University of Brighton

Community
University
Partnership
Programme

Rotherfield St Martin

Research into a community group in an English rural village

'It is not a community group of steamroller fronts and hats'

Main Report

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Acknowledgements

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We would like to thank all the volunteers, members and committee members for all their help, filling in the questionnaires, agreeing to the interviews both in person and on the phone and for their continued and welcomed interest in this research. A special word of thanks goes to Andy Miller, Chairman and Trustee, for all his helpful suggestions and proof reading expertise. Of course, none of this would have been possible if it had not been for Jo Evans, the project manager of Rotherfield St Martin, whose help, patience and unceasing support throughout this research has been invaluable and much appreciated.

For further details about Cupp please visit our web site at www.brighton.ac.uk/cupp or contact the Cupp office on (01273) 643004 or email cupp@brighton.ac.uk.

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Executive Summary

This research report was commission by the University of Brighton's Community Partnership Programme (CUPP) for Rotherfield St Martin, a Chuch-in-Community group delivering services to older residents in the village of Rotherfield and surrounding areas. It comprised a quantitative element of survey questionnaires followed up by qualitative interviews.

The research is set against a background of Government cuts in the field of health and social care and increased numbers of older people. At the same time, older people are being encouraged to remain in their own homes both in policy terms as well as the preferred choice of the older people themselves. This has resulted in a higher percentage of older people living in their own homes.

There are particular issues for people living in rural areas where increased numbers of older people opt to live particularly those aged 85 and over. Traditionally, rural areas are considered to be where the more affluent reside. However, research demonstrates that the percentage of rural poor is in line with the urban poor and people facing mobility restrictions in rural areas is on a par with those urban areas. The difference being that urban areas, particularly those along the South Coast, are well served by a mix of statutory, independent, community and voluntary services. Rural areas are also faced with a dispersed population creating additional issues for the provision of services.

Social care costs have increased year on year as have the home contact hours. However, the numbers of people receive home care have reduced with the obvious implication being that only those at the extreme end of need are in receipt of home care. This leaves many older people totally reliant on friends and family for any form of help. Research though has demonstrated that providing what is termed 'low level' care helps in keeping people at home and out of hospital and therefore reduces the costs to both the NHS and social services.

The White Paper *Equity and Excellent: Liberating the NHS – Opportunities and Challenges* will give a critical role to the local authorities in commissioning and monitoring services and will involve them working closely with a mix of partners in order to discharge their duties.

The impact of the 'perfect storm' of demographic changes, restricted funding and a dispersed population in rural areas may provide a challenge that community organisations could rise to in their role as important partners in the delivery of health and social care. This research is about one such organisation Rotherfield St Martin.

Rotherfield St Martin (RSM) launched in September of 2005 with six people at a tea and cakes afternoon and today is made up of 110 volunteers and 271 members. The gross core costs are around £43.000 per annum and net core costs

approximately £33.000. Currently the volunteer hours average 250 per week translating to a cost of between 30-36pence per hour. Volunteer England suggests that each £1 of volunteering returns between £4-8 in direct economic value, discounting preventative interventions.

RSM offers a wide range of services including water therapy and time in the gym, outings, a diverse number of therapies, refreshments and activities such as bridge, yoga and commuter assistance as well as a volunteer driving scheme.

The volunteers of RSM are predominantly women and overall the majority of volunteers are retired. Research has demonstrated the positive benefits of volunteering crossing physical, mental social and economic boundaries.

This research found that volunteers continue primarily because of the ethos of the village, deemed to be kind and not at all snobby, as well as the support of the project manager. What motivated the volunteers to volunteer was primarily social, the desire to help others; other reasons could be grouped under self-esteem and satisfaction as well as retirement as a reason to volunteer. The other important motivation was faith where people feeling that helping is a way of life will perhaps reject the concept of 'volunteering'. Many of such people will have volunteered for their whole lives.

Supporting the volunteers is an essential component in the success of any organisation and certainly the RSM volunteers felt supported, in particular, by the project manager. The manager of RSM is in a full-time salaried post, rather than one filled by a volunteer. This management system creates an infrastructure that can focus on volunteers and support their work.

Training was considered an important function of RSM although the take-up could be increased. Communication and information are also critical, mainly in the way they are handled. Top down forms of communication, reflecting the workplace, can have a negative impact on volunteering. RSM though handles this with a light touch creating a sense of flexibility and although some volunteers find it hard to say 'no', on the whole there is a sense of independence and accommodation of their needs as well as those of the organisation.

The members of RSM are again mainly women; women live longer than men of the whole and are more likely to live alone. An important service provided by the RSM volunteers is friendship. There is a body of research that demonstrates the importance of social interaction among older people who are more likely than any other group to be isolated. Isolation can lead to increased mortality as well as depression and suicide. On the other hand social interaction is beneficial to both health and wellbeing. RSM is providing the means for local older people to increase their social life and to feel valued and important. It is a point worth noting that when looking at the age of the volunteers and the members there is an overlap and often members are also volunteers with the accompanying benefits.

The members also express enjoyment with the exercise classes, both water therapy and in the gym. Again there is ample evidence that demonstrates the link between mobility leading to a reduction in falls. In addition, physical activity is linked to decreases in the incident of chronic disorders.

The response to the research concerning falls was limited. This could be accounted for by the increased physical exercise members take part in but also other research reveals the reluctance that older people have to letting others know they have fallen because of worries about their levels of independence. This research found that the majority of falls took place in the bedroom in the house and in the garden outside.

The transportation scheme is prized among the members who find the flexibility of the system, that the drivers can wait with them at hospital or health care appointments and run them back as most beneficial and considerably better than services offered by taxis.

The research wanted to know what sort of difference RSM had made to the members in term of the before and after use of services. Although the numbers were too small to be considered to be general to the population being studied, they were all statistically significant showing that use of services reduced as a result of interventions made by RSM.

The research also wanted to assess if RSM could be a model for other locations. Generally, it was felt that this could be the case but that it required certain localised characteristics to be in place for this to be successful. Among the features deemed necessary were, *inter alia* the identification of a target audience for the services; a core group of volunteers who could offer services during the day; keeping the organisation small to prevent it becoming bureaucratic and top down; working within small communities, either those in a village setting but equally close knit communities in the urban areas. A further important component in the success of any organisation is its project manager. The infrastructure required for any successful group demands that a manager works full time and this would be impossible if run by volunteers. In addition, any organisation needs a leader and one who is both charismatic but also dedicated and highly efficient and one that can give direction and lead. Certainly both the members and volunteers highlighted Jo Evans as being exactly this sort of manager.

The government is clearly increasingly reliant on community groups who benefit from having local knowledge and expertise. Although the way ahead may be challenging, the cost benefit of securing the services of a well run, efficient local group to deliver services to that community can only assist in helping people remain in their own homes. RSM is built on the Christian principles of care and respect and has acted as a catalyst bringing in people who may never have volunteered had it not been for the existence of such a group and in so doing has increased the levels of social cohesion within the community.

1. Introduction

Community groups providing care offer much needed additional assistance to the statutory and independent care agencies. Based on volunteer resources, these community groups are able to offer both support and practical help to people in their own homes. In particular, community groups based in rural parts of England provide an important focal point for a community where their local knowledge of the population affords a unique insight into the needs of the locale providing support, friendship and care. This report discusses the research carried out for Rotherfield St Martin in Rotherfield, an example of a rurally based community group.

1.1 Background

Older people as a proportion of the population is set to increase over the coming years, this demographic change has established an alteration in the age structure of the population where people aged 65 and over now represent a larger proportion of the population that those aged 16 and under. Increasingly older people are living longer and this currently, and will in the future, present undeniable financial problems for services. In particular, growth in people aged 75 and over has implication in policy terms for social care as this group generally require more help and support than other groups (The Policy Institute, 2007). Increased numbers of this older age group is specifically true for the South East where the people aged 75-84 is projected to increase by 32 percent and those aged 85 years and older will grow by 39 per cent (ERPHO, 2007).

At the same time, older people are managing to remain within their own homes, rather than move into residential care. Currently in England and Wales, 95% of people aged 65 and over live in their own homes (Petrokosfky, 2007). These changes reflect the emphasis on caring for older people in their own homes as a way of meeting older people's preferences. The growth in the population seen within increased budgetary constraints and alongside a shift in responsibility of the mixed economy of care, emphasising the independent and voluntary sector, has seen community groups growing in importance to where they are now operating alongside other partners as an important providers of care.

Champion and Sherperd (2006:2) argued that in particular rural areas of England along with coastal town ageing is more pronounced because of 'age-specific migration flows'. Ageing in rural areas is principally prominent among people aged 85 and over (Cabinet Office, 2009) and this has obvious implications for agencies offering services to people in rural England.

