



*Building a New Bridge of understanding and discovery of the  
English-Speaking Community of the Monteregie Centre  
(South Shore)*

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## INTRODUCTION

This community portrait is a project of the Assistance and Referral Centre (ARC) and the Community Health and Social Services Network (CHSSN), in collaboration with the Centre intégré de santé et de services sociaux de la Montérégie-Centre. ARC is a community-based organization that promotes access to services in English through networking; information and referrals; and supporting the development of community-wide initiatives.

The main objective of this portrait is to contribute to a more in-depth understanding of the English-speaking community of Montérégie-Centre, in order to inform future actions. To do so, different sources of information have been gathered together:

1. material from various past reports and other sources of information
2. some key statistics from the 2016 census data
3. an on-line survey carried out in January-February 2019
4. community perspectives, as expressed during groups discussions with ARC partners and with various groups focused on a specific population or issue. These were held in January and February 2019.

### Community Partnerships

- Our Harbour
- South Shore Reading Council
- Ami Quebec (South Shore)
- South Shore Respite Centre (Montérégie)
- CLC St -Lawrence CLC Seaway
- CLC St Jude
- Primer Pas
- Maison International
- ACCESS Adult Education Center
- St Paul's Seniors Council
- St Barbanas Church
- TOPS Community Group
- South Shore Community Partners
- Adult Learning Group
- Ecumenical Council
- South Shore Black Community

Community development has been defined as “a voluntary cooperative process of mutual assistance and of building social ties between local residents and institutions, with the goal being to improve physical, social, and economic living conditions.”

Institut national de santé publique du Québec (2002).  
*La santé des communautés : perspective pour la contribution de la santé publique au développement social et au développement des communautés*. Québec : INSPQ, 46 p. [www.inspq.gc.ca](http://www.inspq.gc.ca)

## Community development

The central idea and purpose of community development is for community members to take action collectively and to generate solutions to shared problems by planning the development of all aspects of community well-being. The goal is to improve people’s quality of life and to reduce social inequalities.

There are many different approaches to community development and many different groups that are engaged in it. In Quebec, community development has been identified as one of the main intervention strategies in public health. Many regional health boards and health centres are actively engaged in community development.

### Community development strategies

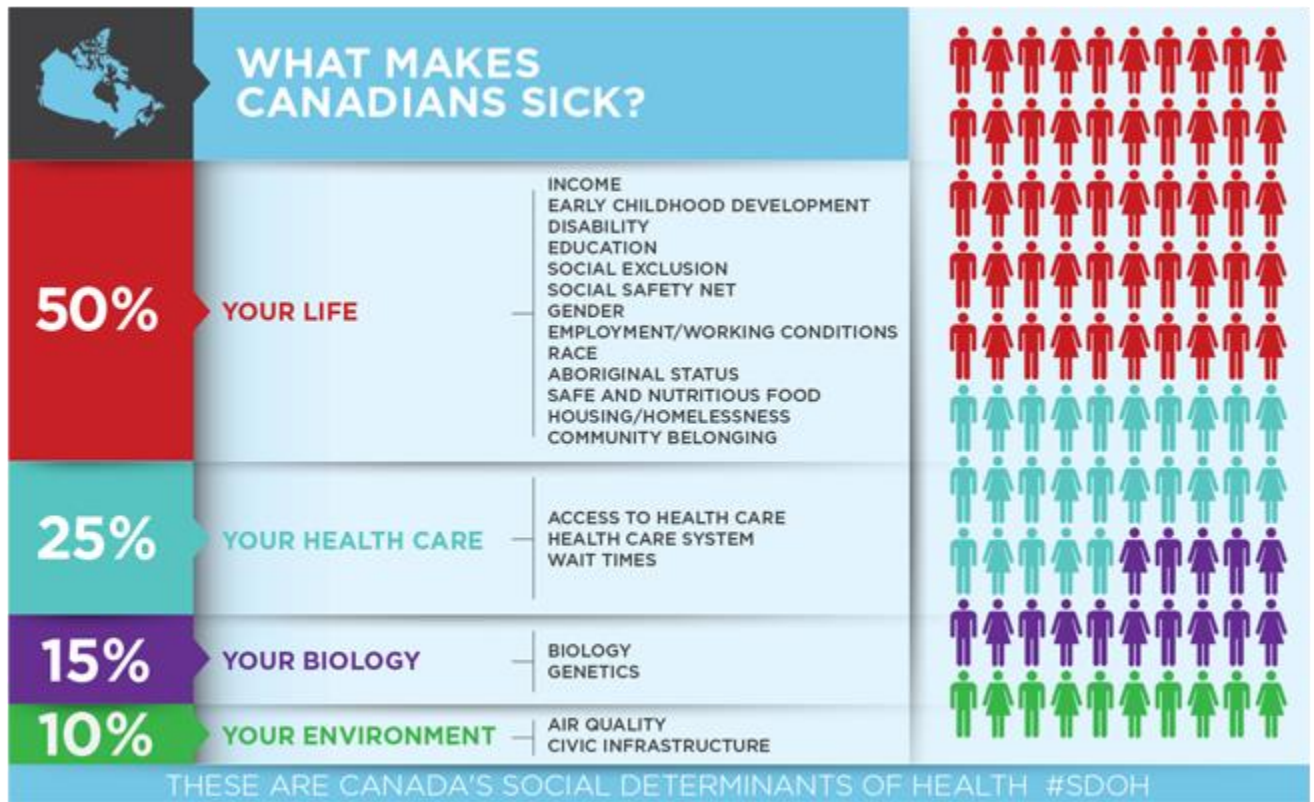
- ❖ Community engagement
- ❖ Empowerment (of individuals and communities)
- ❖ Intersectoral collaboration and partnership
- ❖ Political commitment leading to healthy public policy
- ❖ Reducing social and health inequalities

The underlying principle is that individuals and communities need to be empowered to take greater control over their health and future, with a view to reducing inequality among community members.

## Building healthy communities

In keeping with ARC and the CHSSN's commitment to a population health approach that takes into account the range of health determinants, this project adopts a holistic view of health. This means examining ways to improve people's health, and the health of the community more broadly, through a socio-environmental approach, which considers health as a product of social and environmental determinants that interact to influence our health status.

The many different factors that contribute to health are referred to as health determinants. Health determinants are defined as the individual, social, economic and environmental factors that can be associated with specific health problems or with overall health status. Although there are many health determinants—income and social status, social support networks, education, employment and working conditions, physical environments, biology and genetics, health services, and more—research shows that socio-economic environments (“your life”) are the main determinants of health: factors such as your income, education, social safety net, employment and housing.



Even within the same region, there are major differences between communities in terms of health, well-being, and quality of life, and some of these differences are related to varying social and economic conditions. This means that communities can have an impact on the health and well-being of their residents by working to reduce inequalities among people, and by creating a “healthy community.”

A significant number of health determinants are beyond individual control and only the community can have an impact on them. Therefore, just as individual empowerment is important for health and well-being, so too is community empowerment. This means building the community capacity to structure itself in ways that help to improve the quality of life of its members. Beyond such traditional indicators as the economy and demographics, we must take into account factors such as democratic life, community dynamics and social capital, all of which testify to the health of a community as a living entity.

