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# Family and friendship ties *among Canada's seniors*



An introductory report of findings from the General Social Survey ☐ By Leroy O. Stone

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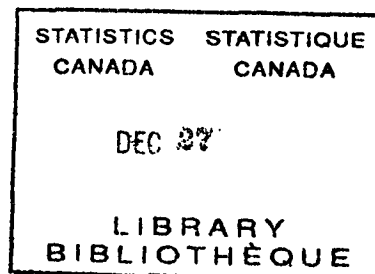
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An Introductory Report of Findings from the General Social Survey

by Leroy O. Stone  
with the assistance of Hubert Frenken and Edward Dak Ming Ng

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# PREFACE

This report completes the first stage of an important innovation in Canadian national social statistics.

It has become increasingly evident that advanced societies such as Canada have an increasing need for statistical information about informal social supports and kinship ties, through which essential help is delivered to those handicapped by physical or mental difficulties. These supports and ties are not only vital to the lives of all Canadians, but also crucial to the effective use of government services at the personal and family levels. The 1985 General Social Survey provides, for the first time in Canada, a source of such statistical information drawn from a large national sample.

In modern societies, personal geographic mobility has reached very high levels. There has also been strong growth in the percentage of families where both spouses work for pay outside the home. As a result, traditional arrangements for the provision of social supports to persons of all ages have to undergo major transformations.

The 1985 General Social Survey represents an important step by Statistics Canada in the development of relevant information about social supports to interested analysts and social service policy and program developers, as well as to public and private decision makers.

Statistics Canada's entry into this information field was facilitated in the early stages by a series of interviews with leading gerontologists and social service program personnel in several regions between 1982 and 1984. The purpose of those interviews was to develop a priority list of subjects needing information innovation. Very high on the priority list were measurements of functional capacity and family support structures and activities, with particular emphasis on the elderly. The 1985 General Social Survey covers both of these subjects.

Also helpful in providing a rationale for the survey were inputs received from a number of branches of Health and Welfare Canada, particularly its Office on Aging and the Health Services and Promotion Branch.

This report offers an introductory discussion of selected aspects of the 1985 General Social Survey database. It is hoped that the report will stimulate its use and help lay the foundation for additional national information development efforts in the field of informal supports.

A more comprehensive introduction to the 1985 General Social Survey may be found in the report entitled *Health and Social Support, 1985*, Catalogue 11-612E, No. 1. That report should be consulted to obtain a description of both the survey methodology and aspects of the quality of the data.

Ivan P. Fellegi,  
Chief Statistician of Canada.



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# HIGHLIGHTS

How much can Canadians who need help, because of physical or mental difficulties, rely upon getting help from others? In other words, to what degree is Canada a caring society? This book tries to cast light upon some of the reasons why this question will be asked with increasing frequency and urgency in the years ahead.

The National Advisory Council on Aging and other groups already have urged Canadians to consider as vitally important the matter of strengthening community resources to improve the quality of life of those who need enhanced levels of human supports.

Chapter 1 deals with aspects of the Canadian kinship systems, broadly defined, upon which informal support networks are based. Members of kinship groups are potential supporters. This book brings to light patterns of linkage with potential supporters that have never before been the subject of a national Canadian study.

This book identifies a network comprised of relatives and close friends as a potential support group -- a kind of kinship or quasi-kinship group. Close friendship now needs explicit recognition in data and analyses because of the increasing number of de facto families that are based upon common law, and because close friendship often provides psychic or emotional support that may be lacking, in many instances, from family members. This form of support is crucial

for the maintenance of good mental health, an area of growing concern among the leaders of Canada's health care system.

The potential support group contains the human resources from which the real support group of a person is drawn. These two kinds of groups should not be considered as equivalent. Each is important in its own right. As a generation ages and loses members through death, the capacity to keep its real support groups strong is directly linked to the nature of the potential support groups.

Chapter 1 shows how the pattern of family and friendship ties which one can expect to have varies systematically over one's life course. It finds, for example, that the composition of the group with whom these ties are held is much more predictable for younger persons than for seniors. To illustrate this point, it is worthwhile to consider as an example those who lived alone in 1985.

Whereas only two of the many possible patterns of ties with family and close friends contained more than 5% of those living alone at age 15-24, there were six such patterns in the 45-64 group. Above age 80, there were seven family and close-friendship structures that contained at least 5% of the population living alone.

Among those who lived alone in the 15-24 age group, there was a heavy concentration (71%) in the pattern in

which only children and grandchildren were missing. In this pattern **all** of the following were present: at least one parent, at least one sibling, at least one close friend, and at least one other relative seen in the last three months.

In the 45-64 age group of persons living alone, the most common pattern contained 13% of the population. This pattern lacked parents, but had all the other five kinds of links (relatives or close friends who did not share the person's home), including grandchildren.

As age increases beyond 64, the occurrence of relatively empty family and close-friend structures becomes more common for those living alone.

However, the data suggest that the great majority of Canadians in 1985 had substantial potential support groups comprised of relatives and close friends. This was true even in the highest age groups considered, where over 50% of those aged 80-98 and living alone had family and close-friend ties comprised of siblings, close friends, children and grandchildren.

The book also shows that gender is an important predictor of the kind of potential support group one can expect to find around a senior person.

Chapter 2 emphasizes the idea that caring is not a one-way street. In most cases those we might assume to be mainly receiving help are in fact engaged in exchanging acts of

assistance with others in their informal social networks. The book demonstrates substantial levels of help given to others by seniors, as well as the help they receive. It also highlights the fact that for those still living in private households, i.e. outside of institutional settings, a small fraction of the measured support they get comes from organizations, while the overwhelming majority of the support comes from their relatives and friends.

Seniors participate substantially in volunteer work (roughly 15% of those aged 55 or more did so in a six-month period in 1985). For example, more than one fifth of those aged 55 and over provided transportation assistance to others, and 60% of this help was on behalf of friends and neighbours. Even in the 70-79 age group nearly 20% were involved in helping others with transportation to shopping and other services. Seniors also shared their financial resources with those in need, largely through contributions to helping organizations.

Chapter 3 deals with help received by seniors in selected aspects of daily living such as mobility, self-care, shelter maintenance, meal preparation, and money management. It finds overwhelmingly greater flows of the measured supports from informal than from formal sources in the private household population. Among the informal sources of the measured supports, family and relatives were consistently more important than friends and neighbours.

Particularly notable is the sharp rise in support flows, and in the need for supports, once the 80 and over age group is entered, at least for the kinds of support considered here. Data from this survey permit exploration of the question of how much the reliance upon organizational supports rises after age 80 for those who were living in private households.

In this connection it is important to keep in mind that the proportion of the population above age 80 that is living in collective households (e.g., homes for the aged and nursing homes) rises markedly as age goes upward, and for

those in such households, reliance upon formal organizational supports may be substantial.

In sum, the book demonstrates indirectly that the private social bonds which we manage to build and maintain within our families and communities will be the primary basis for determining to what degree Canada is a caring society. The book calls upon us to look both within and beyond the nuclear family, and particularly to regard close friendship as a basis of kinship identification, when we address the tasks of improving social bonding in our society.



# INTRODUCTION

The provision of support or assistance to persons, families and other informal groups, as well as to formal groups (organizations), constitutes one of the most important classes of government activity in modern societies.

The cost effectiveness of the balance between such government supports and those arising through private efforts, and the extent to which these two very broad classes of effort are suitably dovetailed, have become central issues in the politics of several developed countries since the late 1970s.

Adequate information for public and interest-group debate over these issues requires the measurement of selected aspects of supports, in terms of both private streams of support flow and those emanating from or mediated by governments. It is with this proposition in mind that the 1985 General Social Survey included a substantial number of questions dealing with selected aspects of support flows.

Interests of Canada's seniors and of organizations strongly involved in aging-related policies and services helped motivate the General Social Survey questions about aspects of support flows. The selection of this focus was in response to the growing public awareness of the potentially important ramifications of the aging of Canada's population and the relatively large size already reached by the senior population in many Canadian communities. This awareness is particularly acute at the municipal and provincial levels, where

many services have been developed or are being planned to meet the effects of population aging. See for example the 1986 Ontario Government White Paper entitled "A New Agenda: Health and Social Service Strategies for Ontario's Seniors" (Van Horne 1986).

According to many experts in the field of support services for elderly people, adequate management of the growth of related public effort is achievable by sensitive development of policies and programs that enhance the helping capacity and resilience of informal support networks (i.e. support networks built around family and friends). These experts stress particularly the importance of complementarity among formal and informal sources of support, and the need to design delivery of formal social services to take into account and strengthen existing informal support networks (see, for example, Stoller and Earl 1983: 64, Morris and Sherwood 1983-84: 94, Soldo 1981: 508).

If views are correct, then the time is ripe for a systematic entry by Statistics Canada into the field of measurement and analysis of informal supports at the national level, provided that this is done in a context that permits study of linkages between informal and formal supports. Through such means there will be worthwhile improvement in the assistance that Statistics Canada can contribute to the national search for cost-effective expenditure in government programs. The 1985 General Social Survey is an important step in this entry.

As explained in the companion volume, *Health and Social Support, 1985*, the survey contained a selection of questions dealing with four broad subjects that are of special interest for this report focussing on Canada's seniors:

- (1) family and friendship ties of Canadians who live in private households, irrespective of where family or friends reside;
- (2) participation by older persons in a variety of social activities outside the home; e.g., attendance at church, senior centres and clubs and travelling outside of one's home community;
- (3) help given by seniors to other persons and organizations, including volunteer work, transportation assistance and donation of money;
- (4) help received by persons aged 55 and over from other individuals and organizations, in such areas as mobility to shopping, money management, household maintenance, and personal care.

By linking the responses to questions in these areas with the other parts of the survey questionnaire dealing with health status, health related practices and social and economic background, the 1985 General Social Survey database offers a rich foundation for many substantial analyses related to practical issues in both private and public affairs.

It bears noting that Canada is entering late into this field. Other countries, such as the United States, began this kind of work in the mid-1970s. Consequently, Statistics Canada is not yet in a position to work on the frontier of knowledge about social supports. At this stage the agency necessarily stays behind the scientific frontiers to build up what seem to be very basic bodies of information, aimed at supporting practical work in public policy and private decision-making fields, while drawing selectively upon the more pioneering work of academic experts.

The basic aim of this report is to help stimulate the use of the databases from the series of General Social Surveys. Although it deals with only one major feature of the 1985 General Social Survey, the report demonstrates the potential of the data by providing an introductory discussion of selected findings of descriptive research that deals with some of the topics of special interest listed above. It is unlike a paper in an academic journal or a scientific monograph, because it is not driven by a sharply defined research problem, nor does it present results from complex multivariate analyses aimed at testing causal models.

The discussion includes chapters for three of the four topics of special interest identified above. Within each chapter, the character of the related General Social Survey questions and the resulting data are outlined; then selected key questions are put forward to guide descriptive analysis. A review of some of the basic

data patterns that may be drawn upon in order to address the key questions is then provided.

Due to the highly varied nature of the subjects covered in the report, there is no

grand summary at the end. Instead, each chapter has its own summary. Those who want to read more than the Highlights might find it helpful to read the chapter summaries first.

## Chapter 1

# FAMILY AND FRIENDSHIP TIES OF CANADIANS: THEIR PRIMARY POTENTIAL SUPPORT GROUPS

### *1.1 Meaning and Importance of the Concept of 'Primary Potential Support Group'*

Ties with extended family members and close friends form an essential mechanism for the exchange of supports or assistance among persons or families. Extended family members include more distant relatives as well as immediate family. Each combination of such ties comprises a pattern of potentially supportive social links for the persons who share it.

Consider some of these patterns. A person may have a spouse, one or more children and at least one brother or sister, but no parents or other relatives (known to him or her) and no close friend. Another person may have brothers and sisters, a few more distant relatives, and close friends, but no spouse, no children or grandchildren, and no parents who are still alive. Yet another person may have children, grandchildren and more distant relatives still alive, but may have no other relatives and no close friend. These three persons may be said to have three different patterns or combinations of ties to family and close friends. In this discussion they are said to have different "family and close-friend structures".

Identifying how Canadians are concentrated among the different patterns of family and friendship ties is

an indispensable basis for understanding flows of support within and among informal social networks. It is through these ties that we experience and maintain kinship, one of the foundations of human society (see Levy 1965: 13-26, Schusky 1974: 3, Yanagisako 1979: 163).

The experience of kinship includes a sense of obligation to help one's kin and the expectation that these kin will provide help as a result of their sense of obligation (see Kivett and Atkinson 1984: 502, Mancini and Simon 1984: 154-157). Kinship is recognized either on the basis of descent that can be traced ultimately to parent-child links, or on the basis of rituals that are maintained in a cultural group. The rituals that may support and permit the identification of kinship are not limited to formal marriage (see Schusky 1974: 3, Kivett 1985: 229, Lee 1985: 28).

From this viewpoint we may identify the group comprised of relatives and close friends as a **primary potential support group** (see Chappell 1983: 87, Mancini and Simon 1984: 153,154) and as a kind of kinship group; because one is likely to find routinely within this group the just-cited sense of obligation to give help and the expectation of availability of help.



Although there is a debate as to where one should draw the line between friendship and kinship (Lee 1985: 28), this identification is timely because of the increasing number of de facto families that are based upon common law, and because close friendship often provides vital psychic or emotional support that may be lacking, in many instances, from family members (see Chappell 1983: 85-96, Lee 1985: 27,28, Mancini and Simon 1984: 157,158, Ontario Minister for Senior Citizens Affairs 1985b: 7).

The primary potential support group contains the human resources from which the real support group of a person is drawn. These two kinds of groups are generally not equivalent. Each is important in its own right. Study of systematic patterns in the structures and changes of primary potential support groups is important in understanding societal mechanisms for coping with dependency. As a kind of kinship group that is typical of currently advanced societies, it deserves to be a major focus of academic theory and research.

In the contexts where social and health services are being organized, awareness of the primary potential support group becomes important when persons have sustained key losses in their real support networks, or when their primary care-givers have become overburdened. This remark is especially notable in the light of the findings of gerontological studies which indicate that there is a loose kind of division of labour among the members of a real

support group (Horwitz 1978: 302, Horowitz 1985: 201-204, Johnson and Catalano 1981: 613,614, Kivett 1985: 234, Mancini and Simon 1984: 157, Wenger 1986: 289-292). These members can be positioned in terms of the depth of their sense of obligation to offer help to the reference person and of the types of help that they are prepared to give on a continuing basis (Johnson and Catalano 1981: 612-614). Thus when one member is lost or overburdened, it becomes important to know what has been his/her position in the support group and whether in the **potential** support group there are others with similar positions. The answer to that question could have consequences for such things as the risk of admission into institutional care facilities (see Horowitz 1985: 201-204,224, Johnson and Catalano 1981: 613,614). Hence, on a still broader scale, efforts to strengthen community supports for the dependent of any age need to take into account the existing networks of potential support groups, or the kinship structures (broadly defined to include close friendships), in the community.

An example will help to show why the potential support group is important. As a generation ages and loses members through death, the capacity to keep real supports strong is directly linked to the nature of the potential support group. When a person who needs active personal assistance loses a care-giving spouse, the prospect of preserving the quality of the person's life depends strongly upon the nature of the potential support that remains around that person.

Although new friends and extended-family members may quickly come to one's aid when a spouse or child has been lost for any reason, they might not be prepared to provide some of the kinds of caring needed. In such a case an understanding of the person's potential support resources becomes important if the person is to be helped effectively (see Johnson and Catalano 1981: 612, Kivett 1985: 228).

What are the most common forms, or compositions of the membership, of primary potential support groups in Canada? To what extent do different age groups, or do men and women, tend to be concentrated in unique ways among the possible forms or patterns of family and friendship ties? These are the questions that this section will briefly answer. In developing the answers,

special attention will be paid to the family and friendship ties of persons who live alone (Section 1.7).

Two aspects of family and friendship ties were covered in the 1985 General Social Survey questionnaire. The first deals with the existence of the ties, involving questions to respondents about the existence of specific types of living relatives and of close friends. The second aspect deals with the frequency of contacts with the reported relatives and close friends. This report focusses largely on the first of these aspects. Further, it does not weigh each kind of existing tie by the number of persons with whom that tie is held (for example, it does not consider the number of children for a person who has reported that children exist). In so doing it presents only a preliminary picture of the patterns of family and friendship ties.

## ***1.2 Defining a Person's Primary Potential Support Group***

The following principles were observed for the purposes of this study. A primary potential support group is identified by first defining a "reference" person (in this case, the 1985 General Social Survey respondent), and then going on to pinpoint the family and friendship relationships of that person. In this context the word "family" is used in a broad or extended sense to include distant as well as close relatives. The family considered should include only those with whom the reference person has reasonably frequent contacts, unless the reference person has affirmed the importance (in a support capacity) of a relative who is in fact contacted only rarely. Friendships considered should be limited to those that the reference person reports are close friends.

For the purposes of this report, the data on patterns of family and friendship ties (or primary potential support group structures) have been aggregated in a rough and ready way, in order to keep undue complexity out of the discussion. The process of aggregation was guided by the following principles:

At the nucleus or core of a pattern of family and friendship ties are those which pertain to members, if any, of the reference person's household. To simplify the presentation of data, just four kinds of nuclei or cores will be considered in this report:

- (1) a nucleus comprised of a couple along with at least one relative or friend (a household shared by the reference person and his or her spouse, as well as by at least one other person who is a relative or a friend);
- (2) a couple-only nucleus (a household where only the reference person and his or her spouse live);
- (3) a nucleus comprised of the reference person along with relatives or friends (a household where that person lives with no spouse present but with at least one other person who is a relative or a friend);
- (4) a lone-person nucleus (a household where only the reference person lives).

Surrounding the nucleus or core are the links maintained by the reference person with family and/or close friends who do not share this person's home. For this report, these possible extended ties have been classified into five broad groups:

- (1) parents of the reference person who do not share the home (i.e. the home of the reference person);
- (2) children of the reference person who do not share the home;

- (3) siblings (brothers or sisters) of the reference person who do not share the home;
- (4) grandchildren and other relatives (of the reference person) who have been in recent contact with the reference person and who do not share the home;

- (5) close friends of the reference person who do not share the home.

