Social Support Networks in Quebec's English-speaking Communities

Building Community Vitality through Social Capital Strategies

based on data from the 2005 CROP/CHSSN Survey on Community Vitality

CHSSN
Community Health and Social Services Network

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1 Introduction

1.1 The "We Can Act" Project

A Community Health Promotion Strategy for English-speaking Communities.

This report arises in response to one of the objectives of the "We Can Act" project sponsored by the Community Health and Social Services Network (CHSSN). The CHSSN is a network of 60 community resources, associations, foundations, public institutions and other stakeholders dedicated to the development of partnerships in health and social services for English-speaking communities in Quebec. The CHSSN promotes knowledge-based community development as a means for communities to enhance their vitality and improve the health and well-being of their members. Consistent with the population health approach, CHSSN sponsors projects and partnerships which address health determinants affecting the health status of communities as well as supportive strategies to attain a sustainable health and social service system.

One of the objectives of the "We Can Act" project is to produce strategic information with respect to social support networks, a key health determinant, in Quebec's English-speaking communities. The information consolidated in this report is intended to enhance the knowledge base for both program and policy development aimed at creating supportive, caring, social environments.

1.2 Social Capital and Population Health

There is abundant and longstanding evidence of the link between the social relatedness of human beings and the way in which this relatedness may affect their health as well as other aspects of their well-being. The connections among individuals and groups – sometimes called "community capacity" – shape their access to important resources and to the social support that allows for the effective negotiation of the challenges they face. Building inclusive and supportive social environments is an important aspect in addressing exclusionary processes and poverty, in moving towards higher levels of participation and in promoting the improved health status of individuals. Social support networks are cited as a key health determinant in the Population Health Model used by Health Canada.[1]

What is "social capital"?

Whereas physical capital refers to physical objects and human capital refers to the properties of individuals, social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. *(Putnam, 2000)*

The norms and networks that facilitate collective action. *(Coleman, 1988)*

Social capital refers to the institutions, relationships and norms that shape the quality and quantity of a society's social interactions. *(The World Bank, 1999)*

Social capital consists of the stock of active connections among people: the trust, mutual understanding, and shared values and behaviors that bind members of human networks and communities and make cooperative action possible. *(Cohen and Prusak, 2001)*

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[1] Carter, J.A. (2003) A Community Guide to the Population Health Approach, CHSSN, www.chssn.org

1.3 Aspects of Social Capital

Research on social capital typically breaks down the aspects of social engagement among individuals and groups into four main themes: social participation, social support networks, civic engagement and social inclusion. These themes will serve to organize the information on the networks of Quebec's English-speaking communities presented in this report.

- **Social Participation:** Generally indicated in voluntary community activities, joining a social club or recreational association.

- **Social Support Networks:** This aspect refers to care relationships such as the support systems of family, friends and neighbours. It can include formal and informal arrangements.

- **Civic Engagement:** Indicated in political participation, knowledge of community initiatives, and perception of the capacity of the community to influence events.

- **Social Inclusion:** This aspect refers to elements like trust in people and institutions, sense of belonging, and confidence in public institutions.

1.4 What are the benefits of social capital?

While not a miracle cure, a person or group's network of social ties can produce a range of potential benefits or resources. Examples include:

- Child development is powerfully shaped by social capital. Trust, networks, and norms of reciprocity within a child's family, school, peer group, and larger community have far reaching effects on their opportunities and choices, and hence, on their behaviour and development. *(Putnam, 2000; 296–306)*

- There is evidence that schools are more effective when parents and local citizens are actively involved. Teachers are more committed, students achieve higher test scores, and better use is made of school facilities in those communities where citizens take an active interest. *(World Bank, 1999)*

- A growing body of research suggests that where trust and social networks flourish, individuals, firms, and neighbourhoods, and even nations prosper economically. Social capital can help to mitigate the insidious effects of socioeconomic disadvantage. *(Putnam, 2000; 319–325)*

- In high social capital areas public spaces are cleaner, and the streets are safer. High poverty and residential mobility are not as significant. *(Putnam, 2000; 307–318)*

- There appears to be a strong relationship between the possession of social capital and better health. Networks of friends and family influence whether individuals exercise, have healthy diets, or quit smoking. *(Franke, 2005)*

1.4.1 What is the link between social capital and health?

Social Capital and Health

"As a rough rule of thumb, if you belong to no groups but decide to join one, you cut your risk of dying over the next year *in half*. If you smoke and belong to no groups, it's a toss-up statistically whether you should stop smoking or start joining."   *(Putnam, 2000; 331)*

Civic connections rival marriage and affluence as predictors of life happiness.

(Putnam, 2000; 333)

Material goods and services: Social networks often constitute an essential source of informal services, such as child care, informal health care, language training or, in distressed situations, food, clothing, and housing.

Emotional support: In stressful situations, support networks may help to find a solution to the problem, or reduce the perceived importance of the problem. Knowing a potential support network is in place may increase one's sense of efficacy and control.

Information: Informal contacts are an important means for the dissemination of knowledge ranging from new employment opportunities to services for newly arrived immigrants. Health knowledge ranging from new research findings to local health service offerings often depends upon informal networks.

Joining and Belonging: The act of joining a social club, a sports team, or volunteering for a community based organization is associated with a higher health status. Social isolation is linked to health problems.

Formal and Informal Care: Access to public services and strong social support networks are linked. Geographical proximity of services, knowledge of publicly funded health initiatives, and confidence in public institutions are associated with more willing informal partners in informal health care.

Policy Context: Since the middle 1990's Quebec's social economy approach in the health sector has been organized around "state supported community development". *(Vaillancourt et al., 2004)* The emphasis in this approach is upon the formation of partnerships between formal agencies and the "local community" designed to facilitate them in addressing local health problems. The presence of community capacity as the prerequisite for such partnerships is increasingly linked to the health status of a population.

1.4.2   How do we assess social capital?

Dimensions of Social Capital

Bonding: This refers to networks between people who share a "common bond" and are cohesive in their interests (i.e. a tight-knit rural community, or a family). Economically disadvantaged groups are often characterized by high levels of this type.

Bridging: These relations bring different groups together. They are outward looking and encompass people across social divides. They generate broader identities and links to assets more than bonding. (i.e. a social movement where otherwise radically different groups come together for a common cause)

Linking: These are connections which tend to work vertically along a social hierarchy. This kind of network forges relations between groups who are unequal in terms of access to power such as a marginalized group and the decision makers responsible for social policy and funding.   *(Dale, 2005.)*

Those concerned with social capital look at the size, density, composition and spatial arrangement of social networks that people are involved in; the extent to which they are engaged with others in informal, social activities and the barriers experienced in pursuing these activities; the degree to which individuals in a community are able to turn to a support network in times of crisis or are isolated; their rate of membership in groups and associations; the levels of trust individuals have in public institutions as well as their neighbours, the level of confidence in the future of their community, and their sense of their ability to exercise some control over the socio-economic conditions affecting their lives.

A population needs to understand its networks in terms of the degree to which they consist of bonding, bridging, and linking relations. A community with high levels of bonding may have the needed high levels of reciprocity, trust and voluntarism to sustain a care relationship but in the absence of bridging relations may not be able to generate the broader identity which would open access to opportunities for upward mobility among its youth. A heterogeneous population without sufficient bridging relations may face obstacles in the diffusion of health information. An economically disadvantaged group may enjoy high levels of cohesion but without the leadership to sustain the linking relations with policy makers are still hampered in their ability to mobilize for economic change. Similarly, linking connections without the reciprocity of bonding relations are impotent in mobilizing solidarity.

1.4.3   Incorporating social capital knowledge into social policy, program development, and community initiatives in the health sector

- **Encourage the development of associational life:** Working so that people may join groups-whether organized around enthusiasms and interest, social activity or economic and political aims- can make a considerable contribution in itself. What are the barriers to joining in your region? How can they be surmounted?

- **Increase program sensitivity to existing patterns of social capital:** Knowledge of social capital may raise awareness among decision makers about the potential impacts of interventions or changes in directions on the social capital already present in communities. This knowledge may in fact be the key to the success or failure of a health initiative. Without this assessment, policy may be implemented that is in fact detrimental to existing social connections.

- **Establish favourable conditions for forming and maintaining desired network ties:** Invest in establishing broad, favourable conditions for the generation and maintenance of social capital in all its dimensions.

- **Work across communities:** Policy, programs and initiatives that work across entrenched divisions within the population resist reinforcing the potential exclusivity of bonding relations and invite the bridging and linking relations that tend to lead to increased access to resources, opportunity and trust.

1.5   Data Sources and Methodology

This report draws principally from the 2001 Census of Canada and the 2003 General Social Survey for national and provincial data. The Quebec regional data is drawn primarily from the 2005 CROP/CHSSN Survey of Community Vitality. Other minor sources are listed below.

1.5.1   Statistics Canada. Census of Canada, 2001

Data for the demographic profile in this report is drawn from the 2001 Census of Canada, Statistics Canada, 20% sample. Unless otherwise noted, the linguistic definition used is that of First Official Language Spoken (*FOLS*) which is a language concept derived from responses to three census questions: knowledge of official languages, mother tongue and home language. The Low-Income Cut-Off (*LICO*) data presented in this report is based on an analysis by Jan Warnke of JWComm of data generated in a custom table by Statistics Canada for the CHSSN. The use of relative indices (**mmi** and **rgi**, see below) draws on the work of William Floch at the Department of Canadian Heritage.

Minority-Majority Index (mmi)

The Minority-Majority Index in this report compares the characteristic of the regional minority Anglophone population relative to the majority Francophone population which shares the same region. An **mmi greater than 1.00** indicates that the characteristic is more commonly found in the minority population. An **mmi less than 1.00** indicates that it is less present in the minority population.

Example: This Minority-Majority Index table for the Outaouais region indicates that the average income **mmi of 0.99** for the Anglophone population is just slightly lower than that of the Francophone population, while the proportion of population over the age of 15 without income is an **mmi of 1.09**, significantly higher.

Income/Social Status Characteristics	mmi
Average income	0.99
Population 15+ without income	1.09
Dependence on government transfer	1.06
Incidence of low income (under $20k)	1.07
Incidence of high income (over $50k)	0.99

Relative Geographic Index (rgi)

The Relative Geographic Index in this document refers to the relative value of a characteristic for the Anglophone population of a given region compared to the Anglophone population of the entire province of Québec. Thus, an **rgi greater than 1.00** indicates that the characteristic is more present in the specific regional Anglophone population than in the provincial Anglophone population as a whole. An **rgi less than 1.00** indicates that the characteristic is less present in the regional population than in the provincial population.

Example: Adding the **rgi** index to the same table indicates that the proportion of Anglophone population of the Outaouais over the age of 15 without income has an **rgi of 0.91** (or lower than the

Income/Social Status Characteristics	mmi	rgi
Average income	0.99	0.99
Population 15+ without income	1.09	0.91
Dependence on government transfer	1.06	0.97
Incidence of low income (under $20k)	1.07	0.93
Incidence of high income (over $50k)	0.99	1.13

proportion of the Anglophone population of the whole province), while the **rgi of 1.13** indicates that the relative incidence of high income earning is substantially higher.

1.5.2   Statistics Canada. General Social Survey, 2003. Cycle 17 – Survey on Social Engagement in Canada.

In 2003, Statistics Canada surveyed more than 24,000 Canadians to get a better understanding of their social engagement. Key dimensions covered in the survey include social participation, civic engagement and trust and reciprocity. In collaboration with William Floch of the Department of Canadian Heritage, the author has analyzed the GSS17 data to provide a national context for the social engagement data from the Survey of Community Vitality (2005).[2]

For the purposes of this analysis, the GSS17 sample was divided into six sub-populations based on language (English, French and other mother tongue)[3] and region (those living in Quebec (QC) or elsewhere in Canada (C-Q). Of the 24,000 respondents there were just over 5,000 respondents from Quebec with 390 reporting English as a mother tongue,[4] 4,150 with French as a mother tongue and 469 with other mother tongues.

1.5.3   CROP/CHSSN Survey of Community Vitality, 2005.

In June, 2005, the CROP polling firm conducted a major public opinion research project on behalf of the Community Health and Social Services Network (CHSSN). The survey, entitled the CROP/CHSSN Survey of Community Vitality (SCV) included modules on themes such as access to health services, education, employment, legal services and community confidence. In all, 3,129 Anglophones were surveyed and a further 1,000 Francophones were surveyed in a parallel questionnaire. The survey consists of two separate questionnaires – one administered to 3,129 Anglophone respondents and a shorter questionnaire administered to 1,002 Francophone respondents. The bulk of the tables represent the views and experiences of Anglophone respondents. Where tables or analysis are based on data from the survey of Francophones, this is explicitly stated. The present report focuses on the social support networks and social participation themes in the survey. The following notes provide further detail on the methodology and limits of the SCV.

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[2] Floch, W. and J. Pocock (2006), *Quebec Anglophones and Social Capital - Findings from the General Social Survey, Cycle 17, 2005.* Unpublished manuscript.

[3] Unless otherwise state, the rest of this report uses the First Official Language Spoken (FOLS) definition for language groups which is derived from three census questions: knowledge of official languages, mother tongue and home language. Regrettably, FOLS is not available for the GSS17 sample.

[4] The relatively small sample of Quebec English Mother Tongue respondents in GSS17 means that the data should be used with caution, providing, at best, a directional understanding of their patterns of social participation.

Percentages – The majority of SCV tables in this report present results in the form of percentages. Non-responses (no answer, did not know, etc.) have been excluded from the totals prior to calculation of percentages.

Geographic Regions – The regions in the SCV tables are the 17 administrative regions across Quebec. To reflect the important differences in the composition and experiences of the Montreal Anglophone population which accounts for 60% of the province's Anglophone population, the Montreal region has been divided into three sub-regions: Montreal (west), Montreal (centre) and Montreal (east). These Montreal sub-regions correspond to clusters of CLSCs, as follows:

Montreal (west)	Montreal (centre)	Montreal (east)
Dollard-des-Ormeaux	Ahuntsic	Anjou
Lac Saint-Louis	Bordeaux-Cartierville	Hochelaga-Maisonneuve
Pierrefonds	Côte-des-Neiges	Mercier-Est
	Côte-Saint-Luc	Mercier-Ouest
	Lachine	Montréal-Nord
	Lasalle	Pointe-aux-Trembles
	Métro	Rivière-des-Prairies
	Mont-Royal	Rosemont
	Montréal – Centre-Sud	Saint-Léonard
	Montréal – Centre-Ville	Saint-Michel
	Notre-Dame-de-Grâces – Montréal-Ouest	
	Parc-Extension	
	Petite Patrie	
	Plateau-Mont-Royal	
	Pointe-Saint-Charles	
	Saint-Henri	
	Saint-Laurent	
	Saint-Louis-du-Parc	
	Saint-Paul	
	Snowdon	
	Verdun	
	Villeray	

LICO Tables – In these two tables data is organized according to provincial health regions. Cree territories are included, as were the Inuit. They are part of the Cree Territories Health Region (RSS) and the Nunavik Health Region. The Nord-du-Québec region includes people outside these special territories.

Canadian Heritage – In the tables produced at Canadian Heritage, administrative regions have been used as basic units of geography. In cases where native persons spoke English and/or French, they would have been included in the First Official Language Spoken groups and therefore would be present in the tables which originate with this department.

Weighting – CROP has weighted the respondents by region, age cohort and gender to bring the respondent database in line with 2001 Census figures.

Small samples – Due to small samples in some regions (Bas-Saint-Laurent, Saguenay – Lac-Saint-Jean, Centre-du-Québec), observations should be treated with caution. Similarly, follow-up questions based on responses to lead questions may generate small numbers of qualified respondents, which would reduce the reliability of certain observations in the report.

Key population characteristics – From the demographic characteristics contained in the survey dataset, data on age, bilingualism, income, gender and general state of health have been retained for inclusion in the tables. Data presented is mainly descriptive based on univariate analysis of these characteristics. At a later date, it would undoubtedly be useful to carry out multivariate analysis and other statistical analysis to develop a more comprehensive understanding of the experiences and perceptions of respondents.

1.5.4 Other Data Sources

This report also draws on public opinion research data on official-language minority groups gathered by the Official Languages Support Programs Branch of the Department of Canadian Heritage. Surveys by National Survey of Giving, Volunteering, and Participation (2000), GPC International (2002), and Environics Focus Canada (2004). Minor reference is made to the National Survey of Giving, Volunteering, and Participation (2000), GPC International (2002), and Environics Focus Canada (2004).

2 Demographic Context

In this section, we examine a number of key socio-demographic features that shape the English-speaking Quebec population. These features are selected with an eye to highlighting the areas of strength and vulnerability that must be considered in developing social capital strategies aimed at improving the general well-being of Quebec's official-language minority population. What strategies for improving social participation are best suited to the unique socio-demographic characteristics of this population?

Optimal conditions for volunteer activity

- International comparisons tell us that extreme income inequality and voluntarism consistently show a negative relationship.

- The high voluntarism of countries of Europe and North America have the common feature of household units based on small, nuclear type families.

- There is a positive relationship between public expenditure and formal provision of services and volunteer activity.

- The countries with the highest levels of voluntary activity are all predominately Protestant.

(Wooley, 2001)

2.1   Diversity of Quebec's Anglophone Population

When we compare Official-Language Minority Communities (OLMC) across the Canadian provinces, the heterogeneous composition of Quebec's English-speaking population stands out as a unique feature. The following four tables allow us to observe that the Quebec Anglophone population is composed of a much greater percentage of members of visible minorities (20.8%), a greater percentage of individuals of non-Christian religious affiliation (15.6%) as well as non-Catholic (31.2%), and more individuals born outside of Canada (30.9%) than other Canadian Language Minorities. This is also the case when Quebec Anglophones are compared with the Francophone majority with whom they share the same territory. Do the partnerships formed between regional Anglophone communities and formal health agencies intended to address local health problems represent the concerns of these diverse groups? What sort of unique challenges does a diverse population pose for achieving the solidarity and cohesiveness often presumed in mobilizing collective action? What are the differences and similarities in the patterns of informal support networks among immigrants in Quebec's Anglophone community compared to those who are Canadian-born?

Official-Language-Minority Communities, 2001
Proportion Who Are Members of Visible Minority Groups
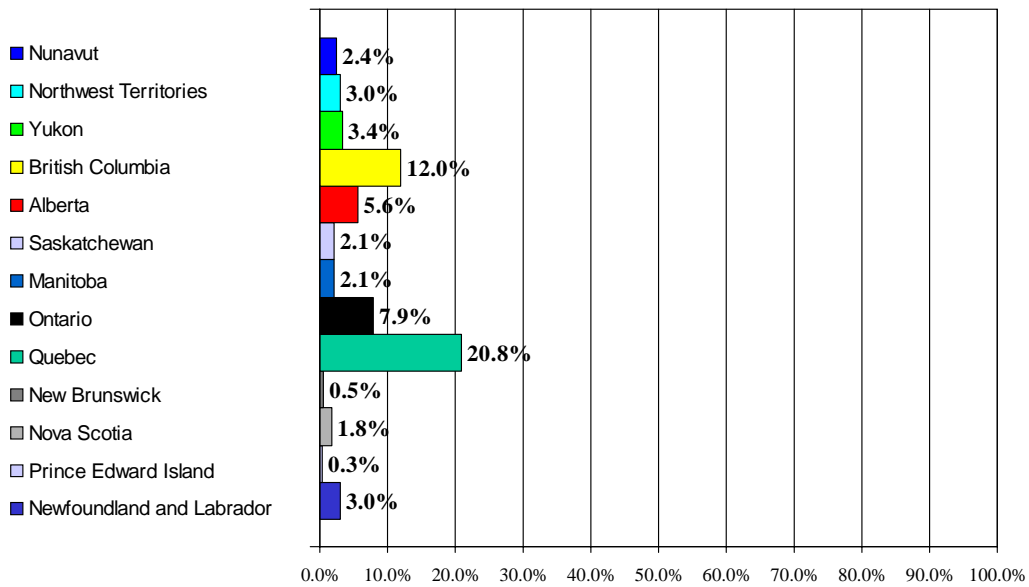
Province/Territory	Percentage
Nunavut	2.4%
Northwest Territories	3.0%
Yukon	3.4%
British Columbia	12.0%
Alberta	5.6%
Saskatchewan	2.1%
Manitoba	2.1%
Ontario	7.9%
Quebec	20.8%
New Brunswick	0.5%
Nova Scotia	1.8%
Prince Edward Island	0.3%
Newfoundland and Labrador	3.0%

Source: Statistics Canada, 2001 Census of Canada.

Official-Language-Minority Communities, 2001
Proportion with Non-Christian Religious Affiliation
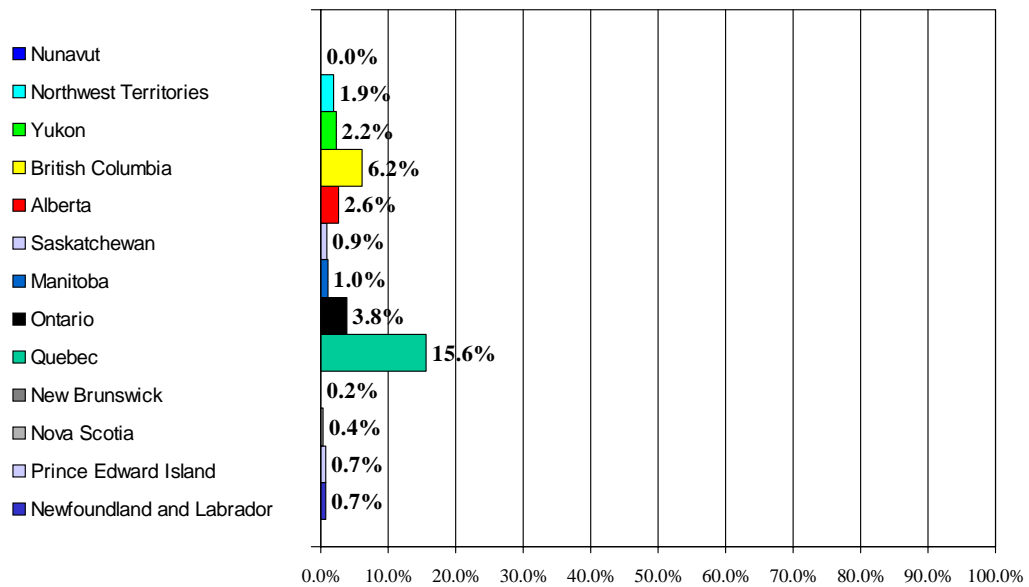
Province/Territory	Percentage
Nunavut	0.0%
Northwest Territories	1.9%
Yukon	2.2%
British Columbia	6.2%
Alberta	2.6%
Saskatchewan	0.9%
Manitoba	1.0%
Ontario	3.8%
Quebec	15.6%
New Brunswick	0.2%
Nova Scotia	0.4%
Prince Edward Island	0.7%
Newfoundland and Labrador	0.7%

Source: Statistics Canada, 2001 Census of Canada.

Official-Language-Minority Communities, 2001
Proportion of Non-Catholic Christians

Region	Percentage
Nunavut	12.1%
Northwest Territories	6.6%
Yukon	7.9%
British Columbia	12.2%
Alberta	9.4%
Saskatchewan	7.4%
Manitoba	6.2%
Ontario	7.3%
Quebec	31.2%
New Brunswick	2.4%
Nova Scotia	4.4%
Prince Edward Island	3.0%
Newfoundland and Labrador	6.9%
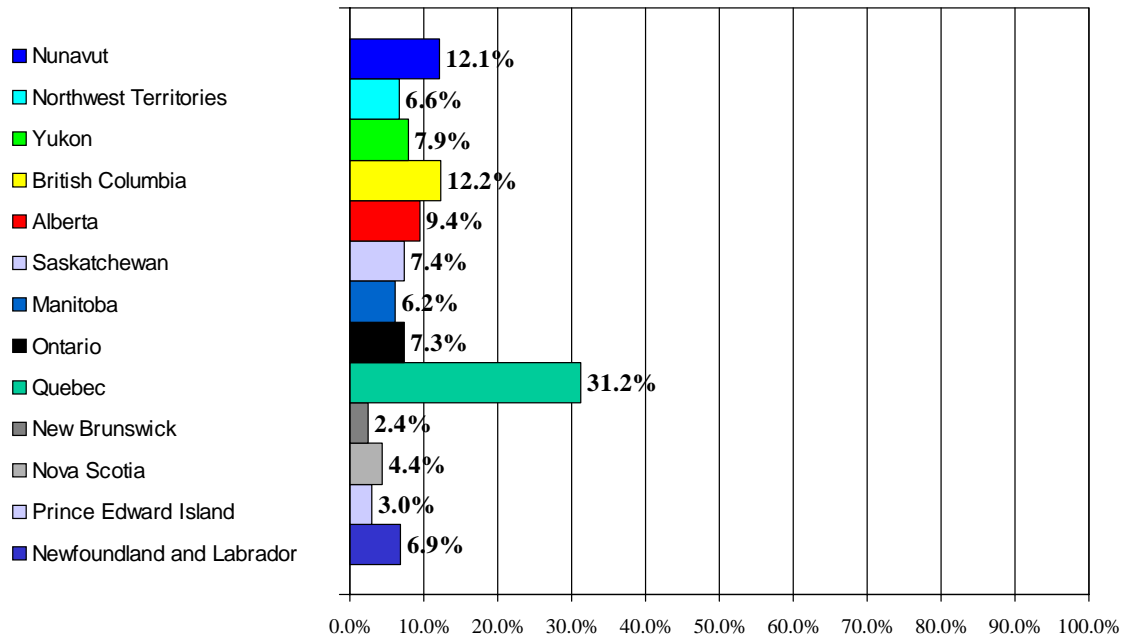
Source: Statistics Canada, 2001 Census of Canada.

Findings from the National Survey of Giving, Volunteering and Participating (2000) tell us that the rate of membership among immigrants to Canada is lower than Canadian-born residents. Among those in Canada for less than six years, 31% were members of voluntary organizations compared to 56% of those who had lived here for 26 years or more. When they do participate in groups, immigrants are far more likely than Canadian-born residents to be active in faith-based organizations and especially among those who have been in Canada the longest. Canadian-born citizens were more likely to join work-related groups such as unions or professional associations (22% compared to 17% of immigrants).

Official-Language-Minority Communities, 2001
Proportion Born Outside Canada

Region	Percentage
Nunavut	4.9%
Northwest Territories	5.7%
Yukon	13.0%
British Columbia	23.0%
Alberta	10.1%
Saskatchewan	4.0%
Manitoba	4.2%
Ontario	11.6%
Quebec	30.9%
New Brunswick	1.1%
Nova Scotia	3.8%
Prince Edward Island	1.7%
Newfoundland and Labrador	10.2%
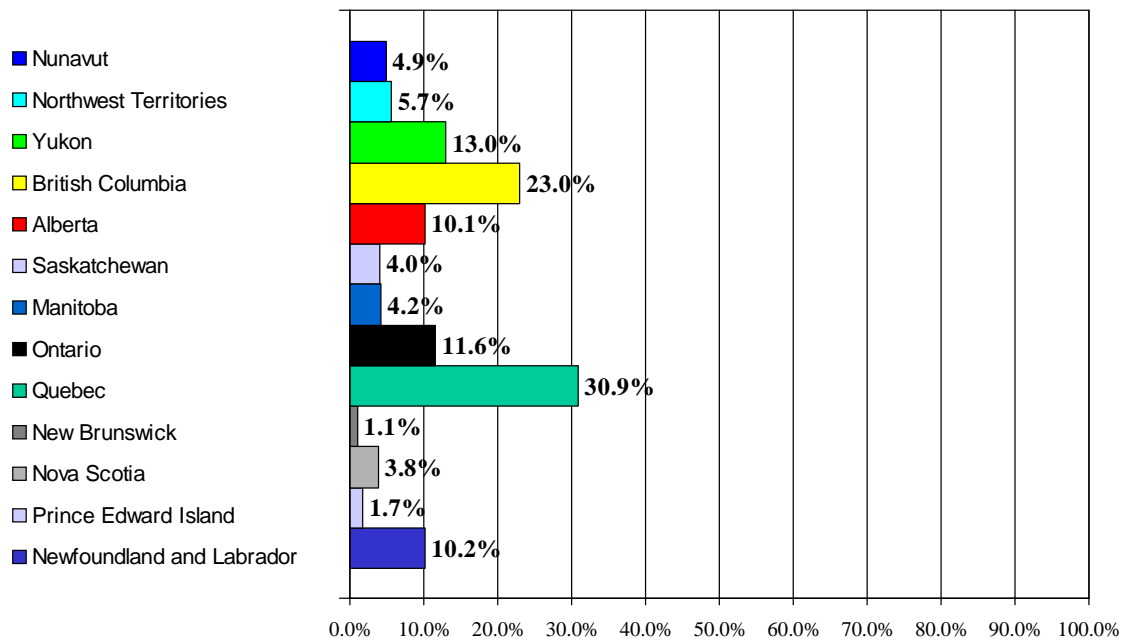
Source: Statistics Canada, 2001 Census of Canada.

The National Survey of Giving, Volunteering and Participating (2000) demonstrates that the voting rates are considerably lower for immigrants than for the Canadian-born population. Only 43% of young immigrant adults aged 25–34 reported voting compared to 77% of the young Canadian-born. 50% of immigrants aged 45–54 reported voting compared to 90% of those Canadian-born in the same age category. In 2000, 73% of immigrants provided unpaid care and assistance to others; among Canadian-born, the rate was slightly higher (79%). Perhaps this commonality in the area of informal support networks suggests "bridging" and "linking" opportunities for minority women as primary caregivers in the health sector.

2.2   Income Levels – Minority-Majority

Total population (15+) by total income groups (18 categories)
Minority-majority index (MMI)
Québec, 2001

Income group	MMI
Without income	1.10
With income	0.99
Under $2,000	1.17
$ 2,000 - $ 4,999	1.10
$ 5,000 - $ 6,999	1.07
$ 7,000 - $ 9,999	0.97
$10,000 - $11,999	0.99
$12,000 - $14,999	0.94
$15,000 - $19,999	0.99
$20,000 - $24,999	0.98
$25,000 - $29,999	0.92
$30,000 - $34,999	0.88
$35,000 - $39,999	0.90
$40,000 - $44,999	0.85
$45,000 - $49,999	0.90
$50,000 - $59,999	0.92
$60,000 - $74,999	1.04
$75,000 and over	1.71

Source: Official Languages Support Programs Branch, Canadian Heritage, February 2004, based on 2001 Census, Statistics Canada, 20% sample.
The minority-majority index (MMI) compares the value for the minority community with that of the majority community.
First Official Language Spoken (FOLS) is a derived variable based on the responses to language questions in the Census of Canada.