### Community mobilization in English-speaking communities in Quebec

A network of English-speaking communities in Quebec is working towards this goal of community empowerment and improved health and well-being. The provincial network is composed of twenty-one community health and social services networks, which act as drivers of change in mobilizing English-speaking communities. These community health and social services networks implement three key action strategies: improving access to health and social services, increasing the availability of health promotion and disease prevention programs, and fostering social innovation. They engage a broad range of local partners in an intersectoral networking and partnership approach to take action on priority health determinants, focusing on specific populations. This work is rooted in a number of principles and values that guide the development of the networks, with the ultimate aim of improving the health and well-being of English-speaking communities in Quebec and enhancing community vitality (see model in appendix). This approach to community mobilization and intersectoral partnership has fostered hundreds of partnerships including health and social service centres delivering primary level care, other public institutions in Quebec, as well as a wide variety of community organizations.



# MONTÉRÉGIE CENTRE

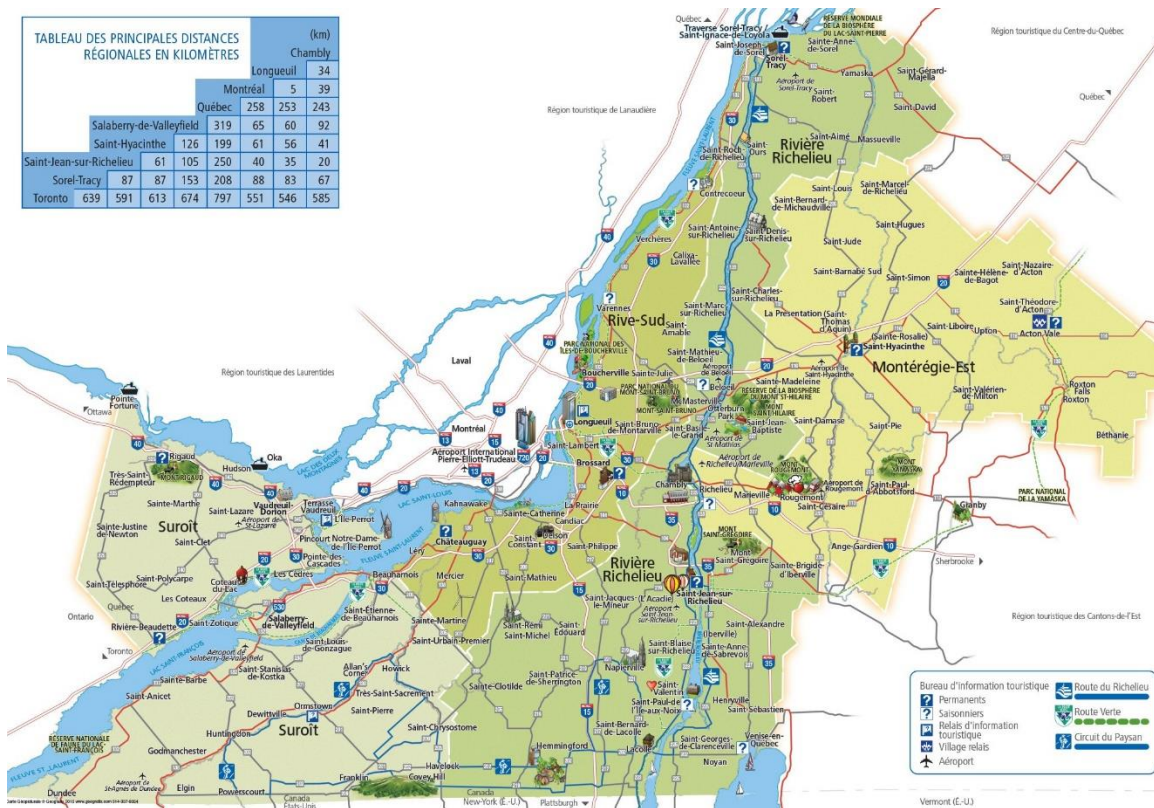
## Location and main centres

Often when one talks of Montreal’s English-speaking community, eyes turn toward the island’s western end.<sup>i</sup> However, just beyond the bridges leading to the south shore of the St. Lawrence River, in the shade of the city skyline there are a dozen towns and cities that comprise the second-largest English-language community in Quebec.

The South Shore English-speaking community makes its home mainly within 20 kilometres of the Island of Montreal. And despite battling rush hour traffic gridlock, residents here live closer to the city’s “downtown” than people in the West-Island or Laval.

Along with the core cities of Brossard, Greenfield Park, Saint-Lambert, Saint-Hubert, Longueuil and Candiac, there are also English community pockets in the Richelieu Valley towns of Otterburn Park, Saint Bruno and Saint-Jean-sur-Richelieu.

	Longueuil	Montréal	Québec	Salaberry-de-Valleyfield	Saint-Hyacinthe	Saint-Jean-sur-Richelieu	Sorel-Tracy	Toronto
Chambly	34							
Montréal	5	39						
Québec	258	253	243					
Salaberry-de-Valleyfield	319	65	60	92				
Saint-Hyacinthe	126	199	61	56	41			
Saint-Jean-sur-Richelieu	61	105	250	40	35	20		
Sorel-Tracy	87	87	153	208	88	83	67	
Toronto	639	591	613	674	797	551	546	585



## Historical context

Today we may look at the ever-expanding South Shore region as an extension of suburban Montreal. However, only 60 years ago, dozens of small towns dotted a landscape that was largely rural. Moving from Montreal to the South Shore was thought of as getting away from the city. Montrealers escaped by taking a day trip out to the countryside or owning a weekend cottage in the region.

The expanded roots of the English community on the South Shore began with the completion of the Victoria Bridge in 1860 by the Grand Trunk Railway. With the opening of the bridge's passenger lanes, people who wanted to get away from the noise and grime of the city soon began to settle along the rail line.

The better-off folk settled in the towns of Saint-Lambert and Montreal South, a mainly English-speaking town located near the base of the Jacques Cartier Bridge that today forms part of the City of Longueuil. They built fine brick homes like those found in NDG. Further down the rail line, Greenfield Park and Mackayville became home to the trades people. Between 1920 and 1956 South Shore residents could travel to work in the city each day aboard Southern Country Tramway electric commuter cars.

Most of the early commuters were trades-people immigrants who came from the British Midlands. The new railway meant that they could purchase cheap land in the countryside far away from smoky industries and yet be able to commute to their jobs in less than an hour. Between 1911 and 1921, the South Shore population doubled mostly because of influx of new English-speaking settlers. By the 1930s, a majority of the population of the communities of Saint-Lambert, Montreal South, Greenfield Park, MacKay Ville, Croydon, East Greenfield, Brookline and Pinehurst were English-speaking. Even old Longueuil had a sizeable English-speaking population, and the newspaper *Courrier du Sud* was bilingual up to the late 1950s.

For almost fifty years the train was the centre of South Shore life. Workers would board the train in the morning to travel into Montreal and return each evening. For housewives it was the train that allowed them to travel into St-Lambert to shop and take their older children to High School. It was the train that brought mail from families back in Britain and the returning troops home from the War. Soldiers returning from overseas brought great growth to the South Shore English-speaking Community in the 1950s through veteran housing programs. By 1956 the end of the tramway line led to tiny makeshift villages named Croyden, East Greenfield, and Brookline, home to hundreds of Anglophone families whose breadwinners worked in the Point St. Charles rail yards.



