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Portrait Of Men And Fathers In Quebec's English-Speaking Community & Their Relationship To Services

— A SOCIOLOGICAL VIEW

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Pôle d'expertise et de recherche
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Table of contents

| | |
|--|-----------|
| <i>Introduction</i> | 3 |
| 1. <i>Terms of reference, study objective and methodology</i> | 4 |
| 2. <i>Results</i> | 9 |
| 2.1 What the surveys say about men and their relationship to services | 9 |
| 2.2 What the public data say | 15 |
| 3. <i>Discussion and recommendations</i> | 22 |
| 3.1 Discussion | 22 |
| 3.2 Recommendations | 30 |
| 3.2.1 | 30 |
| Recommendations for the Public Network..... | 30 |
| 3.2.2 | 30 |
| Recommendations for the Community Network..... | 31 |
| 3.2.3 | 31 |
| Recommendations for the research sector..... | 31 |
| <i>Conclusion</i> | 32 |

Introduction

What is the profile of English-speaking men in Quebec? Are they different from other Quebec men, mainly Francophones? Has the pandemic affected them more? Do they experience additional barriers to services imply because of their language? Finally, what policies and interventions could improve their condition and access to health and social services? These are the questions at the heart of this study.

In order to shed light on these issues, the research uses an examination of recent survey results and public data to map out the English-speaking community in terms of the men and fathers who comprise it. Before doing so, a culturalist analytical framework is presented to better understand and interpret the results that emerge from the various sources of information used in the study. Finally, avenues for action in terms of public policy and intervention in practice settings are proposed to improve the situation of English-speaking men and fathers and to bring health and social services closer to their needs and reality. The results of surveys and public data reports form the basis for reflection on the actions to be taken.

This study is the result of close collaboration between three partners: the Community Health and Social Services Network (CHSSN), which is the main organization in this research representing the English-speaking clientele, the Regroupement pour la Valorisation de la Paternité (RVP) for the paternity component and the Pôle d'expertise et de recherche en santé et bien-être des hommes (PERSBEH) for the research component. The study was an opportunity for sharing and reflection between the research and practice communities so that the results could be of concrete use to the English-speaking community in the field of health and social services.

Definition and profile of the English-speaking community in Quebec

Definition

The English-speaking community in Quebec includes all people who have English as their first official language spoken in Quebec¹. This includes those whose mother tongue is English and those whose mother tongue is other than English and French.

Profile ²

- The English-speaking community in Quebec represented 1,103,475 people in the 2016 census, or 13.7% of the Quebec population;
- Slightly more than one-third, or 34.8%, were allophones;
- Eight out of 10 Anglophones reside in the Montreal metropolitan area. The rest are scattered throughout various regions of Quebec;
- The English-speaking community in Quebec is a mix of populations of English and ethnic origin. As a result, it is culturally and religiously diverse;
- Its multicultural and multiracial character is particularly pronounced in the greater Montreal area;
- Socioeconomically, the university graduation rate for Anglophones is higher than the Quebec average; however, they are more likely to have low incomes (less than \$20,000) and to be unemployed;
- Income inequality as measured by the Gini index³ is greater for English speakers than for French speakers, and greater for men.

One third of the English-speaking community (33.8%) was unilingual English in 2016, or 372,450 people in Quebec; this can pose serious problems of access to health and social services for these people in many regions of Quebec and even in Montreal.

¹ As defined by Statistics Canada (Pàez Silva, 2019)

² The data reported draw from a variety of sources found in the text, including the work of Pàez Silva (2019) and [Kueber and Richardson \(2019\)](#)

³ The Gini index is a statistical measure of the degree of social inequality in a population.

1. Terms of reference, study objective and methodology

A culturalist frame of reference

The portrait that is presented is statistical in nature: survey results, public data on populations. However, to better understand the meaning and significance of the results from these sources, a frame of reference is needed that is consistent with the purpose of this paper, which is to provide a portrait of English-speaking men in Quebec in the context of their relationship to services. The culturalist framework was deemed appropriate for interpreting the observations and trends that will emerge from the statistical material.

For the purposes of this paper, the concept of culture used is that defined by Etienne, Bloess, Noreck and Roux (2004), namely that culture represents "the set of activities, beliefs and practices common to a particular society or social group" (p. 120). As Akoun (1999) reminds us, sociology is interested in the particular uses of language in relation to social and regional differences within a linguistic community. Here, we are talking about men belonging to an English-speaking community. This is the common denominator of the study, which also includes a minority of men from diverse English-speaking ethnic backgrounds.

In the culturalist perspective, language is a cardinal vector of culture. According to Grize (2005), in order to be socially recognized, an individual must take his place in the "linguistic market". In support of this observation, the author quotes Bourdieu: "He who does not have access to the language of the dominant classes has little chance of playing a role in social and political life" (p. 383). But, there is not only language in culture. Concepts such as social norms, cultural patterns or values, among others, are regularly used to define the contours of the notion of culture in the scientific literature.

Moreover, language is not a universal way of distinguishing cultures. For example, in the vast survey of 53,749 people from all over the world (Leger Marketing, 2006), the identification of the major issues of the day by respondents transcends language for

geographical and other identity affiliations. An eloquent example: Canada and the United States. If we compare the English-speaking provinces with the American states (and thus a common language), according to pollster Michael Adams, English Canadians share less and less of the values of Americans on fundamental aspects such as the family or living together. And this would be more true for Quebec, a more post-modern society (Paré, 2003). The recent results of a survey conducted in Canada by the Léger polling firm (2021) concerning a survey of fathers of children under 18 years of age, were in line with this. However, in the field of health (which concerns our document), according to Kopec *et al.* (2010), cultural factors would have an appreciable effect, depending on the language group considered, on the use of services in the event of problems and on mental health problems.

Since this study focuses on the relationship to services among English-speaking men, there are other cultural dimensions to consider. Two of these are worth noting: the cultural distance of working-class people from the world of services and the technocratic culture of services. But before addressing these two dimensions briefly, it is important to establish that any relationship between an individual and a service provider or organization is a relationship of culture (Roy, 2018). Thus, the encounter in question brings together different cultures and sub-cultures belonging to the person who consults (English/French-speaking cultures, ethnic cultures, generational cultures, cultures from working-class backgrounds and regions, etc.) and those belonging to the practitioner (organizational and professional cultures, cultures from educated and socioeconomically advantaged backgrounds, etc.).

The first dimension concerns the significant cultural distance that Paquet (1989) has suggested exists between the working classes and health and social service professionals, an observation that has been taken up more recently by other authors (Chauvin and Parizot, 2005; Couffinhal *et al.* 2005; Dupéré, 2011). His work has highlighted the fact that certain cultural factors are linked to representations concerning health, values and lifestyles that differ between the social classes and the professional and social services environment.

The author argues that "the cultural distance between the health system and the working classes leads to mutual misunderstanding and a one-way dialogue" (p. 108). According to her, there is a dichotomy between the "us" referring to people of the same working class and the "them", for example, health and social services professionals.

