RISK, TRUST AND RELATIONSHIPS IN AN AGEING SOCIETY

Gillian Dalley, Kenneth Gilhooly, Mary Gilhooly, Julie Barnett, Fernand Gobet, Priscilla Harries, Sarah Niblock, Mary Pat Sullivan and Christina Victor

A review of the risk, trust and confidence aspects of decision-making in informal and semi-formal caring and supportive relationships in an ageing society.

Trust has been typified as the social glue that binds society together, while risk is seen as a countervailing force. This review considers the role of individual motivation and cognition in dealing with some of the challenges, choices and tensions confronted in daily life in relation to the issues of risk and trust.

The report:
- asks what would help make people more confident to make better decisions about caring for and supporting each other;
- explores what helps or sustains people in local communities who offer help and support to others within their social network;
- examines how society's capacity to support an ageing society could be strengthened;
- considers how formal social care structures interact with informal and semi-formal spheres, and what they can learn from them.

INSPIRING SOCIAL CHANGE

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Trust has been typified as the social glue that binds society together while risk is seen as a countervailing force, tending to undermine relationships built on trust. Moreover, modern society has been characterised as being prey to ever-greater risks brought about by industrialisation and technology. In response, governments have resorted to regulation in a bid to control the dangers associated with risk. Within this societal context, this review considered the role of individual motivation and cognition in dealing with some of the challenges, choices and tensions confronted in daily life in relation to the issues of risk and trust. Without an understanding of why individuals act in the way they do, their cognitive processes, and what the source and make-up of their motivation is, a complete explanatory framework is missing.

This scoping study reviewed evidence drawn from a range of disciplines on the risk, trust and confidence aspects of decision-making in informal and semi-formal caring and supportive relationships in an ageing society. It considered the moral issues of risk, trust, kindness and confidence as they affect society at large and particularly as they relate to individuals in their daily lives and in their interaction with each other in matters of care and support. In doing so it identified and reviewed relevant research against a clear set of criteria relevant to the Risk, Trust and Relationships in an Ageing Society programme, identifying other types of evidence where appropriate. It took into account a broad range of social groupings likely to be affected by the programme aims, including those determined by age, ethnicity, health and socio-economic status (SES), community of interest and geographical location.

The research team, drawing on psychology, sociology, social gerontology anthropology and journalism among other disciplines, looked at a range of topics relevant to five questions posed by the project brief, adopting wherever possible a range of perspectives — disciplinary, theoretical, empirical, policy and practice.

Question 1: What would help make people more confident to make better decisions about caring for and supporting each other?

The review found considerable research evidence from psychology on how individuals make decisions about engaging in pro-social behaviour (behaviour

which benefits others), but not necessarily in relation to the specific situation of providing care and support in informal relationships. In general people may be motivated by altruistic impulses (although often these may be affected by implicit and unacknowledged benefits to the actor) or by the benefits to be gained from reciprocal pro-social behaviour. Reciprocal benefits may be short or long term, direct or indirect. Acting pro-socially may not involve explicit decisions being made but some acts *will* be deliberate. Such decisions may be clear-cut or ill defined. People may draw on two modes of thinking – automatic and reflective. Availability of information, loss aversion and over-confidence in decision-making are all factors that may be involved. Modes of decision-making tend to change during the life course such that people become over-optimistic and rely more on affect than on reflection. Such bias may be compensated by accumulated experience offsetting a decline in cognitive functioning.

From a sociological perspective, in studies of neighbourliness, researchers have confirmed the significance of reciprocity in governing behaviour. They have identified different characteristics of 'good' neighbourly behaviour – latent or manifest – and have also studied situations where such neighbourly behaviour breaks down.

Little empirical research has been identified directly examining the relationship between, on the one hand, individual psychology and, on the other, patterns of good and bad neighbourly behaviour as described in some of the community studies.

Question 2: What helps or sustains people in local communities who 'dare to be kind'?

Psychologists have researched interventions to increase pro-social behaviour finding that those acting pro-socially derive clear benefits from their actions – and may therefore be open to encouragement to act in this way – and that policies to encourage this, such as 'nudging,' have been introduced in some parts of the world. Less research has been conducted that looks at the impact on those on the receiving end of pro-social actions. Experimental research has investigated factors that may inhibit pro-social behaviour such as the bystander effect.

Community studies show how social networks operate to support members. The principle of reciprocity is found to motivate people in offering help and support, and where this cannot be reciprocated, people may be reluctant to accept what is being offered. In relation to care and support, this is particularly significant. Thus the principle of reciprocity that underpins most supportive relationships will only 'go so far' – once support turns into the need for care on a non-reciprocal basis, the relationship may be undermined.

Researchers have looked at the factors, such as the absence of the norms of reciprocity and good neighbourliness, that lead to breakdown and, sometimes, criminality. Studies on public perceptions of the trustworthiness of localities have found that people have more positive views about certain issues at a local level than the same issues considered at a national level. Some have argued the importance of the influence of media in shaping attitudes to risk and trust, although further research is needed with regard to attitudes about care and support.

There are many examples of how communities have attempted to take action to build cohesion and community spirit.

Question 3: How can society's capacity to support an ageing society, and deal with related risks, be strengthened – including why things go wrong and what helps make them go right?

Some social theorists have suggested that trust has declined in modern societies. The concepts of social capital and social networks have been used both to analyse how societies function and to guide interventions aimed at building community capacity.

Research by social gerontologists over the past 50 years has consistently noted the importance of neighbours for older people. While personal networks (one type of social network) tend to shrink in older age, the support they provide is crucial. However, as people age and become frail, and reciprocity in supporting each other can no longer be assured, researchers have shown that it cannot be assumed that informal carers will be available to meet the growing needs of people as they age and become infirm. This has important policy implications.

Question 4: How do formal social care structures interact with informal and semi-formal spheres – including what works and what needs to be changed?

Social policy analysts have demonstrated the significant and valuable part played by informal care (by family and friends), in an ageing society. However, there is little research that investigates the nature of that contribution in relation to the key issues of risk and trust, apart from research into abuse. There is considerable knowledge, however, about the playing out of the relationship between risk and trust in the formal and semi-formal spheres, especially in terms of volunteering. Moves to introduce greater regulation into the semi-formal sector have been a consistent feature of social policy in recent times.

Question 5: What can formal social care practice and regulation learn from how risk and trust operate in informal and semi-formal spheres?

Users' views have exercised a powerful influence on policy-makers in the formal sphere in the development of social care policies which aim to give more choice and control to users in decision-making about their care and support needs. However, users are not a homogeneous group; views among them may differ significantly depending on, for example, age. Thus, the inherent tension between the formal and informal spheres – and the rights and risks involved – remains and needs to be investigated.

Discussion and recommendations

The review found that distinctive disciplinary approaches (particularly in relation to psychology and sociology) mean that there is no wholly integrated approach to researching the topics under investigation. Psychology focuses on the individual, mostly in the abstract or experimental situation, while social research assumes individual motivation as a given (although unexplored), and focuses on the social context in which individuals' behaviour is situated.

In addition, much of the psychology research is US-based, which means the likely social/cultural norms that influence real behaviour may or may not relate to the UK context.

The importance of social norms in governing behaviour in small-scale groups emerged quite clearly from the research – the norm of reciprocity was a particularly strong binding force in people's ideas of neighbourliness. Altruism was, perhaps to a lesser extent, another operating principle, although action that appeared to be altruistic might have benefits (acknowledged or unacknowledged) to the actor. Social research also showed the significance of changes during the life course (especially the decline in personal support networks) in affecting the wellbeing of older people.

Two of the key topics to be investigated – those of risk and trust – were considered at the macro, societal level in terms of social theory, and at the meso level in relation to the functioning of formal services and procedures, but rarely investigated at the informal micro level in terms of day-to-day relationships between individuals, acting as kin, friends or neighbours. Indeed, one might pose the question as to how relevant it is to examine these micro-issues through the lens of risk. It is not at all clear that in enacting help and kindness (or not), that risk, in contrast to trust, is a core consideration.

In the course of the review, a number of important gaps and unanswered questions were identified and a series of recommendations for future research made. These include proposals for:

- further empirical research that might involve 'think aloud' studies based on scenarios or vignettes posing dilemmas and options; small-scale ethnographic studies of one-to-one acts of kindness between individuals and a national survey of kindness;

- theoretical and policy research looking at, among other things, the issues of rationality, individualism, altruism and reciprocity as well as the policy implications of the increasing understanding of the nature of pro-social behaviour.

1 INTRODUCTION

Overview

This scoping review set out to consider the moral issues of risk, trust, kindness and confidence as they affect society at large and particularly as they relate to individuals in their daily lives and in their interaction with each other in matters of care and support. The Risk, Trust and Relationships in an Ageing Society programme brief emphasised the importance of the webs of relationships within communities through which supportive, more kindly, behaviour could be exercised. It was also concerned with the elements of risk involved and the confidence needed by individuals to act more kindly in spite of these. In presenting and discussing the evidence bearing on these issues, and in taking account of the variety of disciplinary approaches adopted, the findings are grouped around the five key questions set out in the brief:

1 What would help make people more confident to make better decisions about caring for and supporting each other?
2 What helps or sustains people in local communities who 'dare to be kind'?
3 How can society's capacity to support an ageing society, and deal with related risks, be strengthened – including why things go wrong and what helps make them go right, especially in relation to making the decisions which increase quality of life?
4 How do formal social care structures interact with informal and semi-formal spheres – including what works and what needs to be changed?
5 What can formal social care practice and regulation learn from how risk and trust operate in informal and semi-formal spheres?

Where possible, each broad topic was looked at from a range of perspectives – disciplinary, theoretical, empirical, policy and practice (see Appendix 1). The extent of available evidence varied in response to each question. Informal and semi-formal decision-making (the focus of the brief) suggested that the review needed to consider both the care and support that people provide informally to each other, perhaps on a reciprocal basis, and also semi-formally as volunteers (a more organised caring and supportive activity). This approach applies throughout the review. Gaps are identified and these are noted in the closing sections on the findings of the review and recommendations for possible future areas for research.

Background

Trust has long been seen as the lubricant facilitating the operation of economic, social and individual relations in modern society. Trust makes life in society possible, predictable and collaborative (Misztal, 1996), but it is 'hard earned, and easily dissipated' (O'Neill, 2002, Lecture 1, Section2, para 3). The sociologist Niklas Luhmann sees trust as social 'glue' and, like Giddens (1991), sees it as one of the normative foundations of society. He also distinguishes between trust and confidence in that 'trust presupposes a situation of risk' while confidence means 'that you are confident that your expectations will not be disappointed' (Luhmann, 2000, p. 97).

However, social commentators have also suggested that relationships in contemporary society are threatened by new and unfamiliar risks that make life perplexing and call into question relationships based on trust. Echoing Ulrich Beck in his view that modern society is beset by risks brought about by developing technology (Beck, 1992), the anthropologist Mary Douglas (1994, p. 28) states:

> … the modern concept of risk, parsed now as danger, is invoked to protect individuals against the encroachment of others. It is part of the system of thought that upholds the type of individualist culture, which sustains an expanding industrial system.

As risks grow, others suggest that society is simultaneously being weakened by a growth in lack of trust in dealings between groups and individuals or between structures/systems and agency (Ward and Meyer, 2009). In this context, the educationist Antony Seldon asks:

> So what is to be done to rebuild sanity in society? Subjecting everyone in sight to checks, placing surveillance cameras everywhere, subjecting every institution to intimidating inspections, hemming in all relationships with contract and law. (Seldon, 2009)

According to these views, there is a pervading although inchoate sense that there is an imbalance between trust and risk throughout society and that this needs to be addressed. In doing so, we need to consider the role of individual motivation and cognition in dealing with some of the challenges, choices and tensions confronted in daily life in relation to the issues of risk and trust which are manifest both at the macro (societal) and micro (individual and group) levels. Without an understanding of why individuals act in the way they do, their cognitive processes and the source and make-up of their motivation, a complete explanatory framework is missing.

In presenting the evidence we consider, in sequence, how individuals make decisions about engaging in behaviour that might benefit other people, what assists this and what may inhibit such behaviour. We then look at the social context in which these considerations take place, particularly in relation to the circumstances that support or undermine the sustaining of trust in other people and institutions. We go on to look at the relationship between the formal and informal/semi-formal domains to see whether there are lessons to learn, one from the other. We conclude by considering the findings and making recommendations for further research where gaps have been identified in existing knowledge and understanding.

Review objectives

This scoping study reviewed evidence drawn from a range of disciplines on the risk, trust and confidence aspects of decision-making in informal and semi-formal caring and supportive relationships in an ageing society. It had four objectives:

- to identify and review relevant research against a clear set of criteria, informing the main Joseph Rowntree Foundation (JRF) questions underpinning the Risk, Trust and Relationships in an Ageing Society programme;
- to identify and review other types of evidence (for example, local voluntary projects, especially self-directed, and other initiatives which have as part or all of their aims to promote the development of trust, community support of wellbeing and informal caring and support relationships);
- to take into account a broad range of social groupings likely to be affected by the programme aims, including those determined by age, ethnicity, health and socio-economic status (SES), community of interest and geographical location and to explore variations between them, identifying where possible the salient conditions in which relationships based on trust flourish, confidence in them is justified and risk is mitigated;
- to provide a comprehensive, multidisciplinary review of the risk, trust and confidence aspects of decision-making in informal and semi-formal supportive relationships.