During this time East Greenfield became part of Saint Hubert while the City of Jacques Cartier was merged into Longueuil. The opening of the Champlain Bridge and new massive housing programs saw the birth of Brossard and Candiac in the 1960s. Expansion was everywhere. The opening of the Longueuil Metro line allowed for quick access to downtown Montreal. Canada's first two shopping centres were opened on the South Shore during these boom times.

Political change, including legislation restricting English and the exodus of Anglophones from Quebec following the election of the first Parti-Québécois government in 1976 contributed to the decline in the number of local English schools, churches and community groups. Greenfield Park and Otterburn Park are currently the only South Shore cities granted official bilingual status under Quebec's French Language Charter.

The English-speaking South Shore community today proudly belongs to one of the most bilingual multicultural communities in Quebec, represented by churches, schools and various community groups. Community cohesion continues to develop as various groups partner together to serve the English-speaking community.



<sup>1</sup> Section excerpted from articles written by Kevin Erskine-Henry.

## OVERVIEW OF THE ENGLISH-SPEAKING POPULATION

In this section, we present some key statistics that help situate the English-speaking population of Montréalégie-Centre. In some cases, we compare to the French-speaking population, and in others we compare to the situation for English speakers elsewhere in the province or on different territories within Montréalégie-Centre. Because these statistics are presented by the administrative divisions used in the health system, we provide a brief overview of those divisions.

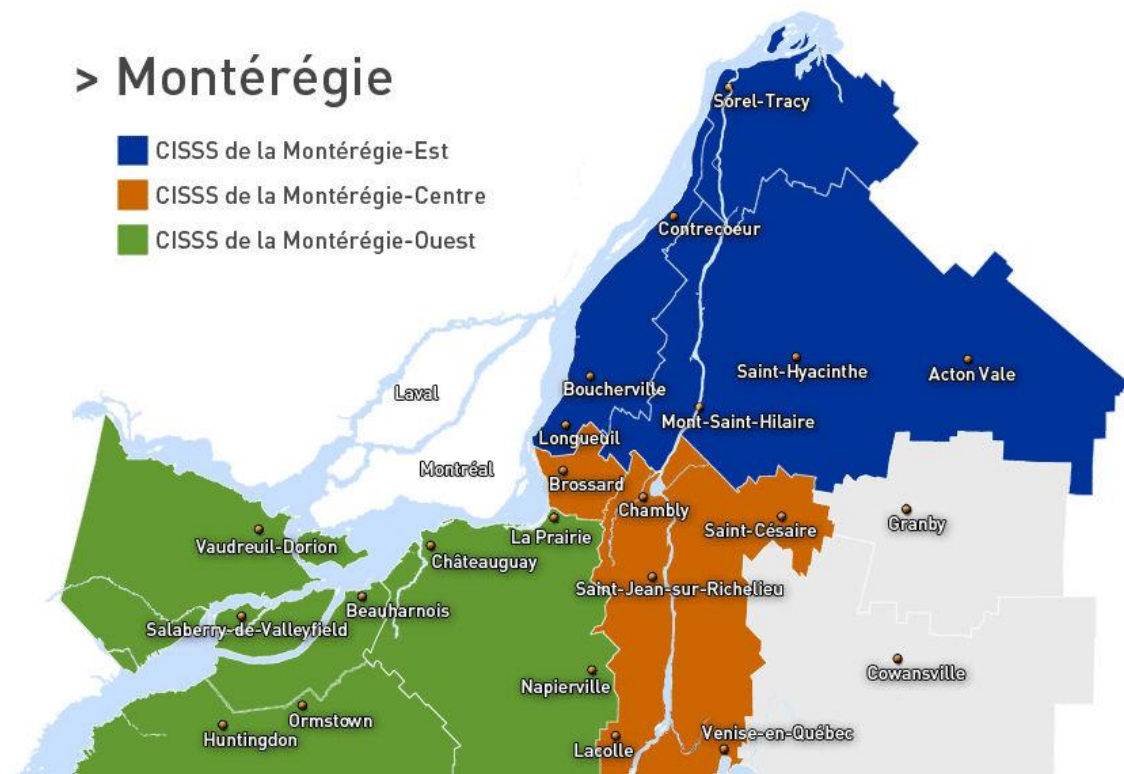
### Understanding Québec's administrative regions

The Montréalégie region is located on the south shore of the Saint Lawrence, bordered to the South by the United States, to the east by the Estrie region and to the north-east by Centre-du-Québec. Montreal and the city of Laval are directly north, and constitute a major urban centre, easily accessible by various forms of transportation.



Montréalégie is made up of three territories for the purposes of the health and social services system, called RTS (*réseau territorial de services*): Montréalégie-Est, Centre and Ouest. Each has a *Centre intégré de services de santé et services sociaux* (CISSS).

## > Montérégie



These are then divided into RLS (*réseau local de services*): Champlain and Haut-Richelieu—Rouville (see map below).

Each RLS in turn contain the smallest health territories, those of the CLSCs. This is important to understand, as the statistics provided in subsequent sections will use these administrative divisions to present an overview of the populations living there.

Three CISSSs serving the residents of the Montérégie region

<https://www.santemonteregie.qc.ca/en>

### CISSS de la Montérégie-Ouest

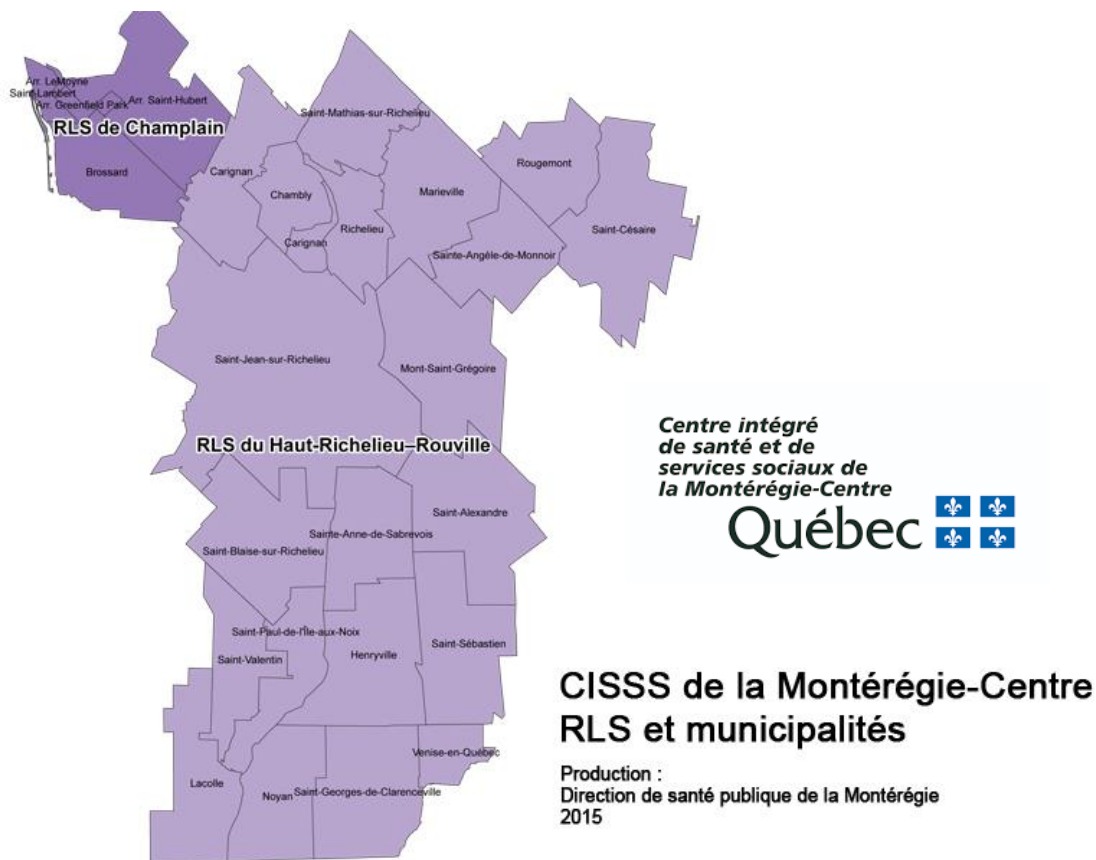
<https://www.santemonteregie.qc.ca/en/west/contact>

