



**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'*

## Executive Summary Report

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## ***Acknowledgements***

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





## ***Executive Summary***

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This research report was commissioned by the University of Brighton's Community Partnership Programme (CUPP) for Rotherfield St Martin, a Church-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 in 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 care hours. However, the numbers of people receiving 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 Excellence: 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 manager. What motivated the volunteers to volunteer was primarily social, the desire to help others; other reason 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 consider helping to be a way of life and who 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 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, mirroring 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 and on the whole are more likely to live alone. An important service provided by the RSM volunteers is friendship. There is a large 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 representative of the whole 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 manager. The infrastructure required for any successful group demands that a manager works full time and this would be virtually impossible if run by volunteers. In addition, any organisation needs a leader and one who is both charismatic but also dedicated and highly efficient as well as 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 becoming 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.