Depending on the culturalist perspective adopted, there may be an overlap between two cultural dimensions, that of the English-speaking community and that of the working classes. For example, comparisons between men from the English-speaking community, while belonging to the working classes, could show fewer differences with Francophone men who also come from working-class backgrounds than would be the case with the comparison of all men from both communities.

The second cultural dimension refers to the technocratic⁴ culture of services, which is an additional obstacle in the relationship between people and services. According to Laforest and Belhassen (1991, p. 92), "the relationship to the clientele that the technocratic context postulates is a need-response relationship insofar as the two components are interpreted or interpretable in the same way as what is indicated in the programs and services. Hence the possible soliloquy between individuals and service organizations⁵. It is from this perspective that many of the participant observations in the Tremblay *et al.* (2016) study were made. Thus, in this research, participants reported that certain services or practices did not correspond to their realities. For still others, the technocratic nature and complexity of the health and social services system would create a real screen between them and the services. Finally, according to Lajeunesse *et al* (2013), access to services is considered by some as a real obstacle course.

⁴ According to Larochelle (1999, pp. 528-529), technocracy "literally refers to a form of organization of the society in which power is exercised by experts who, by virtue of their competence and technical knowledge in a specific field, decide on all matters relating to the order public interest".

⁵ On the other hand, the argument is less true for community resources, which are more accessible and closer to the needs of individuals in the community.

In addition to these obstacles, there is the specific issue of language and cultural barriers in service organizations for clients from the English-speaking community. This last issue would be an object of qualitative study in itself.

These are, in short, cultural considerations to be taken into account in the analysis of quantitative results. The ultimate goal of using a culturalist framework is to help identify issues and questions that need to be asked in order to bring the organization of existing services closer to the realities of people in English-speaking communities.

Objectives of the study

The overall objective of the study is to:

To establish a portrait of English-speaking men in Quebec based on three surveys and relevant public data in order to support practice settings (CHSSN community services network, Quebec community network, RSSS) in reflecting on the priorities and intervention methods to be put in place in the general context of the specific realities experienced by English-speaking clients with regard to health and social services.

In this research, particular attention will be paid to fathers.

There are three specific objectives:

- *To draw a portrait of English-speaking Quebec men in the context of their relationship to services;*
- *Interpret the results from a culturalist perspective;*
- *Identify strategies and avenues of intervention to promote better access to health and social services for English-speaking men in Quebec, based on their specific realities.*

Methodology

These are comparative analyses of English-speaking Quebec men with other men in Quebec based on material from three recent surveys and public data. To this end, bivariate analyses were completed to better measure the differences and points of convergence between the two groups of men. Only statistically significant results were ⁶retained. The criterion of mother tongue was used as the basis for qualifying English-speaking men.

The components of the culturalist framework were used to interpret certain trends or observations that emerged from the quantitative analyses. An advisory committee, composed of members of the Community Health and Social Services Network, the Executive Director of the Regroupement pour la Valorisation de la Paternité and the principal researcher, was set up to follow the different stages of the study and to actively participate in the reflection on the results and on the recommendations in terms of services and public policies.

2. Results

This section is divided into two parts: three surveys of men in Quebec and documents based on public data. For these two sources of information, a distinction is made between the results for English-speaking men and those for men in Quebec as a whole.

2.1 What the surveys say about men and their relationship to services

The analysis is based on the following three supplemental surveys that, in their own way, address men's relationship to aid and services:

- SOM survey (2018) examining factors facilitating men's consultation of a psychosocial resource or worker in times of need and their preferences for intervention (representative random sample of 269 English-speaking men out of 2,095 men in Quebec);

⁶ P < 0.05.

- SOM survey (2020) on the reality of fathers and mothers regarding different aspects of their family life and co-parenting (representative random sample of 228 English-speaking fathers and 211 English-speaking mothers out of 2115 respondents);
- SOM survey (2021a and b), component a) on the influence of the pandemic on men's help-seeking and difficulties experienced by them (representative random sample of 392 English-speaking men out of 2,740 men in Quebec and component b) on fathers only in the survey (sample of 92 English-speaking fathers out of 622 fathers in Quebec).

The statistical analyses are based on a sample of 5,307 Quebec men, including 889 English-speaking men by combining the three surveys. The choice of these surveys appeared relevant for three main reasons. First, they allow for a systematic comparison with men from English-speaking communities and other men in Quebec on identical indicators and with sample sizes that offer significant statistical relationships. Second, they are very recent and allow comparisons before and during the pandemic, which is a definite advantage in the current context of knowledge development. Finally, all three surveys focus on men's health and well-being and their relationship to services, which is central to the concerns of the current study.

SOM Survey 2018

The survey was conducted online from October 4 to 16, 2018, among Quebec men aged 18 and older. It includes three chapters: factors facilitating consultation to services, men's preferences for intervention and health status, and consultations in the past year. Statistically significant differences between English-speaking and French-speaking men are presented below.

English-speaking men, compared to French-speaking men, are proportionately:

- Fewer are attracted to TV ads to help learn about available services (52% vs. 61%);
- More likely to favor a strategy that uses social media to help raise awareness of available services (3% vs. 1%);

- Less likely to consult a provider if friends are the promoters (5.3 out of 10 vs. 6.0);
- More likely to seek help if their spouse threatens to leave them (6.6 of 10 vs. 6.1);
- **Fewer consider it "very helpful" to come in person without an appointment when experiencing significant emotional difficulties (33% vs. 42%);**
- Fewer concerned about privacy in a waiting room (5% vs. 9%);
- More likely to leave a voicemail message if they need help (47% vs. 31%);
- Fewer wanted the practitioner to provide feedback, advice and concrete tools (26% vs. 35%);
- Less likely to have consulted health specialists other than a physician (61% vs. 74%);
- **More likely to consult a psychosocial worker in a community agency (6% vs. 2%).**

Comments: According to the SOM report, the fact that services are available in English is the factor that stands out the most as the one that would help them to go to a resource or a provider. Overall, the differences observed, even if statistically significant, do not allow us to deduce any basic trends between English-speaking and French-speaking men, except to note a greater propensity to consult a community psychosocial setting among the former. This issue will be addressed later.

SOM 2021 survey, part a)

This second online survey was conducted from January 13 to 31, 2021 among Quebec men aged 18 and over. The survey is divided into four sections: the impact of the pandemic on family life, the impact of the pandemic on men's mental and physical health, health measures and consultation with resources. First, the differences between English-speaking and French-speaking men are described (part a). The portrait of fathers will follow (part b).