### CISSS de la Montérégie-Centre

<https://www.santemonteregie.qc.ca/en/center/contact>

### CISSS de la Montérégie-Est

<https://www.santemonteregie.qc.ca/en/east/contact>



## English speakers in Québec and in Montérégie-Centre

There are about one million (1,097,925) individuals living in Québec whose first official language is English. Québec's English-speaking communities comprise 13.8% of the Québec population. However, Québec's English-speaking communities vary widely according to size and their weight in regional populations. While the majority of English speakers are located in urban Montreal, Laval and Montérégie, there are still robust numbers and regional proportions across the rest of Québec.

In 2016, there were 53,800 English speakers living in the RTS de la Montérégie-Centre region where they represented 13.6% of the population. This share is similar to the overall provincial share for English speakers.

## English speakers by territory

The proportion of English speakers in each local area varies widely. As shown in the table below, the proportion is five times higher in the RLS de Champlain than it is in the RLS du Haut-Richelieu-Rouville. Additionally, it is almost three times higher on the territory of the CLSC Samuel-de-Champlain than CLSC Saint-Hubert.

*Proportion of English speakers in Montérégie-Centre, by RLS and CLSC territory*

Territory	%
RLS de Champlain	22.0
CLSC Samuel-de-Champlain	29.1
CLSC Saint-Hubert	11.3
RLS du Haut-Richelieu–Rouville	4.0
CLSC du Richelieu	4.3
CLSC de la Vallée-des-Forts	3.9
RTS de la Montérégie-Centre	13.6

English speakers are not spread evenly across the territory. As the table below shows, over 86% live in the RLS Champlain area, while only 13.7% live in the Haut-Richelieu-Rouville area.

*Distribution of English speakers in Montérégie-Centre, by RLS and CLSC territory*

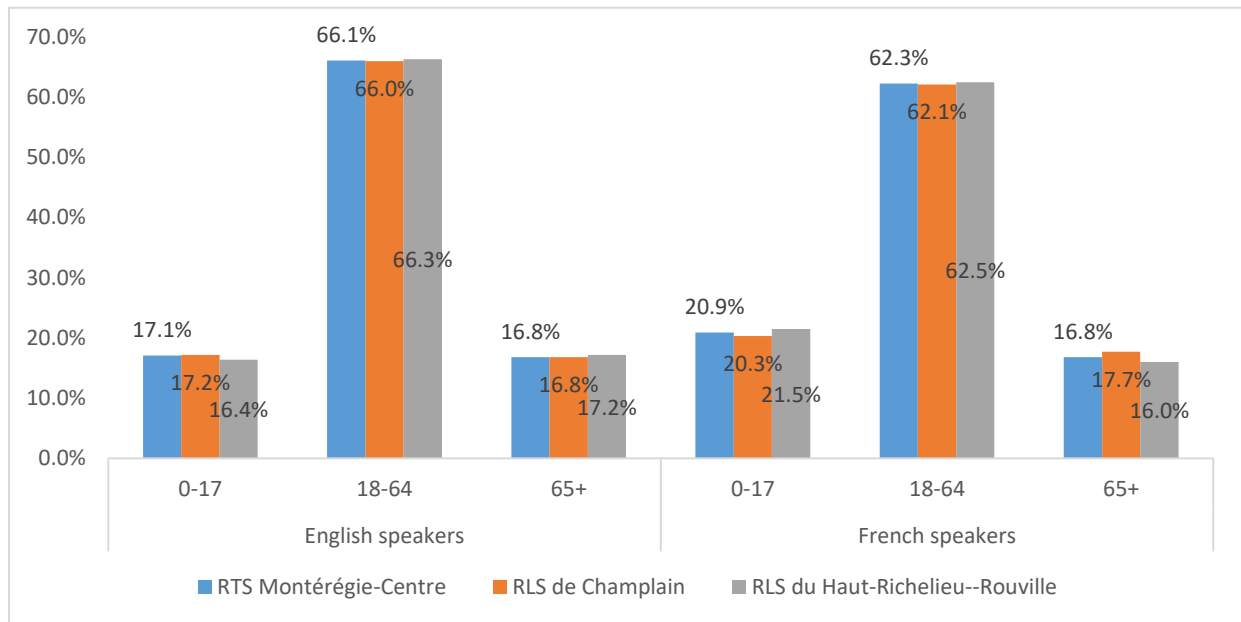
Territory	English-speaking Population	
	N	%
RLS de Champlain	46 408	86.3
CLSC Samuel-de-Champlain	36 945	68.7
CLSC Saint-Hubert	9 463	17.6
RLS du Haut-Richelieu–Rouville	7 393	13.7
CLSC du Richelieu	2 940	5.5
CLSC de la Vallée-des-Forts	4 453	8.3
RTS de la Montérégie-Centre	53 800	100.0

### Age structure of the population

In Montérégie-Centre as a whole, the proportion of English-speaking children age 0-17 is lower than among French speakers (17.1% as opposed to 20.9%). The proportion of adults age 18-64 is higher (66.1% as opposed to 62.3%) and the proportion of seniors is the same.

On the RLS de Champlain, these proportions are almost the same. However, on RLS du Haut-Richelieu—Rouville territory, the proportion of English-speaking children age 0-17 is even lower (16.4%) while among French speakers it is even higher (21.5%). Adults are similar across the territories, while English-speaking seniors are higher than French-speaking seniors (17.2% compared to 16.0%).

