimeBank was started by a general practitioner of the Rushey Green Group Practice, in London, who was seeking alternative ways to reduce isolation and depression, and improve the health of older adults (nef, 2002). In 2009, 45% of the referrals to the timebank came from Rushey Green Group Practice, and 33% of the timebank members had some sort of disability, including mental illness (Rushey Green TimeBank, 2009). Since its beginning in 1999, the Rushey Green Time Bank has become part of larger timebank network, the Time Bank Development Programme, which operates under the National Health Service of Lewisham’s Health Improvement Team (Lewisham Strategic Partnership, 2009).

Additionally, as previously mentioned, the Nurse Family Partnership Program’s reduction in public resources has proven astounding. Among other program outcomes mentioned in this report, for each $1 invested in the program, a savings of between $2.50 and $5.70 in preventative costs are gained across criminal justice, education, welfare and health with the benefits per child estimated at $17,180 (Boyle, Coote, Sherwood, & Slay, 2010). The preventative cost savings for parents in the Nurse Family Partnership Program include a 20% reduction in months on welfare and increased employability (Boyle et al., 2010).

**Increased Volunteerism and Employability**
There is also reason to believe that timebanking could increase the volunteer capacity of an entire community. In Knapp’s (2013) economic analysis of several co-production initiatives he reported that the likelihood of becoming a volunteer because of involvement with a timebank (i.e. the proportion of individuals volunteering in socially excluded neighborhoods versus non-socially excluded neighborhoods) was 4.5%; similarly, the likelihood of returning to, or entering employment because of involvement with a timebank was 4.5%. Furthermore, the average wage rate per annum for people who moved from incapacity benefits to work was £11,132 (or $18,160) (Knapp, 2013).

Timebanks allow members to gain skills and experience that may be difficult to access in traditional volunteer schemes. Retired professionals can play a unique role in this capacity by providing mentorship and training to younger members, while remaining active and making valuable contributions to society.

The London School of Economics reports that timebank participation increases employment prospects for participants (Boyle, 2011). For example, the success of co-production through the Nurse Family Partnership Program reveals that participation in the program demonstrates an 83% increase in employment for the mother by the child’s fourth birthday (Boyle et al., 2010).
This section presents the Hawai‘i Timebank Feasibility evaluation. The purpose of this evaluation is to present best practices from existing timebanks and volunteer respite programs, while including our community in conversations that may inform a timebank pilot project.

A. METHODOLOGY

Key Informant Interviews

The Executive Office on Aging’s (EOA) Lifespan Respite Care Program Coordinator and EOA AmeriCorps VISTA members conducted key informant interviews with (1) national and international timebanks and (2) volunteer respite programs.

Timebanks were identified through 2 timebanking databases (hOurWorld and TimeBanks USA), which include the majority of timebanks in the U.S., and include some international timebanks. Timebanks were selected to be interviewed if they had an aging service focus, served older adults or caregivers, were Lifespan Respite Program grantees, or were located in Hawai‘i. In compiling the sample for interviews, additional consideration was based on inquiries to determine if the timebanks were active and well-established.

Volunteer respite programs were identified from a list compiled by ARCH (Access to Respite Care and Help), the technical assistance support provider for Lifespan Respite Care Program grant recipients. Programs selected for interviews were chosen because they collectively serviced caregivers of a diverse population (i.e. children, older adults, people with disabilities, in the U.S. and U.K.).

Inquiries and requests to set up key informant interviews with program coordinators or administrators were sent to selected timebanks and volunteer respite programs via email. The key informants were given the option to be interviewed over the phone, in person (when possible), or through email. The interviews were independently conducted by two of EOA’s AmeriCorps VISTA members, and were guided by two key informant interview question guides— one for timebanks and one for volunteer respite programs— developed by the Lifespan Respite Care Program Coordinator, EOA’s AmeriCorps VISTA members and public health graduate student interns. In developing these guides, the team referenced a prior timebank feasibility study (Project for Pride in Living & Klatt, 2010). Both of the interview question guides can be found in Appendix C.

Focus Groups
Articulated at length in the preceding section, timebanks are generally grass-roots efforts, initiated by community-minded individuals, advocacy groups, or community organizations. In a study of the structural and developmental issues associated with timebanking, Gregory (2009) found that the principle of co-production imposes a paradigm shift in social services, which must be embraced by the community and service providers in order to be effective.

Timebanking fosters the inclusion of formally excluded populations and the acknowledgement of social and ethical ideas that are traditionally suppressed in mainstream economic systems. Thus, some organizations are reluctant to adopt timebanking in fear that it might contrast organizational values and threaten leadership structures. However, Gregory (2009) concludes that timebanks do not need to be built to develop co-production, but that it is often a natural outcome; rather, timebanks are often used to pursue existing organizational outcomes and community goals. Perhaps the most attractive, accessible, and frequently-marketed feature of timebanking is its ability to develop social capital. Ultimately, timebank development should be driven by the community and guided by its existing culture and values.

Holding true to what we know about the development of timebanks, EOA’s team embraced a grass-roots approach to planning focus groups. EOA, in collaboration with the Maui County Office on Aging (MCOA), held four focus groups in Maui to assess the community’s interest in timebanking, and more specifically, to hear how Hawai’i’s caregivers feel this service delivery model may impact their caregiving responsibilities. Service providers and community advocates were also included in focus groups to generate a more comprehensive community understanding.

One focus group was held during the Maui Caregiver’s Conference on November 14, 2013. All conference attendees, which included caregivers and aging service providers, were invited to participate in the focus group.

Three additional focus groups were conducted on January 15, 2014 at the Cameron Center in Wailuku, Maui. Invitations to participate in the focus groups were distributed by MCOA and EOA to the aging and disability service providers and caregiving organizations on Maui. The focus group invitation targeted caregivers, but professionals who serviced caregivers were also encouraged to attend. Participants were asked to register for the focus groups via email or phone. Twenty-five people participated in the focus groups.

The EOA team, again, referenced a prior timebank feasibility study (Pride for Project in Living & Klatt, 2010) as a model to inform the focus group process. The focus group process was the same for all groups (except where noted) as an effort to keep the data collection consistent. The EOA team disclosed to each focus group that their participation would remain
anonymous for the purposes of the feasibility report. Voluntarily, participants were asked to share their demographic and contact information if they wanted to remain engaged in the anticipated pilot project. Each focus group started with general discussion aimed at developing a group understanding of the capacity of a community timebank.

For the three focus groups held on January 15, 2014, an informational video was also shown to demonstrate the robust service exchanges offered through an existing timebank. Additionally, these three focus groups started with a PowerPoint presentation, outlining: Timebanking core values and how those values translate to Hawai’i’s local culture, potential timebank supports for caregivers, and timebank roles in strengthening communities. The PowerPoint presentation is attached in Appendix D. The PowerPoint presentation and video were not shown to the focus group on November 14, 2013 due to equipment limitations and time constraints.

During the focus groups participants were encouraged to ask questions and provide feedback on the material being presented. All focus groups were audio recorded; and three were transcribed. The recording for the focus group on November 14, 2013 could not be transcribed due to poor audio quality resulting from the acoustics of the facility. Transcriptions from the three focus groups on January 15, 2014 were analyzed for themes and are summarized in the subsequent section.

Concluding each focus group, EOA’s team asked participants to provide written feedback to the following questions: (1) On a scale of 1-10 [1 being very unlikely, 10 being very likely], how likely would you be to join a timebank in your community; (2) Please identify one service you’d be willing to provide to a timebank member; (3) Please identify one service you’d be willing to receive from a timebank member; and (4) Are there any barriers or challenges to you in considering your participation in a timebank? The responses were collated and will be described in more depth in the subsequent section.

B. KEY INFORMANT INTERVIEW RESULTS

Timebank Administrators

After combining the databases of hOurWorld and Timebanks USA, 479 timebanks were identified. A sample of 31 timebanks were selected for their relevance and alignment with the intention of the feasibility study. Coordinators and administrators of the 31 timebanks were contacted, and 15 responded and were interviewed.

Demographics
Respondents represented the following timebanks: (1) Arroyo S.E.C.O. Network of Timebanks, (2) Big Island Timebank, (3) Community Connections Timebank, (4) Hamilton Timebank, (5) Hour Exchange Portland, (6) hOurlworld, (7) Lathrup Village Timebank, (8) Lehigh Valley Timebank, (9) Mid-Michigan Timebank, (10) Oahu Timebank, (11) Partners In Care, (12) Rhode Island: Carebreaks (New HOPE Time Exchange), (13) Sedona-Valley Timebank, (14) Unity in Our Community Timebank, and (15) Valley Time Trade. These timebanks were located across the nation, with 2 based in Hawai‘i, 1 in California, 1 in Arizona, 10 on the East coast (e.g. Maine, Pennsylvania, and Rhode Island), and 1 in New Zealand.

**Timebank Models**

All timebanks incorporated person-to-person aspects, while 3 of the 15 implemented other models, including agency-to-client, institutional (i.e. timebank was attached to a larger institution such as a hospital) and organizational (i.e., timebank partnered with a network of organizations) frameworks.

**Size and Membership**

Membership ranged from 20 to 3,200 people and organizations, with operational length spanning from 1 month to 20 years. All 15 timebanks served the general public, with some focusing on older adults (i.e., those 50 years and older), and others serving disadvantaged communities (e.g., persons experiencing homelessness, substance abuse issues and those discharged from the hospital).

**Recruitment Strategies**

According to one timebank administrator:

“Membership recruitment exists at three different levels: (1) neighbors and friends via email and Facebook, (2) the larger national community via TimeBank International and other modes of mass communication (e.g., YouTube), and (3) service groups (e.g., churches, senior citizen groups, schools and rotary clubs).”

Participants were recruited by word of mouth, advertisements in local newspapers, partnerships with non-profits, radio station interviews or ads, billboards, social media (e.g. Facebook and Twitter), reading groups, group work projects, fliers or brochures, events, mailings to city residents, newsletter articles or other articles, public events or shows, and presentations in the community (i.e. at hospitals, nursing homes, and churches). The majority of timebank administrators listed *word of mouth* as the primary method of recruiting timebank participants.
Challenges

In response to a question that evaluated “challenges experienced while implementing the timebank,” 3 organizations shared the difficulty of explaining the concept of timebanking to the general population:

“Timebanking is not a simple model...it may be difficult to launch across a widespread location.”

“[One challenge is] getting people to understand timebanking.”

In order to address this issue, timebanks have held workshops every month during the initial setup of the program in order to introduce members to the system of timebanking and to effectively translate the concept to the community.

Geographic Distribution of Members

Two timebanks provided services to specific populations within a limited geographic area; 2 organizations did not have physical sites in their respective neighborhoods and instead had their meeting rooms either donated by partner organizations or allowed members to earn credit by hosting gatherings in their homes; 6 timebanks opened membership to all people, including those around the state and nation; and, 4 timebanks did not provide responses to this question.

Of the timebanks that opened membership to people who lived far from the physical site, 1 allowed members to share hours with those in other counties. For example, a woman who earned time over the weekend donated her credits to her mother who lived 60 miles away; in turn, her mother used the shared credits to receive transportation to her doctor’s appointment, allowing mother and daughter to remain indirectly linked to each other and directly linked to their respective communities. Although the majority of respondents opened membership to those living fairly large distances away from the physical timebank site, many of these organizations mentioned the limiting factor of distance, which has decreased the efficiency of exchanges.

One timebank administrator stated:

“If you feel you live close enough to be involved, you are welcomed to join. If you live far from other members, your exchanges may start slowly.”

In response, several timebanks suggested having a discussion about the perceived value of services (i.e., will it be valuable to drive half an hour to come to events?). The overall trend
suggests that technology continues to bridge distances, allowing members to record their transactions and make requests without having to live near the physical site; however, despite this convenience, timebank coordinators acknowledge the effects of distance on building relationships in terms of trust and time. Many of those interviewed emphasized the importance of starting small in order to build a strong foundation upon which a time bank can build on and eventually expand to provide services across longer distances without having to absorb the consequences involved in covering larger regions.

**Training Requirements and Orientation**

Eleven out of 15 timebanks required a mandatory orientation session. The majority of these orientation sessions included the following: core values of timebank, history of particular timebank, basic policies and rules, possible service exchanges, software overview and training. These mandatory orientation sessions typically lasted 1 to 2 hours and occurred either once or twice a month. The remaining four timebank administrators were unable to answer this question due to the timebank being in its infancy or because the timebank administrators gave no response.

The majority of respondents recommended that new members attend an orientation session in order to have “face to face contact” with other members to see the potential in developing connections, exchanging services, and thus cultivating a sense of community.

Several timebanks can also make accommodations for individuals that may be unable to attend a group orientation. For example, one timebank provides individual orientations if the new member is unable to make it to a group orientation.

**Services Exchanged**

All 15 timebank respondents welcomed people of different skill sets, consistent with the core values of timebanking.

“*Whatever the individual wants to exchange with others, their assets, what they are good at or have skills for...*”

“*Members provide almost any service imaginable.*”
The most popular requests from timebank members include: (1) driving/transportation, (2) gardening/plant care/yard work, and (3) companionship.

