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# Social ties and resilience during the COVID-19 pandemic

Study in six boroughs of Montreal

## Executive Summary

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## Executive Summary

Numerous studies have shown that individual and collective resilience in the aftermath of a crisis depends largely on the number and quality of people’s social connections. This concept of social ties is commonly referred to as social capital in academic research. Scientific literature is also beginning to explore the role of these social connections during a pandemic.

To better understand how the social capital of Montrealers plays a role in individual and collective resilience during the COVID-19 pandemic, ENAP’s Cité-ID LivingLab was mandated by the Office of Ecological Transition and Resilience of the City of Montreal and the Regional Directorate of Public Health (DRSP) of Montreal to conduct a study on the level of social capital in six city boroughs. The study involved interviews with 1,665 Montrealers in these boroughs to understand how social capital

affects individual and collective resilience during the COVID-19 pandemic. The study explores the

role of social capital in public adherence to public health guidelines, in reducing the negative effects of quarantine and social distancing, and in building collective resilience. The study also analyzes the impact of the pandemic on social relations. It addresses “bonding” links between individuals, “bridging” links that create ties between communities, and “linking” relationships with authorities. The six boroughs are Côte-des-Neiges– Notre-Dame-de-Grâce, LaSalle, Montréal-Nord, Pierrefonds-Roxboro, Saint-Léonard and Ville-Marie. For each borough, the study provides an overview of the components of social capital and the evolution of residents’ behaviours and relationships during the pandemic, their sources of information and perceptions regarding COVID-19. The study presents analyses by borough and of pooled data.

**Table 1: Effects of social capital in times of crisis and pandemic described in the scientific literature**

Bonding	Bridging	Linking	In times of pandemic
<ul style="list-style-type: none"> <li>• Circulation of information, warnings, and alerts</li> <li>• Advance preparation</li> <li>• Obtaining immediate help and assistance</li> <li>• Reducing the use of formal assistance from emergency services</li> <li>• Facilitates collective action, mutual assistance</li> <li>• Reducing mortality</li> <li>• Mitigating psychological harm</li> </ul>	<ul style="list-style-type: none"> <li>• Accessing information and materials by different social groups</li> <li>• Evacuations</li> <li>• Reducing mortality</li> <li>• Accessing resources and opportunities for reconstruction and recovery</li> <li>• Promoting long-term recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitating evacuations</li> <li>• Confidence in the messaging of decision-makers</li> <li>• Advocating the interests of the community to governments and their representatives</li> <li>• Long-term reconstruction and recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Adopting new pandemic behaviours (compliance with directives, distancing, reduced mobility, wearing of masks)</li> <li>• Influence on propagation (high number of initial COVID-19 cases and subsequent reduction of cases, lower mortality)</li> <li>• Reducing the negative effects of the crisis (reducing isolation and adapting relationships to the new context,</li> </ul>

<ul style="list-style-type: none"> <li>• Accelerating short-term recovery</li> </ul>			preserving quality of life during times of social distancing)
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## Network

Results show that a significant proportion (17%) of Montrealers have a poorly developed social network and few neighbours, friends or family members to come to their aid in times of need. Analysis illustrates how the COVID-19 pandemic amplified this situation, so that people with a less developed social network were more likely to see their relationships deteriorate than people with larger networks.

Based on Statistics Canada definitions, our study finds that 1% of respondents do not have a community support network, while 16% of respondents relied on a “moderate” support network (one to four friends, neighbours or family members to rely on). Half of all respondents had a network of 10 or more people to rely on, while the other half had fewer than 10. Respondents tended to rely more on friends and family members than on neighbours. Factors associated with social network sizes are education, followed by income, time spent in the neighbourhood, access to a yard, age and language spoken. These factors explain differences observed in respondents' social networks from one borough to another.

Overall, we observed a tendency for the pandemic to accentuate network dynamics that were present beforehand. People with a weaker network at the pandemic's onset experienced more deterioration in their relationships than those with stronger networks. A small social network is also associated with difficulties adapting communication and relationships to changes in social dynamics and physical

distancing, creating dynamics that undermine the resilience of individuals in these circumstances.

