



COMMUNITY HEALTH &
SOCIAL SERVICES NETWORK

RÉSEAU COMMUNAUTAIRE DE
SANTÉ ET DE SERVICES SOCIAUX

Poverty and Social Exclusion in Quebec's English-speaking Communities

A Brief submitted by the
Community Health and Social Services Network (CHSSN) to
Minister Eric Girard for the Pre-Budget Consultation

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The *Community Health and Social Services Network* (CHSSN) submits the following brief in preparation for the Pre-Budget Consultation with Eric Girard, Minister of Finance and Minister responsible des Relations avec les Québécois d'expression anglaise.

The Community Health and Social Services Network (CHSSN)

The Community Health and Social Services Network (CHSSN) was founded in 2000 by a group of community leaders who recognized the importance of mobilizing English-speaking communities to ensure better access to English-language health and social services. Since its inception, the CHSSN has built the capacity of organizations across the province to become experts on the needs and realities of English-speaking communities and give them the tools to become active participants in the improvement of access to services in English. Today the CHSSN is a network of over 70 community resources, associations, foundations and other stakeholders dedicated to the development, through partnership, of health and social services for English-speaking communities in Quebec.

The CHSSN and its associated community health networks subscribe to an evidence-based development model that has successfully mobilized English-speaking communities and created partnerships with Quebec's health and social services system. The 22 community networks supported by a CHSSN program coordinate multiple partnerships at the local level. A significant number of these partnerships are directly with health and social services institutions, supporting projects and initiatives engaging the community sector. Other partnerships are with community organizations working to strengthen community resources and collaboration between different sectors, such as education, health and justice.

English-language Communities among the Many Faces of Quebec Poverty

According to the most recent Census of Canada, the English-speaking communities of Quebec have grown to include a substantial 1,253,580 Quebecers representing 14.9% of its citizenry, but there is not always strength in numbers.¹ Economic inequalities and regional disparities continue to be challenges faced by the provincial and regional organizations and networks promoting the interests and well-being of Quebec's minority English-language population. "Minority" in the present context bears no resemblance to a wealthy and cohesive elite secure in its capacity to care for its own. It refers to a diverse group with a long history in Quebec characterized by markedly growing numbers of poor and vulnerable challenged in their efforts to mobilize on their own behalf.

¹ Community Health and Social Services Network (2023). *Baseline Data Report 2022-2023. Demographic Profiles of Quebec's English-speaking Communities* p. 8.

<https://chssn.org/documents/demographic-profiles-of-quebecs-english-speaking-communities/>

Persistent Low Socio-economic Status and Social Exclusion

According to standard indicators for socio-economic status (SES), a key social determinant of health, the now long-standing situation of vulnerable individuals and families among English-speaking communities persists.

Low income

According to the 2021 Census, 269,805 of Quebec's English speakers (15+) live on an annual income of less than \$20,000. This represents **25.7%** of this population which is a much higher proportion of low-income earners than observed in the French-speaking majority (**19.9%**) sharing the same territory. The proportion of high earners (\$50, 000 +) in the English-speaking population (34.1%) is lower than that found in Quebec's French-speaking population (38.5%).²

Precarious employment

According the 2023 report of the *Provincial Employment Roundtable* (PERT), English speakers are more likely to work in a temporary position, work fewer average weeks, and are more likely to work part-time compared to French speakers. These are all lead indicators for labour market precarity.³

Living below LICO (low income cut-off)

The 2021 Census tells us that **12.1%** of Quebec's English-language population is living below LICO compared to **7.1%** of Francophones. The greatest gap between minority and majority language populations in terms of this measure of poverty is evident in the 15-24 years age group - a life stage typically characterized by completion of education and entry to the job market. Among English-speakers aged 15-24, **19.4%** are living below LICO compared to **9.1%** of French-speakers of the same age.⁴ This means that English speakers in this age group are twice as likely as their Francophone counterparts to be living below LICO.

When observed by region (RTS territory), the proportion of the English-speaking population living in poverty in Centre-Sud-de-l'Île-de-Montréal is as high as **21.7%** and **21.2%** in Centre-Ouest-de-l'Île-de-Montréal. English speakers in the Capitale-Nationale and Chaudière-Appalaches regions are more than twice as likely as their French-speaking neighbours to be struggling to meet their basic needs.⁵

For both the minority and majority language group living in Quebec, the tendency to live below the low-income cut-off declined between 2016 and 2021. However, the relative gap between Anglophones

² Ibid., p.13.