English-speaking men, compared to French-speaking men, are proportionately:

- **More likely to be looking for a job before the pandemic (9% vs. 2%);**
- **More likely to seek employment during the pandemic (10% vs. 4%);**
- More likely to telecommute (35% vs. 25%);
- Fewer work outside the home (7% vs. 21%);
- **More likely to have felt a negative impact of the pandemic on daily life (74% vs. 66%);**
- More likely to have experienced a negative impact of the pandemic on mental health (48% vs. 38%);
- More likely to have felt a negative impact of the pandemic on financial health (27% vs. 21%);
- More likely to have felt a negative impact of the pandemic on sex life (37% vs. 30%);
- **More likely to report high psychological distress ⁷(22% vs. 12%);**
- More likely to live in a single-person household (35% vs. 25%);
- Fewer live in couples (46% vs. 60%);
- **More "very concerned" about the impact of COVID-19 transmission from children (35% vs. 12%);**
- **More people consider it "difficult" to adapt to the changes brought about by the pandemic (50% vs. 40%);**
- Fewer perceive their life as a source of personal satisfaction (82% vs. 89%);
- **Less likely to see a doctor in a medical clinic (58% vs. 75%);**
- More likely to be foreign-born (12% vs. 5%);
- **More likely to have a university degree (40% vs. 28%);**

⁷ "Psychological distress is the result of a set of negative emotions experienced by individuals that, when persistently present, can result in depressive and anxiety syndromes" (Tu *et al.*, 2018, p. 10). To measure it, the psychological distress index is the benchmark indicator. It is calculated based on six questions about the frequency of certain mental or physical states experienced by individuals and thus allow for a six-item psychological distress scale.

- **More likely to have a personal income of less than \$35,000 (38% vs. 25%).**

Comments: 79% of English-speaking men live in the Greater Montreal area compared to 44% of French-speaking men who reside there. This means that some of the attributes accorded to English-speaking men may be at least partly due to the fact that they live primarily in Montreal. However, data from the SOM (2021) report shows that all men living on the Island of Montreal would have been more affected by the pandemic, which is also the case for English-speaking men, but to a greater degree. Unlike the 2018 SOM survey, the 2021 SOM survey shows clear trends in the differences between English-speaking and French-speaking men. Three of these are worth noting: a more negative overall perceived impact of the pandemic among English-speaking men, less favourable socio-economic conditions among them (twice as many of these men, in proportion, have a personal income of less than \$15,000)⁸, but a higher rate of university education. These dimensions will be discussed below from a broader perspective.

SOM 2021 survey, part b)

Component b concerns exclusively fathers who responded to the same survey. The ⁹.

English-speaking fathers, compared to French-speaking fathers, are proportionately:

- **More "very concerned" about the impact of COVID-19 transmission from children (35% vs. 12%);**
- **More likely to have felt a "very negative" impact of the pandemic on daily life (34% vs. 16%);**
- **More likely to report high psychological distress (30% vs. 13%);**
- **More likely to consider it "difficult" to adapt to the changes brought on by the pandemic (69% vs. 46%);**
- **More likely to have postponed medical visits after the pandemic even though they felt they needed to (12% vs. 4%);**
- **More likely to have postponed psychosocial counseling after the pandemic even though they felt they needed it (11% vs. 3%);**

⁸ 14% for English-speaking men compared to 7% for French-speaking men.

⁹ The small size of the number of participants (92 English-speaking fathers out of 599 fathers) limited the potential for statistically significant associations, $P < 0.05$.

- Fewer preferred face-to-face consultation with a psychosocial worker (31% vs. 48%);
- More prefer a telephone consultation with a health and psychosocial worker (8% vs. 2%).

Comments: The same family of factors identified for English-speaking men was found among English-speaking fathers, but in a more pronounced way. What distinguishes English-speaking fathers from French-speaking fathers is their greater propensity to have postponed their medical or psychosocial consultation after the pandemic even though they felt they needed it. An important issue for English-speaking fathers is the high psychological distress index. It is 30%. This is the highest rate with young men aged 18 to 24 in the national survey (30%), followed by low-income and single men (28%), those of sexual diversity (27%) and fathers aged 18 to 34 (25%). For comparison purposes, the national average for this index is 14%. Also, the rate of low income, which is associated with a high index of psychological distress, also characterizes English-speaking men as seen above.

SOM 2020 Survey

The results of this survey are complementary to those immediately preceding in the previous section on English-speaking fathers. This is an online survey conducted from May 22 to June 1^{er}, 2020. It includes four chapters: a profile of co-parenting, parenting experience, co-parenting functioning, and COVID-19. Caution should be exercised in interpreting the results, as they include fathers and mothers from each of the two linguistic communities (English and French). The following are the significant differences that were observed between English-speaking and French-speaking parents.

English-speaking parents, compared to French-speaking parents, are proportionately:

- More likely to live in a nuclear or intact family (75% vs. 66%);
- More likely to be in joint custody (18% vs. 13%);
- More likely to see parenting as a source of anxiety and stress (57% vs. 43%);

- **More likely to find it "difficult" to know if they are doing the right thing with children (65% vs. 34%);**
- **More likely to find it "difficult" to raise children well (25% vs. 14%);**
- More likely to play and do activities with children (19% vs. 10%);
- **Fewer find it "difficult" to have quality in their relationship (7% vs. 14%);**
- **More likely to consider it "very important" to team up with their co-parent (84% vs. 75%);**
- More likely to feel that public policies and societal norms value the role of fathers as much as mothers (64% vs. 53%);
- **More likely to consider the pandemic to have had "quite a bit" or "a lot" of perceived impact on co-parenting (65% vs. 50%).**

Comments: Three dimensions seem to emerge from these results. The first is that English-speaking parents would be closer as spouses from a co-parenting perspective. The second is that they have more doubts about how to raise their children. Finally, a greater proportion of them would consider that the pandemic has had a negative impact on the exercise of co-parenting. This last dimension is consistent with what was observed above, in that English-speaking men and fathers are more likely to have considered that the pandemic has had a negative impact on them.

2.2 What the public data say

The purpose of this section is not to take stock of all the public data on men in the English-speaking community in the area of health and well-being, but rather to identify "key" data that would complete the portrait of these men or of the community as such, or that would validate or qualify some of the findings offered by the survey analysis. Furthermore, the study is limited by the limited number of documents and reports dealing specifically with English-speaking men or by the time lag of such publications, which does not always allow for reflection on the contemporary realities of this community.

A first theme relates to **accessibility to health and social services** by language group. Four studies conducted by the Institut de la statistique du Québec as part of the 2010-2011

Quebec survey on the experience of care have made it possible to explore certain dimensions for which significant differences have been observed between people belonging to the English-speaking language group and those belonging to the French-speaking language group. These population-based studies focus on the family doctor and consultation with certain services (Dubé-Linteau, Pineault, Levesque, Lecours and Tremblay, 2013), consultation with a specialist doctor (Dubé-Linteau, Lecours, Levesque, Pineault and Tremblay (2013), hospitalization and consultation with a doctor in a hospital emergency room (Lecours, Pomey and Tremblay, 2013), and consultation for social services (Cazale, Poirier and Tremblay, 2013). The next table summarizes the main differences observed between the two language groups considered.