## Developments in relations

Respondents most often considered the quality of close relationships (family, friends and neighbours) to be the most important factor in ensuring that relationships were not adversely affected by the pandemic. Individual bonding relationships generally remained stable in terms of quality, although 30% of respondents identified a deterioration in relationships with family and friends, and 24% with neighbours, since the start of the COVID-19 pandemic. These proportions are greater than those who said their relationships had improved. Given the role of bonding ties in individual resilience, populations experiencing a deterioration in these ties may have more difficulty recovering from the pandemic. A majority of respondents were nevertheless able to adapt their behaviour to maintain social ties despite physical distancing rules, with 69% using new technologies more frequently to communicate with friends and family.

Analysis also showed an increase in respondents' mistrust of strangers and young adults since the start of the pandemic, which might undermine social cohesion and collective resilience.

Results show that a more developed social network was associated with positive effects, and that individuals with larger networks saw improvements in relationships. People with larger social networks make greater use of

communication technologies and are able to tailor their relationships to ongoing events more effectively. Larger social networks also appear to have a beneficial effect on the development of trust. For example, people with larger networks are shown to be less wary of strangers and young adults, and less likely to think that only older, more vulnerable people should take specific measures to protect themselves.

### *Proactive social behaviours*

Montrealers have been able to mobilize self-help networks and help each other since the beginning of the pandemic, such as contacting or assisting family and friends.

Each respondent undertook an average of 5.35 actions associated with proactive social behaviours. While 3% did not undertake any action and 20% undertook one to three actions, almost half of all respondents undertook between four and six actions. In addition to buying more from businesses in their neighbourhoods, the actions reported by the largest proportion (over 60% of respondents) were to communicate with those around them (friends, family members, seniors or neighbours) in order to inquire about their well-being. Over 30% of respondents had helped a person in need or at risk, or had donated funds to support the response to the pandemic. Those who did not take any action were, in descending order, men, young people, people who know their neighbours less, who speak French at home, and who do not identify with a minority group.

Again, a more developed network was associated with proactive social behaviours, such as communicating with others to inquire about their well-being, helping a neighbour or person at risk, or giving money or volunteering.

### *Access to assistance*

While social links can make it possible to carry out actions, it is also known that social capital

provides access to assistance in the event of a crisis. We measured the activation of such networks by respondents and the type of mutual aid network activated. Most respondents (55%) had not sought assistance since the beginning of the pandemic. Among those who asked for help, it was mainly from family (18.8%), the federal government (16%, including CERB), healthcare professionals (14.7%), or friends (14.5%). Bonding ties (family and friends) and some linking ties were mainly activated, while bridging links (employers, colleagues, and community organizations) were used less frequently.

Individuals who identified as Aboriginal, disabled, or as part of a minority (visible, sexual or religious) generally asked for more help. This was also true of people who had lost their jobs or experienced reduced work hours during the pandemic. Those with higher incomes asked for less assistance.

### *Feeling of satisfaction*

Respondents' sense of satisfaction with their lives was measured on a scale of 0 (very dissatisfied) to 10 (very satisfied). This measure provided an insight into individual resilience at a time of crisis: the average satisfaction rating for our study was 6.43 out of 10, slightly below the June 2020 Canadian average measured by Statistics Canada (which was itself historically low). In contrast, 33% of respondents reported a score of eight or more, higher than the Canadian average. In addition, 2.7% of respondents had a score of 0 (not at all satisfied) and 15% between 0 and four (quite dissatisfied).

Results show that women, people with disabilities, and people who identify as a sexual minority have lower levels of satisfaction. Level of satisfaction increases with age, income, or the number of people in a household. A better-developed social or self-help network is positively associated with a sense of satisfaction.

## *Sources of information on the pandemic*

The study highlights the relationship between information sources and perceptions of COVID-19, the fear of contracting or transmitting COVID-19, and the clarity and effectiveness of public health directives. These relationships underscore the role of linking networks in the adoption of behaviours that may reduce transmission during a pandemic.

