Final Evaluation

Time to Connect

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Summary

Introduction

Time to Connect (TTC) has supported people who work in care settings such as residential and nursing care, or supported living, and their managers, to strengthen the focus on inclusion in local neighbourhoods by using a range of existing tools and approaches. At the same time, time banks are working alongside participating care settings to help connect their residents to the community and to encourage people's contribution, using time as the currency. This animation shows how Timebanking works: https://www.youtube.com/watch?v=rYzIAHlmAnk

The interim evaluation, which covered phase 1 of Time to Connect, found that financial pressures and rapid staff turnover meant that for many care settings and their staff it was difficult to engage fully with a programme of change such as TTC. These pressures have not reduced. In response, phase 2 of the project adopted a much more flexible menu of approaches, working with care settings that were already committed to changing their practice, and supporting them in tailored ways. These included providing short, focused training on tools and techniques for inclusion and encouraging participants to set achievable goals for change. Time banks also worked with care settings, often by organising events and activities as a route for better connecting residents to their local communities.

The three key TTC principles remained at the heart of all that was delivered and achieved in phase 2:

Community	Connection	Contribution

What difference is Time to Connect making to older people and people with learning disabilities?

We found many examples where the lives of people living in care settings have been transformed through the change of thinking and approach that TTC has introduced. Some of their stories and experiences are captured in this report. It was striking that many of the people who are benefiting from TTC need a great deal of support to live their lives, so the approach does not just have an impact on people who need only a little help to go out, but can benefit everyone.

The changes we heard about include:

- **A stronger purpose in life through making a contribution**
- **Better connections**
- **Reduced isolation**
- **Greater confidence/assertiveness**
- **Improved health and fitness**

What difference is it making to people who work in care settings, and to care organisations?

TTC has improved the practice and the working lives of many of the care and support staff who took part, for example by:

- Challenging preconceptions and mindsets about what is possible.

- Enabling staff to work more creatively and seeing the difference this makes to the people they support.

- Gaining new skills, through working alongside time bank brokers, and by having practical tools and frameworks to use in their work.

- Feeling more motivated and having greater job satisfaction.

- Inspiring care staff to join their local time bank.

Many of the participating care settings have also seen an impact for the organisation, such as:

- Using TTC as a practical way of helping staff to think differently across the organisation.

- Raising the profile of the care setting in the community, and as a result being able to tap into local resources, which benefit the people they support.

- Drawing on the local knowledge and connections of time banks and their members.

- Realising, as a result of TTC, that they need to look for different qualities in their staff, so changing recruitment processes to focus more on values and approach.

What difference is it making for time banks, and for the wider community?

Time banks, too are seeing the impact of TTC, through:

- Time bank members, many of whom are facing challenges in their own lives, making new friends and feeling more supported.

- Time banks being enriched by the contribution of people living in care settings.

- Time banks building stronger links with care settings and strengthening their skills in working with older people and people with disabilities.

- More members becoming involved, as word spreads about the fun activities that are taking place through TTC.

- Time bank brokers and members having a real opportunity to influence the care settings they are working with and the staff who work there, and to improve the lives of their residents.

- Timebanking UK sharing the learning from the project with all time banks across the country to encourage more connections with care homes.

Communities are becoming more inclusive as a result of TTC:

We found that TTC had helped local communities become more welcoming and inclusive as a result of the increased visibility and participation of people with learning disabilities and older people. For example:

- People in communities and neighbourhoods getting to know the people involved in Time to Connect, and saying hello or stopping for a chat.

- Staff in a very wide range of businesses and organisations, from stations, cafes and pubs, to an art gallery, providing a better service to people with disabilities or older people.

What are the factors that help or hinder people living in care settings to connect with the community?

Organisational factors are key to the success, or otherwise, of TTC. Care settings are most likely to be able to make a difference to the lives of the people they support where a combination of important preconditions is in place:

- Having a genuine commitment to improve, and TTC arriving at the right time to provide a vehicle for change.

- Ensuring that resources are available to help support change – both staff time and a small amount of funding.

- Making small changes and learning from and celebrating their impact.

- Using success stories as inspiring images of possibility and a way of reinforcing what matters.

- Leadership from senior managers who:

  o Have vision and commitment to see things through.

  o Build the confidence of their staff in venturing outside the care setting.

  o Recruit the right people, with values and an approach that are in line with TTC, and nurture and encourage them.

 o Model the approach that is expected from staff.

The evaluation also found some common barriers to change:

- The culture of care and lack of capacity within staff teams, which together mean that staff can think they can go no further than keeping people safe.

- Care staff having different motivations, with a minority focused on improving community participation, and most prioritising care tasks and one to one relationships.

- Some carers feeling anxious about leaving the care setting, seeing the community as a dangerous place.

- Not all managers understanding that inclusion demands a long-term change in culture as well as in organisational systems and processes.

- Communities not always being welcoming, and negative attitudes to disability and age from people in the community also acting as a barrier to inclusion.

What lessons are we learning about sustainability and culture change?

Organisations involved in TTC have many lessons to share on how best to embed change, including:

- Keeping on repeating the message and reminding people of what is expected.

- Being clear about why care and support staff are expected to behave in a certain way, and how this relates to wider priorities, such as promoting residents' mental health and wellbeing.

- Using stories as inspiring images of possibility and a way of repeating what matters.

- Recruiting staff with the values and natural approach that are consistent with TTC.
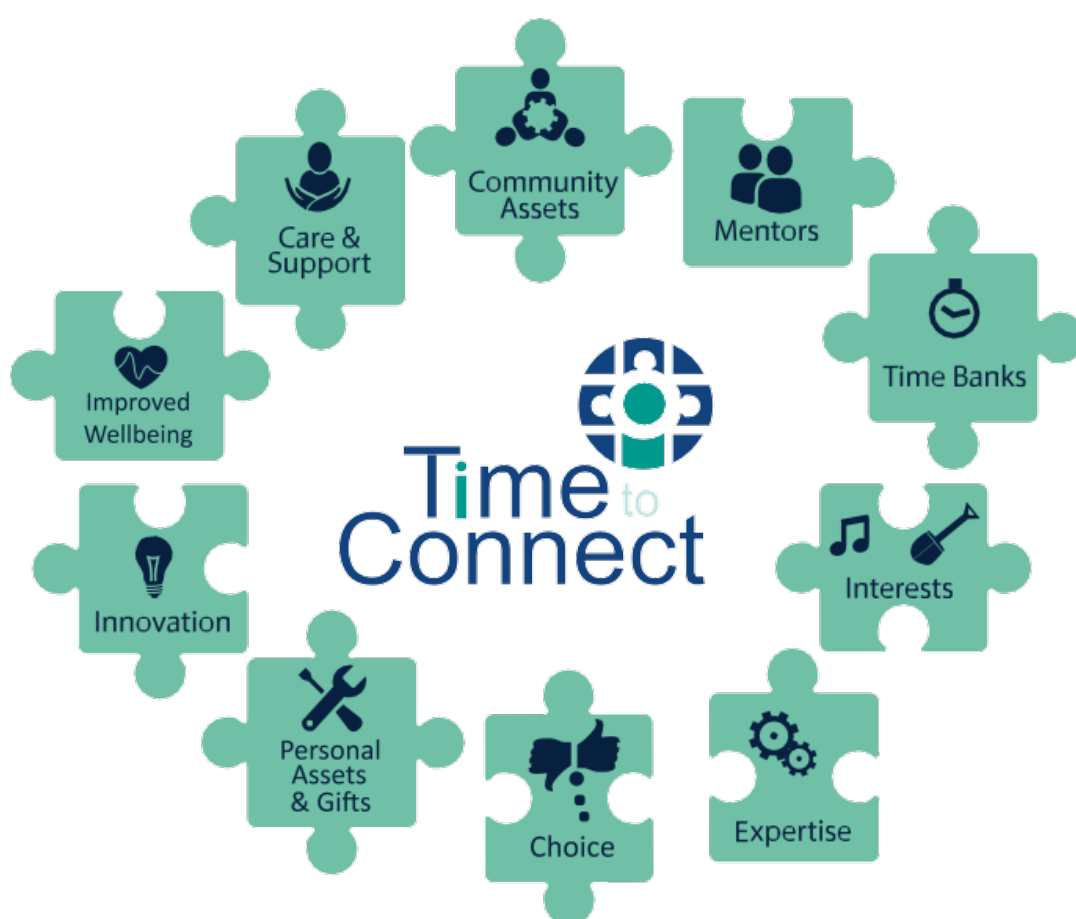
1. Background and phase 1 overview

About Time to Connect

Time to Connect (TTC) is a partnership initiative, supported by the National Lottery Community Fund, between the National Development Team for Inclusion (NDTi) and Time-banking UK (TBUK). It aims to support people living in traditional care settings to increase their participation in and contribution to the life of their community.

The project has helped care staff and their managers to strengthen the focus on inclusion in their organisations by using a range of existing tools and approaches. At the same time, time banks are working alongside participating care settings to help connect their residents to the community and to encourage people's contribution, using time as the currency. This animation shows how timebanking works:
https://www.youtube.com/watch?v=rYzIAHlmAnk

TTC has been delivered in two phases between late 2016 and early 2020, and has involved 30 organisations and care settings, working across six geographical areas. An interim evaluation of the project was produced in late 2018, followed by a short summary in early 2019. This document sets out the findings of the final evaluation of the project and should be read alongside the report of the interim evaluation[1]. It does not repeat the detailed interim findings, which are summarised briefly in the next section, but focuses primarily on the learning from phase 2.

About the evaluation

The evaluation was initially designed to:

- Measure the impact of the project on the lives of those living in care settings participating in the project.

- Identify 'what works' in the delivery of the project (e.g. the role of the different organisations involved, staff attitude and approach, delivery and approach to support for community mentors/champions) to facilitate or impede positive outcomes.

- Use learning to support subsequent phases and roll out of the project and inform how success can be replicated in care settings beyond the project.

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[1] https://www.ndti.org.uk/resources/publications/key-messages-time-to-connect-interim-evaluation

The evaluation has adopted a realist evaluation approach, with a focus on context, mechanisms and outcomes – in other words, we asked what works, for whom and under what circumstances? The Theory of Change that guided the evaluation was co-produced by project participants.

What did phase 1 look like?

The project was initially designed to operate by:

- Identifying care and support staff to be community mentors (later re-named community champions), who NDTi trained in using a range of tools and interventions that have been shown to promote greater community inclusion.

- Each mentor/champion directly working with people they support to identify their interests, wishes, skills and assets and to plan and support relevant community connections and training other staff to do the same.

- Working with senior managers to identify what working practices, systems and cultures they will change so that staff are better able to help achieve community inclusion.

- TBUK supporting local time bank brokers to develop their ability to help people with support needs to contribute their own skills and assets to the time bank and to build community connections with other community citizens, including time bank members.

What was the impact of phase 1?

The interim evaluation captured many change stories about the impact that Time to Connect was having on the lives of individual older people and people with learning disabilities, in terms of:

- Reduced isolation

- Increased confidence

- Better connections

The interim evaluation also found numerous examples of increased confidence and motivation among care and support staff as well as changes to attitudes and behaviour. This was in turn leading to increased opportunities for people to connect with their communities.

Participating care organisations also saw benefits, in terms of better links with other organisations, businesses and services in the area, TTC providing a platform for wider culture change, and demonstrating a commitment to inclusion to external stakeholders, such as the care regulator and commissioners.

The care regulator, the Care Quality Commission (CQC) commented very positively on the impact of TTC in an inspection of a participating care setting, both for people with a learning disability and for staff.

We also saw some early benefits for time bank members, as well as for wider communities, an area of impact that was unexpected.

However, the interim evaluation also highlighted many significant contextual barriers to change that relate primarily to the pressures on the care sector, in particular:

- The **turbulence and lack of capacity** in the care system, with high levels of staff turnover and most organisations struggling to do much more than keep residents safe.

- The **pace and complexity of change**, as transformational change is by its nature a slow process, particularly when working alongside people with high support needs.

A small number of staff did succeed in achieving a great deal but they were very rare, as the multiple competing pressures placed upon them in the workplace undermined their ability to lead change. As a result, the assumption that individual care staff would have the capacity and confidence to act as agents of change in the setting where they worked was abandoned over time, and the project design flexed to respond to the realities of working life in the care sector.