Table 1 below reveals that the overall population aged 75 and over will continue to increase both in real terms and as a percentage of the total population from 4.8

percent in 1971 to an estimated 9.5 percent in 2021. At the same time the majority of single households of people over pensionable age are women (Chandler *et al,* 2004)

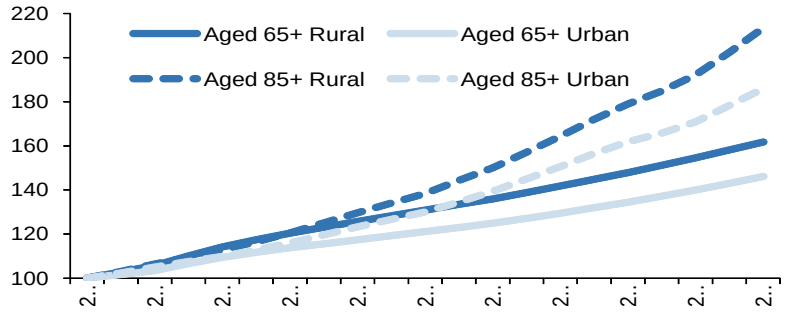
Table 1
Projected increase in the population

Year	Total population (000s)	Total male population (000s)	Total female population (000s)	As a total of the population
1971	55928	842 (32%)	1802 (68%)	2644 (4.8%)
2001	59113	1621 (37%)	2805 (63%)	4426 (7.7%)
2005	60209	1754 (38%)	2846 (62%)	6000 (7.6%)
2021	64727	2644 (43%)	3465 (56%)	6129 (9.5%)

Source: *Social Trends 2007*

The growth in people 65 and over is predicted to grow to the extent that by 2031 a total of 23% of the population will be aged 65 and over. The largest demographic growth of single households though has been in the younger population and this will inevitably impact on the numbers of future single older people (Chandler *et al,* 2004)

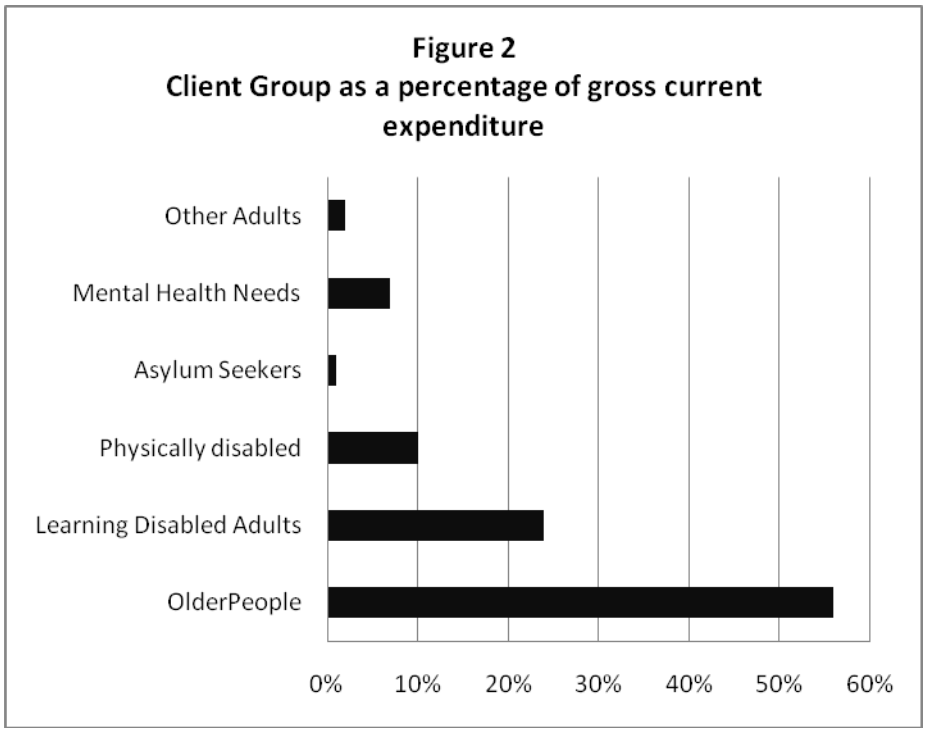
Figure 1:
Percentage growth in older people 2009-2029



Source: *Social Exclusion Task Force, 2009*

Figure 1 above reveals the increase in the projected number of older people living in rural areas. Although, it is generally considered that rural dwellers are better off than their urban counterparts, the percentage of rural poor is in line with urban poor. Additionally, people facing the same levels of restriction in terms of mobility in rural England are also on a par with urban areas (Social Exclusion Task Force, 2009). The big difference being that urban areas, particularly along the South Coast, are well serviced by a variety of statutory, independent and voluntary agencies. Populations living in rural areas are by their nature dispersed creating additional problems for service providers, among them financial.

According to Karlsonn *et al* (2006) projected expenditure on older people will rise from £11 billion per year to around £15 billion by 2040. In 2007 the budget for older people was £8.8 billion and this rose to £9.1 billion in 2008-09, representing a four percent increase. At the same time domiciliary care has also increased by eight percent to £6.5 billion in 2009-09 (ONS, 2010).



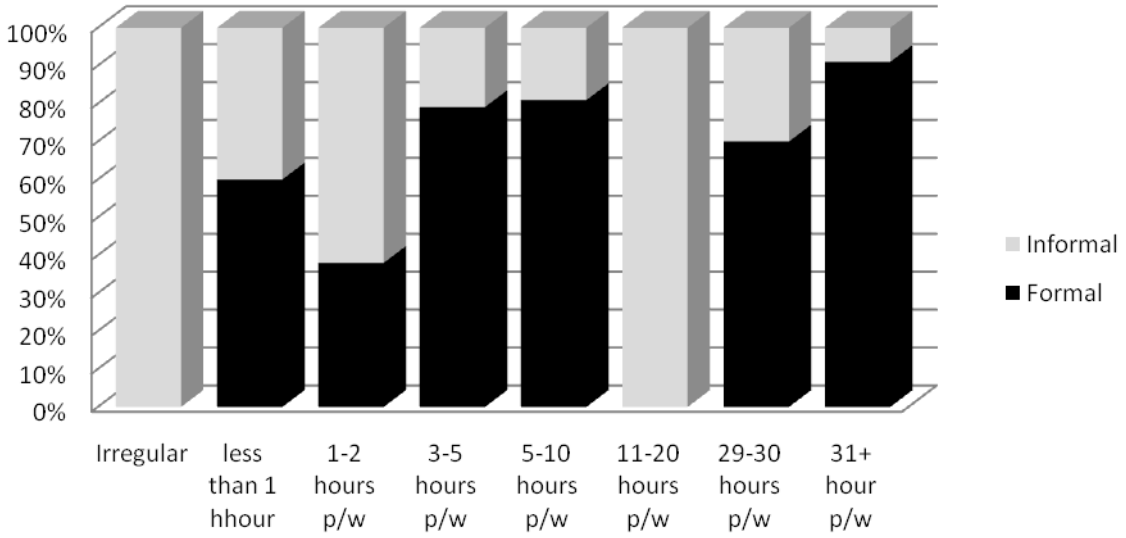
Source: *Office for National Statistics, Actuary Department, 2010*

Figure 2 above indicates that nationally older people represented over half of the gross current expenditure for 2008-09.

Since 1993 when the 1990 National Health Service and Community Care Act was implemented, statutory home care hours have increased reflecting the direction of policy to where only 20% of people aged 85 and over live in some form of residential care (Petrokofsky, 2007). Nationally, residential care costs for older people fell by £1.4 billion while domiciliary care costs increased by £0.5 billion between 2007-08 and 2008-09 (NHS, 2010) accompanied by an increase in the number of home care

contact hours. However, while the average hours of home care per client has increased, the numbers of clients has decreased (Community Care Statistics, 2010). According to McClimont and Grove (2004) some 35,000 fewer households were in receipt of home care services provided by local authorities compared to 2000 and 139,000 fewer since 1993.

Figure 3
Informal/formal care hours per week



Source: *Office for National Statistics, Government Actuary Department, 2007*

Figure 3 above shows the pattern of formal and informal care indicating that care is being targeted at the highest end of need and people requiring less intensive help receive less in the way of assistance to the point where those only wanting help on an *ad hoc* basis are wholly reliant on family and friends.

The White Paper *Equity and Excellence: Liberating the NHS – Opportunities and Challenges* 2010 gives a critical role in the assessment of need and allocation of resources to the local authorities. They will commission and monitor services as well as oversee the local care markets. In order to do this, local authorities will need to work closely with partners and find innovative ways of discharging their duties. The Government is clearly looking to Third Sector as well as the independent sector to assist in generating a diversity of provision. However, the Counsel and Care (2007) argue that many Third Sector organisations are finding it increasingly hard to locate sufficient funding to support anything other than those older people in the most acute need.

The impact of both demographic changes and restricted funding has particular implications for older people and voluntary and community organisations in rural areas. The population is dispersed with often very little access to public transportation. The mixed economy of care may vary from place to place with no

lower threshold of provision (Dwyer and Hardill, 2008). Patchy delivery of services will involve greater reliance on community groups in rural areas.

1.2 Rotherfield St Martin

Rotherfield St Martin is a Church-in-Community community group offering help and social support to the older people in the village of Rotherfield and also outlying areas extending as far as Crowborough.

The community group grew from very small beginnings in 2001 when Jo Evans, the founder, conceived of such a project after witnessing a Mr Harry Martin ending his days in a nursing home instead of in his beloved village where he had lived and worked all his life. The committee was formed in June of 2003 and the project launched in September 2005.

Rotherfield St Martin started with just six people at a tea and cakes afternoon and now has become a strong community group with 110 volunteers and 271 members.

The group managed to secure funding from the Big Lottery of £77,151 which has covered rent and running costs for the last three years. Currently the gross core costs are around £43,000 per year and the net core costs are approximately £33.000. Currently the input from volunteers is around 250 volunteer hours per week. This translates to around a cost of between 30-36 pence per hour for volunteer time. According to Volunteer England (2010) where investment is made in volunteering, each £1 returns £4 - £8 or more in direct economic value with additional returns in terms of preventative interventions and added value of increasing community cohesion.