Methods

A multidisciplinary team (psychology, anthropology, social gerontology, social policy and journalism) was established to steer the review that was conducted by two consultants, one with expertise in gerontology and policy analysis (Gillian Dalley) and the other with expertise in decision-making (Kenneth Gilhooly).

The literature was reviewed using a number of electronic databases, principally PsycNET, Google Scholar, Scopus and Web of Science and a range of web sources (for example, ESRC Society Today, The King's Fund) as well as iterative and snowballing techniques, especially in relation to the qualitative and grey literature.

Further details of methods may be found in Appendix 2.

2 DECISIONS ON CARING AND SUPPORTING

Question 1: What would help make people more confident to make better decisions about caring for and supporting each other?

We begin our discussion of this question by considering the dynamics of decision-making in the context of the psychology of pro-social behaviour (defined as behaviour intended to benefit others). The concern is with how people make decisions and we consider whether this changes during the life course. We also look at the social context in which people are able to make decisions about care and support, looking particularly at neighbourliness – a key social concept that relates directly to the social environment in which informal care and support may be operationalised and which comes close to the ideas underlying pro-social behaviour.

Individual factors in the psychology of decision-making

Types of motivation and reward

Why might individuals become involved in pro-social activities? The classic economic model of rational man posits that people seek to maximise their own rewards (utility) that suggests that helping others will not be a strong tendency, unless some self-interest is satisfied by pro-social actions. However – conceivably at least – helping may be motivated by purely *altruistic* impulses (in which the helper anticipates no benefits of any kind) as well as by more *egoistic* or *instrumental* interests (in which some kind of benefit is expected by the helper). The 'benefit' may be *intrinsic*, in that helping may induce pleasurable positive feelings – the so-called 'helper's high' (Luks, 1988; Post, 2005) and/or relief of negative feelings or distress caused by witnessing a fellow human in need (Cialdini and Kenrick, 1976).

External benefits are involved in *direct reciprocal pro-sociality*, where the helper expects the person helped to return the favour in some way; *indirect reciprocal pro-sociality,* on the other hand, is based on a belief that being

helpful will induce others to be helpful, which will then indirectly benefit the helper (for example, stopping to let a car exit from a junction in the hope of receiving a similar favour later from another driver). Other instrumental types of external motivation may be for social status benefits (for example, recognition by awards and honours as a noted philanthropist) or economic benefits (for example, volunteer work for charity counts towards entry to prestigious universities and professions). Clary *et al.* (1998) found that younger volunteers were often motivated by the perceived instrumental value of such activity in improving their chances of admission to leading colleges.

Rewards for pro-social activity may be both *short* and *long term*. For example, Dunn *et al.* (2008) gave participants US$20 that they could spend on themselves or on a gift for someone else. It was found that spending on others led to greater reported happiness immediately afterwards. In the longer term, Post (2005) concluded, from an extensive review, that volunteering over a period had marked benefits for health and reported wellbeing. Vaillant (2002) reported similar findings in a 50-year prospective study as did Pilkington *et al.* (2012), in a recent large-scale cross-sectional study of mid-life and older adults (aged 55–94). Borgonovi (2008) found, more specifically, that formal volunteering boosted volunteers' wellbeing, but informal help and caring for relatives depressed wellbeing. It seems that informal helping can become too demanding and as an obligation is less satisfying than truly voluntary helping which is under the helper's control. Statistical analysis suggested that the causal direction was indeed from voluntary helping to wellbeing. Similarly, Piliavin and Siegl (2007), in a longitudinal study, found that current wellbeing was best predicted by current volunteering activities rather than past volunteering, particularly for individuals who felt that their volunteering made them matter to the community. Pilkington *et al.* (2012) found that volunteering among older people was more likely among those with larger social networks and also that volunteering increased the volunteer's network, with consequent benefits for wellbeing.

Decision-making perspectives

Decision-making involves comparing alternative actions and choosing that action which we judge has the best consequences. Much of everyday behaviour is largely habitual and 'runs off' without deliberation among alternatives and so strictly speaking does not involve decision-making. Thus, many UK adults buy Remembrance Day poppies and thereby act pro-socially by supporting charities that aid wounded service personnel; this is likely to be a habitual action prompted by external cues and social norms. However, in at least some pro-social acts, deliberation does surely play a role.

Let us now briefly outline key points arising from research on decision-making and then go on to consider how these points might apply when deciding about pro-social actions. Much research on how individuals make decisions (Koehler and Harvey, 2004; Newell *et al.*, 2007) has focused on extremely well-defined decision problems in which the alternative actions are limited to a few (for example, choose between two possible gambles), the possible outcomes are few and well specified (for example, gains or losses of specific amounts of money), and the likelihoods of the possible outcomes can be specified exactly (for example, by probability values). The optimal choice in such situations can be arrived at mathematically as the action that has the highest expected value. Even in such well-defined situations,

people generally depart from optimal choices by, for example, overweighting possible losses against possible gains or by overweighting extremely low probabilities (Tversky and Kahneman, 1973; Kahneman, 2011).

Most real-life decision problems are not as clear cut as choices between simple gambles. The alternative actions are seldom given but must be generated by the decision-maker. The possible consequences must be inferred and the likelihoods of the consequences can rarely be given an exact numerical value. How valuable or aversive the possible consequences may be, and it is not easy to accurately forecast how we will actually feel when a longed-for (or dreaded) outcome actually arrives (Gilbert, 2006). In other words, most real-life decision problems (including decisions about pro-social actions) are *ill defined*.

Dealing with ill-defined real-life decision problems

There is a broad consensus in cognitive psychology (the study of how we acquire and use information, through perception, memory and thinking) that we have two modes of thinking which are often labelled system 1 and system 2 (see, for example, Kahneman, 2011). A more memorable way of labelling is to talk about the *automatic* and the *reflective system* (Thaler and Sunstein, 2008). Reflective system thinking is conscious, slow, effortful, rule-following, serial, explicit and although generally accurate, can only deal with a few pieces of information at a time. Automatic system thinking is fast, unconscious or intuitive, low effort, associative, parallel and implicit, and can integrate large amounts of information. The two systems interact, and if the automatic system seems to be leading to an undesirable outcome, the reflective system can override and start seeking a more deliberative and better solution. The amount of information that we can hold in consciousness and manipulate at any one time is limited to a few items, and it seems that we generally begin to deal with complex decision problems by means of the automatic system 1 which uses simplifying *heuristics* (simple procedures that help find adequate if imperfect answers) (Kahneman, 2011) at much less effort than would be required by extensive deliberations. Heuristic methods in turn lead to *biases*, that is, systematic errors, in many judgements.

In particular, *availability* of information is a key influence on decisions (Tversky and Kahneman, 1973). What possible actions and consequences come most readily to mind? These highly 'available' thoughts will strongly influence the person's representation of the decision problem and will be based on prior (limited) knowledge and experience. As a result, often, only very limited representations will be formed. This promotes jumping to conclusions or automatic decisions on the basis of limited evidence. This tendency to decide on very limited information that has easily come to mind has been labelled 'What you see is all there is' or WYSIATI (Kahneman, 2011). For example, a decision to retire from the UK to Spain might be swayed because the representation of living in Spain is dominated by images from being on holiday in Spain – lovely weather, beaches, restaurant food and wine, friendly people. But the actual difficulties of really living there for an older foreigner who does not speak the language are unknown and so unrepresented in the way the decision task is represented. Reflective decision-making would generally involve seeking to take account of all relevant information, not just the most available information.

Over-confidence that the desired course of events will follow from decisions appears to be rife. For example, the chances that a new small business will survive five years in the US are about 35 per cent. In a survey

study, nearly all entrepreneurs starting their own businesses felt that their own odds of success were at least 70 per cent, and a substantial number ruled out any possibility of failing (Cooper *et al.*, 1988). Similarly, most people believe that they are above average on desirable traits (Williams and Gilovich, 2008) and so are prone to over-estimate their abilities and degree of control over events. Over-confidence can have serious consequences by leading to unrealistic corporate mergers and excessive risk-taking by chief executive officers (Malmendier and Tate, 2008, 2009).

Cognitive factors in the shape of WYSIATI can explain much over-confidence. Decision-makers focus only on their goals and planned actions, neglecting competitors and outside events that might counter their plans, and hence are more confident than they should be. Many decisions involve an element of *risk*. A risk arises when there is the possibility of a negative outcome arising from a decision. The more serious the negative outcome and the greater the likelihood, the larger is the risk. Perceptions of risk are strongly affected by availability. For example, the perceived chances of someone dying from murder as against suicide are greatly over-estimated (Slovic *et al.*, 2004) because murders are over-reported in the media relative to their actual rate of occurrence, whereas suicides are under-reported. Health and other scares are magnified by what has been called an 'availability cascade' (Kuran and Sunstein, 1999) in which a small story is picked up, presented in a sensational way, which generates panic, which itself becomes a story. Inevitably, cover-ups and conspiracies are suspected and generate further circulation boosting headlines until the government does something and it all subsides. It is notable that people are particularly sensitive to 'bad' or threatening stimuli, process such information faster and retain it better than neutral or 'good' stimuli (Rozin and Royzman, 2001).

Slovic *et al.* (2004) proposed that many decisions are made on the basis of an *affect heuristic*, which leads people to choose the option that they feel best about on the basis of automatic emotional responses. For example, the words 'atomic' and 'nuclear' elicit fear responses through their linkage with weapons of mass destruction and radiation hazard, and so proponents of nuclear power for generating electricity meet strong resistance. Generally, however, automatic fear responses are often useful, and individuals who lack normal fear responses tend to make poor decisions in risky situations (Damasio, 1996).

Loss aversion is a marked feature of decision-making. This shows up clearly in simple gambles where people typically will not accept a 50/50 chance of winning or losing £20 unless the possible gain is much more, typically around £40 (Novemsky and Kahneman, 2005).

A bias towards actions that preserve the *status quo* also results from loss aversion, as what is lost, by changing jobs for instance, is more available and weighted more heavily than what might be gained (Samuelson and Zeckhauser, 1988).

Ageing and decision-making

The question of how ageing affects decision-making has been explored mainly in the area of financial decision-making. Recent studies have addressed why, despite having more experience, older people often make poor financial choices by over-emphasizing potential benefits and downplaying potential risks. It seems that older people are less deterred by possible financial losses than young people.

Agarwal *et al.* (2009) studied how ageing had an impact on real-life financial behaviour in a variety of choices about loans and credit cards. They found that younger and older people made more mistakes – that is, decisions that cost them money – than middle-aged people. For mortgage loans, for instance, 25-year-olds and 80-year-olds chose loans with annual percentage rates of about 6 per cent; 50-year-olds had rates of 5.5 per cent. On average, across the different types of choices, people made the fewest mistakes at the age of 53.

Good financial choices require an understanding of how financial systems work, and the mental acuity to find and choose the best option. Agarwal *et al.* (2009, p. 53) noted that:

> … experience brings improvement but after a point, the accumulation of experience starts to get overwhelmed by decline of cognitive function.

This fits with what is known about cognitive ageing; it is generally found that a wide variety of skills, including memory, analytical reasoning and processing speed (that is, *fluid intelligence*), decrease as we age, but our accumulated knowledge of the world (that is, *crystallised* intelligence) remains stable or increases until very late in life (Salthouse, 2005). An extensive meta-analysis by Thornton and Dumke (2005) indicated declines in everyday decision-making effectiveness for older versus younger adults, but with a reduced decline for interpersonal decision tasks compared to instrumental decision problems.

As noted above, affective processes are involved in decision-making and it has been found that older people generally feel more optimistic than young people, and are more likely to focus on the potential upsides of a situation (Hanoch *et al.*, 2007). This tendency, to focus on the positive, leads to older people often making riskier decisions than younger people.

Socio-emotional theory in relation to ageing

One of the most stable findings in social gerontology is the decrease in social interaction in old age (Baltes and Carstensen, 1999). Early studies, for example, the large-scale cross-sectional study of different age groups conducted in Kansas City in the late 1950s, suggested that this decrease in social interaction was: (a) societally induced, and a product of social norms such as mandatory retirement, combined with ageism (Havighurst and Albrecht, 1953); or (b) was a consequence of psychological withdrawal between the older person and society which was linked to approaching death (Cummings and Henry, 1961). *Disengagement theory* was the first major psychosocial theory of ageing that was concerned with an individual's decreasing involvement in the social world and which explained this decreasing involvement as functional to society. Although it was a theory that explained withdrawal from major roles in life and the concomitant reduction in dependence by society on older individuals for the performance of these roles, disengagement theory aroused considerable controversy (Coleman and Hanlon, 2004). Many people questioned whether disengagement was as voluntary as Cumming and Henry suggested.