Table 1

Key differences between English and French speakers in four studies from the 2010-2011 Quebec survey on the experience of care by the Institut de la statistique du Québec

a) Family physician and consultation of certain services (Dubé, Pineault *et al.*, 2013):

- Unmet need for family physician affiliation (15.6% vs. 11.7%)
- Services address all health problems ¹⁰(65.0% vs. 87.5%)

b) Consultation with a medical specialist (Dubé, Lecours *et al.*, 2013):

- The service is not available in the region (21.5% vs. 14.2%)
- Waiting too long to get the appointment (29.5% vs. 22.8%)
- Service is not received in English (4.8% vs. 1.1%)

c) Hospitalization and consultation with a physician in a hospital emergency room:

- Received confusing or conflicting information from services (18.0% vs. 13.6%)
- Did not receive information about signs and symptoms to watch for at home (31.0% vs. 25.8%)
- Staff did not secure a follow-up appointment (33.8% vs. 28.4%)
- Staff did not inform the family physician of the care received during hospitalization (46.3% vs. 32.1%)
- Staff did not inform the family physician of the care received during the ED stay (72.7% vs. 61.8%)

d) Consultation for social services (Cazale *et al.*, 2013):

- A need to consult a social service professional but cannot (4.1% vs. 2.7%)

An initial reading of the results of these four population-based studies by the Institut de la statistique du Québec shows that, in various ways, there are problems of access to services for English-speaking clients and that, in this respect, the issue of language of service could be an important factor. This view is supported by a sociological study of disparities in access to health care among the official language minority in Quebec (Falconer and

¹⁰ Results presented are for those who reported having a usual place of care (other than home) and who reported seeing a physician for their general health care during a two-year period.

Quesnel-Vallée, 2014). Their research confirms what Leis and Bouchard (2013) argued, that language barriers have a negative effect on access to health services. Specifically, Falconer and Quesnel-Vallée (2014) argue using a multiple regression model that **unilingual Anglophones** in Quebec are 26% more likely than bilingual Anglophones to report poor health and that, despite their poor health status compared to others, unilingual Anglophones are 52% more likely to report unmet health care needs. The authors note that:

These disparities in health status as well as in access to health care are explained by the ability to express oneself in French. Moreover, these effects are not modified by the inclusion of potentially confounding variables such as socio-demographic and socio-economic characteristics. The results suggest that it is policies aimed at reducing barriers to health care access for minority populations that may improve access to care, and potentially the health of unilingual English speakers in Quebec (Falconer & Quesnel-Vallée, 2014, p.511).

A recent survey (La boîte à comm., stratégie et production, 2021) of 1,737 English-speaking parents regarding services for children aged 0 to 12 years old showed that it is important for these parents to have services in their language (depending on the category of services, 81% to 89% of parents considered this aspect "very important"). This is the case for support activities for fathers (78% of parents think it is "very important" that these services be available in English). This issue of accessibility to services from a linguistic perspective will be discussed further in the next section.

A second theme is **mental health**. According to a study conducted on the mental and emotional health of English-speaking communities in Quebec (Pocock, 2015), English-speaking men would record low levels of health and well-being in several areas. Compared to Francophone men, they would be less likely to report feeling satisfied with their lives, feeling that their skills and abilities are recognized, and seeing themselves as a person of value. High levels of stress would be a barrier to improving their health compared to Francophone men. Finally, they would also be less likely to have a regular place of referral to go when they are sick or need medical advice (Pocock, 2015).

The survey results support these findings, particularly in terms of the high distress index, which is almost twice as high among English-speaking men as among French-speaking men. Also, we have seen that English-speaking men are proportionally less likely than French-speaking men to perceive their lives as a source of personal satisfaction.

For some, the process of self-deprecation inherent in the field of mental health may begin earlier than one might think. In fact, certain traits linked to personal difficulties as early as kindergarten, observed in English-speaking children, have been highlighted. For example, based on the Quebec survey on children's development in kindergarten, conducted by the Institut de la statistique du Québec among 64,989 children and 3,969 teachers in all regions of Quebec (Simard, Tremblay, Lavoie, & Audet, 2013), Groleau's (2019) study reveals that, in Quebec as a whole, the proportion of vulnerable children is higher among English-speaking children than among French-speaking children for all indicators of vulnerability, with the exception of the "Emotional maturity" domain. Physical health and well-being, social and communication skills, and general knowledge show the most significant differences between the two language groups. The next table reports on these differences.

Table 2

Proportion of children in kindergarten who are vulnerable by domain and in at least one developmental domain, by first language, Quebec, 2017

| DOMAINS | English speakers | Francophones |
|--|-------------------------|---------------------|
| Physical health and well-being | 16,0 | 9,8 |
| Social skills | 13,6 | 9,9 |
| Emotional maturity | 12,7 | 11,6 |
| Cognitive and language development | 12,8 | 10,4 |
| Communication skills and general knowledge | 21,3 | 8,2 |
| Vulnerable in at least one area of development | 36,7 | 25,6 |

Groleau's (2019) research also provides some interesting additional information. Among other things, the survey points out that the proportion of Anglophone children in kindergarten who participated in the *Passe-Partout* preschool program before entering school is, all things considered, significantly lower than that of Francophone children (2.2% vs. 17.0%). She also maintains that Anglophone children come from less single-parent families (11% vs. 15%) or blended families (7% vs. 11%) (Groleau, 2019). Finally, it is important to note in broad strokes that, according to the Quebec survey on child development in kindergarten, starting in kindergarten, boys show greater vulnerabilities than girls in developmental domains more associated with the school environment (e.g., cognitive and language development and general communication skills and knowledge) (Simard *et al.*, 2013). This results in a dual level of vulnerability for English-speaking youth boys, namely male gender and membership in the English-speaking community.

A final theme, related to mental health, concerns **socioeconomic status**. In fact, there are bridges between these two themes according to a number of studies, including that of the

Institut national de santé publique du Québec (2012), which reports that socioeconomic conditions represent a major element in the analysis of the determinants of physical and mental health and their relationships. According to this research, it is increasingly recognized that income inequality, regardless of income level, can exacerbate health disparities. The same study found in 2006 that, despite having a significantly higher university degree, anglophones had higher unemployment rates than francophones¹¹ and that they were also more likely than francophones to live below the low-income cut-off. Finally, that the gaps in income disparity measured using the classic Gini index were significantly more pronounced among Anglophones than Francophones, especially between men in these two language groups (Institut national de santé publique du Québec, 2012). According to a study by Statistics Canada (2010), in 2006, 22% of Anglophones had an income below the low-income cut-off compared to 16% of Francophones.