Rotherfield St Martin carry out a number of different activities and services for people. A number of projects providing health related activities including water therapy and time in the gym; outings to places of interest; a volunteer driving scheme that takes people to hospital and health care appointments. In addition, there is a therapy room offering a range of therapies as well as an open door to all comers for refreshments and activities such as bridge, yoga and commuter assistance and much more.

2. The Research

This small-scale study was sponsored by the University of Brighton Community University Partnership Programme (CUPP) as part of their work supporting local groups. The aims of the research were to assess the effectiveness of Rotherfield St Martin in terms of the services provided to older people in the community; provision of low level services to members; ensuring a mutually beneficial college of people within the community. In addition, the research looked at why people volunteered and the reason behind the success of Rotherfield St Martin in attracting volunteers. An important aspect of the research was to determine if Rotherfield St Martin was unique in terms of the nature and make-up of Rotherfield itself, or if this particular model of community group could be grafted into other communities, both rural and urban.

2.1 Research Methods

The research used quantitative and qualitative methods of data collection. A total of 271 questionnaires were sent out to the members of Rotherfield St Martin and 150 were returned representing a return rate of 55.4%. 110 volunteer surveys were sent out and 50 were returned representing a return rate of 45.5%.

The questionnaires included a request for a face to face interview and a total of eight interviews took place with volunteers of the Scheme. The members found it rather problematic to undertake face to face interview and so this was altered to a telephone interview. In all, four members were interviewed this way and an additional 5 volunteers.

2.2 Constraints

Along with most research, this research suffered from a lack of time. It was necessarily a small-scale study and did not have the remit for in-depth research and has therefore left some explanations unresolved.

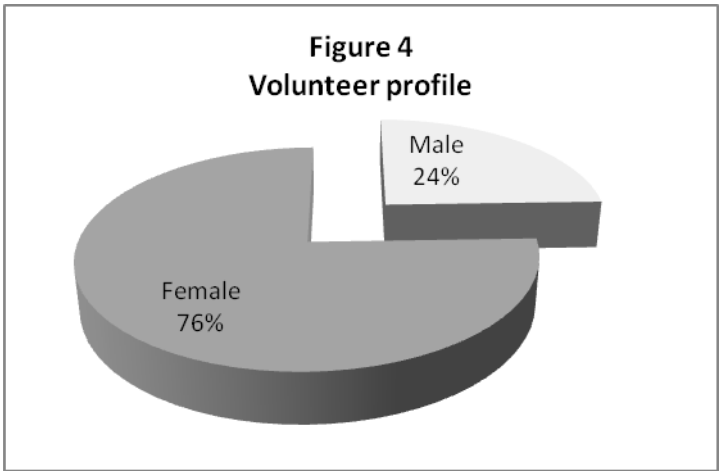
An additional constraint to the research was altering the face to face interview to telephone interviews. There are several advantages with telephone interviews, they are easier to organise and save time and money in travel for the researcher. Bryman (2001) also suggests that the effects of interviewer characteristics, such as the need to answer questions in a specific way, are minimised by telephone interviewing. However, telephone interviewing also removed the possibility of engaging in observation and interpreting physical cues of the person being interviewed. In addition, the telephone can act as a barrier between two people making the interview more problematic.

3. Research Findings

3.1 Volunteer Profiles

Kuntz (2001) has argued that traditionally more women than men volunteer and that this may be due to the construction of caring linked to the female. However, Karlsonn *et al* (2006) suggest that changing social patterns are leading to increasing numbers of male volunteers. This should be seen within the context of a higher proportion of female employment perhaps reducing the overall number of women volunteers.

Figure 4 illustrates the tendency for more women than men to volunteer is in line with the volunteer profile found in Rotherfield St Martin (RSM) where 24% of those who responded to the questionnaire were male against 76% female.



Research conducted by Rouse and Clawson (1992) and Davis, *et al* (2006) show that on the whole people volunteer later in life, many after they have retired.

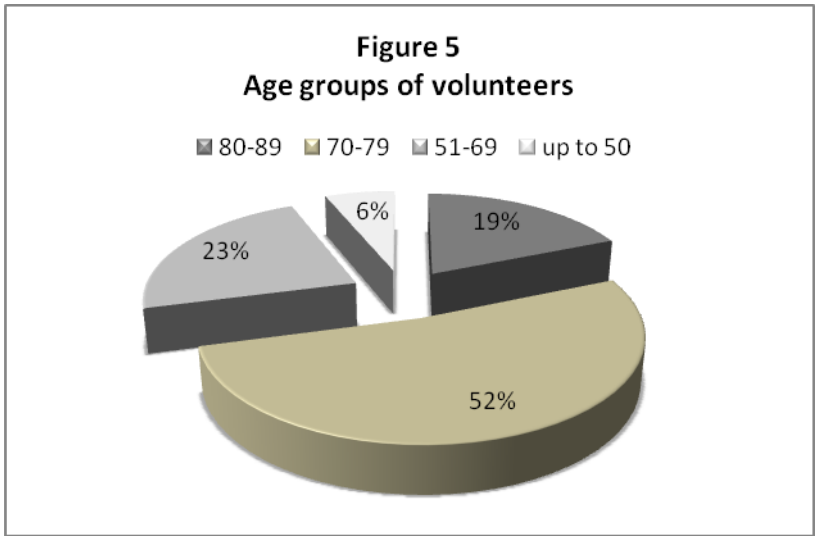


Figure 5 above clearly indicates the majority of RSM volunteers are above 70 years old with a substantial percentage aged 80-89 (19 per cent). Only 6 percent of those who responded to the questionnaire were aged 51-69. The age of the volunteers is not only congruent with other research findings, but could also be explained by the ageing rural population identified by the Cabinet Office (2009).

Older volunteers bring a specific set of skills and energy to volunteering (Volunteering England 2009). In addition, research has also indentified the benefits that volunteering brings to older people crossing physical, mental, social and economic boundaries (Volunteering England, 2008)

3.2 Volunteer motivations

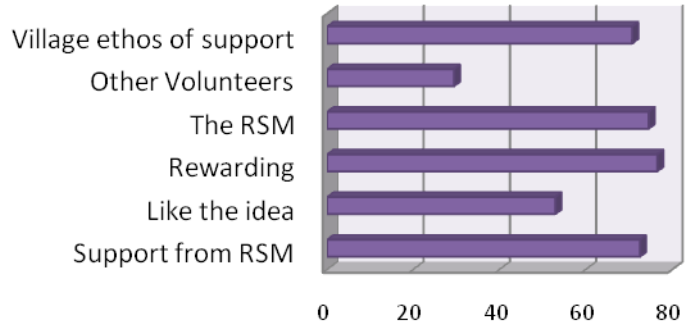
> *'It* [Rotherfield St Martin] *has strengthened the sense of community. The benefits of the services and facilities it provides are recognised not only by the members but also by their families and friends. It has shown how readily people are prepared to give their time and money for the benefit of others'* (volunteer)

The Government is committed to stimulating voluntary work within communities with the promise of future rewards taken from an idea proposed by proposed by Professor Heinz Wolf, Brunel University, using a time-bank concept based on the idea that people are given so-called *'care credits'* to draw on for care in their old age. Volunteers at Rotherfield St Martin have already established this concept of volunteering as one volunteer pointed out:

> *'Those who are well look after those who are poorly until they die and then next lot underneath will have retired and be able to volunteer to look after that lot. It will fuel itself'*

This research sought to find out what motivated volunteers to continue volunteering. Figure 6 below indicates the main reasons for this.

Figure 6
Reasons for continued volunteering



The concept of the ethos of the village was clearly important to the volunteers and this linked in with their concept of community and community cohesion. Rotherfield is felt to be a friendly village:

'It's not at all snobby here'

'Rotherfield is a close knit community'

Other aspects volunteers felt were important characteristics encouraging them to remain as volunteers included RSM itself as well as the support given by the organisation.

Volunteering can be a lifelong commitment for some and for others it begins on their retirement. David, Smith and Gay (2006) suggest that retired people are looking for a way of either continuing the discipline of the work place or they view it as the antithesis of the work place. The volunteers of RSM had their own reasons for volunteering congruent with Okun and Schultz (2002) research which identified social motivation as the driving force. However, other responses from the RSM research were similar to John Wilson's which included self-esteem and life satisfaction (2002)

Social Motivation

'The desire to help others'

'To help make someone else's life better'

'The opportunity to make life that bit better for someone else'

'Involvement in the community, friendship of those being cared for'

As a result of retiring

'I have retired from paid work, have the time and like to do something useful'

'Makes me feel I have done something good today'

Self-esteem and satisfaction

'Social contact and giving of self worth'

'I am proud to be associated with such a useful project'

'Personal involvement, satisfaction, usefulness, meeting people who I might otherwise ignore, not notice, not hear their stories, hearing different aspects of events'

'You get some satisfaction at helping out a bit'

There are also people who are the life-long volunteers. One of the RSM volunteers considered the term 'volunteer' somewhat patronising, since this is just their way of life.