A complete list of services includes:

1. Administrative work from home
2. Administrative work in office
3. Advice for purchasing a guitar
4. Advocacy
5. Alterations
6. Art lessons (e.g., Commissions for artwork, Model for artists)
7. Arts and crafts
8. Baking
9. Basic audio and video editing
10. Bicycle repairs
11. Bodywork and massage advice for new moms and their babies
12. Bookkeeping
13. Budgeting
14. Business services (e.g., Business card design)
15. Car maintenance
16. Career coaching
17. Career counseling
18. Caregiver respite
19. Catering
20. Childcare
21. Clerical help
22. Companionship/visiting
23. Computer maintenance
24. Computer training (Word, Excel, etc.; Website design and development)
25. Cooking
26. Creative project coach
27. Dancing
28. Decorating and remodeling
29. DJ-ing
30. Donations (members can donate goods and receive time credits in return, which correspond to the amount of time it takes for them to “dig out the item, clean it up and deliver it”)
31. Drama instruction
32. Driving - Medical errands (e.g., picking up medication or driving members to doctor’s appointments)
33. Errands
34. Escort (doctor, bank, shopping)
35. Exercise partner
36. Feng Shui
37. Film & video production instruction
38. Fixing furniture
39. Floral arrangements
40. Flyer distribution
41. Fundraising
42. Games (cards, chess, mah jong, scrabble)
43. Gardening, plant care, yard work - “Garden group”: members meet once a month to go to a member’s yard and plant/upkeep a garden
44. Gift wrapping
45. Graphic design
46. Hair care
47. Home decorating
48. Home repair (minor/non-licensed) - “Repair café”: a place where members bring various items (e.g., electronics, clothes) to be fixed
49. Hospital/nursing home visiting
50. Housekeeping (light)
51. Human resources – recruitment and project management
52. Information & referral
53. Ironing
54. Language teaching (e.g., Hebrew and Spanish language lessons)
55. Language translation
56. Laundry
57. Legal advice
58. Mail assistance
59. Marketing materials design
60. Marketing/Outreach services
61. Martial arts lessons
62. Massage
63. Meditation
64. Mentoring
65. Mother’s helper
66. Moving assistance
67. Music lessons
68. Needlecrafts (crocheting, knitting, etc.)
69. Organizing (household/paperwork)
70. Organizing social events
71. Paperwork assistance (applications, forms) - “Navigators”: a group of members who do intakes and help other members with financial forms
72. Performing
73. Pet care
74. Photography
75. Post hospital assistance
76. Reading to children
77. Research
78. Sewing (e.g., dressmaking, quilting)
79. Shopping
80. Sign language
81. Snow removal
82. Sports coaching
83. Sports playing
84. Studio space for recording audio
85. Survey assistance
86. Telephone calls to members
87. Tutoring (reading, math, etc.)
88. Vacation lodging
89. Woodworking (e.g., Carpentry)
90. Word processing/data entry
91. Workshop leader
92. Wreath making lessons
93. Writing
94. Youth work (e.g., Mentoring youth, Environmental programs for youth)
All timebanks mentioned that each member has something of value to offer. The often hidden and unappreciated talents embedded in our communities are recognized in the system of timebanking. One coordinator mentioned the value not only in giving one’s self to others, but also in personal benefits that allow people to do what they love to do, particularly activities or skills which they never had the resources (i.e., time or money) to develop in everyday life. In response to a number of members who were hesitant to join the timebank because of an unwillingness to commit time to something that failed to provide financial security, a timebank suggested offering services that they enjoy doing (e.g., teach ukulele or another hobby, perform at a graduation party), rather than skills normally used to make money.

Software

The two prevailing software systems in the timebank community are represented by Time and Talents and Community Weaver. Time and Talents is a timebank database software created by hOurlworld, which was developed for Hour Exchange Portland and has since been shared with many other timebank communities free of charge.

TimeBanks USA (TBUSA) does not sell its software; instead, TBUSA offers to host a timebank’s site on an Internet based Community Weaver server for a fee that varies according to the membership size of one’s organization. The “annual hosting fees” range from $25 for a timebank membership of 1-25 people to $900 for a membership of larger than 801 people (TimeBanks USA, 2014). Both systems are used to facilitate and track exchanges between members and also connect members to the larger timebank community. For both Time and Talents and Community Weaver, members create their own personal pages and are able to manage their own exchanges. Additionally, members are able to search for other members, their specific service needs, requests of other members, and are able to search by location. Of additional interest to timebank organizations, both software systems are able to generate queries or output statements regarding the quantity and breadth of service exchanges between members.

The majority of timebanks interviewed utilized Time and Talents software system to keep track of members’ hours and services. Currently, 7 timebank administrators reported using hOurlworld’s Time and Talents system, 5 respondents use the Community Weaver software by TimeBanks USA, and 2 timebanks had developed their own program or software to manage service exchanges. One timebank interviewed utilizes Community Weaver in conjunction with Google group, which they felt makes creating a group trade easier.

Many of the timebanks that currently use hOurlworld’s Time and Talents software shared in their interview that their timebank initially used TBUSA’s Community Weaver system to track member’s service exchanges. Many of these timebank administrators went on to
explain that their respective timebank made a software change for various reasons, including the fees involved in the usage of TBUSA’s software system and difficulty mitigating technical software issues with Community Weaver. Respondents reported that the upgrade in the Community Weaver software presented challenges for both the timebank participants using the software, and for the administrators seeking help to resolve those challenges.

One particular timebank expert suggested the potential benefit to the widespread adoption and use of one software program among timebanks. The use of one software platform creates an opportunity for nationwide and global exchanges. For example, a member in Hawai‘i could spend their time credits by “purchasing” room and board from a timebank member in Japan to reduce the monetary costs of their vacation.

“Having the same software, we can do those exchanges. We want the same software used all over the country.”

Liability and Safety Precautions

Overall, liability was not a common occurrence amongst the timebanks that were interviewed. Nine out of the 14 timebank administrators reported no accounts of situations in which liability was an issue. For 2 of the timebank administrators, this question was not applicable because their timebanks were still in the beginning stages of development and 3 timebank administrators did not share a response. Five out of the 9 timebanks that reported no accounts of liability issues also stated that they offered liability and volunteer insurance—either the timebank purchased outside insurance, or the members were covered by the larger organization in which the timebank was hosted under. One timebank specified the CIMA1 Volunteer Insurance Service (VIS) program as an option for additional coverage in the areas of accidental health, basic liability and transportation for a member when he/she is performing exchanges.

Two timebanks reported informing members about liability during new member orientation sessions. Another particular timebank suggested embedding liability waivers into the new member contract. An example of such an agreement with the organization may articulate that “neither the [timebank] nor its staff or members will be held responsible for any injury to persons or damage to property experienced while involved with any exchange.” These measures were taken to ensure that the timebank was not held liable for any problematic situations. Members were reminded of the underlying notion of timebanking, which is “neighbors helping neighbors” and that exchanges do not reflect a contract with a professional

1 CIMA Companies, Inc. is an insurance producer based in Woodbridge, Virginia with sites across the nation.
company. Additionally, in-person orientation sessions provide opportunities for new members to get to know each other, develop those relationships, and practice precautionary measures.

**Funding Sources and Timebank Expenses**

The most frequently reported costs went towards the following: coordinator capacity/staff, insurances, marketing materials, recruitment, event and training supplies, participant supports, office space, member communication, program materials, food, photocopying, printing, Community Weaver (software), website domain, telephone, training, operating costs, advertisements, and postage. Overall, the most common and important costs were insurance, marketing materials, and hiring and retention of paid staff and coordinators.

In order to mitigate the costs of hiring staff and coordinators who would be able to assist with membership and recruitment, one timebank administrator created incentives in the form of “extra hours”—for every hour a member logged in as a coordinator, he/she would receive an extra hour as a timebank member. By relying on human capital to provide the administrative and leadership support that was required to jumpstart her timebank, this administrator was able to “keep money out of the entire timebanking concept” and remain a self-sustaining, or community fed, entity. Another timebank also suggested utilizing timebank members for daily operational needs (e.g., having members run orientations for new members in their homes, take on public speaking roles for the timebank and provide social activities within the organization); in fact, this membership-led system was the timebank’s main resource and covered any shortfalls from community funding and donations.

In general, the majority of timebank funding came from the following sources: grants, member donations, private donations, sponsoring agency, and membership fees. Other forms of funding included monetary support from a timebank’s thrift store, fundraising activities, and donated funds or trusts. Six of the 14 timebanks had annual membership fees. Annual membership fees ranged from $10 - $30 for individuals, $30 - $45 for families/couples, and $100 for businesses or nonprofits. Respondents stated that membership fees typically went towards sustainability resources including insurance, marketing materials, software, miscellaneous supplies, supporting staff, and operational expenses.

**Measuring Timebank’s Success**

The majority of respondents measured the success of their timebank through qualitative reporting, which involved members telling their stories and experiences with timebank staff or coordinators. Other modes of measuring success involved conducting surveys or evaluations, which in some cases, were filled out with the incentive of receiving time credits for completion of the questionnaire. In addition, several other timebanks looked at the trends in timebank
membership, the number of service exchanges occurring, and the amount of hours provided and received using the different timebanking software programs.

Members that shared their positive experiences with timebank administrators commonly expressed how much the timebank changed their life. These stories highlight how timebanks create a sense of community while helping that community tap into the existing talents and resources of its members.

Several respondents also mentioned the importance in looking at the number of how many members are exchanging rather than looking solely at the number of members. Monitoring the number of exchanges instead of number of members indicates the extent to which members are engaging in the timebank, making exchanges, and essentially building that sense of community.

**Volunteer Respite Program Administrators**

**Demographics**

Three volunteer respite programs were interviewed, including (1) the Asian Community Center Sacramento Valley Senior Services, (2) CareBreak, and (3) Vitalise. Further informing the anticipated timebank pilot project’s goal of increasing access to respite services for caregivers caring for people of all ages, the three programs interviewed offered insights into volunteer respite programs for older adults, children with disabilities and adults with disabilities.

The three respite organizations represented different aspects of service delivery. The **Asian Community Center Sacramento Valley Senior Services** focuses on providing respite services for the elderly, military families and veterans.

**CareBreak** is a volunteer respite program located in Pennsylvania that serves mainly children, particularly those 6 years of age and older with intellectual disabilities, autism or cerebral palsy, and those 0-16 years old with physical disabilities who were required to be able to function at a level of independent care.

The third and largest organization interviewed, **Vitalise**, is located in the United Kingdom and has been in business for 50 years, providing caregiver respite services for adults with a range of disabilities, including cerebral palsy, paraplegia, multiple sclerosis, stroke, spina bifida, Alzheimer’s disease and acquired disabilities (i.e., disabilities resulting from accident or disease after death, such as spinal cord injuries).

The programs interviewed greatly varied in service delivery as well as in size and years in business, ranging from 20 to 1,500 members and beginning at 4 years of establishment to 50 years.
Respite Services Provided

Responses from the volunteer respite programs interviewed varied greatly in regards to their services provided. For example, Vitalise provides up to a week-long respite break for caregivers through their centers. Two of the 3 programs—Vitalise and CareBreak—offered clinical and personal care, such as bathing, shaving, feeding, repositioning, changing catheters and administering medication; the Asian Community Center program for seniors did not provide any hands-on services beyond light housekeeping tasks (e.g., friendly visiting, laundry folding).

Respite Volunteer Recruitment and Retention

Each organization interviewed began with the intention of providing respite to caregivers of different populations via volunteers. The largest respite organization, Vitalise, reported the utilization of both long- and short-term individual volunteers in addition to group and/or corporate volunteer groups. This organization’s methods of volunteer recruitment enables volunteers to have commitment options that are tailored to their individual needs and suggests that organizations may be able to rely on volunteers to supplement the work of paid staff while delivering the same level of quality care (i.e., clinical care that includes changing catheters and repositioning clients) at a rate that is manageable for the volunteers. The size and longevity of Vitalise lends further support for the use of both long- and short-term volunteers. This contrasts with the two smaller programs interviewed, which relied on the presence of a committed group of long-term individual volunteers to sustain and carry out their respite services.

Respite volunteers in the organizations interviewed were recruited through social media (e.g. Facebook), advertisements in libraries and bookstores, bookmarks with program information, newsletters, television ads, PSAs, partnerships with faith-based and other civic organizations, and outreach to colleges, unemployment offices and other agencies. Utilizing social media and outreach in colleges were the most common recruitment strategies amongst the volunteer respite programs interviewed. Regarding collaboration with schools, Vitalise emphasized the benefits of volunteering from a student’s perspective, which tends to focus on both practical and professional skills such as clinical experience and verbal skills. The international recruitment of volunteers was unique to one of three organizations and provided various avenues of recruitment such as cultural exchange programs and immigration offices. Due to the extensive training involved in this respite program, another recommended source of volunteers included unemployment offices, which may be able to reach those in search of practical job skills.
All three organizations found difficulty in retaining volunteers. Vitalise stated that it is necessary to provide non-financial incentives to respite volunteers, such as a supportive work environment or potential work experience. This suggestion was based on the assumption that the more volunteers feel they are gaining from an experience, the more willing they will be to develop a relationship with the organization. Another suggestion for volunteer retention included the ability of the organization to provide a clear structure for volunteers.