More recent public data have confirmed these findings and even revealed their progression over time. For example, research by Pocock (2016) reports that in the 2016 census, 23.8% of parents of English-speaking children aged 0 to 5 had a net annual income of less than \$20,000, compared to 13.8% of French-speaking parents. In addition, the unemployment rate was almost twice as high for English-speaking parents, at 19.1% compared to 11.1% for French-speaking parents (Pocock, 2016). In addition, a study by the Community Health and Social Services Network (2021) puts into perspective the fact that, among English-speaking fathers in Quebec living alone, 21.3% are below the low-income cutoff (LICO) compared to 12.9% for French-speaking fathers living alone. The highest rates of English-speaking fathers living alone and below the LICO are found in the Centre-Sud-de-l'Ile-de-Montréal (40%), the Centre-Ouest-de-l'Ile-de-Montréal (32.4%) and the West Island (25.8%). The Institut de la statistique du Québec survey on kindergartens (Groleau, 2019) also echoes the same finding: compared to French-speaking children, a higher proportion of English-speaking children live in low-income households (26% vs. 21%). Yet, children living in low-income households are more likely to be vulnerable in each developmental domain than those living in middle- or high-income households (Groleau, 2019).

¹¹ According to a Canadian Heritage study (2011), in 2006, the unemployment rate in Quebec was one-third higher for Anglophones than for Francophones.

More generally, the study conducted by Canadian Heritage (2011) points out that the socio-economic profile of Anglo-Quebecers has been declining for 40 years. However, the demographic contribution of English allophones has halted the demographic decline of Quebec's English-speaking population recorded for the period 1971-2001 (Canadian Heritage, 2011). The public data background thus supports the results presented earlier on the subject in the SOM survey (2021a).

3. Discussion and recommendations

Before doing so, it is important to note that the results presented for the English-speaking community in Quebec must be interpreted in light of the fact that three quarters of respondents are from the greater Montreal area including Longueuil and Laval. This proportion corresponds to the population data by region¹². This means that, from an interpretive standpoint, caution must be exercised, as the reality of English-speaking people in other regions may, on occasion, have different characteristics than those observed in Montreal, particularly in terms of linguistic accessibility to services.

3.1 Discussion

From the outset, there are more similarities than differences between Franco-Quebecers and Anglo-Canadians. According to the important study by Léger *et al* (2021) based on a compilation of 500 surveys, 71% of the attitudes and behaviours of the two linguistic communities are identical. Moreover, the study points out that the differences tend to diminish among the new generations to the point where a 20 year old would be more similar to another young person of the same age somewhere in the world than to his or her 30-year-old counterpart living in the same country. From a sociological point of view,

¹² According to a study by CEFAN of Laval University, in 2006, 73.4% of Quebec Anglophones resided in the Montreal area.

language, like region or gender, is now less important than age or generation as a marker of differentiation between individuals (Falardeau, 2021; Léger Marketing, 2006).

For the authors of this research, Anglo-Quebecers are somewhere between Franco-Quebecers and Anglo-Canadians. Also, their attachment to Montreal would mean that they would identify more with Montreal than with Quebec (Léger *et al.*, 2021).

This brief introduction provides a context for what was observed in the various survey and public data results that were presented. Thus, in terms of trends, they are generally the same between English-speaking and French-speaking men, with some exceptions. However - and this nuance is essential - the differential intensity observed for many of the factors considered between the two linguistic communities reveals sometimes notable differences that may be relevant to reflection on a framework for government action and interventions by the practice community. Let's take a closer look.

A first point of discussion concerns the impact of the pandemic as a factor distinguishing English-speaking men and fathers from French-speaking ones. Certainly, the pandemic has affected men and women, young and old, regardless of their social, ethnic, linguistic or other background. It has also exacerbated existing social inequalities by targeting the most vulnerable members of society (Généreux, Landaverde *et al.*, 2021; Houle, 2020; Institut national de santé publique du Québec, 2020). For this study, the lens is placed on the comparison between English-speaking and French-speaking men and fathers. One finding stands out clearly: the pandemic had a more negative impact on English-speaking men and fathers. This is what the analysis of the results reveals.

Since this is a major finding in the differences observed between the two linguistic communities, it is important to focus on it. Previously, it was observed that both men and fathers belonging to the English-speaking community were more likely to report a negative impact of the pandemic, particularly in their daily lives; a greater proportion of them considered it "difficult" to adapt to the changes brought about by the pandemic; and they were almost three times more concerned about the transmission of COVID-19 by their

children than were the French-speaking fathers. Most importantly, they had a significantly higher index of psychological distress than French-speaking men or fathers. English-speaking fathers had the highest proportion of all groups considered in the surveys, tied with young men aged 18-24 for a psychological distress index of 13 and over (proportion of 30% compared to the national average for fathers of 16% and 14% for all men) (SOM, 2021 a and b).

Why is the issue of the psychological distress index important to the problems of English-speaking men and fathers? There are five main reasons. First, because certain psychosocial factors are either amplified by the COVID-19 or make the ordeal of confinement more difficult (MSSS, 2020; Roy, Tremblay and Guilmette, 2020; Statistics Canada, 2020). Second, because the Psychological Distress Index specifically includes psychosocial factors closely related to mental health in its composition such as feeling depressed, hopeless, nervous, agitated or unable to keep up, tired to the point where everything is an effort, and feeling "good for nothing. Third, because the psychological distress index is also associated with factors that are more common among English-speaking men as seen above, namely men with low incomes, residing on the Island of Montreal and being more single. Fourth, because according to the 2021 SOM survey, only 19% of men with a high psychological distress index (clinical threshold) have consulted a psychosocial provider since the beginning of the pandemic, which in itself constitutes a public health challenge. Finally, because in a short period of time, the trend has changed between Anglophones and Francophones regarding the psychological distress index; for example, in 2014-2015, the high psychological distress index was 25% among Anglophones and 28% among Francophones, a relatively similar index (Tu, Lussier, Martel, & Blaser, 2018). Could it be the pandemic that has turned the tide?

A second point refers to the paradox of education among Anglophones. The paradox is that English-speaking men are both more likely than French-speaking men to have a personal income of less than \$35,000 (38% vs. 25%), but they outnumber them proportionally in terms of university graduation (40% vs. 28%). The scientific literature in the field of population health studies confirms the existence of a very strong link between education

and income when related to mental and physical health indicators. These two indicators (income and education) track each other and move in the same direction. Thus, people with low education and incomes at the poverty line generally have lower levels of mental and physical health. The reverse is also observed for individuals with a university education and high income (Camirand, Traoré and Baulne, Joubert and Baraldi, 2016). Here, a dissonance arises regarding the question of education. How can this be explained? The hypothesis would be that Anglophones would place a particular importance on schooling, regardless of their social class. Let us take a closer look.

It is true that, since the Quiet Revolution, Francophones have made significant gains in educational attainment. Nevertheless, in 2006, anglophones were still substantially more likely to have a university education: 22.5% of them had a bachelor's degree compared to 15% of francophones (Institut national de la santé publique 2012). Fifteen years later, the gap between the two language groups would have widened according to SOM (2021a) results, 40% compared to 28%.