In opposition, *activity theory* was developed and much research was then devoted to finding which perspective was most valid. As time went on, several studies revealed that those who remained engaged were the happiest. Nevertheless, research continued to show that older people were involved in fewer social interactions compared to younger people.

More recently, *socio-emotional selectivity theory* has proposed that the reduction in social participation and the breadth of the social networks of older people is, at least in part, a motivated redistribution of resources by older adults. The idea is that the reduction in participation and social contact is an active selection process in which the older person puts effort into maintaining emotionally close social relationships, and at the same time discarding peripheral relationships (Carstensen, 1991). This, it is argued, gives rise to more meaningful emotional experiences, better serving the older person's needs. Importantly, the socio-emotional selectivity theory argues that the reduction in social contact in old age is an active process; in other words, older people do not merely react to their social worlds, but proactively manage them.

Rural–urban contrasts

Within a given society, there appear to be effects of urban versus rural settings and of city types on rates of pro-social activity. Levine *et al.* (1994) set up situations intended to elicit pro-social responses (such as leaving letters apparently lost in the street and observing posting as against ignoring responses) over a sample of 36 US cities. Rates of pro-social behaviour obtained in this study were strongly related (negatively) to population density (but not to overall population). Park and Peterson (2010) examined the 50 largest US cities which were then characterised as either 'elite', that is, cities which have high levels of graduates, wealth, art galleries, museums and universities (for example, San Francisco), or 'dutiful' cities, which did not score highly on these features (for example, Tulsa).

It was found that in terms of values held by the residents, values of 'the heart' (such as, kindness, compassion, honesty) were higher in the 'dutiful' cities while values of 'the head' (such as creativity, curiosity, openness to new ideas) were higher in the 'elite' cities. In contrast, the culture of 'heart' cities centred on other people and emotional ties between people; they placed more value on being kind and gentle.

Social context

The willingness of people to act altruistically or reciprocally, to take risks and to have confidence in doing either, always depends in part on their surrounding circumstances. In contrast to psychology's particular focus on individual behaviour, other disciplines have looked at some of these contextual factors. These include stratifying or segmenting factors that might affect behaviour across several cross-cutting continuums: location (rural/urban), SES and levels of deprivation or affluence (both neighbourhood and individuals), nature of community (for example, spatially defined/communities of interest – ethnicity, religion, occupation, politics) and type of pro-social behaviour (semi-formal volunteering/informal neighbourliness). These factors underlie much of the social research and are considered in the following.

Community studies

Community studies have formed a large part of the anthropological and sociological canon (Bell and Newby, 1971). The early study of 'tradition and

change' in Banbury in the 1950s (Stacey, 1960) meticulously examined social life in a small market town and focused particularly on voluntary activity engaged in by its inhabitants. Those engaged in voluntary activity to do with social service, and particularly those who organised it, were characterised by their higher social status. This is mirrored in more recent research (Davis-Smith, 1998), which also found that volunteering was associated with higher social status. In this respect, it prefigures Putnam's (1995) ideas of civic engagement (see elsewhere in this review). Stacey's work was one of a number of classic urban community studies around this time such as those by Townsend (1957), Young and Willmott (1957) and Willmott and Young (1960).

A major component of community studies has been a concern with the 'spirit' of community, that is, the degree to which small-scale groups (communities) are composed of well-motivated members who have each other's interests at heart. Communities are assessed for their cohesion and connectedness – or their breakdown and fragmentation. Analytical concepts such as collective efficacy, psychological sense of community, neighbourhood cohesion and community competence, have been developed (Lochner *et al.*, 1999).

Neighbourliness

Neighbourliness is a concept that captures much of this thinking. A report on the subject conducted by The Smith Institute (Pilch, 2006) and their associates provides a useful overview of both theoretical writing, past and present, and empirical studies. It considered how far factors such as rural/urban differences, deprivation, SES, gender and ethnicity had an impact on neighbourliness. Evidence from the UK (Hall, 1999), the US (Putnam, 1995) and elsewhere suggests that they all play a part in terms of levels of trust or distrust and social isolation, although the evidence is sometimes contradictory.

Some have distinguished between types of neighbourliness: Berry *et al.* (1990) described the task and emotional aspects of neighbourliness, while Warren (1986) discussed manifest (the exchange of help and goods) and latent neighbourliness, where the latter was often just as important as the former. According to this view, the recognition among neighbours that they were there to help when and if necessary, accompanied by a mutual respect for privacy, was as strong a glue as overt interaction. Forrest and Bridge (2006) referred to latent and ambient neighbourliness where the former, as in Warren's analysis, might, they argued, be more secure than the latter. Helpfulness and respect for privacy were both neighbourly virtues. This theme – restraint and non-involvement – runs through the literature as much as that of active help and support.

The seminal work on neighbours and neighbourliness undertaken by Abrams and others (Bulmer and Abrams, 1986) in the 1970s and 1980s concluded that the moral basis for neighbourliness was one of reciprocity rather than altruism. It was an exchange and not a gift. This resonates with evidence from psychology and specifically with views expressed by the subjects of other later studies that older people did not want help from family as it could not be reciprocated (Godfrey *et al.*, 2004).

Aside from the conceptual distinction of manifest and latent/ambient, the boundaries may be blurred between consciously offering help and support and doing it simply as part of the warp and weft of daily living in communities. In an ethnographic study of a 'low-income estate', Boyce (2006) describes processes of 'positive neighbouring' as identified by Bulmer (1986) that happen routinely, matching the five acts of neighbourly support

identified by Wellman and Wortley (1990) – emotional aid, small services such as lending and borrowing, large services such as childcare, financial aid and companionship. Contrary to the views of social commentators such as Putnam (1995) about community anomie and decline, studies such as Boyce's and others' (Smith *et al.*, 2002) show that the informal ties of extended family and neighbours remain powerful forces within a small-scale community. The granting of 'favours' (assistance) is part of reciprocal relationships that can be redeemed over both long and short periods of time. Reciprocity is frequently identified as a key moral prerequisite. However, Boyce also recorded evidence of conflict and breakdown, which in individual cases challenged the normative relationships that were more prevalent.

We have not come across any empirical research that directly examines the relationship between individual psychology and patterns of good and bad neighbourly behaviour, as described in some of the community studies. How does the psychological theory of pro-social decision-making tie into the generalised behaviour of neighbourliness described in community studies? And, where neighbourly behaviour breaks down, what is the psychological motivation that causes it to do so?

3 SUSTAINING PEOPLE IN LOCAL COMMUNITIES WHO 'DARE TO BE KIND'

Question 2: What helps or sustains people in local communities who 'dare to be kind'?

'Daring to be kind' implies that there is some risk involved. It also conjures up the notion of trust. Both are likely to be implicated in the actions of people 'daring to be kind'. Risk is central to discussion of modernity – 'the risk society' (Beck, 1992) – and trust is seen as the redressing force that binds components of society together. In this section we consider psychological research that looks at the dynamics of individual behaviour involved in seeking, accepting and refusing help activities which involve considerations of risk and trust. We then investigate research that considers these subjects at the macro, or societal, level of social theory, and also look at a range of ethnographies and other anthropological or sociological community studies, which focus on community and individual efforts to support vulnerable members in need of help.

Interventions to increase pro-social behaviour

Positive psychology approaches

Positive psychology has been defined as the scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development (Seligman *et al.*, 2005). It is relevant to pro-social behaviour as there has been considerable research (for example, Post, 2005) that indicates increased subjective wellbeing, as well as mental and physical health benefits, as results of engaging in pro-social behaviour. Most of the research linking wellbeing to volunteering and other pro-social behaviour has been correlational in nature, which leaves open the causal direction of the effect. Intervention studies can clarify the direction of causality.

In an experimental study, Lyubomirsky *et al.* (2005) asked students to perform five acts of kindness per week over the course of six weeks, either all five acts in one day or five acts spread over the week. Such acts were described as behaviours that benefited other people or made others happy, usually at some cost to the participant (for example, donating blood, helping a friend with a paper, visiting an elderly relative, or writing a thank you note to a former professor). It was found that engaging in acts of kindness causally affected the wellbeing of the kind individual. The reverse link is not ruled out; it is entirely possible that individuals high in happiness and wellbeing will also tend to be more pro-social. A range of studies by Isen (2002) found that experimentally increased positive moods (for example, by receiving a small unexpected gift, viewing an amusing video clip, etc.) led to greater helping behaviour in a range of situations, which indicates a causal link from positive moods to helping.

Otake *et al.* (2006) examined the relationship between the character trait of kindness and subjective happiness, and the effects of a counting kindnesses intervention on subjective happiness. Results showed that: (a) subjective happiness was increased by the intervention of having participants count their own acts of kindness for one week; and (b) happy people became more kind and grateful through the counting kindnesses intervention. So it seems that simply attending to kind acts boosts happiness. In an intervention study with older people, Midlarsky and Kahana (1994) randomly assigned participants to an experimental and a control group to test the causal impact of volunteering on wellbeing. By manipulating the perceived opportunities to help, they increased volunteering in their 'experimental' group, and found that it indeed led to greater wellbeing.

Overall, work in the positive psychology tradition indicates strongly that engaging in helping others boosts subjective wellbeing. There is also evidence that happy people engage in more pro-social behaviours, suggesting a benign circle of reciprocal causality between wellbeing and helping activity.

Nudging

Related to the preceding discussion of ways of promoting pro-social behaviour, there is evidence that many real-life decisions, even important ones, are often influenced by contextual factors and emerge from basically unconscious influences and processes rather than from conscious deliberation. Most people when faced with a decision show a strong tendency to favour the least effort option. For example, contributions to voluntary company pension schemes or to organ donation schemes are much higher if those actions are the assumed or default position (Johnson and Goldstein, 2003), and to opt out requires a deliberate decision and an effortful action. Social norms strongly influence actions. For example, in a real-life UK intervention, it was found that simply stating in a reminder letter about overdue tax that '90% of people in your town have already paid their tax' boosted payments considerably over control conditions that used a standard letters without the social norm reminder (BIT, 2011). In the area of charitable giving, it was found that high-profile gifts by other donors led to additional giving. It is thought that this boost came both from the general effect of social norms – we are strongly influenced by what we see others doing – and by an informational effect, that is, the gift 'signalled' that someone who had thought about the particular cause had judged that it merited support (Andreoni, 2007).

Use of contextual factors that can gently steer people in the direction of choices that policy-makers judge to be desirable has become known as

'nudging' and has recently become influential in UK government circles, with a dedicated Behavioural Insight Team (BIT) in the Cabinet Office advising on how best to 'nudge' the public (BIT, 2011) in areas such as health behaviours, energy use and payment of fines and taxes. Halpern (2011) advocated nudging to boost pro-social behaviour by use of defaults and social norms and by exploiting the tendency to reciprocity. He reports positive results from the Japanese system of *fureai kippu* in which people who volunteer to help older people receive credits in a 'time-bank' and then receive help in turn from the older people themselves or from their relatives. A similar scheme, Care4Care, has been established in Britain by The Young Foundation and Professor Heinz Wolff of Brunel University.[1]

Barriers to pro-social behaviour: the case of one-off emergencies

While we have seen that the evidence is strong for concluding that pro-social behaviour is beneficial to the wellbeing of individuals engaging in it, and to society at large, there is also evidence to show that there are barriers to prevent people from doing so. There is an extensive literature, for example, on when people are likely to intervene to help in emergencies. Many studies have found a marked *bystander effect*, such that, in general, the likelihood of intervening to help is less the more people witness the event (and are aware of other witnesses). Darley and Latané's classic study (1968) demonstrated the bystander effect in a laboratory situation, inspired by a striking real-life case in which a young woman was murdered over a 30-minute period, during which, although there were many witnesses, no one intervened. Darley and Latané found a negative effect of group size on intervention likelihood and attributed the effect of group size to a diffusion of responsibility across the group members. The bystander effect was also conditional on the ambiguity of the situation. The clearer the nature of the problem, the more likely intervention was to occur. Latané and Nida (1981) framed the bystanders problem in decision-making terms, whereby the person had to make a number of decisions, namely whether there was a real emergency, what it was, whose responsibility it was and finally, if there was an emergency and it was the person's responsibility, what should be done? Deciding whether there was a real emergency was influenced by the behaviour of others. If everyone else is ignoring the situation, then you are inclined to think there can't be anything wrong — unless the situation is very unambiguous. This shows the role of social influence. The second decision, about responsibility, is affected by a *diffusion of responsibility* effect. What is everybody's business is nobody's business. In the context of this review, how would a particular post office worker delivering the mail behave on finding someone collapsed on the floor unable to move and in distress?

Social trust

Trust between strangers is said to be an important aspect of social capital (see later in this review), and is important for both giving and receiving help. For example, giving a lift to a stranger or accepting a lift from a stranger requires a degree of trust between the two parties. The degree of trust in a society is typically measured by surveys with questions such as the following:

Question: Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?
Answer: (1) You can't be too careful; (2) Other, depends; (3) Most people can be trusted.