A defining feature of CareBreak, which provides respite to children with disabilities and their families, involved a 6 month commitment from both volunteers and service recipients, in addition to an extensive screening and training process. Carebreak’s volunteer requirements coupled with their investment in volunteer development has led to the successful retention of their volunteers, with the average length of volunteer commitment being 3-5 years.

**Training Requirements**

When asked about training requirements for volunteers, the responses differed greatly. The level of care in these programs is much higher than the informal tasks timebanks often provide, and therefore requirements for respite volunteers vary from the training expected of timebank volunteers.

For all three respite programs, training requirements began with a police and criminal background check in addition to personal references and the signing of policy and confidentiality statements.

The Asian Community Center Sacramento Valley Senior Services volunteers are required to attend an intensive training session following the completion of initial pre-requisites, which include a first aid/CPR certification course as well as classes on transferring and lifting patients, chronic disease self-management and compassionate communication.

CareBreak volunteers receive hands-on child specific training; this training model involves instruction by family caregivers and thus gives the family seeking respite services comfort in knowing that the volunteer trained to provide respite is knowledgeable enough to care for every aspect of their child. This organization has implemented an extensive matching process that reviews volunteer provider and care recipient similarities, strengths and community factors as opposed to a potential respite recipient’s time on a waiting list and other impersonal factors; volunteers are asked to build a relationship with the service recipient based on mutual interests and capacities, rather than simply need and time availability (M. Alimena-Caruso, personal communication, November 14, 2013). This relationship building process can include specific activities that keep the care recipient safe and engaged, including personal feeding preferences, repositioning needs, personal toileting habits and schedules, administering of medication, and maintenance of family rules.
Vitalise volunteers obtain clinical training from nurses and are required to consistently demonstrate tasks (e.g., bathing, shaving, feeding and changing a catheter) under supervision (i.e., by a registered nurse) before being able to perform them independently.

**Liability**

The two organizations that provided clinical respite services for persons with disabilities discussed the importance of adequate training, thorough criminal background checks and liability insurance, but reported that their respective organizations have not experienced any serious liability issues. An example of a minor incidence, which did not compromise the service recipient’s safety, involved a volunteer who took a client for a walk and was not able to bring the child back home before sunset.

In considering management strategies for these potential, yet rare problems, one organization emphasized the value of pairing an incident form with a procedural discussion with the volunteer, emphasizing the organization’s policy related to the incident. Vitalise categorized volunteers as staff and covered them with employability liability insurance, provided they have been through the training process; additionally, if an incident were to occur where a client is injured or a complaint is received, the program must prove that affected volunteers were adequately trained to deliver the task, the correct procedures and risk assessments were in place, and that the incident was truly a mistake and not an intentional act.

CareBreak underlined the Volunteer Protection Act of 1997, stating that the policies\(^2\) defending a volunteer at fault only hold if the person committed the action in good faith as a volunteer; all incidents that occur while carrying out actions or responsibilities not required of a volunteer are not covered by liability policies (Nonprofit Coordinating Committee of New York, 1998).

**Funding Sources and Program Expenses**

All three volunteer respite programs reported to be funded by grants. Other funding sources include donations, legacy gifts, and other monetary gifts. The majority of the funds went towards operating costs, such as staff and training staff, during implementation. Other program costs include conducting the necessary background checks and health clearances for new volunteers, materials, and other more person specific components such as modifications to accommodate individuals with disabilities. The training and support of staff represented a large amount of costs for majority of the programs interviewed.

\(^2\) This act provides immunity from lawsuits filed against a nonprofit’s volunteer where the claim is that he/she carelessly injured another in the course of helping the nonprofit.
Measuring Program’s Success

Surveys were the most common method of measuring success amongst the different volunteer respite programs interviewed. The majority of the respondents reported using satisfaction surveys that look at participant and volunteer satisfaction. CareBreak reported to distribute their survey as a pre and post tool to determine the program’s level of efficacy.

“We want to know…is [this program] making a difference in their lives?”

This difference is measured in terms of a “significant reduction in stress.” The pre-survey monitors the stress of caregiving, evaluating life events that may impact one’s stress level (e.g., loss of job, changes in medication, transitions). The post-survey is given 4-6 months later in order to determine whether regular respite (i.e., weekly visits) lead to a statistically significant reduction in families’ stress levels (e.g., better coping/decision making skills regarding the care of one’s child). CareBreak also shared that the cost-effectiveness of respite services are evaluated through an assessment of hours being volunteered, services being accessed, and the state’s hourly wage. Using this method of evaluation, CareBreak shared that their services demonstrate:

“[That] for every $1 spent in the program, $2.50-$3.00 is received in return through volunteer retention.”

Vitalise reported to distribute their satisfaction tool as volunteers exit the program to demonstrate how their experience has impacted them personally and professionally. An example of an exit survey question asked stated, “How do you feel your ability to communicate with those in the disability community has improved?” In another sample survey conducted by the same organization, 300 volunteers participated and revealed that Vitalise helped them to find employment opportunities.

“Measuring outcomes is one of the hardest things to achieve in an organization.

Concerning Vitalise’s current outcome measurements:

“It is a work in progress…and will only provide soft outcomes, like volunteer experiences where people can say, ‘I feel more confident and have more work experience under my belt,’ and we can report a statistic saying 90% of 16-20 year olds feel more confident about possibly getting a job.”

Thus, although these findings underline the success of the program in terms of their volunteer’s confidence and employability, these surveys largely yielded qualitative outcomes and speak to the challenges faced in demonstrating the impacts of services.
Philosophy: Social Role Valorization (SRV)

The success of these organizations seems to lie in the philosophy of each program, rather than their respective sizes. A valuable lesson shared with us during an interview with CareBreak was the importance of having a foundation of “relationship-based” respite, or more specifically, respite that is based on the concept of Social Role Valorization (SRV), which is defined by Wolf Wolfensberger, PhD, and referenced in an interview with CareBreak’s administrator (November 14, 2013) as: “The application of what science can tell us about the enablement, establishment, maintenance, and/or defense of valued social roles for people.” Based on this unique philosophy, the process of effectively matching individual volunteers with service recipients provides both service participants the ability to engage and be involved with a family in a place and way that is meaningful to them.

As shared by CareBreak (2013):

“The major goal of SRV is to create or support socially valued roles for people in their society, because if a person holds valued social roles, that person is highly likely to receive from society those good things in life that are available to that society...in other words, all sorts of good things that other people are able to convey are [given to] a person who holds societally valued roles, at least within the resources and norms of his/her society.”

Considering CareBreak’s experience as a volunteer organization, this guiding principle explains the history behind the services their volunteers provide. By creating opportunities for people to serve others in a role that is valued by society at large, CareBreak instills a strong sense of internal motivation in members with disabilities and their caregivers to continue to contribute the gifts of time and compassion. Following this philosophy has given CareBreak’s volunteers purpose and direction in their work with the community. As a direct consequence of their investment in developing relationships with people with disabilities, CareBreak volunteers extend this sense of societal value to care recipients; by becoming a mentor or friend, respite providers are supported in the valued role of extended family or a trusted companion, while the recipient of their wisdom and guidance gains skills and insights that add to the value of their role in the community and larger society.

In addition to this core belief, three SRV components of meeting community needs were discussed, including (1) spirit, (2) science, and (3) action. These three components add depth to the evolving understanding of approaches to support respite needs mentioned throughout this report, by expanding care beyond the idea of an exclusive and one-sided physical act done by one person and received by another. When the services involved in providing respite care are seen in the context of a collective spirit where a person’s existence is valued in the larger
community he or she contributes to, and the science or research is done to assess the unique characteristics of the community, action can be taken to effectively provide a conduit through which family and extended family can meet each other’s needs.

C. KEY INFORMANT INTERVIEW ANALYSIS

New Respite Service Delivery Models are Feasible: Emerging Trends in Respite Delivery

The application of the agency-to-client, institutional and organizational frameworks in successful timebanks provided the study with a balanced and comprehensive view of feasible structures and the efficacy of community partnerships.

Seeing respite care from a lifespan perspective added depth to the study’s analysis of possible resources and service opportunities capable of being co-produced through a timebank. Applying the family-focused framework to respite, discussed at the beginning of this report, we gained a better understanding of community respite needs that evolved with a systematic overview shared by many different timebanks and volunteer respite programs interviewed in this study. Coupled with the evidence presented in the literature review, the key informant interviews suggest that innovation in public services, including respite, demonstrate the possibility for new systems that are effective and sustainable.

As mentioned in the volunteer respite program section of this report, an organization’s guiding philosophy can strengthen and support a timebank’s mission (such is true with CareBreak), creating a sense of purpose in its members. With the internal motivation of having a valuable role in society, and more specifically a community, people are encouraged to fulfill not only their professional roles but also their relational roles, which sustain the connections within a volunteer organization and larger community.

Moreover, this philosophy supports the core values of timebanking, which include the belief that everyone is an asset as well as the system’s foundation in reciprocity. By recognizing the value in the skills and talents of those involved in a timebank, social role valorization forms the backbone of CareBreak’s system; such a concept is important to recognize when working with caregivers, families, and communities. As the report has discussed, society often assigns minimal value to persons whose value has been largely unrecognized (e.g. persons with disabilities, older adults) and to the roles that caregivers and families fulfill, such as caregiving. Timebanking draws in people from all backgrounds, with timebank innovators finding particular success in engaging those who public services have found to be ‘the hard to reach’ in co-production (Ryan-Collins, Stephens, & Coote, 2008).

Considering these perspectives and applying the family-focused framework of respite to the analysis of the key informant interviews during this research, we understand that, although
the services and supports exchanged within the timebanks interviewed—such as transportation, companionship, pet care, and yard work—are not traditionally recognized as respite services, when they are extended to the family and community directly involved in caring through a timebank, respite outcomes can occur (for example, through the flexibility of reallocating monetary resources that would otherwise have been spent on the service received through the timebank to cover the costs associated with private care or other family expenses).

**Member Recruitment and Retention Can Be Difficult: Innovative Ways to Build and Manage Membership**

_Timebanks Utilized Their Broad Membership_

Administrators noted that the presence of both young and senior participants provided opportunities for intergenerational activities, which in turn, completed the “circle of giving.” The nature of these relationships offered both benefits and challenges for some timebanks. The advantages were based on the fact that skills could be shared and appreciated between generations.

For example, one timebank offered college students time credits for familiarizing older adults with the computer software used to log hours; younger members could then use their earned credits to take “how to” classes from older members who benefit from the joy of teaching a skill or sharing their wisdom.

One respondent stated that intergenerational exchanges may be more challenging. This stemmed from an imbalance of time that resulted from each generation’s current responsibilities, as older adults had more time to bank and younger generations had less time to contribute to the pool of services; the discrepancy in members availability made it difficult for some timebanks to maintain a substantial amount of redeemable services and led to dissatisfaction and decreased involvement.

To offset these challenges, a pilot project should consider strategies to engage people of all ages, accounting for people’s busy schedules and encouraging opportunities for intergenerational exchanges. Encouraging families to join as a group not only safeguards against screening for possible liability and/or safety issues, but also supports the use of timebanks in local communities where intergenerational homes can benefit from opportunities that encourage the building of relational supports. For example, a woman who is raising a daughter and taking care of an elderly parent can gain support from both community and family members; a neighbor can provide companionship for her aging dad, while she picks up her daughter from school. The nature of a family unit can thus be extended to the larger
community in order to provide a supportive and effective environment that allows
neighborhoods to age in place.

Additionally, for certain timebanks, broad membership also included partnerships with
local organizations and businesses. Key informants expressed that strategic organizational
member recruitment led to the formations of partnerships within the timebank. These
relationships included both non-profit programs and community entities such as local schools
and churches. The ability of a timebank to harness the potential of community members
suggests that collaboration is vital to the establishing a sustainable foundation.

The diversity community members contribute to timebanks can be used to sustain the
pool of services offered, but if it is not adequate enough to encourage and support exchanges
between members, the timebank may not be as effective in meeting community needs.

“It is important to have a certain number of people in the timebank so that the pool from
which people receive and to which people pour in their gifts and talents is deep enough
to sustain the community that it feeds.”

Members are Kept Safe through Volunteer Protection Laws and Volunteer Insurance

Although liability was not an issue for many of the timebanks interviewed, it is
important to note that majority of the timebanks did implement and enforce measures to
protect their members.