*Age structure of the English- and French-speaking population, different territories*

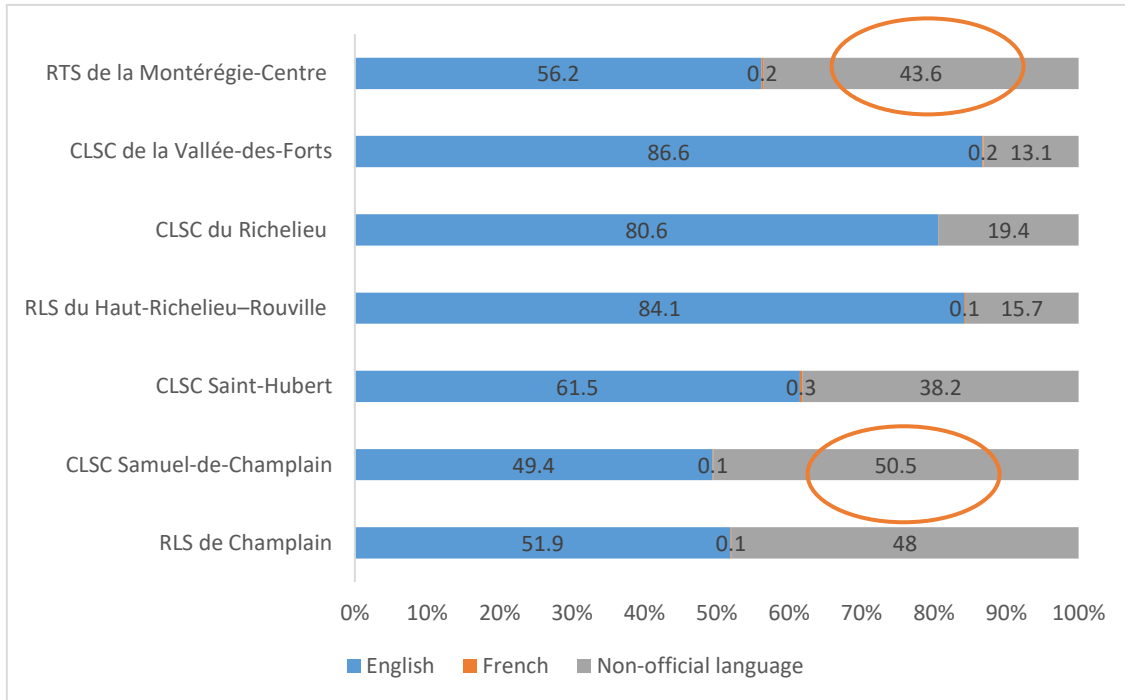


## English speakers by mother tongue

People whose first official language is English do not necessarily speak English as their mother tongue. In those cases, they have a non-official language as their mother tongue and speak English as a second (or third, or fourth) language. This may have an impact on how able they are to integrate into the local community, access services, take advantage of social activities, and more. In Montérégie-Centre, almost half of English speakers (43.6%) have a non-official language as their mother tongue. This proportion is over 50% on the CLSC territory of the CLSC Samuel-de-Champlain.



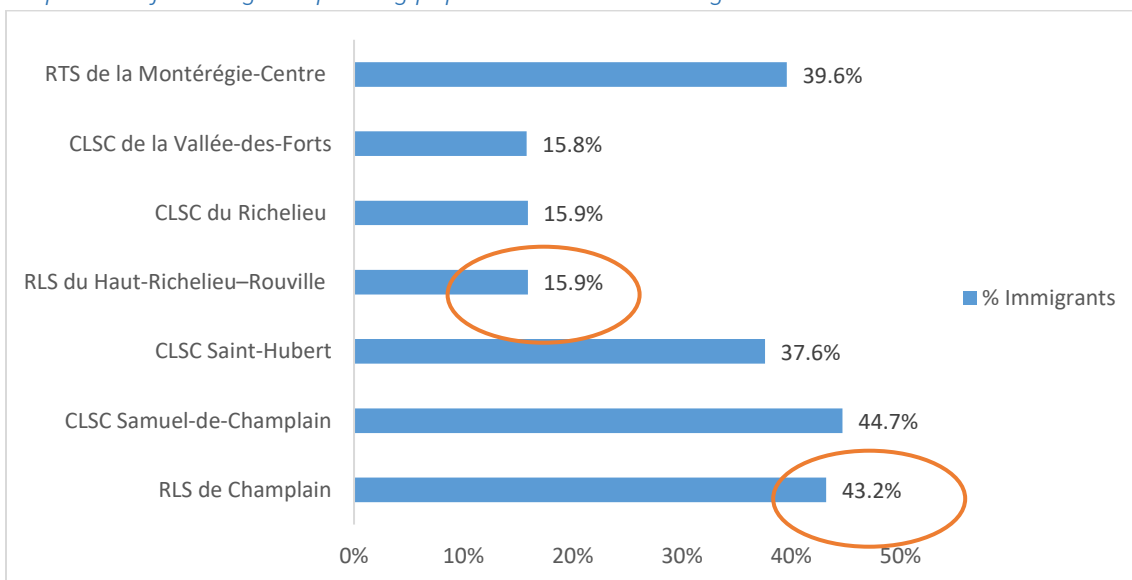
*Proportion of English speakers by mother tongue, different territories*



English-speaking immigrants

The proportion of English speakers who are immigrants is reflective of this. As shown in the graph below, in the RLS de Champlain almost half of English speakers are immigrants (43.2%), while that proportion is much lower in the RLS du Haut-Richelieu—Rouville (15.9%).

*Proportion of the English-speaking population who are immigrants*

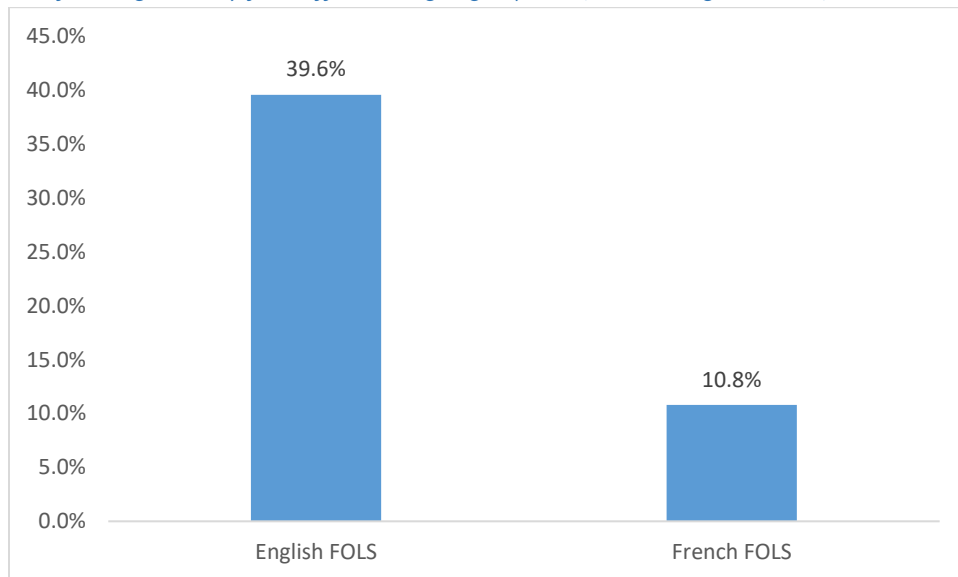


Many of these immigrants are from Asia and the Middle-East (for some territories over half), as well as Europe (in some territories up to half), with lower numbers coming from Latin America and Africa, the Caribbean and the United States. A high proportion are visible minorities (41.1% in Montérégie-Centre as a whole, and 47.9% on the CLSC Samuel-de-Champlain territory).