A more adequate analysis would separate grandchildren from other relatives. This has not been done here because the separation is not needed to display major age and gender differences in patterns of family and friendship ties.

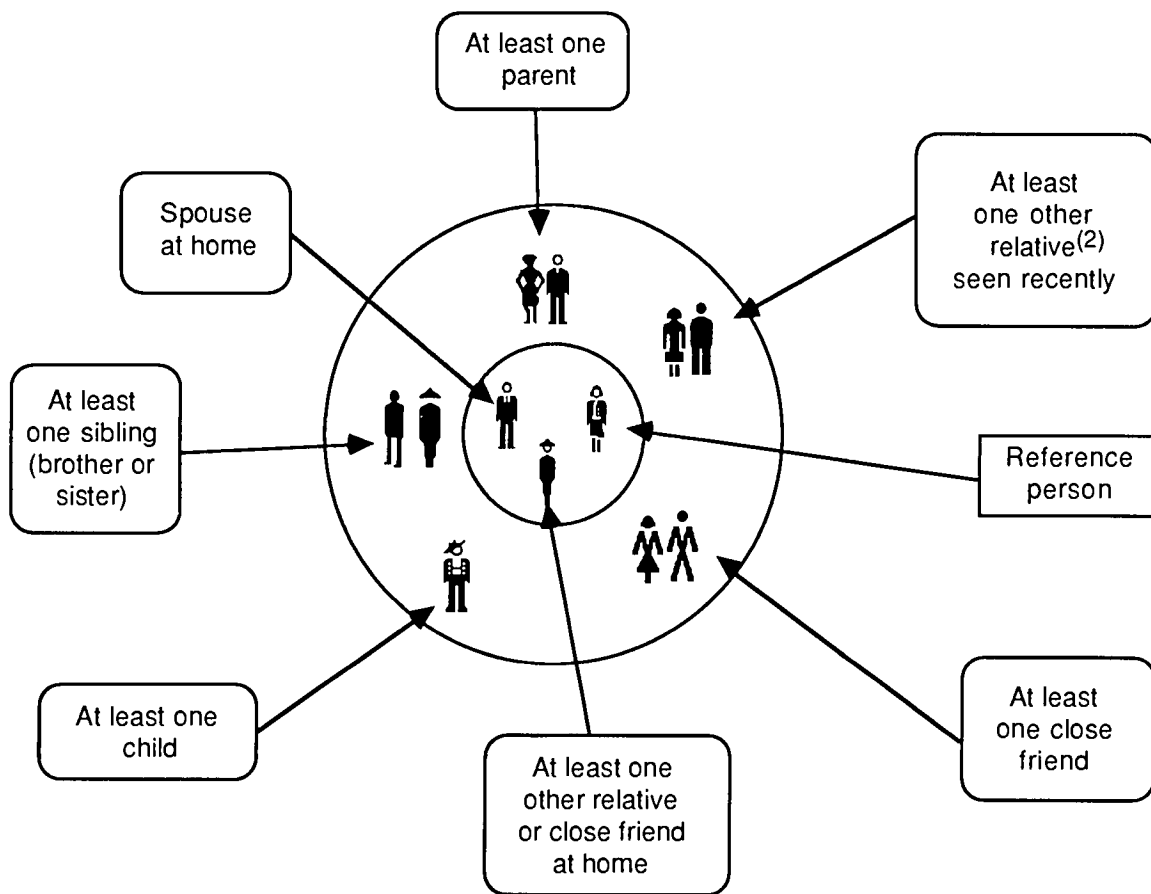
### ***1.3 Illustrating Primary Potential Support Group Structures***

Given these four types of nucleus and the five broad classes of extended ties defined in Section 1.2, patterns of family and friendship ties can be represented in diagrammatic fashion as shown in Chart 1.1. This chart illustrates a particular pattern of family and friendship ties (a primary potential support group structure) that is relatively complete in the sense that the reference person has a link in each of the possible categories. This means that the reference person

has a spouse and at least one other relative or a close friend sharing the home. In addition, this person has, living outside the home, each of the following: a child, a parent, a sibling, a close friend, and a more distant relative whom the reference person has seen recently. (Note that within each of these categories, such as the child who lives outside the home of the reference person, there may be links to more than one such person.)

Chart 1.1

A "Full" Pattern of Family and Close-friend Ties<sup>(1)</sup>



- (1) Those outside the inner circle live in a home other than that of the reference person. The other relative(s) at home could be a child, a parent, a sibling, and/or other more distant relatives.
- (2) The other relatives living outside the reference person's home **exclude** parents, children, and siblings (who are separately considered as shown above).

In Chart 1.1, the nucleus of the pattern of family and friendship ties is illustrated by the small circle in the center of a larger one. This small circle reflects aspects of the reference person's household composition. The images placed outside of the smaller circle represent different extended family and close-friend links that the reference person maintains with persons who do not share the home.

Chart 1.1 illustrates just one of the possible patterns of family and friendship ties, or primary potential support group structures. All of the other primary potential support group structures are varying types or degrees of departure from this relatively complete one. At the opposite end of the scale would be the pattern where the reference person lives alone and has no family or close-friend ties. Between these two extremes lie all the other possibilities.



Ukrainian family around Christmas feast, Edmonton, Alberta.  
Photo by: R. Semeniuk  
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## ***1.4 The 10 Most Common Primary Potential Support Group Structures in Canada***

The 10 most common patterns of family and friendship ties in Canada, as of 1985, are illustrated on the second page of Chart 1.2. The proportions of Canadians (living in private households) who were concentrated in those 10 patterns are shown graphically on the first page of the same chart.

Just over three fifths (61%) of the respondents (aged 15 and over) were concentrated in 10 of the 128 possible structures (see Chart 1.2). By adding five particular structures to those shown in Chart 1.2, over two thirds of all respondents can be placed. Thus, 15 of the primary potential social support group structures contained two thirds of all respondents aged 15 and over.

Age and gender are important characteristics affecting the degree of concentration of Canadians in these particular primary potential support group structures. For example, seniors had a very low percentage in the single most common pattern. As one might expect, there was a general tendency for the percentage of persons who had relatively empty structures to increase as one moved into higher and higher ages beyond 55.

It seems likely, in addition, that if we relied solely on the 1985 General Social Survey data we might seriously underestimate the percentage of the oldest

Canadians (say those aged 80 and over) who had relatively "empty" primary potential support group structures. At the time of the 1986 Census, over 20% of Canadians aged 80 and over resided in collective or non-private households (hostels, rest homes and nursing homes, for example), while the 1985 General Social Survey nine months earlier sampled only the population living in private households.

The top half of the first page of Chart 1.2 shows how each of three broad age groups is distributed over the 10 most common primary potential support group structures. One of these age groups is "15 and over", and thus the chart shows the distribution for all respondents to the survey. This distribution is shown again in the bottom half of the first page of Chart 1.2, where it can be compared with those of a different selection of age groups. The patterns of family and close-friend ties are represented by symbols printed along the horizontal axis of each half of this chart.

The most common pattern of family and friendship ties held by Canadians aged 15 and over in 1985 is a nearly "full" one. A reference person with that pattern was missing only a child who lived outside her or his home. The other relative (in addition to the spouse) or close friend living in the home was most often a child. This one pattern was common to nearly

Chart 1.2

**Percentage of Population in Each of the 10 Most Common Patterns of Family and Close-friend Ties, Selected Age Groups, Canada, 1985**

(Refer to the facing page for an explanation of the codes for the selected patterns of family and close-friend ties)

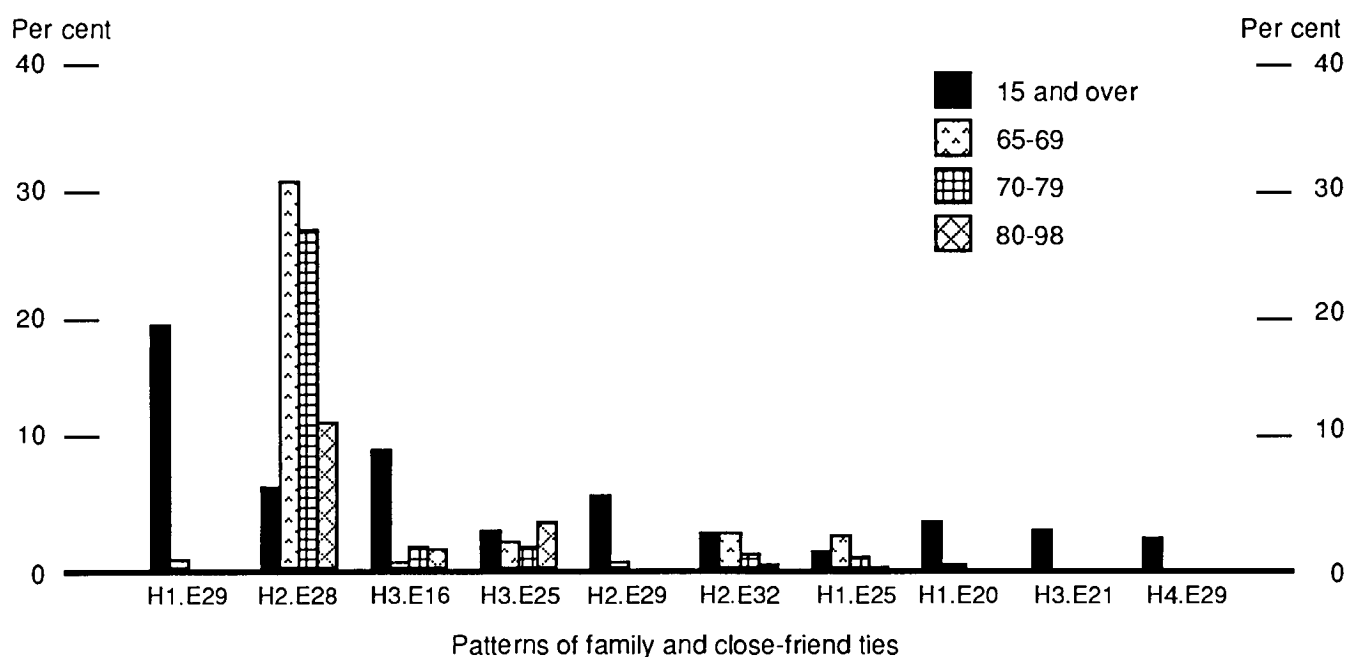
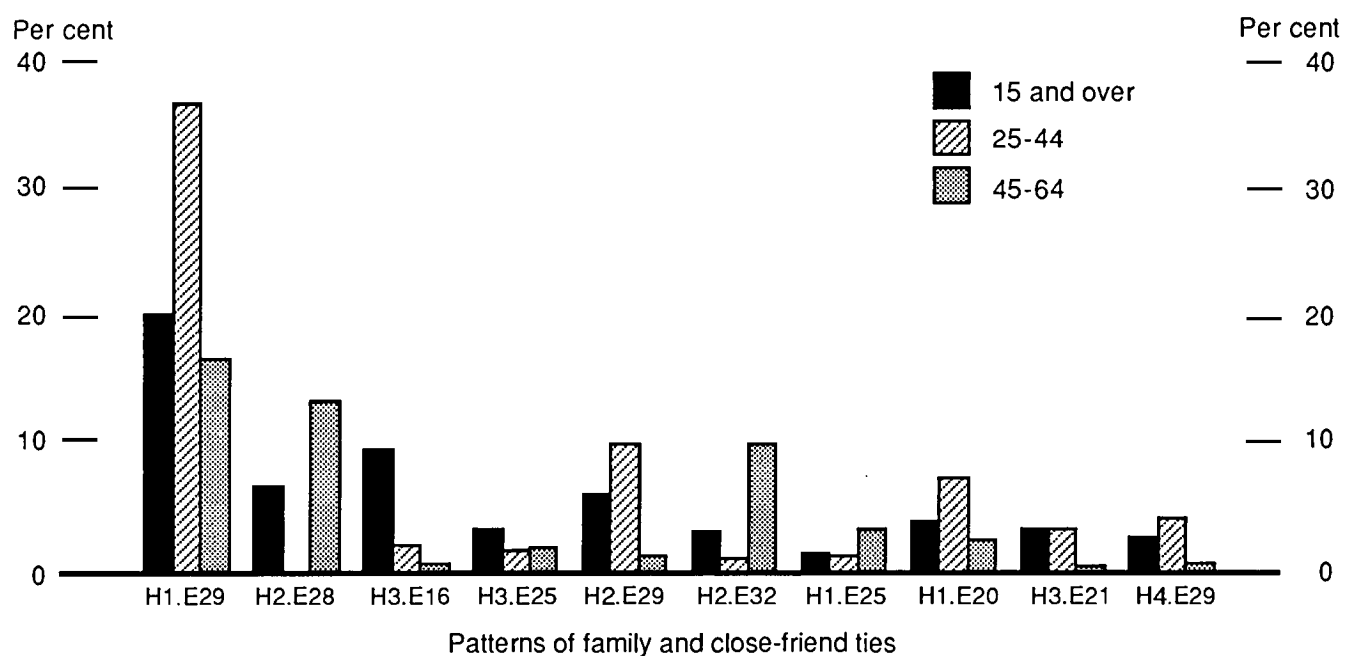
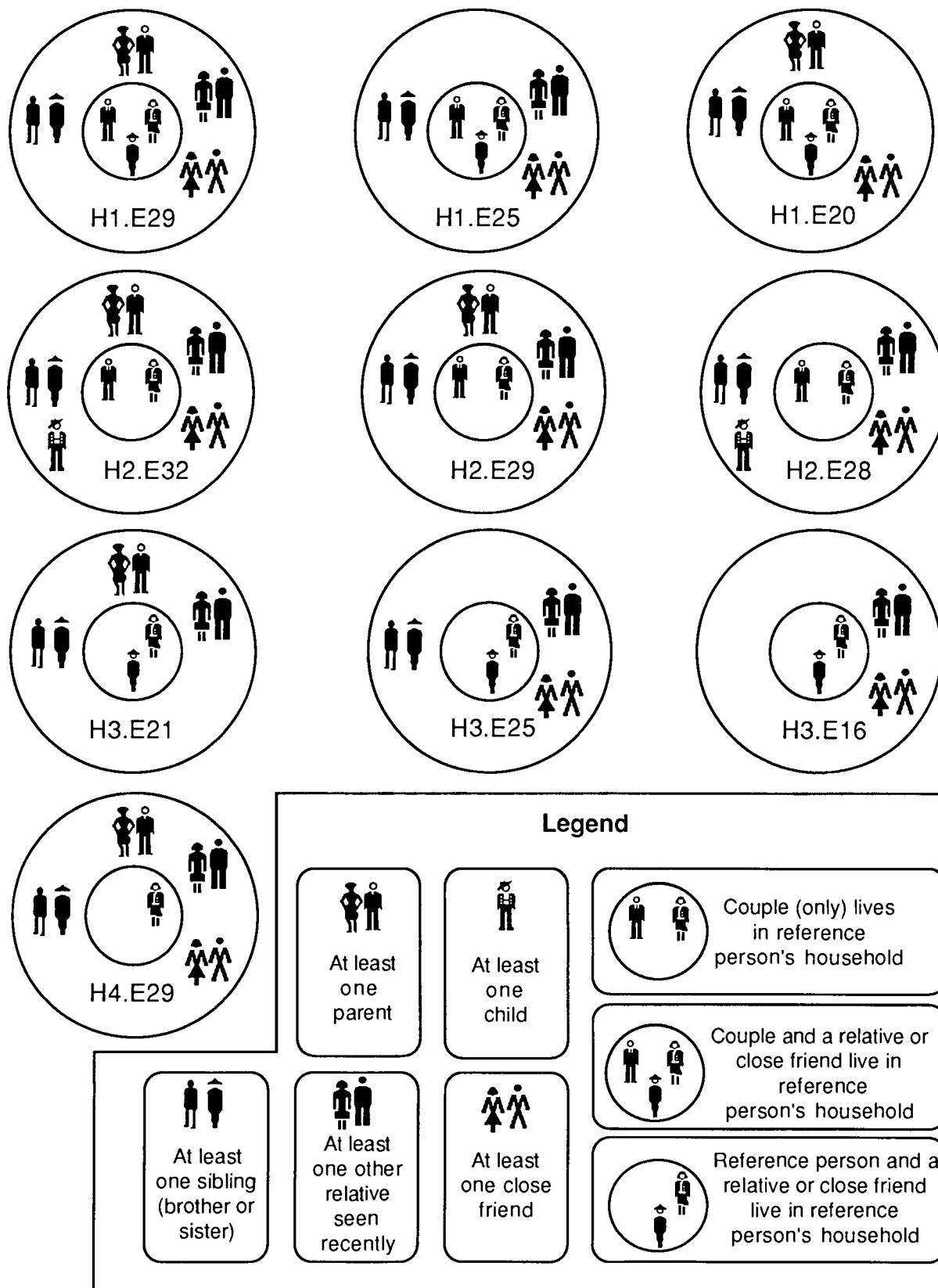




Chart 1.2 Concluded

Percentage of Population in Each of the 10 Most Common Patterns of Family and Close-friend Ties, Selected Age Groups, Canada, 1985



20% of Canadians aged 15 and over, and it is labelled "H1.E29" in Chart 1.2 (top left).

Incidentally, the code "H1.E29" has a meaning. "H" stands for household and "E" for extra-household, or extended ties with family or friends. In the above example, "H1" identifies one of the four kinds of household compositions and "E29" identifies one of the 32 possible ways that a reference person can have extended family or friendship links with others who do not share the home.

It should be noted that the total number of possible patterns depends on the specific family and friendship classes set up by the analyst. For example, had we separated grandchildren from other relatives (as will be done in Section 1.7) the number of possible patterns would jump from 128 to 256. It is this kind of exponential increase in the number of linkage patterns, which occurs as the types of linkage are increased arithmetically, that has necessitated rudimentary categories for this introductory report.

## ***1.5 Age-related Differences***

The age group 25-44 had the highest concentration of respondents (among age groups studied) in the single most common pattern of family and friendship ties (type H1.E29 in Chart 1.2), at over 35%. The next highest level of concentration in this same structure was shown by the 45-64 age group, with nearly 17% of its members classified as having the described primary potential support group structure (H1.E29 in Chart 1.2). In fact, this primary social support group structure was the most common in the 45-64 age group.