Phase 2 of Time to Connect was informed by the findings of the interim evaluation in its design and approach, and the evaluation also evolved to explore a number of areas in more depth, as described in the following section.
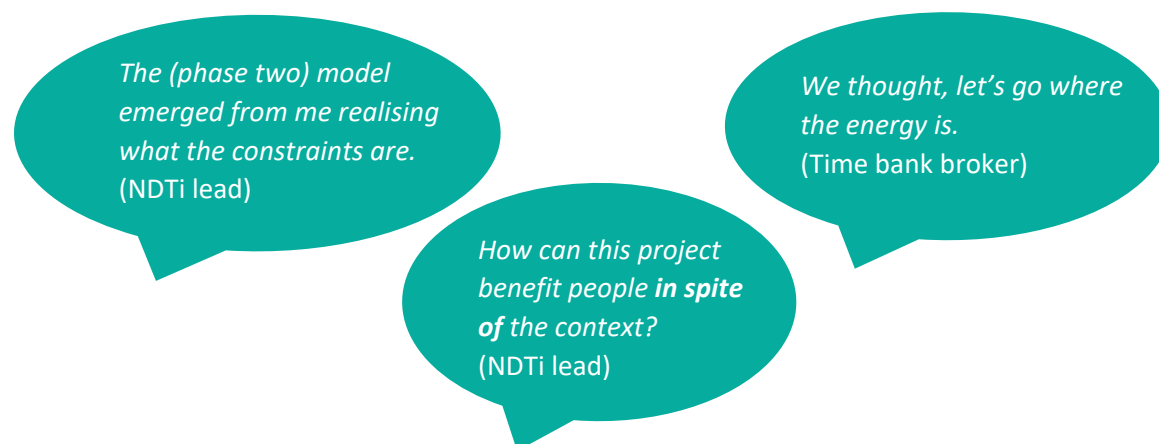
This document looks at:

> ❖ **What changed in phase 2, in response to the phase 1 findings?**
>
> ❖ **What we found in Phase 2**
>
> ❖ **What factors influence change?**
>
> ❖ **What can we conclude and what needs to happen next?**

2. Phase 2 of Time to Connect – what changed from phase 1?

What changed in the delivery of phase 2, in response to the phase 1 findings?

> *The (phase two) model emerged from me realising what the constraints are.*
> (NDTi lead)

> *How can this project benefit people in spite of the context?*
> (NDTi lead)

> *We thought, let's go where the energy is.*
> (Time bank broker)

As highlighted in the previous section, the interim evaluation of phase 1 of TTC highlighted the many barriers to change in the current context. Phase 2 sought to find ways of working **within** that context.

As a result, the approach was considerably more flexible and fluid, governed by the pragmatic and responsive strategy of, as a time bank broker described, '*going where the energy is'* and continuing to focus uncompromisingly on the three underpinning principles of:

- **Community:** meaning mainstream, rather than segregated specialist communities.

- **Connection:** focusing on helping people to build relationships and friendships beyond their paid support, and beyond people in the care setting with the same label.

- **Contribution:** Ensuring people with learning disabilities and older people are able to contribute to their communities rather than being recipients of a community intervention.

Phase 1 of the project adopted a delivery model, based on previous successful initiatives, that brought together a care setting or organisation, with training and support from NDTi, alongside a local time bank, where possible. Phase 2 used a wider range of models, including:

- Providing intensive support to key specialists (often people whose role was about developing positive ways for residents to spend their time, such as activities co-ordinators).

- At the same time, working with whole teams **but** delivering short, bite-size training, ending with a realistic commitment to action, usually one thing that people agreed to try or change.

- Time banks using events or activities as a way of connecting with care settings and organisations, influencing the practice of staff and making a difference to their residents as well as to time bank members.

All these different approaches are illustrated through the stories and case studies contained in this document.

How did the evaluation change in response to phase 1 findings and subsequent changes to project delivery?

The flexibility of the delivery approach was mirrored by the design of the phase 2 evaluation, and the scope of the work was also extended to reflect the unanticipated signs of change that were starting to emerge during phase 1. As a result, the Theory of Change that guided the evaluation was revised in collaboration with project partners (See Appendix 2).

Key changes included:

- Exploring the impact for both organisations and local communities, neither of which was an explicit focus in phase 1, but in both cases, there was evidence of early signs of change.

- Seeking to capture the impact of TTC on a connected network of people and settings, for example on a care and support worker, time bank member, organisation and community, as well as on older people and people with learning disabilities.

The case studies included in Appendix 1 illustrate this approach.

As part of the review process, the outcomes phase 2 of TTC was seeking to achieve were also revised, as set out below.

Older people and people with learning disabilities:

- Have greater choice and control over the things they do, who they do them with, and the places they go.

- Have more social connections, new friends, increased interaction within the community and reduced isolation.

- Have improved wellbeing and happiness and are more confident in themselves and their contribution.

Care and support staff:

- Have new skills and knowledge, and can be more creative in their role, leading to increased confidence and motivation.

- Have more positive and ambitious attitudes about what is possible for people, leading to changes in practice across the care setting.

Care settings:

- Are more connected to their community.

Care organisations:

- Can build on Time to Connect as a platform for wider change.

Time banks:

- Have wider membership and can draw on the contributions of older people and people with a learning disability.

Communities:

- Benefit from improved connections in unexpected ways.

3. Phase 2 – what did we find?

Introduction and context

As noted previously, TTC is aiming to bring about positive change in the care sector at a time of unprecedented financial pressure. Since the project began, the situation has not improved, and if anything, the pressures have increased. The Association of Directors of Adult Social Services (ADASS) 2019 annual budget survey highlighted an increased feeling of pessimism in the sector since the previous year:

> *.. the problems councils and providers face have got progressively worse. The system is not only failing financially, it is failing people…. Care agencies, who are responsible for home care and residential services, are finding it hard to recruit and keep good staff and services running.*[2]

So, the pressures on the sector are unrelenting and staff turnover at all levels continues to be an issue. Although the project team redesigned the approach fundamentally in the light of experience and evaluation findings following phase 1, difficulties in securing sustained engagement from some organisations and settings continued in phase 2.

Even when organisations and settings appear to be supportive at a senior level, entrenched attitudes among some care and support staff can present a barrier to inclusion, as highlighted later.

However, we found that some organisations **do** have aspirations in line with TTC, even if they are at an early stage, and with the right support and challenge attitudes can change. By working with enthusiasts and supporting them in a different way, it has been possible to achieve real change for people, even if this is still fragile and relies on the commitment and creativity of exceptional individuals.

This section covers:
- How phase 2 organisations were selected.
- How TTC has been implemented.
- What has worked well and why.
- What has worked less well.

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[2] https://www.adass.org.uk/media/7276/key-messages-2019_sans-embargo.pdf

- The impact of TTC on:
    o Older people and people with learning disabilities.
    o People working in care settings.
    o Organisations.
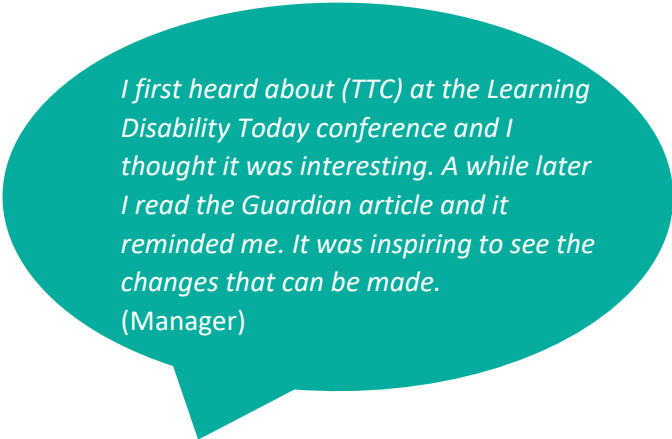   o Time banks.
    o Wider communities.

How were organisations and settings selected to take part in phase 2?

The organisations and settings that took part in phase 1 of TTC were selected via various different routes and networks. However, in the main, they were recruits rather than proactive volunteers.
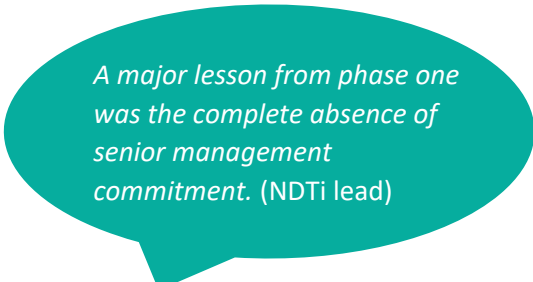
I first heard about (TTC) at the Learning Disability Today conference and I thought it was interesting. A while later I read the Guardian article and it reminded me. It was inspiring to see the changes that can be made.
(Manager)

One of the successful phase 1 settings continued into phase 2. This was time bank-led, well attended and highly valued by participants (see Cheviot Gardens case study in Appendix 1 for further details). At least two new organisations proactively contacted NDTi after hearing about TTC at events or reading about the project in a national newspaper article[3]. Another was already working with NDTi as part of a separate initiative.

In another area, the local time bank proactively engaged with several care settings/organisations by organising events that brought together people living in care settings with people living in the community (see Jazz up Your Life case study, also in Appendix 1, for more details).

The organisations that participated in phase 2 were therefore better informed of what to expect, interested in the approach and the benefits it could bring to the people they support and more motivated to do what was needed to achieve change.

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[3] https://www.theguardian.com/society/2019/feb/05/connecting-care-service-users-communities

How has Time to Connect been implemented?

Engaging senior managers

In phase 1 of TTC, engaging some senior managers in supporting the project was challenging, even where staff were enthusiastic and committed. Conversely, in some other organisations, senior managers supported the principles of TTC and signed up to take part, but this failed to translate into practical engagement from front-line staff.
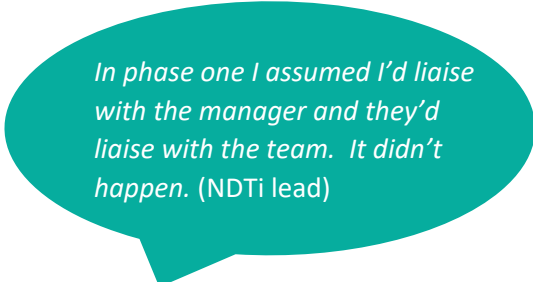
> *A major lesson from phase one was the complete absence of senior management commitment.* (NDTi lead)
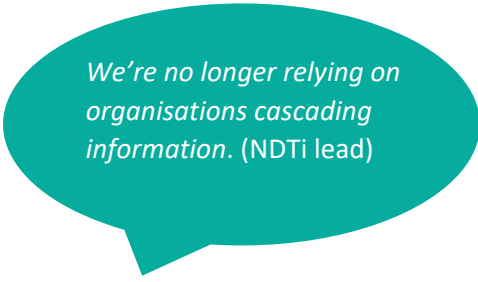
In phase 2 there was therefore a stronger focus on ensuring that the organisations that participated could show commitment at every level, but particularly among senior managers in the first instance. Even so, the issues identified in phase 1 in relation to staff turnover and changing priorities continued to affect some organisations' ability to engage with TTC.

Communicating directly

Communication about TTC within participating organisations presented a significant practical challenge in phase 1. Organisations did not always cascade information about TTC to the staff who were involved, which meant that they arrived at initial training sessions unclear about why they were there. In addition, many people working in care settings do not have work email addresses or internet access at work. In phase 2 there was therefore less reliance on organisations cascading information to staff and much stronger direct communication, using home emails where necessary.

> *In phase one I assumed I'd liaise with the manager and they'd liaise with the team. It didn't happen.* (NDTi lead)

> *We're no longer relying on organisations cascading information.* (NDTi lead)

Delivering support to organisations in different ways

Following the review of learning from phase 1 of TTC, and in line with the findings of the interim evaluation, the model of delivery for phase 2 was redesigned to become more flexible and tailored to the different contexts within which organisations were working. For example, the initial training was generally reduced in length and sometimes delivered to a single team, rather than on a cross-organisational basis.

Action learning sessions that brought together staff working in care settings across a geographical area continued in one area, but not in others. Where it did continue, action
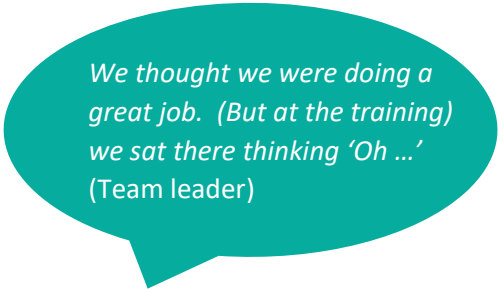
learning incorporated a skills development element, such as training on asset mapping, alongside the sharing of experience and discussion about how best to tackle common barriers. Two members of the phase 2 action learning group were enthusiastic middle managers, and their positive approach was central to the group's continued success: *they're both talkative, positive, self-disclosing and vulnerable (NDTi lead).*

Local leads from NDTi, and also in some cases, from time banks, visited services regularly, to support the people leading the work locally, to help problem solve and to maintain enthusiasm and momentum.
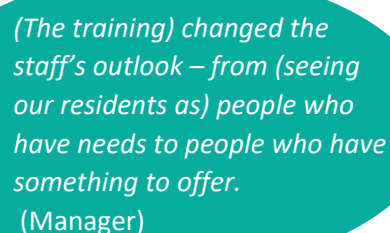
In addition, as mentioned earlier, in at least one area the time bank initiated contact with several local care settings, and brought their residents together, and with people living in the community, for social events and fun. This in turn influenced participating care settings in a range of profound ways, as described later.

What has worked well and why?