It is worth noting that in Montérégie as a whole, only 29.3% of English speakers are immigrants, and in Quebec as a whole that proportion is 32.9%. As we can see, those proportions are much higher in Montérégie-Centre.

Compared to the French-speaking population, proportions of immigrants are much higher among the English-speaking population.

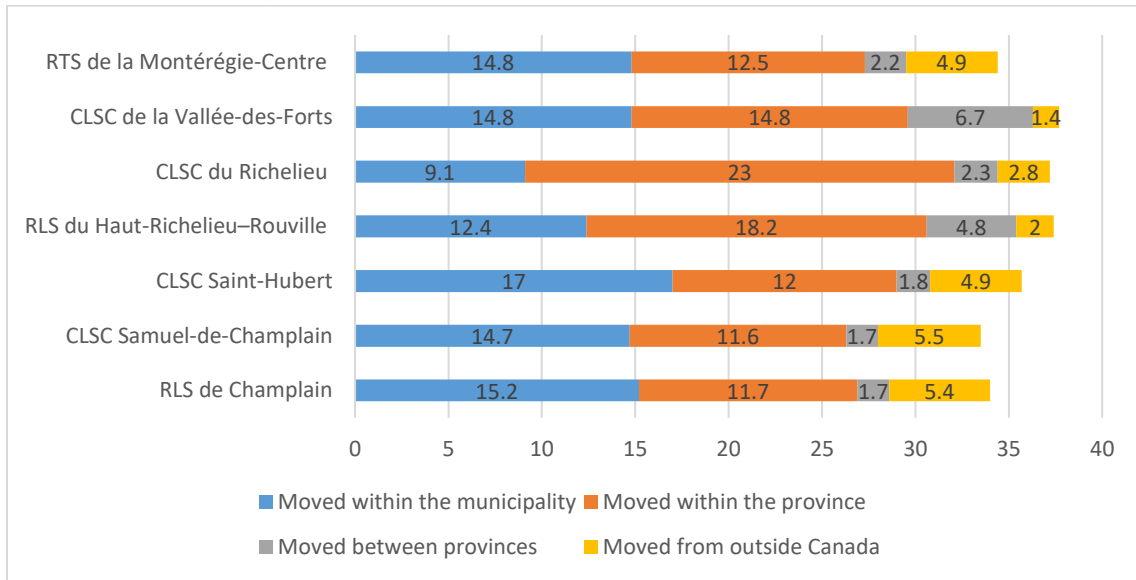
*Proportion of immigrants by first official language spoken, Montérégie-Centre, 2016*



### Mobility among English speakers

Mobility can help to see how rooted people are in place. If a person has moved more recently they are less likely to be well-integrated, to know of local services and to have a strong sense of belonging to the community. In Montérégie-Centre, 34.4% of residents have moved within the past five years, 14.8% of them within the municipality, 12.5% within the province, 2.2% from another province and 4.9% from another country. The graph below shows those proportions for the different territories.

*Proportion of English speakers who have moved over the 5 years (%)*

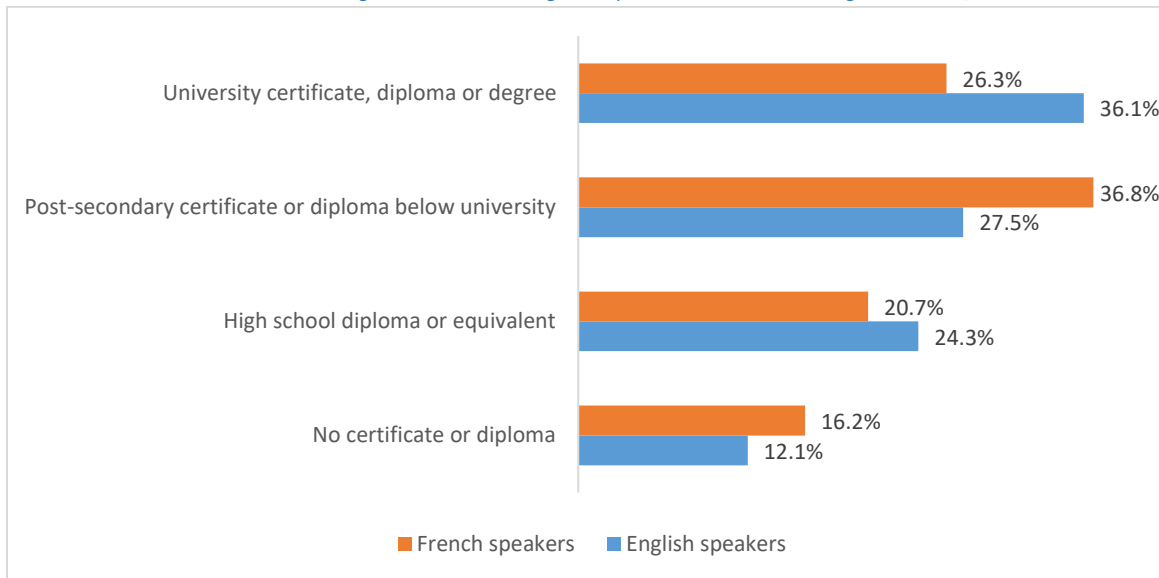


English speakers are more likely than French speakers to have moved from outside the province or from outside Canada.

*Educational attainment*

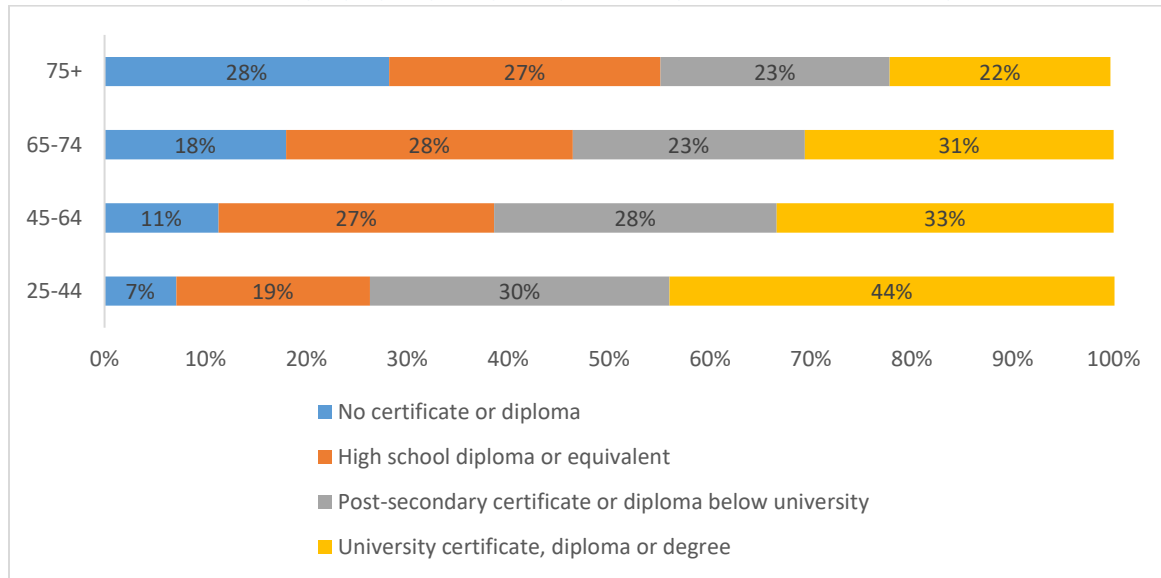
English speakers in Montérégie-Centre are more likely than French speakers to have a university degree, and less likely to have no certificate or diploma. French speakers are more likely to have post-secondary schooling below university level (a Cegep diploma for instance). This points in general to higher education attainment among English speakers.