The above table demonstrates that Quebec Anglophones have higher levels of low income when compared to Quebec Francophones. Anglophones show lower levels of middle income and high levels of high income. Analysis of the mobility patterns of Anglophones who leave Quebec for other provinces underline the high incidence of individuals who are highly educated and with above average income. International comparisons conclude that income polarity such as we see between minority and majority and within the minority itself tends to be negatively related to volunteering activity and trust. Middle generation, educated, above average income and non-metropolitan are noted characteristics of individuals who are active in Canada's voluntary core.

2.3   Proportion of Those Living Alone who are Living Below LICO

Proportion Living Alone who are also Below the Low-Income Cut-off (LICO)	Total	Anglophone	Francophone	RGI for Anglophone group	MMI
Québec (Province of)	41.8%	42.8%	41.4%	1.00	1.03
*Bas-Saint-Laurent	41.2%	34.8%	41.2%	0.81	0.84
*Saguenay – Lac-Saint-Jean	41.1%	30.4%	41.2%	0.71	0.74
Québec	43.9%	41.9%	43.9%	0.98	0.96
*Mauricie et Centre-du-Québec	43.1%	38.6%	43.1%	0.90	0.90
Estrie	39.2%	35.6%	39.5%	0.83	0.90
Montréal	46.3%	45.3%	46.1%	1.06	0.98
Outaouais	36.4%	35.0%	36.6%	0.82	0.96
Abitibi-Témiscaminque	38.3%	43.2%	38.1%	1.01	1.13
Côte-Nord	33.2%	31.3%	33.3%	0.73	0.94
*Nord-du-Québec	33.5%	66.7%	33.0%	1.56	2.02
Gaspésie – Îles-de-la-Madeleine	41.5%	34.8%	42.4%	0.81	0.82
Chaudière-Appalaches	36.5%	45.5%	36.5%	1.06	1.25
Laval	39.5%	45.1%	38.7%	1.05	1.16
Lanaudière	37.7%	45.4%	37.5%	1.06	1.21
Laurentides	37.1%	32.8%	37.4%	0.77	0.88
Montérégie	37.2%	36.0%	37.3%	0.84	0.96
*Nunavik	16.1%	25.0%	4.7%	0.58	5.31
Source: JW Comm, based on data from Statistics Canada, 2001 Census of Canada.					
Due to the small sample size, data for the indicated regions should be used with caution.					
Note: The linguistic definition used is First Official Language Spoken.					

42.8% of Quebec Anglophones who live alone are also living below the low income cut off (LICO) compared to 41.4% of Francophones. Considered regionally, Anglophones residing in Nunavik (mmi=5.31), Nord-du-Quebec (mmi=2.02), Chaudière-Appalaches (mmi=1.25), Lanaudière (mmi=1.21), Laval (mmi=1.16) and Abitibi-Témiscamingue (mmi=1.13) who live alone are more likely to be below LICO levels than are Francophones sharing the same territory. Low income individuals living alone are at risk of having nobody to turn to in the event of illness and according to the CROP/CHSSN Survey on Community Vitality are more likely to assess their health as "poor".

2.4 Proportion of Those Living in Lone Parent Households who are Living Below LICO

Regions	Total	Anglophone	Francophone	RGI for Anglophone Group	MMI
	Proportion Living in Lone Parent Households who are also Below the Low-Income Cut-off (LICO)				
Québec (Province of)	34.1 %	36.5%	33.7%	1.00	1.08
*Bas-Saint-Laurent	30.2%	59.1 %	30.1%	1.62	1.96
*Saguenay – Lac-Saint-Jean	32.1%	46.7%	32.0%	1.28	1.46
Québec – Capitale Nationale	32.3%	42.0%	32.1 %	1.15	1.31
*Mauricie et Centre-du-Québec	32.9%	35.4%	33.0%	0.97	1.07
Estrie	27.6%	35.9%	26.8%	0.98	1.34
Montréal	43.5%	41.0%	44.3%	1.12	0.93
Outaouais	31.7%	29.5%	32.0%	0.81	0.92
Abitibi-Témiscaminque	30.6%	31.5%	30.5%	0.86	1.03
Côte-Nord	25.5%	20.3%	26.4%	0.56	0.77
*Nord-du-Québec	30.3%	0.0%	30.4%	0.00	0.00
Gaspésie – Îles-de-la-Madeleine	30.1%	23.8%	31.1%	0.65	0.76
Chaudière-Appalaches	25.1 %	17.4%	25.2%	0.48	0.69
Laval	28.8%	32.8%	28.4%	0.90	1.15
Lanaudière	31.1%	36.9%	31.0%	1.01	1.19
Laurentides	30.4%	21.9%	31.0%	0.60	0.71
Montérégie	30.3%	30.7%	30.2%	0.84	1.02
*Nunavik	18.2%	17.3%	16.6%	0.47	1.04

Source: JW Comm, based on data from Statistics Canada, 2001 Census of Canada.

*Due to the small sample size, data for the indicated regions should be used with caution.

Note: The linguistic definition used is First Official Language Spoken.

Quebec Anglophones who are living in a lone parent household are somewhat more likely than Francophones in the same situation to be living below the low income cut off (mmi=1.08). In regions such as Bas-Saint-Laurent (mmi=1.96), Saguenay – Lac-Saint-Jean (mmi=1.46), Estrie (mmi=1.34), Quebec (mmi=1.31), Lanaudière (mmi=1.19) and Laval (mmi=1.15) we find that among those living in lone-parent households, there are substantially more English-speaking individuals living below LICO than French-speaking individuals. Social networks can constitute an essential source of informal services such as childcare, informal health care or even food, clothing and housing. Lone parents, often single mothers, and their children are at risk of social and economic exclusion and a poor health status.

2.5 Relative Population Growth

Relative Population Growth, 1996-2001
Quebec's Anglophone Communities Relative to the Francophone Population
by Administrative Region, Quebec

Region	Value
Quebec (Province of)	0.98
Bas-Saint-Laurent (2415)	0.91
Saguenay - Lac-Saint-Jean (2475)	1.02
Capitale-Nationale (2420)	0.86
Mauricie (2470)	0.84
Estrie (2430)	0.92
Montréal (2440)	0.99
Outaouais (2460)	0.98
Abitibi - Témiscamingue (2465)	0.88
Côte-Nord (2480)	1.00
Nord-du-Québec (2490)	1.19
Gaspésie - Îles-de-la-Madeleine (2410)	1.01
Chaudière - Appalaches (2425)	0.79
Laval (2445)	1.01
Lanaudière (2450)	0.90
Laurentides (2455)	0.92
Montérégie (2435)	0.94

Source: William Floch, Official Languages Support Programs Branch, Canadian Heritage, February 2004, based on 2001 Census of Canada, 20% sample. First Official Language Spoken (FOLS) is a derived variable based on the responses to Census of Canada questions on knowledge of official languages, mother tongue and home language.

Quebec Anglophone's have experienced a decline in numbers in most of Quebec's regions including Montreal with some quite notable as in Chaudière-Appalaches, Mauricie, Québec – Capitale-Nationale and Lanaudière. The social capital literature draws a link between levels of residential stability, commitment to community, and rates of community service. In Quebec, the link may be made between shrinking numbers and low levels of confidence among Anglophones in the future of their regional community.

Total population by age groups (18 categories)
Minority-majority index (MMI)
Québec, 2001
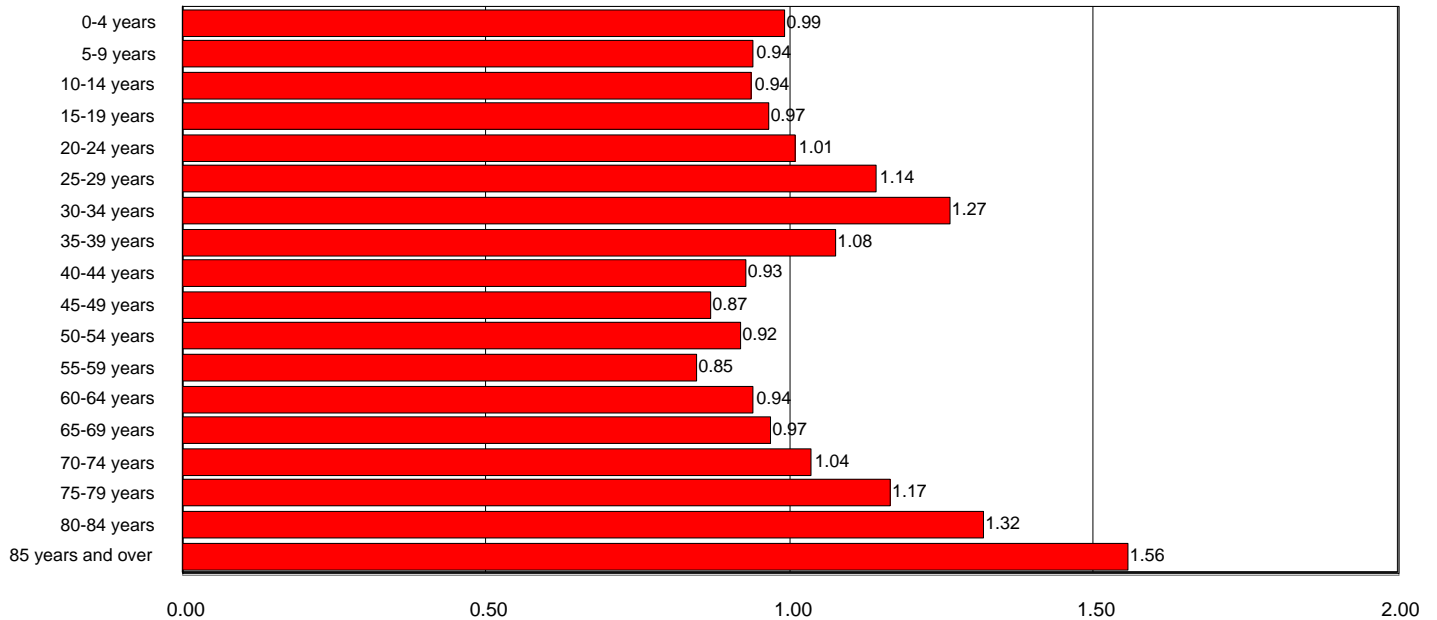
Age group	MMI
0-4 years	0.99
5-9 years	0.94
10-14 years	0.94
15-19 years	0.97
20-24 years	1.01
25-29 years	1.14
30-34 years	1.27
35-39 years	1.08
40-44 years	0.93
45-49 years	0.87
50-54 years	0.92
55-59 years	0.85
60-64 years	0.94
65-69 years	0.97
70-74 years	1.04
75-79 years	1.17
80-84 years	1.32
85 years and over	1.56

Source: Official Languages Support Branch, Canadian Heritage, February 2004, based on 2001 Census, Statistics Canada, 20% sample.
Minority-majority index (mmi) compares the value for the minority community with that of the majority community.
First Official Language Spoken (FOLS) is a derived variable based on the responses to the language questions of the Census of Canada.

2.6   Age Groups – Minority-Majority

The table above notes the advanced aging of the minority population. When compared with Francophones, the Anglophone minority has more seniors in proportion to their youth than the majority group. Among seniors, the greater portion is women. The age structure of the English-speaking population differs from the majority not only in a higher rate of aging but also in its low number of individuals from the middle-years (40–64 years of age) generation. Research underlines the fact that this group, also known as "the caregiver generation", has historically played an important role in unpaid help and now may find itself stretched thin as fewer shoulders manage increasing demands. An important question to be explored is whether the increased demands in the area of unpaid care means those involved, the majority of whom are women, are pulled away from work or social and civic participation in their community. The large number of seniors in the case of Anglophone Quebec makes for a robust voluntary core at present but the low number of those in their middle years may mean changes in the level of volunteering in the future.

3 Social Participation

3.1 Defining the concept

Research tells us that the simple act of joining and being regularly involved in a group, club or organization has a significant impact on individual health and well-being. Encouraging the development of associational life can make a difference to the overall vitality of a community. "Social participation" tends to refer to the social ties which arise primarily from face-to-face encounters with fellow citizens in informal, social activities. These may range from leisure activities like playing volleyball or joining a bridge club, to community service such as volunteering for a school, church or community organization, to participating in a fundraising event for a local hospital. Who joins? Who volunteers? Is there a small volunteer core or is volunteering broadly based? What facilitates and what hinders social participation in a given community? Can levels of participation be improved in your region?

Traits of Canada's Voluntary Core

- 1. Age (35 to 40 years and older)
- 2. Religious factors; religious youth group experience
- 3. Catholic (negative)
- 4. Other forms of helping and contributing
- 5. Education
- 6. White collar occupations, especially professional
- 7. Children 6-17 yrs. at home
- 8. Household income (higher than average)
- 9. Expressed commitment to community
- 10. Positive assessment of Health and Life Satisfaction
- 11. Hours watching television (negative)
- 12. Non-metropolitan community
- (Reed and Selbee, 2000)

3.2   National Findings: Canada's Language Populations

3.2.1   Volunteering

Volunteer Rate by Province

Source: Canadian Centre for Philanthropy and Statistics Canada. Caring Canadians, Involved Canadians, 2001
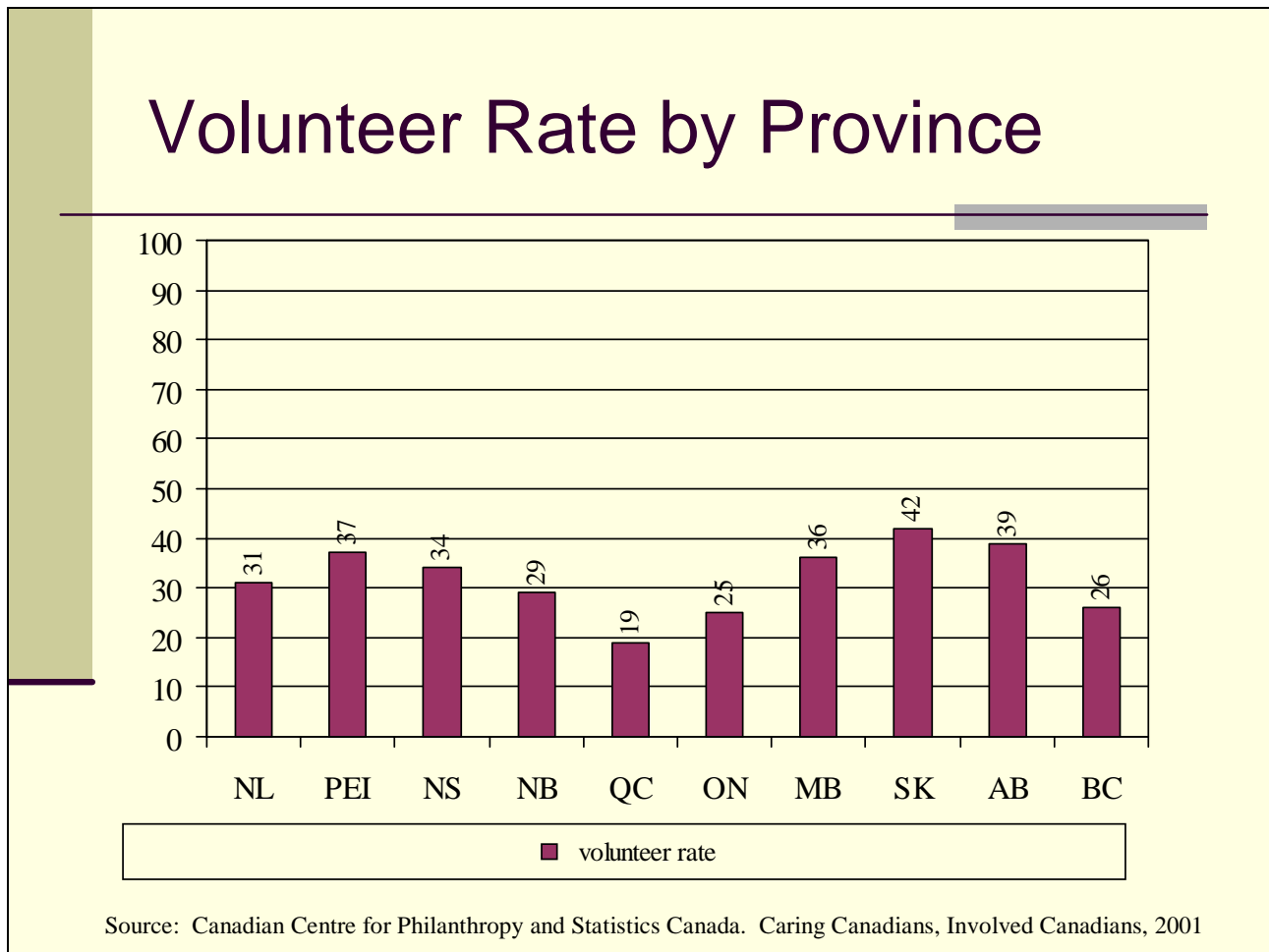
The levels of volunteer activity in a population are understood to be an important indicator of social participation and attachment to a community. When the volunteer rate of provincial populations is compared across Canada Quebec's rate is notably low. Quebec has the smallest voluntary core among all the provinces meaning the greatest concentration of volunteer activity among a few individuals. In other words, a small group is responsible for many hours and are volunteering in several organizations rather than volunteer activity that is widely dispersed through the population. This raises the question of the potential of voluntary sector development for cultivating the "bridging" and "linking" capacities of social networks.

Rate of Voluntarism,
by Mother Tongue and Region, Canada, 2003

Category	Value
Total	33.9
C-Q OMT	28.5
C-Q FMT	33.3
C-Q EMT	39.0
QC OMT	20.4
QC FMT	21.8
QC EMT	32.3

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question VCG_Q300 "In the past 12 months, did you do unpaid volunteer work for any organization?"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue [4]

Volunteerism and joining/participating in organizations were important areas in the General Social Survey Cycle 17 (GSS17). When the 6 region/language groups are considered, the two majority-language groups stand out as extremes in this regard. Anglophones outside Quebec were most likely to have volunteered in the past year (39%) while Francophones and Allophones in Quebec were the least likely to have done so (21.8% and 20.4% respectively). As for Quebec Anglophones, 32.3% had volunteered, which is close to the national average reported in GSS17 (33.9%).

Frequency of Voluntarism among Volunteers, by Mother Tongue and Region, Canada, 2003

	over 15 hours/month	5-14 hours/month	1-5 hours/month	less than 1 hour/month
Total	22.2	37.7	32.5	7.7
C-Q OMT	22.8	37.0	31.7	8.5
C-Q FMT	21.9	40.1	29.5	8.5
C-Q EMT	21.5	38.4	33.1	7.0
QC OMT	20.9	37.4	30.8	11.0
QC FMT	25.4	33.2	30.6	10.7
QC EMT	27.0	34.9	31.0	7.1

Legend:
- ■ over 15 hours/month
- ■ 5-14 hours/month
- □ 1-5 hours/month
- ■ less than 1 hour/month
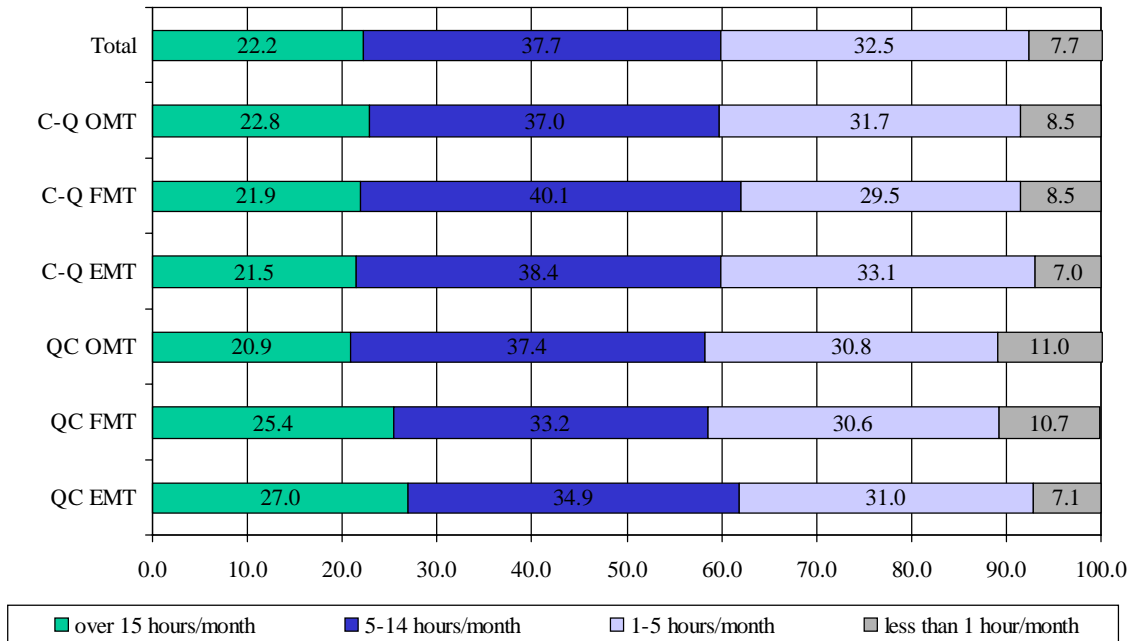
Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question VCG_Q310 "On average, about how many hours per month did you volunteer?"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

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In terms of the frequency of voluntary activities, 27% of the Quebec Anglophone volunteers interviewed in GSS17 were highly active in their volunteer activities, devoting at least 15 hours per week. A further 35% spent between 5–15 hours per month, which means that nearly two thirds of volunteers in the Quebec Anglophone population were active volunteers. Their commitment to volunteerism appears to be somewhat higher than the other language/region groups covered in GSS17.

3.2.2 Joining Organizations

Types of Organizations
to Which Quebec Anglophones Belong, 2003

- service club — 4.9
- neighbourhood/school group — 16.2
- religious group — 16.4
- education/cultural/hobby group — 17.2
- sports/recreation group — 30.8
- political party/group — 4.4
- union/professional — 22.4

0.0   20.0   40.0   60.0   80.0   100.0

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions CE_Q110 to CE_Q240 "In the past 12 months, were you a member or participant in:"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue [8]

In terms of joining or participating in groups or organizations, 60% of Quebec's EMT population were involved in one or more groups in the year prior to the survey which is very close to the national average (60.9%) and substantially higher than the levels reported by Quebec Francophones (53%) and Allophones (42.3%).

Types of Organizations to Which Quebec Anglophones Belong, Minority-Majority Index, 2003

- service club — 0.50
- neighbourhood/school group — 1.69
- religious group — 3.07
- education/cultural/hobby group — 1.55
- sports/recreation group — 1.52
- political party/group — 1.00
- union/professional — 0.90

(Horizontal axis: 0.00, 0.50, 1.00, 1.50, 2.00)

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions CE_Q110 to CE_Q240 "In the past 12 months, were you a member or participant in:"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

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In terms of the types or organizations in which respondents participated, sports/recreation groups (30.8%), union/professional organizations (22.4%), educational/cultural/hobby groups (17.2%), religious-based organizations (16.4%) and neighbourhood/school groups (16.2%), were the most common groups for Quebec Anglophones. In comparison with their Francophone counterparts, Quebec Anglophones were much less likely to be involved with service clubs (mmi=0.50) and much more likely to be involved in religious-based groups (mmi-3.07), neighbourhood groups (mmi=1.69), education/cultural/hobby groups (mmi=1.55) and sports/recreation groups (mmi=1.52).

3.2.3 *Formative Influences on Volunteering*

The literature on social participation suggests that the type of activities and influences experienced when citizens were children are important predictors of future volunteerism and civic engagement. GSS17 shows Quebec's EMT population to have substantial strengths in this regard.

Rate of Volunteer Activities and Influences
for Quebec Anglophones as a Youth, 2003
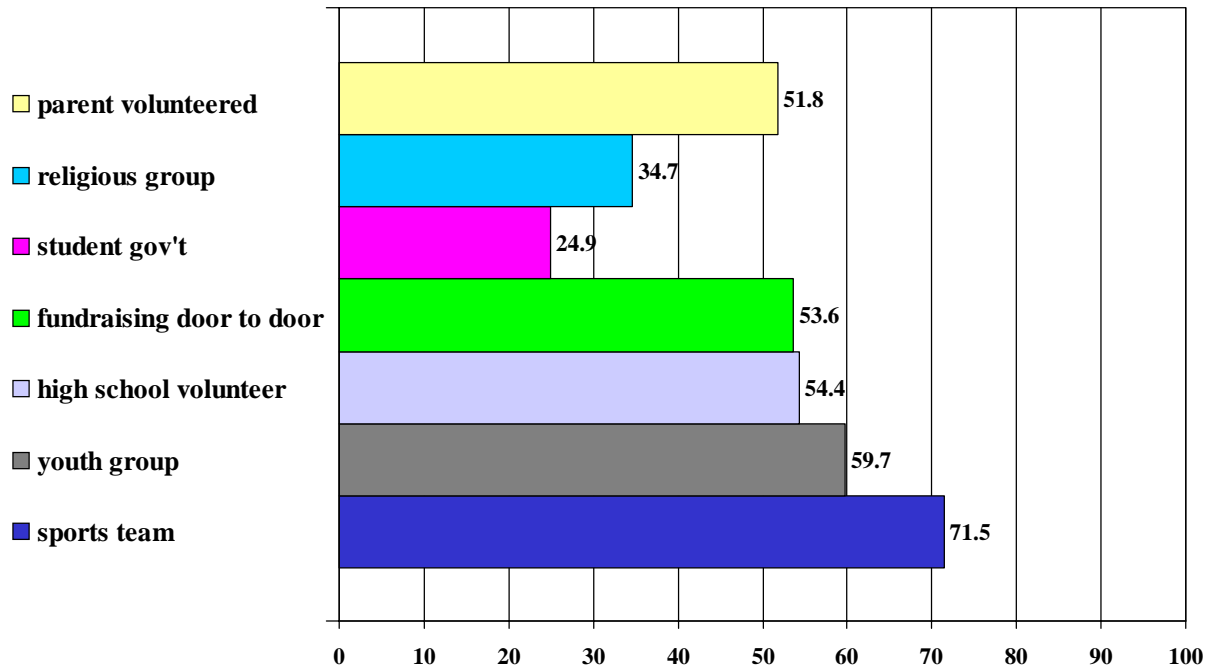
Activity	Rate
parent volunteered	51.8
religious group	34.7
student gov't	24.9
fundraising door to door	53.6
high school volunteer	54.4
youth group	59.7
sports team	71.5

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question YER_Q110 to YER_Q190 "Did you do any of the following things when you were in grade school or high school?"

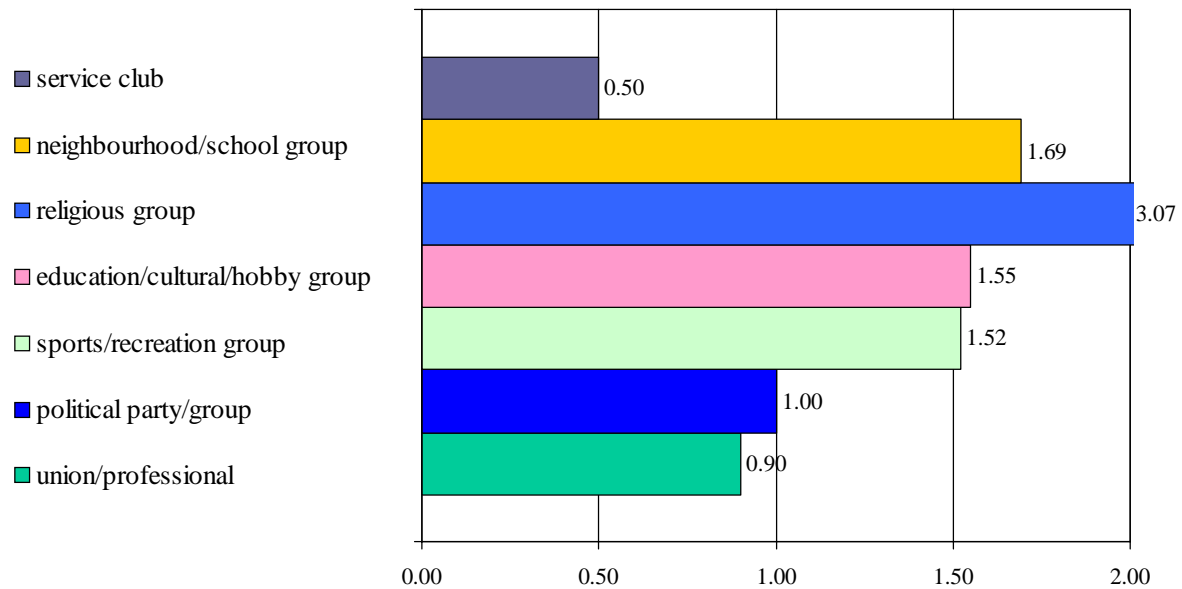Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

Referring to their experiences in grade school or high school, more than half of Quebec Anglophone respondents reported having been active on sports teams (71%), youth groups (60%), or as high school volunteers (54%). Similarly, more than half had participated in door-to-door fundraising (54%) or had one or both parents active themselves as volunteers (52%).