A flexible approach to training and support

We thought we were doing a great job. (But at the training) we sat there thinking 'Oh …' (Team leader)

(The training) changed the staff's outlook – from (seeing our residents as) people who have needs to people who have something to offer. (Manager)

The flexible approach to training and support ensured that care settings received input that suited their circumstances.

The training was revelatory for some people and organisations. One participant described it as *interactive, reflective and motivational.* It challenged assumptions and mindsets, and organisations who thought they were already working well in this area, realised how much further they could go. This was true both for care settings that received training on a cross-organisational basis, as well as those where sessions were delivered to a single team.
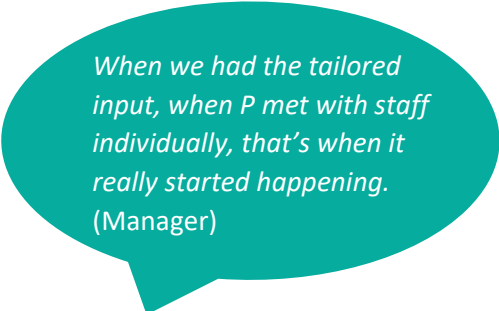
Evaluations from participants reflected these positive views, with many commenting that the training had helped them to think again about their approach.

It helped me realise although we encourage our residents to engage with the community, we haven't gone that extra mile … (Person working in care setting)

Staff and managers valued receiving additional support, in the form of individual coaching conversations, outside the training sessions. These conversations played a key role in shifting attitudes and in giving permission to change practice.
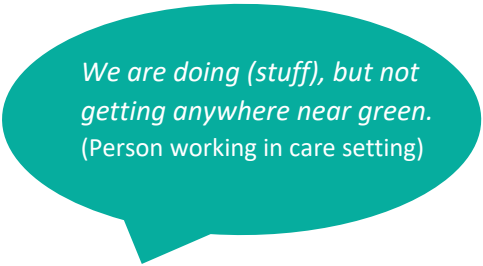
While the approach to training and support was flexible and pragmatic, the participants were still expected to commit to just one action at the end of each session, encouraging small, achievable steps towards changing their practice.

When we had the tailored input, when P met with staff individually, that's when it really started happening. (Manager)

Use of inclusion tools

The interim evaluation found that the tried and tested inclusion tools, particularly the inclusion traffic lights (see Appendix 4), resonated with people working in care settings, and quickly became part of their vocabulary. The quotation on the right from a training participant highlights this point.
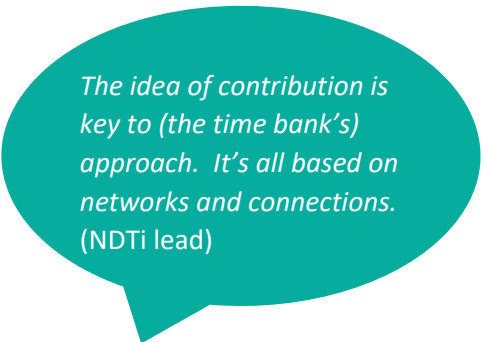
We are doing (stuff), but not getting anywhere near green. (Person working in care setting)

The tools continued to form a key part of the training in phase 2 and helped to challenge organisations to re-think their approach to inclusion. The graphic version of the traffic lights in the appendix was produced during phase 2, in recognition of the powerful and valuable contribution this tool has proved to make in changing the thinking and practice of people working in care settings.

A different role for time banks

In phase 1 of TTC, the intention was to match up time banks with care settings in the locality. The Cheviot Gardens case study (Appendix 1) provides an illustration of this approach. It shows how valuable time bank support can be over time, both to the residents and the time bank members, as well as to the care setting and the local community.

The idea of contribution is key to (the time bank's) approach. It's all based on networks and connections. (NDTi lead)

The Jazz Up Your Life case study (also in Appendix 1) demonstrates that time banks, too, have developed creative ways of engaging with care settings and their residents as part of phase 2 of TTC. This involved using events as a positive way of connecting people and organisations, and with the wider community, including local businesses. Over time, the care settings that have taken part have started to shift the way they work with their residents, changing the culture towards supporting residents to become more independent and to make a contribution.

Applying TTC to people with different support needs

Many of the phase 2 care settings support people who need a great deal of help to live their lives and who have significant levels of disability. The examples in the section on impact show that community inclusion is not just for the most able people in care settings, but can be achieved for everyone, if the principles underpinning TTC are applied flexibly and creatively.

Spreading the word

The package of media and dissemination activities (such as newspaper articles and conference presentations) that followed the review and interim evaluation of phase 1 played an important role in raising the profile of the work and recruiting interested organisations for phase 2. In particular, the power of people's stories was important in highlighting what can be achieved through working in this way.

What has worked less well?

Gaining and sustaining support at all levels

Phase1 found that organisational support at every level was important in achieving sustainable change through TTC. Turnover and changing strategic priorities affected senior management engagement in some phase 2 organisations. In addition, middle management scepticism was a barrier in some organisations/settings.

> *My experience is (that) senior managers are signed up, front line staff are fired up. There's an issue with middle management.*
> (NDTi lead)

Their engagement is important because middle managers often play a key role in removing practical obstacles and creating an environment in which people who work in care settings feel that they have permission to be creative and work differently with the people they support. We heard of one middle manager who crushed the enthusiasm of a care and support worker by stating emphatically *'I've interviewed every client and nobody wants to go out',* even though the worker had already found three people who were very keen to do so.

Practical issues in involving time banks

In both phases of TTC it was not always possible to pair up participating care settings with local time banks, as anticipated. Some care settings, for example, had no time banks operating nearby, or were located outside the local time bank's catchment area, so were unable to benefit from their support. However, as described above, some time banks responded pragmatically and creatively by making their own connections and by bringing care settings together.

> *We could have done with more explanation (about the role of time banks) at the outset.*
> (Manager)

In addition, as in phase 1, some care settings found the concept of timebanking difficult to grasp. As highlighted earlier, timebanking relies on the idea of reciprocal contribution, using time as a currency. Some care and support staff found it hard to apply this to the people they supported. This highlights once again that many people working in care settings struggle to see their residents as people with valuable gifts and talents, who are able to make a contribution to the community.

Peer support or organisational competition?

> *You don't want it to be a competition between agencies.*
> (Team leader)

There was a minority view that bringing together staff from different organisations was not always helpful, as some people could be left feeling disheartened, rather than inspired by the progress that others were making.

What is the impact of Time to Connect in relation to the outcome areas?

As a result of the many contextual factors highlighted previously, the changes achieved through TTC remain fragile and at an early stage of development. However, evidence of change is visible in all the phase 2 outcome areas, and most importantly, the lives of some people with learning disabilities and older people who have been touched by TTC have been transformed, as described below.

The impact for older people and people with learning disabilities

For some people involved in TTC, the impact has been profound. The themes that run through the stories, examples and vignettes below include:

> *This is created by the residents. It's very rare.*
> (Time bank broker)

- **A stronger purpose in life through making a contribution:**

  It was the first time, for some people, that they'd felt useful. (Manager)

- **Better connections:**

  The main impact has been friendships (for the people we support).
  (Manager)

- **Reduced isolation:**

  (If the sessions led by the time bank didn't exist) I'd be less motivated to get going and mix with people. (Resident, care setting)

- **Greater confidence/assertiveness:**

  People are more confident in asking for what they want.
  (Timebank broker)

- **Improved health and fitness:**

  People who were previously overweight and inactive are now going to the gym, going out and losing weight. (Team leader)

Examples, vignettes and stories of change

TTC has generated many stories that illustrate the significant impact the project has had on the lives of the people involved, some of which are included below. All of these are consistent with the themes, above, as well as with the three key values that underpin TTC:

Community	Connection	Contribution

M – Cleaning up South London

M, a young woman with physical and learning disabilities from South London, has recently become involved in a local group that runs clean up events in local parks, working with the community and friends of the park. She went along to an event with her support worker, P, and loved it. Since then, she has become friends with people she met there, and is doing physio exercises on her hands so that she can operate the litter picking equipment from her wheelchair. As a result, she is getting stronger, and can also now operate a remote control for the first time. M has become involved in running the group - contacting members, producing flyers, and is really pleased and proud about the contribution she's making. The manager says the experience has changed her life - *She smiles constantly, she's just so happy. Her communication has improved, she's making eye contact ...*

G – Sharing wartime experiences

At a time when World War 2 was receiving a great deal of media attention, G, an older Belgian woman in the early stages of dementia, commented to one of the care staff *'I have so much to tell about the war. I could speak to young people.'* The carer spoke to a teacher at her grand-daughter's primary school, and they agreed to arrange a session at morning assembly for G to come in and speak to a group of 9-10 year olds. The carer asked her manager if this would be all right – the manager's response was *'Why not? You know the teacher, you know G – you go ahead and organise it.'* On the day, the carer helped G attend. G told her story so well that the children were captivated, and afterwards each of them wrote a note thanking her and telling her how much it had meant to them to hear her story. As soon as she returned to the service, G told the manager all about the experience, saying *'I did it, I did it!'*.

J - Seeing the scarf, not the disability

J (a man who is supported by a TTC care setting on Merseyside) wanted to go to a Liverpool FC match. He is non-verbal, uses a wheelchair and is not comfortable in crowds. Through TTC, a family member volunteered to go to a charity match with him, and to invite along a few of J's old friends who he had lost contact with. When a carer arrived to pick him up after the match, he wasn't at the place they'd agreed – he was in the pub with his friends. Since then, he's joined the supporter's club, he's been on a tour of Anfield and has been to events to meet the players. The club has *'gone out of their way to give him the best experience.'* J's getting out, connecting with others and has rediscovered a friendship group. His support worker says the experience has given him *'pure joy – it's given him back his independence.'*

P – Inspiring others through experience of Paralympian achievement

For F (a time bank coordinator), the most striking success is P, a former Paralympian gold medallist. When F first met him, he was isolated and depressed, but through TTC he is now a time bank member and has started working with people with learning disabilities or dementia to tell them about his sporting history and show them his medals. He has always wanted to write the story of his life, from a child living in foster homes to his sporting successes. F connected P with a time bank member who works as a journalist. He spent many hours listening to P and captured his life story, which is due to appear as a self-published book. The Guardian published an article on the work of the time bank and TTC that featured P's story and a film was also released on Youtube. Just as importantly, F says that P now has *'a new network of friends.'*

One of the men we support had been doing the same activity every Wednesday for years. Now he's doing a range of things, for example sports. There's been a reduction in his challenging behaviour as a result.
(Manager)

Two or three of the stories in London were about people reconnecting with old friends. People with learning disabilities often lose contacts if they move support services. One man when doing his inclusion web remembered an old friend. The support worker did some tracing and managed to help them get in touch and meet for lunch.
(NDTi lead)

One man who has a learning disability and dementia, at first communicated through drawing. Now we have conversations.
(Time bank broker)
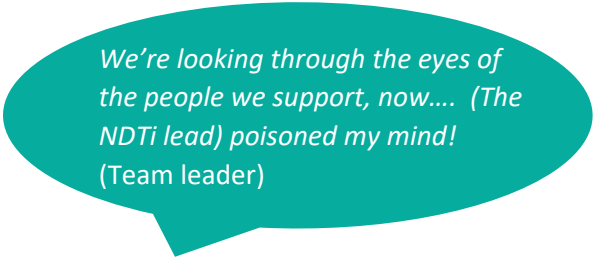
Supporting a local pram race

In June 2019, following their involvement in TTC, an organisation supporting people with learning disabilities in South West London volunteered to take on the organisation of the local pram race, a longstanding community event. Some of the people with learning disabilities supported by the organisation ran the race in costume, while others acted as marshals or helped to staff the challenges along the route. Local businesses donated prizes and offered their services for free. The race raised over £1000 for charity and raised the profile of the service in the local community, creating lasting connections with many local people, organisations and businesses. Now, when the people involved in the race go out into town, local people often recognise them and stop for a chat.
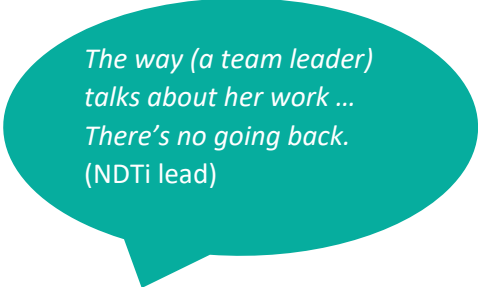
Train trips and social enterprise

One of the phase 2 care settings is a day centre and nursing home in Merseyside for people with a complex range of support needs. In the past, they tended to go out on trips in a minibus. Through their involvement in TTC, they have started going out in small groups by public transport, even though the train station is a long walk away through pine forests. On one occasion, five people and five staff went into Liverpool by train to an exhibition at the Museum of Liverpool, followed by lunch at a pub.

