



COVID-19 and social support for seniors: Do seniors have people they can depend on during difficult times?

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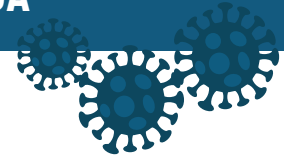
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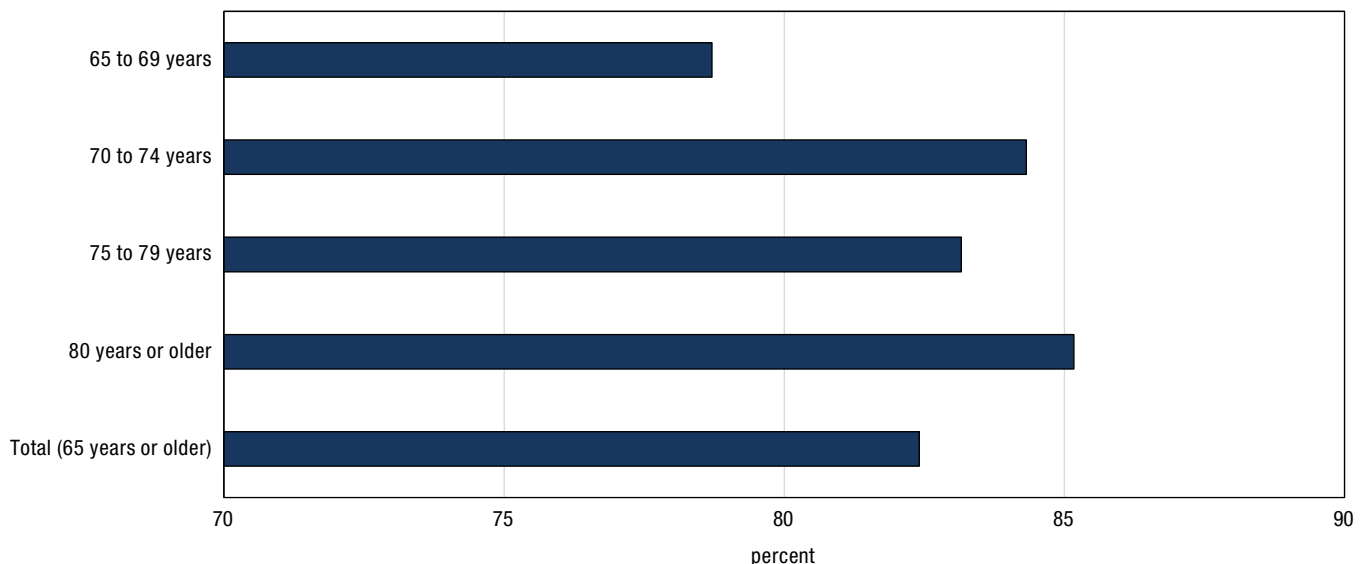
by Kristyn Frank



In an effort to avoid the spread of COVID-19, Canadians are engaging in physical distancing to minimize their social contact with others. However, social support systems continue to play an important role during this time. In particular, seniors living in private households may depend on family, friends or neighbours to deliver groceries, medication and other essential items to their homes. In 2016, over 9 in 10 of Canadians aged 65 or older resided in private households (93.2%), while the remaining 6.8% resided in nursing homes or other seniors' residences (Garner et al. 2018).¹ This study examines the level of social support reported by seniors living in private households.

Back in 2016 (prior to COVID-19), more than 8 in 10 seniors (82.4%) reported that they had a high level of social support, defined as always or often having people to depend on when in need of help (Chart 1). Seniors aged 65 to 69 were about 5 percentage points less likely to report a high level of social support (78.7%) than their older counterparts (between 83% and 85%).

Chart 1
Percentage of seniors who reported a high level of social support, by age group



Source: Statistics Canada, General Social Survey (Cycle 30), 2016.

1. A larger proportion of seniors aged 85 or older (32.0%) resided in nursing homes or other residences for senior citizens in 2016 (Statistics Canada 2017).



Low-income seniors less likely to have a high level of social support than higher income seniors

Social support for seniors differed across socioeconomic characteristics (Table 1). Lower-income seniors were vulnerable to less social support than higher income seniors. Low-income seniors were less likely than their high-income counterparts to report having a high level of social support – a difference of about 11 percentage points. Nearly 9 in 10 seniors in the highest and second highest income groups reported a high level of social support (88.7% and 88.8%, respectively) compared to only 77.1% of seniors in the lowest income group. This indicates that low-income seniors may be at greater risk of low social support during the pandemic.

Table 1
Percent of seniors who had high, moderate and low levels of social support, by socioeconomic characteristic

	Level of social support		
	High	Moderate	Low
	percent		
Sex			
Male	78.6	15.5	5.9
Female	85.7	10.2	4.1
Living arrangements			
Lives alone	81.2	12.5	6.3
Lives with spouse only	84.5	11.0	4.5
Lives with others (with or without spouse)	78.4	17.3	4.3
Area of residence			
Rural	86.0	10.7	3.3
Urban	81.6	13.1	5.3
Immigrant status			
Canadian-born	84.4	11.4	4.3
Immigrant	77.2	16.1	6.7
Family Income			
Less than 40,000	77.1	16.3	6.6
\$40,000 to 79,999	82.1	12.6	5.3
\$80,000 to 119,000	88.8	8.2	3.0
120,000 or more	88.7	9.2	2.1

Note: Results for the Canadian-born group do not sum to 100% due to rounding.