³ Provincial Employment Roundtable (PERT) (2023). *CENSUS 2021 Update: A brief review of the latest data on employment among Québec's English speakers*. p.1.
<https://pertquebec.ca/reports/census-2021-update-a-brief-review-of-the-latest-data-on-employment-among-quebecs-english-speakers/>

⁴ CHSSN Community Health and Social Services Network (2023). *Baseline Data Report 2022-2023. Demographic Profiles of Quebec's English-speaking Communities* p.19.
<https://chssn.org/documents/demographic-profiles-of-quebecs-english-speaking-communities/>

⁵ Ibid., p.23.

and Francophones in terms of the tendency to live in poverty has grown. In 2016, **18%** of English speakers were living below LICO compared to **12%** of French speakers. In 2021, **12%** of English speakers were in this position compared to only **7%** of French speakers. This means that, in relative terms, that the gap is larger.

Unemployment

According to the Census of Canada, the unemployment rate for English-speaking Quebec rose from **8.9%** in 2016 to **10.9%** in 2021. For Francophones, their unemployment was constant at **6.9%** for both 2016 and 2021. This means that the gap in unemployment rates doubled from 2% to 4% over the 2016-2021 period. The 2021 unemployment rate for English speakers is higher in every Quebec region than that displayed by Francophones.⁶

Looking at the 25-44 age group who correspond to the younger half of the working age population, we see that the gap between Anglophones and Francophones has increased. In 2016, English speakers in this age cohort had a rate of **8.5%** while for French speakers it was **5.7%**. In 2021, it is **9.8%** among English speakers aged 25-44 and **5.2%** among French speakers in this age cohort. No doubt, in 2023 this inequality is impacting the health and well-being of the young families and children that CHSSN, and their networks, are working with. Clearly, this younger half of the English-speaking population is not faring as well as their seniors were at the same age.

Intergenerational Decline in Levels of Social Integration and Sense of Belonging

English-speaking youth and young parents today are more likely than the youth of yesterday to face long-term economic disadvantage. The past tendency of Quebec's minority English-language communities to report higher educational levels than the majority has all but disappeared among the younger age cohorts. The effects of persistent economic inequalities are no doubt evident in probes like the *Canadian Community Health Survey* which reveals that "*English-speaking youth (15-24) score low on many mental and emotional health indicators compared to other age groups within their language community and compared to Francophones of the same age...males score lower than females on many indicators*".⁷ These include low scores on indicators for social integration, sense of belonging, emotional attachment, high levels of stress and anxiety, low-self-esteem and low scores on feeling skills and competencies are recognized.

Language barriers and socio-economic factors are key considerations in the case of the surge in rates of anxiety and depression among Anglophones during COVID. During the pandemic, high levels of economic insecurity were met with increased job loss, the inability to meet basic security needs and

⁶ Ibid., p.31.

⁷ Community Health and Social Services Network (2015), Pocock (researcher). *Canadian Community Health Survey (2011-2012) Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities*. <https://chssn.org/documents/canadian-community-health-survey-2011-2012-findings-related-to-the-mental-and-emotional-health-of-quebecs-english-speaking-communities/>

heightened fear stemming from uncertain future job prospects. The impact of the health crisis persists today and will be felt long into the future.

Dr. Melissa Généreux, professor at the Faculty of Medicine and Health Services at the Université de Sherbrooke and advisor to the Direction de santé publique, reports that consistently, across regions, there are social groups that are more affected by the pandemic than others. These at-risk groups are adults aged 18-24, Anglophones and health care workers.⁸ In the words of Dr. Généreux, “In our study, 37% of adults aged 18-24 reported symptoms of anxiety or depression in the previous two weeks. It is concerning that a significant portion of young people are not doing well. It is equally striking that Anglophones are twice as likely as Francophones to have anxiety or depressive symptoms.”⁹

Low socio-economic status tends to manifest in greater risk for a variety of health problems and a lower likelihood of being able to meet any costs associated with medical treatment. Notably, mental health support, especially support in English, that comes at a price is beyond the reach of many at-risk Anglophones. They depend upon public health and social services wherein the low rate of English-speaking health professionals is problematic. According to a 2023 CROP/CHSSN province-wide survey of 4,318 English speakers, a significant percentage of English-speakers are not able to access service in English. For example, 33% of survey respondents were not served in English at a CLSC; 32% were not served in English by Info Santé or Info Social ;27% were not served in English at a hospital emergency room or out-patient clinic;19% were not served in English at the hospital when they stayed overnight; 18% were not served in English by the doctor they saw at a private office or clinic and 16% were not served in English by a health professional for a mental health problem.¹⁰

High levels of CEPE vulnerable groups

Groulx, for *Centre d'étude sur la pauvreté et l'exclusion*¹¹, points out that new immigrants and people with physical limitations, like the frail elderly, are among the groups that are vulnerable to the persistence of low income and social exclusion. Both these groups form a markedly substantial portion of Quebec's English-speaking communities.