The people who live in or use the service have also started a small enterprise making and selling crafts, such as friendship bracelets and lavender bags. They also sell plants in the summer. They have a Facebook page to promote what they've made. The profits they make are spent on activities chosen by the group, including a visit to a sensory space and a lunch at McDonald's.
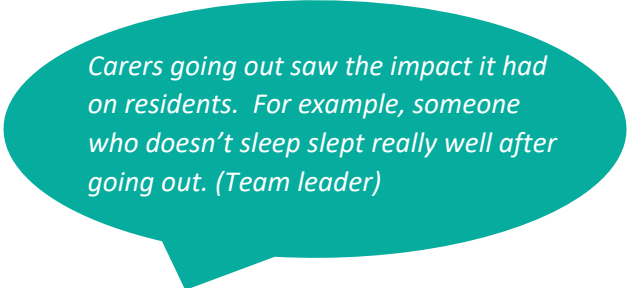
The impact for people working in care settings

> *We're looking through the eyes of the people we support, now…. (The NDTi lead) poisoned my mind!* (Team leader)

> *The way (a team leader) talks about her work … There's no going back.* (NDTi lead)

Involvement in TTC has profoundly affected the thinking and practice of many people who work in participating care settings. In particular, TTC has enabled people to develop a genuinely person-centred approach to their work. This is evidenced by the many examples and stories in the previous section of people working in care settings going that extra mile to help make life changing experiences possible for the people they support.

Some people working in care settings were already on the road to a more inclusive approach, but may have felt hesitant to develop their practice as far as they would have liked. TTC increased their confidence to do what they instinctively knew to be right, and gave them permission to go further.

> *Carers going out saw the impact it had on residents. For example, someone who doesn't sleep slept really well after going out. (Team leader)*

Other people became convinced of the value of TTC when they saw the difference that the changed approach made to the people they support, from better health and fitness to much greater happiness with their lives.

M had started doing some of this work anyway, but the project gave him permission. (NDTi lead)

TTC also developed the professional skills and confidence of those who took part, providing tools and frameworks to guide their practice.

Some learned from watching the sensitive, creative way in which time bank brokers and volunteers worked alongside older people and people with learning disabilities, adapting some of these techniques to use themselves in the care setting.

I was a support worker. The coaching and tools (from TTC) helped me be more assertive and more managerial. (Manager)

People working in care settings also highlighted other important impacts from TTC, including:

- Being able to work more creatively

- Having greater autonomy and accountability

- Acting as a bridge between the community and the people they support

- As a result, having a more satisfying and interesting working life.

The impact for organisations

We want to be dynamic, different. (Manager)

Other managers are getting on board. Slowly, there's a ripple effect. (Manager)

TTC is a vehicle for cultural and organisational change, practice improvement and a way for organisations to show (including to CQC) that they are innovative, and genuinely focused on the people they support. It has also played a role in developing individual staff, as noted above, and building a more cohesive staff team with shared values and a common approach.

One phase 2 organisation, for example, saw TTC as a useful way of embedding person-centred practice across the organisation, a challenge with which they had previously struggled.

We have a bit of an issue with (the quality of) person-centred planning. TTC is useful in getting people to think in this way. (Manager)

Most strikingly, being involved in TTC has profoundly influenced the overarching organisational strategy of one phase 2 organisation, which now explicitly aims *to **adopt Time to Connect principles across all our services.*** These include residential and day care, services to support older people to continue living independently at home, information and advice, and a wide range of activities for older people.

Equally significantly, at least two participating organisations stated that TTC has influenced their recruitment practice. The project had highlighted that not all existing staff have the values and attitudes that are essential to achieve change for people. They had therefore shifted towards values based recruitment in order to select the right people, even if they needed further training in care skills.

In the recruitment process we're very explicit what we're looking for. (Manager)

Finally, TTC has raised the profile of care settings and organisations with the wider community and with potential new residents, leading to greater partnership working and more active support from the community. Reaching out to local organisations, groups or businesses has unlocked unexpected opportunities. Through TTC, for example, one care setting connected with the nearby church, which was keen to involve residents in social activities and events at the church (see the manager's comment on the right).

The reverend at the local church is desperate to do things with us. They want to help, to be part of this. It's really heart-warming that they care about our residents as much as we do. (Manager)
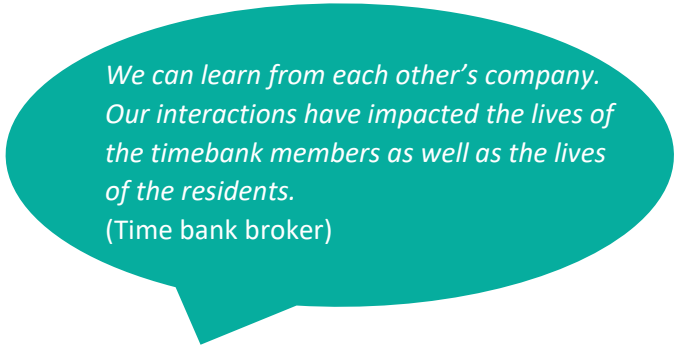
Finding other local organisations with a shared purpose through TTC is also starting to lead to collaboration and better use of resources.

For example, as a result of TTC, one phase 2 organisation has redesigned its local activities centre, transforming it into a community resource that welcomes not only people with support needs from other organisations, but also the wider community. The organisation also plans to encourage a neighbouring care home for older to people to use the centre, as they have no shared space.

The impact for time banks

I've made friends with these people … It's a pleasure to come here.
(Time bank volunteer)

We can learn from each other's company. Our interactions have impacted the lives of the timebank members as well as the lives of the residents.
(Time bank broker)

Time bank brokers and members are having a real opportunity to influence the care settings they are working with and the staff who work there, and to improve the lives of their residents. For example, the case studies included in appendix 1 show that care and support staff have been inspired by the impact that time bank sessions or events have had on the people they support. This has in turn helped to change their practice as they learn from and use the approaches and working style that they have seen time banks use.

Time bank brokers and volunteers are becoming more skilled at working with different groups of people. This not only benefits the people involved, but also has the potential to lead to further collaborations and possibly funding opportunities if the benefits of timebanking, in and with care homes, is explored.

Existing time bank members are benefiting from the supportive friendships they have developed with people living in care settings. Many genuine friendships developed between residents of Cheviot Gardens and time bank members. For example, two older women are meeting up regularly over tea for an opportunity to speak Portuguese, their first language, which they both enjoy. Other small groups are meeting for meals out.

People working in care settings and residents have joined the time banks to give support as well as receive it, empowering them and giving them renewed confidence and a 'zest for life.'

The social fun at (a care home) is getting quite popular with the time bank members: four new members joined us this month.
(Time bank broker)

Increased numbers of people are joining groups led by time banks: 285 older people and people with learning disabilities have been engaged and 66 volunteers and time bank members have been involved.

The impact for wider communities

(TTC) fits very well with us as an organisation. We want to use the Gallery to support the work that community groups are doing.
(Art gallery staff member)

The people at the station are now much better at working with people with disabilities. Before, people looked through our guys, but the station staff now know how to chat.
(Team leader)

The interim evaluation of TTC found that the project had a number of unexpected benefits for the wider community, and phase two looked at these in more detail. We found that TTC had helped local communities become more welcoming and inclusive as a result of the increased visibility and participation of people with learning disabilities and older people. For example:

- A rail operator is now offering an improved service because residents of one TTC care setting that supports people with a complex range of disabilities are now regularly using the train. Station staff are becoming much more comfortable in supporting them and are taking time to chat.

- Cafés and pubs in South London are offering a range of special deals to older people involved in TTC, negotiated by the time bank.

- TTC has led to an art open day at a care setting involved in TTC with multiple partners from the village.

- Supermarket staff are getting to know their local care home resident customers.

- Care home residents are volunteering in local nurseries and schools.

- A local church has built strong links with a care setting involved in TTC – offering coffee mornings and tea for residents.

- Since the South West London pram race, described earlier, local people in the High Street often recognise and chat with the people with learning disabilities who took part.

4. What factors influence change?

What are the factors that make change more likely to occur?

Organisational factors continue to be key to the success, or otherwise, of Time to Connect. We found that care settings and organisations are most likely to be able to make a difference to the lives of the people they support where a combination of important preconditions is in place. These are set out below.

Right time, right organisation

> *It seemed like (TTC) was made for us. It was perfect timing. It fitted perfectly.* (Manager)

> *It fitted with all my aspirations for care services. Time to Connect fell in our lap at the right time.* (Manager)

As noted earlier, unlike in phase 1, some of the organisations that participated in phase 2 heard about TTC in the media or at events, and proactively put themselves forward to take part, recognising the fit between their goals and priorities and those of TTC. This was in one case because the organisation had just taken on three local providers as part of a commissioning process, and had acquired the existing staff teams. The organisational culture and ethos were very different, and the organisation saw that TTC would provide a timely and practical vehicle for building a shared approach to inclusion across the existing and new staff teams, and for bringing everyone together into one organisation.

Involving the right people

Managers described making thoughtful decisions about which staff should be involved in TTC. This contrasts with what we found in phase 1, where staff were often unclear why they had been chosen, sometimes suspecting it was only because they were available on the day that training was due to take place. In phase 2, managers often selected the natural leaders from their staff team (whatever their role) to take part, and also in some cases

> *We chose people (to be involved) who are natural motivators, proactive and prominent in the team.* (Manager)

involved people who were doing good work, but whose confidence needed a boost, and sometimes natural sceptics who later became strong supporters of TTC.

The right kind of leadership

> *(It needs) middle management support, and senior management celebrating it.*
> (NDTi lead)

> *We launch projects, get very enthusiastic, but continuity is more difficult.*
> (Manager)

Both the interim and final phases of the evaluation of TTC found that there's a much greater chance of success if managers at all levels behave in certain ways, highlighted below. The most important message, as one manager told us, was about having a positive, 'can-do' mindset: *if you want the absolute best for your residents (you think about) what will that take and what would that look like. (Manager)*

A great manager will:

- Have vision and commitment to see things through

- Build the confidence of their staff in venturing outside the care setting

- Recognise and support natural leaders, at every level

- Recruit the right people, with values and an approach that are in line with TTC, and nurture and encourage them

- Model the approach that is expected from staff.

- Celebrate success

Time and resources

> *It's only sustainable when there's somebody who can carry it.*
> (NDTi lead)

> *(I'm) convinced that this will only work when staff have ringfenced time, such as activity coordinators.*
> (NDTi lead)

The findings from phase 1 underline how difficult it is for individual people in care settings to lead a major change in practice, primarily because of the competing demands on their time. Phase 2 involved, in some cases, working directly with staff members whose role is dedicated to ensuring that their residents remain connected and have meaningful ways of spending their time, such as activity co-ordinators or their equivalent.

This meant that they had the time and capacity to engage consistently with TTC, and were more likely to be able to achieve change as a result.
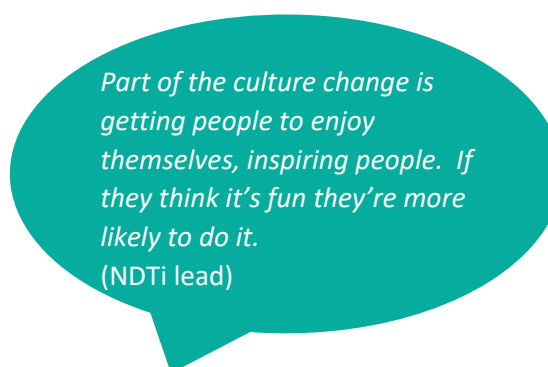
As noted earlier, TTC unlocked community support and access to resources for people living in care settings. At the same time, a small amount of financial support is needed to oil the wheels of social life outside the care setting. For example, we heard of one highly motivated and committed care and support worker who paid for a beer for a resident out of her own pocket. He wanted to visit a local pub more than anything, and the member of staff was determined to make that happen, even though the practical payment mechanisms were unclear to her.

In another example, a staff member set up a trip to a museum, followed by lunch for a small group of residents and care staff to accompany them. Rules relating to payment of staff meals meant that the team leader had no option but to pay for the staff's lunch herself. The issues raised by this situation are summarised in the TTC graphic publication, Eating Together.[4]

Support to help change occur

My role as project manager is to hold the candle, the north star.
(NDTi lead)

Part of the culture change is getting people to enjoy themselves, inspiring people. If they think it's fun they're more likely to do it.
(NDTi lead)

Some level of external support can help organisations and people who work in care settings achieve change. The evaluation team heard how much people valued the enthusiasm and support of the NDTi team, as well as the insights and different ways of working offered by time bank brokers. The key roles of external support were to be enabling and encouraging as well as challenging when needed. People offering external support for change also took responsibility for acting as guardians of the TTC principles, reminding people of these repeatedly. They had an important role in promoting fun and enjoyment, not only for older people and people with learning disabilities, but also importantly, for people working in care settings.

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[4] https://www.ndti.org.uk/uploads/docs/eating_together_A3_poster_Jan_2020_version.pdf

What gets in the way?