However, these two age groups, 25-44 and 45-64, had markedly different distributions over the different patterns of family and friendship ties. Consider, for example, the second most common pattern among persons aged 45-64. In this pattern the reference person lived with a spouse only, and had no parent alive (H2.E28 in Chart 1.2); but this person had links with all of children, siblings, close friends and other relatives (none of whom shared the home). This pattern describes a person with outside links to at least one child, a brother or sister, at least one close friend, as well as other relatives some of whom had been contacted recently, in addition to having a spouse at home. Essentially, this was a pattern in which the reference person had no parents alive and resided with a spouse only, but did have the other kinds of family and friendship ties. It might apply to many parents of "baby boomers".

Persons aged 45-64 had a far higher concentration (13%) in this pattern of family and friendship ties (H2.E28 in Chart 1.2) than did those aged 25-44 (less than 1%). This difference was probably a result of the fact that the cohorts in the former age group, unlike those aged 25-44, had reached ages where the probability of losing parents through death had become high.

The age group 65-69 had the highest percentage of persons with the pattern in which the reference person had no parents alive and lived with a spouse only, but did have the other kinds of family and friendship ties. Just over 30% of respondents aged 65-69 had this kind of primary potential support group structure. This was also the structure in which those aged 70-79 had their greatest concentration (slightly below 30%). The percentage declined to a figure somewhat above 10% for those aged 80-98, where the probability of loss of a spouse through death would have been high. However, all of these percentages were substantially higher than the 7% of all respondents (aged 15 and over) who had this particular primary social support group structure.

The most common pattern of family and friendship ties among Canadians aged 80 and over, who lived in private households, was one in which the reference person lived alone. It is not shown in Chart 1.2 because it is not one of the 10 most common patterns for all

Canadians aged 15 and over. This pattern, which contained nearly one fifth of persons aged 80-98, differs from the one just discussed (H2.E28 in Chart 1.2) only in the respect that the reference person lived alone. In the 80-98 age group, the vast majority of these persons living alone (but with links, outside their homes, to children, siblings, close friends and other relatives) would have been women, since women outnumbered men by more than two to one in this age group.

Another way of highlighting these variations among the age groups is as follows: a pattern of family and friendship ties with less than 10% of all respondents aged 15 and over contained nearly 20% of those aged 80-98. Another structure (H1.E29) with 20% of all respondents had

less than 1% of those aged 80-98.

Another structure (H2.E28) with less than 10% of all respondents had nearly one third of those aged 65-69. Thus, the data, shown partly in Chart 1.2, indicate clearly that there are strong age differences in the distribution of Canadians over types of primary potential support group structures.

The fact that such differences exist is not surprising when key life events are taken into account, such as marriage, child-bearing, departure of mature children from the parental home, and death. These events alter patterns of family and friendship ties and have definite age patterns. What is important about these differences is the associated variation in the helping capacity of informal social support structures.

## ***1.6 Gender Differences***

There are also marked male-female differences in patterns of family and friendship ties at most ages. Consider, for example, respondents aged 70-79, nearly 30% of whom fell into the pattern in which the reference person had no parents alive and resided with a spouse only, but did have the other kinds of family and friendship ties. The percentage of men 70-79 with this pattern (H2.E28 in Chart 1.2) was more than 10 points above that for women of the same age.

A similarly wide gender difference, but with the percentage for women much higher than that for men, occurs in the pattern in which the reference person lived alone and had no parents alive, but did have the other kinds of family and friendship ties. Nearly one fifth of women aged 70-79 had this structure, while much fewer than one tenth of similarly aged men did so.

This divergence results partly from the higher probability of widowhood for women than men in the 70-79 age group. In effect, the sex difference in mortality probability tends to leave the

men much more heavily concentrated in the structure that had a couple at its nucleus. A related issue with both scientific and practical import is whether the structure where the men are more heavily concentrated is the one that tends to have greater support network helping capacity (for a related discussion see Stone 1987).

Data (not shown here) for the age group 25-44 suggest the hypothesis that the wide gender difference just indicated actually develops slowly over the life course of a cohort as its average age rises. In the 25-44 age group, the distributions of men and women over selected primary potential support group structures are quite similar. For both sexes in this age group at least one third of the respondents were found in the type H1.E29 structure already defined above. This is the structure that is nearly "full", missing only a child of the reference person who did not share the reference person's home. It is notable that women aged 25-44 had a somewhat higher concentration in this structure than did men of similar age.

## ***1.7 Family and Friendship Ties of Canadians Who Live Alone***

About 6% of those aged 80-98 and living in private households had relatively empty family and close-friend structures. These are structures in which the reference person lived alone and had no more than two of the five kinds of defined family or friendship ties with persons outside the home. About 1% of all respondents (15 and over) had such structures.

It is important to keep in mind that, at the oldest ages, the more empty the structure, the more likely it is that the reference person will **not** live in a private dwelling if her or his instrumental support needs increase beyond a certain threshold (see Horowitz 1985: 198,199, Ontario Minister for Senior Citizens Affairs 1985a: 12 "An Overview"). In the 1986 Census nearly 30% of women and 20% of men aged 80 and over did **not** live in a private dwelling. Thus, had the survey covered collective as well as private households, it would likely have shown an even more substantial percentage of those aged 80 or over with relatively empty family and close-friend structures. This observation is significant in view of the major growth since the 1960s in the number of older Canadians (especially women) who live alone; e.g., more than one third of women aged 65 and over in the 1986 Census.

To what extent does living alone tend to be systematically associated with having a relatively empty structure of family and friendship ties? How much does the propensity toward having such a structure vary with age among Canadians who live alone? To these questions the discussion now turns. (For this portion of the discussion, grandchildren are identified separately -- thus creating six possible ties to those who did not share the reference person's household.)

Among those who lived alone in the 15-24 age group, there was a heavy concentration (71%) in the structure in which only children and grandchildren were missing. In this structure **all** of the following were present: at least one parent, at least one sibling, at least one close friend, and at least one other relative seen in the last three months.

The same structure was dominant among those living alone in the 25-44 age group; but the degree of dominance was much lower. About 50% of those who lived alone in the age group 25-44 were concentrated in the extended family and close-friend structure that had only children and grandchildren missing.

Another 23% were in the structure where other relatives seen recently, children and grandchildren were missing. In this structure only parents (at least one, that is), siblings and close friends were present.

As we move into more mature adult ages the variety of extended family and close-friend structures containing 5% or more of those living alone widens markedly. Whereas only two extended family and close-friend structures had more than 5% of those living alone at age 15-24, there were six such structures in the 45-64 group. In this age group of persons living alone, the most common structure contained 13% of the population. This structure lacked parents; but had all the other five external links (relations or close friends who did not share the person's home), including grandchildren. Nine per cent of those who lived alone at age 45-64 had all six of these external links.

The structure in which the person living alone had all of the six kinds of external links except parent becomes clearly predominant once we enter the 65-69 age group, where this structure held 25% of those who lived alone. Another 16% were missing other relatives (seen recently) as well as parents. The structures that were most common for those living alone in the 65-69 age group continued their predominance in the 70-79 and 80-98 age groups.

Above age 80, there were seven structures that contained at least 5% of the population living alone, who would have been mostly women. However, over 50% of this population were in structures that had at least four of the six possible links with extended family or close friends.

If we wish to move in the direction of inferences about the sorts of informal supports that the persons living alone might have had regularly, we need to find out how frequently the members of the extended family and close-friend structure were contacted. This was done in preparing Chart 1.3, where ties rated as being inactive have been eliminated. A tie is called "inactive" when the respondent has seen every person with whom he or she has such a tie less often than monthly **and** contacted (by phone or letter) such a person less often than weekly. In order to facilitate interpretation of the data, Chart 1.3 is limited to women who lived alone.

After taking frequency of contact into account, it appears that a substantial minority (over 30%) of those aged 80 and over were in situations with weaker than average structures for potential social supports. (The percentage for men living alone was above that for women with the same living arrangement.) This statement, unlike the ones made above, makes an assertion about the strength of the real support networks that might have

been associated with the extended family and close-friend structures of persons living alone in the 80-98 age group.

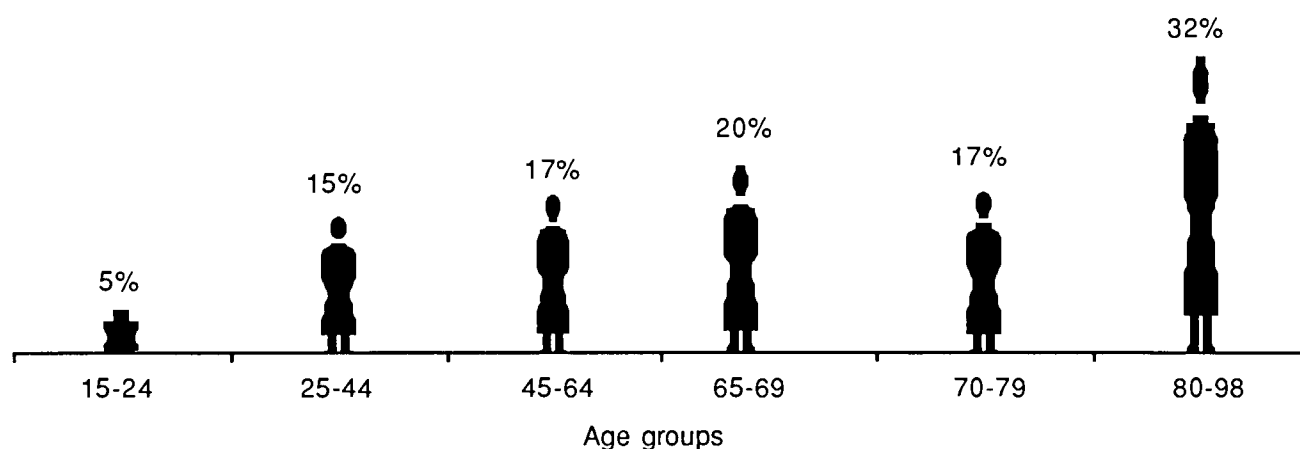
Chart 1.3 deals with those persons with fewer than two of five possible kinds of active ties with extended family or friends. The pictographs in the chart display, for women living alone in each age group, the proportions who had none or only one active tie. This proportion is at its lowest in the 15-24 age group, where less than 5% of women living alone had none or only one active tie to a relative or close friend. As age increased, the proportion with less than two active ties rose gradually to an initial peak of nearly 20% in the 65-69 age group. It then fell backwards, i.e. active ties became more relatively abundant, between age 65-69 and age 70-79; but after age 80 the proportion with no more than one active tie leaped upwards to reach an average of nearly one third among women aged 80-98 who lived alone.

In sum, the data suggest that the great majority of Canadians who lived alone in 1985 had substantial primary potential support groups comprised of relatives and close friends. This was true even in the highest age groups considered, where over 50% of those aged 80-98 had structures that contained siblings, close friends, children and grandchildren.

However, as age went up from the young adult to the very senior adult years, the chances of having relatively slim structures increased. This increase is not continuous as age goes up. There are indications that maintenance of active ties with extended family and close friends may be at least as good, or even better, in the age group 70-79 as it is in the age group 65-69. When age 80 is passed the propensity to be in a situation where one has relatively few active ties with close friends and relatives went up sharply, and in the 80-98 age group well over one third of the population (including those living in institutions) had none or only one active tie of the five types measured. Further research is needed to explain these patterns.



**Chart 1.3**  
**Percentage of Population with Fewer Than Two of Five Possible Kinds of Active Family and Close-friend Ties,<sup>(1)</sup> by Age Groups, for Women Living Alone in Canada, 1985**



- (1) A tie is called "active" when the respondent has seen a person with that tie at least monthly **or** contacted that person by phone or letter at least weekly. Kinds of ties are: (1) has parent, (2) has child, (3) has sibling, (4) has close friend, (5) has other relative that has been seen in the last three months.

## *1.8 Concluding Comment*

This brief outline of patterns of family and close-friend ties and of the General Social Survey questions that underlie these observations merely scratches the surface of important questions about persons' potential support networks. Among the other key dimensions needing consideration are those that relate to:

- (a) the types and frequency of contact that one makes along the various lines of linkage that exist in one's potential support network, and
- (b) the quality of such contacts in terms of their propensity to provide emotional support, feelings of self-worth, or companionship.

It was not feasible to cover quality of contacts from this survey because the pertinent questions were not asked.

A special comment should be made concerning the structures in which the reference person lives alone, in view of the major growth since the 1960s in the number of older Canadians (especially women) who live alone -- more than one third of women aged 65 and over in the 1986 Census. The 1985 General Social Survey now permits social policy analysts and service program designers to get a glimpse of the percentages of these persons who have or lack certain kinds of family and friend relations. Furthermore, by taking into account the survey's data on frequency of contacts

with these relations, and the patterns of giving and receiving certain kinds of assistance, it is possible to make some inferences about the patterns of activity involved in the support networks of those who live alone in Canada.

Although the General Social Survey data do not allow one to directly test hypotheses about real support networks, the foregoing discussion suggests that we can support pertinent conclusions from two relevant studies. Chappell has stated that "in terms of availability of social support, these items individually suggest a minority of individuals could be considered isolated" (Chappell 1983: 89). In a report from a recent survey done by the United Senior Citizens Council of Ontario it was concluded that "The findings of the study revealed that the majority of respondents had social networks consisting of both family members and friends. Almost all of the respondents (99%) had contact with at least one family member and over two thirds had contacts with seven or more family members." (Ontario Minister for Senior Citizens Affairs 1985b: 8.)

However, as this Ontario Government report shows, particular attention needs to be paid to certain relatively disadvantaged groups within the older population. The report states: "These findings provide evidence to suggest that persons who are not married, who do not have family members, particularly children, and/or who do not maintain

regular contacts with family members and/or friends are at a potentially greater disadvantage in receiving assistance with day to day activities from informal supports (family, friends)." (Ontario Minister for Senior Citizens Affairs 1985b: 7.)

In this connection, Horowitz points out that "Caregiving to a frail older relative is now a common occurrence in the family life cycle and all evidence indicates that it will become increasingly so in the future. . . . Estimates of the proportion who need supportive services [in the United States] . . . are around the one-third mark . . . it is clear that more family members will eventually find themselves with one or more older relatives for whom to care. The woman who is only freed from parent-caring responsibilities in her 70s, just in time to assume this role for her disabled spouse, will no longer be a rarity" (Horowitz 1985: 228).

The 1985 General Social Survey permits analysts to identify substantial samples of more or less disadvantaged groups,

and to consider simultaneously aspects of their supports, their social participation and life satisfaction, as well as variables that deal with features of health status and health promotional behaviour.

The 1985 General Social Survey breaks new ground in the field of national statistics by providing data on family and friendship relationships of Canadians, regardless of whether those family and friends share the respondent's household. These data provide a basis for describing the way in which Canadians have grouped themselves into primary potential social support networks. The resulting pattern is marked by substantial variations among age and gender categories in the propensity to have particular kinds of primary potential support groups. These variations have practical significance because they are related to the helping capacity of people's actual social support networks as well as to personal attributes that are of concern in the design and delivery of health and social services.



A hospital volunteer serving tea to a senior citizen in Halifax, Nova Scotia. Part of service provided by Halifax Volunteer Bureau.

Photo by Terry Waterfield

Supply and Services Canada -- Photocentre

## Chapter 2

# SUPPORTS GIVEN BY SENIORS

The pattern of a person's ties to family and close friends forms the foundation of the person's contributions to and benefits from the activities of informal support networks. The 1985 General Social Survey considered selected aspects of both sides of respondents' support network participation -- the questionnaire treated both giving help and receiving help by persons aged 55 and over. To these aspects of the survey the discussion will now turn.

The 1985 General Social Survey asked respondents aged 55 or more to provide information about help they gave to others, without expectation of monetary reward or pay, during the last six months in seven selected fields of activity:

- (1) housework in the homes of others;
- (2) transportation to help others do shopping or get services;
- (3) yard work and dwelling maintenance;
- (4) baby-sitting;
- (5) personal care such as help with bathing or dressing;
- (6) unpaid volunteer work for organizations;

- (7) donation of money to organizations or to persons who live in another household.

A respondent who reported giving help in one of these areas was asked to indicate whether the help had been given to the respondent's child, parent, other relative, friend, or to an organization. A few highlights from introductory descriptive analysis of the data are reported below.

Development of this analysis was focussed upon the following questions:

What are the main patterns of differences in the measured rates of giving between men and women and among age groups? To what extent do the age differences indicate a definite upward or downward gradient in rates of giving as age tended to increase? To what extent do living arrangement, reported state of health, and education seem to be statistically associated with rates of giving?

In reviewing the discussion that follows, it is necessary to keep in mind that the

survey questions were not designed to cover comprehensively the main kinds of giving behaviour. As a result, aggregating the data over different types of giving could produce quite misleading patterns of levels and distributions of giving behaviour over a comprehensive set of domains of giving.

Even a comparison of participation rates between two specific kinds of giving has pitfalls, because the opportunity to give

may not be the same for both types. Thus, for example, the fact that the rates for donating money are far above those for providing assistance with personal care is in part a reflection of the reality that the opportunity to give is much more available for donations than for personal care. In short, it is necessary to move towards separate analyses for the different dimensions of giving covered in the survey.

## ***2.1 Main Pattern of Gender and Age Differences***

Older men and women differed sharply in their patterns of help-giving for five of the seven fields of giving that were covered in the survey, the exceptions being volunteer work for organizations and donation of money. The gender differences seem to strongly reflect the ways in which our society tends to differentiate boys from girls (and later on men from women) with respect to certain cultural values and norms of behaviour. Women showed distinctly higher rates of giving help with housework, baby-sitting and personal care when compared to men. The rates for men were markedly higher for help given in transportation, yard work and dwelling maintenance (see Chart 2.1).

In almost all of the five areas of giving just mentioned, the rates for older men and women were highest either in the 55-59 or the 60-64 age groups. Beyond 60-64 the rates tended to go downward as age rose (see Chart 2.2). In most of these classes of help there was a steep drop in the rate of giving assistance between the average for the age group 65-69 and that for the age group 70-79. Because the 1985 General Social Survey also covered aspects of health status, functional capacity, and help received for these same respondents, analysts will be able to measure the extent to which this steep drop in rates of giving can be attributed statistically to such factors as the difference between the two age groups in functional capacity or in the apparent strengths of their informal support networks.