Activities and Influences as a Youth, Minority-Majority Index for Quebec Anglophones, 2003
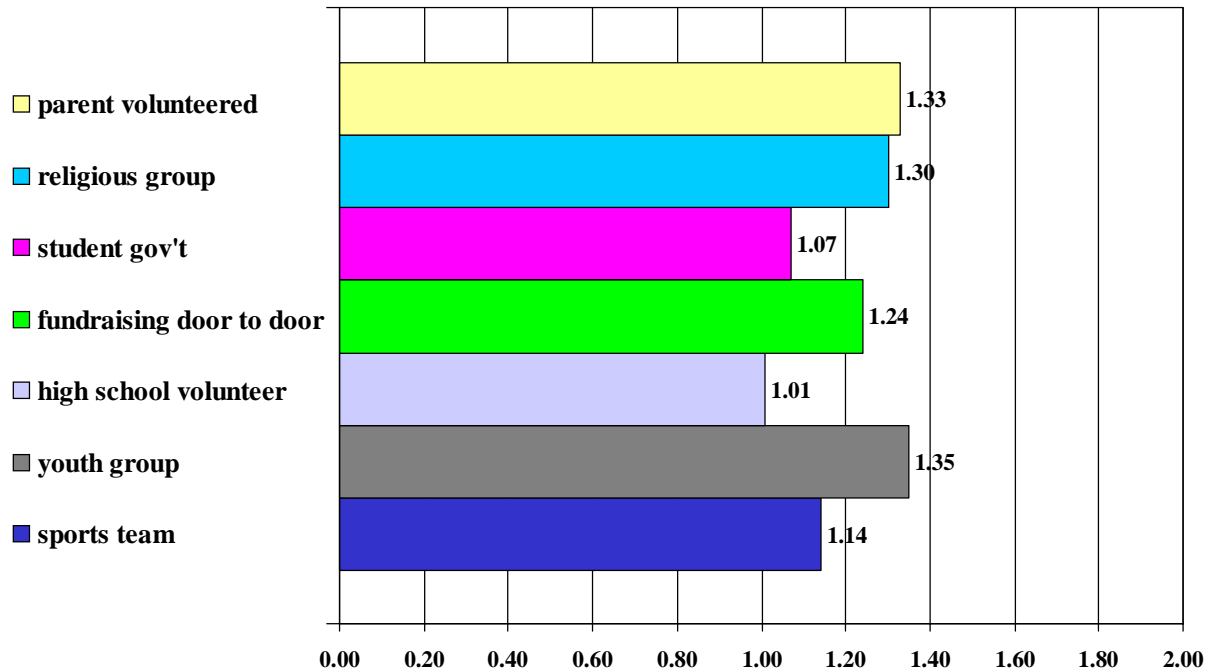
Activity	Value
parent volunteered	1.33
religious group	1.30
student gov't	1.07
fundraising door to door	1.24
high school volunteer	1.01
youth group	1.35
sports team	1.14

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question YER_Q110 to YER_Q190 "Did you do any of the following things when you were in grade school or high school?"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

In each of these youth activities/influences, Quebec Anglophones scored higher than their Francophone counterparts with youth group participation (mmi=1.35), parent volunteerism (mmi=1.33), participation in religious-based group (mmi=1.30), and fundraising door-to-door (mmi=1.24) as the areas of greatest difference.

3.3 Quebec Regional Findings on Social Participation from the Survey on Community Vitality

Overall, the proportion of English-speaking respondents who indicated that they did not do any unpaid volunteer work in the last 12 months was greater than those who did volunteer. 43.5% indicated they did perform unpaid volunteer work in the last twelve months while 56.5% did not. The proportion of French-speaking respondents who did unpaid volunteer work in the last twelve months is smaller than that of English-speakers with 37.4% responding "yes" to this question.

3.3.1 Volunteer Work

Table 1 – Unpaid Volunteer Work, by Region

Performed Unpaid Volunteer Work in Past 12 Months			
Region	Yes	No	Total
Gaspésie – Îles-de-la-Madeleine	49.8%	50.2%	100.0%
*Bas-Saint-Laurent	53.1%	46.9%	100.0%
Québec – Capitale-Nationale	57.1%	42.9%	100.0%
Chaudière-Appalaches	74.5%	25.5%	100.0%
Estrie	51.4%	48.6%	100.0%
Centre-du-Québec	35.7%	64.3%	100.0%
Montérégie	49.7%	50.3%	100.0%
Montreal (west)	48.2%	51.8%	100.0%
Montreal (centre)	38.3%	61.7%	100.0%
Montreal (east)	34.3%	65.7%	100.0%
Laval	34.4%	65.6%	100.0%
Lanaudière	54.4%	45.6%	100.0%
Laurentides	53.8%	46.2%	100.0%
Outaouais	46.0%	54.0%	100.0%
Abitibi-Témiscamingue	58.1%	41.9%	100.0%
*Mauricie	31.2%	68.8%	100.0%
*Saguenay – Lac-Saint-Jean	34.4%	65.6%	100.0%
Côte-Nord	59.1%	40.9%	100.0%
*Nord-du-Québec	27.2%	72.8%	100.0%
Total	43.5%	56.5%	100.0%
Source: CROP/CHSSN Survey on Community Vitality			
35a. In the past 12 months, did you do any unpaid volunteer work?			
Due to the small sample size, data for the indicated regions should be used with caution.			

Region: The highest levels of unpaid volunteer work in the 12 months prior to the survey among Anglophones were found in the following Quebec regions: Chaudière-Appalaches (74.5% replied "yes"), Côte-Nord (59.1%), Abitibi-Témiscamingue (58.1%), Québec – Capitale-Nationale (57.1%), Lanaudière (54.4%), Laurentides (53.8%), Bas-Saint-Laurent (53.1%) and Estrie (51.4%).

The lowest levels of unpaid volunteer activity were found in the following regions: Nord-du-Québec (27.2% replied "yes"), Mauricie (31.2%), Montreal (east) (34.3%), Laval (34.4%) and Saguenay – Lac-Saint-Jean (34.4%).

Table 2 – Unpaid Volunteer Work, by Characteristics

Performed Unpaid Volunteer Work in Past 12 Months				
Variable	**Characteristic**	**Yes**	**No**	**Total**
Gender	Male	42.7%	57.3%	100.0%
	Female	44.1%	55.9%	100.0%
	Total	43.4%	56.6%	100.0%
Age	15–24	35.4%	64.6%	100.0%
	25–44	41.9%	58.1%	100.0%
	45–64	44.8%	55.2%	100.0%
	65+	47.3%	52.7%	100.0%
	Total	43.3%	56.7%	100.0%
Income	Less than $30k	33.9%	66.1%	100.0%
	$30k–50k	44.0%	56.0%	100.0%
	$50k–70k	43.5%	56.5%	100.0%
	$70k–100k	50.4%	49.6%	100.0%
	$100k and up	50.0%	50.0%	100.0%
	Total	43.7%	56.3%	100.0%
Health Status	Excellent	45.4%	54.6%	100.0%
	Very good	46.5%	53.5%	100.0%
	Good	39.0%	61.0%	100.0%
	Average	39.0%	61.0%	100.0%
	Bad	36.5%	63.5%	100.0%
	Total	43.5%	56.5%	100.0%
Bilingual	Yes	45.6%	54.4%	100.0%
	No	32.8%	67.2%	100.0%
	Total	42.0%	58.0%	100.0%
Place of Birth	In Canada	47.6%	52.4%	100.0%
	Outside Canada	33.3%	66.7%	100.0%
	Total	43.4%	56.6%	100.0%
Religion	Christian (Catholic)	40.6%	59.4%	100.0%
	Christian (Non-Catholic)	51.2%	48.8%	100.0%
	Other Religious Affiliation	41.6%	58.4%	100.0%
	No Religious Affiliation	40.6%	59.4%	100.0%
	Total	43.7%	56.3%	100.0%
Source: CROP/CHSSN Survey on Community Vitality				
35a. In the past 12 months, did you do any unpaid volunteer work?				

Gender: English-speaking men and women were similar in their tendency to perform unpaid voluntary work. French-speaking men (40.7%) were more likely than their female counterpart (34.3%) to have volunteered in the last twelve months.

Age: Among all age groups, those Anglophone respondents aged 65 years and over indicated the highest levels of unpaid volunteer work (47.3% replied "yes") while those 15–24 indicated the lowest (35.4%). French-speaking respondents aged 45–64 indicated the highest levels of unpaid volunteer work.

Income: When income groups are compared, those Anglophones whose annual household income is below $30k were the least likely to have performed unpaid volunteer work in the 12 months prior to the survey.

Similarly, among Francophone respondents low income is associated with lower rates of unpaid volunteer work.

Religion: English-speaking respondents who are Christian non-Catholic claimed the highest levels of involvement in unpaid volunteering (51.2%). 40.6% of Catholics performed volunteer work in the twelve months prior to the survey as did 41.6% of those with another religious affiliation.

English-speaking respondents who assessed their health as "poor", are non-bilingual, were born outside of Canada and claim neither French nor English as their home language exhibited lower levels of involvement in unpaid volunteer labour.

3.3.2   The Language of Volunteering

The main language used in volunteering among Anglophone respondents was English at 68%. 15.9% of respondents reported using French while 16% used both French and English.

Table 3 – Language of Volunteering, by Region

Language Used in Volunteering				
Region	English	French	English and French	Total
Gaspésie - Îles-de-la-Madeleine	72.7%	10.9%	16.4%	100.0%
*Bas-Saint-Laurent	54.4%	45.6%	0.0%	100.0%
Québec – Capitale-Nationale	49.4%	32.9%	17.8%	100.0%
Chaudière - Appalaches	55.1%	37.7%	7.1%	100.0%
Estrie	67.2%	14.5%	18.4%	100.0%
Centre-du-Québec	63.6%	18.6%	17.9%	100.0%
Montérégie	70.4%	12.1%	17.5%	100.0%
Montreal (west)	78.6%	7.8%	13.6%	100.0%
Montreal (centre)	67.0%	16.7%	16.3%	100.0%
Montreal (east)	52.2%	37.3%	10.5%	100.0%
Laval	65.6%	13.6%	20.8%	100.0%
Lanaudière	69.7%	10.8%	19.4%	100.0%
Laurentides	49.9%	35.7%	14.4%	100.0%
Outaouais	72.1%	5.4%	22.5%	100.0%
Abitibi-Témiscamingue	72.4%	12.2%	15.3%	100.0%
*Mauricie	13.7%	68.7%	17.7%	100.0%
*Saguenay – Lac-Saint-Jean	52.6%	47.4%	0.0%	100.0%
Côte-Nord	91.0%	4.8%	4.1%	100.0%
*Nord-du-Québec	100.0%	0.0%	0.0%	100.0%
Total	68.0%	15.9%	16.0%	100.0%
Source: CROP/CHSSN Survey on Community Vitality				
35b. What was the main language you used in your volunteering activity?				
*Due to the small sample size, data for the indicated regions should be used with caution.				

Region: The highest rates of volunteering in the English language by Anglophone respondents were found in the Nord-du-Québec region (100.00%), Côte-Nord (91%), and Montreal (west) (78.6%).

The highest rates of volunteering in the French language by Anglophone respondents were found in the Mauricie region (68.7%), Saguenay – Lac-Saint-Jean (47.4%) and Bas-Saint-Laurent (45.6%).

The highest rates of volunteering in both English and French by Anglophone respondents were found in the Outaouais region (22.5%), Laval (20.8%) and Lanaudière (19.4%).

Table 4 – Language of Volunteering, Characteristic

Language Used in Volunteering					
Variable	**Characteristic**	**English**	**French**	**English and French**	**Total**
Gender	Male	63.3%	20.9%	15.8%	100.0%
	Female	72.5%	11.3%	16.1%	100.0%
	Total	68.2%	15.9%	16.0%	100.0%
Age	15–24	58.0%	33.4%	8.6%	100.0%
	25–44	64.8%	20.2%	15.0%	100.0%
	45–64	69.7%	13.1%	17.1%	100.0%
	65+	75.2%	7.7%	17.1%	100.0%
	Total	68.1%	16.2%	15.8%	100.0%
Income	Less than $30k	70.6%	19.4%	9.9%	100.0%
	$30k–50k	71.6%	12.2%	16.2%	100.0%
	$50k–70k	62.1%	19.0%	18.9%	100.0%
	$70k–100k	66.4%	19.3%	14.3%	100.0%
	$100k and up	67.4%	16.6%	16.0%	100.0%
	Total	67.6%	17.1%	15.3%	100.0%
Health status	Excellent	62.5%	21.0%	16.4%	100.0%
	Very Good	70.9%	12.2%	16.8%	100.0%
	Good	66.6%	17.3%	16.2%	100.0%
	Average	74.6%	15.0%	10.4%	100.0%
	Bad	71.4%	11.8%	16.8%	100.0%
	Total	68.2%	15.9%	15.9%	100.0%
Bilingual	Yes	62.4%	18.7%	19.0%	100.0%
	No	91.7%	3.1%	5.2%	100.0%
	Total	68.8%	15.3%	15.9%	100.0%
Place of birth	In Canada	67.5%	16.8%	15.7%	100.0%
	Outside Canada	70.4%	12.4%	17.1%	100.0%
	Total	68.1%	15.9%	16.0%	100.0%
Religion	Christian (Catholic)	56.0%	23.6%	20.4%	100.0%
	Christian (Non-Catholic)	78.6%	8.5%	12.9%	100.0%
	Other Religious Affiliation	72.9%	9.5%	17.6%	100.0%
	No Religious Affiliation	70.1%	16.6%	13.4%	100.0%
	Total	67.8%	16.1%	16.1%	100.0%
Source: CROP/CHSSN Survey on Community Vitality					
35b. What was the main language you used in your volunteering activity?					

Gender: Anglophone women are more likely than Anglophone men to use the English language in their volunteering activity. 72.5% of female Anglophone respondents indicated English as their main language in volunteering compared to 63.3% of male respondents.

Age: Those Anglophone respondents aged 65 years of age and older were the most likely age group to use English as their main language in volunteer activity. While overall the use of French in volunteer activity is low it is most often used among those aged 15–24 (33.4% used French as their main language) and 25–44 (20.2% used French).

Income: Income groups are similar in their likelihood to use English as their main language in volunteer activity.

Religion: Among Anglophone respondents, Christian Non-Catholics are the most likely to use English in their volunteering activity (78.6%). 72% of those with a religious affiliation other than Christian use English in their volunteering and 56% of Catholics use English. Catholics were the group most likely to use both French and English.

Those English-speaking respondents born in Canada are more likely to use French in their volunteering activity.

3.3.3 Hours per Month of Volunteering

Among Anglophone respondents who are volunteers, some 70% perform 15 hours or less per month while the remaining 30% perform more than 15 hours.

Table 5 – Average Hours of Volunteering, by Region

Average Hours Volunteered (Among Volunteers)				
Region	**over 30 hours per month**	**15-30 hours per month**	**5-15 hours per month**	**1-4 hours per month**	**Total**
Gaspésie – Îles-de-la Madeleine	15.8%	16.0%	55.4%	12.8%	100.0%
*Bas-Saint-Laurent	12.5%	3.1%	40.4%	43.9%	100.0%
Québec – Capitale-Nationale	5.4%	19.1%	40.3%	35.2%	100.0%
Chaudière-Appalaches	0.0%	23.0%	48.8%	28.3%	100.0%
Estrie	10.2%	17.7%	46.1%	26.1%	100.0%
Centre-du-Québec	11.2%	7.9%	34.8%	46.1%	100.0%
Montérégie	4.5%	19.9%	46.7%	28.9%	100.0%
Montreal (west)	10.9%	19.3%	36.4%	33.5%	100.0%
Montreal (centre)	13.0%	18.6%	41.8%	26.6%	100.0%
Montreal (east)	15.1%	25.9%	35.4%	23.6%	100.0%
Laval	5.8%	18.7%	48.4%	27.1%	100.0%
Lanaudière	5.2%	14.2%	39.4%	41.2%	100.0%
Laurentides	10.7%	33.5%	21.6%	34.2%	100.0%
Outaouais	11.5%	10.7%	43.3%	34.4%	100.0%
Abitibi-Témiscamingue	2.7%	11.2%	49.3%	36.8%	100.0%
*Mauricie	39.8%	14.1%	13.4%	32.7%	100.0%
Saguenay – Lac-Saint-Jean	14.8%	9.9%	70.3%	5.0%	100.0%
Côte-Nord	11.5%	22.7%	30.0%	35.9%	100.0%
*Nord-du-Québec	7.7%	53.7%	19.3%	19.3%	100.0%
Total	10.2%	19.5%	40.9%	29.3%	100.0%
Source: CROP/CHSSN Survey on Community Vitality					
35c. In average, about how many hours per month do you volunteer?					
Due to the small sample size, data for the indicated regions should be used with caution.					

Table 6 – Average Hours Volunteered, by Characteristic

Average Hours Volunteered						
Variable	**Characteristic**	**Over30 hours per month**	**15-30 hours per month**	**5-15 hours per month**	**1-4 hours per month**	**Total**
Gender	Male	10.2%	19.1%	39.9%	30.7%	100.0%
	Female	10.1%	19.7%	41.7%	28.5%	100.0%
	Total	10.2%	19.4%	40.9%	29.5%	100.0%
Age	15–24	12.7%	28.7%	32.2%	26.3%	100.0%
	25–44	6.1%	19.5%	42.4%	32.0%	100.0%
	45–64	11.5%	15.1%	42.4%	31.0%	100.0%
	65+	14.1%	26.4%	37.6%	21.9%	100.0%
	Total	10.0%	19.7%	40.9%	29.5%	100.0%
Income	Less than $30k	11.3%	23.6%	39.5%	25.6%	100.0%
	$30k–50k	10.5%	19.4%	42.7%	27.5%	100.0%
	$50k–70k	13.1%	17.4%	46.1%	23.4%	100.0%
	$70k–100k	6.0%	15.4%	48.4%	30.1%	100.0%
	$100k and up	6.6%	18.3%	38.8%	36.3%	100.0%
	Total	9.5%	18.7%	43.2%	28.6%	100.0%
Health status	Excellent	12.8%	21.3%	41.2%	24.7%	100.0%
	Very Good	9.5%	17.9%	41.2%	31.4%	100.0%
	Good	7.0%	18.3%	38.8%	35.9%	100.0%
	Average	9.0%	20.4%	45.0%	25.6%	100.0%
	Bad	16.0%	27.3%	32.5%	24.1%	100.0%
	Total	10.1%	19.4%	41.0%	29.5%	100.0%
Bilingual	Yes	9.2%	20.1%	40.1%	30.6%	100.0%
	No	9.5%	19.7%	41.0%	29.8%	100.0%
	Total	9.3%	20.0%	40.3%	30.5%	100.0%
Place of birth	In Canada	10.3%	21.0%	38.4%	30.3%	100.0%
	Outside Canada	9.7%	13.6%	49.9%	26.8%	100.0%
	Total	10.2%	19.4%	40.9%	29.5%	100.0%
Religion	Christian (Catholic)	12.9%	19.8%	42.4%	24.9%	100.0%
	Christian (Non-Catholic)	9.2%	20.4%	38.7%	31.6%	100.0%
	Other Religious Affiliation	8.7%	20.7%	41.4%	29.2%	100.0%
	No Religious Affiliation	6.9%	16.5%	43.6%	33.0%	100.0%
	Total	10.1%	19.7%	40.9%	29.2%	100.0%
Source: CROP/CHSSN Survey on Community Vitality						
35c. In average, about how many hours per month do you volunteer?						

Gender: Male and female English-speaking respondents were similar with respect to time spent in volunteer activity on a monthly basis. This pattern is also exhibited by French-speaking respondents.

Age: If we compare Anglophone age groups in terms of the above categories of monthly hours we learn that there is a higher percentage of those 65 years and older giving over 30 hours to volunteer activity. This is also true when Francophone age groups are compared. Those Anglophones 25–44 and 45–64 years of age show the greatest likelihood to be giving 5–15 hours monthly. Anglophone youth 15–24 show a greater likelihood than other age groups to be giving 15–30 hours per month to a volunteer activity.

Income: Those English-speaking respondents whose household income is under $70k are much more likely to be giving more than 30 hours a month in volunteer activity than those earning $70k and more. Those earning between $50k and $70k are the most highly represented in the over 30 hours per month time category. Among French-speaking survey respondents, those earning less than $30k are much more likely to be doing over 30 hours than other income groups. Those Francophones earning $70k and over are more likely to be doing 1 to 4 hours monthly.

Health status: Those Anglophone survey respondents who assessed their health as very good and excellent reported the greatest number of hours of volunteering.

English-speaking respondents born in Canada and whose home language is English tended to give the greatest number of hours to volunteer activity.

3.3.4   Volunteering as Part of a Group

Among those Anglophones who perform voluntary work, 81.5% volunteer as part of a group or organization and 18.5% volunteer on an individual basis. Among Francophones who volunteer 80.4% do so as part of a group or organization while 19.6% do so outside of a formal framework.

Table 7 – Volunteer Work Done in Group or Organization

Volunteer Work Done in Group or Organization			
Region	Yes	No	Total
Gaspésie – Îles-de-la-Madeleine	81.0%	19.0%	100.0%
*Bas-Saint-Laurent	93.9%	6.1%	100.0%
Québec – Capitale-Nationale	80.9%	19.1%	100.0%
Chaudière-Appalaches	100.0%	0.0%	100.0%
Estrie	81.1%	18.9%	100.0%
Centre-du-Québec	93.5%	6.5%	100.0%
Montérégie	83.6%	16.4%	100.0%
Montreal (west)	82.1%	17.9%	100.0%
Montreal (centre)	76.5%	23.5%	100.0%
Montreal (east)	78.7%	21.3%	100.0%
Laval	88.3%	11.7%	100.0%
Lanaudière	87.7%	12.3%	100.0%
Laurentides	86.6%	13.4%	100.0%
Outaouais	85.3%	14.7%	100.0%
Abitibi-Témiscamingue	95.0%	5.0%	100.0%
*Mauricie	94.5%	5.5%	100.0%
*Saguenay – Lac-Saint-Jean	90.1%	9.9%	100.0%
Côte-Nord	86.2%	13.8%	100.0%
*Nord-du-Québec	79.9%	20.1%	100.0%
Total	81.5%	18.5%	100.0%
Source: CROP/CHSSN Survey on Community Vitality			
35d. Was your volunteer work done as part of a group or organization?			
Due to the small sample size, data for the indicated regions should be used with caution.			

Region: The highest levels of volunteer work through a group or organization among Anglophone respondents are located in the region of Chaudière-Appalaches (100.0%), Abitibi-Témiscamingue (95%), Mauricie (94.5%), Bas-Saint-Laurent (93.9%), Centre-du-Québec (93.5%) and Saguenay – Lac-Saint-Jean (90.1%).

The highest levels of volunteer work performed outside a group or organization is located in the region of Montreal (centre) (23.5%), Montreal (east) (21.3%), Nord-du-Québec (20.1%), Québec – Capitale-Nationale (19.1%) and Gaspésie – Îles-de-la-Madeleine (19.0%).

Table 8 – Volunteer Work Done in Group or Organization by Characteristic

Volunteer Work Done in Group or Organization				
Variable	**Characteristic**	**Yes**	**No**	**Total**
Gender	Male	83.0%	17.0%	100.0%
	Female	80.2%	19.8%	100.0%
	Total	81.5%	18.5%	100.0%
Age	15–24	71.5%	28.5%	100.0%
	25–44	81.4%	18.6%	100.0%
	45–64	84.0%	16.0%	100.0%
	65+	79.5%	20.5%	100.0%
	Total	81.4%	18.6%	100.0%
Income	Less than $30k	79.7%	20.3%	100.0%
	$30k–50k	80.9%	19.1%	100.0%
	$50k–70k	80.6%	19.4%	100.0%
	$70k–100k	79.2%	20.8%	100.0%
	$100k and up	87.8%	12.2%	100.0%
	Total	81.7%	18.3%	100.0%
Health status	Excellent	80.5%	19.5%	100.0%
	Very Good	82.6%	17.4%	100.0%
	Good	81.3%	18.7%	100.0%
	Average	78.3%	21.7%	100.0%
	Bad	91.5%	8.5%	100.0%
	Total	81.5%	18.5%	100.0%
Bilingual	Yes	79.8%	20.2%	100.0%
	No	81.4%	18.6%	100.0%
	Total	80.1%	19.9%	100.0%
Place of birth	In Canada	81.4%	18.6%	100.0%
	Outside Canada	81.9%	18.1%	100.0%
	Total	81.5%	18.5%	100.0%
Religion	Christian (Catholic)	80.6%	19.4%	100.0%
	Christian (Non-Catholic)	86.5%	13.5%	100.0%
	Other Religious Affiliation	82.0%	18.0%	100.0%
	No Religious Affiliation	72.4%	27.6%	100.0%
	Total	81.5%	18.5%	100.0%
Source: CROP/CHSSN Survey on Community Vitality				
35d. Was your volunteer work done as part of a group or organization?				

Gender: English-speaking male and female respondents are similar in their likelihood to volunteer as part of a group or organization with women being slightly more likely to volunteer on an individual basis. French-speaking men (82.8%) are more likely than their female counterpart (77.9%) to volunteer as part of group or organization.

Age: When Anglophone age groups are compared, those aged 45–64 years are the most likely to volunteer as part of a group or organization while those aged 15–24 are the most likely to volunteer outside of a group. When Francophone age groups are compared, those aged 15–24 are the most likely to volunteer as part of a group or organization and those aged 65 and over are the most likely to volunteer on an individual basis.

Income: When income groups are compared, a higher household income tends to be associated with a notably greater likelihood to volunteer as part of a group or organization. This is true for both Anglophone and Francophone survey respondents.

Health Status: When Anglophone respondents who assess their health as poor undertake a volunteer activity they are much more likely than those with better health to do so as part of a group or organization.

Religion: Among Anglophone respondents, Christian non-Catholics were more likely than other religious affiliations to volunteer as part of a group or organization.

Level of bilingualism and place of birth are not factors that appear to influence whether volunteer activity is performed as part of a group or organization or whether it is not.

3.3.5 Participation in Organizations

31.5% of English-speaking respondents were a member or participant in a social club or organization in the 12 months prior to the survey. 18.5% of French-speaking respondents were members or participants in a social club or organization.

Table 9 – Participation in Organizations by Region

Member or Participant in Social Club or Organization in Past 12 Months			
Region	**Yes**	**No**	**Total**
Gaspésie – Îles-de-la-Madeleine	33.7%	66.3%	100.0%
*Bas-Saint-Laurent	42.7%	57.3%	100.0%
Québec – Capitale-Nationale	46.5%	53.5%	100.0%
Chaudière-Appalaches	43.6%	56.4%	100.0%
Estrie	33.2%	66.8%	100.0%
Centre-du-Québec	29.3%	70.7%	100.0%
Montérégie	36.5%	63.5%	100.0%
Montreal (west)	34.9%	65.1%	100.0%
Montreal (centre)	29.7%	70.3%	100.0%
Montreal (east)	24.3%	75.7%	100.0%
Laval	22.2%	77.8%	100.0%
Lanaudière	25.5%	74.5%	100.0%
Laurentides	33.3%	66.7%	100.0%
Outaouais	32.1%	67.9%	100.0%
Abitibi-Témiscamingue	51.1%	48.9%	100.0%
*Mauricie	11.7%	88.3%	100.0%
*Saguenay – Lac-Saint-Jean	12.0%	88.0%	100.0%
Côte-Nord	20.9%	79.1%	100.0%
*Nord-du-Québec	28.1%	71.9%	100.0%
Total	31.5%	68.5%	100.0%
Source: CROP/CHSSN Survey on Community Vitality			
34a. In the past 12 months, were you a member or participant in a social club or organization?			
*Due to the small sample size, data for the indicated regions should be used with caution.			

Regions: Among English-speaking respondents, the highest level of participation in a social club or organization was found in Abitibi-Témiscamingue (51.1%), Québec – Capitale-Nationale (46.5%), Chaudière-Appalaches (43.6%), Bas-Saint-Laurent (42.7%), Montérégie (36.5%) and Montreal (west) (34.9%).

The lowest levels of participation were found in Mauricie (11.7%), Saguenay – Lac-Saint-Jean (12.0%), Côte-Nord (20.9%), Laval (22.2%) and Montreal (east) (24.3%).

Table 10 – Participation in Organization by Characteristic

Member or Participant in Social Club or Organization in Past 12 Months				
Variable	Characteristic	Yes	No	Total
Gender	Male	32.5%	67.5%	100.0%
	Female	30.5%	69.5%	100.0%
	Total	31.5%	68.5%	100.0%
Age	15–24	25.2%	74.8%	100.0%
	25–44	27.0%	73.0%	100.0%
	45–64	31.4%	68.6%	100.0%
	65+	45.9%	54.1%	100.0%
	Total	31.5%	68.5%	100.0%
Income	Less than $30k	24.9%	75.1%	100.0%
	$30k–50k	30.9%	69.1%	100.0%
	$50k–70k	30.3%	69.7%	100.0%
	$70k–100k	31.7%	68.3%	100.0%
	$100k and up	41.3%	58.7%	100.0%
	Total	31.3%	68.7%	100.0%
Health status	Excellent	33.9%	66.1%	100.0%
	Very Good	30.6%	69.4%	100.0%
	Good	34.8%	65.2%	100.0%
	Average	25.2%	74.8%	100.0%
	Bad	28.0%	72.0%	100.0%
	Total	31.6%	68.4%	100.0%
Bilingual	Yes	32.2%	67.8%	100.0%
	No	27.9%	72.1%	100.0%
	Total	31.0%	69.0%	100.0%
Place of birth	In Canada	34.4%	65.6%	100.0%
	Outside Canada	24.4%	75.6%	100.0%
	Total	31.5%	68.5%	100.0%
Religion	Christian (Catholic)	30.1%	69.9%	100.0%
	Christian (Non-Catholic)	37.6%	62.4%	100.0%
	Other Religious Affiliation	28.5%	71.5%	100.0%
	No Religious Affiliation	27.0%	73.0%	100.0%
	Total	31.5%	68.5%	100.0%
Source: CROP/CHSSN Survey on Community Vitality				
34a. In the past 12 months, were you a member or participant in a social club or organization?				

Gender: English-speaking women and men are similar in their likelihood to join a social club or organization with women being only slightly less likely to participate. 21.3% of French-speaking male respondents were members of a social club and only 15.9% of female respondents.

Age: English-speaking respondents who were 65 years of age and over were more likely to be a member or participant in a social club compared to other age groups (45.9%). Those aged 15–24 years of age were the least likely to be members or participants (25.2%). Among French-speaking respondents those 65 years of age and over exhibited the greatest likelihood to be a member or participant in a social club.

Income: When income groups are compared among English-speakers, those whose household earnings are $100k or more are the most likely to be a member or participant of a social club or organization (41.3%). Those whose income is less than $30k are the least likely (24.9%). Among Francophones, those earning $100k and up are more likely than other income groups to be a member or participant in a social club or organization.

Religion: When religious affiliation is considered, Anglophone respondents who are Christian non-Catholic (37.6%) were more likely to be a member or participant of a social club or organization than Catholics (30.1%) or those of another affiliation (28.5%).

Those English-speaking respondents who assess their health as above average, are bilingual, and born in Canada are more likely to be members or participants in a social club or organization.

3.3.6 Importance of Language in Club Membership

There were more English-speaking survey respondents who felt the language of the social club or organization was important in their decision to join than those who did not. 38.3% felt the language of the club was extremely or very important, 21.3% felt it was important and 40% felt it was either not important or not important at all.