'I have *always volunteered since I was a girl'*

'Always been a volunteer, now I don't have to travel'

Unexpected consequences: The story of expanding horizons

One of the members of RSM is also a carer for her middle-aged child who has learning difficulties. The daughter is now an active volunteer with RSM and this has greatly increased her confidence to the extent that she is now no longer so reliant on her mother. To her mother, the change has been of tremendous importance, as she says, her daughter has now *found her niche in society'.* Her increased independence has been noted by the local doctor and so instead of remaining at her mother's side this volunteer is out and about helping others and now has a wide network of friends.

The research found that 97 per cent of the RSM volunteers said that their expectations of volunteering had been met. Women though were more inclined than men to rate their experience of volunteering as excellent. This was statistically significant (χ^2 = 4.381, df=1, p= 0.014).

3.3. Supporting the volunteers

As the voluntary sector continues to expand their services into areas once the preserve of the statutory sector, the impact of the community, regional characteristics and the organisation appear to play an important part in the decision volunteers make to continue with their voluntary work (Kuntz, 2001)

This research wanted to find out what form of support from RSM assisted their continuing volunteering.

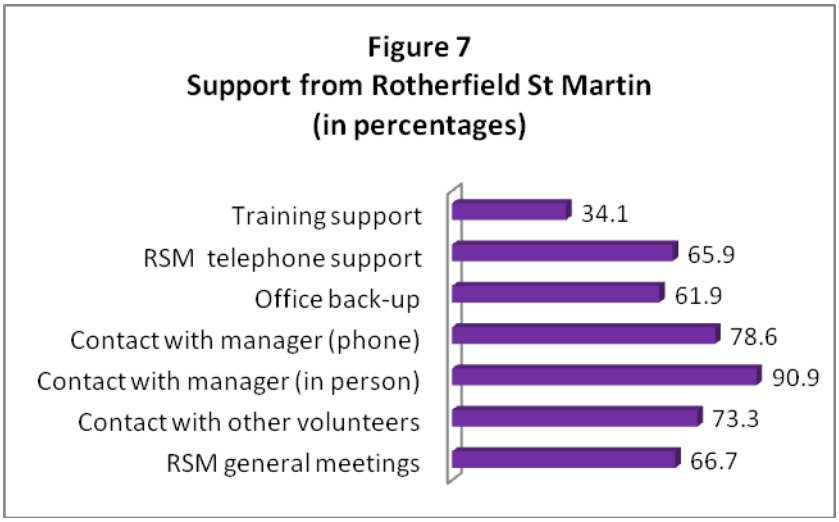


Figure 7 above indicates that the most important form of support was the contact with the manager in person. It is worth noting at this point that the manager is a full-time salaried post rather than a position filled by a volunteer(s). This management system creates an infrastructure that can focus on volunteers and support their work, whereas it is more than debatable that such a position could be filled by a volunteer given the input required in terms of hours.

Personality plays an important role in the success of organisations and research has identified that sensitive, nurturing and considerate leaders are more successful in this respect than the traditional dominant and critical leaders (House and Howell, 1992). Larner and Craig (2006) detected the presence of what they termed *'strategic brokers'*; people who had the ability and capacity to network and promote change. This draws on the feminist perspectives identified by Melissa Gilbert (1999) and one which has been translated into the growth of the professionalisation of women at the centre of community groups (Mooney and Neal, 2009).

This research found that the volunteers prized the manager with many of them stating that the reason they joined RSM and the reason they remained as volunteers was solely due to the manager. Charismatic leadership has its downside as the volunteers found:

> *'It can sometimes be difficult to say 'no''*
>
> *'You have to learn to say no at times'*

Figure 7 also reveals that contact with the other volunteers is important with many enjoying the social side of volunteering.

> *'Getting to know more villagers and sharing in their lives'*
>
> *'Living as I do, in one of the hamlets on the outskirts of the village, it has enabled me to meet more people than, as a former commuter, had hitherto been the case'*

'Meeting interesting, often older, people and helping them to achieve their goals'

'I have lived here for 22 years but now know a lot more people by name. Also networking and encouraging more to join is satisfying'

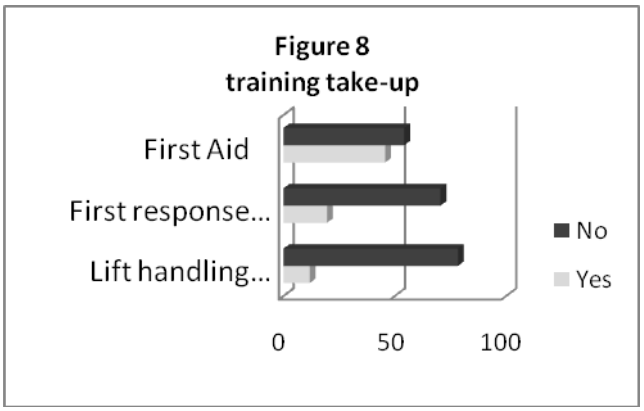
'I enjoy being a volunteer and helping, meeting others with similar histories'

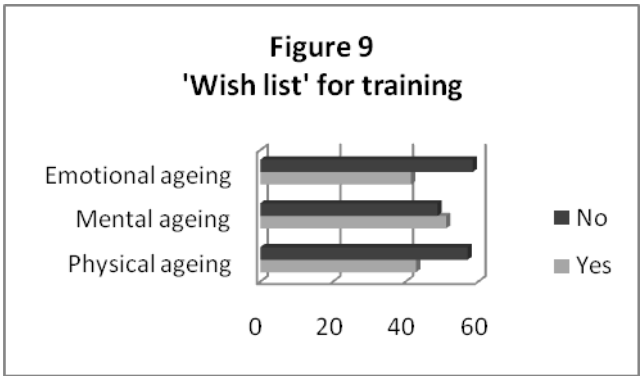
'It is rewarding to assist people. It has educated me and I have new acquaintances and friends'

3.3.1 Training support for the volunteers

Training also featured as important in supporting volunteers. One driver volunteer remarked that knowing first aid has instilled a high level of confidence when transporting frail members to hospital safe in the knowledge that he is fully acquainted with resuscitation and other life saving techniques. Training has been identified as important in attracting and retaining volunteers Fahey, Walker and Lennox, (2003). Mostly it appears that training and accreditation is more important to younger volunteers and Fahey *et al* also found that some volunteers did not want to take on that level of commitment. Training though is said to sustain the use of volunteers and those groups operating in the field of health have more training possibilities than other voluntary organisations (Hagar and Brudney, 2004). The Urban Institute suggest that there is a direct correlation between increased retention levels of volunteer participation by providing training (2004)

The take-up among the volunteers for training among those who responded does not appear to be that extensive. Figure 8 below reveals the current training opportunities and Figure 9 identifies a 'wish' list for future training.





One volunteer responded to the question that she would like the opportunity to join in with all the 'wish list' training courses but remarked that she *'had never heard of courses being run through RSM'.* Other courses suggested by volunteers as being useful were elementary maths revision and language, art and painting, deafness and failing eyesight training. Finally one volunteer suggested that a first aid refresher should be offered on a regular basis to all drivers.

Another volunteer suggested that training could be more closely aligned to professional accreditation and in this way RSM could provide social care to the community. This particular volunteer felt that local communities were far better placed to create the right services for their own communities.

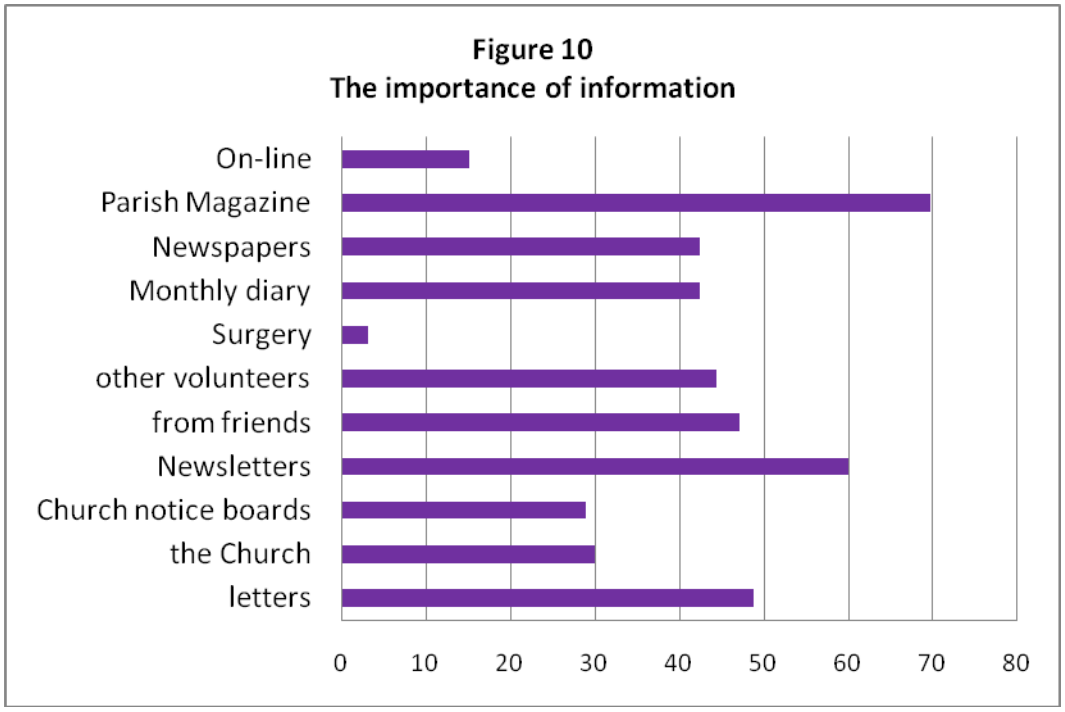
> *'I don't see why RSM can't do the 'elderly well', minding, looking after, visiting, washing, feeding, transporting the elderly/sick. We know who will not ask for help because they are too proud, we know whose left leg has fallen off. Not this case of getting in touch with the GP, who will get in touch with the district nurse, who will, if they have the time, come and do the dressing, whereas you could train volunteers to do this'*

3.3.2 Communication and information

Communication features as important to the volunteers in our research either in direct and indirect contact with the manager as well as telephone contact with the office. Research suggests that the type of communication is critical as to whether or not it actively supports or deters volunteers. Hager and Brudney (2004) argue that some forms of communication can be too closely related to the workplace and this can diminish the volunteer experience. RSM have a light touch with their communication and by offering a variety of different ways of contact means that volunteers are not over supervised and communicated with. One volunteer remarked that it is this light touch that helps her experience of volunteering.