In general, there are two major categories of protection: volunteer protection laws at
the state and federal levels, and insurance (Nonprofit Risk Management Center, 2014). The
Hawai‘i volunteer protection act protects volunteers serving nonprofits that carry liability
insurance with a total limit of $500,000 or that have annual revenues less than $50,000. Similar
to the volunteer protection policies shared by the respite program CareBreak, under this state
volunteer protection statute, a volunteer is only protected if he/she “acted in good faith” and
“within the scope of duty for a non-profit organization or corporation, a hospital or government
entity.”3

The other major form of volunteer protection is insurance, which can be offered as
volunteer liability policies and personal auto liability policies (i.e., for volunteers who will be

3 HRS §662-D2, Volunteer immunity states “A volunteer is immune from civil liability for an act or
omission resulting in damage or injury caused by the volunteer’s negligent conduct. This applies if the
volunteer acted in good faith and within the scope of duty for a non-profit organization or corporation, a
hospital or a government entity; and if the organization has a general liability policy during the time of
injury and at the time the claim is made of not less than $200,000 per occurrence and $500,000 aggregate;
or the organization has total assets of less than $50,000.
driving while providing service for a nonprofit). These measures, paired with a liability agreement in which the timebank and its staff explicitly waive responsibility for injury or damage incurred during exchanges, provide mutual security for both the timebank member and the organization.

Thus, although liability was not an issue for many of the timebanks interviewed, it is important to note that majority of the timebanks did have liability and volunteer insurance as well as a liability waiver in place for their members. Knowing that the timebank has volunteer insurance may give members a sense of ease if a problematic situation or issue arises; and, obtaining an agreement waiving organizational responsibility for injuries or damage that occur during an exchange grants the timebank a mutual sense of ease.

*Be Resourceful and Creative When Recruiting Timebank Members*

Overall, recruitment in general presented a common problem across numerous timebank and volunteer respite program administrators. It is essential to be resourceful when establishing ways to involve and retain members while attempting to recruit more participants; using time credits as incentives to encourage and reward people to contribute to the recruitment process may be helpful when jumpstarting a timebank.

The majority of timebank administrators listed *word of mouth* as the primary method of reaching out to community members. This method of communication and outreach speaks to the nature of timebanking, which reinforces and strengthens the existing connections and bonds between neighbors. Amongst volunteer respite programs, social media was a method that was repeatedly used to reach out to individuals in the community. The use of social media demonstrates the application of a new and different means to get more volunteers.

For both timebanks and volunteer respite programs, developing partnerships with local organizations, business, and educational institutions was another common form of recruitment. As previously mentioned, these partnerships involve a collaboration of community members, suggesting the need for involvement of various entities and disciplines in order to build the sense of community.

*Mandatory Orientation Sessions are Essential to Effectively Explain the Concept of Timebanking to New Members*

Orientations provide members with opportunities to learn about the timebank and to have their questions answered. These meetings can engage new members through PowerPoint presentations, potlucks, networking games, and other creative ways to educate and facilitate connections between members. Three timebank administrators interviewed explained that education on the concept of timebanking to potential members is an arduous task.
Timebanking reflects a different way of providing services and empowering the community to provide those services; consequently, conveying the core values of timebanking to potential members and helping them to understand the benefits of such a system is vital to recruitment efforts.

**Smaller Communities May Have a Greater Ability to Mobilize Their Own Resources**

For timebanks to effectively utilize their own resources, it is helpful to consider the importance of geographical distance between members. A large majority of the timebank administrators interviewed shared that open membership for individuals across large distances presents itself as a challenge in regards to creating worthwhile exchanges. For instance, one timebank administrator shared how distance may be a “limiting factor” in regards to “…how far people are able and willing to drive to exchange services.”

The opportunities that timebanks provide in terms of building community and connecting individuals are invaluable. This advantage can also come at an expense to members who may find it difficult to balance the pros and cons of taking the time to cross long physical distances in order to receive or offer a service; consequently, members may lose interest and the pool of services can thus decrease. As a result, it is important to consider how the size of a timebank will affect membership retention and exchanges. In response to this challenge, many respondents suggested starting small and building on local resources.

**Leveraging Community Resources is a Challenge: Common Ways to Support and Sustain Program Functions and Roles**

**A Paid Timebank Coordinator Aids Sustainability**

Although timebanking is an opportunity to utilize time as an alternative currency, nine administrators interviewed acknowledged that having a paid coordinator aids the sustainability of a timebank, further evidenced by findings in the literature review. Timebank administrators stressed that having a paid coordinator provides continuity and decreases the chances of burnout amongst members taking volunteer staff or leadership roles. This position plays an important role in providing the knowledge, tools, and inspiration for members to continue the cycle of reciprocity.

The cost of materials also presented an expense across the different timebanks, which may suggest another task a paid coordinator could offset to aid sustainability. For timebanks serving multi-lingual populations, the costs of providing paper materials may yield to be more substantial in comparison with other timebanks that serve more homogeneous populations.
Resourcefulness of Timebank Membership and Partners Decreases Reliance on Traditional Funding Sources

The majority of the timebank administrators interviewed expressed that funding is necessary in order be sustainable. As briefly discussed in the previous section, several timebanks had membership fees. Some of these timebanks had a mandatory membership fee requirement. Others were not mandatory but based on donations. Several timebanks, however, discussed the need to change from donated membership fees to mandatory membership fees. Being able to retain, engage and grow member base is a critical concern for most timebanks and has required many timebanks to rely on the wealth within their communities to effectively sustain leadership and administrative responsibilities.

In regards to volunteer respite programs, funding was also a challenge. One respondent indicated concern about the possibility that the organization’s present grant funding may not be renewed in the future. As previously stated, grants are a common funding source for these programs. Grant funding is demonstrated to be a common source of funding, however, the sustainability in having grants may present itself as a challenge in the need to continuously re-apply and seek other grant sources. When funding is cut or scarce, programs are forced to remain in operation without a monetary source or may need to stop services; the consequences of that may truly be detrimental to the program and its service recipients.

Offsetting other monetary costs, a number of timebanks provided insurance through their sponsoring or hosting agency. There were also several timebanks that purchased insurance in which they indicated was a fairly costly expenditure. Five programs interviewed talked about how institutional and organizational frameworks can be used to offset potential costs, which might include volunteer insurance services (i.e., a larger community organization or agency may already have its own form of insurance for members). As mentioned above, partnerships with local organizations, businesses, and educational institutions may be an important resource to leverage as a way to recruit membership; additionally, other resources through these partnerships may be possible as co-production shifts the way we envision collaboration.

Liability is Best Approached through Proactive Measures

As mentioned in the data section of this report, two timebanks informed members about liability during new member orientation sessions. Another particular timebank suggested embedding liability waivers into the new member contract. An example of such an agreement with the organization may articulate that “neither the [timebank] nor its staff or members will be held responsible for any injury to persons or damage to property experienced while involved with any exchange.” These measures were taken to ensure that the timebank
was not held liable for any problematic situations. One timebank specified the CIMA Volunteer Insurance Service (VIS) program as an option for additional coverage in the areas of accidental health, basic liability and transportation for a member when he/she is performing exchanges.

The two volunteer respite programs serving people with disabilities provide comprehensive care for their service recipients, including services like repositioning and administering medication. Services like these require more professional levels of care and extensive clinical volunteer training, and are often not services considered to be appropriate for co-production through a timebank as an effort to mitigate potential liability issues. In light of this fact, there were no correlations between liability and services offered; although these programs provided extensive and sometimes clinical care (e.g., lifting of and feeding patients), their encounters with misdemeanors or unsafe acts were rare. Perhaps such success can be attributed to having clear pre-service protocols including personal references and criminal background checks as well as adequate training and sufficient post-incident consequences and standards.

**Informal Friendships May Form at the Expense of Formal Hour Tracking**

When members create exchanges, they also create friendships. This underlies the true essence of a timebank in creating and cultivating a sense of community; however, interviews revealed that members may lose the process of formality and procedures expected by the timebank, consistent with the findings of the literature review. For instance, many timebank administrators stated having trouble keeping track of members’ hours because they see each other now not as members of a timebank, but as friends.

**Branding Timebanks**

As mentioned in the results section, many key informants stated to have made the switch from TimeBank USA’s Community Weaver to hOurworld’s Time and Talents software, reporting cost as one reason for the switch. Considering the various costs of sustaining a timebank noted by those timebank administrators interviewed, the price of software can present a financial barrier to the timebank’s sustainability, especially during the timebank’s infancy. If the expense is covered by a software program that’s accessible free of charge, it would be one less cost to cover for a timebank that’s developing or struggling to sustain. Time and Talents has realized the benefit of offering a free way to log members’ hours, and has thus provided this resource free of charge for many timebank organizations.

According to the hOurworld website, 50 timebanks in America have switched from Community Weaver to Time and Talent’s software (hOurworld Directory of TimeBanks, 2013). Additionally, their website reports there are currently 14,628 hOurworld members who have
provided and received 867,904 hours of service in 154 timebanks around the globe. Shared in the previous section, one key informant suggested, “Having the same software, we can do those exchanges [referencing the potential for global exchanges]. We want the same software used all over the country.”

Similar to social media platforms (for example, Facebook), as a timebank platform gains popularity and attracts more members, it has the potential to develop more extensive social networks that create more opportunities for co-production. Additionally, the widespread use of one software platform may assist in branding for timebanks at large. hOurworld’s base of 14,628 global members provides a strong marketing and connection platform for timebanks to leverage. Working collectively to brand timebanks will further aid the need for community education, referenced by many of the key informants. Adding to the conversation on branding timebanks, one key informant recommended that “timebank” be one used as one word rather than two, or “time bank,” distinguishing the co-production movement from the banking industry.

**Measuring Service Outcomes Remains a Challenge**

As mentioned earlier in this report, both timebanks and respite care programs shared that a common challenge for their respective program is finding ways to generate quantitative outcomes. Although measurement tools like surveys and questionnaires were developed by many of the organizations interviewed, the results from these tools yielded “soft” outcomes that only evidenced the success of the program in the context(s) of health, psychological and/or professional effects, which vary from person to person and as subjective data, may increase or decrease in efficacy when used to reach different audiences or populations (e.g., subjective health outcomes may not be as useful to relay the positive effects of a timebank when attempting to demonstrate the economic changes). Thus, the timebanks interviewed in this research yielded largely quantitative outcomes and have struggled to translate the success and impact of the organization’s co-produced services on the community it serves.

Reviewing the key informant responses, it is apparent that many timebanks and respite programs are aware of the need for objective data; however, it has been difficult to meet this demand because the impacts of timebanking are not always easily calculated or measurable.

As Vitalise stated,

> “Measuring outcomes is one of the hardest things to achieve in an organization.”

Concerning Vitalise’s current outcome measurements:
“It is a work in progress...and will only provide soft outcomes, like volunteer experiences where people can say, ‘I feel more confident and have more work experience under my belt,’ and we can report a statistic saying 90% of 16-20 year olds feel more confident about possibly getting a job.”

CareBreak was the only organization included in this portion of the study that was able to develop a way to measure quantitative data by relating economic outcomes to volunteer retention. By doing so, CareBreak’s findings—“[That] for every $1 spent in the program, $2.50-$3.00 is received in return through volunteer retention.”—demonstrate the economic and social impacts on the community at large. The apparent lack of organizations with quantitative methods in addition to the above statement by Vitalise suggests that the process of acquiring objective data is an imperative challenge for timebanks. Generating objective data will increase the success of timebanks as they attempt to change the community’s culture to include co-production in public services.

Additionally, timebanks interviewed shared that a timebank’s ability to illustrate quantitative social and economic community outcomes may attract additional funding sources. As previously stated, timebanks encounter challenges in being able to maintain a continuous and stable funding source. Being able to demonstrate the positive effects of the timebank helps to support the need of sustaining such a model.

D. FOCUS GROUP RESULTS

Participation Interest

After the general discussion on timebanking, participants were asked to rate, on a scale from 1-10 (1 being very unlikely, 10 being very likely), how likely they would be to join a timebank in their community. All 25 participants responded, with a mean score of 8.8 and a response range of 5-10.