Region: Those regions where Anglophones were most likely to indicate the language of the social club or organization was extremely or very important in the decision to join were Nord-du-Québec (61.3%), Bas-Saint-Laurent (60%), Chaudière-Appalaches (57.5%), Laval (52.0%), and Montreal (east) (47.2%).

Table 11 – Importance of Language in Club Membership by Region

Importance of Language in Decision to Join Social Club or Organization						
Region	Extremely Important	Very Important	Important	Not Very Important	Not At All Important	Total
Gaspésie – Îles-de-la-Madeleine	25.8%	9.2%	18.9%	24.1%	21.9%	100.0%
*Bas-Saint-Laurent	33.0%	27.0%	5.6%	3.7%	30.6%	100.0%
Québec – Capitale-Nationale	24.6%	18.2%	11.5%	15.5%	30.2%	100.0%
Chaudière-Appalaches	9.8%	47.7%	22.0%	0.0%	20.5%	100.0%
Estrie	15.3%	26.7%	15.3%	21.8%	21.0%	100.0%
Centre-du-Québec	20.6%	7.0%	14.6%	27.0%	30.7%	100.0%
Montérégie	22.3%	12.4%	17.8%	22.4%	25.2%	100.0%
Montreal (west)	21.1%	15.2%	24.1%	20.4%	19.2%	100.0%
Montreal (centre)	21.3%	17.2%	23.0%	18.2%	20.3%	100.0%
Montreal (east)	22.4%	24.8%	15.3%	4.2%	33.3%	100.0%
Laval	23.5%	28.5%	28.7%	8.6%	10.7%	100.0%
Lanaudière	14.2%	25.4%	21.1%	31.2%	8.0%	100.0%
Laurentides	8.3%	12.2%	24.2%	10.1%	45.3%	100.0%
Outaouais	25.8%	20.0%	17.4%	13.0%	23.9%	100.0%
Abitibi-Témiscamingue	19.9%	5.0%	42.5%	11.0%	21.5%	100.0%
*Mauricie	14.8%	0.0%	16.2%	36.5%	32.4%	100.0%
*Saguenay – Lac-Saint-Jean	0.0%	14.4%	42.6%	14.4%	28.7%	100.0%
Côte-Nord	14.4%	7.3%	5.4%	23.8%	49.1%	100.0%
*Nord-du-Québec	47.3%	13.9%	24.8%	0.0%	13.9%	100.0%
Total	21.3%	17.0%	21.3%	17.4%	23.0%	100.0%
Source: CROP/CHSSN Survey on Community Vitality						
34b. How important was the language of the social club or organization in your decision to join. Was it extremely important, very important, important, not important or not important at all?						
*Due to the small sample size, data for the indicated regions should be used with caution.						

Those regions most likely to indicate that language was not an important factor in their decision to join were Saguenay – Lac-Saint-Jean (72.9%), Abitibi-Témiscamingue (69.0%), Centre-du-Québec (57.7%), and Laurentides (55.3%).

Table 12 – Importance of Language in Club Membership by Characteristic

| Importance of Language in Decision to Join Social Club or Organization ||||||||
Variable	Characteristic	Extremely Important	Very Important	Important	Not Very Important	Not At All Important	Total
Gender	Male	17.6%	15.4%	21.0%	18.8%	27.2%	100.0%
	Female	24.8%	18.9%	21.7%	15.9%	18.6%	100.0%
	Total	21.2%	17.2%	21.4%	17.3%	22.9%	100.0%
Age	15–24	14.8%	4.6%	35.2%	3.8%	41.6%	100.0%
	25–44	19.5%	12.9%	17.0%	22.5%	28.2%	100.0%
	45–64	20.3%	18.3%	23.0%	17.6%	20.7%	100.0%
	65+	26.3%	25.0%	22.9%	11.6%	14.2%	100.0%
	Total	21.1%	17.2%	21.7%	17.0%	23.0%	100.0%
Income	Less than $30k	20.5%	24.4%	24.1%	13.7%	17.3%	100.0%
	$30k–50k	26.2%	18.1%	18.2%	17.2%	20.2%	100.0%
	$50k–70k	23.3%	16.2%	24.6%	12.8%	23.2%	100.0%
	$70k–100k	13.4%	20.6%	20.2%	17.0%	28.8%	100.0%
	$100k and up	19.1%	11.7%	23.0%	22.1%	24.1%	100.0%
	Total	20.8%	17.9%	21.9%	16.8%	22.6%	100.0%
Health status	Excellent	21.0%	16.1%	16.9%	16.7%	29.4%	100.0%
	Very Good	20.5%	16.1%	27.1%	19.0%	17.2%	100.0%
	Good	18.9%	19.9%	20.0%	17.3%	23.8%	100.0%
	Average	25.8%	19.3%	20.4%	11.6%	22.9%	100.0%
	Bad	33.8%	13.4%	7.1%	24.1%	21.7%	100.0%
	Total	21.2%	17.2%	21.4%	17.4%	22.8%	100.0%
Bilingual	Yes	17.5%	15.2%	22.7%	19.1%	25.5%	100.0%
	No	35.8%	21.0%	20.4%	10.5%	12.4%	100.0%
	Total	22.1%	16.6%	22.1%	16.9%	22.2%	100.0%
Place of birth	In Canada	20.0%	15.5%	18.9%	19.6%	26.1%	100.0%
	Outside Canada	25.2%	23.0%	29.9%	9.8%	12.2%	100.0%
	Total	21.2%	17.2%	21.4%	17.3%	22.9%	100.0%
Religion	Christian (Catholic)	17.5%	16.6%	21.7%	17.8%	26.5%	100.0%
	Christian (Non-Catholic)	23.9%	19.8%	21.7%	14.2%	20.4%	100.0%
	Other Religious Affiliation	24.8%	20.0%	24.3%	11.0%	19.9%	100.0%
	No Religious Affiliation	22.8%	9.9%	16.5%	24.7%	26.0%	100.0%
	Total	20.7%	17.1%	21.6%	17.4%	23.2%	100.0%
Source: CROP/CHSSN Survey on Community Vitality							
34a. In the past 12 months, were you a member or participant in a social club or organization?							

Gender: Female English-speaking respondents were more likely than their male counterparts to feel that the language of the social club or organization was a factor in their decision to join. 43.7% of females compared to 33% of males indicated language of the club to be extremely or very important.

Age: When age groups are compared among English-speaking respondents those 65 years and over are much more likely than the others to rank the language of the social club or organization as extremely or very important. Those aged 15–24 years are the most likely to indicate language is important while those aged 25–44 are the most likely to indicate the language of the club is not important or not important at all in their decision to join.

Income: The language of the social club and organization is most important to those whose household income is $50k and under. Those earning under $30k are the least likely to say that the language of the club is not important. Those earning $100k and up are the most likely to indicate that language is not important in their decision to join.

Language was ranked as a very important factor in the decision to join a social club or organization by those born outside of Canada and by non-bilingual respondents.

3.3.7   *Types of Volunteer Organizations*

Among those English-speaking respondents who volunteer through an organization, the types of organizations they are most likely to volunteer for are schools (21.1%), church / synagogue / mosque (20.2%), community resource (18.6%), sports (15.5%), and health and social service organizations (11.6%). A low percentage of Anglophone respondents volunteer in municipal affairs (2.9%). Among French-speaking respondents who volunteer, the types of organizations are Health/social services (17.4%), school (14.7%), community resource (12.3%), church / synagogue / mosque (10.6%), sports (9.9%) and municipal affairs (4.8%).

Table 13 – Type of Organization Volunteered For by Region

Type of Organization Volunteered For								
Region	**School**	**Church/ Synagogue/ Mosque**	**Sports**	**Health/ Social Services**	**Community Resource**	**Municipal Affairs**	**Other**	**Total**
Gaspésie – Îles-de-la-Madeleine	26.8%	23.0%	7.9%	4.1%	16.9%	4.5%	16.8%	100.0%
*Bas-Saint-Laurent	29.0%	18.1%	0.0%	6.7%	36.9%	7.0%	2.3%	100.0%
Québec – Capitale-Nationale	22.0%	20.6%	13.3%	13.0%	22.1%	3.2%	5.8%	100.0%
Chaudière-Appalaches	17.1%	29.7%	11.9%	6.7%	27.9%	0.0%	6.7%	100.0%
Estrie	20.7%	18.8%	11.4%	10.1%	25.0%	7.8%	6.2%	100.0%
Centre-du-Québec	18.9%	25.8%	4.1%	14.1%	28.0%	0.0%	9.1%	100.0%
Montérégie	24.2%	18.6%	15.7%	10.8%	17.9%	4.5%	8.3%	100.0%
Montreal (west)	25.6%	14.4%	24.9%	14.2%	10.7%	2.0%	8.2%	100.0%
Montreal (centre)	18.9%	22.5%	10.3%	13.3%	21.4%	1.1%	12.5%	100.0%
Montreal (east)	14.7%	11.3%	15.6%	12.6%	24.5%	0.0%	21.4%	100.0%
Laval	20.7%	32.5%	12.7%	12.7%	15.3%	1.2%	4.9%	100.0%
Lanaudière	27.9%	27.9%	9.7%	11.7%	14.9%	6.5%	1.5%	100.0%
Laurentides	14.6%	26.8%	23.7%	5.2%	17.7%	3.0%	9.1%	100.0%
Outaouais	22.0%	17.9%	13.4%	10.3%	19.5%	4.8%	12.0%	100.0%
Abitibi-Témiscamingue	8.8%	39.6%	7.0%	9.1%	30.4%	2.8%	2.4%	100.0%
*Mauricie	13.0%	26.6%	16.0%	17.0%	27.6%	0.0%	0.0%	100.0%
*Saguenay – Lac-Saint-Jean	0.0%	24.5%	20.8%	7.5%	36.1%	0.0%	11.2%	100.0%
Côte-Nord	21.8%	26.0%	17.6%	3.3%	21.0%	4.4%	5.9%	100.0%
*Nord-du-Québec	0.0%	0.0%	32.0%	0.0%	0.0%	50.0%	18.0%	100.0%
Total	21.1%	20.2%	15.5%	11.6%	18.6%	2.9%	10.1%	100.0%
Source: CROP/CHSSN Survey on Community Vitality								
36. Which of the following types of organizations do you volunteer for?								
Due to the small sample size, data for the indicated regions should be used with caution.								

Region: The above table illustrates by region the types of organizations where Anglophone respondents who volunteer in this manner are most likely to give their time.

Table 14 – Type of Organization Volunteered For by Characteristic

			Type of Organization Volunteered For						
Variable	Characteristic	School	Church/ Synagogue/ Mosque	Sports	Health/ Social Services	Community Resource	Municipal Affairs	Other	Total
Gender	Male	17.6%	17.3%	22.5%	9.9%	17.8%	3.7%	11.1%	100.0%
	Female	24.0%	23.1%	9.2%	13.1%	19.2%	2.2%	9.2%	100.0%
	Total	21.0%	20.4%	15.5%	11.6%	18.5%	2.9%	10.1%	100.0%
Age	15–24	28.0%	17.5%	16.1%	11.3%	15.8%	1.8%	9.4%	100.0%
	25–44	24.6%	18.6%	18.6%	8.4%	15.8%	3.4%	10.7%	100.0%
	45–64	23.0%	18.6%	17.1%	10.6%	18.3%	3.6%	8.8%	100.0%
	65+	8.2%	28.3%	6.4%	19.9%	25.4%	1.0%	10.9%	100.0%
	Total	21.2%	20.3%	15.7%	11.5%	18.5%	2.9%	9.9%	100.0%
Income	Less Than $30k	11.9%	32.8%	4.2%	17.5%	18.0%	1.2%	14.4%	100.0%
	$30k–50k	19.1%	19.2%	13.8%	10.4%	22.8%	5.0%	9.8%	100.0%
	$50k–70k	19.0%	22.1%	17.9%	10.7%	17.3%	3.7%	9.3%	100.0%
	$70k–100k	24.8%	16.3%	20.4%	10.1%	13.6%	3.0%	11.8%	100.0%
	$100k And Up	26.4%	14.1%	19.7%	10.3%	20.1%	2.2%	7.2%	100.0%
	Total	20.7%	20.2%	15.7%	11.5%	18.6%	3.1%	10.3%	100.0%
Health status	Excellent	20.8%	16.7%	21.4%	9.4%	18.8%	2.6%	10.3%	100.0%
	Very Good	23.4%	21.4%	13.0%	10.9%	19.0%	3.1%	9.2%	100.0%
	Good	16.8%	24.0%	11.3%	13.2%	18.0%	3.7%	13.0%	100.0%
	Average	21.2%	19.4%	18.5%	14.1%	19.9%	2.1%	4.8%	100.0%
	Bad	12.1%	28.2%	4.1%	22.1%	5.3%	2.6%	25.6%	100.0%
	Total	21.0%	20.4%	15.5%	11.5%	18.6%	2.9%	10.1%	100.0%
Bilingual	Yes	22.6%	18.8%	16.3%	11.0%	16.9%	2.6%	11.9%	100.0%
	No	15.5%	28.0%	10.0%	13.6%	22.3%	3.3%	7.3%	100.0%
	Total	21.0%	20.8%	14.9%	11.5%	18.1%	2.7%	10.9%	100.0%
Place of birth	In Canada	21.8%	20.0%	15.8%	11.6%	17.5%	3.4%	10.0%	100.0%
	Outside Canada	18.1%	21.9%	14.5%	11.3%	22.2%	1.3%	10.7%	100.0%
	Total	21.0%	20.4%	15.5%	11.5%	18.5%	2.9%	10.1%	100.0%
Religion	Christian (Catholic)	19.8%	22.1%	17.0%	14.3%	15.8%	3.3%	7.7%	100.0%
	Christian (Non-Catholic)	21.5%	26.2%	14.7%	9.2%	16.2%	2.2%	9.9%	100.0%
	Other Religious Affiliation	15.8%	20.9%	15.3%	13.0%	24.8%	0.1%	10.1%	100.0%
	No Religious Affiliation	28.1%	2.5%	14.7%	10.7%	23.2%	5.2%	15.6%	100.0%
	Total	21.1%	20.5%	15.4%	11.7%	18.4%	3.0%	9.9%	100.0%
Source: CROP/CHSSN Survey on Community Vitality									
36. Which of the following types of organizations do you volunteer for?									

Gender: Gender makes a difference in the choice of organizations English-speaking respondents volunteer for. Women are most likely to volunteer in schools and churches followed closely by community based organizations. Men are most likely to volunteer through a sports organization and then are equally distributed among community organizations, schools and church / synagogue / mosques. Women (9.2%) are much less likely than men (22.5%) to volunteer through a sports organization. Men are less likely than women to volunteer through a school, a place of worship or health and social service organization. Men are somewhat more present in municipal affairs and women are somewhat more present in community based organizations.

Age: The English-speaking 15–24 age group is more likely to volunteer through a school than any other organization and their rate of volunteer activity in schools is higher than other age groups. The 25–44 age group is more likely to volunteer through a school than through other organizations, followed by church, a sports organization and a community resource. The pattern among the 45–64 age group is similar to the 25–44 except for a lower participation rate in health and social service organizations and a higher participation rate in municipal affairs. The 65 and over age group are the least likely group to volunteer through a school or sports organization and are much more likely than other groups to volunteer for a community resource, church or health and social services organization.

Income: 26.4% of English-speaking respondents whose annual income is over $100k and 24.8% of those earning $70k–$100k volunteer for a school while only 11% of those earning less than $30k do so. Those English-speaking respondents whose annual household income is less than $30k are much more likely than other income groups to volunteer for a church / synagogue / mosque and are much less likely to volunteer for a sports organization. This income group is more likely to volunteer in the area of health and social services than others. Volunteering in municipal affairs is most likely in the $30k–$70k income groups and very unlikely among those earning less than $30k.

Religion: Anglophone Catholics who volunteer through a group or organization are most likely to choose church (22.1%) or school (19.8%), followed by sports organization (17%). Christian non-Catholics are most likely to choose church/synagogue/mosque (26.2%) or school (21.5%), followed by community resource (16.2%). Those of another religious affiliation who volunteer through a group or organization are most likely to choose a community organization (24.8%) or church/synagogue/mosque (20.9%), followed by school (15.8%).

3.4   Summary of Key Points

3.4.1   Volunteering

- When Canadian provinces are compared the province of Quebec has the lowest rate of voluntarism.

- Among Canadian provinces Quebec has the smallest voluntary core meaning the greatest concentration of volunteer activity among a few individuals.

- Quebec Anglophones exhibit a higher rate of voluntarism than Quebec Francophones.

- Many of Quebec's English-speaking regional communities exceed the Canadian national average in their rate of volunteering.

- The highest rate of volunteering is among Quebec Anglophones aged 65 years and older and this age group is the most likely to be doing over 30 hours per month. The highest rate of volunteering for Quebec Francophones is among those aged 45–64 years of age.

- English-speaking youth who volunteer are highly likely to volunteer for schools.

- Those Anglophones who assess their health as excellent or very good tend to exhibit higher rates of volunteering.

- More Anglophones than Francophones who responded to the General Social Survey reported youth activities/experiences related to volunteering and joining in grade school or high school and having had one or both parents who were active volunteers.

- For both Anglophones and Francophones low income is associated with lower overall rates of volunteering. When low income Anglophones do volunteer they are more likely to do so through a church than are higher income groups.

- When religious affiliation is considered, English-speaking non-Catholic Christians exhibit the highest rates of volunteering.

- English-speaking Quebecers who volunteer through an organization tend to volunteer for schools, their place of worship, and community organizations. French-speaking Quebecers tend to volunteer for health and social services, schools, and community organizations.

- Anglophone women tend to volunteer for schools, their place of worship and community organizations. Anglophone men are more likely than woman to volunteer for sports organizations followed by community organizations.

3.4.2   *Joining a Club or Organization*

- 31.5% of English-speakers who responded to the Survey of Community Vitality were members or participants in a social club or organization compared to 18.5% of French-speaking respondents.

- According to the General Social Survey, Quebec Anglophones are much less likely to be involved with service clubs than Francophones and much more likely to be involved in religious-based groups, neighbourhood groups and education/cultural/hobby groups, and sports/recreation groups.

- Quebec regional communities demonstrate wide variation in their levels of participation in a social club or organization.

- Individuals aged 65 years and older are associated with high rates of participation in social clubs or organizations in Quebec's French and English language groups. Those aged 15–24 show the lowest rates.

- High income tends to be associated with joining a club or organization for both Francophones and Anglophones.

- There is a higher rate of membership or participation in a social club or organization among non-Catholic Anglophones when compared with other religious affiliations.

- Language is an important consideration in the decision of Anglophones to join.

- English-speaking respondents to the Survey of Community Vitality who assessed their health as above average were more likely to be a member or participate in a social club or organization.

3.4.3   Some Entry Points for Community Action

An environment of social support reflected in the institutions, organizations, and informal volunteering and giving practices that people create to share resources and build attachments is a key health determinant in the Population Health Approach[5]. Promoting the associational life of a community may make a considerable contribution to the health status of its individual members. The knowledge conveyed by this report regarding social participation offers a number of entry points for community action. Consider what you would need to know in order to develop a successful strategy to influence the rate and type of social participation among community members in your region.

Whether this means encouraging volunteering for meals-on-wheels, or establishing a reading circle, any strategy must take into account the existing pattern of social participation in a given locality as well as barriers to access that may hamper such activities. The findings of this report allow insight into the existing pattern in your regional community. Is this pattern a foundation upon which to build or is the pattern itself in need of a strategy to bring about some kind of adjustment to changing demographic realities? Does the strong preference for volunteering and joining in the English language mean there are areas where the access of English-speakers to the health resources available through the voluntary sector is problematic? It is important to understand the ways in which the minority community in a given geographical territory may differ from the majority as these differences can mean the associations funded and promoted by public agencies are not accessible to them. The rate of joining and volunteering, how it is organized, who tends to volunteer, and for what types of organizations as explored in this report are all useful areas of knowledge in developing social capital.

Understanding how things work along the dimensions of region, age, gender, and income grants the community the capacity to locate vulnerable constituencies of the local population as well as unrecognized expertise and overlooked health resources. For example, does the concentration of volunteer activity in an older age group, typically born in Canada, and with English as their home language mean certain obstacles in passing a valuable body of knowledge to newcomers to the community? A community initiative may be needed to address these. The pattern of low rates of volunteering and joining among low income groups characteristic of both Francophone and Anglophone populations suggests they are a vulnerable group. Communities need to develop innovative strategies to support their needs. Anglophone youth volunteer largely in their schools. Can the community build a bridging process from the activities of Anglophone youth in their schools to those open to them in the larger English-speaking community? The lower rate of English-speakers compared to Francophones who volunteer in health and social service organizations combined with a lower likelihood of employment in this sector suggests a weakened network in this area. Based on this evidence, the local community may wish to take steps along with their neighbors in other regions to repair the general lack of representation of Anglophones in the health sector.

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[5] See Carter, J.A. (2003) A Community Guide to the Population Health Approach, CHSSN, www.chssn.org for further discussion of health determinants.

4 Social Support Networks

4.1   Defining the concept

Social support networks generally refer to the ties that are noted in the giving and receiving of unpaid help. Unlike volunteering through organizations, the greater part of this form of reciprocity takes place outside formalized services and is usually limited to a small circle of family, friends and neighbours who live within geographical proximity. Care networks are sometimes distinguished from generalized support and often refer to small, kin-based networks composed of more women than men. Network analysis has demonstrated that social ties of this type are highly implicated in informal health care, childcare, elder care and health information dissemination. Informal networks are a crucial source of support in the event of crisis such as an illness, or in the event of a life course transition which entails personal and family changes such as parenthood, marriage, divorce, retirement and death. The autonomy and quality of life of the elders of a community, especially in rural or geographically isolated areas, is generally associated with this type of social capital. Who cares? Who does one turn to for support in the event of distress? Who has nobody to turn to? Who receives unpaid help and how? What is the relation between formal, public services and informal care networks in your region?

4.2   National Findings: Canada's Language Populations

4.2.1   Giving and Receiving Unpaid Help

The giving and receiving of unpaid help as distinguished from volunteering through organizations is also an important indicator of social engagement. GSS17 asked a battery of questions about respondent's unpaid care, seeking to learn about levels of activity, type of activity and to whom and from whom unpaid help was given.

Proportion of Persons who Received Unpaid Help, by Language Group and Region, Canada, 2003
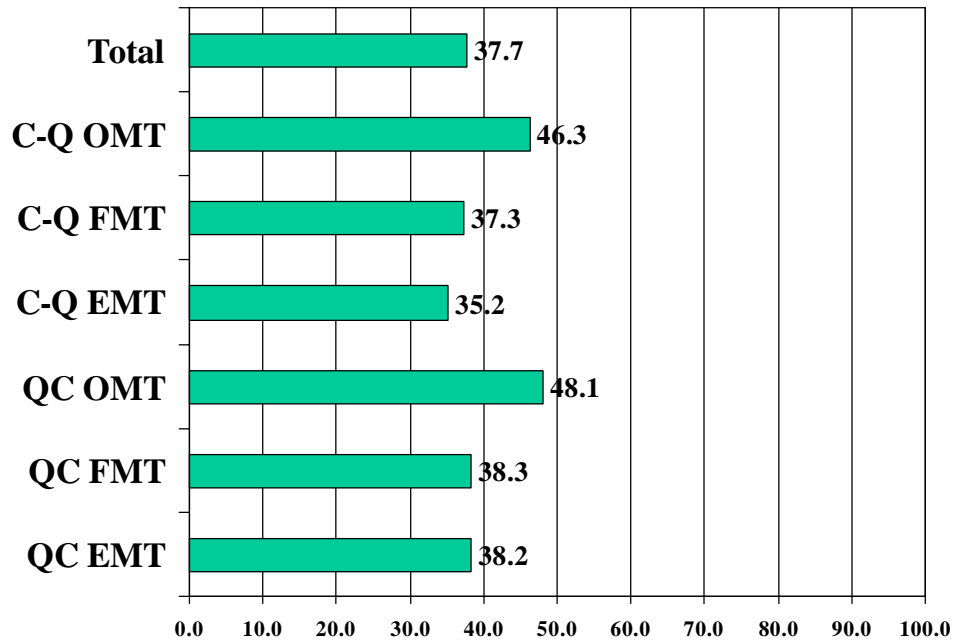
Group	Value
Total	37.7
C-Q OMT	46.3
C-Q FMT	37.3
C-Q EMT	35.2
QC OMT	48.1
QC FMT	38.3
QC EMT	38.2

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question HICR_Q110 "In the past month did anyone help you:"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

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More than one-third (38.2%) of Quebec Anglophone respondents reported having received unpaid help within the month prior to the survey which is nearly identical to the national average (37.7%) and to the level reported by Quebec Francophones (38.3%). Allophone groups inside and outside Quebec reported higher rates of receiving help than other Canadians at 48.1% and 46.3% respectively.

Types of Unpaid Help
Received by Quebec Anglophones, 2003

Category	Value
other	11.3
emotional support	43.6
teaching, coaching	26.7
child care	9.5
transportation or errands	23.1
domestic, home maintenance, outdoor	22.6

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question HICR_Q110 "In the past month did anyone help you:"

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Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

Types of Unpaid Help Received by Quebec Anglophones, Minority-Majority Index, 2003

☐ other	1.59
■ emotional support	1.15
☐ teaching, coaching	0.82
☐ child care	0.90
■ transportation or errands	0.94
☐ domestic, home maintenance, outdoor	0.90

0.00   0.50   1.00   1.50   2.00

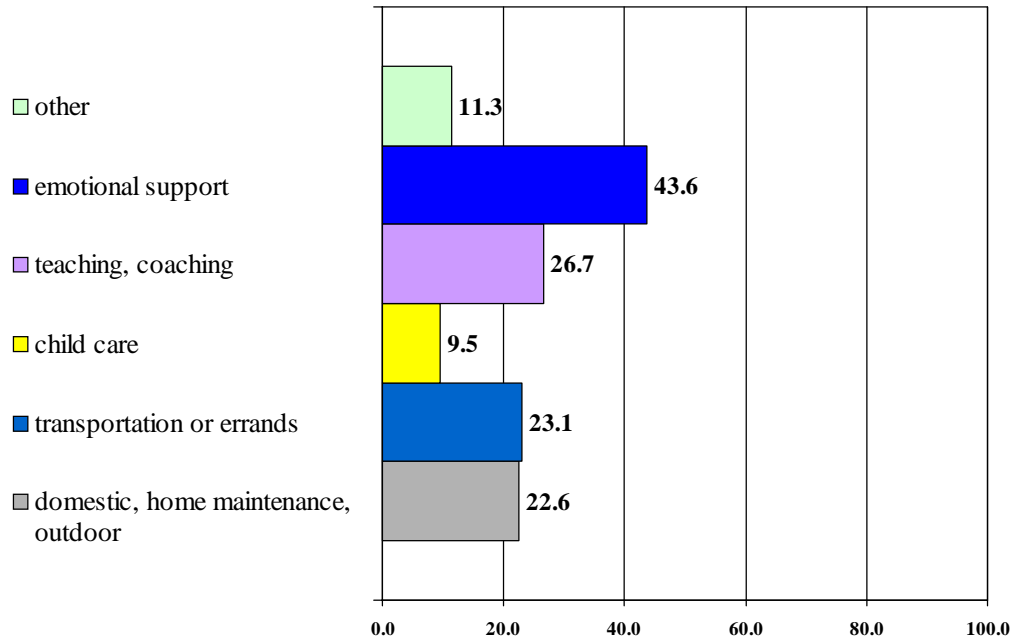Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question HICR_Q110 "In the past month did anyone help you:"

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Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

In terms of the type of unpaid help received by EMT Quebecers, emotional support (43.6%) was the most common, followed by teaching/coaching (26.7%), transportation/errands (23.1%) and domestic/home maintenance/outdoor help (22.6%). Child care (9.5%) and "other" (11.3%) were also mentioned as types of unpaid help. In comparison with Quebec Francophones, the Anglophones in Quebec were less likely to have received unpaid help in all categories except emotional support (mmi=1.15) and "other" (mmi=1.59).

Source of Unpaid Help
Received by Quebec Anglophones, 2003
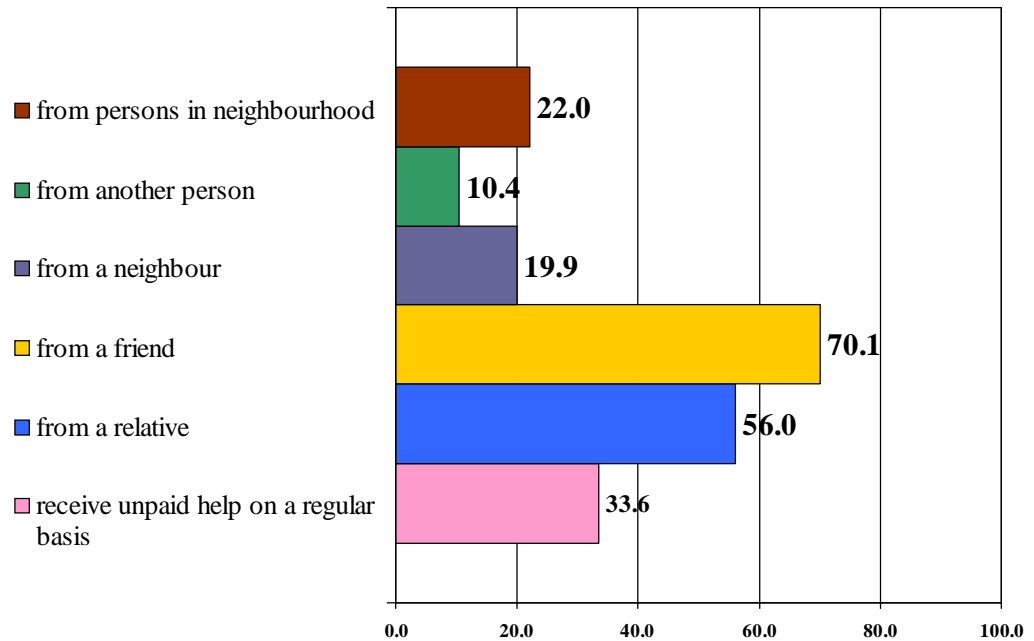
Source	Value
from persons in neighbourhood	22.0
from another person	10.4
from a neighbour	19.9
from a friend	70.1
from a relative	56.0
receive unpaid help on a regular basis	33.6

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question HICR_Q140 "Who helped you? Was he/she …"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

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With respect to the source of unpaid help, friends (70.1%), relatives (56%) were by far the most important sources, followed by neighbours (19.9%) and "another person" (10.4%). Relative to Quebec Francophones, the EMT group was more likely to rely on neighbours (mmi=1.32) and friends (mmi=1.15), and less likely to rely on relatives (mmi=0.90).