Nations vary markedly in the percentages that endorse the 'trusting' answer, from 67 per cent in Denmark to around 12 per cent in Portugal, with the UK on near 30 per cent (Halpern, 2010). Nations in which average trust levels between citizens are high tend to also have more effective and competent governments (as assessed by The World Bank) and lower levels of fear of burglary and other crimes (Halpern, 2010), better health (Jen *et al.*, 2010) and lower suicide rates (Kelly *et al.*, 2010). Within societies, individuals who are more trusting tend to have higher levels of subjective wellbeing and better physical health (Mohseni and Lindstrom, 2007; Fujiwara and Kawachi, 2008) as well as higher SES and educational levels (Li *et al.*, 2005).

Age and trust

In the US, national surveys including the trust question have been run regularly since 1972. Robinson and Jackson (2001) analysed these data to tease out birth cohort and individual longitudinal effects. They found that within birth cohorts, as people aged, there was a general tendency for social trust to grow from adolescence up to early middle age and stay stable thereafter. However, there were marked cohort effects in that successive birth cohorts after 1945 (but not earlier cohorts) showed steady declines in trust. The earlier cohorts showed high trust levels, but the post-Second World War cohorts have been becoming less and less trusting with each successive generation.

Why might trust generally increase with age? Coleman's work on social capital (1988, 1990) suggests that trust is strengthened by social links between members of a group and by the length of the future people can expect to share together. Perhaps as adults move into middle age they acquire social ties (spouses, work colleagues and neighbours) that appear longer lasting than the ties formed at the beginning of adulthood, and this boosts trust. However, in respect of older age, Pahl and Spencer (1997) note the difficulties facing widows or people moving to new places on retirement in building new links outside familiar networks. For many, their 'old-style' social networks have been based on close-knit 'bonded' relationships rather than weaker 'bridging' ones (see the later discussion on social networks), which might make building new ones easier.

Putnam (1995) examined many possible trends that might produce declines in social trust over successive recent US cohorts. He suggested that these declines might be due to 'pressures of time and money' (including pressures on two-career families), suburbanisation and commuting, and electronic entertainment (especially television) reducing social interaction.

Robinson and Jackson (2001) suggest some other changes in the social climate that may be possible reasons for the cohort declines in American trust. These include ever more insistent marketing of goods, including the advancing of implausible claims about the efficacy of products which may add to the impression that falsehoods are a normal part of life. Also, advertising may have produced the increase in acquisitive, materialistic values that Rahn and Transue (1998) found to be closely correlated with trust declines among high school students. Additionally, it may be that recurring economic and financial crises make each new generation less trustful of a secure economic future than those that preceded it.

A similar picture of declining social trust between 1959 (56 per cent) and 1990 (30 per cent) has been found in the UK as in the US (Hall, 1999), although Hall also suggests that there has been less erosion of 'social capital' in the UK than the US. However, the decline seems to have reached a plateau since 1990 (Grenier and Wright, 2006; Halpern, 2010). Most other European Union (EU) countries showed declines in social trust over a similar time period, but to a lesser degree than the UK or US (Grenier and Wright, 2006); indeed, Torpe (2003) found no decline in social trust in Denmark between 1980 and 1998.

Practice of seeking, accepting and refusing help

Pro-social behaviour involves givers and receivers. For pro-social behaviour to increase across society, people with difficulties must seek help or at least be willing to accept help that is offered. In practice, help is often experienced as a mixed blessing (see, for example, Fisher and Nadler, 1974). Although recipients frequently view aid as a positive, supportive act that reflects donor caring and concern, they may also experience negative consequences including feelings of failure, inferiority and dependency − particularly if accepting the aid violates strongly ingrained norms of independence/self-reliance, equity and reciprocity (Fisher *et al.*, 1982).

Breheney and Stephens (2009), in a study of older people, found that the norm of reciprocity could lead to a reluctance to seek help from others and to refusals of offers to help, if the person offered help did not feel that he or she could reciprocate. The older people in this study were reluctant to be under an obligation they could not fulfil, as such a situation would undermine their sense of self-worth that was very much bound to self-reliance and independence. This chimes with findings from community studies.

On theoretical and empirical grounds, Ackerman and Kenrick (2008) argued that accepting help from another person involved both threats (risks) and opportunities. Although turning down offered benefits may seem counterintuitive and irrational, Ackerman and Kenrick point to considerations that might explain help refusals. For example, help offered by a member of an outgroup, who was perceived as a threat, would often be seen as untrustworthy and potentially dangerous. Accepting an offer of help might incur a difficult-to-repay obligation and/or give the recipient a reputation as a free-rider, both of which situations were seen as best avoided by most potential recipients. Accepting help from a lower (or even equal) status individual could be seen as threatening an individual's status and so be unacceptable. In the context of the review, this could be relevant in situations where some offers of support might be perceived by the potential recipients as coming from volunteer 'do-gooders' who saw themselves as socially superior, and may therefore be unacceptable.

Overall, there are psychological barriers to accepting (and by inference, seeking) help which need to be addressed in any large-scale attempts to increase pro-social activity.

Social context: community perspectives

The offering of assistance, support or help by individuals does not take place in a vacuum. The social context in which the offering of assistance, giving and receiving takes place needs to be considered. Under what circumstances, for example, do people feel able to offer help and others to trust such

offers, or begin to fear the consequences of relying on trust? Why and how does fear of the risks arise or be minimised? How far are decisions purely immediate and personal responses, and how far are they precipitated by surrounding influences or past experience? Modes of thinking clearly govern the individual's response (see earlier). Is it possible to identify the possible external factors that may have an impact for good or ill (and from what disciplinary tradition)?

Social networks

Recent research has focused on the role of social networks as being important contributors to the building of trust in local communities. Interest in networks goes back to the 1950s when Bott (1958) first considered the network of personal links that married couples had with other people (the closer the ties of marriage, she argued, the weaker the links to other people, and vice versa). Other anthropologists developed the idea in their investigation of communities and developed typologies using concepts such as linkage, density and looseness/tightness (Mitchell, 1969). Networks can be personal (as with Bott) or spatial – mapping a whole community.

They have usually been described positively – as measures of connectedness and cohesion (Thake, 2001; Rowson et al, 2010). However, Sampson (2004) has usefully pointed out that this need not necessarily be the case – networks of criminality operate in neighbourhoods, and gang composition is but one example. The impact on levels of trust within a particular area may be compromised because of this – as confirmed by survey research referred to elsewhere in this review. Sampson uses the concept of 'collective efficacy', where networks are activated to operate for the positive benefit of local neighbourhoods, demonstrating in practical terms, he claims, lower levels of criminal violence as a result.

There is a body of Economic and Social Research Council (ESRC)-funded research (RES-148-25-0010) in social psychology and discourse studies which looks at neighbourly relationships and which is relevant in this review. It explores the construction of such relations – in terms of 'non-familial intimacy' – and is concerned with some of the fraught problems that arise when neighbours deviate from the norms of 'good neighbourly' behaviour (Stokoe, 2006). The norms themselves echo those expressed in community studies referred to elsewhere in this review, and embrace notions of public and private space, distance and intimacy, which the good neighbour understands and respects. Where these norms are breached, neighbourly relations break down. The forces precipitating such breakdown remind us that neighbourhoods, networks and communities are not always the repositories of the social capital that other researchers have identified in other situations.

Public perceptions of the trustworthiness of their local neighbourhoods

Criminological research, especially analyses of surveys like the annual British Crime Survey, provides evidence about public perceptions of crime that, arguably, have a bearing on perceptions of risk and trust. Interestingly, views about local level issues seem to be more restrained, more positive, than those about the same issues (not just crime-related) considered at the national level (Mohan *et al.*, 2011) – so belief that crime is rising is stronger nationally than locally; more trust their local MP than they trust MPs nationally, and views about immigration are more hostile expressed at national than at local level. The exception is where people have experience of

being a recent victim of crime themselves; they are then more likely to think that crime rates locally are rising.

In addition, the ethnic heterogeneity of a neighbourhood is associated with a reduced likelihood of perceiving rising levels of crime. In believing issues (of various sorts) to be worse at national level than they are locally (for example, crime rates), people are, research concludes, more subject to *sociotropic* than *egotropic* influences (Pattie and Johnston, 1995) – that is, their perceptions are mediated more by external things such as the media than by their own direct experience. However, we have not found any research that links these considerations to the issue of risk and trust in offering care and support informally.

It has been argued that the attitudes of local people towards their neighbourhood will govern their views about neighbourliness and appropriate neighbourly behaviour (Abrams, 2006), and in turn their attitudes are shaped by how far they identify with their neighbourhood. Abrams suggests that continuity and stability of neighbourhood composition is a key factor. Godfrey *et al.* (2004) found that many of the older people they interviewed stressed the importance of longstanding residence in the neighbourhood as important in building and maintaining positive relationships.

Media influence

We looked briefly at research into media influence on public opinion and public behaviour and found several competing theoretical and experimental approaches, none of which related closely enough to our concerns about care and support. One area of interest perhaps tangentially relevant is the idea that levels of newspaper reading are associated with levels of social trust in a community. This relates to the broader interest in social trust and social capital (discussed elsewhere in this review) and their relationship to different types of social grouping (community or neighbourhood or city – the terminology varies). The choice of newspaper use as a subject for investigation betrays the age of the research undertaken – it generally predates the internet age.

Hindman and Yamamoto (2011) reviewed earlier literature on social cohesion (related to notions of trust) going back to Wirth (1938) and the Chicago School of urban studies (Park *et al.*, 1925), which argued that the larger the area and more varied its population, the greater the levels of anomie and alienation. Some have gone on to search for a third linkage – between size and complexity, level of social trust *and* media usage. Hindman and Yamamoto (2011, p. 844), testing the hypothesis that 'the impact of newspaper use on social trust will be greater among communities with higher levels of structural pluralism', found that there was no evidence that the interaction between newspaper use and community structural pluralism could predict social trust, although they did show that social trust is lower in more structurally pluralistic communities.

These studies, however, do not consider the issue of whether the media influence attitudes. Criminological research suggests that attitudes towards, and perceptions of, crime are mediated by the media (Mohan *et al.*, 2011), but empirical evidence is scarce. Philo (2001) contrasts two alternative interpretations of the relationship between mass media output and public opinion. The 'hypodermic' model suggests that media coverage has an external impact on the audience, which accepts and reproduces the portrayal it receives. Alternatively, the 'active audience' model argues that the public select and interpret media output to reflect existing beliefs about issues.

Some individuals interviewed in this study identified families and the context in which children were brought up as the main source of attitudes held in adulthood (probably adhering to the 'active audience' model described by Philo). We know from elsewhere that people usually obtain information about, for example, health and social services by word of mouth and from family and friends rather than through formal channels. We have not identified any research that specifically investigates the way in which attitudes towards neighbourly reciprocity are shaped and whether the media play a part. Neither have we investigated a growing body of research on the impact of internet use (see, for example, Timms *et al.*, 2007) and social media in particular (Rowson *et al.*, 2010).

'Daring to be kind': faith-based and other community action

In parallel with the widespread political interest in capacity-building in local communities (discussed elsewhere in this review) and research into the causes of social breakdown in some communities, we are aware of the efforts made by a range of voluntary groups, including those within faith communities, which make deliberate attempts to improve community capacity to act pro-socially and to be more kind (Lukka *et al.*, 2003; Church Urban Fund, 2012). US-based research has found significant links between religious attendance and volunteering (Putnam and Campbell, 2010). Dinham and Shaw (2012), in drawing attention to the extent and value of faith-based community action in Britain, raise the challenging question of how this can be measured accurately so that funders and policy-makers could be persuaded to support it. (See Appendix 3 for examples of relevant community action projects.)

4 SOCIETY'S CAPACITY TO SUPPORT AN AGEING POPULATION AND DEAL WITH RELATED RISKS

Question 3: How can society's capacity to support an ageing society, and deal with related risks, be strengthened – including why things go wrong and what helps make them go right?

Underlying this third question, there is, perhaps, an assumption that society, or communities, are lacking in their capacity, or have insufficient capacity, to respond to the need to support an ageing population. At a more general level, this pessimism is reflected in the discussion of political and social commentators about loss of trust and increase in risk (Beck, 1992; Seldon, 2009; Norman, 2010), and in empirical studies such as Robinson and Jackson (2001), Hall (1999) and Grenier and Wright (2006). Putnam's analysis (1995, 2000), suggesting that there has been a decline in civic engagement in the US, underpins much of the debate. He builds his argument on the notion of social capital defined as:

> ...the features of social life – networks, norms and trust – that enable participants to act together more effectively to pursue shared objectives. (Putnam, 1996, p. 34)

He employs the terms 'bonding' and 'bridging' to describe the ways in which people associate on the one hand, with other like-minded people (bonding) and on the other, build connections with heterogeneous groupings (bridging). Hall (1999) has challenged some of Putnam's assertions about decline in social capital. In part this may be due to the different sorts of data sources used (UK/US), but Hall also has a less pessimistic outlook, making the important point that civic participation can be assisted by government

intervention (for example, through the expansion of educational opportunity) and that this is necessary if those in deprived communities are not excluded from the benefits enjoyed by the engagement in social engagement enjoyed by mainstream society (Hall, 1997).