Services Identified

Thirty-eight services were identified by focus group participants as services they’d be willing to provide to another timebank member. Table 3 lists the services (they’d be willing to provide) brainstormed by participants; the services are listed in order of frequency mentioned.

| Table 3. Services focus group participants would be willing to provide (frequency) |
|-------------------------------------------------------------------------------------------------
<p>| Shopping/ Running Errands (11)                                                                |
| Transportation (8)                                                                            |
| Friendly Visits/ Companionship (5)                                                           |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking/ Meal Preparation</td>
<td>5</td>
</tr>
<tr>
<td>Sharing Knowledge/ Expertise</td>
<td>3</td>
</tr>
<tr>
<td>Respite</td>
<td>2</td>
</tr>
<tr>
<td>Phone Calls</td>
<td>2</td>
</tr>
<tr>
<td>Computer Assistance</td>
<td>2</td>
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<tr>
<td>Peer Counseling</td>
<td>2</td>
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<tr>
<td>Tutoring</td>
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<tr>
<td>Reading</td>
<td>2</td>
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<tr>
<td>Organizing</td>
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<tr>
<td>Pet Care</td>
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<td>Computer Graphics</td>
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<tr>
<td>Service to an Older Adult</td>
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<tr>
<td>Violin Lessons</td>
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<tr>
<td>Office Aid/ Helper</td>
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<tr>
<td>Activities of Daily Living (ADL) Assistance</td>
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<tr>
<td>Doctor’s Appointments</td>
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<tr>
<td>Banking</td>
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<tr>
<td>Counseling on Dementia</td>
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<tr>
<td>Cleaning</td>
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<td>Handy Man Services</td>
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<td>Physical Labor</td>
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<tr>
<td>Education and Training on People with Disabilities</td>
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<td>Form Creation</td>
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<td>Word Processing</td>
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<tr>
<td>Talent</td>
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<tr>
<td>Teach About Marine Life</td>
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<tr>
<td>Pick up Medications</td>
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<td>Social Work</td>
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<tr>
<td>Nursing Services</td>
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<tr>
<td>Provide teaching on “Powerful Tools for Caregiving”</td>
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<tr>
<td>Support for Organ Transplant Donors, recipients, and family members</td>
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<tr>
<td>Mending</td>
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<tr>
<td>Accounting Services</td>
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<tr>
<td>Letter Writing</td>
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<tr>
<td>Sanctuary Designing (indoor and outdoor)</td>
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</tbody>
</table>

Eighteen services were identified by focus group participants as services they’d be willing to receive from another timebank member. Table 4 lists the services (they would be willing to receive) brainstormed by participants; the services are listed in order of frequency mentioned.
### Table 4. Services focus group participants would like to receive (frequency)

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Cleaning/ Organizing</td>
<td>7</td>
</tr>
<tr>
<td>Respite</td>
<td>5</td>
</tr>
<tr>
<td>Transportation</td>
<td>4</td>
</tr>
<tr>
<td>Yard Work</td>
<td>4</td>
</tr>
<tr>
<td>Friendly Visits/ Companionship</td>
<td>3</td>
</tr>
<tr>
<td>Computer Training</td>
<td>2</td>
</tr>
<tr>
<td>Window Cleaning</td>
<td>2</td>
</tr>
<tr>
<td>Pet Care</td>
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<tr>
<td>Volunteer Support</td>
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<tr>
<td>Shopping</td>
<td></td>
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<tr>
<td>Nursing Volunteers and Services</td>
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<tr>
<td>Outings for Care Recipients</td>
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<tr>
<td>Garden Care</td>
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<tr>
<td>Massage</td>
<td></td>
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<tr>
<td>Helping Service</td>
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<tr>
<td>More Information</td>
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<tr>
<td>Working Health Fair Hours</td>
<td></td>
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<tr>
<td>Repairs</td>
<td></td>
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<tr>
<td>Lifting</td>
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</table>

### E. FOCUS GROUP ANALYSIS

**Main Themes**

Throughout the focus groups, all general commentary pertaining to the development of a community timebank was welcomed. Some natural themes emerged that, although were not preempted, spoke largely to the cultural relevance of timebanking to Hawai‘i and the acceptance and excitement of formalizing this mode of volunteer service delivery. Six main systemic themes emerged and are described below in more detail.

1. **Voluntary informal exchanges, “neighbors helping neighbors,” and families and groups coming together to support collective needs- are values that are ingrained in Hawai‘i’s culture.** Many participants articulated that timebanking would strengthen Hawai‘i’s communities, complementing these existing cultural values. A few examples from these discussions with focus group participants are shared below.

   “I’m a sandwich generation, raising my granddaughter, helping care for my parents, mostly my father. I go home to take care of Dad to relieve Mom, and Mom drives my granddaughter back and forth to school. So it’s this natural thing that a family unit does and how wonderful for a community to be able to do something like [timebanking].”
“I have a person who volunteers and does my yard... ‘cause I can’t lift, I can’t do a lot of stuff. He won’t accept any money from me... I periodically will give him something in return... I always feel like I wish there was something more that I could do... so I will cook, I’ll bake, I’ll do other things... But, if he was in a timebank, because he’s doing all this yard work for me... wow, he could [get more].”

“County and [Hawai’i] State systems have leave sharing... election year, people volunteer to do elections and donate their stipend to youth sports, etc... so [it’s] already happening in different way[s].”

One participant shared how she formerly worked for an organization that existed on Maui to support people with disabilities, enabling them to remain living independently in the community. Unfortunately, the organization shut down and subsequently, this participant no longer had employment. She, along with a former consumer of the organization’s services, participated in the support group and shared many examples of how she and the organization’s former consumers have banded together to support one another through this difficult time. A few examples from these discussions are shared below.

“The crisis right now for our clients is that our clients have no other place to go... there’s no other agency on this island that can service them... It doesn’t matter whether we’re employed or not... Being there to help was my satisfaction... Just to see everyone pulling in... I’m proud of the clients because they’re all stepping in to help each other.”

“One of my other clients looked so sick [after the organization’s shut down]... I took it upon myself to make doctor’s appointment, help him... if I didn’t help him, he would’ve been dead today.”

“These are life stories about people in Hawai’i... the stories about each one of them are so unique... I feel that when we go out there and do a presentation, it’s about them... now, they want to share more because whatever they share will help a young family that has a child with a disability... they have been an asset to me and my granddaughter and they have supported her... she’s in school, but when she’s with them, she can identify and that helps to build her self-esteem.”

2. Collectively, focus group participants felt that timebanking could provide a viable volunteer mechanism for community members with functional limitations who are looking to engage in and remain connected to their community. Moreover, focus group participants elevated one of the core values of timebanking in their discussions, highlighting that a timebank enables productivity and a sense of purpose for community members who may have been previously deemed “useless” by society. A few examples from these discussions with focus group participants are shared below.
“I’ve always felt that she could do something… she’s always been productive, up until she became blind. I provide relief for her husband… play cards, Yahtzee, Scrabble… I try to engage her, but [a timebank] is a really good thing I think she [could] get involved in… she could be a friendly visitor, telephone reassurance, she would be a productive [timebank] member.”

“Society for some reason looks at the negatives more than they look at all the positives… I think this thing, this type of activity really plays up the pluses in people’s lives… those who we think, ‘they can’t possibly do this’… they can!”

“I have a gentleman who is severely vision impaired… he is trying to get his place cleaned out, but he can’t get through the paperwork. Yet, this man has other talents that he’d be happy to share.”

“When we first started our group, two people were the first because they became disabled and they were so depressed… so what they did was had some people [with disabilities] visit them and tell them, ‘Now, this is not the end. Although you won’t be able to walk, you can still do so many things’.”

3. **During the focus group sessions, many participants brainstormed groups, organizations, and communities in Hawai‘i that may benefit from a timebank. In considering implementation of a timebank pilot project for Maui County, many participants felt that the project would be enhanced through partnerships with interfaith communities.** A couple examples from these discussions with focus group participants are shared below.

“A lot of churches, all kinds of churches, whether it’s Hongwanjis or Catholic churches… I would think most churches have some kind of an outreach group or a social benevolent group that would be in charge. The leaders of those organizations should be invited to something like this because it would really touch [their members].”

“Something like this has excellent timing… this is really great because we’re not talking money… it’s really acknowledging the gifts and talents of people… there’s so much that people can contribute from the dignity of themselves… that’s why I love Na HoAloha.”

4. **New timebank exchange models evolved in discussions with focus group participants.** Approaching a pilot project with a strong emphasis on caregiver support, focus group participants recommended exchange models that would enable groups- support groups, family units, informal support networks- to join a timebank as a collective entity, enabling them to share their timebank currency. A couple examples from these discussions with focus group participants are shared below.
“Well, if he’s in daycare, then she’s got some time there to give back and volunteer. It would be really good to bring [timebanking] into the support groups and present this to them... I could actually see a support group... actually being in this timebank together.”

“If families got involved [together], it would be a great way of teaching give and take.”

5. **Timebanking generates an opportunity for collaboration with Hawai’i’s younger generations by teaching social responsibility, creating a positive and informal introduction to aging related challenges, promoting intergenerational exchanges, and allowing the next generation an opportunity to explore a variety of future career interests.** A few examples from these discussions with focus group participants are shared below.

“So this might be something you could even get into the schools... we start teaching our youth here from a young age... about dementia and getting them to come to the day care center for an excursion... we help them to get a feel for what it’s like... getting them over that fear, and in doing so, we are encouraging them to get into the health field... just knowing what they can do to make a difference... if they see it in their own family, how are they going to face it? Honestly, [a timebank] is something to start at the school level.”

“That’s why it’s so important to reach out to our youth... [aging] was always hidden from us... we didn’t learn about it.”

“We need to teach our youth that there’s no better way to learn about things than to go out and do it... they can learn a lot by what they give [and] what they do.”

6. **Timebanks increase the community’s mobilization by generating new opportunities for public service.** After collating the data, caregiver support and respite services emerged as the major theme when looking at the services brainstormed from a family-focused framework (for both service delivery and service requests). An example from a discussion related to public service needs for transportation with focus groups participants is shared below.

“On Maui, the transportation is... huge... you know, if you can offer some kind of transportation, that [would] be a big help.”

**Barrier Themes**

Three major themes emerged during the focus groups related to participant’s perceived barriers to a timebank in their community. These barriers will be shared with the Lifespan Respite Network as they consider the implementation of a timebank pilot project in Hawai’i.
1. **Liability.** There were several concerns about the liability of informal exchanges through a community timebank, and more specifically, focus group participants were concerned about the danger of exchanging services in people’s homes without first sufficiently vetting the volunteers. EOA’s research team extensively discussed timebank liability policies and procedures with all key informants, which will be detailed further in the subsequent section.

2. **Competition with existing service providers.** Several participants discussed concerns about a timebank interfering with existing volunteer organizations and service providers. Each focus group spent time discussing how timebanks intend to complement and enhance options for long-term services and supports through existing volunteer organizations and service providers. EOA’s research team and participants explored opportunities for a timebank to aid providers in pursuing their organizational missions, providing additional value to volunteers through existing providers (enabling timebank participants to remain with the volunteer organization that they’ve been working with, but in addition, offering them membership through a timebank), and opportunities for existing providers to offer additional long-term services and supports to those they serve as public services are often very limited.

3. **Limitations for frail persons.** Focus group participants recognized that all human beings have something of value to offer to their community. However, many participants felt that there will be people who have more difficulty providing their time to engage in a timebank due to health frailty. These conversations led to one of the systematic themes described in more detail above, and will lend the Lifespan Respite Network to consider alternative exchange models (i.e. family membership support) that may support people during times where it may be more difficult to engage in reciprocity through a timebank.
V. RECOMMENDATIONS

The overarching recommendation from this analysis is to pursue innovative strategies and opportunities for Hawai‘i’s communities to engage in co-production. Though the literature and preceding research suggests it is feasible, a respite-focused timebank has yet to be implemented and evaluated as such. The following section includes 9 recommendations that are evidenced throughout this paper, and closing the research’s analysis, are believed to be critical in the development of a timebank system in Hawai‘i primarily purposed to facilitate respite outcomes.

1. **A timebank pilot project is recommended through Hawaii’s Aging and Disability Resource Center (ADRC), with a limited scope of services in a geographic area rich with existing pluralistic community networks.**

   Developing coordination and seamless accessibility for all long-term supports and services (LTSS)—such as respite care— in any State or county is challenging, with transition often occurring over time and through operational refinements and restructuring. Driving this effort in Hawaii is the Statewide Aging and Disability Resource Center (ADRC). A central vision of the ADRC is for Hawaii’s Area Agencies on Aging (AAAs) to become a single point of entry for individuals to access LTSS, such as respite care. For this reason, it is recommended that the timebank pilot project be embedded into Hawaii’s ADRC.

   The Maui County Office on Aging (MCOA) was Hawaii’s first AAA to fully develop the ADRC operational model. For this reason, collaboration between EOA and Maui’s ADRC presents the right conditions for the timebank pilot project. What’s more, since Maui ADRC’s inception, MCOA has documented a 400% increase in their demand for services in Maui County, creating and urgency for other LTSS options that don’t rely on public funding sources.

   Emphasized throughout the literature and suggested by timebank administrators, co-production needs further experimentation and analysis given preliminary evaluations that suggest systematic cost-savings, community and individual benefits.

2. **Hawai‘i’s Aging Network should operationalize a broadened definition of respite services.**

   One way for the timebank to provide traditional respite would be to increase the service capacity of Hawai‘i’s existing volunteer respite organizations. However, services provided by traditional respite providers (i.e. assistance with ADLs) may be too personal to exchange in the timebank, and often require advanced training and skills.

   Consequently, to increase the timebank’s utility and respite-serving capacity, a broadened view of respite ought to be adopted. As mentioned earlier in the report, an
emerging view of respite considers the social determinants of family caregivers health and utilizes a family-focused framework: respite care services are designed to meet the therapeutic needs of the care recipient; offer opportunities to develop the care recipient’s social, recreational and life skills; strengthen families by reducing stress and ultimately improving long-term functioning of both caregivers and care recipients; and, maintain or enhance the quality of life for families who are caregiving (Canadian Healthcare Association, 2013). The respite activities exchanged in the timebank would not replace formal respite programs and the skilled LTSS they provide; rather a timebank would expand and provide frequent and practical support for daily living needs to help families better manage their collective caregiving and non-caregiving responsibilities. Though not framed as respite, the literature suggests these types of services (i.e. grocery shopping, companionship, transportation to doctor’s appointments, and yard work) are already commonly exchanged among timebank members, and are essentially services that support IADL needs. Furthermore, too few LTSS provide these kinds of informal support to family caregivers; therefore, the timebank would extend the continuum of services of Hawai‘i’s Aging Network by adding a source of home and community-based support that focuses largely on prevention.