'They don't tell people what to do, they suggest that maybe you could and then give you opportunities. Both the volunteers and the clients have choice. It is flexible; if you can't do something they have a whole wardrobe of other people'

Lack of bureaucracy assists volunteers in this respect. One volunteer suggested that the success of RSM comes from not being heavily constrained by red tape. Communication is also an important feature of how Rotherfield St Martin is becoming so well known. As one volunteer said the people in Rotherfield talk about Rotherfield St Martin and will recommend it to other people. Word of mouth has spread RSM way beyond the village boundaries to other areas including nearby Crowborough.



The research wanted to find out how information is gathered by the volunteers. Figure 10 above indicates that the volunteers use the Parish Magazine for information closely followed by the RSM newsletters.

An on-line form of communication is only used by a small minority of those who responded to the research. Given the age group of the volunteers this is not so very surprising. However, computer use and training is important for older people. Research suggests that computers can help cognitive abilities among older people (Gunther *et al,* 2003) as well as enhance their lives (Irizarry and Downing, 2008). RSM is addressing this by offering computer training and computer help for both volunteers and members.

The Monthly Diary also offers another way of communicating events to the volunteers; this has grown substantially from the first Monthly Diary that occupied a fraction of an A4 sheet of paper to one full of events and activities.

The Church provides a further conduit for giving volunteers information. Research indicates that the local church in a rural community is associated with community functions as a larger proportion of the population has regular contact with the Church and the Church has more contact with the population outside the Church (Francis and Lankshear, 1992). Figure 10 above indicates that the Church provides an important conduit for providing information to the volunteers.

The social aspects of RSM offer another way of communication where volunteers contact other volunteers and friends.

3.4. Rotherfield St Martin and the Community

'Community' is a familiar term that is used in a variety of everyday contexts and conversations. It is often used to refer to 'good' social relations because it suggests connected groups of people who care about and for each other. It is this idea of care and social bonds that puts community firmly in the realm of what we might mean by the terms 'welfare' and 'social well-being'. (Mooney and Neil, 2009).

Voluntary groups have long been seen by government as one way of rejuvenating communities (Means *et al,* 2003). Northmore *et al* (2006) argues that the voluntary and community groups occupy and unique position *'we believe the sector can develop and champion initiatives to stimulate and maintain neighbourly behaviour'.* The concept of neighbourly behaviour is one that underwrites the Rotherfield St Martin (RSM) volunteer's motivations and also their notions of community.

> *'RSM is tremendous in maintaining community life, especially those who would otherwise be isolated through immobility'*
>
> *'The ethos of charity reinforces that of the village as well as providing important services to the people of the village'*
>
> *'It has put Rotherfield on the map! Brings the community together, the surgery, church, school – all involved'*
>
> *'It* [RSM] *connects me with large numbers of people who created the village that I live in now; it makes me a valuable active part of it'*

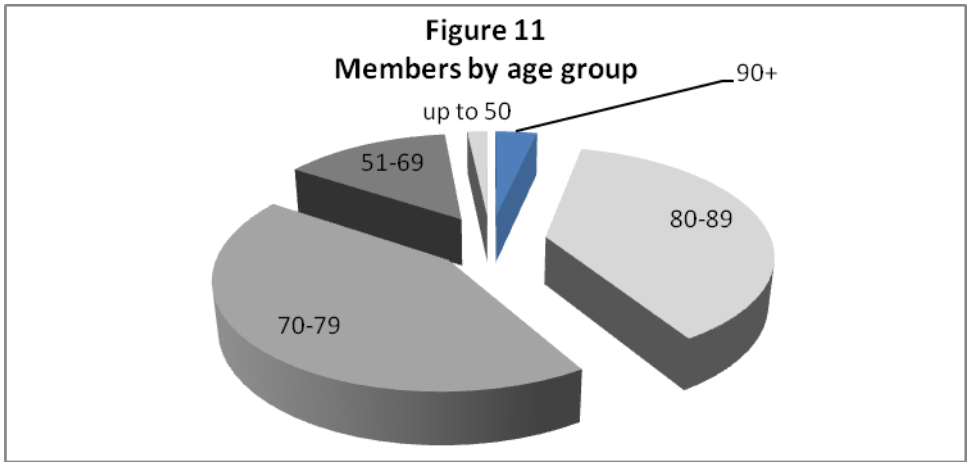
'*Neighbours helping each other is a very basic human activity that people can easily understand: you help your neighbour now; another time, you may need help'* (Fyvie-Gauld, de Podesta, 2005).

4. The Members of Rotherfield St Martin

Quality of life is an interesting and complex concept that is both subjective and objective. However, there is very little in gerontological research about the quality of life of older people with the exception of self-perceptions (Iwarsson and Isacsson, 1997). A study on the quality of life of older people conducted by Anne Bowling (2003) for the ESRC identified the importance felt by older people of living in a neighbourly and safe area and one that promotes friendly and helpful relationships with neighbour

4.1 Member profiles

Figure 11 below reveals that the majority of the members are aged 70 to 79 with a significant number aged 80 to 89. A small proportion of the members are over 90 and a small number are under 50 years old.

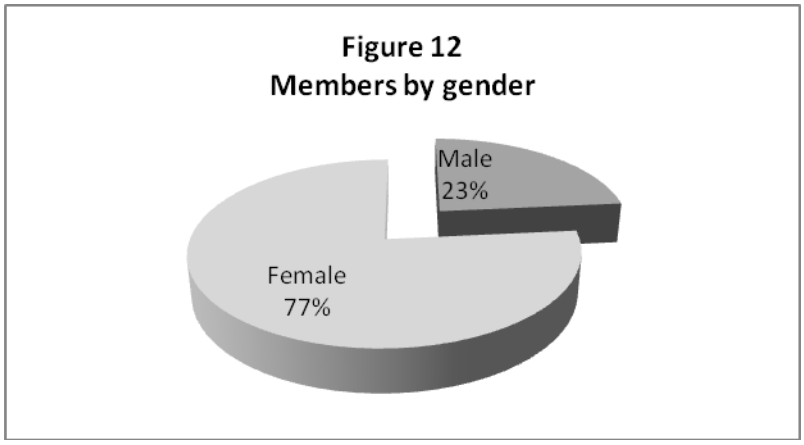


It is worth noting when looking at Figure 11 that the age between those who are members and those who are volunteers are often blurred evidencing no discernable age difference. As one volunteer remarked

'I am lucky to be 81, fit and able to give my time'

That members can also be volunteers is significant in terms of the benefits of volunteering. Research indicates that older volunteers experience more positive changes to their health than younger volunteers as well as greater satisfaction with their lives (van Willigen, 2000).

As figure 12 demonstrates the majority of scheme members are women. According the Office for National Statistics (2010) the majority of older men live in a married couple household although this lessens as men become older. Women on the other hand are more likely to live alone and this increases with advancing age. Death of a spouse is far more common among older women compared with men; 61 percent of women aged 75 and over are widows compared with 27 percent of men



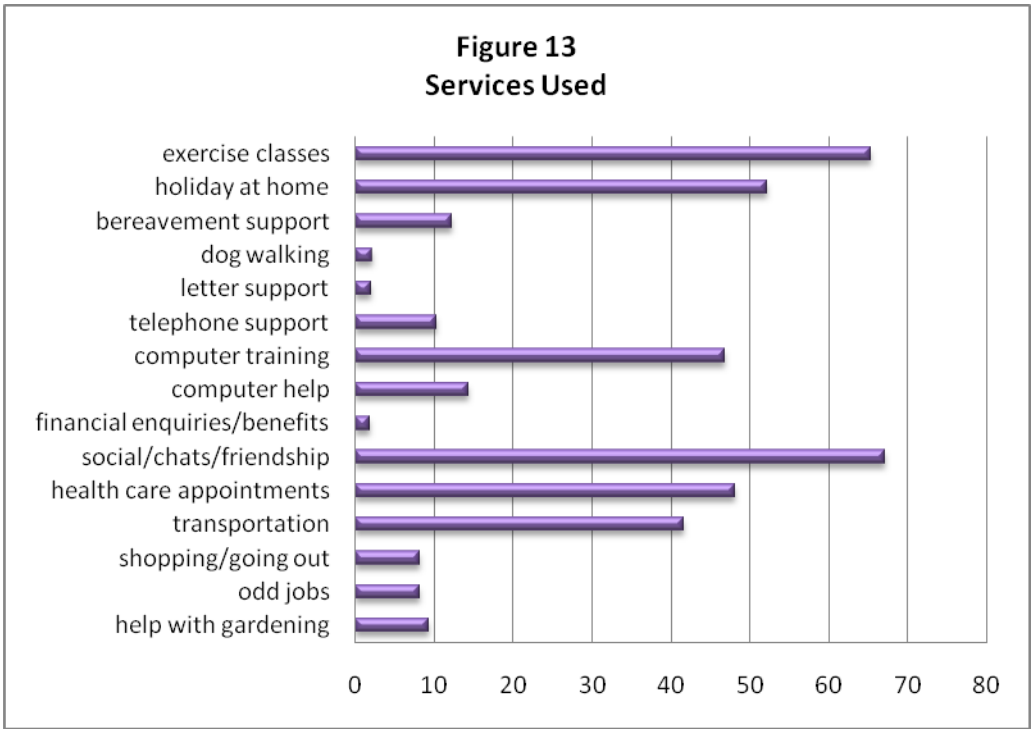
4.2 Rotherfield St Martin and the Services used

Part of the remit of the research was to determine which services were used most by the volunteers. The list used did not include the therapies offered by Rotherfield St Martin because these are not free services, although they are lower in price than members would have to pay on the open market. Therefore the list is not definitive.