Many of Putnam's ideas and observations have been widely accepted and underpin much of today's social and political thinking, but critics (Baron *et al.*, 2000; Schuller *et al.*, 2000) have pointed to the circularity in his arguments – is social capital a product of, or a means of promoting, community capacity? They also argue that his notion of social capital is too excluding, emphasising the shared objectives at the expense of the accepting of, if not encouraging, other ways of thinking and acting. In this it reflects Etzioni's notion of communitarianism (Etzioni, 1995) taken up by the New Labour government in the 1990s, and its alleged over-emphasis on 'singing from the same hymn sheet' and its lack of tolerance for any deviation from the norm.

Nevertheless, the concept of social capital, with its emphasis on the instrumental importance of networks (already regarded as useful units of analysis), has been widely adopted in contemporary social analysis and underpins many of the community research projects which have been established in recent years by some of the think-tanks and referred to in parts of this review – for example, Demos, The Smith Institute, The Work Foundation and the Royal Society for the Arts.

Putnam (and those in his tradition) offer only one of many approaches to the study of 'community'. Research into communities and the concept of community have a long history. A recent scoping review of the conceptualisation and meaning of the term 'community' (Crow and Mah, 2012) concluded that it was both much researched and contested.

Relationship between community and individual trust

The Crow and Mah (2012) review is a useful reminder that the concept 'community' is neither straightforward nor uncontested. In particular it underlines the interest that researchers have had in the relationship between norms of behaviour within a particular grouping and the extent to which they are accepted and adhered to.

JRF archive
Given JRF's longstanding interest in communities, equity and social inclusion (all topics closely related to the aims of the current programme of research on risk and trust), this scoping review examined earlier work commissioned by JRF to see whether anything of direct relevance to its current concerns had been conducted in the recent past. It is considered here as a discrete section for review.

Scrutiny of JRF archives, using selected key words (trust, risk, confidence), threw up 560 possibly relevant references to projects, articles and reports, reduced, after summary reading, to 54 for closer examination. They cover topics such as inequity, social exclusion/inclusion, community dependency and neighbourhood networks, and are particularly concerned with systems and structures. Where individuals are considered, it is mostly in terms of their social or community roles – as leaders, activists and development workers – than as individuals *per se*. Issues of informal, inter-personal relationships are referred to in the abstract as processes that happen but are not usually explored.

For example, the project on community participation (Skidmore *et al.*, 2006) noted the tendency of most participative activities to rely on the

contribution of a restricted number of individuals (the 'one per cent'), and rarely to engage the wider community of uninvolved people ('community bystanders'). It concluded, in the light of this tendency, that it was realistic and beneficial to acknowledge the importance of these leadership roles that activists or elites played in building community capacity. But it also recognised that in doing so it was essential to build 'trust' into the process between those who led and those who did not participate. It did not explore what that meant in practice.

Another JRF report (Hay, 2008) reviewing the Local Links programme, explored the need to develop active networks in local communities and similarly focused on the importance of building leadership in disadvantaged communities, supporting them through networking, strengthening their positions in relation to external agencies and authorities and building community skills such as motivation and confidence. It stressed the importance of encouraging 'neighbourliness and mutual support' but did not develop these exhortations in any detail.

As part of its interest in tackling the phenomenon of social exclusion, JRF funded a report on the problem as it existed in rural communities (Shucksmith, 2000). It contrasted the 'poverty' approach and 'the underclass approach' to rural social exclusion (the first of which focused on low wages and lack of material resources and the latter which saw exclusion as linked to a 'culture' of poverty where people lacked the will to 'better' themselves). Mention was made of the impact of widowhood on older women, lack of jobs, low wages, scarce housing and the hidden nature of the problem of exclusion. Significantly, it noted that reliance on informal support networks of friends and families (in the context of this review, something that could be regarded as something to build on) risked being seen as part of a stigmatised way of life associated with activities within the 'informal' economy or over-reliance on welfare benefits.

In a small number of previous JRF programmes, some of the specific concerns of this review (trust and risk in an ageing society) were apparent. One project (Godfrey *et al.*, 2004) was the ethnographic study of local communities in Leeds and Hartlepool, looking at 'ageing in time and place'. It explored concepts of 'neighbourliness', 'reciprocal exchange' and 'helping others' in interviews with a range of older people in each community. They reflected on how individuals managed ill health, their unwillingness to rely on the support of their children (because it was not a reciprocal exchange), the importance of helping friends and neighbours as well as family and their anger when professionals assumed that their families would take on caring responsibilities. For some individuals, there was a sense that perceived loss of neighbourliness in these communities equated to a wider loss of trust.

Several JRF thinkpieces/viewpoints reflect on a range of issues more indirectly related to this review – for example, individualism and consumerism (Thake, 2008) – which suggests there is a growing moral vacuum in society allied to a loss of 'solidarity', 'community' and 'respect', as well as a decline in community and a growth in family breakdown. The piece by Gandhi and Bowers (2008) considered some of the 'myths' around social care and minority ethnic communities, which, they argued, needed to be challenged, especially those around second generation attitudes, the impact of the migration experience and the propensity and willingness to care informally for their members. The piece on 'Who and what we don't trust' (Bailey, 2008) was largely concerned with trust and mistrust between groups rather than individuals – such as between adults and young people or between minority ethnic and white communities – but in doing so recognised the importance of the issue of trust in community relations. The recognition of

differences and tension – even hostility – operating in some communities is important in understanding day-to-day life, as the JRF-sponsored work in Bradford (Phillips *et al.*, 2010) and four other communities (Hudson *et al.*, 2007) illustrated. Nevertheless, although divisions exist between different ethnicities, they are more complex:

> While the presence of ethnic diversity was cited by many respondents as a barrier to a broader sense of community, the reality was more complex. Ethnic identities were cross-cut by age, life-course position and length of time in the neighbourhood in promoting attachments to the neighbourhood and the local community. (Hudson *et al.*, 2007, p. 68)

Ageing, neighbourhoods and networks

According to social gerontologists Phillipson, Bernard, Philips and Ogg (1999), the importance of neighbours for older people has been a constant theme in gerontology. In the late 1990s they revisited three urban areas famously investigated 40 years earlier by sociologists Townsend (1957), Willmott and Young (1960) and Young and Willmott (1960). They were able to confirm the importance of neighbours as sources of support, the careful observation of boundaries between distance and intimacy and the portrait of older people, especially women, as being the repositories of knowledge and points of connection between kin (especially) and within the neighbourhood. All these features continue to remain significant in modern communities but in varying degrees. Ethnic migration and changing patterns of life and work have all had a growing impact. Notably, they recognised that communities were not necessarily harmonious or settled – and point out that this variability has always persisted, affected by class, mobility and economic change over the generations.

Other gerontologists have investigated the role of networks and social capital during the later stages of the life cycle. Allan (1986) concluded that informal relationships in later life were unlikely to be sources of care and support. He found that older people, as they became frailer, no longer had the same range of friends as when they were fitter. They were no longer participants in the exchange relations of friendship. His research also found that purposeful attempts to incorporate friends into informal caring networks were unsuccessful.

Gray's analysis of the British Household Panel Survey longitudinal data (Gray, 2009) presents a broad-based view of semi-formal and informal relationships among older people, exploring the findings of the survey data and of other researchers. Her focus was on social support as an outcome of social capital. As well as looking at semi-formal activity (membership of community and other voluntary groups), she also looked at the role of informal relationships – family, friends and neighbours. Significantly for this review, she found that the predominant source of support at times of ill health was from kin. Because the availability of kin diminishes with age (as well as being associated with widowhood and childlessness), the likelihood of informal support as people age was also likely to diminish. As we have found from other studies, the giving of support depends on norms of reciprocity. People do not like to accept care, assistance or other types of help if they cannot repay it in some way. Gray concludes:

> Frail or sick elders in the community may [need to] depend for social support on the unreciprocated solidarity of others, which raises the

question of how this can be secured when personal communities are becoming less kin-based. (p. 29)

At the micro-level, sub-groups within neighbourhoods or communities, relationships between individuals have been shown to be important building blocks in overall quality of life. Research into extra care housing (Evans and Vallelly, 2007) found that the quality of life experienced by people living there depended on the nature of their inter-personal relationships – and in the case of poor relationships, sometimes led to their exclusion from the general relational exchange. Research into quality of life in care homes noted the importance of positive, reciprocal relationships of common interest between residents and between residents and staff, which the researcher called 'mutuality' (Kellaher, 2000).

The evidence on assessing society's capacity to support its ageing members and on understanding the reasons for things going wrong – or getting better – is mixed. The principle of reciprocity clearly underpins effective supportive relationships. The evidence also shows the limitations of that principle under certain circumstances. Other evidence points to the significance of social networks, although their make-up and extent of influence is not fully agreed.

5 INTERACTION OF FORMAL SOCIAL CARE STRUCTURES WITH INFORMAL AND SEMI-FORMAL SPHERES

Question 4: How do formal social care structures interact with informal and semi-formal spheres – including what works and what needs to be changed?

Contribution of the informal sphere

The literature on care-giving illuminates many of the programme issues. Much of it describes the importance of the contribution that informal care makes, both in terms of its scale (Pickard, 2008) and its moral value to society (DH, 1990). Policy during the 1990s was concerned to build on this by addressing the needs of informal carers (the Carers [Recognition and Services] Act 1995). Keating *et al.* (2003) point out the contradiction embedded in the identification and targeting of individual carers by policy-makers at this period – with financial and other benefits (carers' assessments) being awarded to identified carers – in spite of mentioning providing support to 'integrated family networks'.

In fact, network studies suggest that availability of care and support may be more diffuse than this. Keating *et al.* (2003), drawing on Welsh and Canadian data, especially data on rural communities in North Wales undertaken by Wenger and colleagues, make a distinction between support-giving and care-giving in network function and composition. In looking at sources of support and care, it is clear that personal networks are more important than the range and size of social networks as a whole. For older

people, whose networks usually diminish over time, sources of support are most likely to be network members who have moderate to high levels of connection.

Willingness to provide care relies on the existence of normative expectations based on reciprocity in terms of longstanding exchange relations. The change from providing support to care-giving, and from the emotional to the instrumental (not necessarily the same), is a significant transition point. A decline in the ability to maintain the principle of reciprocity in the face of deteriorating health is an indicator of a change from a support to a care-giving network. This is the point also explored by Gray (2009).

Expectations of the availability of informal support must be context-specific. Reports of 'naturally occurring support systems' in some places are shown to apply differentially to various segments of the local population. Attree (2005), in an analysis of 12 qualitative studies of low-income parents, reported that in some areas single mothers were less able (unlike young mothers with partners) to call on these naturally occurring webs of informal support because they were ostracised, isolated or cut themselves off, and therefore had to rely on formal services for support. However, unless formal services were attuned to the needs and sensitivities of unsupported young women, take-up may be poor – and the women's isolation even more accentuated. Lessons from this research might usefully be applied to understanding and meeting the needs of people later in the life course. Thus professionals considering what support to provide older people needing care and support should take account of their socio-economic circumstances, their 'naturally occurring' personal networks and their willingness to engage with formal services before making attempts to engage with them.

In other studies the relationship between informal and formal care may be hedged with a need for caution on the part of health and social care professionals. They should not assume that informal support will always be there regardless of external factors. In Hartlepool (Godfrey *et al.*, 2004), some of the older women interviewed expressed annoyance that professionals assumed that informal care would be there with the implication that they would feel there was no need to offer professional support.

From the perspective of this review, and for discussion in later sections, what does research on personal networks like this tell us about the willingness to offer help, and the trust that is involved in doing so? Does it require the pre-existing direct involvement of the giver and the receiver (the reciprocal relationship)? What about volunteers with organisations providing care or support – is the nature of their relationship different (since there is no pre-existing relationship)? Is there a role for altruism? What place is there for befriending initiatives bringing individuals together who are strangers at the outset – and what happens at the point when support needs to become care?

Formal and the semi- and informal spheres

The distinction between the formal and the semi- and informal spheres, and the intermediate area between the two, is crucial in understanding the core issues of the review. These are related to similar distinctions encountered elsewhere in the literature, as between 'the official' and 'the unofficial' and 'the public' and 'the private'.

Problems of definition abound in this complicated territory. For example, political and social philosophy has long debated the shifting boundaries of the public and private domains. According to Weintraub (Weintraub and

Kumar, 1997), the public sphere can be the place where formal, civic activity takes place (after theorists Hannah Arendt or Jürgen Habermas); or it can be a place for the sociability of public life in contrast to private life, which is the restricted domain of intimacy and family interaction (after historian of the family, Philippe Ariès). Feminists in the 1980s introduced another dimension: the public and private distinction that underpins the exclusion of women from public life and their confinement to the domestic sphere (Gamarnikow et al., 1983).