Additionally, a family-focused definition of respite is especially appropriate in Hawai‘i where caregiving typically involves the entire family and home-based care. To capitalize on the naturally occurring relationships of Hawai‘i’s communities, the timebank should consider a “group” exchange model, even though it may not be conventional within the timebank community. Additional suggestions for a “group” exchange model are further detailed below in recommendation 6.

Lastly, a timebank supporting a broadened view of respite would align with the intentions of Hawai‘i’s Lifespan Respite Care Program, to integrate respite services for people of all ages and disabilities. The timebank could help Hawai‘i’s respite organizations, serving target populations (i.e. caregivers of children, people with disabilities, and older adults) to build a more coordinated, seamless system of care.

3. In addition to traditional timebanking outcome measures (i.e., demographics, participation rates, services exchanged, etc.), analyses of the pilot should seek to capture the unique intention of the project to elicit respite-related outcomes, leveraging data obtained through evidence-based assessment tools (such as Inter-RAI and TCARE) for caregivers and families through the timebank system, and applicable cost-savings when compared to traditional services;

As stated throughout this paper, timebanks facilitate a wide range of activities and generate a number of individual-, community-, and system-level outcomes. For the
purposes of this project it will be important to understand the utility of the timebank for families, caregivers, and older adults, especially in the ways it provides respite and enables community living; however, it is equally important to understand the utility of the timebank for all members because everyone’s participation, whether through exchanges with caregivers or not, increases the capacity for respite activities to be exchanged. Below we offer a few recommendations of what and how to measure a few outcomes:

*Estimating the Economic Value of Timebank Services*

One of the challenges of estimating the economic value of timebank activities is finding an equivalent service in the market economy with a known dollar value. In the case of services for older adults (i.e., transportation, home-delivered meals, and chore services), the cost of Hawai‘i’s Kupuna Care services may provide a comparable standard. Such an analysis will provide the timebank with a relevant economic value and could be used to estimate the cost-saving to the Aging Network.

That being said, it is important to remember that there are differences in receiving services through the timebank versus through traditional providers, and there are limitations in making direct comparisons. Services received through the timebank may better accommodate individuals’ personal preferences; but may not be completed with the efficiency and expertise characteristic of professional service providers. For example, a ride received through the timebank may allow an older adult to make several stops and without time restrictions; whereas a traditional transportation provider may better be able to accommodate someone with a wheelchair or mobility equipment.

The timebank should also attempt to estimate the economic value of services that are not provided through Kupuna Care, but essential to community living or respite from a family-focused framework (i.e., home repairs, companionship, shopping and escort services). Although it may be difficult to determine an equivalent service or cost in the market economy, these services are essential supplements to formal services and may prevent avoidable health and social care costs.

In order to do such analyses, the timebank database must to be able to filter specific services and tabulate the number of hours or units that were provided to older adult participants, and their family members, each month. For this purpose, it may be useful to collect a number of demographic variables (i.e., age, caregiving status, family members in timebank etc.) upon participants’ enrollment in the timebank.

Hawai’i’s Aging and Disability Networks, through the Aging and Disability Resource Center (ADRC), are implementing a standardized evidence-based assessment (InterRAI) with functionality that enables Hawai’i’s Area Agencies on Aging (AAAs) to capture participant data to enable evaluation of the efficacy and effectiveness of the LTSS provided.

Additionally, Hawai’i was recently awarded a grant through the Administration on Community Living (ACL) to enable a demonstration project to pilot an evidence-based caregiver assessment, TCARE; this pilot suggests opportunities for a timebank demonstration project to engage multiple data management systems to evaluate the individual, community, and system’s-level outcomes to determine the demonstration project’s impact. This study further suggests utilization of hOurworld’s “Time and Talents” timebank software system for further analysis (and to align with the current software trends among timebanks). Combined, these data management systems offer additional opportunities for the demonstration project to evaluate:

- Respite outcomes
- Quality of life outcomes
- Social network development
- Community partnership development
- Health outcomes
- Other process evaluation items (e.g. availability of timebank services to meet member needs)
- Participant and system evaluation related to the efficacy of a broadening view of respite care.

4. **A timebank pilot project that engages an existing volunteer organization within Hawai’i’s Aging Network is suggested.** Likewise, the cultivation and development of community partnerships during planning and implementation will enable the success of the pilot project;

As discussed in the results section of this report, many timebank administrators emphasized the importance of starting small to build a strong foundation for the timebank, which over time, will expand to provide more services (with increased membership) across larger geographic areas. Further reinforcing this suggestion, Cattell (2011) notes, “Timebanks within community settings can foster ‘pluralistic’ and ‘solidaristic’ networks by allowing members to build bridging social capital alongside pre-existing bonding capital.”

Engaging existing volunteer organizations and initiatives will develop stronger social networks to aid the infrastructure development of a timebank. Further supporting the early
growth of a timebank in Hawai‘i, it’s suggested that a pilot project support and maintain a partnership with the Corporation for National and Community Service (CNCS) to engage AmeriCorps VISTA members, where opportunities allow, as vital partners in developing community capacity for a timebank. Lastly, partnerships with universities and educational institutions can further support the development, sustainability, and ongoing need for community education.

Gregory (2012) suggests, “By building partnerships, health service providers may be able to direct members to earn credits through other organizations as well as with the Local Health Board. Such developments would require considerable leadership direction and collaborative efforts on the part of all agencies and organizations involved…It is possible for health services to rethink how some current services are provided.”

5. All timebank participants should be required to attend an orientation and training session upon joining the timebank.

As noted by the timebank administrators, an in-person group orientation helps members to become acquainted with the concept of timebanking, to understand the policies and procedures, to receive training on software usage, and to begin networking with other members for future exchanges (see Key Informant Interview Results, Timebank Administrators, Training Requirements). The consistency and clarity of the orientation will be vital to members’ early participation, and to the development of a timebanking culture necessary for sustained participation and the timebank’s growth. For the same reasons, regular social and mixer opportunities hosted by the timebank are recommended to assist with network development and to provide new members an opportunity to accrue startup hours by attending the events.

Although no timebank administrators reported providing service or skill-related training, it is recommended that training options be made available to extend the respite service capacity of the timebank and to promote safe and appropriate exchanges. The volunteer respite coordinators interviewed expressed a range of training requirements, which depended on the level of care being provided and included combinations of first aid/CPR certification, proper transferring techniques, compassionate communication and sensitivity training, as well as hands-on personal care training. The availability of such training may increase the willingness of members to provide such services, by providing them with the skills, knowledge, and confidence to do so. Similarly, service recipients may feel more comfortable requesting assistance from other timebank members who can verify that they have received a basic level of training. In order to mobilize existing resources, the timebank should seek to partner with organizations that offer such trainings and could compensate them as organizational timebank members. Lastly, as the needs of the
timebank members change additional trainings and partnerships should be considered to increase the resource and service capacity of the timebank.

The pilot project provides an opportunity to test and collaboratively develop orientation and recruitment materials, and to identify the training needs and resources available through the timebank.

6. Adoption of timebank exchange models that complement Hawai‘i’s local culture.

Traditionally, timebanks operate through person-to-person (most common), person-to-agency, and agency-to-agency models, as documented throughout this report. Based on the feedback from the focus groups and key informant interviews, it is suggested that a pilot project be innovative in considering exchange models that may not be conventional within the timebank community. In doing so, the timebank pilot project may offset some challenges that have been experienced by other timebanks, also tailoring the timebank’s exchange models to complement Hawai‘i’s local culture. For example, based on challenges in engaging younger populations shared by some timebanks, intergenerational exchange challenges suggest that the demonstration project further consider strategies to engage people of all ages, accounting for people’s busy schedules and encouraging opportunities for intergenerational exchanges where possible.

Focus group participants suggested the pilot project evolve a group exchange model (family units, support groups, informal support networks) in addition to the person-to-person, person-to-agency, and agency-to-agency models that will be included. “Groups” could be family units, informal support networks, support groups, and other hui (meaning collaborative in the Hawaiian language) that don’t have the formality or structure to join the timebank as organizational members. Shared group exchanges could bring together the skills of multiple generations within a family or group, and enable individuals with busy schedules to be involved in the timebank. Considering this all, and as Hawai‘i leads the nation in multigenerational living (7.2% of households), it is recommended that the pilot project also include exchange models to support shared group exchanges. By doing so, the pilot project intends to support group exchanges and intergenerational opportunities.

7. Ongoing public education is recommended, with a focus on community co-production approaches to meet broadened caregiver respite needs (within a family focused framework); and, focus on evolutionary rather than episodic change.

The literature presented throughout this report has provided robust examples of ways in which co-production can help meet broad family and community needs. Public education should present co-production as part of the solution for unmet caregiver respite needs; in other words, education efforts should focus on the need for a culture change in
how we look at supporting caregivers and families, with a paradigm shift that enables the capacity of our communities to support informal family needs that are unable to be met in current formal service provision schemes. Building social networks and developing co-production takes time, however. Gregory (2012) notes,

> These networks not only build patient confidence and skills to co-produce but need to form between providers and users of services in order for co-production to be possible. Future policy innovation needs to be aware that services may be restricted in what they offer for credits requiring the development of wider partnerships and that staff must appreciate that these will be difficult to establish and will take time. (p. 285)

8. **To ensure the sustainability of the timebank, this study suggests the timebank employ a timebank coordinator.**

   Nearly all timebank administrators stressed the importance of a paid timebank coordinator to aid the sustainability of the timebank. Not only does the coordinator act as a broker to facilitate structural holes to develop services and expand social networks, a timebank coordinator supports the need for ongoing community education and mitigation of liability.

9. **It is recommended that the Lifespan Respite Network be activated as the Timebank advisory board to assist in planning and implementation of a timebank pilot project.**

   According to a 2010 survey of 128 active timebanks, 51% of timebanks have an advisory board to make policy decisions (Collum et al., 2012). Gregory (2009) notes, “To apply a “true” co-production approach, timebanks must involve community members in the designing, planning, and implementation of the timebank.”

   Based on the findings presented throughout the report, there are limitations to existing research that suggest experimentation and the need for further exploration. It is therefore recommended that the advisory board consider potential limitations, including but not limited to the following, as they plan for a timebank pilot project:

   - Background checks
   - Liability/volunteer insurance
   - Membership fees or alternative funding sources
   - Rules for donating hours (community pot?)
   - Partnerships with existing volunteer organizations and groups
VI. DISCUSSION

Concluding the project’s research, and further supported by the local interest shared during our community conversations, the main finding of this study suggests that a timebank is feasible for Hawai‘i. Additionally, the research suggests that co-production in public services may mobilize communities around Hawai‘i through a timebank to support caregivers and families in a respite context. Ending a thorough review of existing timebanks and coupled with a broadened view of supporting caregiver and family respite needs within a family-focused framework, it’s apparent that many timebank services do not fit traditional definitions of respite care but these services may, in fact, support families who are caring for a loved one. For example, yard work and handyman skills were identified as services that focus group participants would be willing to provide to a timebank member and are services key informants shared are available through other timebanks; although these services are not traditional respite services, they are often expensive if purchased in the mainstream economy and, if provided through the alternative currency developed through a timebank, these services may significantly decrease the stress on families who are attempting to preserve their financial resources to support the formal service needs of their care recipient.

Challenges to Operationalizing a Timebank in Hawai‘i

It seems feasible that timebanking presents opportunities for innovation within public services. This investigation, however, has led to unanswered questions and limitations that suggest the need for further experimentation and research. For example, looking at timebanking within a respite context, what limitations to care services exist within co-production (as has been discussed throughout the report, a timebank does not intend to replace formal services, rather intends to complement these services)? Obviously, there will be limitations (i.e., bathing services may not be appropriate), which warrant further experimentation and analysis.

Conversations with professionals outside of those in the focus groups have raised concerns that volunteers may not always want to “get something back,” in other words; there are concerns that some people will not want to engage in the process of reciprocity by using services in return for services they provide to other members. Boyle et al. (2010) suggest that there are some volunteering purists who disapprove of getting anything in return, but the truth is that most volunteers get something out of their involvement – it just isn’t primarily financial and it isn’t at market rates. Reciprocity in co-production is about making the mutual responsibilities and expectations explicit ...and triggering more opportunities for people to contribute. These are not one-way transactions between
volunteers and recipients but interactions that catalyze further contributions to the benefit of all. (p. 11)

Similar to the focus group feedback on tailoring the timebank exchange model to meet the unique needs of Hawai’i’s communities, this feedback encourages a timebank pilot project to consider exchange models that would enable timebank members to alternatively donate their time dollars back to other members in need, if they decide not to use the time dollars for individual services. Obviously, one of the main challenges facing caregivers is the need to balance caregiving with other responsibilities, such as employment; this may seriously hinder their ability to provide services through a timebank and suggests that a pilot project consider exchange models that align with a family-focused framework of respite care. Community conversations at large, however, suggest that a timebank pilot project is feasible for Hawai’i.