Culture and capacity

Changing mindsets of staff (is difficult). It's not a priority to get someone out. It's all about routine, the basic stuff.
(Manager)

Front line staff think 'we don't have permission, we'll get blamed …'
(NDTi lead)

When under pressure, support workers can return to a default position, especially with the most experienced staff, who were trained in the old way.
(Manager)

The interim evaluation of TTC underlined the lack of capacity in the care system to achieve changes to culture and practice in a sustainable and systematic way. The financial context reinforces that the over-riding priority for care staff is to carry out tasks to keep people safe, with a perception that they have little opportunity to do much more than this. Beyond keeping people safe, any other activity is seen as additional and discretionary, so can be abandoned as soon as competing demands on their time emerge.

Many staff are not used to being proactive with the people they support, or indeed, feel that they have organisational permission to do so, for example by doing something creative, or going out if they have a spare half hour. Some organisations have a clear strategic direction to move towards much more person-centred approaches, encouraging staff to take individual responsibility to tailor the support they deliver. Even then, though, some people can feel disempowered and unwilling to make what they see as a risky attempt to try something different that steps outside the day to day routine of care delivery.

Care staff have different motivations

Really exceptional care workers are very different and unusual.
(NDTi lead)

Some (carers) look for the person they're supporting to be happier. Others need organisational permission.
(NDTi lead)

In spite of the prevailing culture of care, and the very real pressures that organisations are facing, through TTC we have met some exceptional people working in care settings, whose over-riding motivation is to improve the lives of the people they support. For them, TTC presented a welcome opportunity to work in ways they intuitively knew to be right, to develop their skills, and to acquire a range of tools to guide their work.

Even when their organisation's involvement in TTC reduced or ended, a small number of highly motivated people continued to use the tools and approaches they had learned and to push forward with the ways of working that TTC promotes.

Some care and support staff are anxious about going out

> *There's an idea that day services are a safe place. It's a new idea that the community is safe, too.* (Manager)

> *If you're here (in the care setting), there's the back up of the staff. In the community you're totally responsible for that person. People need reassurance that they won't be in trouble if something goes wrong.* (Manager)
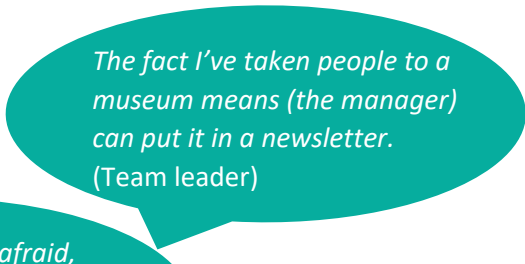
Some care staff lack confidence in taking people out of the care setting and are fearful of the consequences if something were to go wrong.
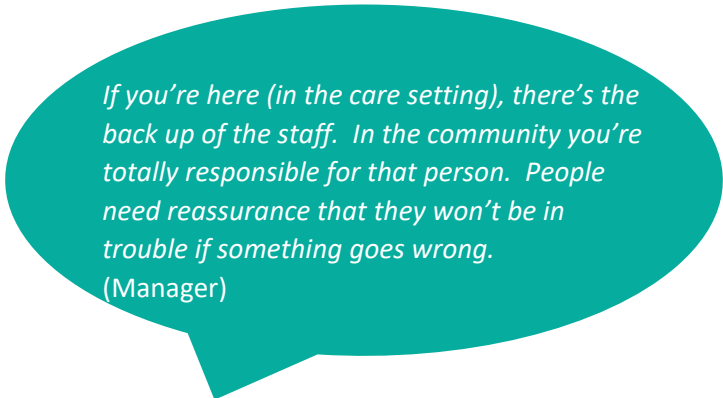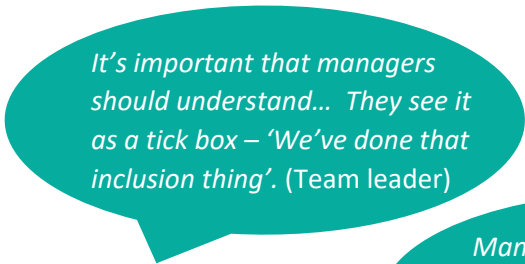
At the same time, some staff see the care setting as a safe place, with the community characterised by potential threats and dangers.
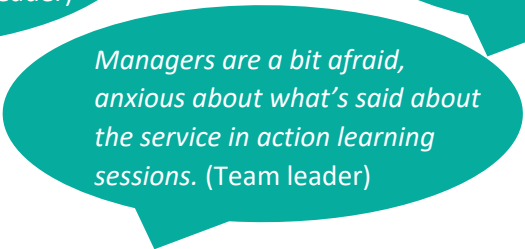
Organisational barriers - managers and systems

> *It's important that managers should understand… They see it as a tick box – 'We've done that inclusion thing'.* (Team leader)

> *The fact I've taken people to a museum means (the manager) can put it in a newsletter.* (Team leader)

> *Managers are a bit afraid, anxious about what's said about the service in action learning sessions.* (Team leader)
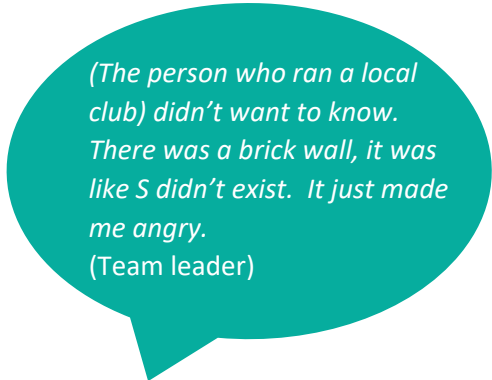
The majority of the managers we spoke to were strong supporters of TTC, seeing it as an important vehicle for wider organisational change, as highlighted earlier. However, in a minority of cases, managers whose teams were involved in TTC saw it as a self-contained project, and something that reflects well on the care setting, not understanding that a focus on inclusion requires fundamental and ongoing culture change. We also heard that a small minority were anxious about opening up their service to perceived scrutiny through TTC discussions across services and settings.

At the same time, organisational systems and processes, such as risk assessment forms, the audit trail for petty cash and staff activity monitoring systems are all designed on the basis that people receiving care and support and staff will only rarely venture outside the care setting.

Systems and processes can therefore inhibit rather than enable the kind of community activities described earlier, making it far harder for staff to support people to build connections, make a contribution and participate in the community beyond the service.

Communities are not always welcoming

The experience of going out of the care setting and attempting to connect and to contribute to the community is not always a positive one, even when care staff are keen to support people to do so. Negative attitudes to disability and age from people in the community are also a barrier to inclusion. We heard of a small number of examples where people with learning disabilities or older people were ignored or rejected, as in the example described on the left, leaving both care staff and the people they support feeling upset and humiliated. Action learning sessions gave care and support staff an opportunity to share these experiences, to work through ways of tackling them and to fortify themselves to try again.

> *(The person who ran a local club) didn't want to know. There was a brick wall, it was like S didn't exist. It just made me angry.*
> (Team leader)

What lessons are we learning about sustainability and culture change?

We explored with interviewees their advice and reflections on how best to make the changes they were achieving through TTC sustainable in the longer term. The themes from their experience are summarised below.

- **Keeping on repeating the message and reminding people of what is expected:**

    You have to keep reminding people. (Manager)

    After team meetings there's a spike in activity, but it falls away – it needs repeating. (Manager)

- **Being clear about why care staff are expected to behave in a certain way, and how this relates to wider priorities, such as promoting residents' mental health and wellbeing:**

    We're very explicit about purpose. (Manager)

- **Using stories as inspiring images of possibility and a way of repeating what matters:**

The whole project is down to the human part, who we are. The heart, the trust, the give and take. (Time bank broker)

- **Recruiting staff with the values and natural approach that are consistent with TTC:**

Pick the right people and encourage them. (Manager)

5. Setting Time to Connect in context

Introduction

TTC shows that with the right people, the right support and tools and the right leadership, it is possible to change the culture and practice of care organisations and settings in a way that transforms the lives of people with learning disabilities and older people.

But TTC only touched a relatively small number of organisations and people. To set our findings into a wider context, we carried out a literature review and two rapid reviews to build a picture of the factors that contribute towards a positive experience of living in a care setting, the extent to which care settings prioritise the community inclusion of their residents, and whether supporting people to go out, rather bringing the community in, is an explicit goal. In particular, we were keen to assess whether care settings recognise the importance of supporting people both to connect with their local community, and equally importantly, to make a contribution to that community.

We summarise below the headline findings of the three reviews, which looked at:

- The experience of people living in care settings and of moving into a care setting.

- What care provider's websites are saying about residents engaging with their communities.

- What Care Quality Commission (CQC) outstanding rated care home reports say about community inclusion and contribution (this was carried out twice during the life of TTC).

The experience of people living in a care setting

The summary of the literature review we undertook is available as a separate document (see Appendix 5). This review has helped us to understand TTC in the context of other studies focusing on the experiences of people living in residential care. However, whilst the search aimed to identify literature on both older people and people with learning disabilities, there were very limited results for people with learning disabilities under the search criteria, which itself is a notable finding. The following bullet points summarise some of the headline findings about:

- the impact on residents of moving into a care home.

- the factors that might influence an individuals' motivation to take part in their community.

- what can lead to social isolation and loneliness.

Moving into a care setting

- Older people fear moving into a care home because they fear losing independence and control of their lives. The experience can be an emotional and stressful time for older people, and this can be further compounded if older people are unable to influence the decision to move.

- The physiological and psycho-social stress a person undergoes in the transition into long-term care can present as anxiety, apprehension, increased confusion, depression and loneliness.

- The transition to nursing home life is different for everyone, and is often a phased process. There is evidence that people who had planned the admission adjusted at a faster rate than people who experienced unplanned admissions.

Living in a care setting

There is significant evidence on the factors that can contribute towards a positive experience of living in a care setting. These include:

1. Social connections and social capital

- Maintaining meaningful relationships is an important determinant of the extent to which older people adjust to their new living arrangements. Older people who lose contact with important family and friends when moving into residential care have a higher risk of experiencing loneliness and social isolation.

- Evidence indicates that close personal relationships and connections with networks have a positive impact on health and well-being and that people who have a wealth of this 'social glue' are more resilient.

2. Autonomy and place to call 'home'

- Feeling in control over one's life is vital to wellbeing and personal development and has an impact on people's motivation. Residential care settings that provide environments that support autonomy positively influence how well residents adjust to their new circumstances over a year.

- Our 'home' is fundamental to our identity, a place where we can express our individuality. Homely environments are connected to feelings of wellbeing.

3. Having a sense of purpose and meaningful activities

- Self-actualisation is one our fundamental human needs. It includes the needs for freedom, choice, autonomy, control, privacy, productivity, self-expression and biography. Fulfilment of this enables us to construct our sense of self and build self-esteem, which is important for our mental health.

- One study focusing on people living with dementia linked wellbeing to engagement in meaningful activity, in particular activity that gave a sense of continuity with their previous life and enabled them to make a contribution.

4. Reciprocity, contributing and community inclusion

- Older people value reciprocity, which in turn helps maintain self-esteem. Research showed that older people found ways to counteract feeling dependent and found balance in relationships by reciprocating care to others either financially or emotionally. Gaining support from their local community encourages older people to have a sense of belonging.

- For people with learning disabilities, studies show that people who had lived longer in the community continued to have greater community involvement. The opposite was found for people in segregated settings. People with more complex needs and those who were older were more at risk of being excluded.

5. Positive relationships with care and support staff

- Studies also highlight the central role played by positive, caring relationships between residents and staff in care settings. Evidence underlines the importance of staff building relationships with residents, providing opportunities to talk about their feelings, taking time to hear about their values, experiences and interests, acknowledging and celebrating that person's life and their achievements and then supporting their aspirations regarding their future.

Key factors that can lead to social isolation

- Social isolation occurs in the absence or reduction in social interactions. Loneliness is the subjective experience that occurs when the social interaction that people would like fails to match the reality of their lives. Loneliness is a risk factor for poor health and wellbeing including low self-esteem and depression. Social loneliness (the absence of a wider social network) can lead to feelings of boredom and exclusion. Emotional loneliness (the absence of an intimate relationship) can lead to distress and apprehension.

- Older people (particularly people with dementia) and people with a learning disability are more vulnerable to experiencing loneliness and social isolation. Whilst there are some commonalities, there are also some factors that are unique to each group:

  o **People with a learning disability** generally have a much smaller social network compared to the general population. People can often spend much of their free time alone and engaging in passive activities such as watching TV. This can for some people also contribute to becoming socially isolated and lonely.

  o There is a wealth of research on loneliness and **older people**. This is summarised in the accompanying literature review. These studies consistently report the impact that life events such as poor health, moving after retirement and loss of a partner, have on social interactions and therefore susceptibility to loneliness. However, studies have shown that it is possible to tackle loneliness by increasing community participation and activities involving productive engagement.

What care providers' websites are saying about residents engaging with their communities.

In March 2019 a separate review was carried out by a member of the project team. This looked at 500 care home provider websites to find out how residents were supported to engage with their local community. Here are some key headlines from this review:

- A third (32%) made no reference to their residents going out at all, although do refer to being part of the community with groups and community members visiting their home. It's not possible to conclude if residents not leaving the home is the reality or just something that care providers have omitted from their website.