Figure 13 reveals that the services prized by members included social, chats and friendship along with the exercise classes. Also important to members was the health care appointment car service and transportation. The *'Holiday at Home'* is also very popular. This is where members are offered the opportunity of going out for the day. This particular scheme started with a car and an outing for one day and now comprises a coach and three days of outings and activities. As members said:

> *'When you no longer have a car it is easy to become housebound, especially when you do not live in the centre of the village. The Scotney project has forced me to use old skills, such as embroidery and painting which I had lost confidence in doing'*

> *'Not everyone has the means of transport and any trips are well organised with transport, especially for people in wheelchairs'* (80-89 male)



4.2.1 Social, Chats and Friendship

> *'Isolation has become one of the main problems for people in the country. St. Martins in all villages would help'* (member)

Research has found a positive correlation between increased health benefits and well being among socially active older people (Findlay, 2003). Rowe and Kahn argue that interpersonal relations and productive activities greatly increase the chances for people to achieve a successful old age (1997). While there is evidence to support the beneficial effects of social activity among older people, there is an equal amount on the negative effects of social isolation.

The World Health Organisation (2003) identified a typology of nine symptoms leading to depression among older people among which was loss of confidence or self esteem and avoiding social contact and going out. Isolation is one of the causes of depression and affects 10-16 percent of people aged 65+ (NIMH, 2003). Butler *et al* (2004, cited in Waugh, 2006) agree with NIMH's findings and add that depression is often presented as physical ailments. Crawford *et al* (1998) argues that depression is the most common psychiatric disorder among people aged 65 and over and anti-depressant prescriptions are on the increase for this age group. Use of antidepressants increases with age up to very high levels; as death approaches the use of antidepressants increases regardless of age (Hansen *et al* 2007).

Gardner *et al* (1999) located depression among people who had poor or limited contact with others and argued that while some older people preferred to be alone

and evidenced no adverse affects, there are others for whom loneliness presents a great risk of social isolation. Findlay (2003) suggests that in most cases social interaction is beneficial to health and wellbeing and has located a correlation between social isolation and increased mortality rates for people aged over 65.

Research undertaken by Age UK (2010) found that in excess of one million people aged 65 and over say that they are always or often feel lonely, and more than 51 percent of people aged 75 plus live alone. Nearly 600,000 older people leave their house once a week or less and around 200,000 do not receive enough help to get them out of the house. Contact with the outside world is sometimes very restricted with 17 percent of older people having weekly contact with family, friends and neighbours and 11 percent have less than monthly contact. It is therefore not surprising that 1.1 million older people (12%) feel trapped in their own homes.

There is a key role for the voluntary sector in combating depression and preventing isolation and depression among older people (Manthorpe and Illiffe, 2005) and Age UK suggest that increasing opportunities for older people to become involved will *'do much to boost independence and beat loneliness'* (2010: 54)

Rotherfield St Martin is providing the means and the locality for older people to increase their social life and figure 13 above indicates that RSM members rated chats and the social side of the group as extremely important. Many of the members felt that this had made such a difference to their lives.

> *'They* [RSM] provide *lots of opportunities to socialise and to be of help to others'*
>
> '*You need never to feel lonely or have no-one to discuss your worries with – always there to help you'*
>
> *'It's always helpful when you have other people who experience the same problems'*
>
> *'The helpfulness and friendship'*
>
> *'I get out more and meet different people'*
>
> *The social side, as being on your own can be lonely, making new friends'*
>
> *'I've got someone there I can always go to for help or just a chat'*
>
> *'It's lovely to get out of the house and have some social time with other people'*

The importance of friendship was picked up by the volunteers.

'*It* [RSM] *provides the opportunity for elderly people to socialise and learn new skills'*

'Tremendous in maintaining community life especially those who would otherwise be isolated'

'The RSM Centre is marvellous for anyone to pop in for company and treatment and advice people may require'

'To offer friendship care and help to those who are less able'

Importantly, RSM provides an array of activities for people to enjoy as well as offer friendship. Research provides a growing body of evidence that such services will improve older people's health (Age UK, 2010) and thereby reduce costs to both the NHS and social services.

4.2.2. Exercise

While a reduction in exercise due to mobility problems can be a predictor for mortality and dependence, physical activity for older people is associated with lower risks (Hirvensalo, Rantanen and Heikkinen, 2000). In addition, physical activity decreases the incident of chronic disorders (Chakravarthy *et al* 2002). Exercise, however limited, will assist in keeping people more mobile and improves balance and coordination (National Osteoporosis Society)

Rotherfield St Martin provides a range of exercise possibilities including working out in the gym and water therapy. Exercise programmes that include swimming will develop body awareness and balance skills as well as help bones and posture (Young and Dinan, 1994). The exercise classes are popular among the members of RSM:

'Making new friends and improving my activity level'

'The exercises classes were very beneficial'

'exercises classes have helped since having heart problems'

'useful exercises'

'I'm more mobile now thanks to the exercises classes'

There is evidence that increased mobility is linked directly to a reduction in falls and hence a reduction in costs to both the NHS and Social Services. For example, the Partnership for Older People, for example, found that a range of projects not only improved older people's lives but also gained savings for health and social care. A random controlled programme found that weekly group exercise reduces the incident

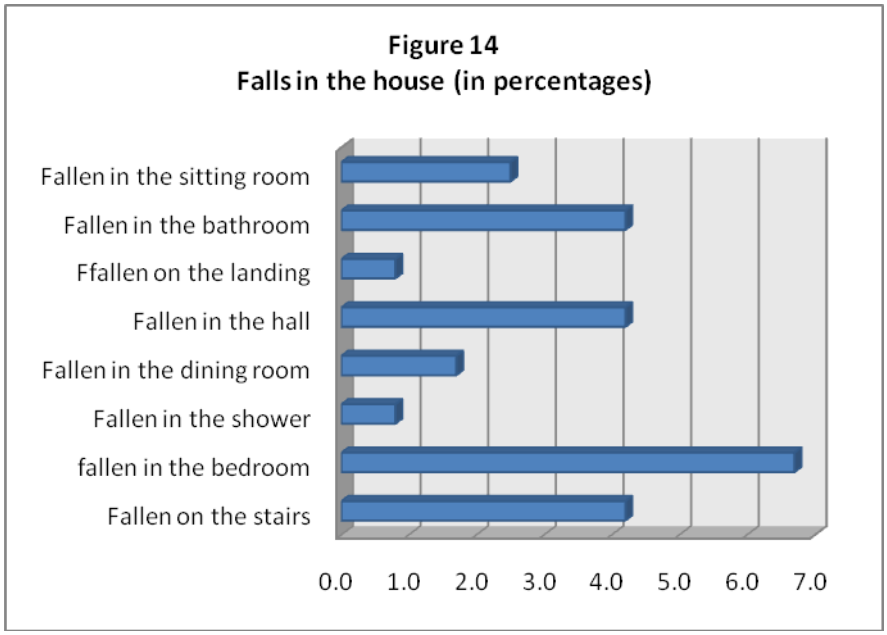
of falls by 40 per cent (Barnett *et al* 2003). Nine randomised controlled studies revealed a link between exercise and reduction in falls (Carter, Kannus and Khan, 2001). Barnet *et al* (2003) research looked at interventions of community group exercise classes over a 12-month period and concluded that exercise was effective in reducing falls among older people.