According to CIRANO researchers, the university graduation rate is now much lower in Quebec than elsewhere in the country, and the gap between the two is increasing over time. The authors explain the difference in performance by "cultural factors" related to a long tradition of valuing higher education among Anglophones (Joanis and Montmarquette, eds., 2018). It is not uninteresting to note that the gap between Quebec and the ROC exists despite the fact that tuition fees for undergraduate studies in 2020-2021 were \$6,580 in Canada and \$3,155 in Quebec, i.e., double. In Nova Scotia, a predominantly English-speaking province, tuition fees were \$8,757 while it had the highest university graduation rate in Canada ¹³(Statistics Canada, 2021). The argument of the value placed on education is well illustrated by this example considering, among other things, that per capita income in Nova Scotia is relatively similar to that of Quebec according to Statistics Canada¹⁴.

¹³ See table University completion, comparable provinces and countries in Canada (provinces and Canada) and 2011 (international countries) (Statistics Canada, 2021).

¹⁴

A third point relates to the relationship to services. Both surveys and public data have revealed various barriers to accessing services. Again, not specific to men in the English-speaking community, it is contradictory that, although mental health status deteriorated during the pandemic among a higher proportion of men compared to the pre-pandemic situation, the rate of medical consultation has decreased sharply since the pandemic (from 68% to 55%) and, to a lesser extent, the rate of psychosocial consultation (from 10% to 8%) (SOM, 2018 and 2021a). In addition, it should be noted that barely a quarter of men (25%) with a high psychological distress index consulted. This means that 75% of them did not consult a psychosocial resource despite a recognized clinical need (SOM, 2021a).

These characteristics are also prevalent for English-speaking men in Quebec with an additional barrier of language. This is an even more important barrier as language is thought to be a determinant of health and quality of services (Kueber & Richardson, 2019). Falconer and Quesnel-Vallée's (2014) study put the gap in access to services between unilingual English speakers and other English speakers into perspective. For its part, the report of the Special Commission on Children's Rights and Child Welfare (2021) identifies language as an issue for services offered to English-speaking families. Its findings are severe: deterioration of access to youth protection services for English-speaking families, deterioration of health and social services offered to these families in the public system, non-existence of services in English in the regions of Quebec except Montreal, the Eastern Townships and the Outaouais. Finally, in its action plan to support family caregivers (MSSS, 2021), the Ministère de la Santé et des Services sociaux recommends in measure 30 "studying the specific realities and needs of PALs from ethnocultural and English-speaking communities in order to define courses of action to better support them. This measure paves the way for English-language services for caregivers from the English-speaking community.

In its *Guide for the Development of the Access to Health and Social Services Program in the English Language*, the Ministry of Health and Social Services (MSSS) noted that "Unilingual Anglophones and those with minimal knowledge of French are more likely than their Francophone counterparts to be in a situation where they are simultaneously in

poor health and have no recourse to health services" (MSSS, 2018, p.2). According to the MSSS, there is a direct link between language barriers and accessibility to quality services (MSSS, 2018).

It is interesting to note that three recent government reports from the Ministry of Health and Social Services confirm the importance of paying specific attention to service users from the English-speaking community. The issue of accessibility to English-language services is the subject of formal recommendations in two of these reports.

Echoing these considerations about language, SOM's 2018 survey clearly illustrated that services available in English was the most important factor in improving access to services. This barrier can make a difference, the magnitude of which is difficult to measure when considering other factors as well, such as socioeconomic status or place of residence, for example. **In this respect, young fathers who are unilingual English-speaking and who have a high index of psychological distress would represent, from the point of view of accessibility to services, a clientele to be favoured as a public health challenge.**

In addition to these observations, the Substance Strategies study on a review of fatherhood in Quebec (Substance Strategies, 2019) revealed that three out of four English-speaking fathers (74%) felt that public services offered to children and parents (e.g., CLSC, hospital, doctor's clinic, school, daycare, etc.) did not sufficiently take into account the specific realities of English-speaking fathers. Thus, the issue of language would not exhaust the various aspects to be considered in the analysis of services offered to English-speaking men and fathers.

A final point concerns a brief return to the culturalist model applied to outcomes. In what ways can aspects of culture help us to better understand and interpret some of the differences observed between English-speaking and French-speaking men, particularly in terms of their relationship to services? Once again, language becomes a central issue. The culturalist model warned us that language is central to culturalist analyses (Grise, 2005).

Empirically, the present research has demonstrated this in various aspects. However, due to the limitations of quantitative material (surveys, public data), other aspects of culture could not be examined. This is the case for the cultures of the working class in relation to the world of services. This is also true of the increasingly technocratic culture of the services, which sometimes makes them more difficult to access and understand for the ordinary citizen, who is exiled in all kinds of acronyms and increasingly complex procedures. In this scrum, let's add the language barrier and we have the essence of the adverse conditions to put a brake on the accessibility of services. We should probably add the problem of culturally diverse English-speaking men. Already, both in surveys and in public data, we have been able to observe existing gaps between Francophones and the cultural communities as a whole on a number of indicators.

The question of identity for Anglophones may also have an influence on their relationship to services. According to Canadian Heritage (2011), Anglo-Quebecers identify "mostly" or "only" with the Anglophone group, while slightly more than a third (37%) identify with both the Anglophone and Francophone groups (Léger *et al.*, 2021). In the work of Léger *et al.* (2021), it is mentioned that Anglo-Quebecers identify more with their community and are more involved in it (45% vs. 29%). Could it be that they identify less with the type of services offered when these come from the State rather than the community? We have already seen that three times as many French-speaking men consulted a psychosocial worker in a community organization as did French-speaking men.

The culturalist angle itself opens up a field of reflection for both research and practice settings and, by the same token, questions the limits of the current study. In this sense, it would be advantageous to pursue this study through action research or qualitative research to better understand certain trends revealed by the survey material and public data.

Before addressing the recommendations as such, it is necessary to briefly present an explanatory diagram that brings together the essential components used to link the findings and recommendations. Each of these components has a specific contribution to make to the problem of the relationship to services of men and fathers in the English-speaking

community, but, according to the logic of the diagram, it must always be interpreted in interdependence with all the components. It is this posture that will give interpretative meaning to the results of the study. The components are as follows:

- Language: This is a key issue in any consideration of accessibility to services for men and fathers in the English-speaking community, particularly given the considerable disparities in access to services across Quebec;
- Culture: Beyond language, the culture of the Anglo-Saxon mindset and the diversity of cultures among English-speaking allophones are essential components in understanding and interpreting the relationship to services among men and fathers in the English-speaking community;
- The socio-economic dimension: this is an important component because of the particular vulnerability of men and fathers from the English-speaking community in this area. It is expressed at two levels: financial accessibility to services and cultural barriers specific to working-class individuals, which put them at a distance from services;
- Fatherhood: this is one of the objects of the study, which relates to the sociology of the family, particularly the values and symbolic representations of fatherhood within the diversity of cultures that make up the English-speaking community;
- Masculinities: this is also one of the objects of the present study involving the influence that different forms of masculinities have in the understanding of gender roles and the relationship to services.

