RISK, TRUST AND RELATIONSHIPS IN AN AGEING SOCIETY

This review draws together evidence from a range of disciplines on the risk and trust aspects of decision-making in informal and semi-formal caring and supportive relationships in an ageing society.

Key points

- Psychology provides considerable evidence on how individuals make decisions about their behaviour benefiting others, but not so much on the specific situation of care and support in informal relationships.

- People who act to benefit others (prosocial behaviour) derive clear benefits for themselves. Although these decisions can be motivated by altruistic impulses, studies on neighbourliness confirm the primary importance of reciprocity.

- There has been less research on the impact on the recipient, but some evidence suggests that people are often reluctant to accept help if they cannot reciprocate.

- There is relatively little empirical evidence of the extent of 'neighbourliness' or of what factors affect how it operates, although this concept often features in public discourse at local level in relation to providing care and support for older people.

- As people age, their social networks tend to shrink but become increasingly important. Research suggests that we cannot assume that these shrinking networks of friends and neighbours will be available to meet the growing informal care needs of people.

- The relationship between risk and trust in the formal and semi-formal spheres, especially in terms of volunteering, has been relatively well researched and has informed public policy on care and support interventions. Social care policy has also been strongly influenced by users' views.

- Apart from elder abuse, there has been little research that explores the key issues of risk and trust at the level of day-to-day relationships when family, friends and neighbours are involved in care and support. This and the complex relationship between risk, trust and prosocial behaviour are areas for further investigation.

The research

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BACKGROUND

This review examines the part played by notions of risk and trust in decision-making in respect of informal and semi-formal caring and supportive relationships in an ageing society. It considers evidence on the issues of risk, trust, kindness and confidence as they affect both society and individuals.

Decisions on caring and supporting

Psychology provides considerable evidence of how individuals make decisions about engaging in behaviour that benefits others (prosocial behaviour), but does not necessarily consider it in relation to the specific situation of providing care and support in informal relationships.

Depending on factors such as age, location, culture and social status, people may be motivated by altruistic impulses (though often these may be affected by implicit and unacknowledged benefits to themselves) or by the benefits to be gained from reciprocal prosocial behaviour. Reciprocal benefits may be short- or long-term, direct or indirect. Acting prosocially may not involve explicit decisions but some acts *will* be deliberate. Such decisions may be clear-cut or ill-defined, and people's thinking may be automatic or reflective. The information available, the losses and/or gains to be made, and over-confidence may all be involved in decision-making. Modes of decision-making tend to change during life; people become over-optimistic and less reflective. A decline in cognitive functioning may be compensated for by experience, however.

From a sociological perspective, researchers in studies of neighbourliness 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.

There is little empirical research directly examining the relationship between, on the one hand, individual psychology and, on the other, patterns of good and bad neighbourly behaviour.

Interventions to increase prosocial behaviour find that people acting prosocially get clear benefits for themselves from their actions, and this may be a way of encouraging people to act in ways that benefit others. Policies to encourage this, such as 'nudging,' have been introduced in some parts of the world. Experimental research has investigated factors that may inhibit prosocial behaviour, such as the bystander effect, but less research has been conducted on the impact on those on the receiving end of prosocial actions.

Community studies show how social networks operate to support, or sometimes isolate, members. The principle of reciprocity is found to motivate people to offer – and to accept – help and support. If someone cannot reciprocate, they 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 considered factors such as the absence of the norms of reciprocity and good neighbourliness in some communities that may lead to breakdown and, sometimes, criminality. 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.

Society's capacity to support an ageing population

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 counted on, it cannot be assumed that informal carers will be available to meet their growing needs.

Risk and trust in informal and semi-formal social care

Informal care and support (by family and friends) plays a significant and valuable role in an ageing society. However, there is little research investigating 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 relationship between risk and trust in the formal and semi-formal spheres, especially in terms of volunteering, which has informed public policy on care and support interventions.

Influencing formal social care practice

In the formal sphere users' views have had a powerful influence on developing social care policies that aim to give them more choice and control over their care and support needs. However, users are not a homogeneous group; views among them may differ significantly depending on, for example, age.

Conclusion

Distinctive disciplinary approaches mean that there is no wholly integrated approach to researching issues of risk and trust in informal decisions about care and support. Psychology focuses on the individual, mostly in the abstract or experimental situation, while social research assumes individual motivation as a given (though unexplored) and focuses on the social context in which individuals' behaviour takes place. In addition, much of the psychology research is US-based and the likely social/cultural norms that influence real behaviour may not always apply to the UK.

The importance of social norms in governing behaviour in small-scale groups is quite clear – 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 well-being of older people.

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 intermediate 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 – relations, friends or neighbours.

Research to fill in the gaps is needed, particularly on:

- individual decision-making around willingness both to help and to accept help informally;

- consideration of how to measure the 'kindness of communities';

- the long-term effects of volunteering for instrumental reasons when young (e.g. to improve their CV) on being kind in later life;

- the relationship between church/other faith institution attendance and willingness to engage in small everyday acts of kindness (in the UK as opposed to the US);

- examination of the impact of media sources on local perceptions of risk and trust;

- theoretical analysis of rationality, individualism, altruism, sociality and related concepts;

- philosophical analysis of concepts of autonomy, rational agency, individualism and independence compared with those of relational autonomy, dependency and interdependence and obligation in relation to risk and trust in relationships;

- the policy implications of our increasing understanding of prosocial behaviour and decision-making at the individual level.

About the project

Evidence for this study was drawn from a range of disciplines including psychology, anthropology, social gerontology and journalism. 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 (e.g. The King's Fund, ESRC Society Today) as well as iterative and snowballing techniques, especially in relation to the qualitative and grey literature. An initial starting point for the searches was 1990 but extended backwards when other relevant literature was found that predated 1990.

The evidence applies to a broad range of social groupings, including those determined by age, ethnicity, health and socio-economic status, community of interest and geographical location. A series of questions set out in the original project brief guided the review.

This review was carried out by Gillian Dalley and Ken Gilhooly who have expertise in gerontology, policy analysis and decision-making. It was steered by a multi-disciplinary team led by Mary Gilhooly. Members of the team included Julie Barnett, Fernand Gobet, Priscilla Harries, Sarah Niblock, Mary Pat Sullivan and Christina Victor.

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