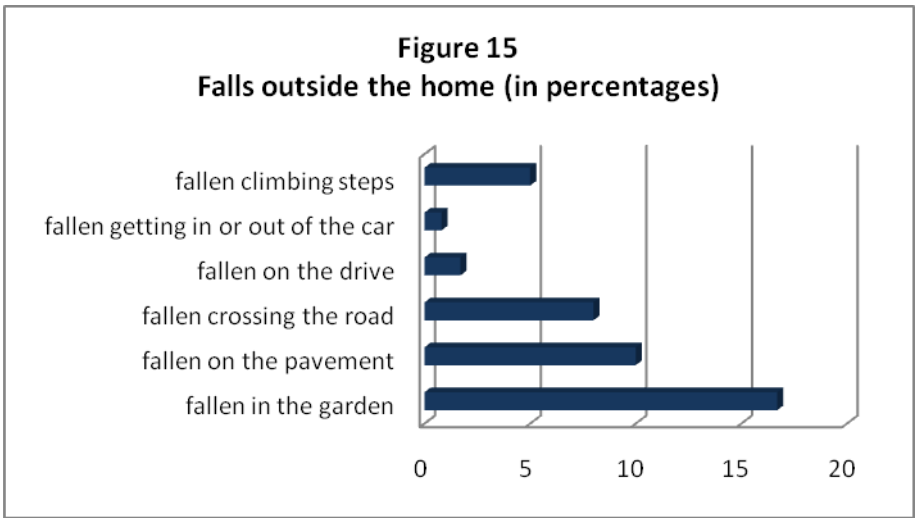
4.2.3. Falls

Falls for older people can have very negative effects and so any intervention promoting mobility and coordination saves the NHS and social services as well as reduce levels of mortality among older people. Accidents are the fifth leading cause of death in people aged 65 and over and 85% of deaths in the home are due to falls. The Department of Health (2003) research shows that 20 percent of people over the age of 65 who fracture their hips are dead within a year and the 80 percent who survive find life thereafter problematic. A study by Todd *et al* (1995) revealed that after 90 days 18% of the 250 older people with a fractured femur had died, 42% of those alive required additional help at home, 21% were admitted into residential care while 23% needed community or social services to remain at home, and only 24% of the 205 alive were able to return home without additional help (Department of Health, 2003). In one year in excess of £942 million was spent on osteoporotic fractures of which 87 percent were hip fracture. Of the one million non-fatal accidents, one quarter are admitted to hospital and, of those, people aged 65 years and over account for nearly half the cases (Colledge, 2002).

Clearly then there are obvious costs attached to falls and non-fatal falls resulting in fractures and other injuries that have financial disbursement for the national health service as well as for the person themselves, their families and carers. The multiple costs to the health and social care budgets is large both in direct and opportunity expenditure.

The response rate to falls was very small but as Yardly *et al* (2006) suggest older people are reluctant to admit to falls because it undermines their status as independent. However nearly half of the RSM members who admitted to falling said that it had changed their lives





Figures 14 and 15 above reveal some interesting data. The stairs have been highlighted as a danger spot where older people are more likely to fall in their house. However, most of the respondents answered that they had fallen in the bedroom. The Department of Trade and Help the Aged booklet, *Avoiding Slips, Trips and Broken Hips'* (2001) spearheaded a campaign to make older people more aware of the potential for falls locating inappropriate footwear as a possible cause of falls as well as tripping over obstacles on the floor.

This research data also showed that the garden is a place of danger with the majority of respondents who answered. Research reveals that it is mostly men who fall in the garden while women are more likely to fall in the home (Campbell *et al* 1990). Where people fall can also be predictors of ill health. Bath and Morgan (1999) concluded that outdoor falls are associated with frailty whereas falls inside the home can predict poor health especially among more active older people.

This research found that those who said they had fallen also said, in many cases, that the fall had changed the way they lived their lives. In the absence of injury, falls often lead to self-imposed mobility limitations resulting from a fear of falling and/or injury (Swift, 2001). Fear of falling, which occurs in about half of all older people, can lead to the individual losing confidence in his/her ability to perform activities safely. Fear of falling is associated with functional decline, increasing depression, decreased quality of life, self-imposed exclusion from society and further fall risk (Campbell, 1990).

4.2.4. The Transportation Scheme

The transportation scheme to and from hospital and to attend health care appointments has provided a much needed service to the older population of Rotherfield. Public transport is very limited and many older people have had to give up driving making it extremely difficult to get out to see the doctor.

The scheme charges users 40p per mile, considerably less than the taxi service, and it was this point that created a bit of uncertainty for one of the volunteer drivers who was concerned that the scheme could potentially put local cab companies out of business.

However, one RSM member explained that originally he used to use a taxi to take him to hospital. The taxi was unable to stay and so he would ask for a cab once his appointment had finished which unfortunately coincided with the schools breaking up for the day and so getting a taxi home was extremely difficult. He would sometimes wait for up to two hours. Now he is taken to hospital, the driver waits with him and then returns him home.

One volunteer felt that some wealthier people should pay more for the service or use the local taxi service. Other volunteers disagreed. Many felt that this would make the system bureaucratic as it would involve means testing members and another suggested that in places such as Rotherfield although the houses may be capacious it does not always follow that the inhabitants are rich. Rotherfield St Martin does have a special fund to help members avail themselves of services that they find hard to afford.

The shrinking world of an RSM member

The world for older people can diminish in size to just the parameters of their homes, often because of ill health or lack of mobility. One member who lived down the road from the doctor's surgery used to be able to walk to his appointments with the aid of sticks. However, he became increasingly less able to walk as his disability worsened. In most cases a person living by themselves and unable to attend the surgery would have involved the doctor making house calls to see him in his home. Instead of this the transportation scheme picks him up from his home, drives him up the road to the doctor and then returns him home. It is not only a saving to the NHS it is also giving this member dignity and independence.

Rotherfield St Martin does not only suffer from a lack of public transport in line with other rural areas in England, it also has been affected by the price of houses. Houses in rural areas in the South East are prohibitively expensive and, as is often the case, children have moved away from their ageing parents in order to find somewhere to live. This in turn has impacted on the availability of family to take care of older family members, running them to and from hospitals and so the transportation scheme provides a lifeline for many members.

5. Making a difference: past and present service use

This research wanted to find out if the services offered by Rotherfield St Martin did make a difference to the lives of the members in terms of the services they provided reducing the use of statutory and independent services. To do this the members were asked what services they used prior to becoming RSM members and what services they currently use.

The following Chi-square test results need to be taken with a degree of suspicion as the numbers were not high enough to prove it to be general to the whole population of older people. However, the following are statistically significant.

- The research found a probability that the district nurse was used less (χ^2 = 6.036, df=1, p= 0.014)
- The research revealed that there appeared to be less dependency on the use of domiciliary services (χ^2 = 21.818, df=1, p= 0.001). At the same time, reliance on neighbours and friends increased (χ^2 = 21.434, df=1, p= 0.001)
- It appeared that there was less use of personal social care (χ^2 = 17.111, df=2, p= 0.001)
- In general, it appeared that there was less reliance on other services after joining Rotherfield St Martin (χ^2 = 6.785, df=1, p= 0.008)

These results require further research to fully demonstrate that the reduction in statutory and independent services is statistically significant.

6. Rotherfield St Martin – a unique community group?

One of the points of the research was to find out if the model of Rotherfield St Martin could be transferred to other areas with the same level of success as it has in Rotherfield.

Rotherfield St Martin's rapid growth is in no small part due to its leadership. It has also established partnerships with the local surgery and the Church and this has come about because of its 'transformational leader' (Purdue, 2001), this is someone who combines entrepreneurial skills with a vision for the community. According to Larson and Rönmark (1996) community groups have the power to bring about change and this is because of the leader's ability to link the goals of the organisation to those of the volunteers and members.

Research indicates the importance of providing funding to support volunteer involvement, especially the position of a paid staff to ensure that volunteer time is not wasted. A study carried out by Baldwin Grossman and Furano (2002) concluded that groups, no matter how well intentioned, will fail unless there is an infrastructure to support and direct volunteer efforts. Groups that spring up without appropriate infrastructures will at best be ineffective and at worse fail and collapse possibly leaving behind vulnerable recipients of the service. The volunteers argued that this was an important aspect of RSM feeling that it would be far too much work for an unpaid volunteer to take on the management and that if the group was solely run by volunteers then they would not be able to arrive at decisions.

Research carried out by Hager and Brudney (2004) found that larger charities have greater attrition rates among volunteers than smaller ones. They suggest that this is due to the intimate nature of the organisations allowing more attention on the volunteers as individuals. They also argue that not being in possession of the large budgets means that they will focus on volunteer assistance rather than organisational missions.

This research found that both members and volunteers agreed that the model of Rotherfield St Martin could certainly be a model for other localities

> *'Absolutely, it is so successful. But it really needs another Jo and there are people like Jo, full of enthusiasm and energy. The problem is the cash. They need premises and this is so expensive and so that is the problem that needs to be overcome. It is not the idea or the person, probably, but it is the money'*
>
> *'I believe it could be a local and national model and propagated'*
>
> *'This model could be adopted in other rural areas designed to support all aspects of people's needs; emotional, social, physical and mental'*

'This is an excellent scheme, if incorporated everywhere it would change the nation'

Small is beautiful

Both members and volunteers recognised that in order to work Rotherfield St Martin needed to remain small congruent with the research carried out by Hager and Brudney (2004) who argued that small groups with a good infrastructure are successful.

'I think this organisation is suitable to a village such as Rotherfield, I don't think it could be quite the same in a town'

'I think this is essentially a village operation'

''It needs to be restricted in size'

'It should always be small. As soon as you get above a certain size you have to have tramlines – I don't like things getting too big because you lose the local flavour'

'As soon as you get above a certain size you have to have tramlines – I don't like things getting too big because you lose the local flavour'

'I think this organisation is suitable to a village such as Rotherfield. I don't think it could quite the same in a town, more people to satisfy. I think this is essentially a village operation and , well, I think it has to be restricted in size;. It cannot become ever bigger and bigger it would not work. Take Rotherfield for an example there is Jo running it but there is no one else who would step into her shoes and do what she does, or work alongside her, there are people who can help. It is what it is because it is small and satisfies the needs of the village'

'Great for a local area, local people, local services. If you think nationally you get too big and centralised and loose the local character. Franchise the pattern?'