*Educational attainment among French and English speakers in Montérégie-Centre, 2016*



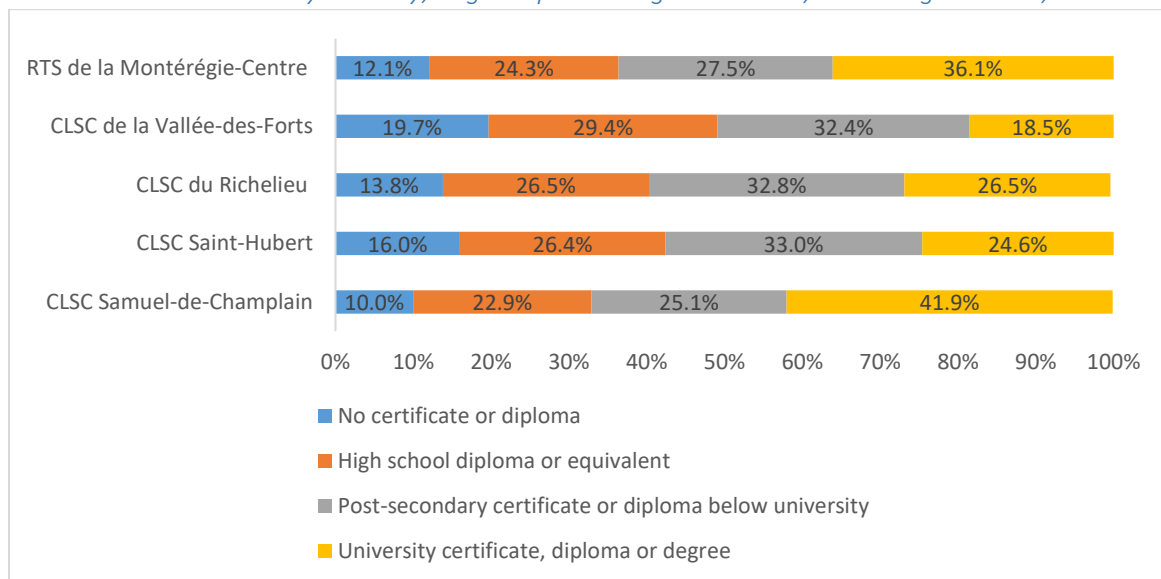
Among English speakers, the younger the age group, the more likely they are to have completed higher levels of education and the less likely they are to have no certificate or diploma. This indicates that the younger generations are getting higher levels of education than the older ones did.

*Educational attainment by age group, English speakers age 25 or over, Montérégie-Centre, 2016*



Women and men have very similar levels of educational attainment. On the other hand, educational levels vary significantly between territories, with CLSC Samuel-de-Champlain having the highest levels and CLSC de la Vallée-des-Forts the lowest:

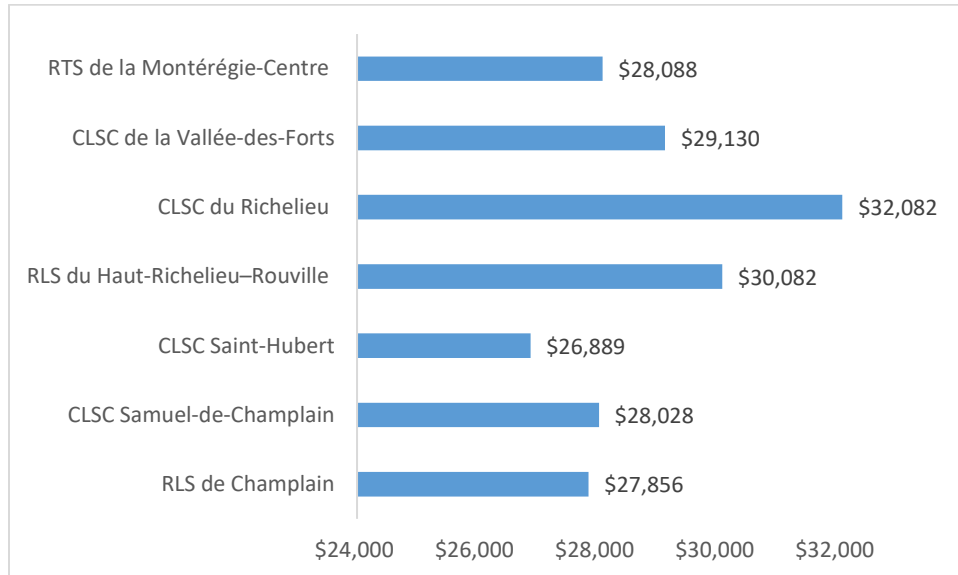
*Educational attainment by territory, English speakers age 25 or over, Montérégie-Centre, 2016*



## Economic conditions

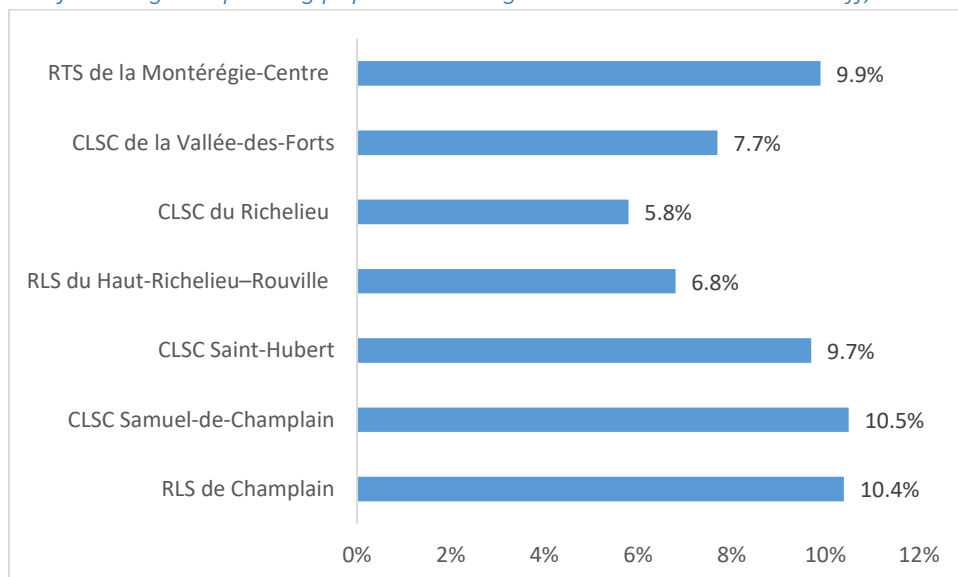
The median income level of English speakers is lower than that among French speakers: \$28,088 compared to \$32,416. Median income does, however, vary on different territories, with higher incomes in general in the RLS du Haut-Richelieu—Rouville territory, and the highest on the CLSC du Richelieu territory.