3.2 Recommendations

The proposed recommendations are presented in two parts: the public health and social services network and the community network. They aim to better adapt services to the reality of English-speaking men.

3.2.1 Recommendations for the public network

1) Promotion and prevention

- a. To promote good practices in prevention, consultation and intervention with English-speaking men and fathers to regional public health teams;
- b. Educate front-line workers about the realities of English-speaking men and fathers.

2) Adaptation of services

In order to improve access to health and social services for English-speaking men and fathers, it is recommended, in collaboration with community stakeholders, to:

- a. Mobilize the regional respondents responsible for adapting services to the English-speaking population to the specific realities of men and fathers in this community in order to promote the implementation of concrete actions to better meet their needs, in particular by including measures in regional action plans;
- b. Integrate the realities of English-speaking men and fathers into the English Language Access Plan (MSSS, 2018) in order to develop an adequate service offering to meet the needs of the male population;
- c. Raise awareness among regional respondents in men's health and well-being of the specific realities of English-speaking men and fathers in order to mobilize them to integrate actions to reach this male population into their regional action plans;
- d. To develop, promote and disseminate a best practice guide for prevention, consultation and intervention with English-speaking men and fathers;
- e. Provide training on the particular realities of English-speaking men and fathers as a result of the good practice guide mentioned in the previous paragraph;
- f. Include a component on the specific realities of English-speaking men and fathers in the *Intervening with Men* training;
- g. Include a representative of the English-speaking community in the structures responsible for creating and implementing departmental actions in men's health and well-being.

3.2.2 Recommendations for the Community Network

- a. To identify the services offered by Quebec community organizations to English-speaking men and fathers;
- b. To increase the capacity of the CHSSN and its members to provide them with the support they need to fully integrate the realities of men and fathers into their service offer;
- c. To increase the capacity of community-based men's health and wellness organizations to better meet the needs of English-speaking men and fathers when necessary.

3.2.3 Recommendations for the Research Sector

- a. Produce a synthesis report compiling key demographic, socio-economic and social health data available on the health and well-being of English-speaking fathers and men;
- b. Produce a qualitative study (interviews, focus groups, etc.) on English-speaking men and fathers' relationship with health and social services and community services;
- c. To conduct a study to document accessibility issues from the perspective of English-speaking men and fathers to the health and social services network and to those offered by the community network;
- d. To draw a portrait of the reality of English-speaking men and fathers in different regions of Quebec and the barriers they face in accessing services.

Conclusion

Our first goal was to report on the contemporary reality of the English-speaking community in Quebec from the perspective of the men and fathers who make up this community and in the context of their health and social service needs. In the process, certain evolving trends in the English-speaking community were highlighted in order to better understand and target issues facing this community with respect to services in both the public and community sectors.

The main value of this report is that it has created a dialogue between survey and public data so that the portrait of men in the English-speaking community has a solid, empirical basis. Indeed, there were many points of convergence between the surveys and the public data in describing this portrait.

What can we learn from this? This portrait reflects a more difficult socio-economic evolution of the English-speaking community and a significant problem of accessibility to services, mainly because of language. These are the two main patterns that emerge from the analysis. At another level, the results show that two clienteles deserve special attention: young English-speaking fathers and English-speaking men with a high psychological distress index.

We hope that this report will contribute in its own way to a collective reflection within the service network in order to adjust services to the reality of the English-speaking community in Quebec and to the important risk factors that men and fathers belonging to this community currently face.

Bibliography

Akoun, A. (1999). Lien social. In *Dictionnaire de sociologie*. Paris : Le Robert/ Le Seuil, p. 303-304.

Camirand, H., Traoré, I., & Baulne, J. (2016). *The Quebec Population Health Survey, 2014-2015: learning more about the health of Quebecers. Results of the second edition*. Québec: Institut de la statistique du Québec.

Cazale, L., Poirier, L.-R., & Tremblay, M.-È. (2013). *Quebec survey on the experience of care 2010-2011. Consultation for social services: a look at the experience of Quebecers* (vol. 3).

Dubé-Linteau, A., Pineault, R., Lévesque, J.-F., Lecours, C., & Tremblay, M.-E. (2013). *Quebec survey on the experience of care 2010-2011. The family physician and the usual place of care: a look at the experience of Quebecers* (vol. 2). Québec: Institut de la statistique du Québec.

Dubé-Linteau, A., Lecours, C., Levesque, J.-F., Pineault, R., & Tremblay, M.-E. (2013). *Quebec survey on the experience of care 2010-2011. Consultation of a medical specialist: a look at the experience of Quebecers* (vol. 5). Québec: Institut de la statistique du Québec.

Étienne, J., Bloess, F., Noreck, J.-P., and Roux, J.-P. (2004). *Dictionnaire de sociologie*. Paris : Hatier.

Falardeau, G. (2021). The sociology of generations since the 1960s Synthesis, assessment and perspective. *Politique* (17), p59-89.

Falconer, J. & Quesnel-Vallée, A. (2014). Disparities in access to health care among official language minorities in Quebec. *Sociographic Research*. September-December. 55(3), p.511-529.

Généreux, M., Landaverde, E. *et al.* (2021). *Psychosocial impacts of the COVID-19 pandemic: results of a large Quebec survey*. Winnipeg: National Collaborating Centre for Infectious Diseases.

Grize, J.-B. (2005). Language and language. In *Dictionnaire de la pensée sociologique*. Paris: PUF, p.383-385.

Groleau, A. (2019). *English-speaking children in vulnerable situations: an analysis of data from the 2017 Quebec Survey of Child Development in Kindergarten*, 60 pp. [Online], Québec: Institut de la statistique du Québec [www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/analyse-developpement-enfants-maternelle-2017.html].

Houle, J. (2020). *Promoting mental health and social justice in times of pandemic*. Montreal: Research Chair on the Reduction of Social Inequalities in Health, UQAM.

Institut national de santé publique du Québec (2012). *The socioeconomic situation of English-speaking people in Quebec*. Quebec City: Government of Quebec.

Institut national de santé publique du Québec (2020). *COVID-19- Pandemic, well-being and mental health. Surveys on the attitudes and behaviours of the Quebec population*. Quebec City: Government of Quebec.

Joanis, M. and Montmarquette, C.(eds.) (2018). *Québec économique 7. Education and human capital*. Quebec City: PUL.

Joubert, K., & Baraldi, R. (2016). *The health of Quebecers: 25 indicators to track changes from 2007 to 2014. Results from the Canadian Community Health Survey*. Québec: Institut de la statistique du Québec.