This last volunteer's suggestion is perhaps the way forward. Since it would be counter-productive to increase the size of Rotherfield St Martin, it follows that providing training for other villages to set up their own schemes would maximise the success of the model without endangering it.

Another volunteer suggested that in order to work a community group needed to identify a subject group.

'It is no use thinking that you want to do good, that will not work, you have to first establish a need. A group is successful by knowing the community and tailoring the needs to that community'.

Another point made by the same volunteer is that a community group requires a base of people who don't work during the day.

Robert Putnam in his book *Bowling Alone: The Collapse and Revival of American Community* (2000) defines community as bonds of trust and mutuality and suggests that it is in decline. Putnam argues that the way people live today has reduced the degree of volunteering and community engagement, or what he terms *social capital.* He has been criticised by people such as Fine (2001) who has argued that community groups are being asked to put right social ills within society by government. In effect community has become governmental; an instrument for developing non-state strategies for the provision of welfare and social needs of individuals, families and particular populations (Mooney and Neal, 2009).

One volunteer felt that 'big government' had had its day:

> *'we lost our way with government supplying everything… we have lived through big is best and you always get people at the top taking the most and then it breaks up from the bottom'*

> *'Either you put it all onto the authorities and people who are insured like the district nurse who does not have the time and so poor Mrs thing who lives up the road will get bed sores and get ill and die having been wrenched out of her home. Surely it is must better to do on a local volunteer basis, and if necessary the government should fund a volunteer insurance'*

Flexibility

Much of the activity undertaken by Rotherfield St Martin has to be carried out during working hours and this can make volunteering problematic for people. One response to this research was from a volunteer in full time work.

> *'My only expectation was that I should be an 'ad hoc' volunteer as I* am *self employed … so I couldn't help every week'*

Another volunteer remarked that if she was too busy to help then another volunteer could be found. The flexibility built into RSM is clearly a valuable part of its success and this is, in part, due to the large numbers of volunteers so there will always be someone who can manage to take on the job.

Religious groups in a secular world

Rotherfield St Martin, as can be seen by its name, is an organisation based on Christian principles. Organisations can be exclusive as well as inclusive and so the research wanted to find out if being a Christian based organisation was a deterrent to some people, either as volunteers or as members.

> *'RSM has a religious base but it is wonderful because it provides a service that is not based on religion, you can have a massage, or go to a tea dance. So you have got both things and people don't get intimidated'*

Other volunteers agreed that RSM does not *'push'* the religious side, but it is there if you want it. So muted is the religious side that one volunteer had no idea that it was a Church organisation.

Volunteering is also important in its relation to people's faith and Governments have long been trying to engage with faith community groups to act as providers of services to their communities. Irrespective of the faith, similarities can be found in their values and the way in which they inspire voluntary action. Faith can also be an important factor that influences volunteering where it is the cultural norm to *'help out'*. It also provides the motivation among community leaders who will encourage others to get involved (Lukka and Soteri-Procter, 2003).

7. Conclusion

> *'RSM is a prime example of what can be achieved in a small community, borne of the vision and the enthusiasm of one person, Jo, now with the encouragement and backing of her team of knowledgeable Trustees and hard working committee. We are lucky to live in such a caring and friendly village'*

One of the aims of this research was to assess the success of Rotherfield St Martin in terms of supporting people within the community, preventing isolation and providing low level services to the members.

Friendship and social interaction figures within the responses from RSM members some of whom only have people paid to see them from social services.

The 'care gap' is increasing and Counsel and Care (2007:2) state that older people are finding it impossible to obtain low level care and are being *'squeezed out in favour of crucial and substantial care services'.* Counsel and Care (2007) argue that provision of what is termed *'low level maintenance'* has not been recognised by many local authorities. However, it is this form of care that is essential if we are to help prevent older people going into hospital or having to opt for residential care.

People's attitudes are changing; the *'baby boomer'* generation is approaching old age and already have very different attitudes toward old age than those held by previous generations (Huber and Skidmore, 2003). The care model based on communal living will possibly not fit with the ideals of the *'baby boomer'* generation (Wanlass, 2006).

Although there is evidence that low level care can delay the use of high level care, such as care in a home, it appears that the trend has been to move away from relatively low level service. This can be seen by the increase in home care hours but the lower number of people receiving care the implication being that it is only those at the high level of need who receive any help. Darton *et al* (2003) found that by the time people actually come into the care home they are more dependent than ever before.

According to Wanlass (2006) the numbers of people in receipt of home care is low by international standards, and it is this group, especially the very old, who are the high users of health care. The rate of emergency admission records the highest growth for the older age group. There is growing evidence that low-level support is important in primary prevention and reduces the, prevents or delays the use of hospital services.

Low level services are highly valued by older people and can be effective in maintaining independence and Wanlass (2006) suggests that targeting resources to those who require them is a first step and to do this requires a method of seeking out and identifying those who will profit most from this type of intervention and catch them before deterioration sets in. Joseph Rowntree Foundation (2006) suggested that many older people really value what they call *'that bit of help'.*

This research found that Rotherfield St Martin is very active in seeking out and offering assistance to precisely the type of people Wanlass is referring to in his paper. Operating within a small community assists with this as does focussing on volunteer recruitment and retention.

Fewer people are being formally supported at home because social services departments target resources on those assessed as most in need of support, with budgetary constraints dictating whether those less in need receive any assistance. The result is cutbacks in services for people requiring low level services. However, maintenance in the home was identified by Coleman *et al* (1998) as on the themes in old age and the importance placed on the home becoming greater in old age.

The research sought to find out if RSM helped people remain in their own homes by providing these low level services. The range of different services and activities provided by the volunteers was quite varied and ranged from helping scheme members with odd jobs around the house to one of the most performed tasks of social chats and friendship. Research has identified that social interaction has a positive impact on people and reduces levels of isolation. The importance of his cannot be stressed highly enough. Isolation among older people can be the main instigator of depression, early mortality and suicide (Crawford *et al* 1998; Gardener *et al* 1999; NIMH, 2003; Findlay, 2003; Butler, 2004).

An interesting consideration of Rotherfield St Martin in the lack of age difference between volunteers and members and in some case one person can be both at the same time. This lack of construction can only help in making people feel valuable and valued and this is the ethos of RSM where everyone counts. Research has demonstrated that feeling useful in old age can have very beneficial effects on health as well as reduce isolation and depression (Age UK, 2010).

This research sought to locate the reason why the volunteers volunteered. Many of the volunteers are older, retired people and their reasons behind volunteering were linked to social motivation identified by Okun and Schultz (2003) as well as John Wilson's perspective of self-esteem and life satisfaction (2002). Equally this research located volunteers who have been volunteers all their life and so the motivation is a cultural one or one bound up with faith.

Retention of volunteers contributes towards the success of a group and RSM volunteers feel supported by the office and in particular the manager. This forms an important aspect behind the continuing success of RSM and provides a way of

understanding its appeal. The management of the group is certainly very light and as Hager and Brudey (2004) argue, sometimes the heavy hand of management can be very off putting for volunteers who equate it with their working lives. The light touch hides a very well organised and well run organisation. As Grossman and Furano (2002) point out, without a sound infrastructure organisations perish sometimes leaving behind vulnerable people who were supported by it. The RSM structure of manager along with a team of dedicated trustees provides a management team that is supportive and efficient. The flexibility of the scheme that is attractive to volunteers is only possible because of this well run infrastructure. When one of the volunteers said that she never felt pushed into providing help because there was always another person that could be called on she demonstrated how organisational rigour can provide a welcoming, flexible service both for the volunteers and members.

Can Rotherfield St Martin be used as a model of good practice and transported elsewhere in England? Emphatically yes, but clearly a flexible model that can be adapted to particular places and particular people. The idea of a 'franchise' given by a volunteer would appear to be the best way forward. Certainly RSM is able to provide a core set of principles, but it would need a leader of similar stature to the one at RSM along with its very competent trustees and committee members.

The Government is clearly reliant on community groups to be a partner in the provision of services. As Barnes argues, quoting Curran (2002), care *'should be considered as a 'public good''* in that if it is removed it not only detrimental to those being cared for but also incurs a substitution caring cost to the state (Barnes, 2005:17). It is therefore surprising that groups such as Rotherfield St Martin are experiencing difficulty in obtaining funding. If such groups are forced to close the impact is immeasurable in terms of negative externalities associated with closure. In the first instance, those people currently being helped by the volunteers would have to turn to the statutory or independent sector and this would incur costs to the state. Secondly, there is a symbolic loss. Groups such as Rotherfield St Martin have built up a group of volunteers, many of whom are older people themselves, and this symbiotic structure would, at best, take many years to reconstruct and at worst would be quite impossible to re-build again. Rotherfield St Martin has filled a vacuum that would not have been filled by the statutory or independent sectors and has created a community group that not only helps older people remain in their own homes, it has done so much more, it is built on the principles of care and respect and has acted as a catalyst bringing in people who may never have volunteered had it not been for the existence of Rotherfield St Martin and in so doing it has increased the levels of social cohesion within the village.

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