Source of Unpaid Help Received by Quebec Anglophones, Minority-Majority Index, 2003

Category	Value
from persons in neighbourhood	0.96
from another person	1.13
from a neighbour	1.32
from a friend	1.15
from a relative	0.90
receive unpaid help on a regular basis	0.87

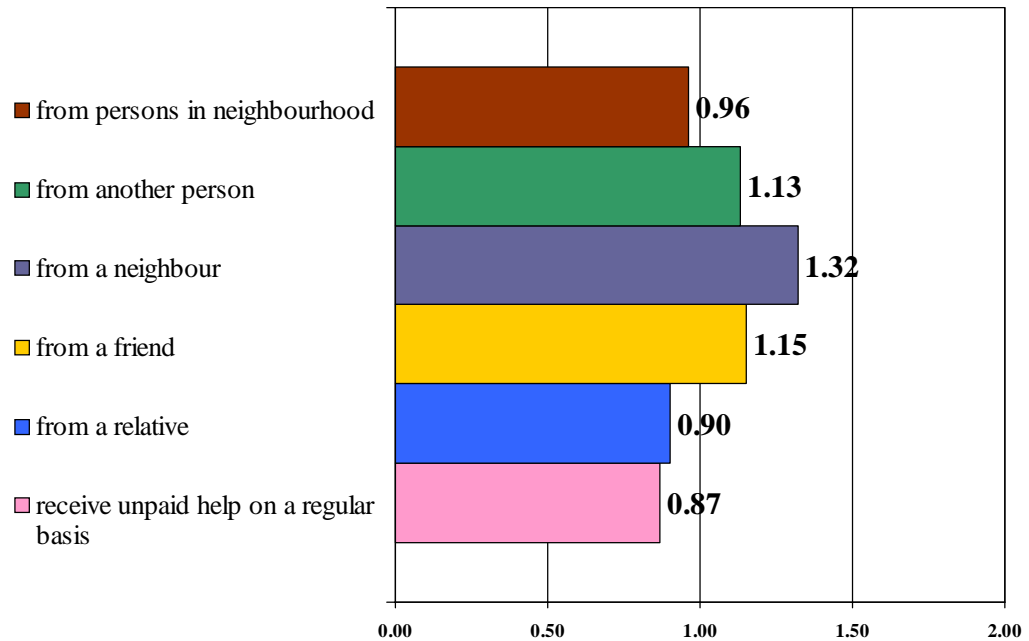Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

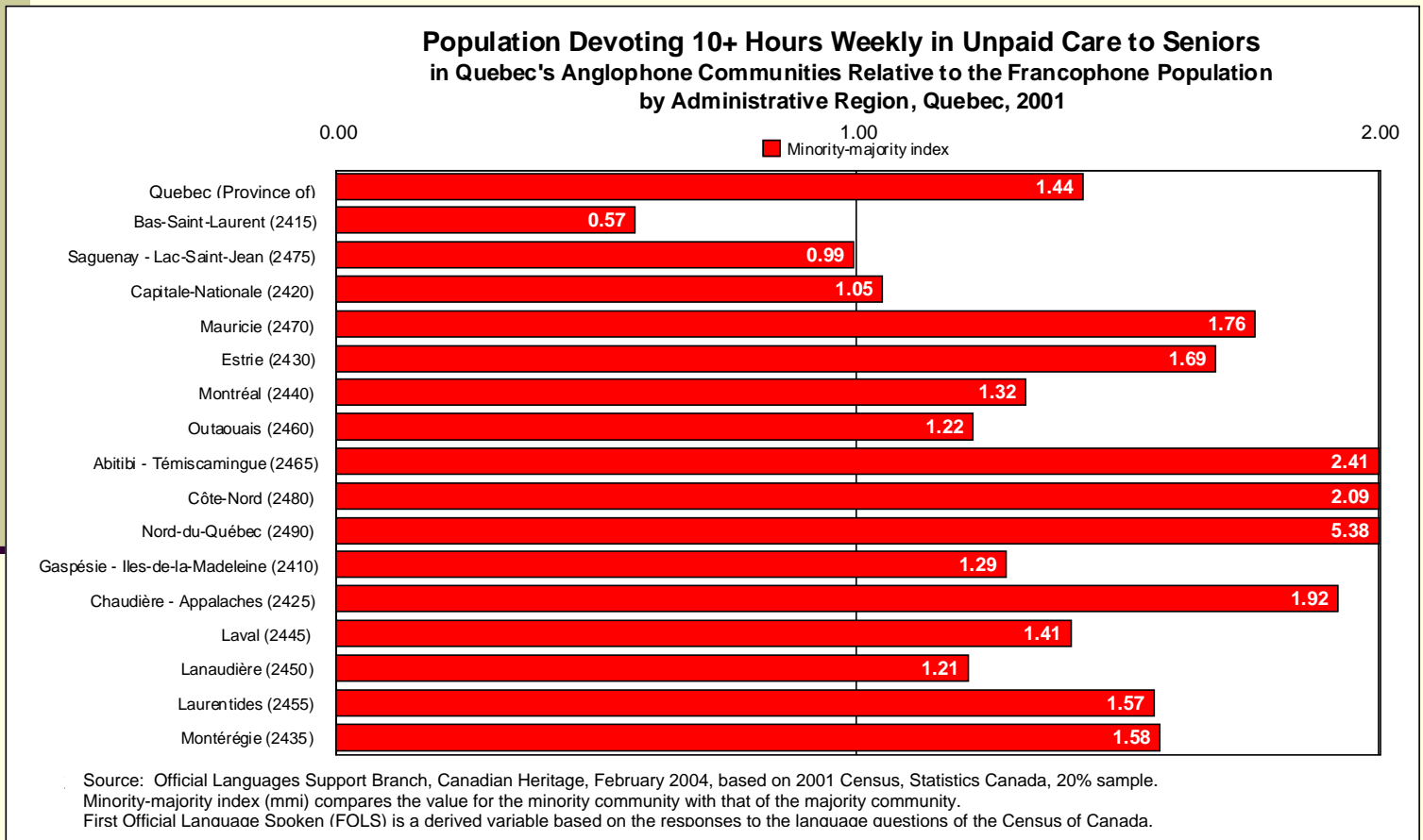Question HICR_Q140 "Who helped you? Was he/she …"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

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Across the six language/region groups, there was very little difference in the tendency to be a provider of unpaid help although the Quebec EMT groups showed the lowest level (37.9%).

4.3   Quebec Regional Findings on Social Support Networks from the CROP/CHSSN Survey of Community Vitality

Unpaid care to seniors Quebec Regions, MMI, 2001

Population Devoting 10+ Hours Weekly in Unpaid Care to Seniors
in Quebec's Anglophone Communities Relative to the Francophone Population
by Administrative Region, Quebec, 2001

Region	Minority-majority index
Quebec (Province of)	1.44
Bas-Saint-Laurent (2415)	0.57
Saguenay - Lac-Saint-Jean (2475)	0.99
Capitale-Nationale (2420)	1.05
Mauricie (2470)	1.76
Estrie (2430)	1.69
Montréal (2440)	1.32
Outaouais (2460)	1.22
Abitibi - Témiscamingue (2465)	2.41
Côte-Nord (2480)	2.09
Nord-du-Québec (2490)	5.38
Gaspésie - Iles-de-la-Madeleine (2410)	1.29
Chaudière - Appalaches (2425)	1.92
Laval (2445)	1.41
Lanaudière (2450)	1.21
Laurentides (2455)	1.57
Montérégie (2435)	1.58

Source: Official Languages Support Branch, Canadian Heritage, February 2004, based on 2001 Census, Statistics Canada, 20% sample.
Minority-majority index (mmi) compares the value for the minority community with that of the majority community.
First Official Language Spoken (FOLS) is a derived variable based on the responses to the language questions of the Census of Canada.

A much greater proportion of Quebec's Anglophone communities are doing ten and more hours weekly in unpaid care to seniors relative to Quebec Francophones. 13 of Quebec's 16 regions show substantially higher levels of unpaid care to seniors performed by the English-speaking minority compared to the French-speaking majority sharing the same territory.

4.3.1 Source of Support in Case of Illness

Table 15 – Source of Support in Case of Illness, by Region

Region	Relatives	Friends	Community Resource	Public Social Service	Nobody	Other
Gaspésie – Îles-de-la-Madeleine	70.1%	14.9%	0.6%	12.5%	1.7%	0.3%
*Bas-Saint-Laurent	48.3%	31.9%	0.0%	9.9%	9.9%	0.0%
Québec – Capitale-Nationale	48.8%	21.7%	11.2%	15.6%	2.7%	0.0%
Chaudière-Appalaches	59.1%	14.1%	10.7%	12.7%	3.5%	0.0%
Estrie	65.7%	13.3%	5.6%	11.7%	1.2%	2.5%
Centre-du-Québec	71.9%	9.7%	2.8%	12.8%	2.8%	0.0%
Montérégie	71.2%	13.4%	2.5%	8.9%	3.2%	0.9%
Montreal (west)	71.1%	12.2%	4.1%	9.0%	2.3%	1.3%
Montreal (centre)	66.5%	12.9%	3.0%	13.2%	3.4%	0.9%
Montreal (east)	80.4%	7.2%	1.0%	9.1%	0.0%	2.3%
Laval	75.4%	9.4%	1.2%	11.0%	2.5%	0.5%
Lanaudière	71.6%	10.1%	2.6%	10.1%	4.6%	1.1%
Laurentides	72.9%	14.7%	1.3%	7.6%	3.4%	0.2%
Outaouais	72.2%	13.1%	2.6%	9.8%	2.2%	0.0%
Abitibi-Témiscamingue	66.9%	4.4%	1.6%	25.9%	1.2%	0.0%
*Mauricie	89.0%	4.5%	0.0%	6.5%	0.0%	0.0%
Saguenay – Lac-Saint-Jean	54.0%	33.8%	3.0%	6.1%	3.1%	0.0%
Côte-Nord	85.4%	4.5%	0.6%	3.2%	6.0%	0.4%
*Nord-du-Québec	80.5%	0.0%	10.4%	9.1%	0.0%	0.0%
Total	70.5%	12.2%	3.0%	10.7%	2.7%	0.9%

Source: CROP/CHSSN Survey on Community Vitality, 2005.

40. If you became ill, who other than your spouse would you likely turn to for support?

Quebec Anglophones responding to the survey were highly likely (83.5%) to turn to friends and family if they became ill, followed by public social service (10.9%), community resources (3.0%) and finally, nobody (2.7%).

Like Anglophones, Francophone respondents are highly likely to turn to family and friends in the event of illness. Anglophones are less likely to turn to public social service than Francophones and more likely to turn to a community resource.

Region: The proportion of Anglophones who would turn to family and friends is consistently high across the regions with the lowest at 70.5% in the Québec – Capitale-Nationale region, and the highest at 93.5% being in the Mauricie region, followed closely by the Côte-Nord region at 90.2%. Looking across the regions, we observe that a lower reliance on family and friends tends to be associated with a higher rate of reliance on a community resource.

The greatest variance among the regions is observed in the reliance upon community service in the event of illness. Anglophones in the Québec – Capitale-Nationale, Chaudière-Appalaches and Nord-du-Québec regions are more than three times more likely than those in other regions to turn to a community resource. Anglophones in the Estrie region are almost twice as likely as those in other regions to turn to a community resource in the event of illness. Those in the Mauricie, Bas-Saint-Laurent, Côte-Nord, Gaspésie – Îles-de-la-Madeleine, Montreal (east), Laval and Laurentides regions are less likely than those in other Quebec regions to turn to a community resource in the event of illness.

Anglophone respondents living in Abitibi-Témiscamingue are much more likely than other regions to turn to public social service, followed by the Québec – Capitale-Nationale, Montreal (centre) and Centre-du-Québec regions in the event of illness. Those living in the Côte-Nord, Saguenay – Lac-Saint-Jean, Mauricie and Montérégie regions are the least likely to rely on public social service in this health situation.

Those Anglophone communities residing in the Côte-Nord region are more than twice as likely as those in other regions to have nobody to turn to in the event of illness. Those located in Lanaudière, Chaudière-Appalaches, Montreal (centre) and Laurentides exhibit a greater likelihood than those in other regions to have nobody to turn to in the event of illness.

Table 16 – *Source of Support in the Case of Illness*

Source of Support in Case of Illness							
Variable	**Characteristic**	**Relatives**	**Friends**	**Community Resource**	**Public Social Service**	**Nobody**	**Other**
Gender	Male	68.7%	11.1%	3.5%	11.4%	4.3%	0.9%
	Female	72.5%	12.9%	2.5%	10.0%	1.2%	0.9%
	Total	70.7%	12.1%	3.0%	10.7%	2.6%	0.9%
Age	15–24	65.9%	0.0%	0.0%	34.1%	0.0%	0.0%
	25–44	79.2%	10.4%	2.4%	5.7%	1.4%	0.9%
	45–64	67.2%	14.6%	3.1%	10.7%	3.8%	0.6%
	65+	62.7%	10.6%	3.9%	18.5%	2.6%	1.8%
	Total	70.7%	12.1%	3.0%	10.6%	2.6%	1.0%
Household income	Less than $30k	67.7%	8.6%	2.9%	14.9%	4.6%	1.3%
	$30k–50k	74.7%	12.3%	1.1%	8.7%	2.9%	0.4%
	$50k–70k	68.6%	11.7%	4.0%	12.7%	3.0%	0.0%
	$70k–100k	68.6%	12.5%	3.8%	10.1%	1.8%	3.2%
	$100k and up	74.5%	15.1%	2.4%	5.5%	2.5%	0.0%
	Total	70.9%	12.1%	2.8%	10.3%	2.9%	0.9%
Health status	Excellent	71.2%	13.7%	2.7%	9.1%	2.8%	0.5%
	Very Good	72.4%	11.2%	3.0%	10.4%	2.1%	1.0%
	Good	65.5%	13.9%	4.0%	11.6%	3.9%	1.2%
	Average	76.1%	8.3%	1.7%	11.1%	2.0%	0.8%
	Bad	57.8%	14.4%	3.6%	22.1%	2.1%	0.0%
	Total	70.7%	12.2%	3.0%	10.7%	2.6%	0.9%
Bilingual	Yes	73.0%	11.0%	2.0%	10.6%	2.3%	1.1%
	No	63.0%	15.4%	3.8%	12.7%	4.7%	0.4%
	Total	70.0%	12.4%	2.6%	11.2%	3.0%	0.9%
Source: CROP/CHSSN Survey on Community Vitality, 2005.							
40. If you became ill, who other than your spouse would you likely turn to for support?							

Age: When age groups are compared, those 15-24 years of age are much more likely than other age groups to turn to public social service in the event of illness and to exclude friends and a community resource as options. They about as likely as other age groups to turn to relatives.

Those Anglophones who are 65 years and over are less likely to rely on relatives and friends in the event of illness than are other age groups. They are more likely than other age groups to turn to public social service and a community resource. They are almost twice as likely as other age groups to choose an option outside of relatives, friends, community resource or public social service.

When Francophone and Anglophone age groups are compared, we find the greatest variance in the 45–64 years of age group. Francophones 45–64 tend to be highly reliant on a community resource and public social services in the event of illness when compared with their other age cohorts. Anglophones 45–64 tend to be more reliant on friends, or more likely to have nobody to turn to, compared to their other Anglophone age cohorts in the same health situation.

Income: When household income groups are compared, those earning less than $30k annually show the strongest likelihood to turn to public social service, or to have nobody to turn to, in the event of illness. Those Anglophones located in the household income group earning $50k–$70k show the greatest likelihood to rely on a community resource when compared with other household income groups. Those earning $70k–$100k are more than three times more likely than other household income groups to turn to an option outside of relatives, friends, community resource and public social service. This is likely to indicate private or for-profit services.

Health Status: When Anglophones are compared in terms of their health status, those who assess their health as poor are the least likely to rely on relatives, are more likely to turn to a community resource, and are more than twice as likely than other health groups to turn to public social service in the event of illness.

Those Anglophones who are not bilingual are much more likely than those who are bilingual to turn to friends, a community resource or have nobody to rely upon in the event of illness. Those who are bilingual are more likely to rely on an option other than family/friends, a community resource or public social service.

4.3.2 Unpaid Care for Person Living Outside Household

Table 17 – Unpaid Care Outside Household, by Region

Provision of Unpaid Care for Person Living Outside Household, by Region		
Region	**Yes**	**No**
Gaspésie – Îles-de-la-Madeleine	23.6%	76.4%
*Bas-Saint-Laurent	4.8%	95.2%
Québec – Capitale-Nationale	11.0%	89.0%
Chaudière-Appalaches	11.5%	88.5%
Estrie	15.9%	84.1%
Centre-du-Québec	14.9%	85.1%
Montérégie	13.5%	86.5%
Montreal (west)	18.6%	81.4%
Montreal (centre)	16.1%	83.9%
Montreal (east)	24.2%	75.8%
Laval	14.9%	85.1%
Lanaudière	22.9%	77.1%
Laurentides	7.9%	92.1%
Outaouais	20.4%	79.6%
Abitibi-Témiscamingue	36.7%	63.3%
*Mauricie	17.3%	82.7%
*Saguenay – Lac-Saint-Jean	7.7%	92.3%
Côte-Nord	16.3%	83.7%
*Nord-du-Québec	13.3%	86.7%
Total	16.9%	83.1%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.		
41. Do you provide (unpaid) care for a person living outside your household?		
*Due to the small sample size, data for the indicated regions should be used with caution.		

16.9% of English-speaking respondents reported providing unpaid care for a person outside their household. The proportion of the Anglophone population providing unpaid care in this situation ranges from 4.8% in the Bas-Saint-Laurent region to 36.7% in Abitibi-Témiscamingue.

34% of French-speaking Quebecers provide unpaid care for a person outside their household.

Region: The greatest proportion of the Anglophone population providing unpaid care for a person outside their household is located in the following regions: Abitibi-Témiscamingue, Montreal (east), Gaspésie – Îles-de-la-Madeleine, Lanaudière and the Outaouais. The proportion of the population least likely to be providing unpaid care in this situation is located in Bas-Saint-Laurent, Saguenay – Lac-Saint-Jean, Laurentides, Québec – Capitale-Nationale, Chaudière-Appalaches and Nord-du-Québec.

Table 18 – Unpaid Care

Provision of Unpaid Care for Person Living Outside Household			
Variable	**Characteristic**	**Yes**	**No**
Gender	Male	16.6%	83.4%
	Female	16.9%	83.1%
	Total	16.7%	83.3%
Age	15–24	12.1%	87.9%
	25–44	14.0%	86.0%
	45–64	21.0%	79.0%
	65+	14.2%	85.8%
	Total	16.6%	83.4%
Household Income	Less than $30k	16.1%	83.9%
	$30k–50k	16.6%	83.4%
	$50k–70k	18.0%	82.0%
	$70k–100k	17.1%	82.9%
	$100k and up	16.4%	83.6%
	Total	16.8%	83.2%
Health Status	Excellent	16.0%	84.0%
	Very Good	15.9%	84.1%
	Good	19.1%	80.9%
	Average	17.1%	82.9%
	Bad	18.4%	81.6%
	Total	16.8%	83.2%
Bilingual	Yes	16.2%	83.8%
	No	15.2%	84.8%
	Total	16.0%	84.0%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.			
41. Do you provide (unpaid) care for a person living outside your household?			

Gender: English-speaking men and women are very similar in their likelihood of providing unpaid care for a person outside their household.

Age: When age groups are compared, those Anglophones in the 45–64 age group are providing the greatest proportion of unpaid care in this situation. This is true of the majority population as well.

Income: Anglophones located in the $50k–$70k household income group are somewhat more likely than other household income groups to be providing unpaid care in this capacity.

4.3.3   Unpaid Care for Someone other than a Relative

Table 19 – Unpaid Care for Non-Relative, by Region

Provision of Unpaid Care for Someone Other Than a Relative, by Region		
Region	**Yes**	**No**
Gaspésie – Îles-de-la-Madeleine	11.8%	88.2%
*Bas-Saint-Laurent	7.1%	92.9%
Québec – Capitale-Nationale	8.1%	91.9%
Chaudière-Appalaches	11.5%	88.5%
Estrie	6.5%	93.5%
Centre-du-Québec	8.9%	91.1%
Montérégie	8.3%	91.7%
Montreal (west)	9.9%	90.1%
Montreal (centre)	9.8%	90.2%
Montreal (east)	10.4%	89.6%
Laval	10.2%	89.8%
Lanaudière	9.7%	90.3%
Laurentides	3.9%	96.1%
Outaouais	10.1%	89.9%
Abitibi-Témiscamingue	9.3%	90.7%
*Mauricie	15.7%	84.3%
*Saguenay – Lac-Saint-Jean	1.9%	98.1%
Côte-Nord	9.6%	90.4%
*Nord-du-Québec	5.8%	94.2%
Total	9.3%	90.7%
Source: CROP/CHSSN Survey on Anglophone Community Vitality, 2005.		
42. Do you provide (unpaid) care for someone other than a relative?		
*Due to the small sample size, data for the indicated regions should be used with caution.		

9.3% of Anglophone respondents reported providing care for someone other than a relative. The proportion of the Anglophone population providing care in this capacity ranges from 1.9% in Saguenay – Lac-Saint-Jean to 15.7% in the Mauricie region.

22.6% of French-speaking Quebecers provide care to someone other than a relative.

Region: The greatest segment of the Anglophone population providing unpaid care for someone other than a relative are located in the following regions: Mauricie, Gaspésie – Îles-de-la-Madeleine and Chaudière-Appalaches. The segments of the population least likely to be providing care in this capacity are located in the Saguenay – Lac-Saint-Jean, Laurentides and Nord-du-Québec regions.

Table 20 – Unpaid Care for Non-Relative, by Characteristic

Provision of Unpaid Care for Someone Other Than a Relative			
Variable	Characteristic	Yes	No
Gender	Male	8.8%	91.2%
	Female	9.9%	90.1%
	Total	9.3%	90.7%
Age	15–24	14.0%	86.0%
	25–44	7.2%	92.8%
	45–64	10.9%	89.1%
	65+	9.2%	90.8%
	Total	9.2%	90.8%
Household income	Less than $30k	12.9%	87.1%
	$30k–50k	7.8%	92.2%
	$50k–70k	7.2%	92.8%
	$70k–100k	9.8%	90.2%
	$100k and up	7.7%	92.3%
	Total	9.1%	90.9%
Health status	Excellent	8.0%	92.0%
	Very Good	9.1%	90.9%
	Good	11.9%	88.1%
	Average	8.8%	91.2%
	Bad	10.9%	89.1%
	Total	9.4%	90.6%
Bilingual	Yes	9.0%	91.0%
	No	11.0%	89.0%
	Total	9.6%	90.4%
Source: CROP/CHSSN Survey on Community Vitality, 2005.			
42. Do you provide (unpaid) care for someone other than a relative?			

Gender: Anglophone women are slightly more likely than Anglophone men to provide care for someone other than a relative.

Age: When age groups are compared, those Anglophones in the 45–64 age group are providing the greatest proportion of unpaid care in this situation. For the majority population, the age group providing the greatest proportion of unpaid care in this situation are located in the 15–24 age group.

Income: Those Anglophones earning less than $30k are more likely than other household income groups to be providing care to someone other than a relative. This may also be said of Francophones when household income groups are compared.

Bilingualism: Among English-speaking respondents, low levels of bilingualism tend to be associated with a greater likelihood of providing unpaid care for someone other than a relative.

4.3.4 Language of Friendship

For the majority of Anglophone respondents (51.6%), their social contact with friends generally takes place in the English language. 1.7% take place in French. The friendships of a large portion of Anglophones (38.6%) take place in both official languages. This contrasts with Francophone survey respondents whose social contacts with friends are much more likely to take place exclusively in French, or put differently, is much less likely to include the language of the minority. 86.9% of social contacts with friends among Francophone respondents take place in the French language and 1.7% in English. Only 8.9% take place in both French and English.

Gender: Anglophone female respondents are somewhat more likely than males to have social contacts with friends that generally take place in the English language, are less likely than males to have friendships which use both French or English and are more likely than males to have social contacts using a language other than French or English.

Age: When compared to other age groups, Anglophone respondents aged 65 and over have a greater proportion of their social contact with friends in English and fewer social contacts with friends in both French and English.

Income: When income groups are compared, those whose annual household income is less than $30k exhibit the highest rate of social contact with friends in a language other than French or English.

Health Status: Those who assess their health as poor exhibit the highest rate of social contact with friends in a language other than French or English.

Bilingualism: Non-bilingual Anglophone respondents have social contacts with friends in English exclusively at a greater rate than those who are bilingual.

Born in Canada: While Anglophone respondents born outside of Canada have close to the same ratio of social contacts with friends in English as those Canadian born, they are much more likely than the latter to have social contacts in a language other than French or English and much less likely to have contacts in both French and English.

4.3.5   Types of Unpaid Help

Among those Anglophone respondents who volunteer their help, the greatest portion is doing so through unpaid teaching (25.7%) followed by care/support to the sick (19.3%), transportation (13.1%), unpaid childcare (8.1%), outdoor maintenance (7.6%) and finally, housework (5%). Among Francophone respondents who volunteer the greatest portion are doing so through care/support to the sick (27.9%) followed by unpaid teaching (15.8%).

Table 21 – Type of Unpaid Help by Region

Type of Unpaid Help							
Region	Housework	Outdoor Maintenance	Transportation	Care/Support To Sick	Unpaid Childcare	Unpaid Teaching	Other	Total
Gaspésie – Îles-de-la-Madeleine	1.4%	15.1%	10.6%	19.3%	4.2%	28.1%	21.2%	100.0%
*Bas-Saint-Laurent	8.4%	5.7%	9.5%	12.2%	7.6%	34.1%	22.3%	100.0%
Québec – Capitale-Nationale	6.1%	6.7%	12.1%	17.8%	5.5%	25.2%	26.6%	100.0%
Chaudière-Appalaches	3.5%	11.3%	18.6%	22.1%	5.9%	26.4%	12.2%	100.0%
Estrie	7.2%	9.5%	19.0%	15.1%	7.5%	20.5%	21.2%	100.0%
Centre-du-Québec	5.2%	7.8%	18.7%	18.6%	14.1%	5.3%	30.4%	100.0%
Montérégie	8.0%	8.9%	15.4%	18.2%	7.4%	25.5%	16.6%	100.0%
Montreal (west)	4.0%	7.7%	12.2%	16.6%	9.5%	30.8%	19.2%	100.0%
Montreal (centre)	3.4%	5.6%	10.3%	23.7%	8.1%	23.9%	25.0%	100.0%
Montreal (east)	4.0%	6.4%	16.5%	27.3%	4.0%	23.3%	18.5%	100.0%
Laval	7.0%	5.8%	15.1%	18.0%	8.6%	19.3%	26.2%	100.0%
Lanaudière	5.7%	12.1%	20.7%	15.2%	7.5%	21.5%	17.5%	100.0%
Laurentides	5.1%	4.9%	7.3%	11.8%	11.7%	36.3%	22.9%	100.0%
Outaouais	5.2%	12.5%	13.6%	17.9%	9.3%	22.7%	18.7%	100.0%
Abitibi-Témiscamingue	1.3%	5.8%	28.6%	13.6%	10.1%	20.3%	20.2%	100.0%
*Mauricie	0.0%	5.4%	0.0%	30.6%	0.0%	48.2%	15.8%	100.0%
Saguenay – Lac-Saint-Jean	8.3%	4.2%	8.3%	8.2%	0.0%	8.3%	62.8%	100.0%
Côte-Nord	5.2%	9.4%	12.3%	12.7%	9.1%	23.2%	28.0%	100.0%
*Nord-du-Québec	0.0%	0.0%	13.6%	0.0%	5.4%	43.2%	37.8%	100.0%
Total	5.0%	7.6%	13.1%	19.3%	8.1%	25.7%	21.2%	100.0%

Source: CROP/CHSSN Survey on Community Vitality

37. Please think about the type of unpaid help you gave others in the past 12 months. Which of the following ways did you volunteer help?"

Region: The above table illustrates by region the ways in which Anglophones who performed unpaid help in the 12 months prior to the survey gave their assistance.

Table 22 – Type of Unpaid Help by Characteristics

Variable	Characteristic	House-work	Outdoor Maintenance	Trans-portation	Care/ Support To Sick	Unpaid Childcare	Unpaid Teaching	Other	Total
					Type of Unpaid Help				
Gender	Male	4.1%	11.3%	13.3%	16.4%	5.0%	28.9%	20.9%	100.0%
	Female	5.6%	4.5%	12.9%	21.5%	10.6%	23.1%	21.7%	100.0%
	Total	4.9%	7.6%	13.1%	19.2%	8.1%	25.8%	21.3%	100.0%
Age	15–24	9.2%	11.7%	4.9%	26.7%	6.4%	22.7%	18.2%	100.0%
	25–44	4.8%	8.5%	9.5%	11.6%	11.1%	30.7%	23.8%	100.0%
	45–64	4.7%	8.0%	12.8%	20.3%	7.1%	28.3%	18.8%	100.0%
	65+	4.8%	4.2%	24.1%	30.9%	4.5%	11.2%	20.3%	100.0%
	Total	5.0%	7.7%	13.1%	19.1%	8.1%	26.0%	21.0%	100.0%
Income	Less than $30k	6.3%	6.4%	12.0%	27.9%	8.6%	17.9%	21.0%	100.0%
	$30k–50k	7.2%	9.9%	13.6%	15.1%	8.4%	21.9%	24.0%	100.0%
	$50k–70k	1.5%	7.0%	12.5%	19.7%	4.9%	30.4%	24.0%	100.0%
	$70k–100k	6.2%	9.3%	13.5%	16.2%	8.2%	32.6%	13.9%	100.0%
	$100k and up	3.6%	5.8%	14.4%	17.6%	8.6%	30.1%	19.9%	100.0%
	Total	5.1%	7.7%	13.3%	19.0%	7.8%	26.4%	20.6%	100.0%
Health status	Excellent	4.5%	7.1%	13.9%	18.9%	7.7%	30.2%	17.6%	100.0%
	Very Good	5.7%	6.7%	14.4%	17.7%	7.8%	24.8%	22.9%	100.0%
	Good	4.3%	9.5%	10.1%	23.6%	10.4%	19.4%	22.7%	100.0%
	Average	4.4%	8.5%	11.4%	17.3%	4.8%	29.7%	23.9%	100.0%
	Bad	6.2%	13.3%	11.9%	24.6%	11.7%	11.5%	20.9%	100.0%
	Total	5.0%	7.6%	13.1%	19.2%	8.0%	25.7%	21.4%	100.0%
Bilingual	Yes	5.5%	8.2%	12.1%	18.2%	9.1%	25.9%	21.0%	100.0%
	No	4.2%	6.9%	15.1%	23.8%	7.7%	21.5%	20.8%	100.0%
	Total	5.2%	7.9%	12.7%	19.4%	8.8%	24.9%	21.0%	100.0%
Place of birth	In Canada	5.3%	7.5%	13.3%	19.1%	7.8%	25.6%	21.5%	100.0%
	Outside Canada	3.7%	8.1%	12.4%	19.6%	9.2%	26.3%	20.8%	100.0%
	Total	4.9%	7.6%	13.1%	19.2%	8.1%	25.8%	21.3%	100.0%
Religion	Christian (Catholic)	5.2%	8.0%	13.5%	22.8%	8.3%	25.9%	16.2%	100.0%
	Christian (Non-Catholic)	5.9%	8.9%	14.5%	19.0%	7.9%	20.7%	23.1%	100.0%
	Other Religious Affiliation	4.4%	7.0%	12.2%	16.7%	6.9%	26.3%	26.5%	100.0%
	No Religious Affiliation	3.0%	3.8%	9.2%	14.8%	6.7%	34.5%	28.0%	100.0%
	Total	4.9%	7.4%	13.1%	19.4%	7.9%	25.6%	21.6%	100.0%

Source: CROP/CHSSN Survey on Community Vitality

37. Please think about the type of unpaid help you gave others in the past 12 months. Which of the following ways did you volunteer help?