- A few care home provider websites talked about supporting residents to access local healthcare services. This would involve residents going out of the home. Other providers websites widened the definition of local services to include amenities which might be utilised by residents such as the hairdresser, chiropodist, optician and newsagent.

- It is possible that if care homes provided information about the surrounding area on the website then they were more likely to be taking residents out into those areas, or to inform visiting family and friends. Less than 10% of the websites gave some details of their local areas.

- 50% of the two thirds of websites that referenced residents going out described outings and excursions. These included visiting tourist spots, a cultural activity or an everyday activity. It is unclear if these activities were solely for residents and staff or if they were experiences shared with other people from the community.

- 6% of websites implied that it was possible for a friend to join the resident in activities at the home. It was less clear if this included friends joining residents on excursions. For a few websites care home providers encouraged both. It is not clear what homes were doing where residents didn't have these connections.

- Sharing a common interest or working together towards a common goal helps build new connections, something that can be lost when people move to residential care. One in five of the websites described care home providers encouraging residents to find some way to connect with their community, such as joining a club, learning a new language, attending church or volunteering.

- There are widely divergent views about what is meant by community participation, and a third of the providers give it no attention at all, at least on their website. Of those that do publicly recognise the value of community connections, the most popular way of describing what they do may be to view them as tourist outings. Only one in five providers acknowledge the significance of community relationships, and for many of these, there is little to show what they mean by the phrase. Supporting residents to build new connections beyond the care home requires a detailed and carefully worked out strategy, but the existence of such an approach is only hinted at on a handful of the websites that were examined.

What Care Quality Commission (CQC) outstanding rated care home reports say about community inclusion and contribution.

In order to assess how the outcomes of this project align to standards in health and social care, and to understand what the highest performing care homes are doing about the community inclusion of their residents, NDTi conducted two rapid reviews to determine what CQC outstanding rated care home reports say about community inclusion and contribution. The first was conducted in March 2018 to determine what was being reported and was repeated in September 2019 to assess what, if anything, had changed. Here are the key findings:

- CQC's key lines of enquiry includes a strand on responsiveness to people's need, which is focused on preventing loneliness, staying connected to family and friends, maintaining hobbies and getting involved in the community. It is not explicit however about a person contributing to their community. In 2018 we concluded that perhaps because the key lines of enquiry were not explicit about contribution, the

reports had a stronger focus on activities or events and simply enabling people to *access the community*.

- It is clear from both reviews that the importance of person-centred approaches is a fundamental theme for all the care homes reviewed. This theme encompasses including residents in their care and support, designing activities that relate to individual's interests, life experience and desires and providing opportunities for people to maintain and create new connections.

- In March 2018 many homes showed strong links with their community but there were more examples of community groups coming into the care homes rather than the residents going out and being included in those community groups. In September the review revealed a clear message about individuals leading an active, fulfilling life; one that was part of the community. More care homes with an outstanding rating, and specifically the highest performers under the key line of enquiry that relates to responsiveness, provided examples of where residents were volunteering, working or contributing to their local communities in other ways compared to the review in March 2018. This suggests a shift in behaviour towards more residents being active outside of the home in their community.

- There are some great examples of people with learning disabilities, autism, physical disabilities and older people living in care homes that are rated outstanding by CQC, making a contribution to their community and in the place where they live. Some of the reports also included examples where people who were not interested in joining in, still had contact through time with the staff.

- A link between the range of activities and events available was associated with improving people's social life. The reports recounted stories of increased confidence of residents as a result of this engagement. It was clear that maintaining existing relationship with family and friends and creating new connections was an important part of life, promoting social inclusion and reducing isolation.

- In March 2018, the majority of homes reviewed had dedicated staff or activity co-ordinators to research, develop and run activities. In the September review fewer homes specified having activity co-ordinators to support with the planning and delivery of activities for residents. It is not clear what the reason was for this, but the trend reinforces experience from TTC. During the lifetime of the project the team has observed that in some organisations, activities co-ordinator posts have reduced in number, or remained unfilled.

- Although the word 'inclusion' did not often feature in the CQC reports there was a general theme that inclusion was an important value practiced within these care homes.

How does this evidence relate to Time to Connect?

Our literature review underlines the importance of maintaining or developing community links, both in easing the transition into living in a care setting, and in improving wellbeing and quality of life. However, it is clear that supporting people to connect with the community and to make a positive contribution to that community is not yet a mainstream concern of most care settings and organisations. The review of a sample of care home websites, in particular, suggests that many care settings fail to understand the importance of enabling their residents to build connections and active lives outside. Some clearly believe that bringing groups into the home is all that is required. Although having visits from community groups is valuable, this should be complemented by a range of other community-based opportunities that are tailored to the passions and assets of individual people with learning disabilities or older people.

However, the review of homes and settings assessed as excellent tells a more positive story, highlighting an increased number of examples of people supported to make a contribution than was the case the year before. This is an encouraging sign, and may signal a slight shift in CQC's approach. Perhaps other settings and organisations that are keen to improve their CQC rating, as well as improve the service they offer, may decide to follow the example set by these high performers. One finding to monitor in future is the extent to which activity co-ordinator roles are still in place, in the context of continued financial pressures. As noted earlier, it was easier for TTC to deliver results when it was led by a postholder with capacity and time to focus on changing culture and practice. This often sat most comfortably with the activity co-ordinator role.
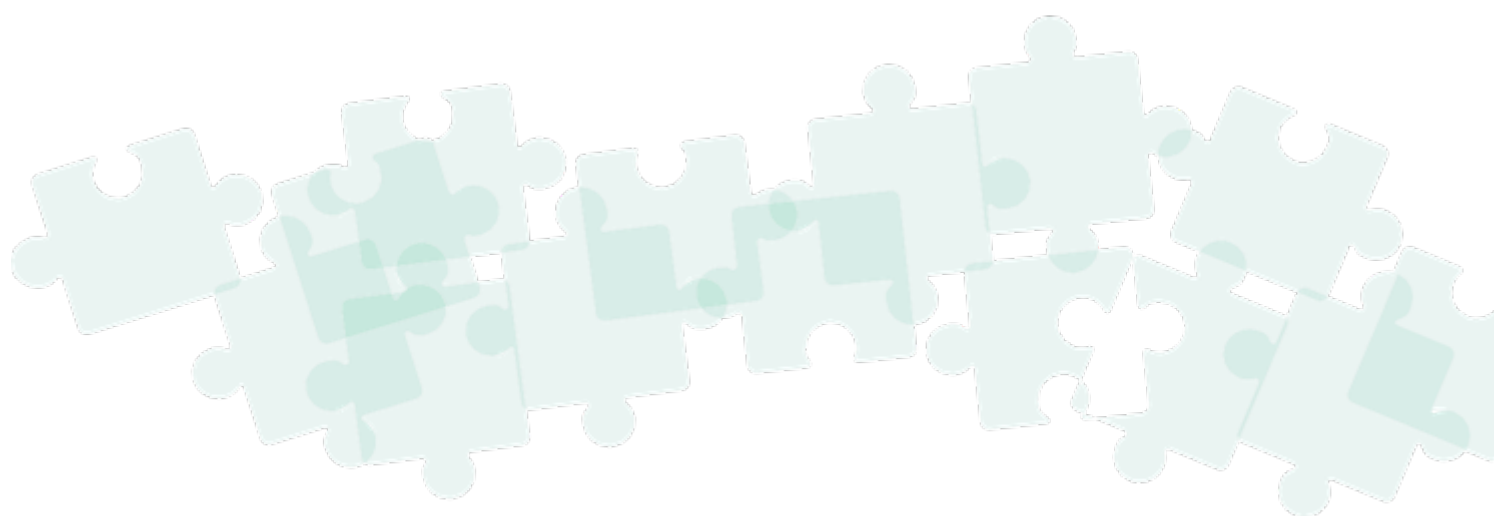
6. Where next for Time to Connect?

TBUK continues to support time banks across the country, and will now have a model that will help other time banks reach out and extend their membership to include people living in care settings, including older people, and those with learning disabilities to become members of their local time banks. They are also exploring the possibility of starting time bank hubs within care settings, that can be part of the local time bank and influence the wider timebanking movement.

NDTi will continue its community inclusion work supporting organisations and day services providers to work towards inclusive communities, and connections based on people's strengths and interests. NDTi will share learning with those organisations about learning from TTC including helping them make contact with their local time banks and find ways of them using that approach towards inclusion. This also includes helping people connect with leisure, arts, learning, volunteering etc, based on the individuals involved.

A suite of publicly available resources that address some of the key issues for care providers, and tips for different parties (providers and time banks) have been produced from the TTC evaluation. There also a range of other graphic resources that provide information to care homes on some common issues that came up through this work, including risk management, dining out and lift sharing. These are listed in Appendix 5.

In some sites where there is a desire to keep doing the work, for example in South London, we're on the look out for grant options for either providers or time banks to access in order to continue supporting the work. Groups that have been set up, such as Paxton Green and Cheviot, NHHG group, are discussing internally how they can keep meeting, even if the paid support from the time bank is no longer present. Leighton Linslade Time Bank are continuing to build on monthly 'Jazz up Your Life Tea Dances' with continued funding streams. Fair Shares Gloucestershire continue to do park walks for residents, carers and the wider community.

Case Study 1:
Jazz Up Your Life - does exactly what it says on the tin.

January 2020

Introduction

Something special happens every second Monday of the month at the Astral Park Sports and Community Centre in Leighton Buzzard. If you didn't venture inside, you might miss it. Situated in a large open space in a residential area, this sports and community centre hosts the increasingly popular Jazz Up Your Life, a community dance event for anyone in the community, of all different backgrounds and ages, including people who live in residential care.

Organised as part of the Big Lottery funded Time to Connect (TTC) project, Community Action Bedfordshire, Leighton Linslade Timebank, Leighton Linslade Town Council and Swing Dance MK come together supported by local time bank members and businesses, to host an afternoon of toe tapping, hip swinging, shoulder shimmying, wheelchair spinning, fun or enthusiastic singing with a cup of tea and cream covered scone.

Through TTC, care home staff are finding out about what residents enjoy or are interested in and then are supporting them to pursue these interests through inclusive opportunities that connect them to their community. This includes opportunities where the residents are also able to contribute in different ways to their community for example through time banks. Timebanking UK's website explains:

"Timebanking is a way of spending one hour of time helping someone out and earning one time credit in return, which can be spent on receiving an hour of someone else's time."

In Leighton Linslade this had mainly been based on one to one exchanges, such as dog walking, lift sharing, reiki or yoga. Jazz Up Your Life has brought something different.

What has happened?

The event has been running since June 2019 but work started earlier in the New Year when staff at the Leighton Linslade Timebank (LLTB) first heard about the funding opportunity and aims of the project (now in Phase 2) from Timebanking UK. LLTB has total of 40 members, 20 of which are regularly active. Prior to this project they didn't have strong connections with care homes so that was their first job – to identify and contact local care homes, specifically the home's activity co-ordinators to see if they would be interested in taking part. The staff soon learnt that this is easier said than done, with only two of the twelve they contacted getting back early on, it was easy to see that this would take time. Furthermore, initial responses queried *'what did the care homes/individuals need to give back?'.* This has highlighted the importance of time banks building relationships and trust with staff and residents to help them understand what this was all about. Once they had invested this time, they piloted the concept with time bank members to see if it could work and from this experience the Jazz Up Your Life community dance was started and has been growing ever since.

What difference has it made?

Addressing issues of loneliness and isolation and building confidence are both key outcomes for people in residential care settings, through this project.

Confidence is something that care home staff have noticed has grown for those who attend, confidence to go out, getting into a minibus and more prepared to try something new. One care home manger explains:

"I see people that are very quiet, very introvert(ed) come to something like this with music and dancing and people are happy. They respond to that lift in mood, so I then see those people maybe from grumpy, unhappy, withdrawn, they come out to something like this and it's like a light switch has been flicked ....and they're prepared to go and meet new people which they wouldn't otherwise do .... and by the time they go home they will be so tired but so happy."

The project is also about the connections and relationships we make. Care home staff have explained that husbands and wives are reliving their youth, going on 'dates' and telling stories of days gone by. The spouse not living in a care home will arrange for taxis for family members to transport them so that they can both go every month because they enjoy it so much. Spouses are seen in a different light at the dance, away from the care home setting. People are reconnecting with old friends and acquaintances and for people who used to dance, they are enjoying being able to dance again, be it seated, in a wheelchair or up on their feet with a volunteer. A member of care home staff recalled how one lady with dementia who is not good on her feet, was supported to dance.

Indeed, it's not just the residents of care homes and their families who are benefiting from the monthly dance. For time bank members, aside from accruing time credits, Jazz Up Your Life, has introduced them to new friends, provided opportunities to chat to older people with fantastic life experiences and provided opportunities to dance outside of this event. Care home staff (even those people who don't go along) hearing the residents talk about the event and seeing the benefits is in turn having a positive impact on them. Indeed, in some cases care home staff offer and are attending the dance in their own time. Staff from the local Morrisons supermarket have also joined in as part of the time bank so whilst supporting the event and donating the monthly raffle prize, they can get support from time bank members to help with other local fundraising activities for local charities.