Timebank Maintenance: Collaboration, Facilitation, and Defined Community Roles

The success of timebanks in addressing community needs can be attributed to its grassroot (or, “bottom up”) development; however, timebanks have also been initiated by government agencies and public service providers (or, “top down”) because of their ability to facilitate co-production. Consequently, to maintain the integrity of the timebank system, while making it a functional resource for Hawai’i’s Aging Network, the timebank must be developed and maintained with clearly defined community roles that embrace a blended top-down and bottom-up approach.

The bottom-up approach will be achieved if the timebank remains open to the entire community. Members must be allowed to recruit whomever they want, and to exchange services that meet their needs. The availability of respite activities will require the contributions of the entire community, including those who do not need respite in return; so there needs to be meaningful and practical benefits for everyone. Not limiting the natural growth of the timebank will ensure that the system remains community-driven.

The top-down approach, however, is needed to facilitate respite outcomes. A respite-focused timebank would be the most functional if embedded within an existing volunteer respite organization, as previously mentioned; additionally, oversight by the Executive Office on Aging (EOA) and integration in Hawai’i’s Aging Network through the Aging and Disability Resource Centers (ADRC) would enable the timebank’s services, with a specific focus on services that enable caregiver respite outcomes.

As the conduit and main point of access for aging services in Hawai’i, the timebank should be integrated as a supplementary service option in the ADRC. For example, if an older
adult does not qualify for state-funded programs and is unable to pay privately for all the service(s) he or she needs, the ADRC could refer that individual to the timebank for informal community supports. If the timebank proves to be a sustainable and reliable resource option for older adults, continued dependence on the timebank may warrant the allocation of state funds for administrative purposes.

The ADRC’s in Hawai’i are also currently exploring the use of a caregiver assessment called T-CARE (Tailored Caregiver Assessment and Referral), as mentioned in the previous section. TCARE is a 6-step protocol for care managers to assess caregivers’ health, caregiving roles and risks for stress and burnout, and to connect the caregiver to LTSS available through the ADRC (TCARE Navigator, 2012). As mentioned previously, few LTSS programs target family caregivers, and those that do primarily focus on the social and psychological dimensions of caregiving. If the timebank was a resource of the ADRC, caregivers could receive respite-related assistance from timebank members, and the timebank would have a source of potential members, which would support timebank recruitment efforts. Partnering with the ADRC would also benefit the evaluation of health and social outcomes for older adult and caregiving timebank participants who are already assessed, and periodically reassessed, by the ADRC system.

Challenges to Co-Production and Public Services in Hawai’i

Arguably the biggest challenge to the mobilization of co-production approaches (i.e., timebanking), is the need for research evaluation methods to measure the social outputs, outcomes, and impacts. Without this level of analysis, co-production’s application to programs and service production will be hindered.

Many leading co-production researchers articulate the need for demonstration projects that analyze systematic impacts and community outcomes. Largely, co-production’s research is occurring in the U.K. which may be attributed to the political response from their government (for example, The UK Coalition Government’s forward, ‘A Vision on Adult Social Care’) which has differed from the U.S.’ grassroots response. Boyle et al. (2010) suggests,

Co-production can be awkward for funders and commissioners, who tend to look for specific objectives and pre-determined outputs generated from a narrow range of anticipated activities and evidenced by limited indicators of success. Co-production looks much messier than this, often encompassing a broad and multiple range of activities which continue to evolve as relationships develop between professionals and people using services. The indicators of success are found in broader outcomes and longer term changes that often fall across multiple funding streams and are not always
easy to measure with current methods. There is, in short, a culture clash. [This] failure to encompass what is new and innovative – even when it manifestly succeeds in tackling otherwise intractable problems of public policy – is bound to hold back the development of co-production. (p. 28)

Local and nationwide discussions have allowed considerations for many common challenges and limitations to co-production, suggesting that Hawai‘i should consider introducing a timebank with a pilot project. A pilot project will allow experimentation within the community’s scope of co-produced services and analysis of a smaller scale project before considering statewide replication. Additionally, the project will provide a smaller and more controlled venue to explore community concerns and potential implementation challenges.

Finally, to be successful, conversations with community members and timebank administrators around the world emphasize that, to aid our unmet needs, societies must focus on developing a co-production culture within our communities, and this takes collaborative partnerships that provide ongoing community education. Boyle et al. (2010) suggests,

What co-production means in practice is a huge and unprecedented mobilization of unpaid participation by public service users, their families and their neighbors. It means a massive increase, not so much in volunteering – because it will be outside the conventional volunteering infrastructure – but of mutual support and activity organized through the public sector, so that every school, surgery, hospital or housing estate becomes, as part of its fundamental purpose, a hub of increasing local action. It is about building human resources and minimizing waste. In practice, co-production is an answer to the question of how to mobilize civil society: using the public services infrastructure. But this will only happen if co-production ceases to be a matter for marginal experimentation and becomes the standard way of getting things done (p.20).
REFERENCES


APPENDIX A: TAXES AND TIMEBANKING

Exemption of Time Dollars from Federal Income Taxes

In 1985, the IRS ruled that Time Dollars were exempt from federal income taxes. For practical and conceptual purposes this ruling is essential to the integrity of timebank systems. The IRS considered two characteristics of Time Dollars that make them uniquely different than commercial bartering. First, time credits “have no monetary value”; they are merely a means of motivating volunteers (Collum & Rowe, 1992, p. 78). Furthermore, the fundamental and operational contrast between conventional money and Time Dollars is an acknowledgement of the different economies in which they exist and the types of behaviors they facilitate. Second, time credit recipients have no “contractual liability” (ie. legal obligation) to one another; rather they are bound by ethical obligations, and the shared belief in reciprocity. Collum and Rowe (1992) assert that, “Any sense of security people feel rests on their trust in the program, and particularly in their fellow members. They can’t go to court to demand service from anyone, no matter how many Time Dollars they hold because trust is all there is” (p. 80).

Exemption of Time Dollars for Benefit Calculations

Though other forms of alternative currency have been considered sources of income, Time Dollars have consistently been treated differently. Seyfang (2003) best articulates the difference in the U.K. government’s interpretation of timebanks and alternative currencies:

“LETS [Local Exchange Trading Schemes] was presented as an alternative money with an economic objective, and was perceived by government primarily as a tool for promoting informal employment. Consequently, benefit regulations treat LETS earnings as equivalent to money (with a small allowable amount each week but still inhibiting participation by benefit-recipients) and LETS income is taxable if it is earned during the course of one’s normal profession (otherwise it is disregarded as ésocial favoursi). In contrast, and quite deliberately, time banking was presented as a social initiative and the time currency aspect was downplayed and instead time credits are likened to éloyalty pointsí for neighborliness. As a result, time banking has been viewed by government as a tool to encourage volunteering and community self-help, and time credits have been declared exempt from either taxation or benefit calculations.” (p. 5)

In sum, the justification for the tax-exempt status of Time Dollars is rooted in its ideological foundation and the intentions of the members who participate.
Tax Credit Incentives for Time Banking

To our knowledge, no research has been published on the implications of providing individual or organizational timebank members with tax credit incentives for participation; likewise, no such policies were found in the exploration of national or international timebank schemes. In developing a timebank it is important to consider policies to incentivize credit circulation and an investment from organizational members who could offer benefits perceived to hold high value. Especially in timebanks where members’ needs extend beyond neighborly favors, such as caregiving tasks, there is a potential for individuals with complex needs to be left out of the exchange networks; and thus a warranted need for participation incentives. Although the use of tax credits in timebanking requires further exploration, it is likely that the introduction of such monetary incentives would undermine the values upon which the system is built; moreover, there are no comprehensive mechanism for comparing timebank activities to services bought and sold in the mainstream market. Consequently, the use of incentives to enhance intrinsic motivations and volunteer participation without the use of money, are more likely to be appropriate for timebanking than tax credits.

More generally, the literature on the use of incentives to promote civic engagement suggests that monetary incentives should be avoided. The Motivation Crowding Theory suggests that external interventions, via monetary incentives, undermine intrinsic motivation, and introduces an economic incentive that can “crowd out” altruistic intentions. This theory is in contrast to the price effect of the market economy, where the increase in the price of a service is associated with an increase in quality. In the case of the Crowding Theory the implementation or increase of a price is linked to decreased participation (Frey & Jegen, 2001). When financial incentives for volunteering are public (ie. tax credits), it becomes difficult to distinguish between the economic and altruistic intentions of participants; likewise, the perceived social good of the volunteer and the services they provide decreases (Ariely, Bracha, Meier, 2009). The translation of this effect to the volunteer contributions and charitable activities of small business and organizations is less understood. Further exploration should assess the motivations of timebank organizational members, and their role in timebanking systems. It is likely that non-monetary incentive options, which respect the structure and values of timebanking, have and can be used to encourage investments and participation of local businesses.
## Appendix B: Case Studies: Co-Production, Timebanking, and Opportunities for Hawaii

<table>
<thead>
<tr>
<th>Model</th>
<th>History</th>
<th>Purpose</th>
<th>Benefits and Outcomes</th>
<th>Membership and Services</th>
</tr>
</thead>
</table>
| Rushey Green TimeBank (RGTB) | Started in 1999 as a pilot project (partnership with the New Economics Foundation- nef- and Dr. Richard Byng from the Rushey Green Group Practice- RGGP) in Catford, Lewisham, South East London. Dr. Byng was convinced that increased human interaction could help many of his patients with symptoms of depression and isolation; this led to his interest in timebanking. RGTB was the first timebank in the UK to be based in a healthcare setting. Pilot project ended in 2003 (as did nef funding and management); RGTB was turned over to a steering group through the RGGP. In 2004, RGTB became a registered charity and the steering group became the board of directors. In 2004, the RGTB- together with a collation of voluntary sector agencies- formed the Lewisham TimeBank Network. | Promotes co-production as an effective approach to improving health. The mission of the RGTB is ‘to empower the residents of Catford (including but not exclusively the patients of the RGGP) to improve their own health and sense of well-being, and thus improve the health of the Catford community as a whole.” | In 2007, 24,882 hours of service exchanged. Benefits: Decreased isolation & enhanced well-being in social, physical, & emotional need; increased tolerance & understanding of depression; development of self-worth; reduced burden on traditional carers; and, healthcare savings regarding decreased costly referrals by general practitioners (The New Economics Foundation, 2008) | As of 2011, RGTB had over 240 members. A service provided to patients of the RGGP, but open to all members of the Catford community. Majority of referrals from doctors, nurses, or other healthcare or service providers Services exchanged include, but are not limited to: housework, cleaning, gardening, befriending, transportation, shopping, group activities, and civic involvement. | For More Information:  
http://www.rgtb.org.uk/  
Awards and Recognition:  
- 2007: “Let’s do it” award from the South London press and Barclays Bank  
- 2008: London Health Commission award in partnership with the National Health Service (NHS)  
- 2009: City of London Sustainable City Award for “Access to goods and services for disadvantaged communities.” |
| Timebank Service Scheme | Founded in 1997 in Portland, Maine by Dr. Richard Rockefeller who was inspired after hearing Dr. Edgar Cahn (founder of Time Dollars) speak about timebanking. Initially called the Maine Time Dollar Network, the 501 (c) (3) has gone through several name changes, and is now known as Hour Exchange Portland (HEP). At one point in time, HEP and Timebanks USA- the national umbrella organization headed by Dr. Cahn, shared office space and staff in Portland, Maine.

Dr. Rockefeller was the primary funding source for HEP, and served on their board of directors until early 2012. A 7-8 board of directors currently oversees HEP.

A partnership with the Corporation for National and Community Service (CNCS) provided vital resources with AmeriCorps VISTA members; this partnership ended in 2011 and has significantly reduced the workforce of HEP.

hOurworld was developed in 2011, with Time and Talents entering the mainstream timebank community and providing a new revenue stream to HEP. |
| Hour Exchange Portland (HEP) | HEP is a co-production model of networking and development to build, expand and sustain local communities in Maine.

HEP's mission endorses the five core values intrinsic to all timebanks: (1) Assets, (2) equality, (3) reciprocity, (4) redefining work, and (5) respect. |
| | Overall, 150,000 hours of service with average of 10,000 service hours annually.

25,000 hours of free health care, with 30 types of healthcare services offered; possible through a partnership between HEP and True North Health Center.

One of the most significant outcomes of HEP to date is the development of the Time and Talents software, created by Stephen Beckett, a HEP timebank member (Hour Exchange Portland, 2014) |
| | Open community-based membership. Over 2,500 families, organizations, businesses, groups, and individuals within Portland and other surrounding counties in Portland, Maine.

Healthcare services are the services most utilized by HEP members.