Gender: Anglophone male respondents who volunteer help tend to be highly concentrated in unpaid teaching (28.9%) whereas female respondents are almost evenly divided between unpaid teaching (23.1%) and care/support to sick (21.5%) as their most likely area for offering help. Women are more likely to volunteer help in the form of housework, care/support to the sick and childcare than men. Men are more likely to volunteer help through outdoor maintenance and unpaid teaching. Men and women are about equally likely to assist with transportation.

Age: Among those English-speaking respondents aged 15–24 who volunteer help the greatest portion is performed in the area of care/support to the sick (26.7%) and unpaid teaching (22.7%). For the 25–44 age group the greatest portion of volunteer help is in unpaid teaching (30.7%) and for those 45–64 years the greatest portion is in unpaid teaching (28.3%) and care/support to the sick (20.3%). Finally, for those aged 65 and over who volunteer help, the greatest portion of their time is given to care/support to the sick (30.9%) and to transportation (24.1%).

Income: The proportion of Anglophone respondents whose annual household income is less than $30k and who volunteer help by caring or supporting the sick is greater than the relative proportion of any other income group who help this way. Lower income and high levels of unpaid volunteer help to the sick is also linked for Francophone respondents. High income Francophones who volunteer are more likely than other income groups to be involved in unpaid teaching.

Religion: Anglophones with a religious affiliation other than Christian who volunteer are highly represented in unpaid teaching (26%) followed closely by Catholics (25.9%) and then Christian non-Catholics (20.7%).

A home language other than French or English tends to be a predictor of high rates of unpaid teaching. Place of birth or level of bilingualism among Anglophone respondents do not appear to be factors in the choice of helping activities.

4.4   Summary of Key Points for Social Support Networks

- One third of Quebec Anglophones who responded to the General Social Survey reported having received unpaid help within the month prior to the survey.

- The most common type of unpaid help received was emotional support (43.6%) followed by teaching/coaching (26.7%). Friends and relatives were by far the most important sources of help followed by neighbours. Anglophones were less likely than Francophones to rely on relatives.

- Census Canada tells us that English-speakers residing in Quebec are much more likely than French-speakers to be devoting ten hours and more weekly in unpaid care to seniors. 14 of 16 regional Anglophone communities exhibit higher rates of unpaid care to seniors (10+ hrs) than their majority counterpart sharing the same territory

- Anglophone women are much more likely than Anglophone men, Francophone women and Francophone men to be devoting 5 hours or more in unpaid care to seniors. Anglophone men are doing more unpaid care to seniors than Francophone men sharing the same territory.

- Quebec Anglophones responding to the Survey of Community Vitality were highly likely (83.5%) to turn to family and friends if they became ill. Anglophones are less likely to turn to public service than Francophones and more likely to turn to a community-based resource for help.

- Looking across the regions a higher rate of reliance on a community resource tends to be associated with a lower reliance on family and friends. There is a noteworthy variance among the regions in terms of their capacity to rely on a community resource in the event of illness.

- Anglophones 65 years of age and older rely less on relatives and friends than other age groups and are more likely to turn to public services, a community resource, or a private, for-profit option.

- Those Anglophones whose annual household income is less than $30k show the strongest likelihood to rely on public services for help in the event of illness, or, to have nobody to turn to. Reliance on a community based resource is associated with those earning $50k–$70k and those earning over $70k are much more likely to opt for private or for-profit services.

- According to the Survey of Community Vitality, Anglophones in the 45–64 age group and also those earning less than $30k are providing the greatest proportion of unpaid care for someone other than a relative.

- The greatest portion (51.6%) of social contact with friends among Anglophones takes place in English or in both languages (38.6%). The greatest portion of social contact with friends among Francophones takes place in French (86.9%) with only 8.9% in both official languages.

- Low income and poor self-assessed health status are associated with higher rates of social contact with friends in a language other than French and English.

- Low income is associated with higher rates of unpaid help to the sick for both Quebec's language groups. Anglophone women are more likely to volunteer unpaid help in the form of care/support for the sick, childcare and housework than Anglophone men. Men are more likely to help through outdoor maintenance and unpaid teaching than women.

4.4.1   Some Entry Points for Community Action

The social support networks of families, friends, and communities are a key health determinant in the Population Health Approach.[6] Recent restructuring in Quebec's health sector means an increase in the amount of health care provided outside of formalized services. For Quebec's English-speaking minority, who face various challenges in access to public health services, this is an added demand upon an already overburdened, and at times, fragile support system. The knowledge assembled in this report regarding social support networks offers a number of entry points for community action. Community initiatives intended to nurture support for the local care networks of the minority population need to understand how they operate, who the key

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[6] See Carter, J.A.(2003) *A Community Guide to the Population Health Approach*, CHSSN, www.chssn.org for further discussion of health determinants.

players are, how they may or may not differ from the networks of the majority population sharing the same territory, and the nature of their link to formalized services.

The level of health enjoyed by a population is directly related to the quality of health care available to its citizens. When we assess the quality of care provided by a public health institution there are a number of elements considered. In the case of a hospital, for example, we consider the qualifications of the doctors and nurse on staff, their working conditions (ratio of patients to caregiver, knowledge and technology available, income and benefits) and their link with specialists in their field but located elsewhere. Similarly, we can assess the quality of care provided by informal care networks by considering the qualifications of its primary caregivers, their working conditions (caregiver/receiver ratio, knowledge and technology available, benefits) and their link with health professionals employed in the health and social service sector.

What we find in the case of Anglophone Quebec are high rates of unpaid help to the sick performed primarily by women, often 45-64 years of age, and living in low income households. They are also highly implicated in unpaid help that extends outside their household and for someone other than a relative. They are less likely than their Francophone counterpart to have the support of family in geographical proximity and their network is less likely to include a health professional. Their rate of support from a community resource varies across Quebec's regions. It would follow from these findings that community initiatives directed at providing "care for the caregivers" ranging from a local support group to a provincial alliance are crucial. Given the provision of unpaid help is largely through the household caregivers may not be aware that their circumstance is shared or have the luxury of time to organize mutual support and the exchange of knowledge. Initiatives that address the situation of minority women with respect to educational and employment opportunities, indeed the status of women in general, will ultimately improve the quality of informal health care they provide and the health status of those who depend upon them. The gendered nature of informal care work is a commonality that crosses geographical and linguistic divides and therefore may serve as an important bridging and linking opportunity for Anglophone communities in the health sector. A good example might be the formation of the Federation des Femmes Acadiennes et Francophones du Nouveau Brunswick which has given minority women across the province an important vehicle for dialogue with the New Brunswick Advisory Council on the Status of Women regarding their predicament.

5 Civic Engagement

5.1   Defining the concept

Civic engagement is intended to capture the norms and networks that both facilitate, and result from, political participation. It is argued that the vitality of democracies depends upon substantial levels of civic engagement as exhibited in voting behaviour, serving on municipal council, being active in student government, or joining a citizen's demonstration. Knowledge of community initiatives lays the groundwork for the empowerment that comes with the ability to access resources and act in concert with fellow citizens. Perception of the capacity of the language community of which one is a member to influence events and to participate in the decision making of the larger society is linked to a personal sense of responsibility and security. Who votes? Who governs? Do you feel elected officials represent the interest of your community? Do you know of government sponsored initiatives in your region serving your language group? Are the conditions which facilitate partnerships between official agencies and local regional communities to solve local health problems present for Quebec's English-speaking population?
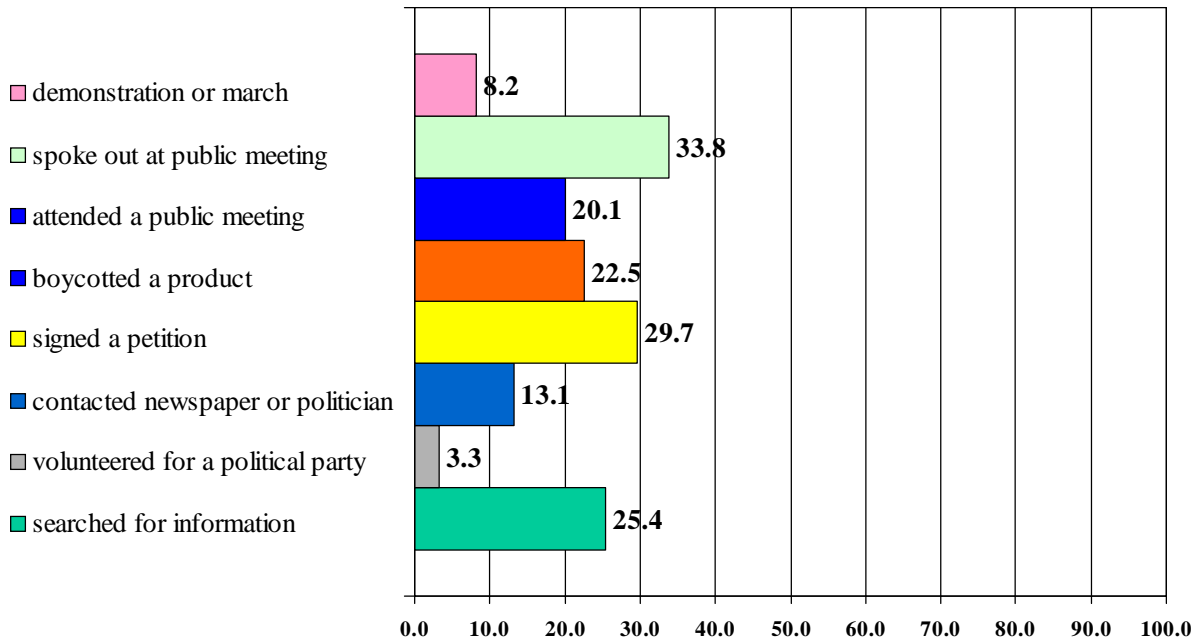
5.2   National Findings: Canada's Language Populations

GSS17 considered a number of aspects of civic engagement including voting tendencies, as well as different types of political activities and citizens' efforts to stay informed.

In terms of voting, Quebec Anglophones were slightly less like to vote at the three levels of government (municipal, provincial, federal) than their Francophone counterparts but showed higher voting rates than the Canadian average.

Proportion of Quebec Anglophones Participating in Various Types of Political Activities, 2003

Activity	Value
demonstration or march	8.2
spoke out at public meeting	33.8
attended a public meeting	20.1
boycotted a product	22.5
signed a petition	29.7
contacted newspaper or politician	13.1
volunteered for a political party	3.3
searched for information	25.4

0.0   10.0   20.0   30.0   40.0   50.0   60.0   70.0   80.0   90.0   100.0

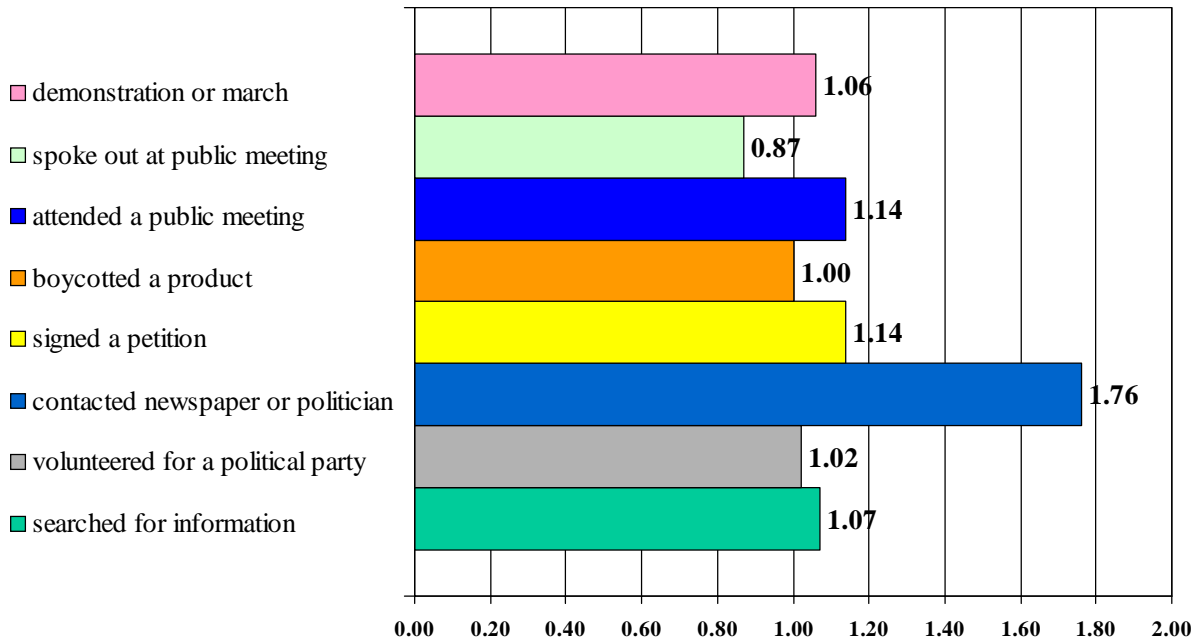Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions PE_Q220 to PE_Q300 "In the past 12 months, have you done any of the following activities:"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

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Among other types of political activity, GSS17 tells us that at least one in five Quebec EMT respondents spoke out at public meetings (33.8%), signed a petition (29.7%), searched for information about political issues (25.4%), boycotted a product/made purchases for ethical reasons (25.4%), or attended a public meeting (20.1%). They were less likely to have volunteered for a political party, participated in a demonstration or march or contacted a newspaper or politician.

Participation of Quebec Anglophones in Various Types of Political Activities, Minority-Majority Index, 2003

Activity	Index
demonstration or march	1.06
spoke out at public meeting	0.87
attended a public meeting	1.14
boycotted a product	1.00
signed a petition	1.14
contacted newspaper or politician	1.76
volunteered for a political party	1.02
searched for information	1.07

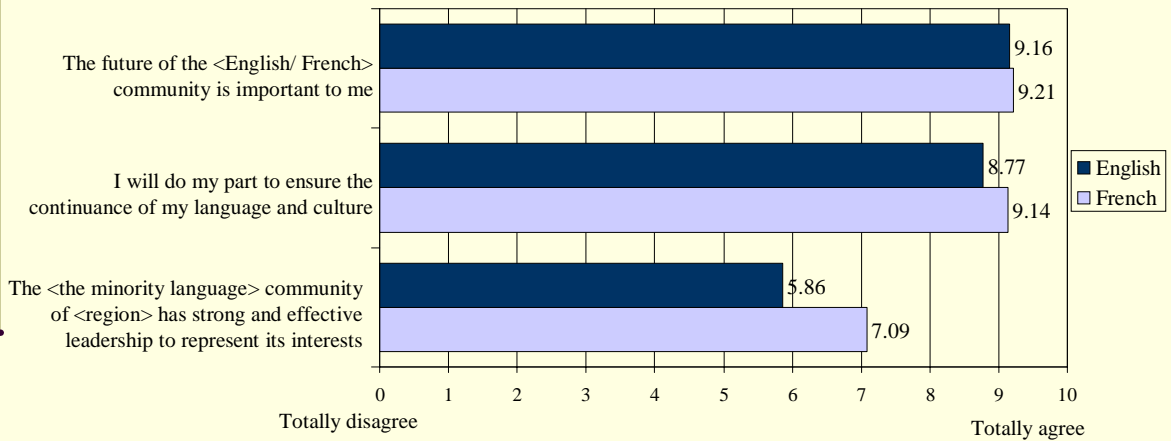Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions PE_Q220 to PE_Q300 "In the past 12 months, have you done any of the following activities:"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

In comparison with their Francophone neighbours, contacting newspapers/politicians was more frequent political behaviour among Anglophones (mmi=1.76), as was attending a public meeting (mmi=1.14) and signing petitions (mmi=1.14). Anglophones were less likely than Francophones to speak out at public meetings (mmi=0.87). Quebec Anglophones were most likely to rely on television (89.7%), newspapers (76.6%) or radio (55.8%) as a medium when following news or current events.

Commitment and Leadership in OLMCs

Minority individuals believe in, and support, their communities, but have doubts about the leadership

	English	French
The future of the <English/ French> community is important to me	9.16	9.21
I will do my part to ensure the continuance of my language and culture	8.77	9.14
The <the minority language> community of <region> has strong and effective leadership to represent its interests	5.86	7.09

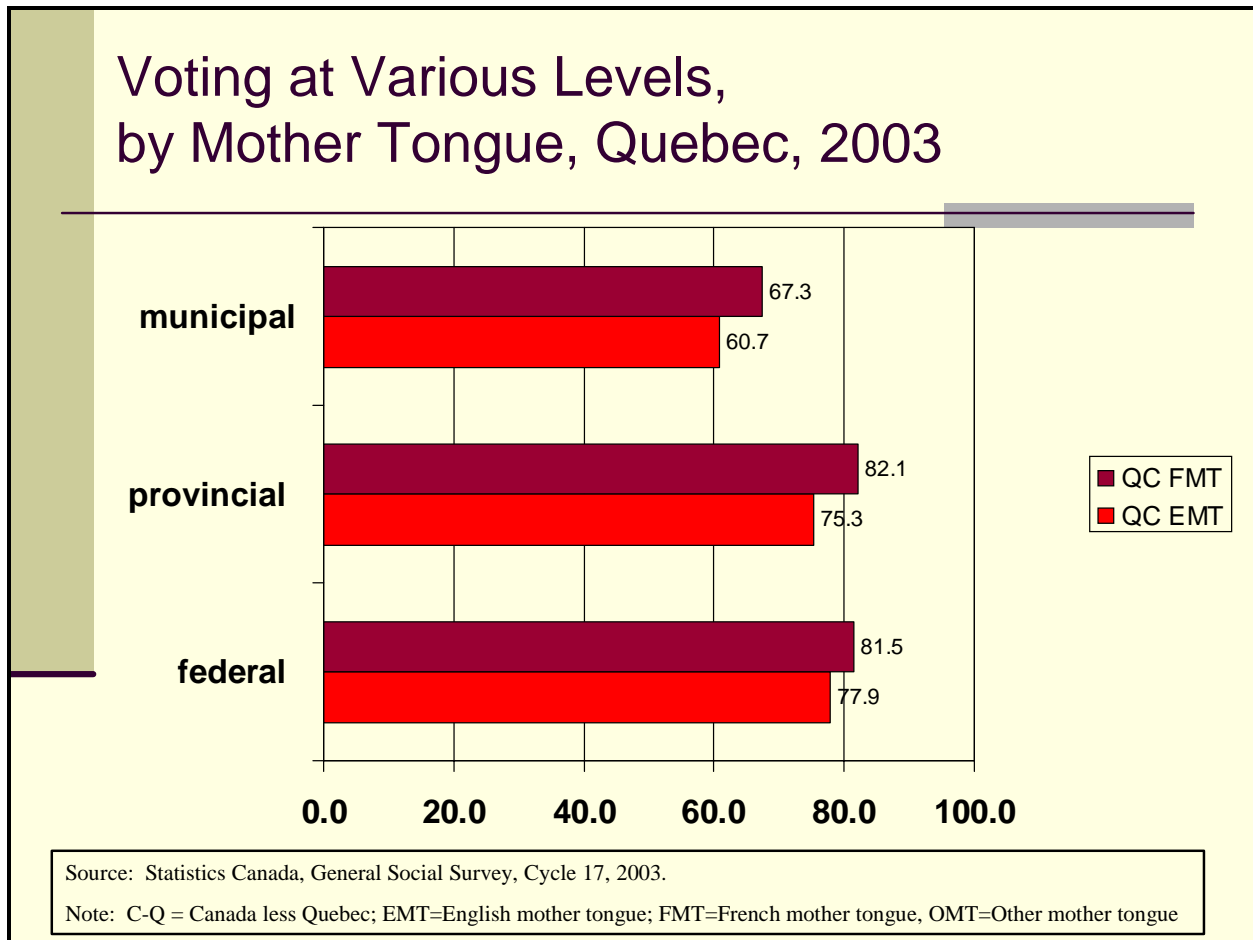Scale: 0 (Totally disagree) to 10 (Totally agree)

Q6a-6h: On a scale of 0 to 10, where 0 means you totally disagree and 10 means you totally agree, please tell me to what extent you agree or disagree with the following statements.

GPC/Canadian Heritage, 2002

Respondents to the GPC/Canadian Heritage questionnaire were asked to rate the extent to which they agree or disagree with the above statements. It is clear that while Quebec's English-speaking minority feels strongly that the future of their community is important, and are very willing to support the continuance of their language and culture, they nonetheless are highly unlikely to feel their regional community has strong and effective leadership.

**5.3   Quebec Regional Findings on Civic Engagement from the
Survey of Community Vitality 2005**

Voting at Various Levels, by Mother Tongue, Quebec, 2003

Level	QC FMT	QC EMT
municipal	67.3	60.7
provincial	82.1	75.3
federal	81.5	77.9

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

The above graph compares Quebec Francophones and Anglophones with respect to voting at municipal, provincial, and federal levels. Anglophones residing in Quebec are less likely to vote at all levels when compared to Quebec Francophones with the greatest differences being found in municipal and provincial elections.

5.3.1   Knowledge of Activities in Health and Social Services

Some 80% of English-speaking respondents did not know about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of health and social services. Some 20% did know of such activities. This compares to 66.3% of French-speaking respondents who did not know about the activities of a community organization promoting the interests of their community.

Table 23 – Knowledge of Community Activities in Selected Services by Region

Knowledge of Community Activities in Selected Sectors				
Region	Health and Social Services	Arts and Culture	Economic Development	Education
Gaspésie – Îles-de-la-Madeleine	36.0%	24.2%	27.9%	42.0%
*Bas-Saint-Laurent	22.0%	23.4%	14.1%	21.6%
Québec – Capitale-Nationale	60.8%	60.6%	36.4%	66.6%
Chaudière-Appalaches	69.1%	52.5%	44.1%	65.4%
Estrie	43.8%	40.8%	20.7%	51.7%
Centre-du-Québec	27.9%	19.3%	15.2%	38.7%
Montérégie	18.6%	25.1%	10.9%	33.8%
Montreal (west)	26.4%	38.7%	14.8%	37.6%
Montreal (centre)	16.0%	28.8%	9.1%	29.6%
Montreal (east)	19.4%	19.9%	9.1%	30.1%
Laval	7.0%	9.8%	6.6%	24.7%
Lanaudière	14.8%	20.9%	4.9%	32.0%
Laurentides	14.3%	27.9%	10.0%	38.3%
Outaouais	21.6%	24.0%	14.7%	37.3%
Abitibi-Témiscamingue	28.6%	27.3%	25.1%	51.0%
*Mauricie	1.7%	6.0%	1.8%	24.4%
*Saguenay – Lac-Saint-Jean	41.0%	42.7%	27.7%	19.0%
Côte-Nord	34.8%	16.3%	43.2%	47.5%
*Nord-du-Québec	20.5%	24.5%	54.1%	77.2%
Total	20.5%	28.4%	12.5%	34.5%
Source: CROP/CHSSN Survey on Community Vitality				
38a. Do you know about the activities of a community organization in your region promoting the interests of the English-speaking community in areas such as:				
*Due to the small sample size, data for the indicated regions should be used with caution.				

Region: Levels of knowledge regarding the activities of a community organization promoting the interests of the English-speaking community in the area of health and social services vary considerably among Anglophone respondents according to region.

The regions with the lowest levels of knowledge are Mauricie (1.7%), Laval (7.9%), Laurentides (14.3%), Lanaudière (14.8%), Montreal (centre) (16.0%) and Montérégie (18.6%). The highest levels of knowledge are found in Chaudière-Appalaches (69.1%), Québec – Capitale-Nationale (60.8%), Estrie (43.8%) and Saguenay – Lac-Saint-Jean (41.0%).

Table 24 – Knowledge of Community Activities in Selected Services by Characteristic

Variable	Characteristic	Health and Social Services	Arts and Culture	Economic Development	Education
		Knowledge of Community Activities in Selected Sectors			
Gender	Male	19.9%	29.3%	12.5%	34.3%
	Female	21.1%	27.7%	12.7%	34.7%
	Total	20.5%	28.5%	12.6%	34.5%
Age	15–24	12.3%	24.7%	7.3%	44.1%
	25–44	15.8%	25.0%	12.3%	32.2%
	45–64	22.3%	28.5%	13.1%	33.9%
	65+	32.5%	38.9%	14.1%	38.2%
	Total	20.5%	28.4%	12.5%	34.7%
Income	Less than $30k	18.9%	23.9%	11.6%	30.9%
	$30k–50k	21.5%	27.3%	12.2%	33.5%
	$50k–70k	18.5%	30.7%	14.4%	37.1%
	$70k–100k	22.1%	34.3%	10.4%	36.7%
	$100k and up	19.9%	29.4%	15.6%	40.3%
	Total	20.1%	28.8%	12.8%	35.4%
Health status	Excellent	21.5%	27.5%	14.2%	34.9%
	Very Good	20.4%	29.3%	12.3%	37.1%
	Good	20.2%	28.6%	11.3%	32.8%
	Average	18.7%	27.4%	10.7%	28.0%
	Bad	22.3%	31.5%	17.6%	35.8%
	Total	20.5%	28.5%	12.6%	34.5%
Bilingual	Yes	19.2%	28.4%	12.0%	33.7%
	No	20.8%	25.3%	12.8%	32.0%
	Total	19.6%	27.6%	12.2%	33.2%
Place of birth	In Canada	21.6%	29.5%	13.0%	36.8%
	Outside Canada	17.8%	26.2%	11.6%	28.6%
	Total	20.5%	28.5%	12.6%	34.5%
Religion	Christian (Catholic)	19.4%	28.1%	12.4%	33.8%
	Christian (Non-Catholic)	22.6%	28.1%	14.2%	39.1%
	Other Religious Affiliation	22.5%	27.3%	12.7%	34.3%
	No Religious Affiliation	19.4%	29.3%	10.4%	30.5%
	Total	20.4%	28.1%	12.5%	34.6%

Source: CROP/CHSSN Survey on Community Vitality

38a. Do you know about the activities of a community organization in your region promoting the interests of the English-speaking community in areas such as:

Gender: Anglophone women and men are similar in their knowledge of the activities of a community organization in their region promoting the interests of the English-speaking community in health and social services. Francophone women are more likely than Francophone men to claim such knowledge.

Age: Among Anglophone respondents the level of knowledge in this regard is highest among those 65 years of age and older and lowest among those aged 15–24 years. Among majority respondents, those aged 45–64 claim the highest levels of knowledge in this area.

Income and health status do not appear to be important factors in differentiating levels of knowledge in the area.

5.3.2   Knowledge of Activities in Arts and Culture

71.6% of English-speaking respondents did not know about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of arts and culture. Only 28.4% did know about such activities.

Region: The regions with the highest levels of knowledge among Anglophones regarding the activities of a community organization promoting the interests of the English-speaking community in the arts and culture are Québec – Capitale-Nationale (60.6%), Chaudière-Appalaches (52.5%), Saguenay – Lac-Saint-Jean (42.7%), Estrie (40.8%) and Montreal (west) (38.7%). The regions most likely to have no knowledge are Mauricie (94.0%), Laval (90.2%), Côte-Nord (83.7%), Centre-du-Québec (80.7%) and Montreal (east) (80.1%).

Gender: Male and female Anglophone respondents are similar in their levels of knowledge in this area.

Age: English-speaking respondents who are 65 years of age and older are the age group with the highest proportion of individuals who know about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of arts and culture.

Income: Those respondents whose annual household income is less than $30k exhibit lower levels of knowledge than other income groups with respect to the activities of a community organization promoting the interests of the English-speaking community in the area of arts and culture. Those earning $70k–$100k exhibit the highest levels of knowledge in this area.

Self-assessed health status, levels of bilingualism and place of birth do not appear to be important factors in different levels of knowledge in this area

5.3.3   Knowledge of Activities in Economic Development

87.5% of Anglophone respondents did not know about the activities of a community organization in their region promoting the interests of the English-speaking community in areas such as economic development. Only 12.5% of respondents did have knowledge of such activities.

Region: The regions where English-speaking respondents exhibited the highest levels of knowledge with regard to the activities of a community organization promoting the interests of the English-speaking community in economic development are Nord-du-Québec (54.1%), Chaudière-Appalaches (44.1%), Côte-Nord (43.2%) and Québec – Capitale-Nationale (36.4%). The regions with the lowest levels of knowledge given the proportion of respondents who replied "no" to the above question are Mauricie (98.2%), Lanaudière (95.1%), Laval (93.4%), Montreal (centre) (90.9%), Montreal (east) (90.9%) and Laurentides (90.0%).