Chart 2.1

Percentage of Respondents Who Gave Selected Types of Help in the Six Months Preceding the Survey, Persons Aged 55 and Over, by Sex, Canada, 1985

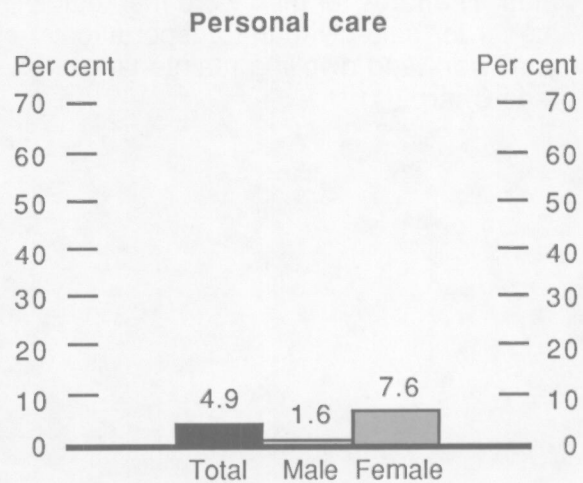
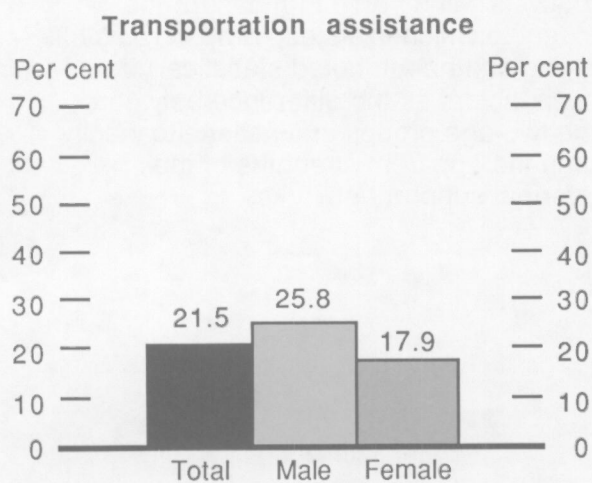
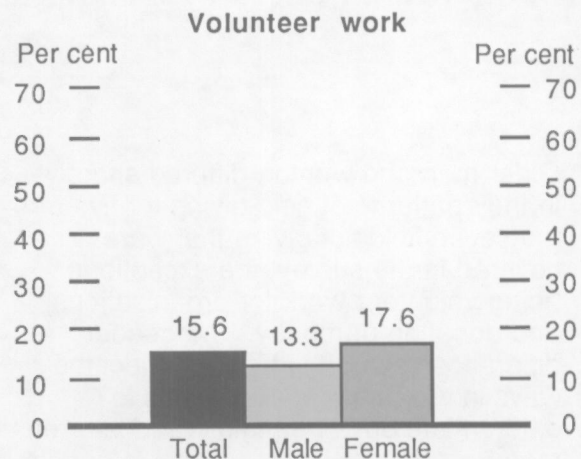
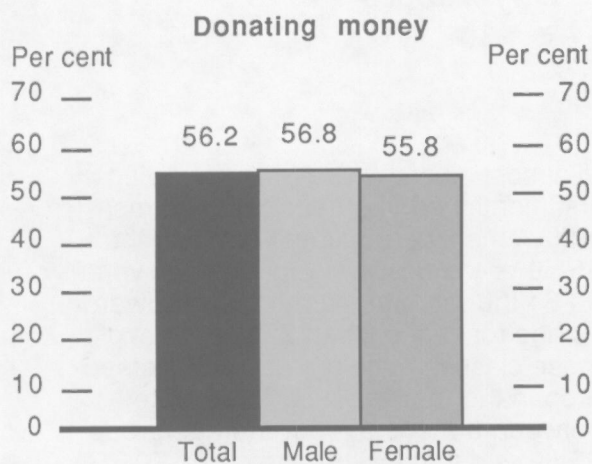
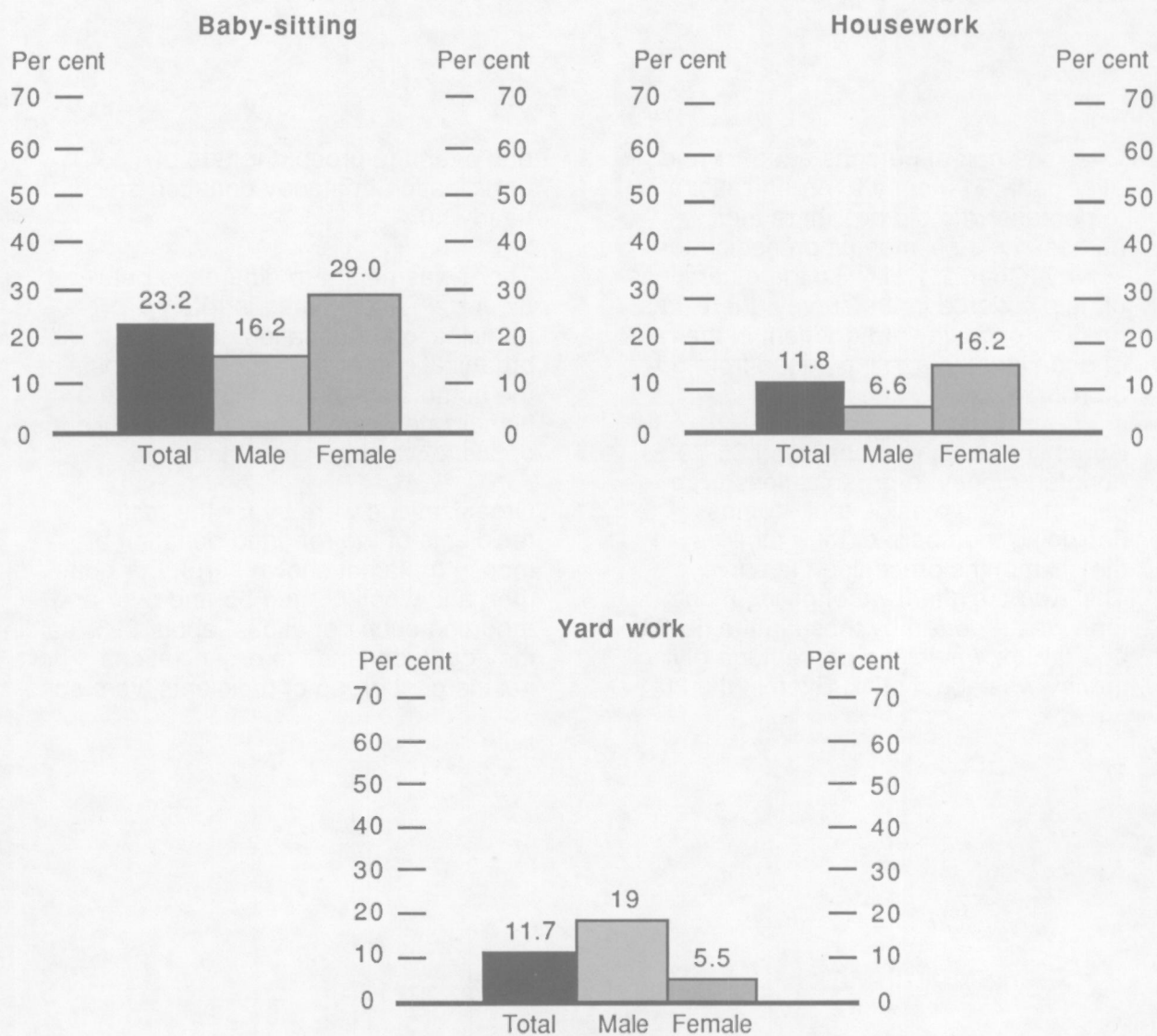




Chart 2.1 Concluded  
 Percentage of Respondents Who Gave Selected Types of Help in the Six Months  
 Preceding the Survey, Persons Aged 55 and Over, by Sex, Canada, 1985



## 2.2 *Donation of Money*

Over one half of persons aged 55 and over donated money to organizations or to persons who did not share their homes in the six months preceding the survey (Chart 2.1). Unlike the other kinds of help covered in the survey, there was no distinct downward gradient in the rate of donations as age increased from 55-80 (Chart 2.2).

Roughly 60% of persons aged 65-79 donated money to organizations or to persons living outside their homes (including members of their families) in the six months preceding the survey. This was a higher rate of giving money than was reported by those in the 55-64 age group, where the percentage giving money was about 55%. Even in the 80

and over age group, the rate of participation in money donation stood at nearly 50%.

There was no sharp difference between older men and women in rate of participation in donation of money to organizations or to persons living outside the home. Women tended to have the higher rate below the age of 65, while the opposite was true above that age.

Organizations were by far the major recipients of the reported donation of money (data not shown here). For both men and women aged 55 and over and reporting such donations, about 89% said they donated funds to organizations. The next largest group of recipients were sons



The Salvation Army Christmas Kettle.  
Photo: Compliments of The Salvation Army, Toronto, Ontario

Chart 2.2

**Age Pattern of the Percentage of Respondents Who Gave Selected Types of Help in the Six Months Preceding the Survey, by Sex, Canada, 1985**

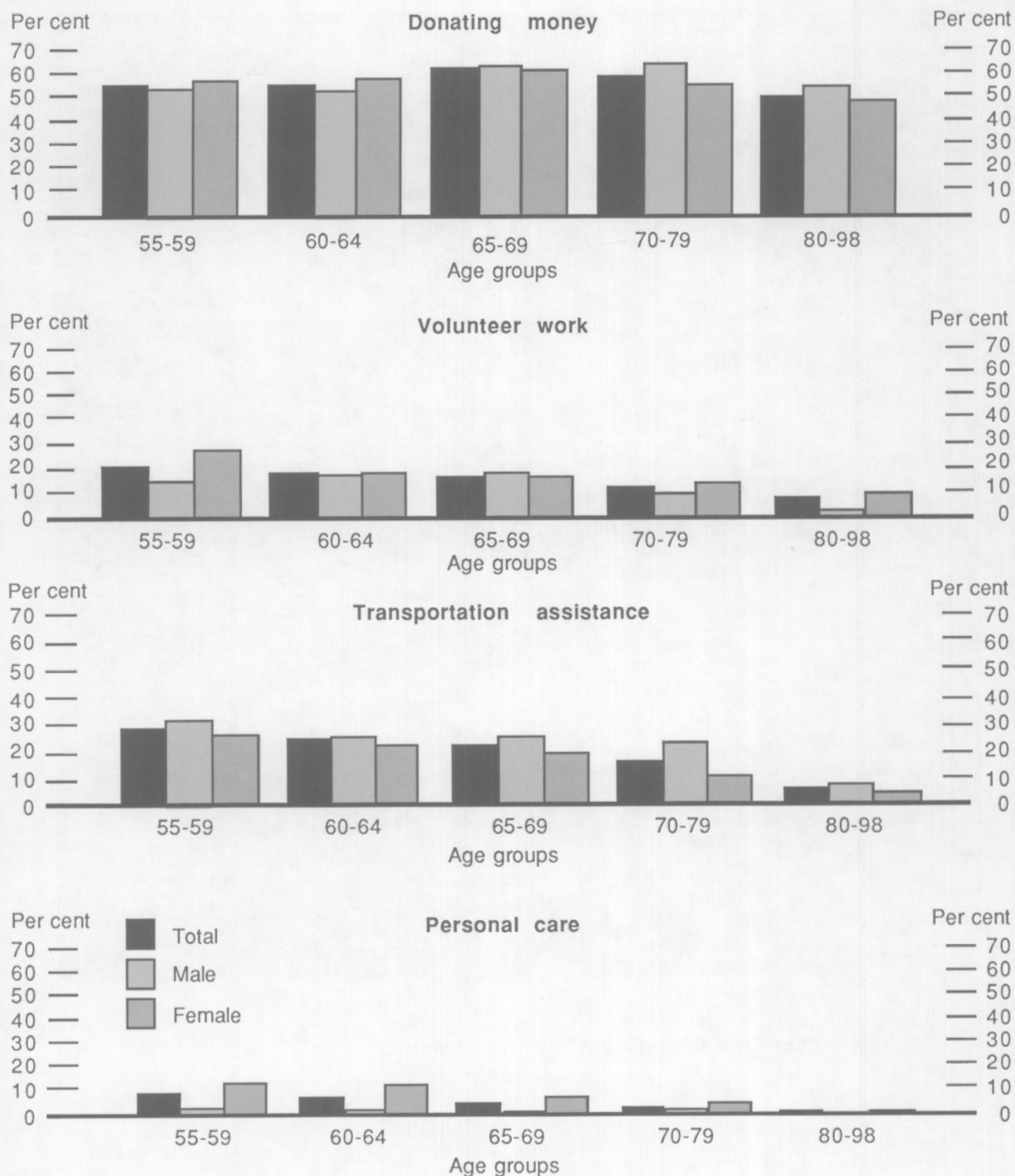
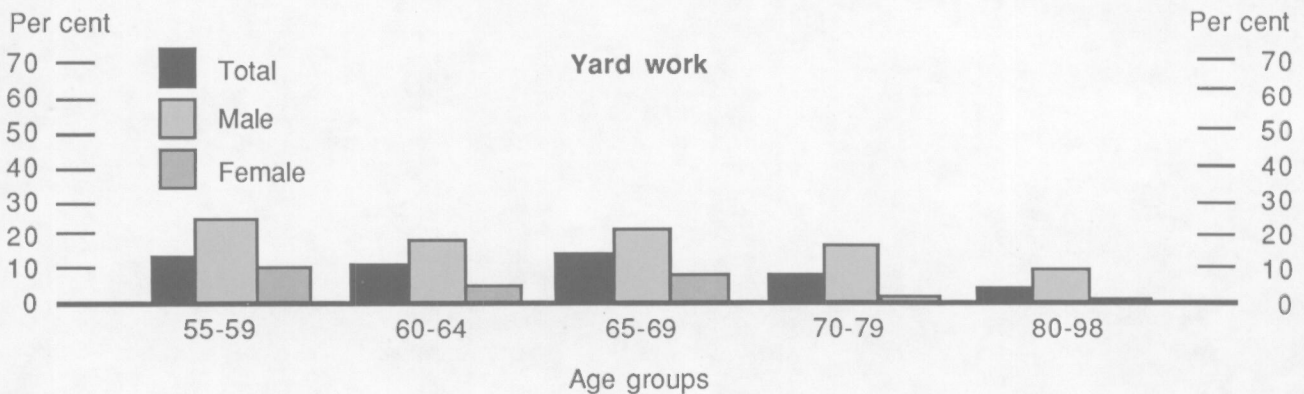
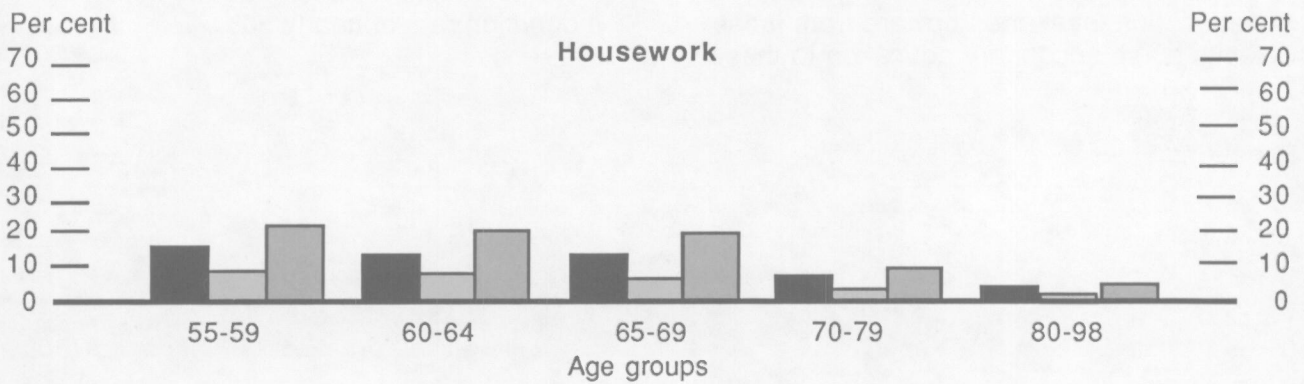
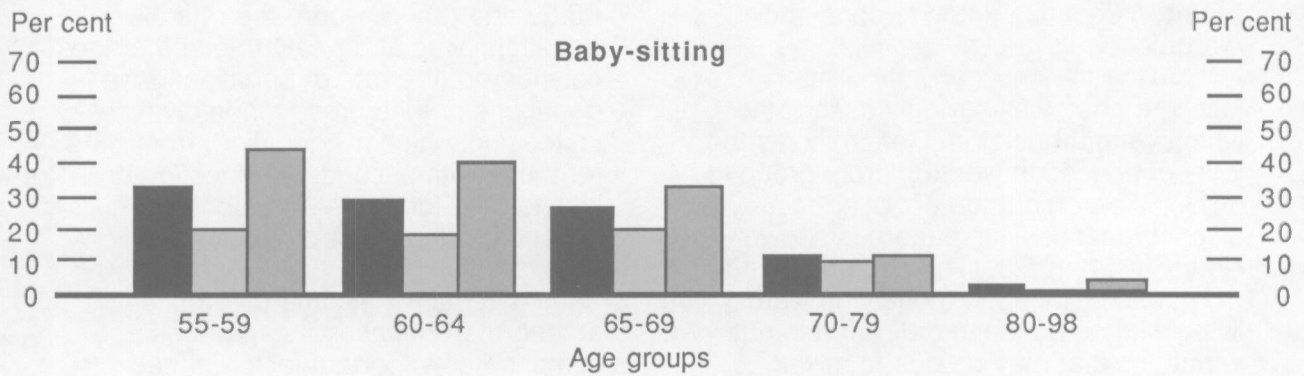


Chart 2.2 Concluded

**Age Pattern of the Percentage of Respondents Who Gave Selected Types of Help in the Six Months Preceding the Survey, by Sex, Canada, 1985**





and daughters. Some 13% of the givers reported donating funds to sons and daughters.