*Median income after taxes among English speakers, age 15 and over, 2015*



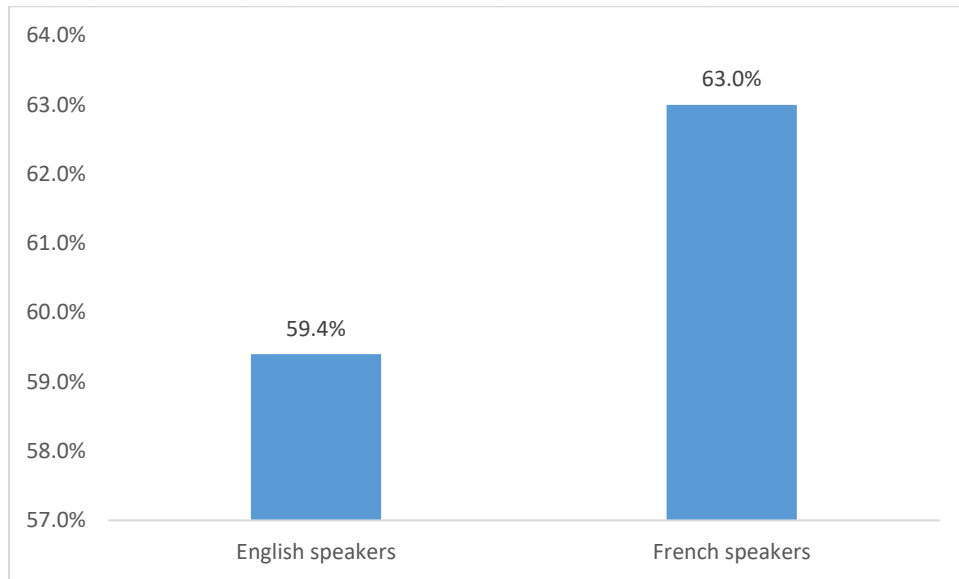
The proportion of the population living below the low-income cut-off is higher among English speakers than among French speakers: 9.9% compared to 6.3%. Again, the figures for the different territories vary significantly, with the highest rates of low income being in the RLS de Champlain (10.4%).

*Proportion of the English-speaking population living under the low-income cut-off, 2015*



Rates of employment are high overall for French speakers than for English speakers in Montérégie-Centre.

*Rates of employment among English and French speakers, Montérégie-Centre, 2016*



### Highlights from statistical information

In summary, there are some differences between residents who speak French as their first official language and those whose first official language spoken (FOLS) is English. Here are some of the key highlights of the population of Montérégie-Centre whose first official language spoken is English:

- English speakers represent 13.6% of the total population
- Most of them (86%) live in RLS Champlain
- The English-speaking population has increased by 8.9% over the decade from 2006-2016
- Two-thirds of them (66.1%) are between 18-64 years of age
- Almost half (43.6%) of English speakers have a mother tongue that is neither English nor French
- More than half (56%) work in English
- Four out of ten are immigrants (39.6%)
- Four out of ten belong to a visible minority group (41.1%)



Compared to French speakers, English speakers are more likely to have these **favorable** conditions:

- + They are more likely to have a certificate, diploma or university degree (39.1% compared to 26.3%)
- + They are more likely to own their home (78% compared to 75.6%)
- + English speakers age 75 or over are less likely to live alone at home (32.3% compared to 34.6%)

Compared to French speakers, English speakers are more likely to have these **unfavorable** conditions:

- They are more likely to live under the low-income cut-off after taxes (9.9% compared to 6.3%)
- They have lower median incomes (\$28,088 compared to \$32,416)
- They are more likely to live in a home needing major repairs (7.9% compared to 6.1%)
- They are more likely to live in a home that is too small (7.8% compared to 4.7%)
- They are more likely to work in another MRC (52.9% vs 44.5%) and to commute more than 60 minutes (15.1% vs 10%)

## Population health among English-speaking adults and youth

In May 2018 a portrait of the health of English speakers was produced by the CISSS-Montérégie-Centre.

Highlights regarding youth

The following highlights were found among high-school age youth in Montérégie-Centre:

- Une proportion plus élevée de garçons que de filles étudient en anglais (58 c. 42 %)
- La population francophone se répartit, quant à elle, également selon le sexe
- Les élèves anglophones sont proportionnellement plus nombreux que les francophones à avoir ont au moins un parent né à l'extérieur du Québec (34 c. 25 %)
- La majorité des élèves anglophones ont des parents détenant un diplôme d'études collégiales ou universitaires (85 %)
- Environ quatre élèves anglophones sur dix (42 %) avaient un emploi au moment de l'enquête
- Les élèves anglophones sont **plus** nombreux que les élèves francophones à :
  - ✓ À ne pas fumer la cigarette (95 c. 89 %)

- ✓ Avoir utilisé le condom lors de la dernière relation sexuelle (77 c. 69 %)
- ✓ Déjeuner tous les jours avant de commencer l'école (62 c. 57 %)
- ✓ Se brosser les dents au moins deux fois par jour (82 c. 77 %)
- ✓ Avoir un surplus de poids (25 c. 20 %)
- ✓ Avoir été victimes de violence à l'école ou sur le chemin de l'école ou de cyberintimidation (57 c. 40 %)
- ✓ Avoir un niveau de détresse psychologique élevé (27 c. 22 %)
- ✓ Avoir des parents dont le niveau de supervision parental est élevé (40 c. 34 %)
- ✓ Avoir un sentiment d'appartenance élevé à leur école (39 c. 25 %)
- Les élèves anglophones sont **moins** nombreux que les élèves francophones à :
  - ✓ Consommer de l'alcool au cours des 12 derniers mois (51 c. 60 %)
  - ✓ Consommer au moins 5 portions de fruits et de légumes par jour (49 c. 52 %)
  - ✓ Consommer au moins 5 portions de fruits et de légumes par jour excluant les jus fruits pur à 100 % (28 c. 34 %)
  - ✓ Avoir eu des comportements d'agressivité indirecte (59 c. 64 %)
  - ✓ Avoir un soutien social élevé de leurs amis (61 c. 71 %)

\***GREEN** indicates a positive situation.

Highlights regarding adults

The following highlights were found among adults for Montérégie as a whole:

- Environ un adulte anglophone sur cinq fume la cigarette tous les jours ou à l'occasion
- La proportion d'anglophones considérés actifs est :
  - ✓ Estimée à environ 13 % concernant le transport actif
  - ✓ Estimée à moins de la moitié (42 %) lors des activités physiques de loisir et de transport
- Environ 10 % des adultes anglophones déclarent avoir consommé de la drogue au cours des 12 derniers mois précédant l'enquête
- Cette proportion tend à être inférieure à celle observée chez les adultes. Près de six anglophones sur dix (59 %) ont un surplus de poids
  - ✓ Cette proportion tend à être francophones (15 %)
  - ✓ supérieure à celle observée chez les adultes francophones (54 %)
- Environ le dixième des anglophones ne se perçoivent pas en bonne santé
- Près du quart des anglophones (24 %) ont un niveau élevé de détresse psychologique
  - ✓ Cette proportion tend à être inférieure à celle observée chez les adultes francophones (29 %)
- Environ le dixième des anglophones ont déjà eu un diagnostic d'infection transmise sexuellement (ITS)

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