The nature of the formal and informal spheres has been a subject of particular debate in public policy since the 1980s when community care policies were first introduced. The essence of the policies was that 'dependent', 'disabled' or 'vulnerable' people were better cared for in community settings (in contrast to the repressive regimes in 'public' institutions). Commentators talked about care 'by' the community as well as care 'in' the community (Dalley, 1993). Feminists raised the issue of what implications this had for women: who were supposed to do the caring in the community? Their view was that because women were traditionally defined by their caring role in the private or informal domain, it was assumed that they would be expected to take on these new caring responsibilities. The distinction between the private and public domains was being blurred. The formal responsibilities of the state were expected to be taken on by the informal (composed mainly of women, in the view of feminists) sector – an act of 'compulsory altruism' (Land and Rose, 1985).

Underpinning much of social policy in the last three decades has been an assumption about the relationship between the individual, family and the state. This has been referred to as an 'ideology of caring' based on the notion of individualism (Dalley, 1996). In placing emphasis on the autonomy and independence of individuals, stressing choice and control for them in decision-making about their care needs, it also, arguably, removes responsibility from the state to ensure those needs are fully met. Current personalisation policies are the most recent expression of this position (Ferguson, 2007). Its disadvantage, according to such critics, is that it transfers the bearing of risk from the state and professional agencies onto the individual and his or her family. It is also in danger of failing to understand the needs of people who are unable to operationalise the ideology through frailty or incapacity.

It is clear that the field of caring, or support and assistance, straddles both the public and private domains, the formal and informal spheres. Boundaries in these uncharted waters may become blurred (Simon, 2001). The space between them, 'the semi-formal', is a grey area beyond clear definition. Personalisation policy is, some suggest (Ungerson, 2004), moving into this territory. In expecting people (either the dependent or disabled person or their family) to take on the responsibility for employing and managing personal assistants and other support, receiving public funding for doing so but replacing the state as employer in the process, the clear separation between the two spheres is compromised. Conversely, relying on volunteers to undertake what has generally been seen as a state responsibility causes similar blurring of the boundaries.

All sorts of new semi-formal and informal relationships are currently being established between people who need care (most often older people, the subject of this review) and those who provide it. For the first time, family members can provide it and be paid for doing so. The boundaries between roles (for example, relative [or friend] as paid carer, purchaser of support being the person who needs the support) become opaque, with possible attendant risks of abuse or exploitation as opposed to the expected goals

of satisfaction and fulfilment. Official bodies are becoming alert to this and are in some cases introducing controls to mitigate the risks (Means and Langan, 1996; Davies *et al.*, 2011). However, this can be seen as undermining relationships usually based on trust.

What works

Given that the aim of the JRF programme was to enhance the effectiveness of individuals and communities to care and support its members, we looked at research that has investigated this area. As we found, much of the research on communities, and strategies to improve it (community capacity), is premised on the notion of community decline (namely, Putnam and the social capital approach), and inevitably focuses on what can be termed 'deprived', 'disfunctional' or 'excluded' communities. Such a notion underpins many of the community development initiatives in the recent past. These sought to build on a community's capacity to support itself through greater involvement of local people in voluntary community groups. This is not necessarily a value free enterprise, and some critiques have gone so far as to question the relationship between trust in ideas of voluntarism and the confidence people can have in current voluntary organisational structures (Tonkiss and Passey, 1999).

Government policy in the period 1997–2002 favoured this sort of community capacity-building approach (Home Office, 1999), exemplified in the work of the Social Exclusion Unit (1998). This approach is described in the report on neighbourhood-based regeneration organisations (NROs) produced by Demos for JRF (Thake, 2001), which describes and analyses the alienation and exclusion of many local neighbourhoods in Britain, advocating strategies for regeneration based on a model of multi-level interventions which, as well as bringing more organisational resources into neighbourhoods, would allow 'individuals to grow in competence and confidence' and 'establish environments that allow people to regain a sense of personal worth' (p. ix). The Work Foundation (Blaug *et al.*, 2006, p. 10) refers to the almost utopian notion of the 'redemptive power of community, locality and active citizenship' that has motivated much of the policy interest in communities in recent years.

A critique of this sort of approach is made in a study discussing government regeneration programmes published in 2003 (Williams, 2003). Williams does not necessarily condemn the official approach, but argues that it may not work, particularly in deprived neighbourhoods. He describes the model advocated by government and other experts as a hierarchy with formal community organisations at the top with rungs beneath being progressively more informal forms of community participation, with one-to-one aid at the 'bottom'. He criticises this, saying:

> Viewing community groups as a "mature" form of co-operative endeavour that other forms of participation evolve into as they develop, the perception is that these should be cultivated in order to help people to "'graduate' to greater engagement with their community" (Home Office, 1999, p. 30). What are referred to as "simple" acts of one-to-one helping are thus relegated to a marginal and unimportant status relative to the development of community-based groups. (Williams, 2003, p. 66)

Williams argues that greater focus should be placed on those 'fourth sector' simple acts of one-to-one helping. In advocating this approach, Williams is acknowledging the characteristics of the 'web of relationships' (note the project brief) revealed in many of the community studies reported in this review – those informal reciprocal exchanges, both manifest and latent, through which neighbours, extended families and friends maintain supportive relationships, even in the most deprived neighbourhoods.

A study currently underway as part of JRF's A Better Life (Bowers *et al.*, 2011) is looking at relationships based on mutuality and reciprocity as ways of supporting older people with high support needs and fostering their ability to contribute at the same time. An interim finding is that there is widespread lack of awareness about the possibilities. Perhaps Williams' (2003) comments about the need to focus on the simple acts of one-to-one helping will be relevant to this work.

Bovaird and Loeffler (2008) have looked into the possibility of individuals and the public sector 'co-producing' public services, examining the degree to which people might be willing to take on responsibility for certain aspects of public, in particular, their neighbours', wellbeing. Taking care of sick relatives or friends ranked 10th out of 18 types of 'co-producing' actions. This raises the question of how far the community (in its varying forms – individuals or groups) can be expected to take on care rather than support – the point raised by Keating *et al.* (2003) and Gray (2009), noted earlier.

Semi-formal sphere

Community participation is often interpreted as being mostly about volunteering. It takes all forms, ranging in its degree of organisation in terms of such features as rules of membership, management structure and codes of practice. In this review we located volunteering as being part of 'semi-formal' activity in pro-social behaviour, falling between the formal and the informal.

Volunteering

Volunteering activity and behaviour is varied. It is characterised by gender differences: women tend to engage in 'social welfare' volunteering while men are more likely to be involved in sports and committee work. It can be further distinguished by other domains: career and casual, formal and informal, and occupational and non-occupational (Stebbins, 1996). SES is also a factor, with people from higher status groups tending to volunteer more than those in other lower groups (Davis-Smith, 1998).

Voluntary sector

The voluntary sector can be defined as a mix of voluntary organisations with (a) some employing staff and acting in much the same way as the *formal* private (business) and public (statutory) sectors in terms of employment practice, management and strategic approach, and (b) others acting informally with no paid staff – or it can be a mixture of both.

Many of the organisations using volunteers are increasingly becoming more professionalised and their governance brought into line with that required of organisations in the formal sector. A report from the Community Development Foundation (Sender *et al.*, 2010) reports on the increasing professionalisation of the community development sector, with National Occupational Standards for Community Development work being introduced in 2009. In this situation volunteering can be regarded as a 'semi-

professional job' with a 'volunteer career', and questions have been raised as to whether volunteering has the effect of restricting paid employment opportunities in the same field or whether it affects the status of paid employees working in the same area (Watts, 2012). Morison (2000, p. 109) argues that frequently 'there is a particular and very significant tension between a professionalised managerial approach and a more traditional volunteering ethos.'

Benefits of volunteering

As noted earlier in this review, evidence from psychology shows that the act of volunteering enhances the sense of wellbeing experienced by the volunteer. Volunteering research confirms this (Davis-Smith and Gay, 2005), reporting that older people, reaching retirement and who go on to volunteer, experience health benefits and a satisfaction in being able to continue using skills that have built up over their life course. However, the impact on those receiving the help of volunteers is not explored in this research. The question arises – what are the principles that underlie the act of volunteering? Can reciprocity (that all-important feature of neighbourly support) figure in the relationship between volunteer and beneficiary? Does altruism play a part in the actions of the volunteer and, if this is the case, how far is it truly selfless and how far do people engage in volunteering for motives that benefit themselves? Psychology research has investigated this but there appears to be no empirical social research into the topic.

Constraints on volunteering

A number of barriers to volunteering have been pinpointed by a recent survey (CLG, 2010). Being from a deprived group makes volunteering less likely. Also being young is a negative factor; however, when young people do volunteer they tend to volunteer more regularly.

People often cite lack of time or information and bureaucracy as obstacles to giving their time in volunteering. The lack of time reason is interesting in that the average Briton watches television for 17 hours per week as compared with an average one hour of volunteering activity (HM Government, 2010). Forty-nine per cent of non-volunteers, who would like to start volunteering, report being put off by bureaucracy, and these concerns may have increased in the last decade. The *Giving White Paper* (HM Government, 2011) proposed to address many of these bureaucratic barriers.

Impact of the formal on the informal

While the argument above suggests that the formal sector has been in the process of sharing or handing over responsibility to the informal sphere, there is also evidence of the reverse. Thus the arm of regulation has been extended to apply to the semi-formal sector with volunteering being brought within its scope, via Criminal Records Bureau (CRB) checks, vulnerable people's protection surveillance and health and safety law and insurance. Regulation seeks to mitigate the risk that volunteers might present to the people they are helping (even though it may, as noted, deter people from putting themselves forward). The voluntary sector itself has become increasingly risk conscious in relation to risks relating both to volunteers and the organisations using them. Gaskin (2006a, 2006b) lists a range of risks (including injuries to volunteers and clients, abuse, breaches of confidentiality,

exceeding boundaries of authority), but also warns that excessive risk aversion may damage the ability of the sector to function effectively.

Reviews of risk in adult social care

A defining feature of adult social care is that it spans the formal, semi- and informal sectors. Concerns from one become the concerns of the others — as in the case of risk avoidance and risk management. Mitchell and Glendinning (2007) concluded that empirical evidence on whether risk management inhibited or facilitated the delivery of good services was limited and further research was required, especially into the implications of extending self-directed support (related to personalisation) policy. The conception of risk which emerges from the review tends to centre on what is termed 'risky behaviour', the consequence of doing something which leads to practical danger, such as falling, rather than what could be termed 'moral risk' or 'moral hazard' which, arguably, relates more to the consequences of (intentional or unintentional) harm done by others. Nevertheless, the issue of abuse is not ignored although empirical evidence is scarce (the work conducted by the Brunel team on financial abuse as part of the ESRC's New Dynamics of Ageing [NDA] programme addresses some of these issues) (Davies *et al.*, 2011).

Mitchell and Glendinning updated their review for JRF in 2011 and concluded that many of the gaps in research still remained, particularly those relating to the experiences of service users in minority ethnic communities. They were also disturbed to note a number of incidents of low-level abuse to people with learning difficulties living in the community. The incidents that provide the basis of this concern, reported in national media[2] over recent years, raise important questions about any easy assumptions that might be made about neighbourliness applying uniformly across locations and communities.

Perhaps what is rarely considered is the extent to which vulnerable people with care and support needs run the risk of falling through gaps in provision — between the informal, semi-formal and formal sectors. A case in point is the recent report from the Local Government Ombudsman looking at a case handled by Southwark Council where a blind woman had support withheld from her by the council because they assumed she was receiving informal care and support (Local Government Ombudsman, 2012).

6 INFLUENCING FORMAL SOCIAL CARE PRACTICE AND REGULATION

Question 5: What can formal social care practice and regulation learn from how risk and trust operate in informal and semi-formal spheres?

We noted at the start of this review that O'Neill (2002) has argued that the growing tendency for modern states to turn to regulation as a way of countering the risks inherent in societies in late modernity (Giddens, 1991) has resulted in a lessening of trust in individuals and institutions. The regulatory strategies and mechanisms overseeing the provision of care and support that have been introduced in the past 20 years, according to O'Neill's view, militate against the fostering of confidence in more informal, supportive relationships. The advent of a series of health and social care regulators,[3] the establishment of safeguarding procedures[4] and the increasing monitoring of the social care workforce (including volunteers) are evidence of the increasing role of the state in countering what are perceived as the risks that beset the safe exercising of its social care responsibilities (Berry, 2011).

At the same time, it could be argued, policy-makers have been keen to relax the grip that social care professions and local bureaucracies (social services departments) are perceived to have exercised on service users by emphasising the goals of choice and control (Carr, 2010) and the introduction of personalisation policies (Leadbeater, 2004; HM Government, 2007) and encouragement of the voluntary sector.