Source: Statistics Canada, General Social Survey (Cycle 30), 2016.

Moreover, senior men were 7 percentage points less likely than senior women to have a high level of social support. Seniors living alone were somewhat less likely to report a high level of social support (81.2%) than those who lived with their spouse (84.5%). Additionally, seniors who resided in urban areas were about 4 percentage points less likely to have a high level of social support than their counterparts residing in rural areas.

Immigrant seniors also reported lower levels of social support than Canadian-born seniors. Immigrant seniors were 7 percentage points less likely than their Canadian-born counterparts to report a high level of social support. This difference may be partially explained by variations in how immigrants define social support (e.g., primarily the responsibility of the government, family members, or ethnic community), which is typically shaped by experiences in their countries of origin (Stewart et al. 2008). Moreover, senior immigrants may face unique challenges that prevent them from accessing social services, such as language or cultural barriers (Stewart et al. 2011).



Just over 1 in 10 seniors with mental health conditions reported a low level of social support

Seniors with health conditions may have a greater need for social support during the COVID-19 pandemic than their healthier counterparts. Yet no more than two-thirds of seniors who experienced mental health conditions frequently (always or often) reported a high level of social support (Table 2). In contrast, more than 8 in 10 (83.1%) of other seniors did so, a difference of about 16 percentage points. Notably, just over 1 in 10 seniors who experienced frequent mental health conditions reported a low level of social support, defined as rarely or never having people to depend on when in need.

While seniors with mental health conditions had lower levels of social support than their counterparts, seniors who frequently experienced mobility limitations reported similar levels of social support as seniors with less frequent or no mobility limitations. Just over 8 in 10 seniors with and without mobility limitations reported a high level of social support.

Table 2
Percent of seniors who had high, moderate or low levels of social support, by health condition

	Level of social support		
	High	Moderate	Low
	percent		
Experiences mental health conditions			
Always or often	66.5	22.7	10.8
Sometimes, rarely or never	83.1	12.2	4.7
Experiences mobility limitations			
Always or often	82.2	12.5	5.3
Sometimes, rarely or never	82.4	12.7	4.9

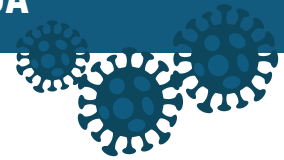
Source: Statistics Canada, General Social Survey (Cycle 30), 2016.

While the vast majority of seniors reported a high level of social support, some socioeconomic groups were more vulnerable than others. Seniors who lived alone, seniors who resided in urban areas, senior men, and immigrant seniors were somewhat less likely to have high levels of social support than their counterparts, with differences ranging between 3 and 7 percentage points. Income differences indicated larger discrepancies in social support, as lower-income seniors were about 11 percentage points less likely to report a high level of social support than high-income seniors.

Lastly, seniors with mental health conditions were particularly vulnerable to low social support. Seniors with this type of health condition were about 16 percentage points less likely to report a high level of social support than other seniors. Since the symptoms associated with mental health conditions often restrict individuals' interactions with their social support networks (National Seniors Council 2017; Smith and Hirdes 2009), this group of seniors may be at a greater risk of low social support during the pandemic due to social distancing measures implemented to reduce the spread of COVID-19.

Methodology

Using data from the General Social Survey (GSS) of 2016 (Cycle 30, Canadians at Work and Home), this study examines whether seniors have people they can depend on when in need of help, and whether certain groups of seniors are more vulnerable to a lack of social support than others. The GSS surveyed individuals who lived in one of Canada's ten provinces, excluding full-time residents of institutions. Seniors' perceptions of social support are examined.



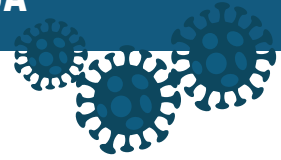
Although the social restrictions associated with COVID-19 may have affected seniors' interactions with their social networks, the GSS data can still shed light on the issue by indicating the potential social support available to seniors prior to the pandemic.

Seniors were defined as individuals aged 65 or older. The primary measure of interest is the survey question "Thinking about your life in general, how often would you say you have people you can depend on to help you when you really need it?" Responses were aggregated into three categories representing high, moderate and low levels of social support: always or often (high level of social support); sometimes (moderate level of social support); and rarely or never (low level of social support). All differences discussed within the text are statistically significant at $p < 0.05$ unless otherwise noted (e.g., where the text notes that similar proportions of two groups reported a high level of social support, the difference is not statistically significant).

The area of residence variable identifies rural and urban areas. Urban areas are defined as population centres within or outside Census Metropolitan Areas and Census Agglomerations (CMA/CA), including core, secondary core and fringe areas (refer to Statistics Canada 2013 for detailed definitions). The family income variable represents the sum of incomes of all members of the respondent's census family from the 2015 calendar year. If a respondent was not in a census family, his or her total income from the 2015 calendar year was used. The income variable includes wages and salaries, self-employment income, government transfers, investment income, private retirement pensions and any other income, excluding capital gains or losses. The GSS defines mental health conditions as any emotional or psychological conditions including anxiety, depression, bipolar disorder, substance abuse, or anorexia. Mobility limitations are defined as having difficulty walking, using stairs, using hands or fingers or doing other physical activities.

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