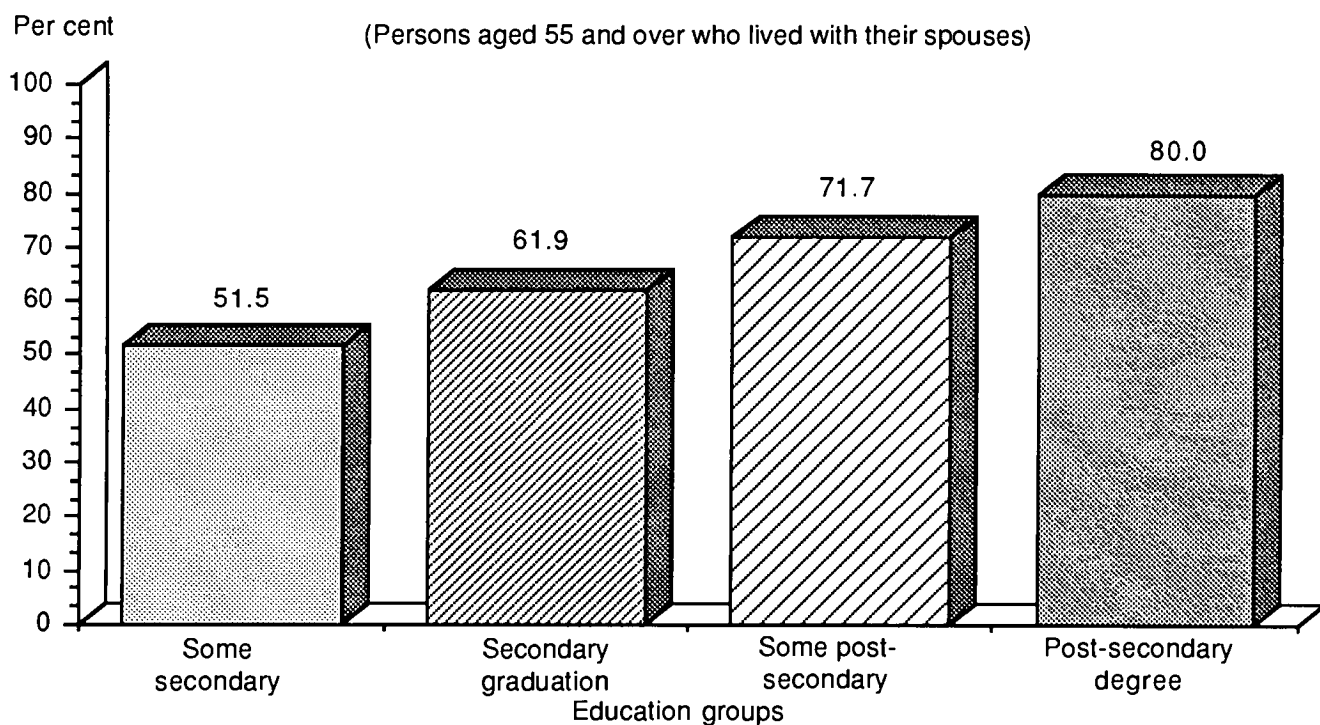
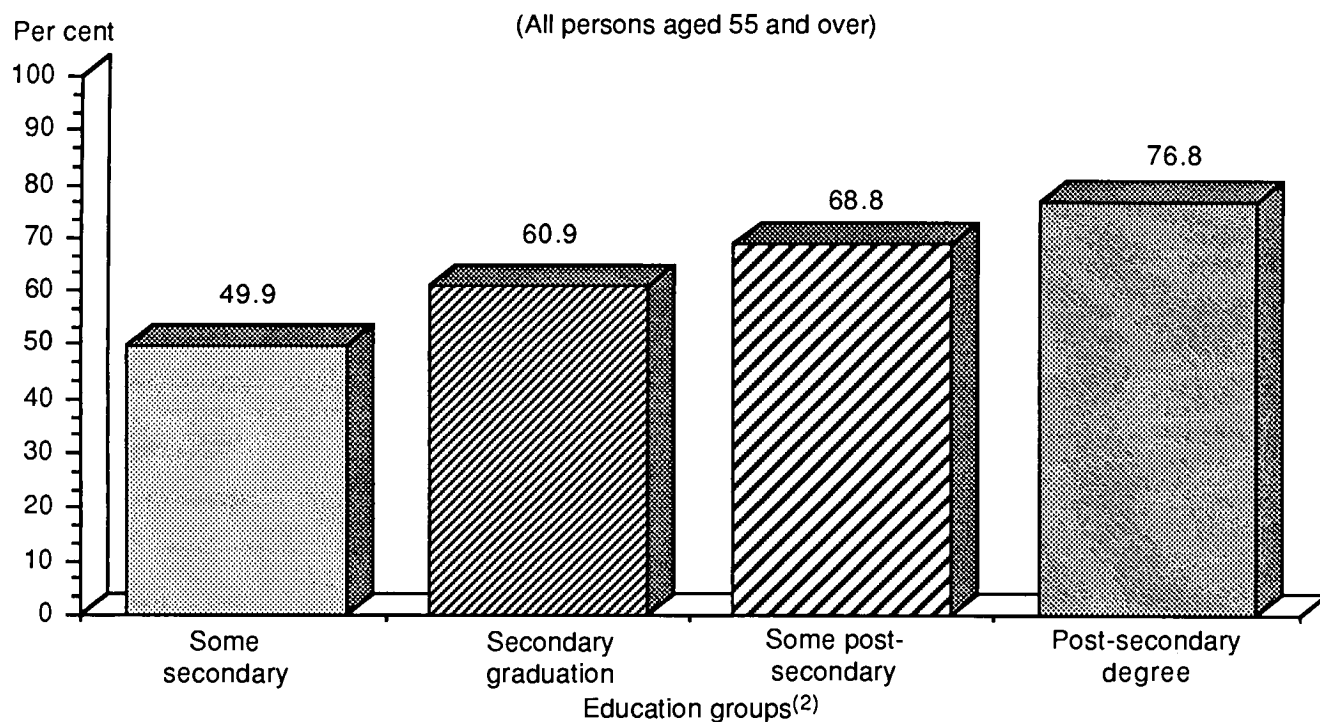
Giving money was strongly associated with level of education. Generally, as the level of education went up, from group to group, the percentage donating money also increased. This pattern is shown clearly in Chart 2.3. (The bottom half of Chart 2.3 is limited to those who were living with a spouse in order to rule out variations that may be due to mixing singles with couples in the data.) This chart shows a fairly steep upward gradient in the rate of donating money as education level goes upward from those with some secondary education to those

with post-secondary degrees. Within the 65-69 age group, where the rate of donations was at a peak among the ages considered, the rate of participation in donations of funds rose markedly with increasingly higher education, from 56% for those with secondary education or less to 74% for those with a post-secondary degree or diploma.

Almost certainly, income differences among the educational categories comprise an important factor in the pattern shown in Chart 2.3. It should be noted, however, that even those who failed to complete secondary school had a donation rate of nearly 50%.

**Chart 2.3**

**Percentage of Respondents Who Donated Money<sup>(1)</sup> in the Past Six Months, Persons Aged 55 and Over, by Education, Canada, 1985**



(1) Donation to organizations or to persons who do not share the respondents' homes.

(2) "Some secondary" means some secondary education (but no graduation) or less.

"Secondary graduation" means highest level achieved is secondary school graduation.

"Some post-secondary" means some post-secondary education but no post-secondary degree or diploma.

"Post-secondary degree" means post-secondary degree or diploma.

### ***2.3 Volunteer Work for Organizations***

An area of potentially major long-term significance for the quality of life of future cohorts of older Canadians is that of volunteer work outside one's home. If only from the viewpoint of the time available for such work per person, on a daily or weekly basis, actual and potential levels of volunteer work in the older population comprise a subject worthy of serious attention by academic and other analysts. The importance of this subject may be heightened in a society where traditional familial arrangements for support of elders may be under stress from a massive increase in the proportion of younger families for which both spouses work for pay outside the home.

Over 15% of persons aged 55 and over did volunteer work for organizations in the six months before the survey. The highest rate of participation in volunteer

work for organizations was among the 55-59 age group (21% for both sexes, with 14% for men and 27% for women). The rate then declined gradually with each higher age group, falling to 12% in the 70-79 age group and to 8% in the 80 and over age group (see Chart 2.2).

Education was markedly associated with participation in giving volunteer services to organizations (see Chart 2.4). For example, in the 65-69 age group the participation rate jumped sharply between the lowest and second lowest level of education. As educational level increased above the latter level, the rate of participation in volunteer services went upwards again, reaching a peak of 33% of those aged 65-69 and having a post-secondary degree or diploma.

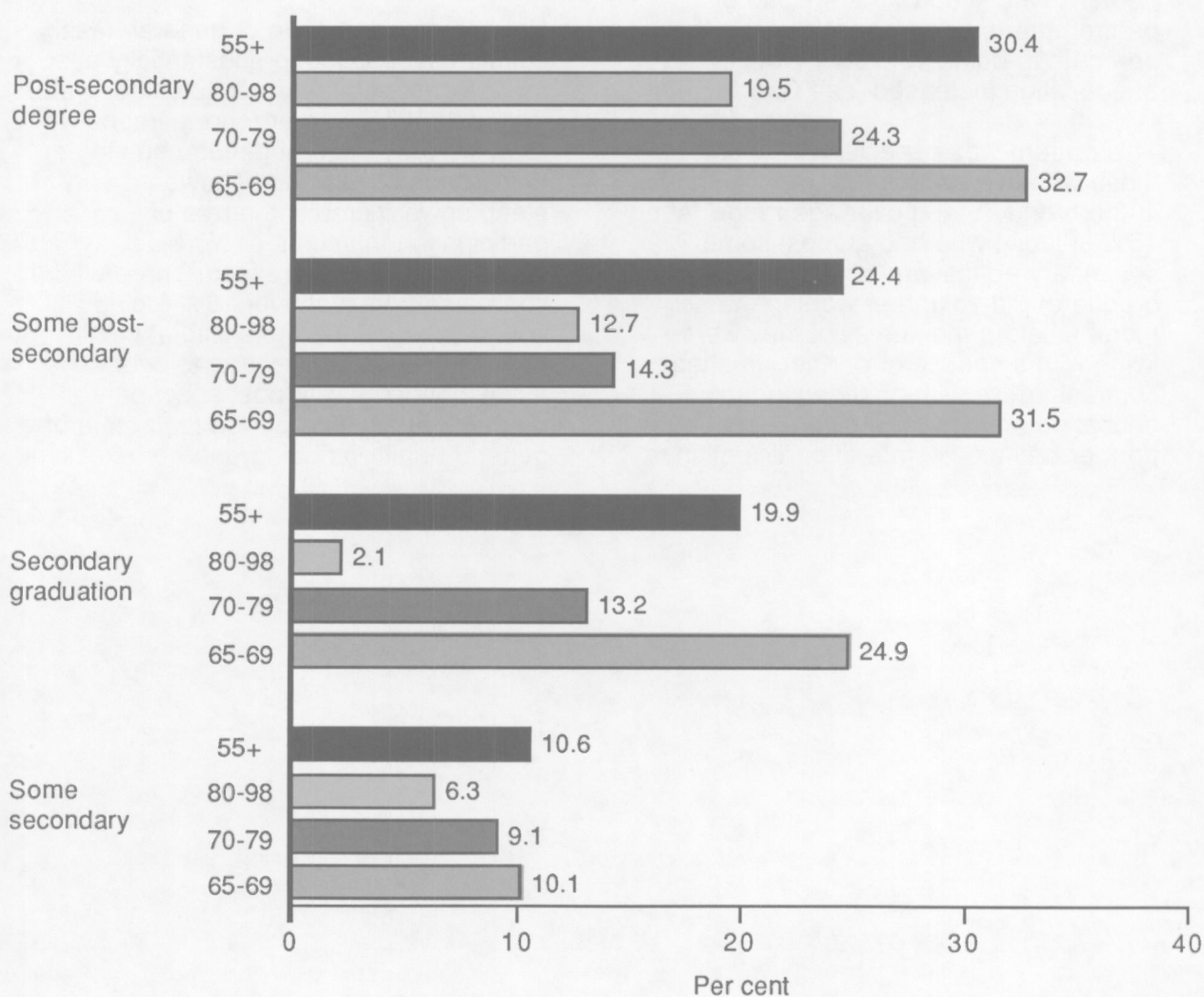
The educational pattern of volunteer work was persistent even after living



Chart 2.4

Percentage of Respondents Who Did Volunteer Work for Organizations in the Six Months Preceding the Survey, by Level of Education and Age Groups, Canada, 1985

Level of  
education<sup>(1)</sup>



(1) "Some secondary" means some secondary education (but no graduation) or less.

"Secondary graduation" means highest level achieved is secondary school graduation.

"Some post-secondary" means some post-secondary education but no post-secondary degree or diploma.

"Post-secondary degree" means post-secondary degree or diploma.

arrangement and state of general health were held constant statistically. Within the groups of persons who lived alone and persons who lived with a spouse or partner, there was a general rise in the percentage doing volunteer work as level of education increased (see Chart 2.5).

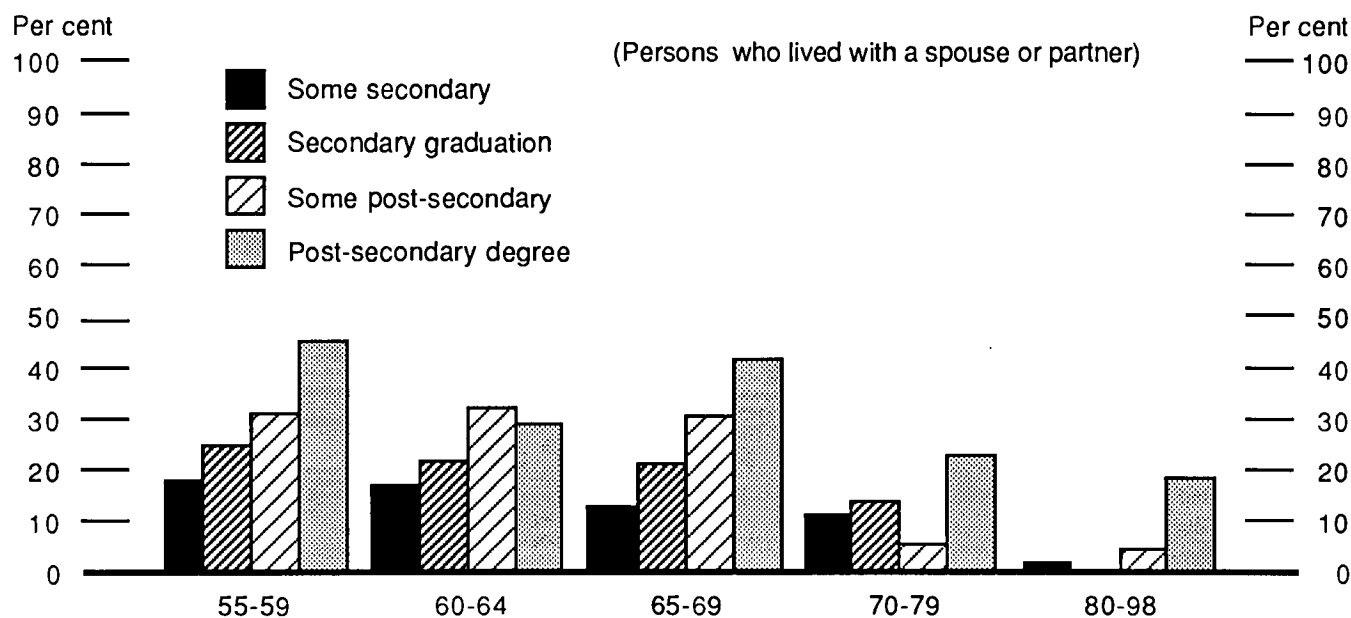
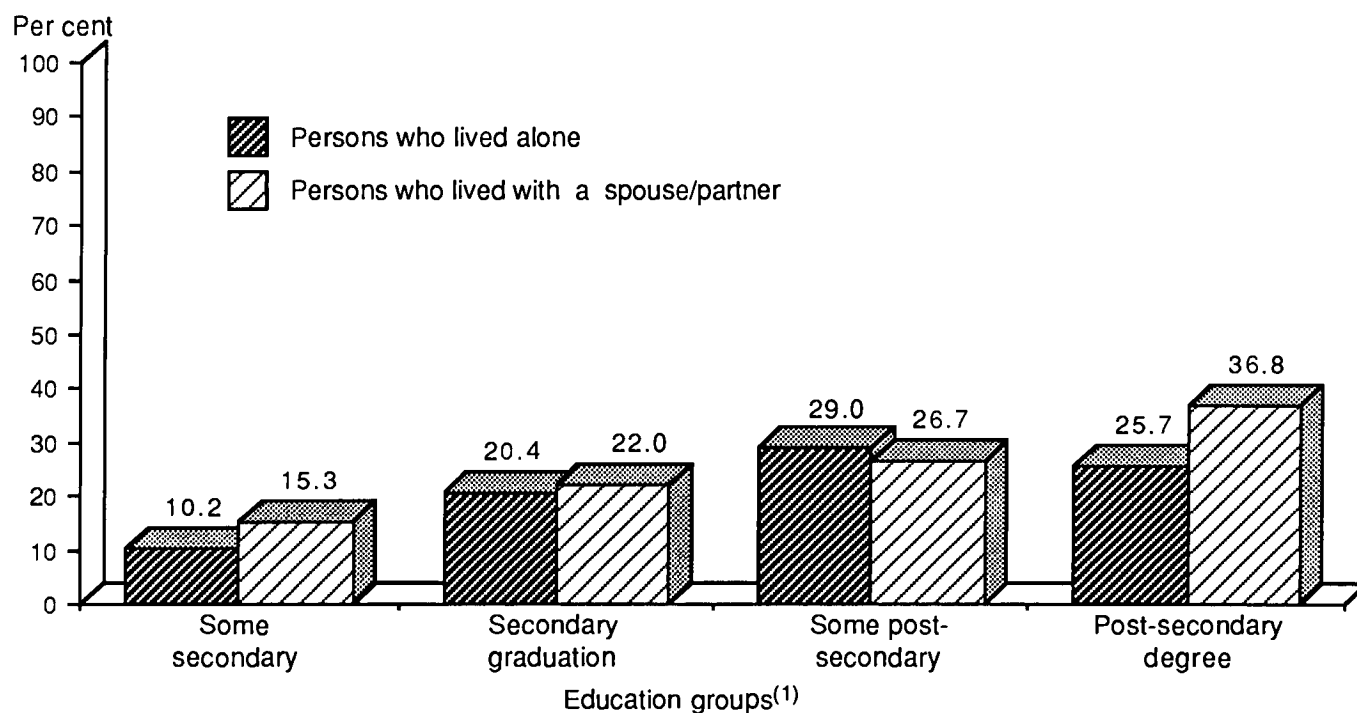
This pattern was especially distinct for those who lived with a spouse or partner, in the broad 55 and over age range. About 15% of those who had at most some secondary education (but did not graduate) did volunteer work in the six months before the survey, if they were living with a spouse or partner. In sharp contrast, those with post-secondary education and who lived with a spouse or partner had a 37% rate of participation in

volunteer work. This level was nearly twice as high as that for all persons aged 55 and over.