User perspectives

Alison Norman (1980), in an early consideration of the debate about risk in relation to older people, saw the essential issue as fundamentally one of the liberty of the individual and the right to self-determination. Since then

the voice of service users in the consideration of regulation and trust, the formal and the informal, has become increasingly powerful. Much of the personalisation agenda has been formulated in the light of what they have had to say about their experiences (Oliver, 1996; Beresford and Andrews, 2012). Leece and Leece (2011) researched the views of disabled adults and the following quote sums up what many said:

> I would not want interference from any social worker or support broker telling me how I should spend my money. This is again unwarranted interference from our "Nanny State" type of government (Carol, Elders Forum). (quoted in Leece and Leece, 2011, p. 214)

But although service users are overwhelming in favour of the personalisation agenda, the issue of risk is not straightforward. The following extract from a JRF report on users' views (Beresford and Andrews, 2012) highlights the dilemma for people exercising choice and control:

> I needed a personal assistant and advertised through my local care provider. They sent me a list of "suitable" people to interview. One of the candidates was a young lady ... who I had known when in hospital and knew how potentially disturbed and violent she could be. The care providers who recommended her had no idea of her background and her care manager was pushing her to get work. She was not a suitable person to be working with vulnerable, disabled people in my opinion. (p. 13)

While users' views have exercised a powerful influence on policy-makers, there is an inherent contradiction between this view and the one around risk and regulation that has also been highly persuasive. It is ironic that the introduction of safeguarding procedures took place during the same period that personalisation policies were being developed. The Mental Capacity Act 2005 (OPG, 2005) is perhaps a complicating factor in the mix. The emphasis placed on defining capacity as liberally as possible (for the individual's benefit) and preventing people from being deprived of their liberty[5] means, arguably, that the regulatory impulse to 'over-protect' is inhibited, yet in itself, the Act is part of policy determination to safeguard and enhance vulnerable people's interests.

There is also another perspective on the issue that needs to be acknowledged – that of confirmed de-regulators, those voices from the business sector initially represented in 1997 in the Better Regulation Task Force[6] that argued for the 'light touch' regulation of social care, suggesting that the arm of the state is too heavy across a wide range of regulated sectors.

What, then, can the formal sector learn from the semi- and informal sectors in this contested domain? The service users whose voices have been so powerful tend to be those of younger disabled people who vigorously wish to direct their own lives. Older people, especially those with dementia, are arguably less likely to support this view. They value the protection, as they see it, of regulation. From a different angle, service users (Morris, 1991, 2011), in challenging feminist analyses, argue that the burden placed on carers (mostly women) comes at the expense of the person 'being cared for' (a term which users reject). Steering a 'middle way' is difficult. As Faulkner (2012, p. 11) says, the 'risk arena becomes contested by a number of different "risk agents".'

From a different perspective, researchers have argued (Rowson *et al.*, 2010, p. iii) that social networks, which 'hold the reserves of social capital', can be mobilised to provide support to people, especially older people, in their local communities. One case study that they present to illustrate this provides a good example of how a one-off encounter can turn into a longer-term supportive relationship. Key for this review is the question of whether these supportive relationships can then turn into the care-giving relationships (see the earlier discussion and Keating *et al.*, 2003; Gray, 2009) that may be required in the longer term if they were to take the place of more formal interventions.

Further, research has also made the point that not all communities or neighbourhoods have the same levels of social capital as others. From the point of view of the agencies which have a legal obligation to meet the needs of people within their jurisdictions, how far (a) can they rely on the development of these ad hoc relationships, (b) be certain that they would be meeting the 'right' needs and (c) be assured that they would be doing this effectively and safely? While some (Beresford, 2001) have criticised the way in which social work has become over-professionalised and thus removed from taking account of the rights of service users, a wholesale transfer of responsibilities to the 'happenstance' of informal engagement that is at the other end of the scale might be likely to become a matter of concern.

7 DISCUSSION AND RECOMMENDATIONS

We look first at the findings relating to the psychology of decision-making and pro-social behaviour before considering the social context in which decisions have to be made, and then discuss how far it has been possible to answer the five key questions.

Discussion of the findings from the review

Psychological research has indicated a range of possible motivations for engaging in pro-social helping behaviour, including increased wellbeing, obtaining instrumental benefits and expectations of reciprocity. There is evidence of a benign circle between wellbeing and pro-social behaviour in that people who engage in helping behaviour show increased wellbeing and people with high wellbeing are more likely to help others.

Some types of pro-social behaviour, such as intervening in an emergency, do seem to engage deliberate decision-making (is help needed? whose responsibility is it to help?). Deliberate decision-making could also be expected when obligations conflict, for example, if family members and friends request assistance at the same time. However, in many cases, helping (or not helping actions) is determined largely through automatic processes without conscious reflection or deliberation. In general, automatic deciding is affected by a range of cognitive biases, such as availability, over-confidence, loss aversion and optimism bias. Knowledge of these factors feeds into 'nudging' programmes that could increase pro-social behaviour. There are changes with age that affect people's ability to deal with novel problems, their trust in others and their reliance on emotion as against analysis in decision-making. These age changes can make older people too trusting and liable to optimism bias, leaving them at increased risk of financial abuse.

It is important to note that most psychological research has been undertaken in experimental conditions and not in 'real-life' situations. However, this work does help address the fundamental questions of how

helping actions come about. For example, what particular situational factors enable or encourage helping? What are the altruistic or instrumental impulses that lead people to engage in helping behaviour? Is the mode of thinking about helping automatic or reflective?

While psychological research focuses on the individual, social research concentrates on the broader context in which the individual operates. In particular, it examines the part played in community life by the existence of webs of personal relationships (neighbours, kin, friends) linking people together and the wider social networks spanning communities (defined spatially or being interest-based). Factors such as the range and extent of those networks and the characteristics of individuals' SES, gender, ethnicity and life stage all have particular significance.

The importance of social norms in governing behaviour in small-scale groups emerges quite clearly from the research — the norm of reciprocity is a particularly strong binding force in people's ideas of neighbourliness. Altruism is, perhaps to a lesser extent, another operating principle, although action that appears to be altruistic may have benefits (acknowledged or unacknowledged) to the actor. Social research also shows the significance of changes during the life course (especially the decline in personal support networks) in affecting the wellbeing of older people.

Social policies adopted by the government over the past two decades have been based on notions generated by research relating to the improvement of community functioning — through concepts such as networks, community participation, capacity-building, exclusion/inclusion (but mostly in relation to formal structures and relationships rather than to the semi-formal and informal spheres). The government has tended to overlook the part played by individual psychology that inevitably occupies a central role in how these play out.

Two of the key topics to be investigated — those of risk and trust — have been considered at the macro, societal level in terms of social theory, and at the meso level in relation to the functioning of formal services and procedures, but rarely investigated at the informal micro level in terms of day-to-day relationships between individuals, acting as kin, friends or neighbours. Indeed, one might pose the question as to how relevant it is to examine these micro-issues through the lens of risk. It is not at all clear that in enacting help and kindness (or not), that risk is a core consideration. Of course, as noted earlier, it is important to also explore these issues from the point of view of the recipient of help or kindness — it may well be here that risk becomes a more relevant consideration. In informal relationships is it the case that people resist receiving help because they believe that this may lead to unwanted consequences? There is a range of reasons for refusing help — for example, it may breach cultural expectations to accept help from people outside of the family or it may be that accepting help is considered to signal unwanted weakness. It may well be that *costs* (that is, negatives that *will* happen) are more relevant considerations than *risks* (that is, negatives that *may* happen). Alternatively, people may come to view informal expressions of help or kindness through the lens of risk as an extension of the risk assessment process that dominates formal care-giving procedures. Certainly, there is a lack of research examining the informal context, in relation to, for example, 'one-to-one helping', 'naturally occurring support systems', manifest and latent/ambient support and the constituents of social capital.

How far have the five questions been answered?

The main focus of the JRF programme was the extent to which feelings about risk and trust influenced decision-making about care and support in

informal and semi-formal relationships. We found considerable research evidence on how individuals make decisions about engaging in pro-social behaviour, but not necessarily in relation to the specific situation of providing care and support in informal relationships. Some of the research addressed the issue of confidence in decision-making, but in general terms rather than, again, in the specific context of informal care and support. We identified a broad and diverse range of research that has looked at the capacity of communities to provide support to their older members. The principle of reciprocity that underpins most supportive relationships will only 'go so far' – once support turns into the need for care, on a 'longish term' basis, then reciprocity, it appears, may not be enough.

The relationship between risk and trust are issues that are explicitly played out in the formal and semi-formal spheres. There is relatively little from research as to how it is played out informally. Nevertheless, our knowledge of the views of service users and other key players in the informal sphere (kin, neighbours, friends) on some of these matters, and the way in which policy and professional practice operates in the formal sphere, means that both domains can perhaps learn from each other.

We found that distinctive disciplinary approaches (particularly in relation to psychology and sociology) mean that there is no wholly integrated approach to researching the topics under investigation. Psychology focuses on the individual, mostly in the abstract or experimental situation, while social research assumes individual motivation as a given (although unexplored), and focuses on the social context in which individuals' behaviour is situated. In addition, much of the psychology research is US-based, which means the likely social/cultural norms that influence real behaviour may or may not relate to the UK context.

In the course of this review, a number of important gaps and unanswered questions have been identified and these form the basis for the recommendations for future research in the next section.

Recommendations

On the basis of the evidence emerging from this scoping review, a number of possible areas for research are suggested that could throw light on key issues. The recommendations have been divided into two categories, empirical research and theoretical and policy research.

Empirical research
- There is a need for further research directly focused on individual decision-making in the area of willingness to help and to accept help on an informal basis, both experimentally and within a defined, observed, social context. Research could be conducted of various types, for example:
  - Typical scenarios or vignettes (West *et al.*, 1984) could be developed in which offering or receiving help decisions arise, such as, an elderly person requiring assistance with food shopping, with gardening, with cooking, and getting to the GP's surgery. The nature of the relationship with the decider could be one variable (close relative, distant relative, nextdoor neighbour, more distant neighbour, higher or lower SES, same or different ethnic background, etc.) as well as the nature of the problem (time costs it would impose, long or short-term help). These would then be used in 'think aloud' studies where people of different ages, experience of helping etc., verbalise their thoughts about whether they would offer or accept help or not in

such situations. Results would indicate the kinds of factors considered in such decision problems. This could then lead on to further studies using samples of vignettes in which the key factors are systematically varied and their importance measured through regression methods.

  – Ethnographies of neighbourliness, with the focus on examining how issues of care and support in one-to-one relationships are played out in stable and in changing communities, would also fill a clear gap in existing knowledge.

- Consideration could be given to addressing the question, how might kindness of communities be measured?
  – Can reliable and valid measures be developed that might be better than simple self-reports of helping/volunteering, as used in cross-national surveys (Charities Aid Foundation, 2011)?
  – The behavioural and value measurement approaches applied by Levine *et al.* (1994) and Park and Peterson (2010) in US studies might be modified for UK research.
  – Could a British Kindness Survey be developed, perhaps using the British Crime Survey as a model? It would require considerable work to develop a suitable instrument, but once established, it would be a valuable barometer for research on community factors and on changes in kindness over time.

- Given the growth of volunteering among young people as a means to an end (for example, an improved CV for job/university applications), it would be interesting to find out if experience of volunteering on an instrumental basis when young 'spills over' and has beneficial effects on kindness in later life.

- Would the significant links between religious attendance and volunteering found in North American studies replicate in the more secular UK, and does religious attendance also predict the likelihood of small everyday acts of kindness in the UK context? Research on these questions could provide valuable insights on how to facilitate community care.

- There is a need for a close examination of the credibility of media sources on issues of risk and trust, particularly at local level. These could throw light on the extent to which local media shape perceptions of the moral issues of caring and support within local communities. Further useful work in this area might address the potential of social media to catalyse kind actions in the community. The recent clean-up campaign following the London riots is suggestive of the potential of social media in this area, and it would be useful for research to explore these data (which have already been collected for other purposes) to seek to understand the way in which helping actions were motivated and how this gathered momentum and scale over a short period of time.

Theoretical and policy research

- The review has highlighted the importance of some key questions that run across several domains: rationality, individualism, altruism and sociality. A theoretical analysis of these and related concepts and how they are possibly used in different domains would help disentangle several of the issues addressed here. Given the complexity of the questions addressed and the number of variables involved, there is a need for multi-level theories including numerous variables. At the same time, the theories

should be precise enough so that clear-cut predictions can be made. Research should be devoted to identify what classes of theories would be best suited for this endeavour.

- Consideration of philosophy could be given in relation to risk and building trust in relationships. For example, what is the impact/relevance of current social emphasis (in policy, practice and individual lives) on autonomy, rational agency, individualism and independence rather than relational autonomy, human dependency and interdependence and social/moral obligation, including the structural context that impinges on these? There is a need to integrate philosophy with empirical evidence to strengthen our understanding.

- The policy implications of our increasing understanding of pro-social behaviour and decision-making at the individual level need to be drawn out more explicitly.

NOTES

1   See www.youngfoundation.org/our-ventures?current_venture=2554

2   For example, the suicide of Fiona Pilkington and her unlawful killing of her daughter who had learning difficulties after bullying by local teenagers in the Leicestershire village of Bramwell in 2007.