Gender: Anglophone women and men are nearly identical in their likelihood to know about activities of a community organization in the area of economic development

Age: English-speaking respondents in the 15–24 age group exhibit the lowest levels of knowledge in this area compared to other age groups.

Income: Income does not appear to be an important factor in differentiating levels of knowledge in this area.

Health status, levels of bilingualism, and place of birth do not appear to be determining factors in levels of knowledge about the activities of a community organization in your region promoting the interests of the English-speaking community in economic development.

5.3.4   Knowledge of Activities in Education

65.5% of Anglophone respondents did not know about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of education. 34.5% of respondents did know about such activities.

Region: The regions with the highest levels of knowledge among Anglophones regarding the activities of a community organization in their region promoting the interests of the English-speaking community in education are Nord-du-Québec (77.2%), Québec – Capitale-Nationale (66.6%), Chaudière-Appalaches (65.4%), Estrie (51.7%) and Abitibi-Témiscamingue (51.0%). Those regions with the lowest levels of knowledge given their high response rate as "no" to the above question include Saguenay – Lac-Saint-Jean (81%), Bas-Saint-Laurent (78.4%), Mauricie (75.6%), Laval (75.3%) and Montreal (centre) (70.4%).

Gender: Anglophone men and women are nearly identical in their level of knowledge about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of education.

Age: When compared to other age groups Anglophone respondents who are 15–24 years of age are more likely to know about activities of an organization promoting the interests of the English-speaking community in education.

Income: Those Anglophone respondents whose annual household income is under $50k are less likely to know about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of education than those earning $50k and over.

Self-assessed health status and level of bilingualism do not appear to be important factors in determining the level of knowledge in this area. Those born in Canada are somewhat more likely than those born in another country to have knowledge about activities of a community organization in their region promoting the interests of the English-speaking community in education.

5.3.5   Perceived Influence of Language Group

According to the Survey of Community Vitality, 58.5% of Anglophones feel the factors that affect their daily lives are influenced by the leadership, organizations and institutional network of their language group. 41.5% do not feel that their language group, through its leadership, organizations and institutions, are effective in their daily life.

Table 25 – Perceived Influence of Language Group by Region

Perceived Influence of Minority Group's Leadership and Institutions			
Region	**Yes**	**No**	**Total**
Gaspésie – Îles-de-la-Madeleine	52.9%	47.1%	100.0%
*Bas-Saint-Laurent	39.7%	60.3%	100.0%
Québec – Capitale-Nationale	52.2%	47.8%	100.0%
Chaudière-Appalaches	52.5%	47.5%	100.0%
Estrie	58.2%	41.8%	100.0%
Centre-du-Québec	49.6%	50.4%	100.0%
Montérégie	56.4%	43.6%	100.0%
Montreal (west)	62.0%	38.0%	100.0%
Montreal (centre)	57.4%	42.6%	100.0%
Montreal (east)	62.4%	37.6%	100.0%
Laval	57.2%	42.8%	100.0%
Lanaudière	51.7%	48.3%	100.0%
Laurentides	59.1%	40.9%	100.0%
Outaouais	65.7%	34.3%	100.0%
Abitibi-Témiscamingue	58.8%	41.2%	100.0%
*Mauricie	26.6%	73.4%	100.0%
*Saguenay – Lac-Saint-Jean	44.2%	55.8%	100.0%
Côte-Nord	42.3%	57.7%	100.0%
*Nord-du-Québec	61.8%	38.2%	100.0%
Total	58.5%	41.5%	100.0%

Source: CROP/CHSSN Survey on Community Vitality

39. Do you feel that your language group through its leadership, its organizations and its institutions influences factors that affect your daily life?

Due to the small sample size, data for the indicated regions should be used with caution.

Region: Those regions where Anglophones are most likely to feel the leadership, organizations and institutions of their language are effective in their lives are the Outaouais (65.7%), Montreal (east) (62.4%), Montreal (west) (62%), Nord-du-Québec (61.8%) and Laurentides (59.1%). The regions least likely to feel their language group is effective in their daily lives through its leadership and institutions are the Mauricie (73.4%), Bas-Saint-Laurent (60.3%), Côte-Nord (57.7%), Saguenay – Lac-Saint-Jean (55.8%) and Centre-du-Québec (50.4%).

Table 26 – Perceived Influence of Language Group by Characteristic

Perceived Influence of Minority Group's Leadership and Institutions				
Variable	**Characteristic**	**Yes**	**No**	**Total**
Gender	Male	56.1%	43.9%	100.0%
	Female	60.9%	39.1%	100.0%
	Total	58.6%	41.4%	100.0%
Age	15–24	65.1%	34.9%	100.0%
	25–44	55.8%	44.2%	100.0%
	45–64	59.8%	40.2%	100.0%
	65+	59.2%	40.8%	100.0%
	Total	58.5%	41.5%	100.0%
Income	Less than $30k	61.4%	38.6%	100.0%
	$30k–50k	63.6%	36.4%	100.0%
	$50k–70k	57.9%	42.1%	100.0%
	$70k–100k	58.7%	41.3%	100.0%
	$100k and up	55.4%	44.6%	100.0%
	Total	59.7%	40.3%	100.0%
Health status	Excellent	55.7%	44.3%	100.0%
	Very Good	61.2%	38.8%	100.0%
	Good	54.5%	45.5%	100.0%
	Average	62.4%	37.6%	100.0%
	Bad	59.7%	40.3%	100.0%
	Total	58.5%	41.5%	100.0%
Bilingual	Yes	57.5%	42.5%	100.0%
	No	64.7%	35.3%	100.0%
	Total	59.5%	40.5%	100.0%
Place of birth	In Canada	58.0%	42.0%	100.0%
	Outside Canada	59.8%	40.2%	100.0%
	Total	58.5%	41.5%	100.0%
Religion	Christian (Catholic)	57.4%	42.6%	100.0%
	Christian (Non-Catholic)	63.7%	36.3%	100.0%
	Other Religious Affiliation	64.3%	35.7%	100.0%
	No Religious Affiliation	51.3%	48.7%	100.0%
	Total	58.6%	41.4%	100.0%
Source: CROP/CHSSN Survey on Community Vitality				
39. Do you feel that your language group through its leadership, its organizations and its institutions influences factors that affect your daily life?				

Gender: Anglophone respondents who are female are somewhat more likely than males to feel their language group does influence the factors affecting their daily life through its leadership, organizations and institutions. 60.9% of women responded "yes" to the above question while 56.1% of men did.

Age: Compared to other age groups, Anglophone respondents aged 15–24 have the largest proportion of those who feel the factors that affect their daily lives are influenced by the leadership and institutions of their language group. 65.1% replied "yes" to the above question. Those aged 25–44 have the smallest proportion with 55.8% replying "yes".

Income: Respondents whose annual household income is $100k and up are the least likely among the income groups to feel the factors that affect their daily lives are influenced by the leadership, organizations and institutions of their language group.

Self-assessed health status, level of bilingualism and place of birth do not appear to be determining factors in this area.

The CROP-CHSSN survey asked respondents if, in the last two years, they had received information about services in English that are provided by the public health and social service institutions in their region. Further, they were asked who provided the information (public health services, a community organization, newspaper or other?) and how the information was conveyed (telephone or a visit, information meeting, through flyers, a website or "other").

5.3.6   Information on Services

Table 27 – Information about Services in English Provided in Region,

Information About Services in English Provided in Region by Public Health & Social Services Institutions								
	a) Received Information in Past 2 Years		b) Source of Information			c) Means of Information Delivery			
Region	Yes	No	Public Health Services	Community Organization	Newspaper	Telephone or Visit	An Information Meeting	Flyers	Website
Gaspésie – îles-de-la-Madeleine	36.5%	63.5%	14.8%	44.4%	31.3%	9.8%	20.8%	61.7%	1.8%
*Bas-Saint-Laurent	13.2%	86.8%	11.7%	71.8%	0.0%	0.0%	16.2%	83.8%	0.0%
Québec – Capitale-Nationale	39.4%	60.6%	18.9%	30.9%	38.7%	15.3%	16.3%	48.5%	13.6%
Chaudière-Appalaches	26.7%	73.3%	12.1%	63.6%	24.3%	33.8%	7.0%	36.6%	11.3%
Estrie	30.1%	69.9%	22.1%	34.8%	32.3%	13.3%	11.7%	64.7%	2.7%
Centre-du-Québec	13.6%	86.4%	35.3%	44.6%	20.1%	17.7%	22.1%	38.1%	0.0%
Montérégie	16.6%	83.4%	41.3%	20.9%	29.1%	24.3%	4.7%	52.6%	7.3%
Montreal (west)	34.3%	65.7%	31.1%	26.7%	35.3%	19.1%	10.1%	54.2%	11.1%
Montreal (centre)	28.8%	71.2%	33.3%	17.4%	35.2%	22.3%	2.0%	49.5%	10.0%
Montreal (east)	26.9%	73.1%	41.2%	23.6%	27.8%	21.4%	5.5%	61.1%	8.4%
Laval	15.1%	84.9%	27.2%	14.8%	33.5%	13.4%	14.0%	46.8%	16.6%
Lanaudière	13.6%	86.4%	34.8%	22.7%	16.2%	23.7%	5.0%	46.1%	13.7%
Laurentides	18.2%	81.8%	30.4%	32.9%	26.5%	16.7%	8.4%	61.0%	9.7%
Outaouais	28.4%	71.6%	28.0%	31.7%	37.5%	17.8%	13.5%	56.9%	10.7%
Abitibi-Témiscamingue	23.1%	76.9%	26.6%	42.5%	26.8%	10.3%	0.0%	55.0%	19.8%
*Mauricie	19.0%	81.0%	90.9%	0.0%	9.1%	28.6%	0.0%	42.9%	28.6%
*Saguenay – Lac-Saint-Jean	22.3%	77.7%	62.8%	37.2%	0.0%	0.0%	0.0%	62.8%	0.0%
Côte-Nord	41.1%	58.9%	54.3%	35.4%	5.7%	17.6%	7.2%	48.7%	3.2%
*Nord-du-Québec	59.8%	40.2%	76.1%	21.2%	0.0%	23.8%	22.5%	36.2%	0.0%
Total	26.9%	73.1%	33.3%	23.8%	32.7%	20.1%	7.7%	52.8%	9.6%

Source: CROP/CHSSN Survey on Community Vitality, 2005.

* Due to small sample size, data for the indicated regions should be used with caution.

19) a   In the last two years, have you received information about services in English that are provided by the public health and social services institutions in your region?

b.   Did you obtain your information regarding access to services in English that are provided by the public health and social services institutions from any of the following… (list of sources)?

c.   Did you obtain this information through... (list of means of information delivery)?

Table 28 – Information in English about Public Health & Social Services

Information About Services in English Provided in Region by Public Health & Social Services Institutions										
		a) Received Information in Past 2 Years		b) Source of Information			c) Means of Information Delivery			
Variable	**Characteristic**	**Yes**	**No**	**Public Health Services**	**Community Organization**	**Newspaper**	**Telephone or Visit**	**An Information Meeting**	**Flyers**	**Website**
Gender	Male	25.8%	74.2%	34.7%	21.4%	35.7%	16.9%	8.0%	51.7%	12.2%
	Female	27.8%	72.2%	32.2%	25.9%	29.9%	22.9%	7.3%	53.5%	7.2%
	Total	26.8%	73.2%	33.4%	23.8%	32.7%	20.1%	7.7%	52.7%	9.6%
Age	15–24	25.8%	74.2%	29.4%	28.2%	25.2%	15.0%	9.8%	39.1%	19.8%
	25–44	22.0%	78.0%	33.8%	23.6%	32.6%	17.5%	7.5%	57.9%	10.6%
	45–64	25.3%	74.7%	33.4%	23.7%	32.5%	21.9%	7.7%	48.8%	10.7%
	65+	41.7%	58.3%	34.5%	22.5%	35.7%	21.5%	7.4%	57.8%	2.8%
	Total	26.7%	73.3%	33.5%	23.7%	32.9%	19.7%	7.8%	52.8%	9.7%
Household income	Less than $30k	26.2%	73.8%	30.5%	25.9%	27.5%	25.0%	5.7%	53.5%	8.8%
	$30k–50k	26.2%	73.8%	31.4%	23.1%	40.0%	22.2%	4.3%	53.0%	14.1%
	$50k–70k	27.7%	72.3%	38.9%	17.9%	35.2%	16.2%	6.4%	52.3%	9.7%
	$70k–100k	29.1%	70.9%	28.6%	24.4%	37.5%	21.8%	12.2%	54.1%	8.3%
	$100k and up	25.9%	74.1%	32.2%	29.6%	30.2%	12.2%	12.1%	61.0%	9.6%
	Total	26.9%	73.1%	32.3%	23.9%	34.4%	19.5%	8.0%	54.7%	10.3%
Health status	Excellent	28.8%	71.2%	31.9%	26.1%	33.2%	17.6%	10.8%	56.0%	9.3%
	Very Good	24.6%	75.4%	33.8%	24.5%	31.3%	17.8%	7.9%	49.0%	12.9%
	Good	29.3%	70.7%	27.3%	24.2%	32.9%	23.5%	5.0%	54.9%	8.5%
	Average	23.9%	76.1%	42.6%	17.9%	34.8%	15.1%	5.4%	61.5%	4.1%
	Bad	30.6%	69.4%	56.4%	14.4%	29.2%	48.4%	0.7%	25.7%	7.2%
	Total	26.7%	73.3%	33.4%	23.8%	32.6%	19.9%	7.7%	52.8%	9.6%
Bilingual	Yes	26.3%	73.7%	30.9%	22.1%	34.9%	21.5%	8.3%	50.7%	10.9%
	No	26.1%	73.9%	34.6%	28.6%	29.4%	31.5%	3.0%	48.8%	9.2%
	Total	26.2%	73.8%	32.0%	23.9%	33.4%	24.3%	6.8%	50.2%	10.5%
Source: CROP/CHSSN Survey on Community Vitality, 2005.										
19)a. In the last two years, have you received information about services in English that are provided by the public health and social services institutions in your region?										
b. Did you obtain your information regarding access to services in English that are provided by the public health and social services institutions from any of the following … (list of sources)?										
c. Did you obtain this information through ... (list of means of information delivery)?										

5.3.7 Received information about services in English provided by public health and social service institutions in region

73.1% of Quebec Anglophones surveyed say they did not receive any information provided by the public health and social services institutions about access to services in English in the last two years. Looking across the regions, this percentage ranges from 86.8% in Bas-Saint-Laurent, 86.4% in both Lanaudière and Centre-du-Québec, to 40.2% in Nord-du-Québec.

Region: Among the 26.9% of Anglophones who did receive information about services in English, those living in the following regions were the most frequent recipients: Nord-du-Québec, Côte-Nord, Québec – Capitale-Nationale, Gaspésie – Îles-de-la-Madeleine and Montreal (west).

Those regions where Anglophones were the least likely to be recipients of information about services in English are: Bas-Saint-Laurent, Centre-du-Québec, Laval, Lanaudière, Montérégie, Laurentides and Mauricie.

Age: When we compare age groups in the English-speaking population, we find a much greater likelihood amongst those 65 and over to have received information concerning services in English.

5.3.8   Source of Information about Health Services

When Anglophones did receive information regarding English services in the last two years it was most frequently from public health services (33.3%) and the newspaper (32.7%). These are followed by community organizations (23.8%) and other (10.2%).

Region: When Quebec regions are compared, those regions where Anglophones are most likely to receive their information from public health services are Mauricie, Nord-du-Québec, Saguenay – Lac-Saint-Jean, Côte-Nord, Montérégie and Montreal (east). Anglophones living in the Gaspésie – Îles-de-la-Madeleine, Bas-Saint-Laurent, Chaudière-Appalaches, Québec – Capitale-Nationale and Estrie regions are the least likely to receive their information through public health services.

In the last two years, those regions most likely to receive their information on English services through a community organization are Bas-Saint-Laurent, Chaudière-Appalaches, Centre-du-Québec, Abitibi-Témiscamingue, Gaspésie – Îles-de-la-Madeleine, Saguenay – Lac-Saint Jean, Côte-Nord and Estrie.

Those regions most likely to receive their information through the newspaper are Québec – Capitale-Nationale, Outaouais, Montreal (west) and Montreal (centre).

Those regions most likely to receive their information through some means other than public health services, a community organization or newspaper are Laval, Lanaudière, Bas-Saint-Laurent and Montreal (centre).

Gender: Anglophone women are somewhat more likely than men to have received information regarding English services from a community organization or "other". Anglophone men tend to exhibit a greater likelihood to receive information through the newspaper or public health services.

Income: When household income groups are compared in the Anglophone population, those earning less than $30k are the most likely to receive information through a source other than public health services, a community organization or newspaper.

Health Status: Those Anglophones who assess their general health status as poor are more likely than those with a more positive assessment to receive their information through public health services.

Bilingualism: Anglophones who are not bilingual are more likely to receive information regarding English services from a community organization while those who are bilingual are more apt to receive their information from "other".

5.3.9 *Means of Receiving Information about Health Services*

52.8% of the Anglophone respondents said they obtained their information through flyers, followed by a telephone call or a visit (20.1%), other (9.8%), website (9.6%) and finally, an information meeting (7.7%).

Region: The 52.8% of Anglophone respondents who received their information through flyers are fairly evenly distributed throughout the province. Bas-Saint-Laurent, Estrie, Saguenay – Lac-Saint-Jean and Gaspésie – Îles-de-la-Madeleine tend to be more likely than the other regions to receive information this way.

Of the 20.1% who received information through telephone calls or a visit, Chaudière-Appalaches and Mauricie are more likely than the other regions to receive information regarding access to services in English this way. Bas-Saint-Laurent, Saguenay – Lac-Saint-Jean, Gaspésie – Îles-de-la-Madeleine, Estrie, Québec – Capitale-Nationale and Laval are very unlikely to receive information through a telephone call or a visit.

Of the 9.8% of Anglophone respondents, those located in the following regions show the highest tendency to receive information regarding access to English services through a means other than telephone calls, a visit, an information meeting, flyers or website: Saguenay – Lac-Saint-Jean, Côte-Nord and Centre-du-Québec.

Of the 9.6% of Anglophone respondents who receive information regarding English services through a website, those living in Mauricie region are about three times more likely (2.97%) to do so relative to the other regions. Abitibi-Témiscamingue is more than twice as likely as other regions. Laval, Lanaudière and Capital-Nationale are regions which also exhibit a high rate of website use for this purpose. Nord-du-Québec, Saguenay – Lac-Saint-Jean, Centre-du-Québec, Bas-Saint-Laurent, Gaspésie – Îles-de-la-Madeleine, Estrie, and Côte-Nord are regions which indicate a very low rate of website use or none at all.

Gender: Anglophone men are more likely than Anglophone women to obtain information regarding English services through a website. Anglophone women are more likely than Anglophone men to obtain this information through a telephone call or a visit.

Age: When age groups among Anglophone respondents are compared, those 15–24 years of age show a higher tendency than other age groups to obtain this information through a website or "other" means. They are the least likely to obtain information by telephone, through a visit or through flyers. Those aged 65 and over are the least likely to obtain information through a website.

Income: When household income groups are compared among Anglophone respondents, those earning less than $30k are most likely to obtain this information through a telephone call or a visit. Those earning $100k and more are the least likely to obtain information this way.

Those earning $70k and up are much more likely than other household income groups to obtain English service information from an information meeting and much less likely to indicate "other" as their means.

Those earning $30k–$50k show the highest tendency to obtain information through a website when household income groups are compared and the lowest tendency to use information meetings.

Those Anglophone respondents earning $50k–$70k are more than twice as likely as other household income groups to indicate "other" as their means of obtaining information.

Health Status: Those Anglophone respondents who assess their health as bad are more than twice as likely as those who claim some other health status to obtain their information regarding English services by telephone or through a visit. They are more likely than those in another state of health to indicate "other" as their means of obtaining information.

Those Anglophone respondents who assess their health as average are more likely to indicate "other" among all given options as their means of obtaining information regarding English services.

Bilingualism: Bilingual Anglophone respondents were more likely than non-bilingual respondents to obtain information through an information meeting. Those who are non-bilingual were more likely to obtain information through a telephone call or visit.

5.4   Summary of Key Points for Civic Engagement

- According to the General Social Survey, Quebec Anglophones are slightly less likely to vote at the three levels of government (municipal, provincial and federal) than their Francophone counterparts.

- The GPC Survey tells us that while Quebec's Official Language Minority Community feels the future of their community is important, and support the language and culture of their community, they are not confident in their leadership.

- Among types of political participation, Quebec Anglophone rates were highest in speaking out at public meetings, signing a petition, searching for information on political issues, boycotting a product or making purchases for ethical reasons and attending a public meeting. Volunteering for a political party, participating in a demonstration or march or contacting a newspaper or politician show the lowest rate of participation.

- According to the Survey of Community Vitality, some 80% of English-speaking respondents did not know about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of health and social services.

- The levels of knowledge regarding initiatives in the area of health and social services for the English-speaking community vary considerably according to region.

- 71.6% of English-speaking respondents did not know about the activities of a community organization in their region promoting the interests of the English-speaking community in the area of arts and culture, 87.5% did not know of initiatives in the area of economic development and 65.5% did not know about initiatives in the area of education.

- 73.1% of Quebec Anglophones surveyed say they did not receive any information provided by the public health and social services institutions about access to services in English in the last two years.

- The Survey of Community Vitality found that 41.5% of its English-speaking respondents do not feel that their language group, through its leadership, organizations and institutions, are effective in their daily life.

- The way in which health information is obtained varies according to region, gender, age and income. Anglophone women are more likely to obtain information interpersonally through a telephone call or a visit, as are low income groups, while men are more likely to use a website. Those earning $70k and up, as well as those who are bilingual, are much more likely than other income groups to obtain information through an information meeting. Those who assess their health as poor are more than twice as likely as those with better health to obtain information by telephone or a visit.

5.4.1   Some Entry Points for Community Action

Civic vitality is a feature of social support that extends to the broader community and therefore an important determinant of health included in the Population Health Approach.[7] Community vitality includes the capacity of a population to participate in the governing structures that define its existence at both the collective and individual level. Community initiatives that seek to enhance the civic participation of English-speaking Quebec are directed at strengthening "the voice" of this substantial and diverse constituency in the municipal, regional, and provincial affairs of the province. This may range from encouraging participation in a citizen's committee involved with town planning, ensuring an Anglophone representative sits on the regional health board making decisions on health and social service access plans, or mobilizing voters on election day. It is important for the local community to learn the rates and type of political participation characteristic of its population. From this it is possible to begin to locate the particular needs, gaps and barriers that must be considered in developing civic activity. This report offers a basis for this learning on the part of regional communities.

What are the conditions that must be present for active civic participation to occur on the part of a community? What sort of programs can be pursued by the local community to make sure these conditions are present? Information is a key prerequisite to "plugging in" to state structures. The bureaucratic nature of government agencies can be immobilizing and all the more so when interaction with them is complicated by language, cultural differences, and geographic distance. A striking finding from this section of the report is the low level of knowledge concerning activities promoting the interests of the English-speaking community in the area of health and social services and economic development especially among the youth. How can information dissemination be made more effective for this target audience? A community process facilitating the engagement of the Quebec state by disenfranchised English-speaking youth may mean designing a civic studies module which walks them through the "how" and "where" and "when" of good citizenship, organizing a leadership mentoring program bringing young hopefuls and seasoned seniors together, or inviting youth with a keen interest in communications, even the performance arts, to design an effective way to reach their peers with knowledge relevant to their civic interests. The diversity and geographical dispersion of Anglophone youth suggests a need for initiatives that bridge communities providing opportunities for them to find common cause across Quebec's regions and to learn from other Official Language Minority communities across Canada.

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[7] See Carter, J.A. (2003) *A Community Guide to the Population Health Approach*, CHSSN, www.chssn.org for further discussion of health determinants.
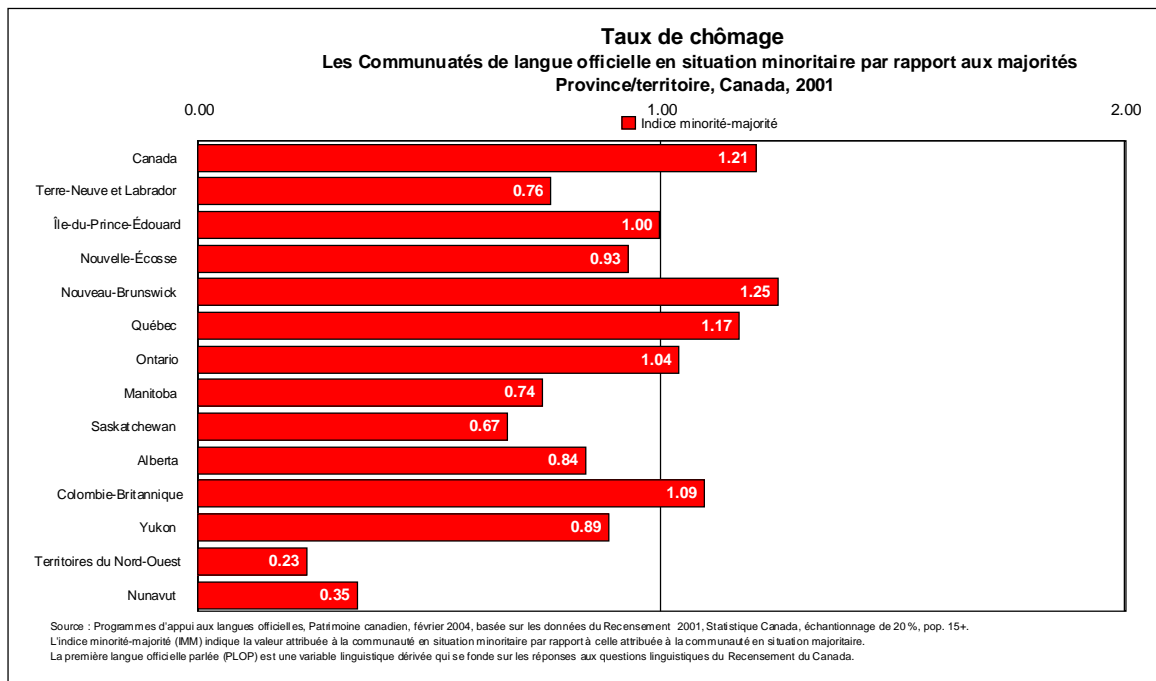
6 Social Inclusion

6.1   Defining the concept

Almost by definition, individuals and groups who experience social exclusion are cut off from those ties that would allow them to participate more fully in the social, political and economic life of their communities. New immigrants, long-term unemployed, lone mothers, youth at risk, unattached elderly and certain Aboriginal communities are groups whose integration, and ultimately health status, may be facilitated through social capital strategies. Understanding the level of inclusion or exclusion experienced by a population and how this is manifested through the configuration of its social ties is crucial to the development of policy and programs with objectives such as the reduction of child poverty, the integration of cultural minorities and healthy aging. The level of trust in people and institutions, the sense of belonging, and level of confidence in public services are indicators of the degree to which a group feels included in the society in which they are located. Who is included? Who belongs? Who are the groups at risk for exclusion in your region? What sort of social policy and local initiatives might broaden their range of their social contact?

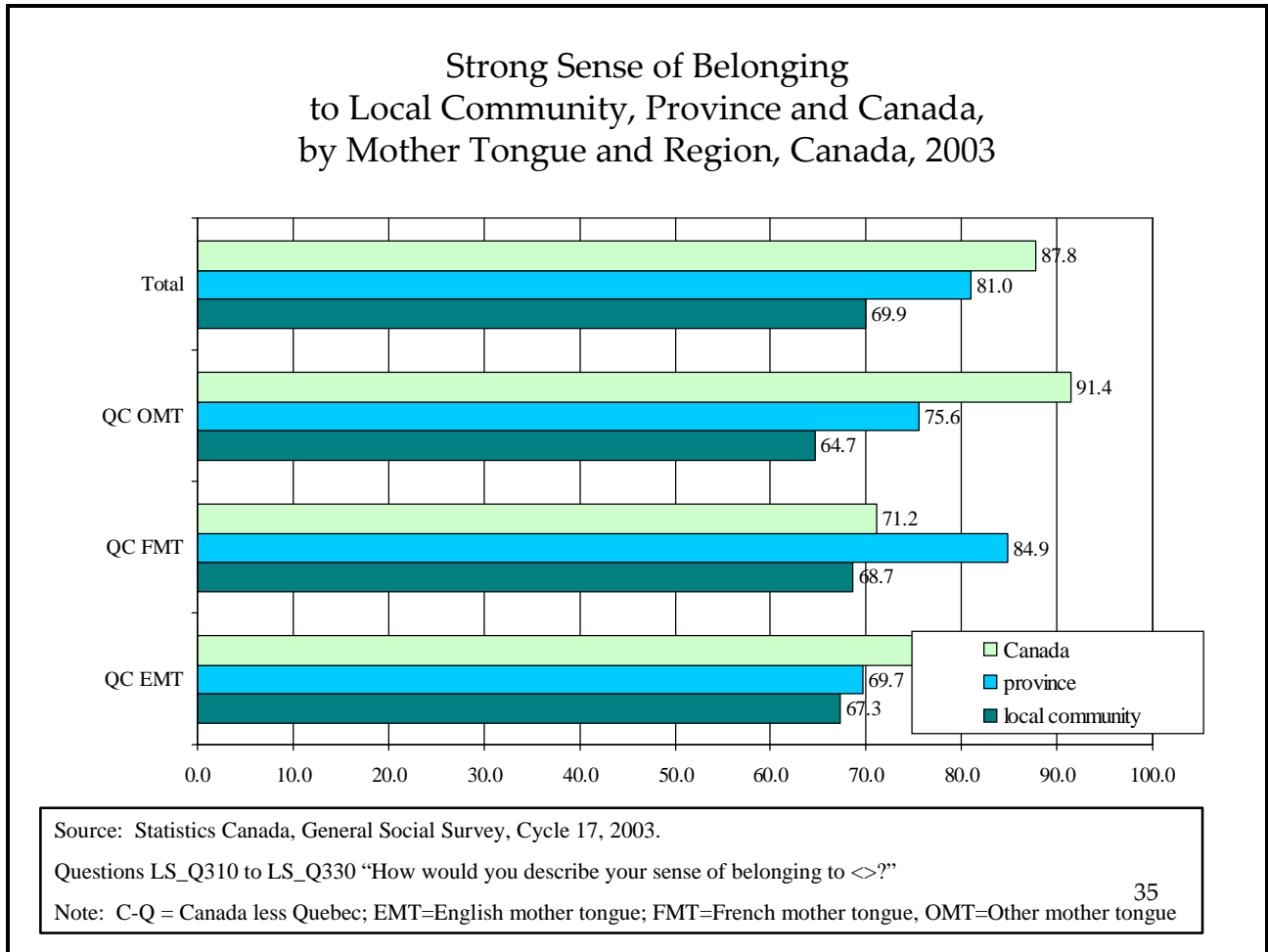## 6.2   National Findings: Canada's Language Populations

Unemployment rate (15+), Minority-Majority Index, Provinces/Territories, Canada, 2001

Taux de chômage
Les Communuatés de langue officielle en situation minoritaire par rapport aux majorités
Province/territoire, Canada, 2001

Province/Territoire	Indice minorité-majorité
Canada	1.21
Terre-Neuve et Labrador	0.76
Île-du-Prince-Édouard	1.00
Nouvelle-Écosse	0.93
Nouveau-Brunswick	1.25
Québec	1.17
Ontario	1.04
Manitoba	0.74
Saskatchewan	0.67
Alberta	0.84
Colombie-Britannique	1.09
Yukon	0.89
Territoires du Nord-Ouest	0.23
Nunavut	0.35

Source : Programmes d'appui aux langues officielles, Patrimoine canadien, février 2004, basée sur les données du Recensement 2001, Statistique Canada, échantillonage de 20 %, pop. 15+.
L'indice minorité-majorité (IMM) indique la valeur attribuée à la communauté en situation minoritaire par rapport à celle attribuée à la communauté en situation majoritaire.
La première langue officielle parlée (PLOP) est une variable linguistique dérivée qui se fonde sur les réponses aux questions linguistiques du Recensement du Canada.