Broadly speaking, television and the websites of media outlets were the preferred means of learning about the pandemic. Many respondents also acquired information from family, friends and other relationships. The main sources of pandemic information were provincial and federal elected officials, and government departments and agencies. However, 10% of respondents did not consult any source of information. In addition, the sources and means of acquiring information varied between boroughs and population groups, making it important to tailor communication strategies to the groups and locales involved.

In the context of the COVID-19 pandemic, trust in information sources is a means of reducing disease transmission. In our sample, information from family doctors and nurses was most trusted. Information from government departments and agencies was more trusted than information from elected officials.

### *Perception of public health directives*

Public health directives were thought to be effective by the vast majority of respondents, who also regarded adherence to directives as a civic duty. However, 19% of respondents found directives unclear, while 15% found them difficult to put into practice.

There is a strong relationship between trust in elected representatives, organizations, doctors,

social workers, employers and academics and adherence to directives. Inversely, trust in social media influencers is negatively correlated with adherence to directives.

Finally, perceptions of COVID-19, of public health directives and adherence to directives is correlated with greater adherence to directives. This shows the importance of trust in information sources to the adoption of behaviours that can reduce transmission.

### *Adherence to COVID-19 Directives*

In terms of compliance, an average of 79% of respondents always followed COVID-19 directives, 25% often followed them, and 5% sometimes or never followed them. In general, older people with higher educational attainment and those who did not identify as a minority were more likely to comply with public health guidelines.

There is a relationship between trust in elected officials, departments and agencies, family physicians and nurses, and increased adherence to directives. Conversely, trust in influencers on social networks is negatively correlated with compliance with directives.

Finally, perceptions of COVID-19 guidelines, as well as adherence to guidelines by relatives, is correlated with greater adherence. This shows the importance of perception and trust in information sources (especially linking-type social ties) in adopting behaviour that can reduce disease transmission.

### *Conclusion and recommendations*

The results of this study, as well as studies previously published in scientific journals, show the role of bonding, bridging and linking social ties during the COVID-19 pandemic. The study highlights the need to strengthen these ties, and identifies areas and population groups that would benefit most from concerted action to

build social capital. These various findings allow the study to make the following recommendations to the City of Montreal and the Montreal Regional Public Health Department.

1) Our study reveals the existence of a vicious circle: those with less social capital at the outset of the COVID-19 pandemic are those who have seen their social capital deteriorate the most. The pandemic has created a cycle of isolation for some people. This population should be targeted as a priority to help their recovery.

2) The study also identifies a potential negative impact on social cohesion due to an increasing distrust of young people and strangers during the pandemic. A strategy should be developed in this regard to prevent a break in the social fabric. As well, future analysis is needed to verify whether this feeling of mistrust persists over time. The strategy could be based on supporting community groups with programs related to this issue in the post-COVID recovery period.

3) As the number and consequences of crises increase, strengthening social ties is an effective strategy for increasing the level of preparedness of both individuals and communities. Building a stronger network before a crisis will improve links between people in a neighbourhood and ensure mutual aid when it is required. The results also show the need to implement actions at the local level to strengthen the three types of linkages and increase social cohesion in anticipation of future crises. Data analysis by neighbourhood and by population group makes it possible to identify where priority actions might be implemented. Many programs, activities and initiatives already contribute to the development of social capital, even if they do not always explicitly address this objective. Authorities should target initiatives that lead to the greatest possible increase in social ties by measuring the impact of their interventions.

4) The study highlights the importance of developing a strong social infrastructure (citizens' social capital combined with stakeholder interventions to compensate for the underdevelopment of social capital in certain populations' or neighbourhoods) in a coordinated manner within the different boroughs of the Island of Montreal. The development of social infrastructure could be based on collaborative governance between territorial actors based on existing or emerging structures (e.g. coordination structures, public policies).

5) The notion of social capital can serve as an integrative concept (common space) within current policies of the City of Montreal and the Regional Public Health Department. The concept of social capital would make it possible to clarify the objectives and measure the impact of interventions. This requires strengthening the coherence of different public policies and aligning the implementation of the programs of the City of Montreal, the Public Health Department, and other partners. It is possible to rely on the networks and mobilization capacities of neighbourhoods and local and regional actors can be targeted to implement these efforts.