Kopec, J.A., Williams, I., to, T., & Austin, P.C. (2010). Cross-cultural Comparisons of Health Status in Canada Using the Health Utilities Index. *Ethnicity & Health*. 6(1), p.41-50. <https://doi.org/10.1080/13557850125061>

Kueber, R., & Richardson, M. (2019). A community mobilization model for improving the health and vitality of English-speaking communities in Quebec. Quebec City: Community Health and Social Services Network (CHSSN) and Institut national de santé publique du Québec (INSPQ).

The comm. box, strategy and production (2021). *English Language Early Childhood Services*. Research Report-Opinion survey among English-speaking parents in Quebec. Presented to CHSSN.

Laforest, M. & Belhassen, R. (1991). Social work and the conditions of its practice: A relationship to be examined. *Social Work*, 10 (2) 89-104.

Lajeunesse, S. -L., Houle, J., Rondeau, G., Bilodeau, S., Villeneuve, R. and Camus, F. (2013). *Men in the Montreal area. Analysis of the adequacy between their psychosocial needs and the services offered to them*. Montreal: ROHIM.

Larochelle, G. (1999). Technocracy and technobureaucracy. In *Dictionnaire de sociologie*. Paris : Le Robert/ Le Seuil, 528-529.

Lecours, C., Pomey, M.-P., & Tremblay M.-E. (2013). *Quebec survey on the experience of care 2010-2011. Hospitalization and consulting a physician in a hospital emergency room: A look at the experience of Quebecers* (vol. 4). Québec: Institut de la statistique du Québec.

Léger, J.-M., Nantel, J. Duhamet, P. and Léger, P. (2021). *The Quebec code. The seven differences that make us a unique people in the world*. Les éditions de l'Homme: Montreal.

Leger Marketing (2006). *World opinion 2006. The world's population speaks out on the major issues of the day*. Montreal: Les Éditions Transcontinentale. Leis, A. and Bouchard, L.

Leis, A., & Bouchard, L. (2013). Editorial. *Canadian Journal of Public Health*, 104, (6), p. S3 and S4.

The Chief Scientist (2021). *Intensity of university education: the gap is widening*. Figure 2-7 | Bachelor's Degree Completion Rates (ISCED 5A) in Quebec, Canadian Provinces and OECD Countries, 2000 and 2011. Quebec: Government of Quebec.

Department of Health and Human Services (2018). *Guide for the development of the Access to health and social services program in the English language*. Quebec City: Government of Quebec.

Department of Health and Human Services (2020). Stress, anxiety, and depression associated with COVID-19 coronavirus disease. [https:// www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/stress-anxiete-et-deprime-associes-a-la-maladie-a-coronavirus-covid- 19/](https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/stress-anxiete-et-deprime-associes-a-la-maladie-a-coronavirus-covid-19/) (accessed May 12, 2020) 15.

Department of Health and Human Services (2021). *Recognize to better support. Government action plan for caregivers, 2021-2026*. Quebec City: Government of Quebec.

Paré, J. (2003). Canada-United States. Le divorce des idées. *L'Actualité*, December, p. 20-23.

Canadian Heritage (2011). *Portrait of English-Speaking Communities in Quebec*. Ottawa: Government of Canada.

Pàez Silva, A-A, (2019). *The English language in Quebec, 2001 to 2016: facts and figures*. Ottawa: Statistics Canada- Catalogue no. 89-657-X2019011.

Pocock, J. (2015). *Canadian Community Health Survey (2011-2012). Findings related to the Mental and Emotional Health of Quebec's English-speaking Communities*. Quebec City: CHSSN.

Pocock, J. (2016). Socio-demographic profile of Children aged 0-5 and their Parents, Province of Quebec, based on the 2016 Census from Canada. *Community Health and Social Services Network*, p.35.

Report of the Special Commission on Children's Rights and Youth Care (2021). *Creating a Caring Society for our Children and Youth*. Quebec City: Government of Quebec.

Community Health and Social Services Network (2021). *Highlights. Sociodemographic profiles of English-speaking men and fathers in Quebec*. Quebec.

Roy, J. (2018). The head between the legs: the importance of building on human strengths and the relationship of cultures in intervention. *Intervention Review* No. 148, p.59-69.

Roy, J., G. Tremblay and D. Guilmette (2020), "Les hommes et la COVID-19 au Québec", collection *Les dossiers du Pôle, Pôle d'expertise et de recherche en santé et bien-être des hommes*, No 1, p.1-6.

Simard, M., Tremblay, M.-E., Lavoie, A., & Audet, N. (2013). *Quebec survey on children's development in kindergarten 2012*. Quebec: Institut de la statistique du Québec.

SOM (2018). *Survey of Quebec men*. Final report presented to the Regroupement provincial en santé et bien-être des hommes. Montreal/Quebec City: SOM survey firm.

SOM (2020). *Co-parenting survey*. Final report presented to the Regroupement pour la Valorisation de la Paternité. Montreal/Quebec: SOM survey firm.

SOM (2021a). *Survey of Quebec men*. Final report presented to the Pôle d'expertise et de recherche en santé et bien-être des hommes and the Regroupement provincial en santé et bien-être des hommes. Montreal/Quebec City: SOM survey firm.

SOM (2021b). *Survey of Quebec fathers*. Preliminary report presented to the Pôle d'expertise et de recherche en santé et bien-être des hommes (PERSBEH) and the Regroupement provincial en santé et bien-être des hommes (RPSBEH).

Leger Survey (2021). *Survey of fathers of children under the age of 18*. Report prepared for the Regroupement pour la Valorisation de la Paternité. Montreal: Firme de sondage Léger.

Statistics Canada (2010). *Portrait of Official Language Minorities in Canada: Social and Aboriginal Statistics Division* Jean Talon Building, 7th Floor, 170 Tunney's Pasture Driveway Catalogue no. 89-642-X - No. 002 ISBN 978-1-100-95497-4 Analytical paper ISSN 1923-3094 DQJORSKRQHV dX4XpEHF.

Statistics Canada (2020). *Canadian Outlook Survey Series 1: Impact of COVID-19*, [online], <https://www150.statcan.gc.ca/n1/daily-daily/200408/dq200408c-eng.htm> (accessed April 9, 2020).

Statistics Canada (2021). Tuition fees of Canadian undergraduate students by field of study. Table 37-10-0003-01. [online], <https://www150.statcan.gc.ca/tbl1/tv.action> (accessed August 16, 2021).

Substance Strategies (2019). *Fatherhood in Quebec: A status report*. Montreal: Regroupement pour la Valorisation de la Paternité.

Tu, M.T., Lussier, M-H., Martel, S., & Blaser, C. (2018). *Health portrait of Quebec's linguistic communities*. Institut national de santé publique du Québec. Quebec City: Government of Quebec.

Tremblay, G., Roy, J., Beaudet, L., Chamberland, L., Le Gall, J., Dupéré, S., Roy, J., Guilmette, D., Sirois-Marcil, J., Bizot, D., Lajeunesse, S-L. & Desjardins, J. (2016). *Men and health and social services - A qualitative analysis of focus group interviews held with Quebec men*. Quebec City: Masculinités et Société.

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