What difference has it made? (continued)

Outside of the dance, other parts of care home life for residents have been 'jazzed up'. For one care home, staff have become more excited by opportunities to do things with residents, rather than be reticent about what could go wrong. For example, they now have residents who make tea for people at tea time, before they would sit in a chair and wait to be served. They also have residents who will go into the kitchen with a cook on a Sunday and make sandwiches for everyone so they start to feel a useful part of the household. Jazz Up Your life has been part of a culture change journey for one home over the year, which has focused on how can they can get people more independent. One gentleman who used to be a pilot and he said he wanted to fly again, has had a flying experience. They wondered how they were going to make that happen but rather than think no it's not possible, staff asked what would it take to make that happen? They found a flying school that specifically provides experiences and lessons for people who are physically disabled, so he went and had his experience and wants to go regularly. This is something that the care home manager said wouldn't have happened last year.

Another example is of three ladies who wanted to have regular horse riding lessons. Last year they suggest that they would have responded by bringing some miniature ponies in to the home to have a pony party. This year they asked themselves what would it take to make that happen? As a result, they have connected with a Riding for the Disabled Association (RDA) riding school, completed a risk assessment and now the three ladies, have a friendship group and go every month. Another care home, through working with the time bank co-ordinators, are looking at the home becoming a time bank venue; so they will set up a knitting group and gardening group for time bank members to join. They are also exploring links with schools, with the role of the residents being to share their knowledge.

Why does it work?

There are many reasons for its success. Care home staff have spoken about the atmosphere being amazing, the team being so warm, remembering the residents from previous months. Others spoke about the how well organised and structured it is, where the cost was excellent and catering was good. Knowing that they are in a safe place and that they can have a manageable staff to resident ratio was also identified as being a key factor in why it works well. Providing transport for some care homes has also been key; both in terms of making it affordable but also because the bus that is provided has staff that are patient and understanding with their residents. Sadly however, with limited space in the minibus for wheelchair users, and therefore the need for others to be mobile or able to transfer into a wheelchair, only a very small number of residents can go each month. This leaves many disappointed and care homes needing to employ a rota system to ensure everyone who wants to go, can. Availability of care home staff to support the different needs of residents is also something that can limit the number of people who can attend.

This community dance has become the date in the diary that care home residents look forward to, that give them a purpose. There's little doubt then that for all those residents on the bus that are singing all the way there and all the way back, this experience is truly Jazzing up their lives.

Time to Connect

Introduction

Monday afternoons are a much-anticipated highlight of the week for the residents of Cheviot Gardens, an extra care housing development in South London. This is the day when Paxton Green Time Bank (PGTB) come along to spend time with residents for an afternoon of games, activities, laughter, tea and chat as part of the Time to Connect (TTC) project, an initiative funded through the Big Lottery. F, a co-ordinator at PGTB, coordinates and facilitates the sessions, with the help of local time bank members. The group agree together what they want to do, so there's always something enjoyable for everyone, whether it's about keeping the brain or the body active, trying out a new craft or rediscovering an old hobby. Everyone takes part and contributes, including people who are physically very frail or who have dementia. But the sessions are about so much more than passing the time by playing games or trying activities – they have been the starting point for new friendships, improved confidence (for residents and time bank members) and much better links between residents and the local community.

What has happened?

The regular sessions have continued for three years, with a core group of older people remaining involved since the start, and others welcomed into the group over time. Quite early, people decided that they would like to go out together, but this took a long time to organise, primarily because of sickness or other reasons why the older people were reluctant to leave the service on the appointed day. Over time, though, the residents felt more confident about going out. The first excursion took place almost a year after the group had started meeting, but now outings take place every month.

The Cheviot Gardens sessions involve a huge mix of activities, including crafts, art, flower arrangement, meditation, movement workshops, and memory games. Outings have included going to pubs and restaurants, picnics and shows, as well as visits to exhibitions and galleries, in particular the local gallery, Dulwich Picture Gallery.

Although F has played a hugely important role in supporting the group and in introducing creative and fun things to do, which residents really value, gradually they have done more of the organisation themselves, for example contacting each other about sessions.

While the sessions and excursions at Cheviot Gardens have gone from strength to strength, F has also been working with a smaller number of residents of a second service, Conrad Court. This has involved more one to one work, and the results have also been very positive, as described on the next page.

What has happened? (continued)

More recently, after seeing for themselves what a difference the Time to Connect and PGTB sessions are making to residents, Cheviot Gardens have laid on extra sessions that are using a similar approach. A member of staff has been taking part in the Monday afternoon activities, learning about what works for the residents and with their help, using this knowledge to support a group on Thursday afternoons. She had already been trained in the Time to Connect tools and techniques at the very beginning of the project, but had had few opportunities to apply these.

What difference has it made?

The sessions at Cheviot Gardens have made a real difference to the people involved, including people and organisations in the wider community.

For the residents of Cheviot Gardens, the time bank sessions have created a sense of optimism and something to look forward to. As E, a 98 year old woman said, *'I'm an old lady and we look forward to this, it keeps us going.'* Many older people spoke about how much they enjoyed having fun activities that brought them together. F also comment that from her perspective, *' A core number of residents now seem much happier in their life and are looking forward to our fun sessions.'*

The mix of activities included in the sessions means that they are also a good way of keeping physically and mentally active. Not only are quizzes and games great fun (and very competitive), but residents also saw them as having an impact on their dexterity and on keeping their brains sharp – *'it keeps your memory going'.*

As well as helping residents to stay active, the sessions also give them opportunities to learn new skills and to try out making things and to be creative, sometimes for the first time in many decades. One older woman, D, said that *'during a lifetime of raising children and working we didn't have the time to do these things. We didn't even know we could do them'.*

F describes the experience of P, from Conrad Court:

'One of my most successful achievements has been the media coverage resulting from our action with P, resident of Conrad Court. P wished to write the story of his life, from a child in foster homes to a great Para Olympian athlete. I connected P with A, a PGTB member and journalist, who spent hours listening to P and wrote his book, very soon to be self published. Using this story, the Guardian published an article on the work of PGTB towards the Time to Connect project. A film was also released on Youtube.'

Over time, the older people who are involved in the sessions have become more confident and engaged. For example, some older people initially dropped in for five minutes to watch what was going on (no doubt attracted by the sounds of people enjoying themselves), but after several months, stayed for the whole afternoon. In some cases, older people who had observed several sessions, over time started taking part actively in activities, and interacting with others when they had previously remained silent.

What difference has it made? (continued)

Very importantly, Time to Connect has been a launchpad for new friendships and connections. Residents told us that sessions meant that they left their rooms, where many spent a lot of time alone, to socialise and mix with others. S and I, two older women, said *'I 've had enough of being on my own in my past. Now I have all these people... I'm just one of the crowd' and (if it didn't exist) 'I'd be less motivated to get going and mix with people.'*

People have made new friends, sometimes with other residents, when they find they have shared interests or a similar background. New residents have felt welcomed by the group, and it has helped them meet people and settle into their new home. Friendships have also grown between time bank members and residents. Some time bank members are themselves struggling with isolation and mental health difficulties:

'I live on my own and I know what (the residents) are going through – the loneliness and the boredom.'

This means that people are able to support each other, with residents offering much appreciated friendship and support to time bank members, too. The sessions also give time bank members something to look forward to and a positive way of spending an afternoon, as one timebank member commented, *'It gets your brain working, instead of thinking negative things. It's a pleasure to come here.'*

Time to Connect has touched people and organisations beyond those who are directly involved, from the pubs and cafes who now host meals for the group, to arts organisations. For example, the relationship between the project and the local art gallery has grown over time. As a gallery staff member said, *'it fits very well with us as an organisation (as we want to reach) people who are potentially socially isolated, but we don't have the capacity to run a group.'* The connection with Time to Connect has brought mutual benefits, for both the gallery, and also Cheviot Gardens residents: *'it's an opportunity to make a connection with a new place, a new person and new art.'*

Why has it worked?

The positive outcomes that older people are experiencing have relied on the creativity, resourcefulness and patience of the time bank co-ordinator. Progress has been helped enormously from patient, sensitive encouragement from F – '*We had a session themed on the Olympics, and R (an older man with dementia) came. He wanted to leave, but I said if you win (an event) I'll give you my sandwich. He won, so I did.'* The wide range of activities and games that the group takes part in means that everyone has a chance to shine and to find things that they are good at.

F highlights the importance of investing in relationships and building trust, both with residents and with the care home. This can be a long, slow process: *'Connecting older people with the outside world has only been made possible after a long period of observation and after their trust was won.'*

Case Study 3:
Reflecting on three years of Time to Connect

January 2020

Introduction

Over two years ago one care home was approached to be part of the Time to Connect (TTC) project. The care home had one particular member of staff, J, who has over time, with the support of colleagues, managers and members of the community, created more opportunities for residents to participate in and enjoy life in their community and in their home. Community inclusion wasn't new to this individual, but the opportunity presented through TTC gave a platform from which they could and were determined to do more. Below is the story of what's possible.

What has happened?

"If you understand what the inclusion wheel [web] [1] is about it's really easy."

Conversations that explore life histories are the starting point for every resident when they arrive at the home. This is a chance for care staff really to understand who the person is. They use the principles of the Inclusion Web (see below) to explore what opportunities (either in the home or community) connect with their interests or experiences, that would re-engage them back into those things. Through J's own practice and support, other members of the care home staff are using the same Inclusion Web principles. J explains:

"It's quite exciting seeing the other staff sort of getting it now. It's hard work because the job itself is hard. Sometimes it's hard for them to see beyond what they need do. So not that they make it task orientated it's just, once they've done that, I think sometimes they feel that there's not enough time for anything else but now they are getting involved despite that."

J talks about the mindset needed for making this possible:

"You either go to work, do your work and go home, or you're part of your job".

The approach taken by J is to ask staff to contribute or volunteer an extra 15 mins of their day to do something to support this activity. The theory, or change in culture, is that it doesn't feel that difficult to give up 15 minutes of time but built up over 4 days this would equate to an hour. So if they have a project happening and 10 people gave up an hour that's 10 hours towards a project. Staff then aren't asked to give up anything more for a few months. For people who haven't given up that time for a while J might ask them to come on a trip and help out. It's not formalised by the home, rather an informal arrangement which J suggests is similar to time banking; where staff get something out of the experience as well. It's a practice that J reciprocates; helping out her colleagues when they need it. J is noticing that colleagues are showing more interest, are more receptive to find out how to provide opportunities for residents to be engaged in their community as well as why it's important.

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1 The inclusion web is one of the tried and tested tools that TTC has introduced to care staff: www.ndti.org.uk/resources/publications/the-inclusion-web

What has happened? (continued)

Community engagement is something that has evolved over the three years. J explains, she uses Facebook, "a lot". There are always lots of requests where the community are asking for things or asking for people's help, so the home has engaged with that as much as possible. As a result, J doesn't need to approach the community anymore, the community know who they are and approach them. The time invested in building relationships across the community was realised this year through the National Care Home Open day. It was all about community arts. J engaged lots of community groups to be involved, including a group attended by one of the residents, E. E encouraged the people there to complete some artwork to bring into the care home. Members of the community including schools and nurseries were also invited to come and see what they'd been doing. J says it:

"was probably the best thing we've ever done."

They had eight different community groups join in and local supermarkets, Tesco & Sainsburys. Following the connections made at this event with one of the supermarkets, the home now gets free flowers donated twice a week, every week. J acknowledged this by writing a letter saying how amazing the engagement had been in the art project, the difference it made to the residents and how great it was that every time the residents go to the local supermarket the staff now know them.

In addition, as part of the Britain in Bloom campaign the care home was approached to be part of the route this year, so they have a flower bed in town. Residents are responsible for the whole process from designing the bed, choosing the plants, growing the seeds, planting, maintaining and feeding/watering. It was this during this project that residents said they couldn't reach the existing beds and so the home made the new accessible planters.

What difference has it made?

Managers are recognising the impact that taking part in the local community has on the health and well-being of their residents, seeing that older people now have a sense of purpose. They can see the resident's disappointment if they are unwell and are then unable to get out or volunteer. Care staff also see the difference it makes and how happy people are after they have been out and engaged with the community.

Having a purpose has really changed the life of one particular resident. E had moved into the home after a period of ill health, and used to attend a community centre before she got ill. J recalls that the people in the centre never thought that they would see her again. But through the conversations with the staff at the home and to the delight of the centre, she returned and now goes twice a week. She helps lay tables there and at the home. In the home, E's help had always been recognized through J writing thank you cards but staff were chatting one day and said 'Oh, E deserves a badge', so she now has her own badge that says assistant on it, to recognise her contribution. In addition to attending the community centre E goes to a nursery to listen to children read, and she's about to start with Riding for the Disabled (RDA); something that she used to do a long time ago and, J suggests, perhaps something that she never thought she'd get to do again. Her physical health has improved and if life wasn't full enough, E has recently won an award her volunteering activities. J thinks that all the interaction and being part of something, feeling purposeful has made her want to have a go at being 'herself' again, something she may have lost through her period of ill health. E along with other residents who volunteer in the community and at the home, being visibly busy and out and about, is showing other residents what's possible. Seeing this, they want to join in more, do more and go out more.