3   National Care Standards Commission, Commission for Social Care Inspection, Commission for Healthcare Improvement, Health Care Commission, Care Quality Commission.

4   POVA, Safeguarding Boards.

5   Deprivation of Liberty Regulations (DOLS).

6   The Better Regulation Task Force, established by the government in 1997, was replaced by the Better Regulation Commission and is now the Better Regulation Executive located within the Department for Business, Innovation and Skills.

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APPENDIX 1: DISCIPLINARY CONTRIBUTIONS TO THE SCOPING REVIEW

The subject matter of this review extends across a wide range of disciplinary boundaries. We reviewed research and other literature from as many sources as seemed useful in pursuing the programme's aims. The problem of synthesising, or at least making coherent links between, the various types of material was challenging. A number of the recommendations at the end of the review recognise the need to fill some of the gaps identified throughout.

The main disciplines and their range explored were as follows.

Psychology

Relevant topics addressed by psychological studies include context, individual and social factors in pro-social behaviour; barriers to pro-social behaviour and interventions to increase pro-social behaviour; decision-making processes, automatic and reflective; trust and accepting help; and age effects. We noted that psychology research focused on the individual and the wider social-cultural context was often ignored. It is often assumed that psychology results generalise beyond the typical study population (often US undergraduates) and beyond artificial laboratory settings, and so could be applied to real-life settings; however, these assumptions would ideally be tested. Nonetheless, individual factors and processes constitute an important level of explanation in the whole story of pro-social behaviour and we reviewed the evidence available while acknowledging its limitations.

Social gerontology

In contrast to the specific focus of psychology, social gerontology draws on a range of disciplines in studying changes experienced by individuals across the life course situated, as they are, within the overall context of their social circumstances (thus, 'ageing in society'). It takes account of biological and psychological perspectives, as well as those of sociology, demography and history. It recognises the contribution that ageing individuals play within their wider family settings, and acknowledges the changing role and structure of families themselves and the communities in which they live. Social gerontology also embraces health-related aspects of ageing, and there is a substantial literature on the relationship between health and social circumstances that applies, in part, to the subject of this review.

Media research

It is perhaps a commonplace to suggest that the media shape the views and attitudes of the public. We looked at research on the media to see how far this supposition was borne out by evidence. In particular, we examined as far as possible the impact of media on attitudes towards trust and risk.

Sociology and anthropology

There is a rich sociological and anthropological literature looking at the day-to-day experience of people living in small-scale communities, both rural and urban. We considered the range of theoretical approaches that inform its modes of investigation and analyses, from the early theoretical writings of Tönnies – his conception of social groups, *Gemeinschaft* (organic, community) and *Gesellschaft* (instrumental relations based on contract), the Chicago School of urban studies, to modern concepts such as social capital and, borrowing from early work by anthropologists (for example, Bott and Mitchell), social networks. Community studies draw extensively on anthropological methods – ethnography and participant observation – while the community development perspective draws on some of the political analyses that characterise both the two disciplines.

Criminology

The concepts of trust and risk have been central to a body of literature in criminology studies although not necessarily focused on the issues of care and support (much of it relates, for example, to fear of crime and trust in the police, which is somewhat tangential to this review). Nevertheless we identified a range of studies that were relevant to our concerns.

Policy

Three aspects of policy were relevant: (a) social welfare policy relating to providing support to vulnerable people over the past 20 years – community care, carers in the 1990s and the development of personalisation policies in the 2000s – much of it influenced by the views and evidence from the disability movement; (b) risk and regulation – a much broader issue than

simply relating to health and social care – has affected public, business and professional thinking; and (c) the encouragement given by the government to involving volunteers as individuals and the voluntary sector as a political entity (civil society).

Social theory

The key concepts underpinning the programme (trust, risk, confidence) have been considered extensively by social theorists over the past 30 years. These include notions of community and social capital, conceptualisations of trust and risk, and the role of regulation in modern society, topics already noted above. Key sources were considered and cited where appropriate in the review.

Other disciplines

We also found a number of other disciplines and subject areas that had some relevance to the review – these include social geography, social work and urban studies.

APPENDIX 2: METHODS

A multidisciplinary team (psychology, anthropology, gerontology, social policy and journalism) was established to steer the review. Two consultants conducted the review, one with expertise in gerontology and policy analysis (Gillian Dalley) and the other with expertise in decision-making (Kenneth Gilhooly).

The literature was reviewed using a number of electronic databases, principally PsycNET, Google Scholar, Scopus and Web of Science and a range of web sources (for example, ESRC Society Today, The King's Fund). It was found that Scopus produced the best range of results and was relatively easy to use. A specialist librarian at Brunel University (Mr James Langridge) duplicated a sample of the psychology searches and concluded, as we had done, that Scopus was the best single literature database for our purposes.

Keywords: trust, confidence, risk, caring, relationships, pro-social behaviour, decision-making, volunteering, civic engagement, personality, moral socialisation, positive psychology, happiness, nudging, heuristics, media influences, seeking help, refusing help.

Search dates: 1990–2012. The cut-off date marks key legislation, the NHS and Community Care Act.

Quality: Sources were screened according to the following criteria:
i.   Experimental studies to have adequate numbers for reasonable power, appropriate sampling procedures, clear experimental manipulations and appropriate statistical analyses.
ii. Surveys to have adequate numbers, use validated measures and appropriate analyses.
iii. Qualitative studies to have fidelity with identified conceptual and methodological frameworks and analyses to follow accepted quality criteria.

iv. The psychology/decision literature consisted of peer-reviewed papers in established journals and so could be taken to be strong evidence sources.

v. Because of the focus on informal and semi-formal relationships, 'grey' literature and 'word of mouth' information, gathered by telephone interview and online contacts and reports, provided additional sources of information.

APPENDIX 3: EXAMPLES OF COMMUNITY ACTION PROJECTS

The following list of projects shows some of the types of voluntary activity seeking to improve the lives of people in local neighbourhoods.

Chorlton Good Neighbours Care Group (CGNCG)

CGNCG (www.cgncg.org.uk/aboutus.htm) has been supporting people in the Chorlton area of Manchester since 1967. Its volunteers offer practical support and friendship to people who need it. Most are older people who are isolated or who may be unable to get out on their own. Some of the things it offers are as follows:

- Coffee and craft mornings
- Exercise sessions for older people
- Monthly Sunday teas
- Advice
- Telephone calls
- Visiting and befriending
- Outings and social events
- General shopping
- Odd jobs and basic DIY
- Transport

Leeds Older People's Forum

The Forum supports a range of local neighbourhood action groups throughout Leeds. One example is as follows:

Meanwood Elders Neighbourhood Action (MENA)

Meanwood Community Centre, Stainbeck Avenue, Leeds LS7 2QU,

Tel: 0113 278 5777; Email: meanwood.eldersNA@wrvs.org.uk

MENA offers a range of support and activities to local older people, such as:

Advice and information services	Around the home	Support
Energy and fuel advice Keeping healthy Keeping warm Newsletter One-on-one advice Policy changes information	Energy saving bulbs Smoke alarms Thermal clothing Thermometers	Advocacy Befriending Letter writing Home visiting Support group for bereaved carers Stroke club
Leisure and recreation	**Healthy living**	**Transport**
Annual holiday Monthly day trips Monthly Sunday lunch club Social groups Theatre group Games and crafts	Exercise classes Healthy eating information	MENA have trained people to offer and assist with transport and wheelchair handling Taxi service to attend MENA trips and events

Church Urban Fund (CUF)

CUF (www.cuf.org.uk/) is an important source of funding for community development. Some examples are as follows.

CUF's **Near Neighbours** programme funds a range of community action projects, such as:

- **Clapton Park Community Gardening (CPCG).** *Themes: Hackney, community development, civil engagement.* CPCG is a group of local residents who have come together to transform an area of their estate. The group is comprised of Christians, Muslims and Rastafarians from a range of ethnic backgrounds. A Near Neighbours grant is helping the group to develop the project, creating more gardening space, purchasing tools and equipment and hosting communal meals where all the volunteers and others from the estate can come together.

- **Otley Road and Barkerend Environment Project (ORBE).** *Themes: Bradford, community development, everyday interactions.* Situated in a richly diverse area of Bradford that suffers from a high instance of child poverty, ORBE works to reconnect its local community with the natural environment. Near Neighbours is supporting a project which provides the opportunity for local people of different faiths to come together on tree planting and recycling activities, and to get involved in a wider programme of arts, crafts and cooking classes.

A guide to engaging Muslim communities, by J. Perry and A. A. Al Hazan

This guide describes a number of community action groups designed to promote community engagement in Muslim communities in the UK. Some examples are as follows:

- **Old Ford's intercultural approach.** Old Ford Housing Association took over 1,600 homes from the Tower Hamlets Housing Action Trust (HAT) in 1997 and now has about 4,500 units, all in the same part of the borough. Old Ford has consciously worked to bring together the different communities in an ethnically mixed area that still has a large, traditional white community. It has resisted pressures to create separate facilities for different communities. It does offer culturally appropriate services for different communities, but always at common venues that are managed by ethnically mixed committees. In relation to young people, it works from community centres (several managed by residents) and from a professionally led youth centre. Services include women-only sports sessions, which are therefore sensitive to the needs of Muslim young women without being specific to that faith or community. *Contact:* Fokrul Hoque, Community Regeneration Manager, Tel: 020 7204 1567.

- **The Rekendyke Partnership, South Tyneside.** The Rekendyke Partnership was set up in 2004 by William Sutton Homes and South Tyneside Council to regenerate Rekendyke, one of the few areas in the region with a large minority ethnic population (14 per cent), of which the majority are Muslim. The partnership commissioned the Guinness Trust to research the housing and environment needs of the mainly Muslim community. It established that their needs and aspirations were often similar to the wider community's – such as access to affordable, adequate homes in a good environment – but they had additional support needs due to language difficulties, lack of awareness of services and social exclusion. The findings were used in the development of the Neighbourhood Action Plan. Some of the practical solutions developed were:
  - a 'community house' providing a base for meetings and for community development work;
  - partnership with the local Arab and Muslim Community Service – helping to break down barriers between communities and develop cultural awareness;
  - a community caretaker scheme;
  - a private landlord accreditation scheme.

For more information, see www.williamsutton.org.uk/news/localpartnership-scheme-as-good-as-gold

Web-based community – Sandwell

This is an example of a different sort of approach to community action – building a community of support for people who have been bereaved. Its website states:

> The idea of developing a *compassionate community* approach to meeting the challenges that an ageing population places on services

is creative and original. The approach answers demands for improved care pathways and increased patient choice, as well as attention to the needs and wellbeing of carers. A compassionate community gives "ordinary" people the skills to be able to address issues raised by end of life and other losses, and to be a helpful, empathic ear.

For more information, see www.compassionatecommunities.org.uk/about-sandwell-compassionate-communities

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ABOUT THE AUTHORS

Gillian Dalley is Honorary Research Fellow at the Brunel Institute for Ageing Studies (BIAS), Brunel University, and a consultant with BCD Care Associates. She is an anthropologist with longstanding interests in social care policy relating to older people.

Kenneth Gilhooly is Honorary Research Fellow at the Brunel Institute for Ageing Studies (BIAS), Brunel University, and Emeritus Professor in the Department of Psychology, University of Hertfordshire. He is a cognitive psychologist with expertise in thinking, problem-solving and decision-making.

Mary Gilhooly was the project lead, and is the Executive Director at the Brunel Institute for Ageing Studies (BIAS), Professor of Gerontology, and Deputy Head of School for Research at the School of Health Sciences and Social Care, Brunel University. A psychologist by background, Mary also has a degree in medical law and ethics.

Julie Barnett is a Reader in Healthcare Research in the Department of Information Systems and Computing, School of Information Systems, Computing and Mathematics, Brunel University.

Fernand Gobet is Professor of Cognitive Science in the Department of Psychology, School of Social Sciences, and Director of the Centre for the Study of Expertise (CSE), Brunel University.

Priscilla Harries is Senior Lecturer in the Division of Occupational Therapy, School of Health Sciences and Social Care, Brunel University. Her PhD was in cognitive psychology and her research relates to the development of professional judgement and decision-making capacity. She is Chair of the Editorial Board of the *British Journal of Occupational Therapy*.

Sarah Niblock is Director of the Centre for Advanced Journalism Practice, School of Arts and the Humanities, Brunel University.

Mary Pat Sullivan is Programme Director of Gerontological Social Work at the Brunel Institute for Ageing Studies (BIAS), and Senior Lecturer in the Division of Social Work, School of Health Sciences and Social Care, Brunel University.

Christina Victor is Programme Director of Healthy Ageing at the Brunel Institute for Ageing Studies (BIAS), and Professor of Gerontology and Public Health. She is also Division Director of the Division of Health Sciences and Community Studies, as well as Associate Deputy Head of School for Research, School of Health Sciences and Social Care, Brunel University. In addition to her duties at the university, Christina is editor of the journal, *Ageing & Society*.

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