Holding reported state of general health constant also failed to substantially alter the educational pattern of volunteer work. Within the 65-69 age group, persons who reported their state of general health as being good or excellent showed a very steep upward gradient in rate of participation in volunteer work as educational level increased. There was a sharp rise from just over 10% (doing volunteer work) for those with at most some secondary education to over 40% for respondents with post-secondary degrees, and who reported their state of general health as being good or excellent.

Chart 2.5

**Percentage of Respondents Who Did Volunteer Work in the Past Six Months, by Living Arrangement and Education, for Persons Aged 55 and Over with Perceived General Health Good to Excellent, Canada, 1985**



- (1) "Some secondary" means some secondary education (but no graduation) or less.  
 "Secondary graduation" means highest level achieved is secondary school graduation.  
 "Some post-secondary" means some post-secondary education but no post-secondary degree or diploma.  
 "Post-secondary degree" means post-secondary degree or diploma.

## **2.4    *Transportation Assistance to Others***

The availability of assistance, where needed, with mobility in connection with activities such as shopping, getting recreational and other health-related services, and attending social functions, etc., is another area of importance to the quality of life of Canada's seniors. Patterns of provision of mobility assistance within the older population, which are often aspects of volunteer work, are worthy of systematic study and analysis.

In the six months preceding the survey, one in four men and nearly one in five women aged 55 and over provided others with transportation help (Chart 2.1). Within this broad age range, the highest rate of giving help with transportation was among those aged 55-59 (about 30% of men and 25% of women). Between ages 55 and 70, about 25% (one in four) were helping others get to shopping or to needed services by providing transportation services during the six months preceding the survey. In the 70-79 age group the rate of giving these kinds of help fell to below 20%, while in the 80 and over age group it was less than 10% (Chart 2.2).

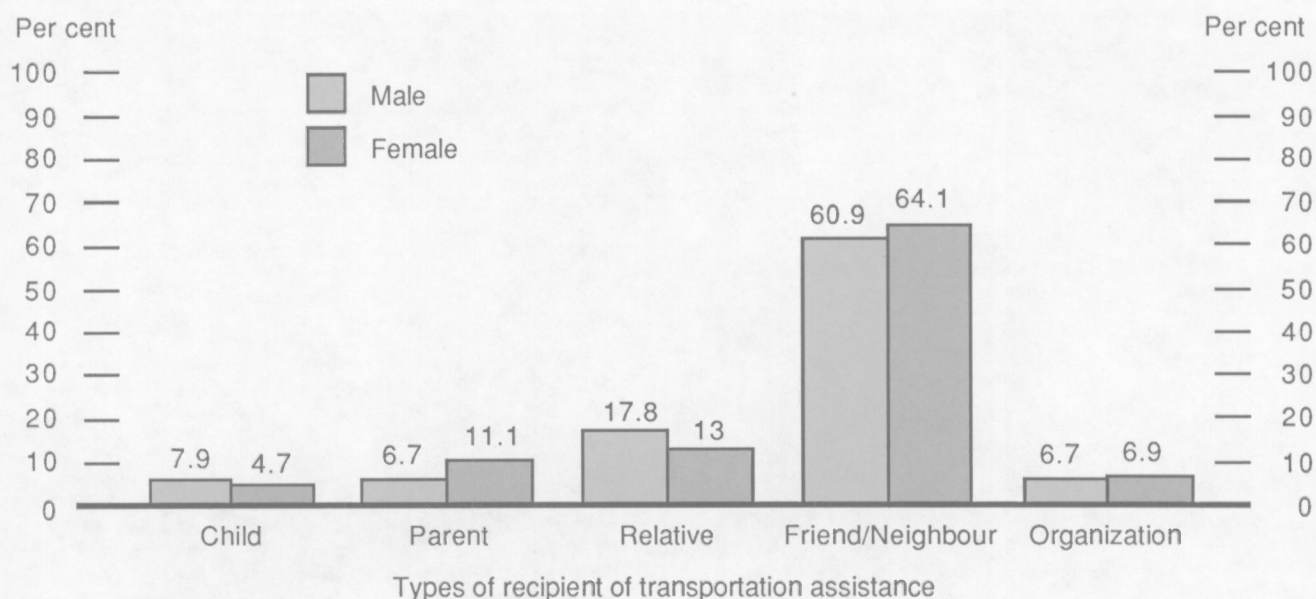
The decline in giving transportation help between age 65-69 and 70-79 was more marked for women than for men. Over one in five men were still giving transportation help to others in the 70-79 age group, while the figure was just above 10% for similarly aged women.

Friends and neighbours were the primary recipients of the help given with transportation by the older population. Over 60% of the reported transportation assistance was directed at friends and neighbours (Chart 2.6). The remaining 40% was most heavily focussed upon relatives (excluding parents), though their share was not much higher than those of parents, organizations, and children.

The survey questions did not cover the apparent ages of the recipients of the help with transportation. This is unfortunate given the high focus of the help upon non-relatives. To the extent that the friends and neighbours getting the transportation help were other seniors, these data would provide useful hints of actual and potential patterns of mutual support among seniors who are not related in the usual familial sense.

Chart 2.6

Distribution of Recipients of Transportation Assistance Provided by Persons Aged 55 and Over in the Six Months Preceding the Survey, by Sex of the Transportation Provider, Canada, 1985



## 2.5 Concluding Comment

In sum, the educational patterns of volunteer work, donation of money to recipients outside the home, and giving help with personal care (data not shown here) suggest that there may be some basis for speculating on markedly higher levels of participation in giving activity within narrow age groups of Canada's seniors. The future cohorts passing through those age groups will show much higher levels of education than the present ones.

At least two sources of offsetting factors should be noted, however. First, the educational patterns may largely be indirect reflections of income differences. Should the income levels and patterns be markedly changed in the future, the basis for a rise in

volunteering may be altered. Secondly, there could be offsetting changes in cultural values in the future cohorts of older population.

Also worthy of note is the rising average age of the population aged 55 and over (Statistics Canada 1985, Stone and Fletcher 1986) that we can expect over the next 10 to 15 years. This factor will exert a dampening force on the overall volunteer work participation rate for the whole broad group of persons aged 55 and over. Whether this factor will, along with others, be strong enough to overpower the positive forces (which will be working mostly within the so-called "young-old" group) remains to be seen.



Elderly couple at Carleton Lodge, Nepean, Ontario.  
Photo by: Bill Neville  
Supply and Services Canada -- Photocentre

## Chapter 3

# SUPPORTS RECEIVED BY SENIORS

Chapter 2 has shown that a substantial proportion of Canada's seniors donate their time and talents in providing help to others, in addition to participating in charitable sharing of their financial resources such as they may be. The indications are that these persons have continued their life-long contributions and numerous acts of giving in their informal social networks and to formal organizations, enhancing the rich social fabric and wealth of Canada, wealth comprising more than economic prosperity. In this final chapter, the receiving of selected kinds of assistance by seniors will be the focus of attention.

The 1985 General Social Survey collected data on help received by members of the older population in fields of activity similar to those identified in Chapter 2. In setting up this phase of the questionnaire, the designers had to balance a small data-gathering resource against the huge domain for potential coverage in the questionnaire.

It was decided to focus attention on particular sorts of supports provided by both private and public organizations, as

well as informal supporters. The motivation behind this approach was, as stated in the Introduction to this report, to begin the process of building a national information resource that would support analyses of links among informal supports (e.g., assistance flowing among family members) and formal ones (e.g., supports received from health care industry sources).

As was the case when the giving of help by seniors was addressed, a comprehensive coverage of the various ways in which help may be received was deliberately avoided. For example, the large and important field of emotional supports was deliberately omitted from the survey. This decision acknowledged the slender thread of experience that had been built up at Statistics Canada concerning the execution of a survey covering this type of subject matter, as well as the high potential for unacceptable respondent burden that certain types of questioning would carry. Instead of comprehensive coverage of types of help received, emphasis was placed on a selection of specific kinds of assistance in which the data on each sort



of help would include the activities of an identifiable block of public or private agencies.

This approach limits the use of the data in analysis, as was discussed in Chapter 2. If the analyst's intent is to derive estimates about the volumes or patterns of flows of help covering a representative set of types of help received, then the 1985 General Social Survey data should not be used without substantial transformation and/or adjustment. In this context, simple aggregates of volumes or rates of help received over two or more of the particular types of help measured in this survey are likely to provide seriously biased indications of what one would have seen had the survey attempted to cover support domains in a comprehensive way. Any aggregates of

this kind that are published should be treated with the utmost caution as to their meaning.

In selecting specific sorts of supports that would be of potential interest to policy analysts and social-service program developers in the public or private sectors, three principles were articulated:

- (1) Supports are important even to people who are perfectly healthy and/or who are able to find a way to function without the specific supports they now receive. Supports are of particular importance to health maintenance and health promotion, and in this context data derived from questions about help received are not adequate when the questions are limited only to persons who say they



have functional deficiencies which require them to rely upon particular sorts of support.

- (2) We can advance our understanding of the ramifications of support patterns by relating particular types of support to specified broad areas of personal goals or tasks that must be undertaken successfully in the normal course of daily living.
- (3) Treating formal and informal support sources within a theoretical and questionnaire framework common to both is imperative if the data are to be helpful. Such treatment points the way to stimulating further studies into the crucial issues now being raised

about ways to improve the quality or effectiveness of formal services by achieving better linkages between them and the supports coming from informal sources.

The survey has included questions that will permit analysts to differentiate between those who received a particular type of help and said they could not carry on without it, and those who got the same type of help but reported that they could manage without it. This distinction is analogous to that between the portion of income that is seen to be needed to subsist in our society at current costs of subsistence and that part of income that is surplus to subsistence and may be used to enhance quality of life in various ways.

### ***3.1 Selection of Types of Support for Coverage in the Survey***

In approaching the selection of types of support to be considered, an effort was made to identify major areas of personal goals or tasks that must be undertaken successfully in the normal course of daily living. At the risk of committing some violence to conventional terminology in current gerontology, the five areas may be distinguished as follows:

- (1) Areas of self care;  
examples:  
walking,  
feeding,  
bathing and grooming,  
dressing,  
washing clothes,  
planning and making meals,  
taking medication or treatment.
- (2) Areas of shelter maintenance;  
examples:  
housekeeping,  
repairing and maintaining  
dwelling,  
keeping yard.
- (3) Mobility in the community;  
examples:  
grocery shopping,  
trips to services such as the  
doctor,  
trips for visiting and recreation.

- (4) Behaviour goals that affect  
physical and mental fitness;  
examples:  
making and maintaining close  
friendships,  
religious worship,  
visiting and socializing,  
engaging in recreation and  
exercising,  
educating self,  
working and helping others.

- (5) Areas of resource management;  
examples:  
managing money,  
filling out forms,  
communicating with agencies,  
coping with emergencies and  
crises.

It would have been desirable to include survey questions that dealt with each and every topic listed above. However, as a cursory review of the 1985 General Social Survey questionnaire will show, the resources of the survey were predominantly focussed outside the area of social supports received by persons. Accordingly, it was necessary to select one or two indicator variables from each of the five areas of personal goals or tasks mentioned above. Specifically, respondents were asked about help received with:

- (1) yard work (unless they lived in apartments),
- (2) housework,
- (3) meal preparation,
- (4) grocery shopping,
- (5) management of money, and
- (6) personal care involving dressing, feeding or taking medication.

For each of these subjects, the respondent was asked whether he or she got help, and, if help was received, whether it was needed, and from whom the help was received. In covering the sources of particular types of help received, persons were able to specify any of spouse, son, daughter, other relative, friend or neighbour, or a variety of formal organization sources related to the type of help in question.

For example, in the case of money management the specified possible formal sources included counselling services, legal or accounting services, senior centre or club, or "other" organizational source that person was invited to describe. In the case of personal care, the formal service possibilities included nursing services, friendly visitor services, homemaker services, or "other".

In addition to identifying the source of each kind of support received, frequency of help received was measured, albeit crudely. For each source of a given type of help, the respondent was asked to state whether the help was obtained as frequently as once per week, or less frequently but at least monthly, or still less frequently.

### ***3.2 Patterns of Receiving Help***

This report's exposition of findings from the study of the 1985 General Social Survey database is designed primarily to stimulate other researchers and students to carry out much deeper analyses of this unique national information resource in the field of Canadian gerontological study. Thus, simple questions that gave rise to routine descriptive analysis were set up to guide the work contained herein:

- What are the age and gender patterns of use of help, keeping in mind the need to avoid aggregation over two or more types of help?
- How are these patterns affected when the data are restricted to those

who reported that they could not manage without the help in question?

- What are the primary sources of the help reportedly received?

In addressing these questions, this report will focus on the indicator variable for mobility in the community. Mobility in the community has been shown to be problematic for seniors in a number of surveys, including the series of Aging in Manitoba surveys directed by Provincial Gerontologist Betty Havens. Other aspects of help received that were covered in the survey will be discussed more briefly below.

### 3.3 *Help Received with Shopping*

The age pattern of receiving help with grocery shopping differed markedly between older women and older men (see Chart 3.1). Across the age groups from 55-69 less than one in 10 women had their grocery shopping done by another person. The rate of reliance on others for grocery shopping then doubled between ages 69 and 79. There was a further sharp rise by the time the mid-80s to 90s in age are reached. Some 34% of women aged 80-98 and living in private dwellings relied largely upon others for their grocery shopping.

This figure is not far below that for men aged 80-98, nearly 40% of whom relied greatly on others for grocery shopping. However, up to the ages 80 and over, men showed a far higher reliance upon others for grocery shopping than did women. For example, in the age group 55-59 the percentage of men who relied upon others for their grocery shopping was three times higher (at 35%) than that for women. On the whole, from age 55 to age 79, more than one in four men had their grocery shopping done by others. Among those aged 80 and over, the

male-female difference in receiving help with grocery shopping declined markedly (see Chart 3.1).

Looking only at married persons aged 65-69, 13% of the men shopped without help, while 45% of women did so (data from unpublished tables). For 51% of the married men aged 65-69 their shopping was done partly by themselves and partly by others, while for married women similarly aged the figure stood at 47%.

Among those who got help with grocery shopping, older women were more likely to actually need the help than were older men. About one third of those women who received some assistance with grocery shopping, and were aged 55 and over, said they were unable to shop without help; just over one tenth of the corresponding category of men said so. This gender difference was especially sharp in the 70-79 age group, where 50% of the women who got help with grocery shopping said they are unable to do grocery shopping without help, whereas only 17% of the correspondingly aged men said so. This pattern is another