What difference has it made? (continued)

Another resident, H, listens to children read in the local school, something she's continued to do every week since the project began two years ago. She also supports the In Bloom gardening activities and gives ideas to the florist for what she can do with the flower arrangements in the home. As well as contributing to the life of their local community, being involved in TTC has also helped to change the way things work within the care home, with residents now making a much greater contribution, which is one of the important principles that underpin TTC.

Like E and H, residents are engaged in care home life in a number of ways. There is a resident's meeting where they can talk about everything. There is also a resident's fund which the home won't use without the residents saying what they want it to be spent on. The staff tell residents what grants are available, and the residents say whether they want the home to apply for them or not. For example, they've applied to Tesco Bags for Help, because the residents wanted a summer house. This is where funds for the community activities come from.

Residents design their own menus. All the food in the home is what they want and has to be seasonal, they even grow their own vegetables. In fact, this year the home has altered the garden so they now have low bedded planters that are accessible. Residents look up the recipes, go to the local supermarket, buy the additional ingredients, come back, cook it and eat it. Residents look online for recipes and can add them to a portal for the care provider's catering department, then the rest of the organisation can see what they are doing. The residents also make jams and marmalades which they sell to the community with any fruit or vegetables when there is a bumper crop.

Staff are also being creative digitally, to enable people who might not be well enough to go out, to still be able to participate in activities. For example, they've applied for a grant to get another laptop so that they can use their projector to screen Google Maps Live and take people down the street they used to live on. This is creating opportunities for residents to tell the stories of their lives. They can even create the resident as a virtual person in the programme. On another occasion, when some residents weren't able to join in an open day, staff filmed the event through Facebook live. Residents were then able to watch what was going on, on a laptop upstairs. One lady wanted to have a go on the tombola, but she wanted to see what she could win before she did. So staff used this live videoing to show her the prizes.

Two years ago the care provider introduced a Facebook page for the whole organisation, which is made up of around 100 care homes. J posted pictures of what they were doing and would see more and more people doing different things in their homes. Three years on, just as with residents seeing E going out and getting involved in the community J is seeing more diverse activities in other homes across the organisation. Whilst she knows it can't all be because of her efforts she does feel that some of this change is down to the work in her care home, showing what's possible.

What has made it work?

Just as residents are recognised for their contribution Senior Managers recognize the contribution of staff. J gives thank you cards to staff to make sure they know that giving up their time is not expected and is really appreciated. She references the residents who they have supported, saying that they have appreciated what the staff have done.

This focus on valuing the contribution that people make, whether they are staff or residents, has been an important part of J's approach. Her emphasis on building positive relationships, including with the community, has also been key, and looking for mutual, reciprocal benefits from the connections with local groups and businesses has meant that the home and its residents are now a valued part of the life of the local community.

Vision: People in care settings are fully integrated members of their communities, with opportunities to participate and contribute. Communities are welcoming to older people and people with learning disabilities and recognise their assets and contributions.

Project Mechanisms

- Training and support to care setting staff to become community champions.
- Use of tried and tested community inclusion tools and resources.
- Support for organisations in making change happen.
- Time Banking training and where possible, linked local Time Bank for care settings.

Enablers	Barriers
For programme:	
Expertise of programme partners	Financial pressure on care system
Big Lottery funding	Gap between policy and practice
Policy and regulation climate	
For organisations:	
Commitment of senior managers	Organisational turbulence and staff turnover at every level
	Difficulties in focusing on culture change – a long term task
For individuals:	
Some excellent care staff	Pressures on time and attention – focus on keeping people safe

What will change? (outcomes)

Older people and people with learning disabilities:
Have greater choice and control over the things they do, who they do them with, and the places they go.
Have more social connections, new friends, increased interaction within the community and reduced isolation.
Have improved wellbeing and happiness and are more confident in themselves and their contribution.

Care staff:
Have new skills and knowledge, and can be more creative in their role, leading to increased confidence and motivation.
Have different attitudes about what is possible for people, leading to changes in practice across the care setting.

Care settings:
Are more connected to their community.
Care organisations:
Can build on Time to Connect as a platform for wider change.

Time banks:
Have wider membership and can draw on the contributions of older people and people with a learning disability.
Communities:
Benefit from improved connections in unexpected ways.

NDTi
National Development Team for Inclusion

Timebanking UK

COMMUNITY FUND

Time to Connect

Appendix 3: Who was involved in Time to Connect?

Which groups were involved in TTC?	Phase 1	Phase 2	Total
Managers	40	29	69
Care staff trained	92	139	231
Beneficiaries – older people	102	93	195
Beneficiaries – people with learning disabilities	39	107	146
Beneficiaries – people with mental health needs	10	28	38
Time bank members	22	44	66

20 organisations/care settings have been involved in TTC, ten of which receiving training and support from NDTi, with the others supported by time banks through initiatives such as Jazz Up Your Life (appendix 1). These ranged from large, extra-care housing schemes and traditional residential and nursing homes accommodating large numbers of older people, to an independent house or flat offering supported living to just one or two people with a learning disability. Participating organisations/settings were spread across England and included inner city, suburban and rural areas in South London, Greater Manchester, Liverpool/the Wirral, South West (Bath and NE Somerset, Gloucestershire, Wiltshire), and Bedfordshire.

5 time banks were involved, and members banked 6147 hours through TTC.
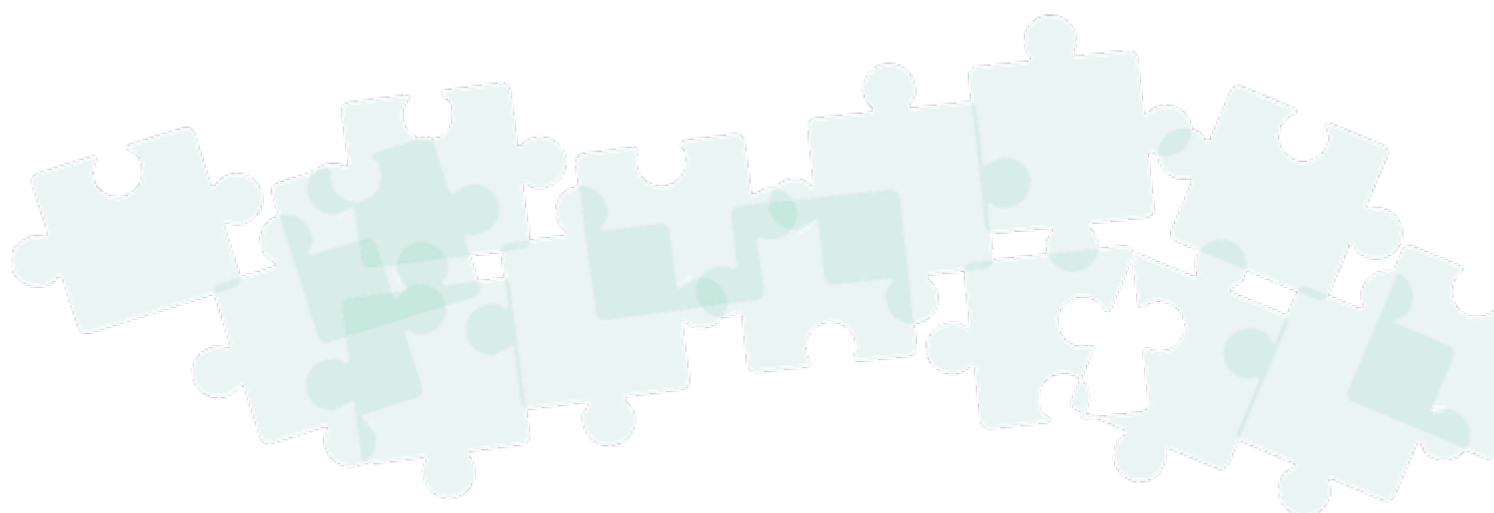
Appendix 4: Traffic lights graphic
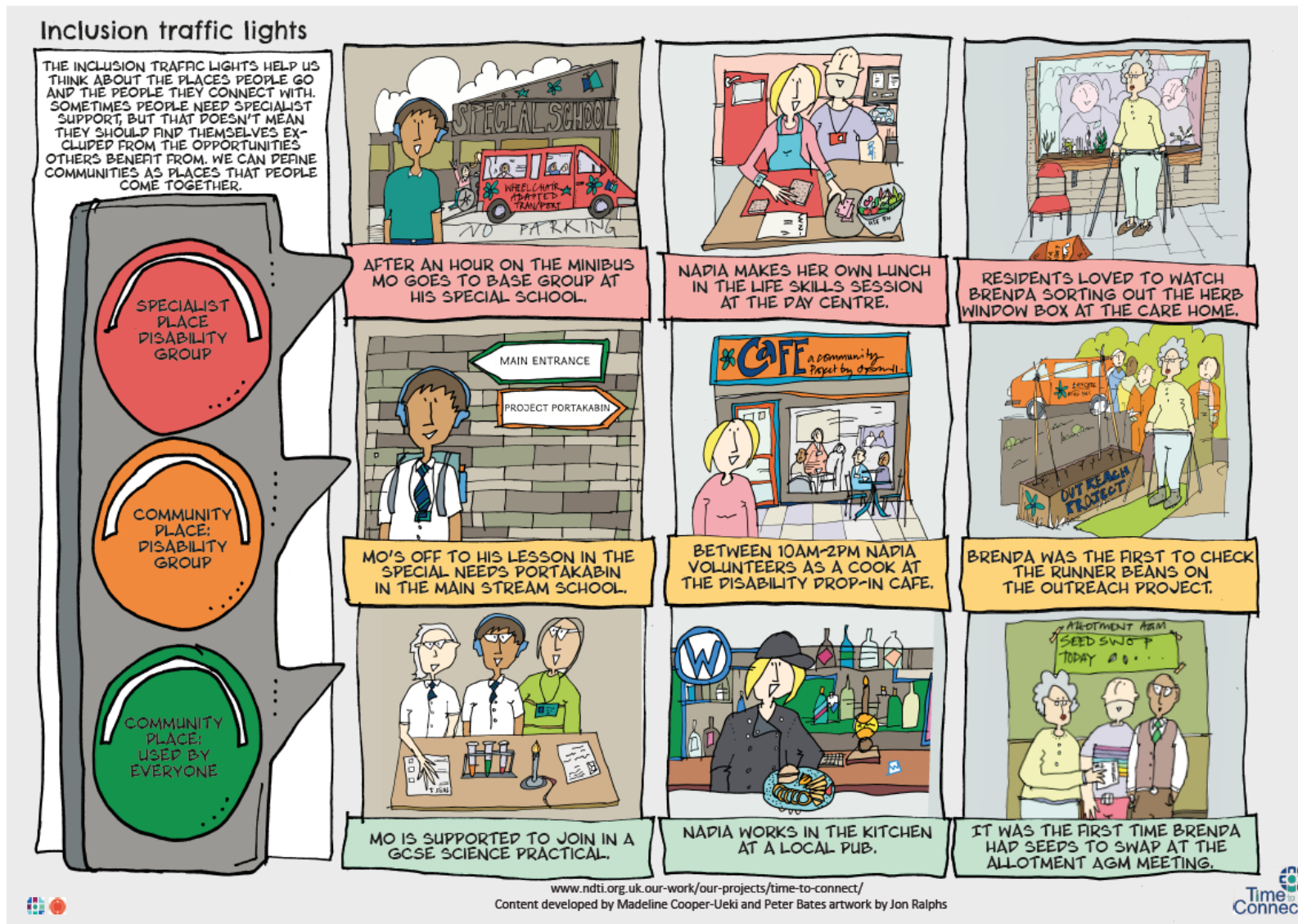
Appendix 5: Time to Connect outputs

- **Time to Connect Briefing 1 – Headlines from final evaluation**

- **Time to Connect Briefing 2 – A guide for care staff, residents and their families**

- **Time to Connect Briefing 3 – A guide for time banks**

- **Time to Connect Briefing 4 – The experience of people moving into and living in care settings – a literature review**

- **Time to Connect Case study 1 – Jazz Up Your Life – does exactly what it says on the tin**

- **Time to Connect Case study 2 – Cheviot Gardens**

- **Time to Connect Case study 3 – Reflecting on three years of Time to Connect**

- **A Chance Comment During a Park Walk has Led to a Fascinating Journey - Blog**

- **Traffic Light Comic Strip Poster**

- **The Right to Go Out**

- **Nine ways to connect your care home with the community**

- **Risk management tools:**

  - **Risk Assessment (Long Version)**

  - **7 Great Questions: Conducting a risk assessment for outings**

- **Community-based transport solutions:**

  Lift Sharing and Risk Management

  - **DBS Flow chart for lift sharing**

  - **Lift sharing - questions to ask the driver and Passenger**

- **Eating Together**