A substantial one third (**33.6%**) of Quebec's English speakers are immigrants. These levels are much higher than the levels found among Quebec's French-speaking majority where immigrants represent **8.8%** of the population.¹² Immigrants, especially newcomers, frequently face a variety of linguistic and cultural barriers in accessing Quebec's health and social service system.

⁸ Université de Sherbrooke, Archives, Press Release, September 2020.

⁹ Université de Sherbrooke, Archives, Press Release, September 2020.

¹⁰ Community Health and Social Services Network (2023). *English-language Health and Social Services Access in Quebec*. p.8. <https://chssn.org/documents/crop-english-language-health-and-social-services-access-in-quebec/>

¹¹ Centre d'étude sur la pauvreté et l'exclusion, (2011). Groulx (auteur). *Facteurs engendrant l'exclusion au Canada: Survol de la littérature multidisciplinaire*. P.11. (Document available only in French) https://www.mtess.gouv.qc.ca/publications/pdf/CEPE_lionel-henri_groulx.pdf

¹² Pocock and CHSSN Team. (Spring 2016). Meeting the Challenge of Diversity in Health: The Networking and Partnership Approach of Quebec's English-speaking Minority. *Journal of Eastern Townships Studies* (JETS), No.46, p. 5.

In the Montreal region, noted for its high level of ethno-cultural diversity, visible minority English speakers living below the low-income cut-off represent an alarming 37.7% of the English-speaking visible minority group.¹³

According to the latest Census, in Quebec there are 24,845 English-speaking seniors (65+) living below the low-income cutoff. They represent **13.5%** of the English-speaking senior population. The proportion of Quebec's French-speaking seniors in this same predicament is **9.2%**. Among all age groups, the lowest level of English/French bilingualism is among those 65+.

Language and access: the importance of communication

The Ministère de la santé et des services sociaux (MSSS) has affirmed the importance of language in the delivery of quality health and social services. In its guide for the development of government-approved access programs, effective communication is deemed necessary to ensure that English-speaking persons are able to understand the services offered. Clear communication is considered vital in order to ensure the safety and quality of the services provided.¹⁴ Supporting effective communication with English-speaking persons “ensures the information exchanged is accurate, that informed consent is obtained and that confidentiality is maintained at all times”.¹⁵ The following is an extract from the MSSS guide that underscores this principle:

“In the health and social services field, it is recognized that the user’s language is an essential tool in ensuring the success of clinical interventions. To receive adequate services, an English speaker, like any other person, needs to be listened to, needs to communicate. When a person’s health or well-being is at stake, being able to speak in English may become a need, even a necessity. Recognizing this need and responding to it in an appropriate and personalized way are key to a successful clinical intervention. To improve communication and the response to the user’s needs during a clinical intervention, the care provider who is responsible for responding to and guiding the user must be familiar with the content of the access program and the information must be easy to use. The care provider must be able to inform the user of where and how he can obtain English-language services. To this end, access mechanisms for services must be made public and readily accessible to care providers and anyone who wants to consult them.”

¹³ Pocock and CHSN Team. (Spring 2016). Meeting the Challenge of Diversity in Health: The Networking and Partnership Approach of Quebec’s English-speaking Minority. *Journal of Eastern Townships Studies* (JETS), No.46, p. 88.

¹⁴ MSSS. Guide pour l’élaboration de programmes d’accès aux services de santé et aux services sociaux en langue anglaise, cadre de référence. April 2018.

¹⁵ Ibid.

The guide cites scientific literature containing examples of how language barriers compromise the accessibility and quality of services. These include medication errors, misdiagnosis, less frequent and longer clinic visits, among others.¹⁶ In addition to the safety factors associated with poor communication, language barriers engender difficulties for English-speakers navigating the health and social services network. For service providers, issues with communication may mean that services are not provided to the same standard as those applied to others; or that informed consent to treatment is not adequately ensured.

Recommendation

Ensuring the needs of the community are considered.

The English-speaking communities of Quebec represent a substantial 15% of its population and are notably prominent among Quebec's most vulnerable citizens. Any process of planning and implementation of action must recognize the struggle of the individuals and families who reside in these communities to maintain economic self-sufficiency, access to and use of health and social services and to integrate as full citizens of Quebec society. Efforts to prevent the causes and reduce the impact of poverty or improve access to health and social services must be cognizant of the fact that these vary among Quebec's population in accordance with unique factors like region, language and age.

Address critical health concerns.

To have a concrete impact on the challenges faced by the English-speaking community to access health care and address critical mental health demands, the CHSSN is recommending that the government commit to long-term funding for the support of community based mental health programming as well as community-based navigation support for English-speaking clients that are using the health and social services system.

¹⁶ Ibid.

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