Chart 3.1

**Percentage of Survey Respondents Who Received Help with Selected Activities, by Sex and Age Groups, Canada, 1985**

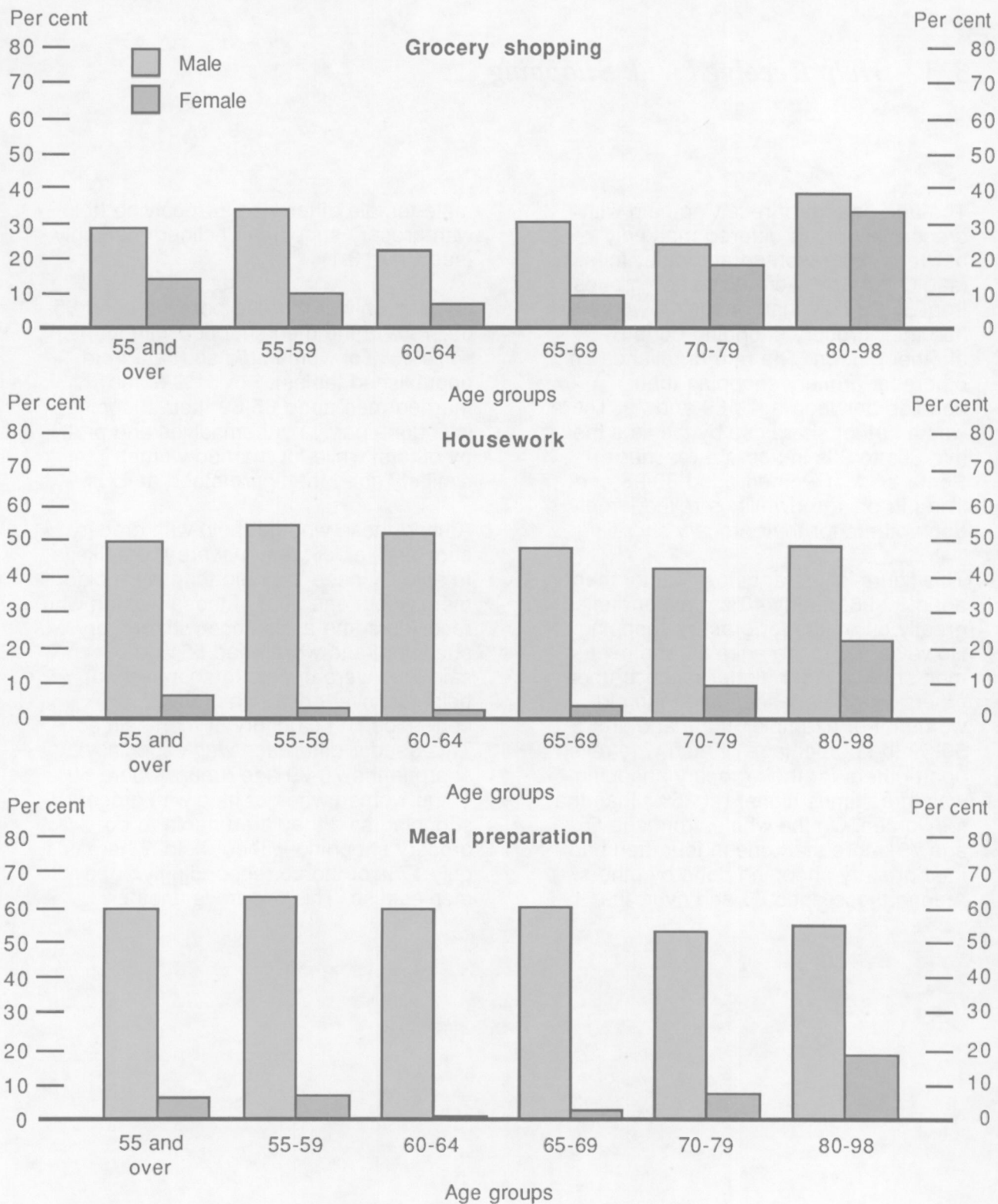
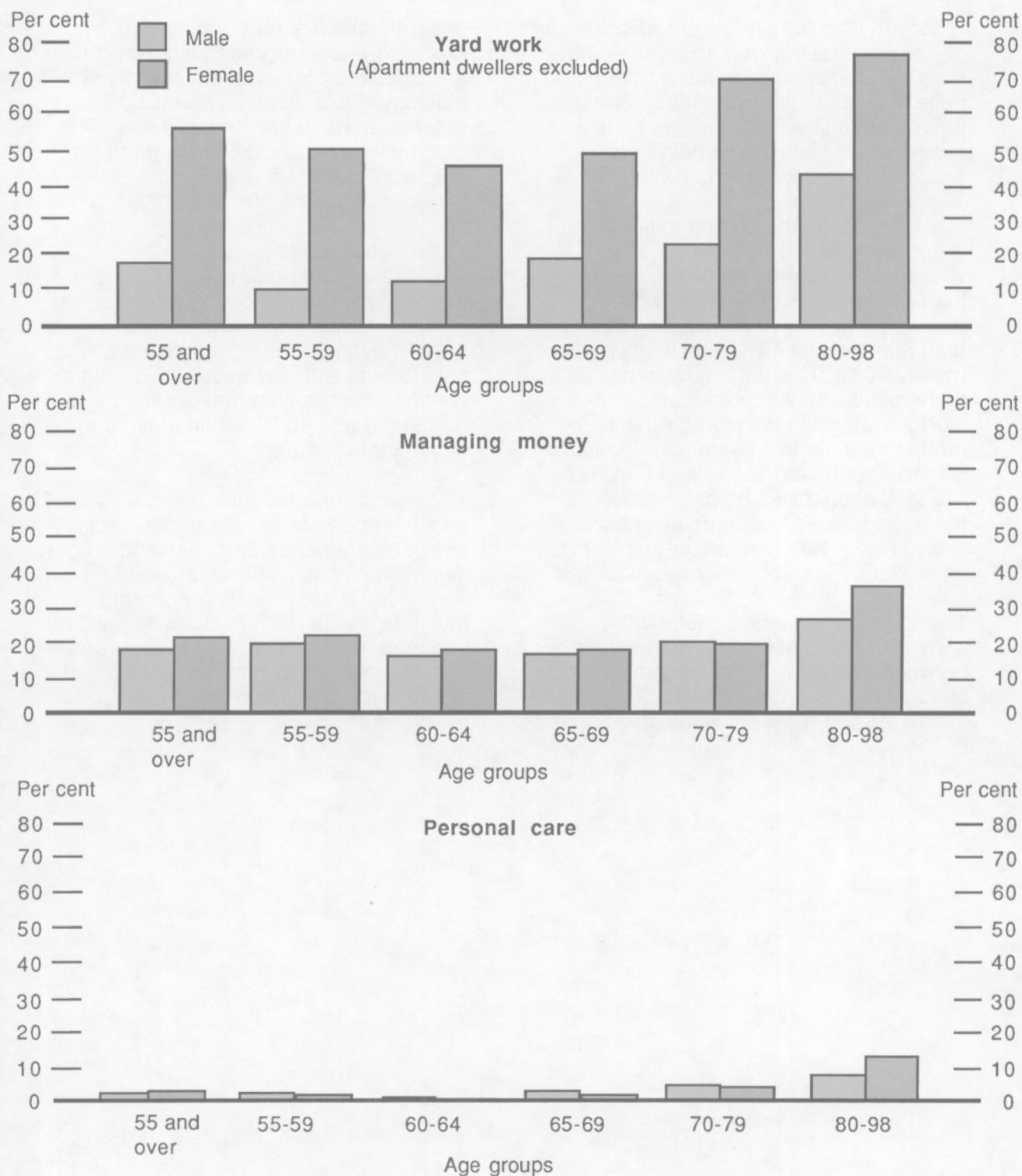


Chart 3.1 Concluded

Percentage of Survey Respondents Who Received Help with Selected Activities, by Sex and Age Groups, Canada, 1985



reflection of culturally governed behaviour patterns in that if a woman is physically capable of shopping for groceries she is quite likely to do so without help, whereas if a man can shop without help he is nevertheless likely to get help from another person (usually his wife).

Among those in the 80 and over age group who got the help with grocery shopping, it is worth noting the unusually high percentages of persons who reported that they needed such help, for both men (nearly 45%) and women (nearly 70%). This pattern becomes all the more significant when one considers the high growth rate expected for this age group in the next 15 years (see Statistics Canada 1985, and Stone and Fletcher 1986). It should also be pointed out that the need for help with grocery shopping is likely to be linked to need for help with other kinds of out-of-the-home mobility.

This suggestion is supported by the pattern of association that can be seen between the use of help with grocery shopping and perceived state of general health. As Chart 3.2 shows, there is a

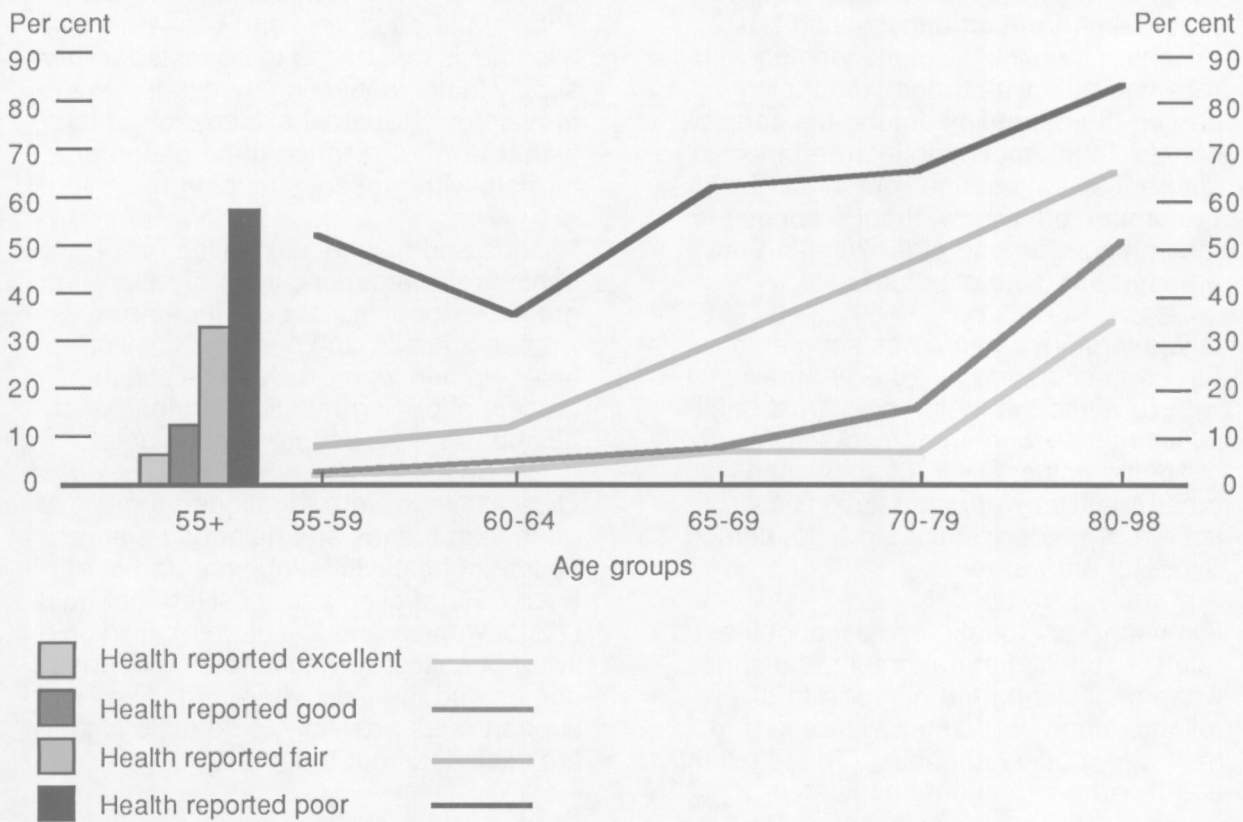
general tendency for percentages reporting need for grocery shopping help to rise as the perceived state of general health worsens. In all four states of reported general health, there is a tendency towards increase in need for help with grocery shopping as age increases from the 50s to the 80s.

Within most age groups, there is a noticeable gap in percentage reporting need for help with grocery shopping between those who reported their general state of health to be poor and those who said their health was excellent. This gap is not much less than that between age 55-59 and age 80-98 within most of the health status categories.

Those who reported their general state of health as good or excellent had a very low percentage needing help with grocery shopping across all the ages up to the early 80s. Those reporting excellent health had **less** reliance upon help with grocery shopping in the age group 80-98 than did those who reported poor health status in the 55-59 age group.



**Chart 3.2**  
**Percentage Who Reported They Could Not Manage Grocery Shopping Without Help, by Self-reported Level of Health and Age, Canada, 1985**  
 (For only those who reported getting some help with grocery shopping)



### **3.4 *Sources of Help with Shopping***

Who gives the help with grocery shopping? The spouse was named as a source of help for 91% of the men who were getting help with grocery shopping (data taken from an unpublished table). In contrast, only 61% of the women who received help with grocery shopping named their spouses among the sources of help. In attempting to interpret this big difference, it should be kept in mind that the proportion living without a spouse is much higher among older women than among their male counterparts.

Daughters were named as sources of help with shopping by 18% of the women who received that help. In contrast only 10% of these women named sons as shopping helpers. For these women, other relatives were also a significant source of grocery shopping help, named by 9% of the women.

It is necessary to take into account the relative supplies of daughters and sons when considering the higher rate of reliance upon the former with regard to help with grocery shopping. To the extent that those needing the help were

widowed women aged 70 or more, the supply of daughters was likely to be greater than that of sons due to the sex differential in mortality rates in the likely ages of the daughters and sons (this is a hypothesis that needs to be tested). This supply factor would, in any event, provide only a partial explanation of the higher level of reliance upon daughters for help with grocery shopping.

Friends and neighbours trailed far behind relatives as sources of help with grocery shopping, for both men and women aged 55 and over. Just 5% of older women who received help with grocery shopping mentioned friends and neighbours as a source of such help.

Organizations were mentioned more often than friends and neighbours as a source of help with shopping for those aged 55 and over who received that help (7% of women and 2% of men). Persons living in collective households (nursing homes and the like, where organization support rates are likely to be quite high) are excluded from these data.

### **3.5    *Yard Work***

Culturally governed definitions of sex roles come into sharp relief when one compares the patterns for yard work with those for grocery shopping. Excluding those living in apartments, only 17% of men aged 55 and over relied entirely on others to get their yard work done, while 56% similarly aged women did so (Chart

3.1). One third of these women shared in yard work chores. Above age 70, well over seven in 10 women (who were not apartment dwellers) relied entirely upon others to get yard work done. For men in this age range (who were not apartment dwellers) the corresponding ratio was three in 10.

### **3.6    *Housework***

While nearly 50% of older men usually had others take care of their housework, less than 10% of older women did so. Over one third (36%) of the men aged 55 and over shared housework duties with others (usually their spouses). Only in the 80 and over age group do we find

more than 10% of older women who were entirely reliant upon others for help with housework. In this age group 22% of women and 49% of men usually had their housework done entirely by another person.

### ***3.7 Help Received with Money Management***

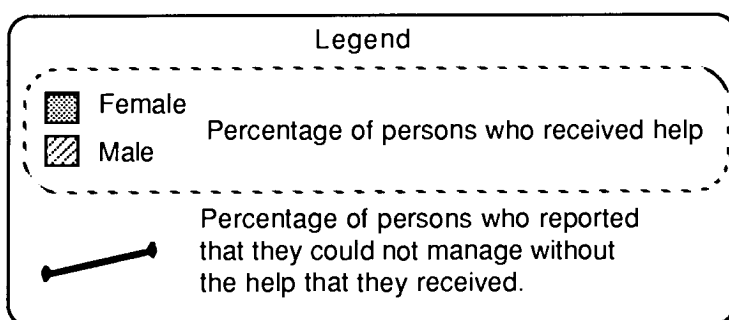
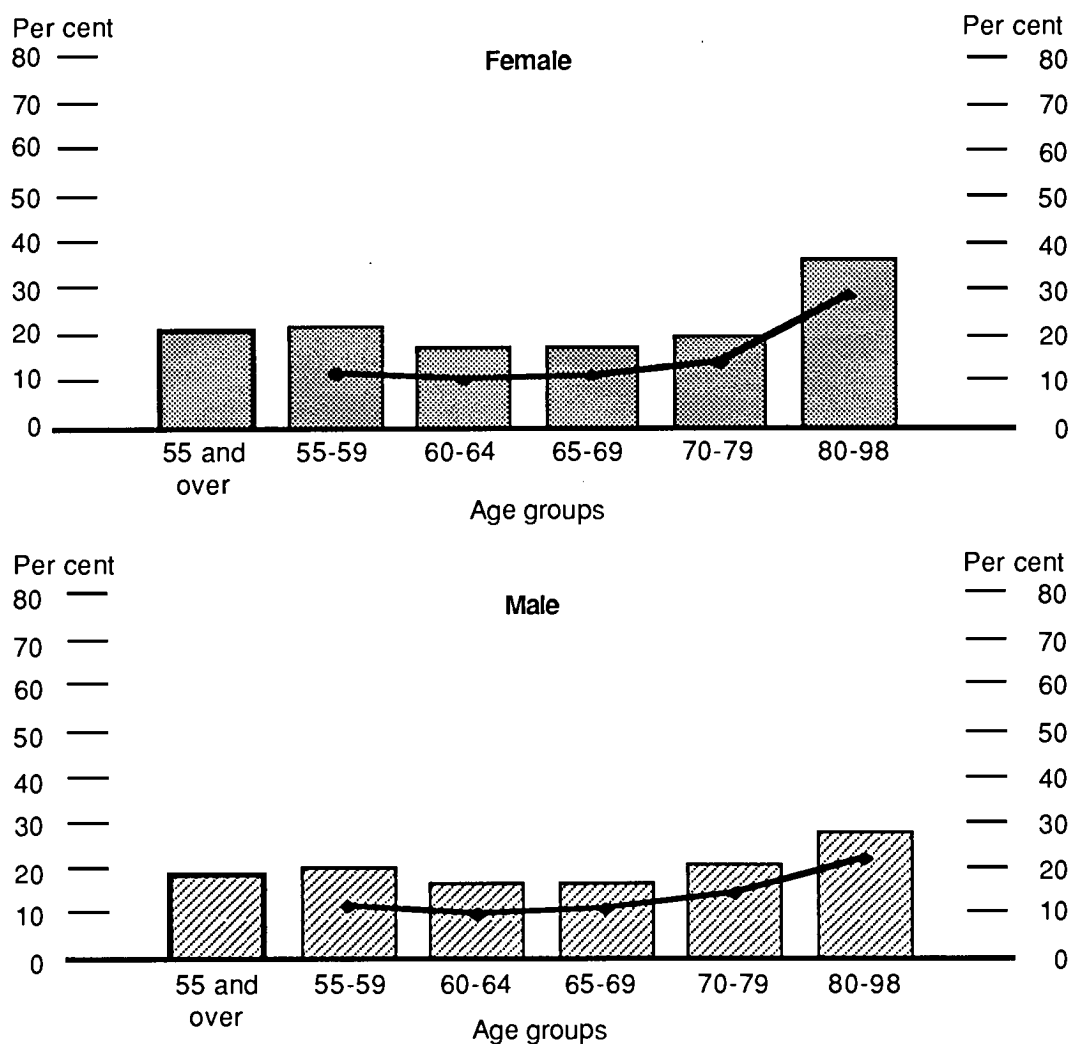
The proportion who relied upon others for help with money management tended to increase with rising age among Canadians over the prime retirement ages (Chart 3.1). On the whole, about one fifth of those aged 65 and over got help in this area. Men and women had roughly similar degrees of reliance on such help, except in the 80 and over age group where a much higher percentage of women (37% versus 27% for men) received help with money management. Among those who got help with money management, women were much more likely than men to actually need the help.

As is true for most of the types of help covered in the survey, the spouse was the most frequently cited source of help with money management, overwhelmingly so (85%) for men and predominantly so (71% or more) for women (data taken from an unpublished table). Among women, daughters were mentioned much more frequently than sons as sources of help with money management (13% versus 7%).

Again, caution is needed in interpreting these data since, for help from spouse, marital status is not held constant and, for help from children, it is desirable to consider situations where a person has both a son and a daughter alive. If, for example, the person is an 85-year-old woman, her spouse is likely to be absent (dead, if she had had one) and surviving children are more likely to be daughters than sons.

Although reported less frequently than daughters, organizations were a significant source of help with money management. Considering together all men and women aged 55 and over who reported getting help with money management, organizations were a more commonly mentioned source of help (cited by about 5% of those getting help) than either sons, other relatives, or friends and neighbours. Friends and neighbours were scarcely mentioned as sources of this kind of support.