Other services include weatherized about 100 homes; working with refugee & immigrant populations; offer educational & self-improvement classes; broad offer of services & programs.

$25 membership donation requested of timebank participants (to offset staffing and organizational expenses). |
| | For More Information:

- [http://www.hourexchangeportland.org](http://www.hourexchangeportland.org)
- [https://hourworld.org/_TimeAndTalents.htm](https://hourworld.org/_TimeAndTalents.htm)
- [http://www.truenorthhealthcenter.org/ourcollaboratorshourexchangeportland.asp](http://www.truenorthhealthcenter.org/ourcollaboratorshourexchangeportland.asp)
<table>
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<tr>
<th>Lotsa Helping Hands</th>
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<tr>
<td><strong>Co-production social enterprise; online platform develops care communities.</strong></td>
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<td><strong>Founded in 2005 by IT professionals Barry Katz and Hal Chapel; the social enterprise was inspired through the death of Katz’s wife in 2004 after her 4 year battle with ovarian cancer.</strong></td>
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<td><strong>Partnerships with over 50 national non-profit organizations including, but not limited to: The Alzheimer’s Association, the Wounded Warriors Project, ARCH National Respite Network, the National Multiple Sclerosis Society, AARP Tennessee, ALS Association, the National Health Council, the Caregiver Action Network, the National Alliance for Caregiving, Muscular Dystrophy Association, the National Marrow Donor Program and Heroes for Children.</strong></td>
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<tr>
<td><strong>2011: Partnership with United Healthcare</strong></td>
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<td><strong>2012: Launch of Open Community Model and The Year of Helping Hands campaign. Also, launched LotsaHelp@work - a program enabling corporations and organizations to customize the service for their caregiving employees.</strong></td>
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<tr>
<td><strong>2013: Launch of a free mobile app. Partnership with Give Forward - helping 44 Lotsa families raise $89,095 to date.</strong></td>
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<td><strong>The vision of Lotsa Helping Hands is to have “a world where everyone can give and receive help through the power of community.”</strong></td>
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<td><strong>The mission of Lotsa Helping Hands is to “power online caring Communities that help restore health and balance to caregivers’ lives. [Their free] service brings together caregivers and volunteers through online Communities that organize daily life during times of medical crisis or caregiver exhaustion in neighborhoods and communities worldwide.”</strong></td>
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<tr>
<td><strong>Over 1.4 million members have participated.</strong></td>
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<td><strong>30,000 communities, reaching 40 countries across the world.</strong></td>
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<td><strong>The online platform asserts “caregivers benefit from the gifts of much needed help, emotional support, and peace of mind, while volunteers find meaning in giving back to those in need.”</strong></td>
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<tr>
<td><strong>Average: 30 members in a community (80% women); the largest has more than 600 members. Communities can be private or open; volunteers sign up to fulfill unmet needs posted on an online calendar.</strong></td>
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<td><strong>Initially, services exchanged focused on instrumental activities of daily living (IADLs) coordination - like meals, rides, respite, housekeeping and childcare. Service expansion has made additional features available, such as care communities, vital medical information, customizable communication and access features, email alerts, online 24/7 technical support, relevant web links, and pictures.</strong></td>
</tr>
<tr>
<td><strong>Often, the caregiver coordinates their care community, inviting individuals to participate in the private community at their discretion. Some communities involve many different service needs, leading to segmentation in coordination - a meals coordinator, a rides coordinator. Some care communities that have dovetailed with other systems of care coordination, like the Share the Care System.</strong></td>
</tr>
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</table>

**For More Information:**
- [http://www.lotsahelpinghands.com](http://www.lotsahelpinghands.com)
GoodGym’s founder - Ivo Gormley - got the idea through his feeling that normal gyms have become a waste of energy and human potential, believing that human capital could be put to better use.

Gormley submitted a proposal to the Social Innovation Camp in 2008, winning first prize and sparking rapid development in the UK.

GoodGym became a non-profit entity in 2009 and became a part of the first iteration of Bethnal Green Ventures.

In 2012, GoodGym worked with the London Legacy Development Company and Nesta on expansion. These partnerships led to the launch of GoodGym Open, which branded GoodGym and made licensing available to other entities looking to start a GoodGym Open initiative.

Since 2012, 1,000 runners have taken part, reaching 250 older people and supporting over 50 community organizations.

GoodGym strives to combine people’s desire for fitness and the many neglected tasks in communities that need energy.

GoodGym has been working on tackling community member’s social isolation, striving to improve the quality of life for older adults in the UK.

In addition to their vision of tackling social isolation, GoodGym assists with community projects that need physical labor by organizing teams to get the jobs done.

GoodGym is projected to double its activity in 2014, expanding to 6 new regions and ultimately, aiming to operate in every major city in the UK.

The long-term benefits are realized through communities of interconnectedness and interdependence.

GoodGym membership is open to anyone who is a part of the respective area’s local community.

Accepts referrals from community organizations, pharmacists and other clinicians, and care homes - among other referral sources.

Friendly visits to older adults provided by GoodGym runners; coaching services provided to GoodGym runners by the older adults they visit.

In addition, GoodGym teams volunteer for community projects needing physical labor.

Awards and Recognition:
- 2014: Prime Minister’s ‘Big Society Award’
| Independent Transportation Network of America (ITN America) | Co-Production Membership Model [ride share, car share, volunteer transport, and community transport] | ITN's founder- Katherine Freund became interested in senior transportation in 1988 after her 3-year old son was run over by an 84-year old driver with dementia. Freund's son survived this accident, inspiring a social enterprise in Portland, Maine- the Independent Transportation Network (ITN) - which is a replicable model that connects to a larger national system, ITN America, through ITN affiliates. ITN was created through the support of the Southern Maine Area Agency on Aging (AAA), AARP, the Transportation Research Board's Transit IDEA program, the Federal Transit Administration, the National Highway Traffic Safety Administration, private philanthropies and community members. ITN affiliates are non-profit membership organizations. Affiliates utilize ITN America business innovations to manage operations, including ITN Rides (a software management program) and the personal transportation account (a mobility portfolio that holds a variety of assets for access to services, such as an individual’s car that they no longer drive or transportation credits earned by volunteering to drive others). | ITN America's mission is to support sustainable, community-based transportation services for seniors through research, policy analysis and education, and by promoting lifelong safety and mobility. ITN America aims to develop sustainable senior transportation that will scale with the aging of the population. | 25 ITN affiliates in 20 states. 600,000 rides delivered through ITN America, serving >5,000 people growing at a rate of 100,000 rides a year. Atlantic Philanthropies Evaluation with the University of Connecticut Health Centers found in one year transportation difficulty for members declined 21%. 6 months after ATN, family members were 37% less likely to miss work for transportation needs of older adult. 2012 ITN America member survey: 96% members rate experience as excellent or very good; 94% were satisfied with the quality of their service. | Services include ride share, car share, volunteer transport, and community transport. 30-40% of ITN members have an income below $25,000 annually. Average transportation fare for an ITN member is $11, with the most common fare of $6 each way. 40% of ITN member rides are for healthcare; 20% are for personal needs and shopping; 8% are for work and volunteer activities; and the remaining are for exercise, recreation, intermodal connections, and professional services. 40% of ATN volunteers report saving their credits for their own future transportation needs; a similar amount said that they donated their credits to low-income seniors through the ITN's Road Scholarship Fund. |
| --- | --- | --- | --- | --- |
| For More Information: | • [http://www.itnamerica.org](http://www.itnamerica.org) | • Through the ITN Network’s 50 State Policy Project, state specific incentives for removing barriers to sustainable senior transportation were identified. To access research specific to Hawaii, follow this link: [http://policy.itnamerica.org/?cat=0.47](http://policy.itnamerica.org/?cat=0.47) |
APPENDIX C: KEY INFORMANT INTERVIEW QUESTION GUIDES

Timebanking Feasibility Study
Key Informant Interview Guide
Time Bank Administrators

QUESTION #1 – What is the name of your organization and what is your role there?

QUESTION #2 – Can you tell me a little about your organization?

QUESTION #3 – How did the program start? When you first started out, what was the size of your time bank compared to its current size?

QUESTION #4 – Specifically, what type of population does your time bank service and which population do you target for membership?

QUESTION #5 – How do you recruit participants?

QUESTION #6 – Are there any age requirements or minimum qualifications for potential members?

QUESTION #7 – Do your participants live in close proximity to the site or are they geographically located at a far distance?

QUESTION #8 – What types of services do your participants provide?

QUESTION #9 – In regards to certain services, have liability issues come up? If any, how have you dealt with them?

QUESTION #10 – What are the training requirements for your time bank?

QUESTION #11 – How do you keep track of all the members’ hours and services?

QUESTION #12 – How is your time bank funded?

QUESTION #13 – Can you describe what kinds of costs you encountered when you first started?

QUESTION #14 – Do you have an advisory board or steering committee? Who and what organizations are included?

QUESTION #15 – Can you describe to me any particular challenges that you experienced while implementing the time bank?

QUESTION #16 – How have you measured the success of your time bank?
QUESTION #1 – What is the name of your organization and what is your role there?

QUESTION #2 – Can you tell me a little about your organization’s volunteer respite program?

QUESTION #3 – How did the program start? How has your organization evolved to where you’re at today?

QUESTION #4 – Specifically, what type of population does your volunteer respite program service and which population do you target for respite volunteers?

QUESTION #5 – How do you recruit and retain respite volunteers?

QUESTION #6 – Are there any age requirements or minimum qualifications for potential respite service recipients?

QUESTION #7 – What types of services do your respite volunteers provide?

QUESTION #8 – Have liability issues come up? If any, how have you dealt with them?

QUESTION #9 – What are the training requirements for your respite volunteers?

QUESTION #10 – How do you keep track of all the respite services exchanged?

QUESTION #11 – How is your volunteer respite program funded?

QUESTION #12 – Can you describe what kinds of costs you encountered when you first started?

QUESTION #13 – Do you have an advisory board or steering committee? Who and what organizations are included?

QUESTION #14 – Can you describe to me any particular challenges that you experienced while implementing the volunteer respite program?

QUESTION #15 – How have you measured the success of your volunteer respite program?
APPENDIX D: FOCUS GROUP POWERPOINT PRESENTATION

Time Banking: Strengthening Hawaii’s Communities
Discussion Groups Sponsored by the Executive Office on Aging, in Collaboration with the Maui County Office on Aging
Maul County, 2014

What is Time Banking?
A community driven network where services are exchanged for time rather than money.

Everyone, their time, and their talents and skills are of equal value.

One hour of time spent providing a service to another member earns you one hour of credit for a service you’d like to receive yourself.

The services available are based on the skills and talents offered by community time bank members.
Time banks are emerging across the country and internationally to help communities develop sustainable and alternative ways for people to pay for the services they need.

“We have what we need, if we use what we have.”

-Dr. Edgar Cahn, Founder of Time Banking

http://www.youtube.com/watch?v=o5jGdmh2N4A
How Does a TimeBank Work?

Stanley gets his TimeDollar statement in the mail. 
What will Stanley spend his TimeDollars on next? Watch this Circle!

Stanley joins a TimeBank and lists the services he offers and those he needs.

Martha, a TimeBank member, calls for help with grocery shopping.

Stanley goes shopping for Martha and earns two TimeDollars.

Kathy spends her TimeDollars having Stanley rake her yard.

Kathy earns TimeDollars cleaning Martha’s house.

Martha lends Roberta a sweater and earns TimeDollars.

Raoul spends his TimeDollars having Roberta help Dustin with his reading.

How could a time bank help caregivers in Hawaii?

[Images of people engaged in various activities]
Core Values

**Assets, or Waiwaiʻi’ (true, valued):** Every human being has something of value to contribute.

**Equality, or Kupono (uncompromising honesty, to be fair and just in your relationships):** All people are valued equally; an hour is an hour, regardless of service.

**Reciprocity, or Kokua (to be helpful and provide relief by assisting others, both a receiver and provider of help):** Both engaging and receiving services is the expectation of time bank members.
Core Values

**Respect, or Ho’ihi (to treat with reverence and respect):** Everyone matters and we must respect and honor what each of us bring to the table.

**Social Networks, or Laulima (working together) and Lokahi (unity):** Networks are stronger than individuals; community is built upon growing roots, trust, and meaningful relationships. Time banks foster networks of community interdependence.

Who would be invited to join a time bank in Hawaii?
Everyone!

Remember the first core value of time banking... every human being has something of value to contribute.

Strengthening Communities

Many of our neighborhood social networks, such as the relationships developed between neighbors and within one’s neighborhood, are changing. Some may even feel that these networks are disappearing.

There are so many things families do that would be much more efficient, fun and meaningful if shared with others. Time banking helps to restore lost connections, build new connections, and strengthen communities through sharing our skills with one another.
We need your feedback...

1. On a scale of 1-10 (1 being very unlikely, 10 being very likely), how likely would you be to join a time bank in your community?

2. Please identify one service you’d be willing to provide to a time bank member?

3. Please identify one service you’d be willing to receive from a time bank member?

4. Are there any barriers or challenges to you in considering your participation in a time bank?