**Chart 3.3**  
**Percentage of Survey Respondents Who Received Help with Managing Money, by Sex and Age, Canada, 1985**



### 3.8 *Personal Care*

Only in the 70 and over age group did more than 3% of the responding seniors get help with personal care activities such as dressing, feeding and taking medication. Above age 80, the percentage who received such help increased to 13% for women and 8% for men (Chart 3.1). Below age 80, men had higher rates than women in terms of the percentage who got help with the selected personal care items.

When reviewing the patterns shown in Chart 3.1, it is advisable to keep in mind that the survey did not cover those living in collective dwellings (which include institutions), and that the percentage doing so climbs markedly between age 80 and age 85 (Stone and Fletcher 1987). Had collective dwellings been included, the percentage who got help with personal care after age 80 would have been significantly higher than the figures reflected in Chart 3.1.

Spouses, organizations, and daughters (in that order starting from highest)

figured prominently as sources of help with personal care. Men getting this help mentioned spouses in 82% of the cases, while women mentioned husbands only 39% of the times (older women having no spouse are much more common than older men having no spouse). Organizations were mentioned as a source of help by 15% of the men and 39% of the women who reported getting help with personal care.

Since those living in collective households are excluded from the data, and the data deal with persons aged 55 and over, these figures for help from organizations should be considered as strong indicators of a substantial use of organizations in the delivery of personal care, especially to those aged 70 or more who need it. Keeping in mind the small percentages who reported needing this kind of help in the survey, analysts may probe these indications more systematically by drawing upon the data on living arrangements and marital status.

### 3.9 *Meal Preparation*

An overwhelming majority of older women prepared their meals without help, while a small minority of older men did so (Chart 3.1). Even sharing in meal preparation was carried on by a small minority of older men (25% of those aged 55 and over). Only in the 80 and over

age group do we find more than one in 10 older women who were entirely reliant upon others for making meals. In the 80-98 age group 18% of women and 55% of men, both groups living in private households, usually had their meals prepared by another person.

### ***3.10 Concluding Comment***

In summary, the picture is one of overwhelmingly greater flows of the measured supports from informal than from formal sources in the private household population. Among the informal sources of the measured supports, family and relatives were consistently more important than friends and neighbours.

Particularly notable is the sharp rise in support flows, and in the need for supports, once the 80 and over age group is entered, at least for the kinds of support considered here. Data from this survey permit exploration of the question of how much the reliance upon organizational supports rises after age 80 for those who were living in private households.

In this connection it is important to keep in mind that the proportion of the population above age 80 that is living in collective households (e.g., homes for the aged and nursing homes) rises markedly as age goes upward, and for those in such households, reliance upon

formal organization supports may be substantial. Thus, estimates of levels and patterns of support flows for the parts of the older population most likely to need special or non-customary supports could be badly biased downwards when we survey only the population living in private households.

Culturally governed definitions of sex roles strongly influence the structures of support flows from informal sources. This condition would suggest significant implications where patterns of time devoted to paid work by one of the sexes are shifting markedly, while those of the other sex are remaining relatively stable. The readjustments to such shifts will represent fundamental societal change, since they will go so deep as to significantly influence how boys and girls are brought up, how opportunities for advancement in the work place are tied to sustained full-time employment outside the home, and how much social prestige is offered (or denied) to work in the household setting.

## *General Conclusion*

Even though a highly selective coverage of the domain of supports has been undertaken in this survey, the data should help to stimulate a wide variety of policy-relevant analyses. This seems to be so when one considers that for the same respondent the survey provides information about health status, functional capacity, health promotional behaviour, social participation, supports given and supports received.

This array of coverage of variables linked to particular respondents will permit analyses of the data to treat support distributions not only as dependent variables needing to be explained, but also as explanatory variables related to such areas as perceived quality of life, perceived competence in activities of daily living, perceived health status, and encounters with the established health care system.

With this end in view, this report has introduced the concept of primary potential support group structure, which pertains to the pattern of family and friendship ties that a person possesses. This study has demonstrated how data from the 1985 General Social Survey can be used to portray the manner in which Canadians are distributed over the possible primary potential support group structure. Age and gender differences in the character of this distribution may be indirect indicators of systematic inter-group variation in the average helping

capacity of informal support networks (see Stone 1987 for the supporting argument).

By virtue of their extensive integration of information about use of informal and formal sources of the selected supports, the data gathered in the 1985 General Social Survey should help to stimulate further work on the links between formal and informal supports and assist in informed development of policies and programs in the area of social services. However, this particular aspect of the data is limited by the fact that the survey was restricted to the population that resided in private households and excluded the significant population of seniors living in collective households such as retirement homes.

In short, the database from this survey can support some complex, practical and important analyses that require linkage (at the level of individual observations) of data on aspects of supports, health status, health promotional practices, social participation and giving, and socio-economic status. It is hoped that the simple descriptive work that is presented in this report will help stimulate more adequate explorations of the 1985 General Social Survey database through professional papers and student theses at all relevant levels of education and social services planning and delivery.



## Acknowledgment

For the provision of an opportunity to devote a major part of a national survey to the pioneering (for Statistics Canada) and gerontologically relevant work reported herein, and for encouragement and stimulation of effort in this work, the author thanks Ivan Fellegi and Edward Pryor. If one moves mentally to the level of government where our national Constitution has placed the major responsibility for social services, one will have no difficulty in understanding the national importance and value of the aging-related data gathering that will be stimulated through the 1985 General Social Survey questionnaire and the over-sampling of the older population which was done in that survey.

Although this report is frankly descriptive and introductory, and will certainly "blow off no doors" in the halls of social science enquiry, its content, within the context of what Statistics Canada has done with regard to aging-related data in the past, places it in a unique position. The author is deeply grateful for this once-in-a-lifetime opportunity to write down and publish information in a territory that is both virgin (for Canada at the national level) and, by the evidence, important. Personal, professional and environmental support for the author's efforts (going back to the design work in late 1984) from Susan Fletcher, Edward Pryor and Paul Reed are herewith gratefully acknowledged.

Several experts in aspects of gerontology or survey research have provided helpful criticism of drafts of

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Finally, as always, my work is possible only through the generous technical support of a variety of individuals, who have from time to time provided their talents toward the creation of this information product. It is a pity that they cannot all have their names "in the lights". They include (alphabetically) Andrew Aitkens, Cora Dziubaniuk, Hubert Frenken, Mona Henrion, Lena Jarvlepp, Hélène Laplante, Vasile Nedelcu, Louise Saucier, Betty Scott and Sharron Smith. Special thanks are due to Sharron and to Vasile for their efforts in the area of graphic design, and to Edward Praught for computer programming support.

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# BIBLIOGRAPHY

Aronson, Miriam K. and Yatzkan, Elaine S. 1984. "Coping With Alzheimer's Disease Through Support Groups." *Aging*, No. 347: 3-9.

Atkinson, Maxine P.; Kivett, Vira R.; and Campbell, Richard T. 1986. "Intergenerational Solidarity: An Examination of a Theoretical Model." *Journal of Gerontology*, 41 (3): 408-416.

Béland, François. 1984. "The Decision of Elderly Persons to Leave Their Homes." *The Gerontologist*, 24 (2): 179-185.

Berkman, Lisa F. and Syme, S. Leonard. 1979. "Social Networks, Host Resistance, and Mortality: A Nine-year Follow-up Study of Alameda County Residents." *American Journal of Epidemiology*, 109 (2): 186-204.

Brody, Stanley J.; Poulshock, S. Walter; and Masciocchi, Carla F. 1978. "The Family Caring Unit: A Major Consideration in the Long-term Support System." *The Gerontologist*, 18 (6): 556-561.

Buchler, Ira R. and Selby, Henry A. 1968. "Mathematical Models of Marriage Systems." Chapter 7 in *Kinship and Social Organization: An Introduction to Theory and Method*. New York: The Macmillan Company.

Canada. Health and Welfare Canada. 1987. *Active Health Report*. Catalogue H-39-106/1987E. Ottawa: Minister of Supply and Services Canada.

Canada. National Advisory Council on Aging. 1986. *Toward a Community Support Policy for Canadians. A Discussion Paper*. Ottawa: National Advisory Council on Aging.

Canada. Statistics Canada. 1982. 1981 Census of Canada: Census Families in Private Households. Catalogue 92-905. Vol. 1 -- National Series. Ottawa: Minister of Supply and Services Canada.

Canada. Statistics Canada. 1982. 1981 Census of Canada: Population. Catalogue 92-901. Vol. 1 -- National Series. Ottawa: Minister of Supply and Services Canada.

Canada. Statistics Canada. 1985. *Population Projections for Canada, Provinces and Territories, 1984-2006*. Catalogue 91-520. Ottawa: Minister of Supply and Services Canada.

Canada. Statistics Canada. 1987. *Health and Social Support, 1985*. Catalogue 11-612E, No. 1. Ottawa: Minister of Supply and Services Canada.

Canadian Council on Homemaker Services. 1982. Visiting Homemakers Services In Canada -- Survey 1982. A report on Homemaking Services, Practices and Personnel in Canda. Ottawa: Department of National Health and Welfare.

Chappell, Neena L. 1983. "Informal Support Networks Among the Elderly." *Research on Aging*, 5 (1): 77-99.

Cohen, Carl I. and Adler, Arlene. 1984. "Network Interventions: Do They Work?" *The Gerontologist*, 24 (1): 16-22.

Corin, Ellen. 1982. "Elderly People's Social Strategies for Survival: A Dynamic Use of Social Networks Analysis." *Canada's Mental Health*, September 1982: 7-12.

Epp, Jake. Minister of National Health and Welfare Canada. 1986. *Achieving Health for All: A Framework for Health Promotion*. Health and Welfare Canada. Catalogue H 39-102/1986E. Ottawa: Minister of Supply and Services Canada.

Garrison, Vivian and Podell, Judith. 1981. "'Community Support Systems Assessment' for Use in Clinical Interviews." *Schizophrenia Bulletin*, 7 (1): 101-108.

Gurland, Barry; Copeland, John; Kuriansky, Judith; Kelleher, Michael; Sharpe, Lawrence; and Dean, Laura

Lee. 1983. *The Mind and Mood of Aging: Mental Health Problems of the Community Elderly in New York and London*. New York: The Haworth Press.

Hagestad, Gunhild O. 1987. "Able Elderly in the Family Context: Changes, Chances, and Challenges." *The Gerontologist*, 27 (4): 417-422.

Hall, Alan and Wellman, Barry. 1985. "Social Networks and Social Support." Chapter 2 in Sheldon Cohen and S. Leonard Syme (Eds.), *Social Support and Health*. New York: Academic Press, Inc.

Havens, B. and Thompson, E. 1975. "Social Relationships and Degree of Isolation of Elderly Manitobans." Unpublished paper prepared for presentation at the 10th International Congress of Gerontology, Jerusalem, Israel, June 24, 1975. Manitoba: Manitoba Department of Health and Social Development.

Hay, Joel W. and Ernst, Richard L. 1987. "The Economic Costs of Alzheimer's Disease." *American Journal of Public Health*, 77 (9): 1169-1175.

Horowitz, Amy. 1985. "Family Caregiving to the Frail Elderly." Chapter 6 in Carl Eisdorfer, Powell M. Lawton and George L. Maddox (Eds.), *Annual Review of Gerontology and Geriatrics*. New York: Springer Publishing Company.

Horwitz, Allan. 1978. "Family, Kin, and Friend Networks in Psychiatric Help-seeking." *Soc. Sci. & Med.*, Vol. 12: 297-304.

Johnson, Colleen Leahy and Catalano, Donald J. 1981. "Childless Elderly and Their Family Supports." *The Gerontologist*, 21 (6): 610-618.

Keesing, Roger M. 1975. *Kin Groups and Social Structure*. New York: Holt, Rinehart and Winston, Inc.

Kivett, Vira R. 1985. "Consanguinity and Kin Level: Their Relative Importance to the Helping Network of Older Adults." *Journal of Gerontology*, 40 (2): 228-234.

Kivett, Vira R. and Atkinson, Maxine P. 1984. "Filial Expectations, Association, and Helping as a Function of Number of Children Among Older Rural-Transitional Parents." *Journal of Gerontology*, 39 (4): 499-503.

Kovar, M.G. 1986. "Aging in the Eighties, Age 65 Years and Over and Living Alone, Contacts With Family, Friends, and Neighbors." U.S. Department of Health and Human Services. *Advancedata*, Number 116, May 9.

Lee, Gary R. 1985. "Kinship and Social Support of the Elderly: The Case of the United States." *Ageing and Society*, 5 (1): 19-35.

Levy, Jr., Marion J. 1965. "Aspects of the Analysis of Family Structure." Introduction in Ansley J. Coale, Lloyd A. Fallers, Marion J. Levy, Jr., David M. Schneider, and Silvan S. Tomkins (Eds.), *Aspects of the Analysis of Family Structure*. Princeton, New Jersey: Princeton University Press.

Mancini, Jay A. and Simon, Joyce. 1984. "Older Adults' Expectations of Support from Family and Friends." *Journal of Applied Gerontology*, 3 (2): 150-160.

Matthews, Charlotte. February 14, 1987. *Where Do I Stand? Information for Members*. Ottawa: National Advisory Council on Aging.

Montgomery, Rhonda J.V. 1984. "Services for Families of the Aged: Which Ones Will Work Best?" *Aging*, No. 347: 16-21.

Morris, John N. and Sherwood, Sylvia. 1983-84. "Informal Support Resources for Vulnerable Elderly Persons: Can They Be Counted On, Why Do They Work?" *International Journal of Aging and Human Development*, 18 (2): 81-98.

O'Bryant, Shirley L. 1985. "Neighbors' Support of Older Widows Who Live Alone in Their Own Homes." *The Gerontologist*, 25 (3): 305-310.

Ontario. Minister for Senior Citizens Affairs, Seniors Secretariat and the United Senior Citizens of Ontario. September 1985a. *Elderly Residents in Ontario: An Overview*. Toronto: Minister for Senior Citizens Affairs, Seniors Secretariat.

Ontario. Minister for Senior Citizens Affairs, Seniors Secretariat and the United Senior Citizens of Ontario. September 1985b. *Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance*. Toronto: Minister for Senior Citizens Affairs, Seniors Secretariat.

Ontario. Minister for Senior Citizens Affairs, Seniors Secretariat and the United Senior Citizens of Ontario. September 1985c. *Elderly Residents in Ontario: Differences by Marital Status With Particular Focus on Those Who Are Single*. Toronto: Minister for Senior Citizens Affairs, Seniors Secretariat.

Ontario. Seniors Secretariat, Secretariat for Social Development and the United Senior Citizens of Ontario. May 1985. *Elderly Residents in Ontario: An Overview*. The report is part of a series on the findings of the United Senior Citizens of Ontario (USCO) project.

Pilisuk, Marc and Froland, Charles. 1978. "Kinship, Social Networks, Social Support and Health." *Soc. Sci. & Med.*, Vol. 12B: 273-280.

Pilisuk, Marc and Minkler, Meredith. 1980. "Supportive Networks: Life Ties for the Elderly." *Journal of Social Issues*, 36 (2): 95-116.

Quadagno, Jill S. 1984. "From Poor Laws to Pensions: The Evolution of Economic Support for the Aged in England and America." *Milbank Memorial Fund Quarterly/Health and Society*, 62 (3): 417-446.

Schneider, Edward L. and Brody, Jacob A. 1983. "Aging, Natural Death, and the Compression of Morbidity: Another View." *The New England Journal of Medicine*, 309 (14): 854-856.

Schusky, Ernest L. 1974. *Variation in Kinship*. New York: Holt, Rinehart and Winston, Inc.

Shapiro, Evelyn and Tate, Robert. 1988. "Who Is Really at Risk of Institutionalization?" *The Gerontologist*, 28 (2): 237-245.

Shumaker, Sally A. and Brownell, A. 1984. "Toward a Theory of Social Support: Closing Conceptual Gaps." *Journal of Social Issues*, 40 (4): 11-36.

Soldo, Beth J. 1981. "The Living Arrangements of the Elderly in the Near Future." Chapter 18 in Sara B. Kiesler, James N. Morgan, and Valerie Kincade Oppenheimer (Eds.), *Aging: Social Change*. New York: Academic Press, Inc.

Stoller, Eleanor Palo and Earl, Lorna L. 1983. "Help with Activities of Everyday Life: Sources of Support for the Noninstitutionalized Elderly." *The Gerontologist*, 23 (1): 64-70.

Stone, Leroy O. 1987. *The Concept of Primary Potential Social Support Group, an Important Area for Statistical Innovation*. Population Studies Division, Analytical Studies Branch, Statistics Canada and Centre on Aging, University of Manitoba. (Adapted from a paper prepared for the June 4, 1987 meetings of the Canadian Population Society.)

Stone, Leroy O. and Fletcher, Susan. 1987. "The Hypothesis of Age Patterns in Living Arrangement Passages". Chapter 16 in Victor W. Marshall (Ed.), *Aging in Canada: Social Perspectives*. Second Edition. Markham, Ontario: Fitzhenry and Whiteside.

Stone, Leroy O. and Fletcher, Susan. 1986. *The Seniors Boom -- Dramatic Increases in Longevity and Prospects for Better Health*. Joint product of Statistics

Canada -- Population Studies Division, Health and Welfare Canada -- Office on Aging, The Secretary of State -- Social Trends Analysis Directorate. *Statistics Canada Catalogue 89-515E*. Ottawa: Minister of Supply and Services Canada.

Van Horne, Ron. 1986. *A New Agenda: Health and Social Service Strategies for Ontario's Seniors*. Toronto: Minister for Senior Citizens' Affairs.

Weeks, John R. and Cuellar, Jose B. 1981. "The Role of Family Members in the Helping Networks of Older People." *The Gerontologist*, 21 (4): 388-394.

Wenger, G. Clare. 1986. "A Longitudinal Study of Changes and Adaptation in the Support Networks of Welsh Elderly Over 75." *Journal of Cross-Cultural Gerontology*, 1 (3): 277-304.

Yanagisako, Sylvia Junko. 1979. "Family and Household: The Analysis of Domestic Groups." *Annual Review of Anthropology*, Volume 8: 161-205.