High rates of individuals who are unemployed and out-of-the-workforce in a population are taken as an indicator of social exclusion and vulnerability to a poor health status. Work is not
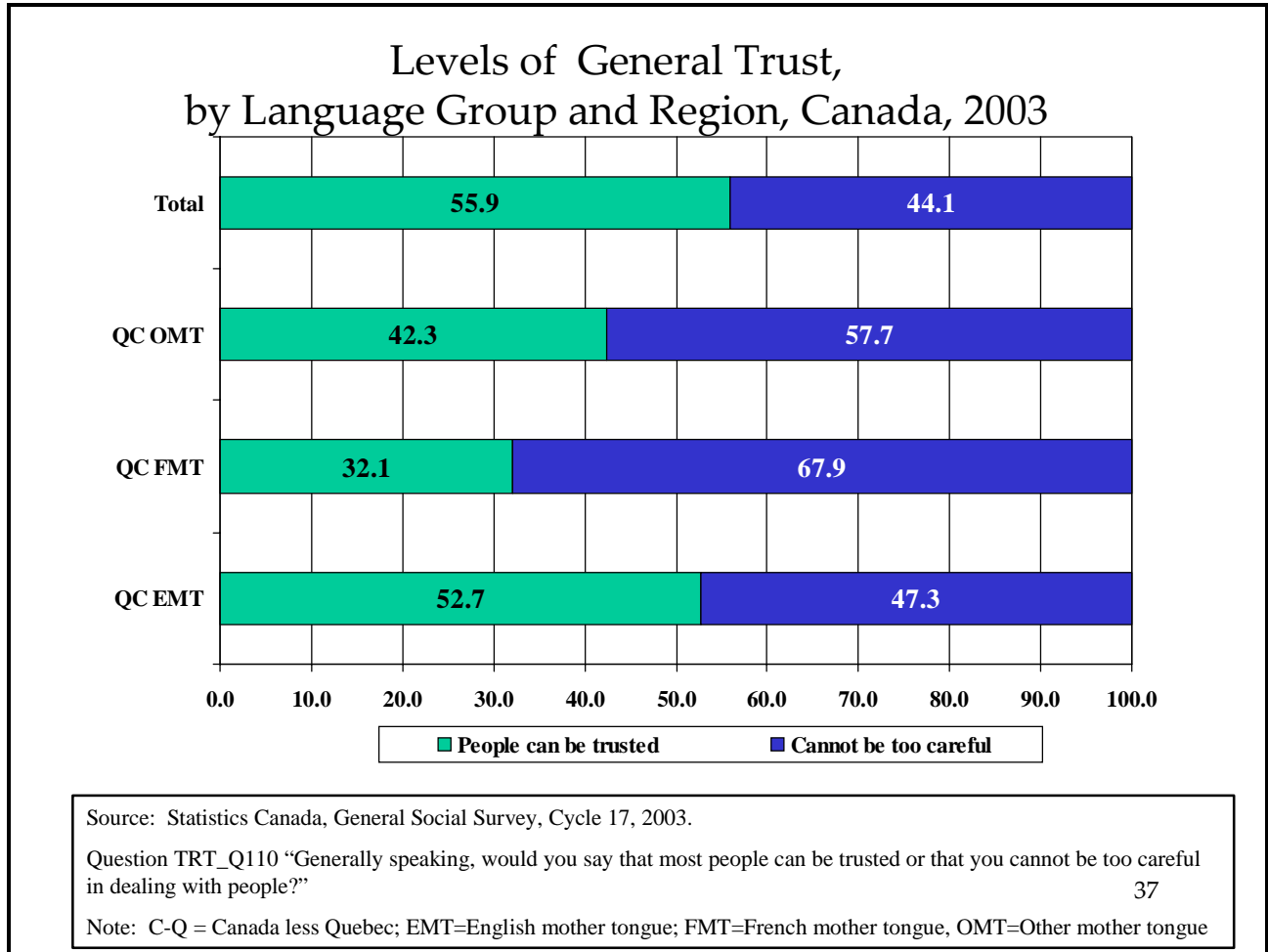
only a source of income but also an important basis for identity and association. In our society the workplace is a key context for the formation of bridging and linking relations. When Canadian provinces and territories are compared in terms of their minority/majority ratios, Quebec's Official Language Minority community shows a 17% greater portion of unemployed. In other words, the gap between Quebec's minority and majority population in terms of unemployment rate is the second largest, following New Brunswick, among all of Canada's provinces and territories.

6.2.1   Sense of Belonging

Strong Sense of Belonging to Local Community, Province and Canada, by Mother Tongue and Region, Canada, 2003

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions LS_Q310 to LS_Q330 "How would you describe your sense of belonging to <>?"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

GSS17 explored the sense of belonging of Canadians to their local town, their province of residence or to Canada as a whole. Not surprisingly, Quebec Anglophones exhibited a greater attachment to Canada than did their Francophone counterparts (93.6% vs. 71.2%) but they also showed a higher attachment than the other language/region groups outside Quebec. Among the six groups considered in the GSS17 analysis, Quebec Anglophones showed the lowest sense of belonging to their province (69.7%) which is lower than that shown by the Canadian population as a whole (81%).

6.2.2 Trust

Levels of General Trust,
by Language Group and Region, Canada, 2003

	People can be trusted	Cannot be too careful
Total	55.9	44.1
QC OMT	42.3	57.7
QC FMT	32.1	67.9
QC EMT	52.7	47.3

■ People can be trusted ■ Cannot be too careful

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question TRT_Q110 "Generally speaking, would you say that most people can be trusted or that you cannot be too careful in dealing with people?" 37

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

In terms of general trust, Quebec Francophones stand out among the six language/region groups as only one-third (32.1%) agreed with the statement that "most people can be trusted". This is substantially lower than that of Quebec Anglophones (52.7%) which is closer to the national average (55.9%).

Tendency to Trust Various People
Quebec Anglophones, 2003

- ■ **strangers** — 11.2
- ■ **colleagues/classmates** — 67.4
- ■ **neighbours** — 58.8
- ■ **family members** — 94.0

0.0   20.0   40.0   60.0   80.0   100.0
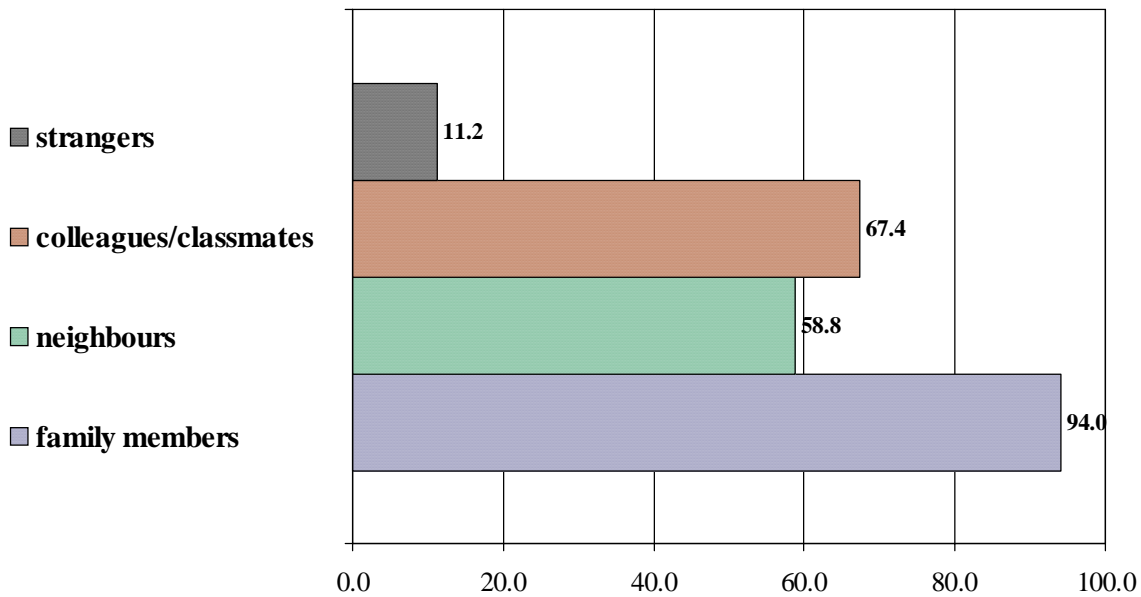
Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions TRT_Q310 to TRT_Q400 "Using a scale of 1 to 5 where 1 means 'Cannot be trusted at all' and 5 means 'Can be trusted a lot', how much do you trust each of the following groups of people:"

38

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

When respondents were asked about their trust levels for specific types of people, Quebec Anglophones and Francophones showed very high levels of trust for family members but the Anglophone group was much more trusting toward strangers (11.% showing high levels vs. 6.1% for Francophones) and somewhat more trusting when asked about neighbours (mmi=1.14) and colleagues/classmate (mmi=1.12).

Tendency to Trust Various Institutions
Quebec Anglophones, 2003
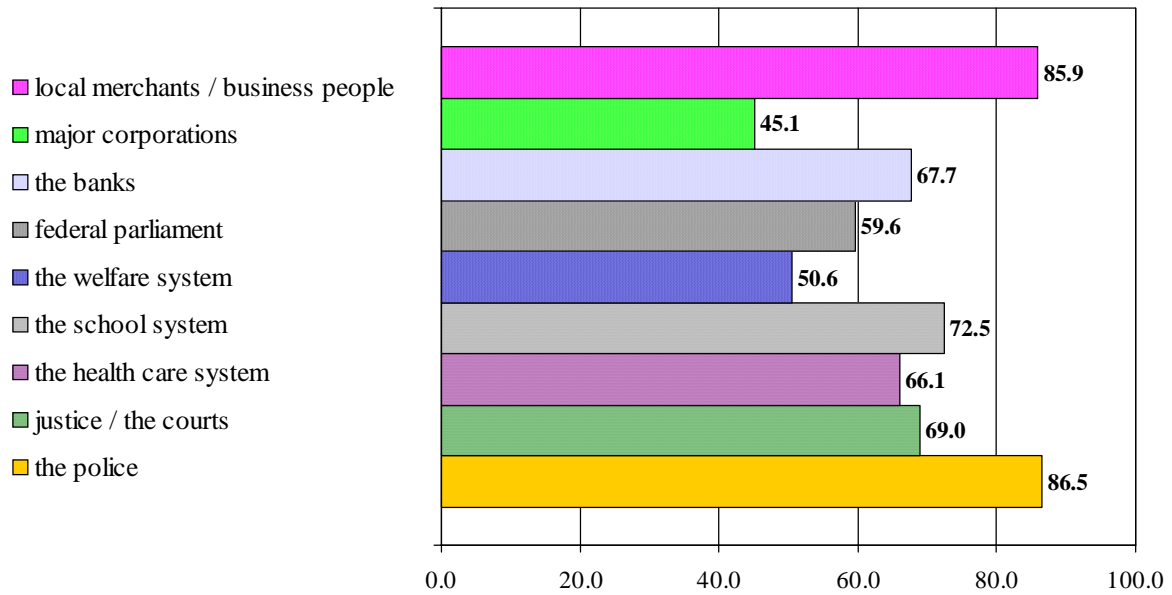
Institution	Value
local merchants / business people	85.9
major corporations	45.1
the banks	67.7
federal parliament	59.6
the welfare system	50.6
the school system	72.5
the health care system	66.1
justice / the courts	69.0
the police	86.5

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions TRT_Q610 to TRT_Q700 "How much confidence do you have in:"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue
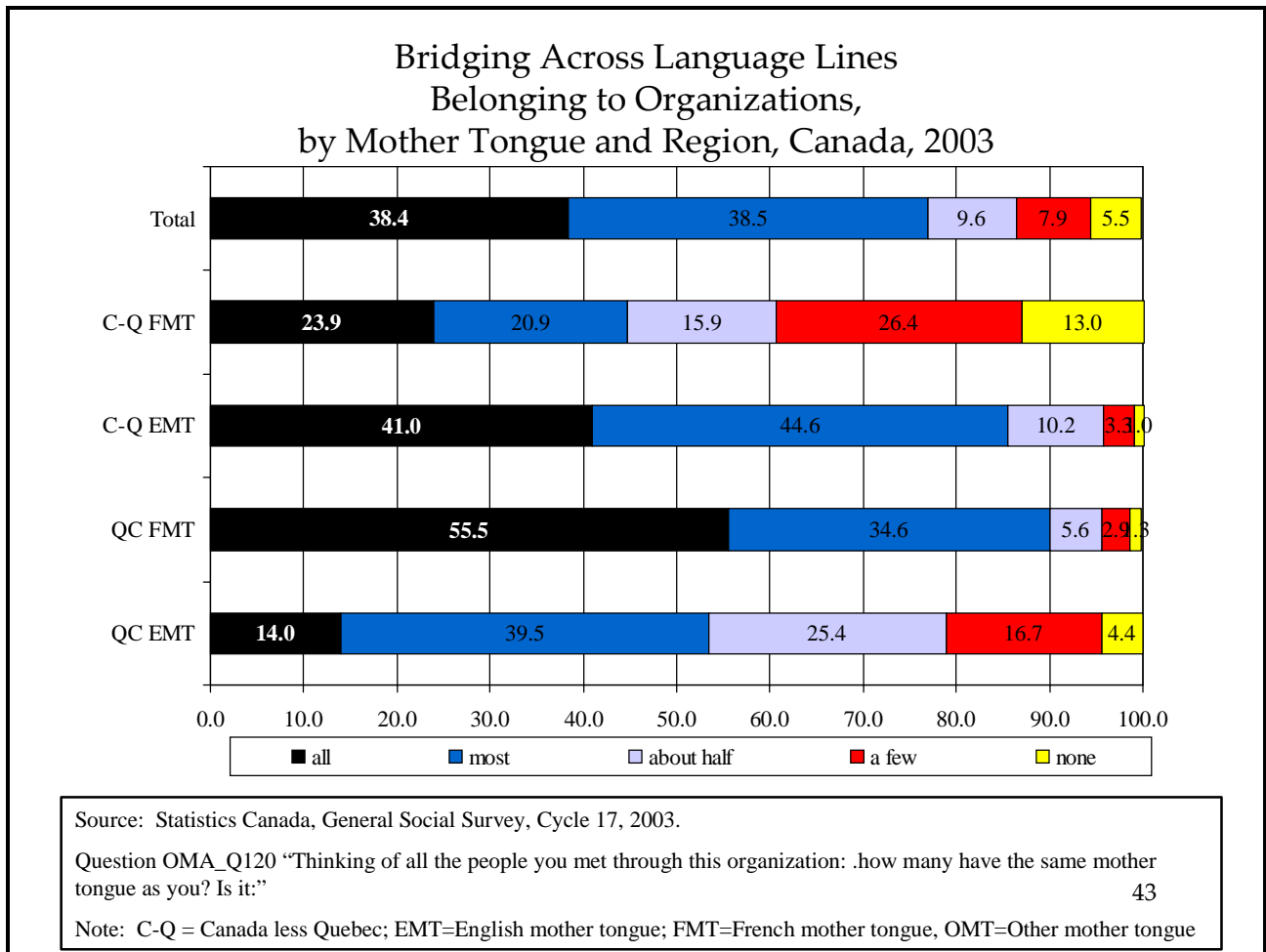
Among the institutions which make up society, Quebec Anglophones expressed high levels of confidence in the police (86.5%), local merchants/business people (85.9%), the school system (72.5%) and the justice/courts system (69%). Banks, the health care system and federal parliament were next on the list of institutions trusted by Quebec Anglophones while major corporations (45.1%) and the welfare system (50.6%) evinced the lowest levels of trust.

Tendency to Trust Various Institutions
Quebec Anglophones, Minority-Majority Index, 2003

Institution	Value
local merchants / business people	1.00
major corporations	0.74
the banks	0.90
federal parliament	0.97
the welfare system	0.70
the school system	0.85
the health care system	0.86
justice / the courts	1.04
the police	0.97
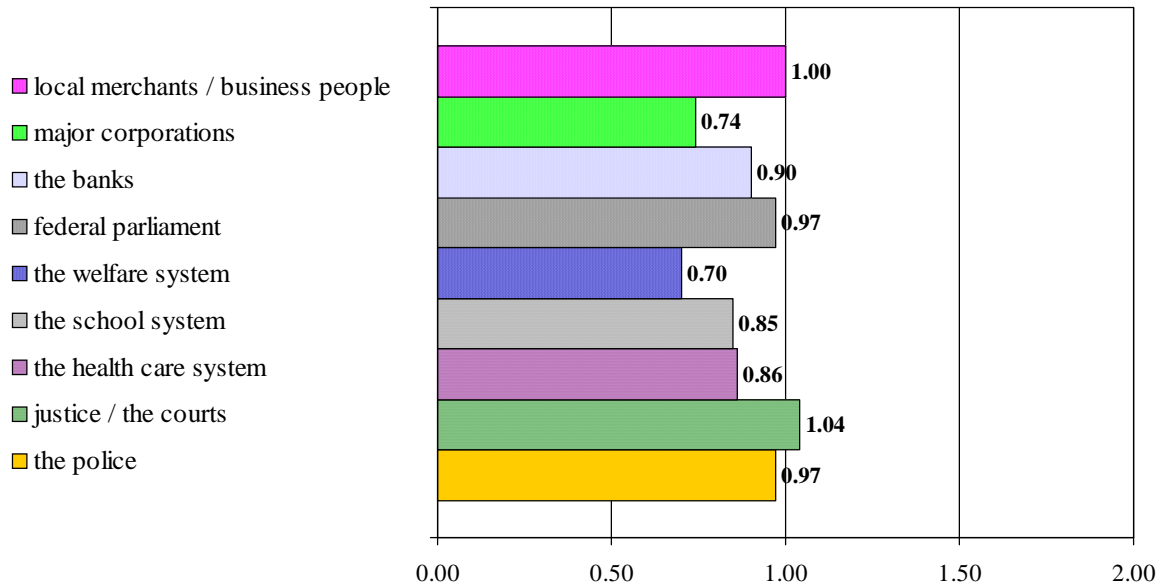
Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Questions TRT_Q610 to TRT_Q700 "How much confidence do you have in:"

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

Compared to their Francophone counterparts, Quebec Anglophones generally showed lower levels of confidence for the institutions probed in GSS17. The welfare system (mmi=0.70), major corporations (mmi=0.74), the school system (mmi=0.85) and the health care system (mmi=0.86) were institutions where the Anglophone group showed substantially less confidence than the Francophone group.

Representative Role of Government

Perceptions on the Representative Role of Government
Canada's Official-Language Minority Communities, 2002

Source: Official Languages Support Programs, Canadian Heritage, 2003. Based on data from the GPC International Survey. Language definition is First Official Language Spoken. OLMC = Official Languages Minority Community
The values refer to the pct. of respondents who agreed that the level of government represents their interests.

The above graph includes all those members of Canadian Official-language Minorities who agree that the government represents their interest. The low likelihood of Quebec Anglophones agreeing that the interests of their community are represented by their provincial government stands out among Canadian OLMCs. The lack of confidence shown by these citizens in their elected officials does not bode well for their levels of civic engagement.

6.2.3 Joining and Participating

Bridging Across Language Lines
Belonging to Organizations,
by Mother Tongue and Region, Canada, 2003

	all	most	about half	a few	none
Total	38.4	38.5	9.6	7.9	5.5
C-Q FMT	23.9	20.9	15.9	26.4	13.0
C-Q EMT	41.0	44.6	10.2	3.3	1.0
QC FMT	55.5	34.6	5.6	2.9	1.8
QC EMT	14.0	39.5	25.4	16.7	4.4

Source: Statistics Canada, General Social Survey, Cycle 17, 2003.

Question OMA_Q120 "Thinking of all the people you met through this organization: .how many have the same mother tongue as you? Is it:"   43

Note: C-Q = Canada less Quebec; EMT=English mother tongue; FMT=French mother tongue, OMT=Other mother tongue

GSS17 also explored the linkages formed by people when they joined or participated in various groups or organizations. The data shows that just 14% of Anglophone respondents reported that everyone they met in the organization in which they participated had the same mother tongue while another 39.5% reported that most people had the same mother tongue. These numbers are substantially lower than those reported by Francophones as over 90% reported most or all contacts in organizations were of French mother tongue with over half (55.5%) reporting that all of their organizational contacts were Francophones. In comparison with Anglophones and Francophones across the country, we find that the Quebec Anglophone group experiences the fewest "same language group" contacts in their organizational membership while Quebec Francophones experience the most "same language group" contacts. In terms of contact with those of other ethnic or visible minority groups, less than one in four (24%) Quebec Anglophones reported no inter-racial contacts through organizational membership whereas more than half (50.8%) reported meeting no one from a visibly different ethnic group in their organizational activity.

6.3 Quebec Regional Findings on Social Inclusion from the Survey on Community Vitality

6.3.1 Perception of the Future of English-speaking Community

63.9% of Anglophone respondents agree that the future of the English-speaking community in their region is threatened while 36.1% disagree.

Table 29 – Perceived Threat to English Speaking Community by Region

Perceived Threat to Future of English-Speaking Regional Community					
Region	Totally Agree	Somewhat Agree	Somewhat Disagree	Totally Disagree	Total
Gaspésie – Îles-de-la-Madeleine	37.5%	26.4%	13.7%	22.4%	100.0%
*Bas-Saint-Laurent	38.4%	20.2%	19.1%	22.3%	100.0%
Québec – Capitale-Nationale	33.9%	42.6%	13.1%	10.4%	100.0%
Chaudière-Appalaches	61.8%	30.5%	2.8%	4.9%	100.0%
Estrie	46.9%	30.5%	12.8%	9.7%	100.0%
Centre-du-Québec	48.3%	22.1%	7.6%	22.0%	100.0%
Montérégie	29.6%	34.2%	15.5%	20.7%	100.0%
Montreal (west)	24.2%	32.7%	24.0%	19.0%	100.0%
Montreal (centre)	29.3%	25.6%	20.8%	24.3%	100.0%
Montreal (east)	34.2%	22.7%	17.5%	25.5%	100.0%
Laval	27.6%	29.2%	20.9%	22.4%	100.0%
Lanaudière	42.0%	30.0%	9.0%	19.0%	100.0%
Laurentides	26.3%	25.7%	23.7%	24.4%	100.0%
Outaouais	27.7%	29.0%	18.6%	24.7%	100.0%
Abitibi-Témiscamingue	21.7%	22.6%	33.1%	22.6%	100.0%
*Mauricie	41.4%	26.1%	18.2%	14.3%	100.0%
*Saguenay – Lac-Saint-Jean	27.9%	16.8%	12.9%	42.4%	100.0%
Côte-Nord	40.4%	24.9%	11.5%	23.3%	100.0%
*Nord-du-Québec	12.5%	15.4%	39.9%	32.1%	100.0%
Total	29.6%	28.5%	19.7%	22.2%	100.0%
*Due to the small sample size, data for the indicated regions should be used with caution.					

Region: The Anglophone respondents most likely to agree that the future of the English-speaking community in their region is threatened are located in Chaudière-Appalaches (92.3%), Estrie (77.5%), Québec – Capitale-Nationale (76.5%), Lanaudière (72%) and Centre-du-Québec (70.4%). Those respondents most likely to disagree tend to be located in Nord-du-Québec (72.0%), Abitibi-Témiscamingue (55.7%), Saguenay – Lac-Saint-Jean (55.3%) and Laurentides (48.1%).

Table 30 – Perceived Threat to English Speaking Community by Characteristic

Perceived Threat to Future of English-Speaking Regional Community						
Variable	**Characteristic**	**Totally Agree**	**Somewhat Agree**	**Somewhat Disagree**	**Totally Disagree**	**Total**
Gender	Male	29.8%	24.9%	20.1%	25.2%	100.0%
	Female	29.6%	31.9%	19.4%	19.2%	100.0%
	Total	29.7%	28.5%	19.7%	22.1%	100.0%
Age	15–24	22.7%	25.8%	26.3%	25.2%	100.0%
	25–44	29.5%	27.9%	19.6%	23.0%	100.0%
	45–64	32.2%	30.5%	18.3%	19.0%	100.0%
	65+	26.8%	25.8%	22.4%	25.0%	100.0%
	Total	29.8%	28.4%	19.9%	21.9%	100.0%
Income	Less than $30k	31.4%	31.2%	17.8%	19.6%	100.0%
	$30k–50k	29.4%	29.6%	18.2%	22.8%	100.0%
	$50k–70k	31.9%	25.3%	21.5%	21.3%	100.0%
	$70k–100k	24.6%	29.0%	23.7%	22.8%	100.0%
	$100k and up	27.7%	30.4%	20.8%	21.0%	100.0%
	Total	29.2%	29.1%	20.2%	21.5%	100.0%
Health status	Excellent	25.8%	27.4%	20.0%	26.8%	100.0%
	Very Good	29.8%	28.4%	21.9%	19.8%	100.0%
	Good	30.5%	30.4%	20.8%	18.2%	100.0%
	Average	34.2%	29.8%	11.9%	24.1%	100.0%
	Bad	37.8%	20.4%	16.9%	24.9%	100.0%
	Total	29.7%	28.5%	19.8%	22.0%	100.0%
Bilingual	Yes	29.6%	27.4%	19.2%	23.7%	100.0%
	No	34.9%	27.1%	17.8%	20.1%	100.0%
	Total	31.1%	27.3%	18.8%	22.7%	100.0%
Place of birth	In Canada	29.1%	29.2%	20.2%	21.5%	100.0%
	Outside Canada	31.0%	26.7%	18.4%	23.8%	100.0%
	Total	29.6%	28.5%	19.7%	22.1%	100.0%
Source: CROP/CHSSN Survey on Community Vitality						
44d) Do you totally agree, somewhat agree, somewhat disagree or totally disagree with each of the following statements: d) The future of the English-speaking community in my region is threatened.						

Gender: Anglophone female respondents are somewhat more likely than males to agree that the future of the English-speaking community in their region is threatened.

Age: When age groups among English-speaking respondents are compared, those 25–44 and 45–64 years of age are the most likely to agree that the future of the English-speaking community in their region is threatened.

Income: The tendency to agree that the future of the English-speaking community in their region is threatened is more strongly associated with lower income ($30k–$50k and less) Anglophones than with middle or upper income ($50k and over).

Health status, level of bilingualism, and place of birth do not appear to be significant factors in influencing perception of the future of the English-speaking community.

6.3.2 Confidence in Public Services

Satisfaction with access and confidence in public services go hand- in- hand. Obtaining access in English may be taken as a sign that one's language group is given equal consideration among all of Quebec's citizens and serve as a basis for trust.

The CROP-CHSSN survey asked respondents to express their level of satisfaction with regard to access in English to some 22 types of services ranging from the media, to economic development programs, educational institutions, sports and leisure activities, cultural activities, legal and judicial services, federal and provincial departments as well as health and social services.

Less than half of English-speaking respondents expressed satisfaction with their access to health and social services (45.9%).

Table 31 – Satisfaction with Government Services in English

Variable	Characteristic	Municipal	Provincial	Federal
Gender	Male	39.8%	35.6%	58.4%
	Female	44.5%	33.7%	62.0%
	Total	42.2%	34.7%	60.2%
Age	15–24	41.1%	43.8%	57.3%
	25–44	36.5%	27.3%	58.2%
	45–64	41.5%	34.3%	58.9%
	65+	59.4%	50.4%	68.8%
	Total	42.3%	34.7%	60.1%
Household income	Less than $30k	39.2%	41.0%	61.0%
	$30k–50k	37.3%	35.4%	59.3%
	$50k–70k	44.8%	34.4%	57.5%
	$70k–100k	40.2%	33.4%	63.2%
	$100k and up	45.4%	24.0%	56.3%
	Total	41.2%	34.1%	59.5%
Health status	Excellent	50.1%	37.2%	63.0%
	Very Good	39.4%	30.7%	60.0%
	Good	42.5%	41.2%	60.2%
	Average	36.4%	32.4%	57.5%
	Bad	28.8%	26.2%	46.4%
	Total	42.2%	34.7%	60.2%
Bilingual	Yes	39.7%	33.8%	60.9%
	No	46.2%	38.5%	59.4%
	Total	41.5%	35.1%	60.5%

60.2% of Anglophone respondents expressed satisfaction with federal government departments and services, 42.2% with municipal services and 34.7% with provincial government departments and services.

Region: The highest levels of satisfaction with access to municipal services in English among Anglophone respondents were found in the following regions: Nord-du-Québec (64.5%), Abitibi-Témiscamingue (62.5%) and Montreal (west) (59.5%)

The highest levels of satisfaction with access to provincial departments and services in English among Anglophone respondents were found in the following regions: Mauricie (49.1%), Centre-du-Québec (42.5%), Saguenay – Lac-Saint-Jean (41.9%) and Montreal (centre) (39.6%).

The highest levels of satisfaction with access to federal government departments and services in English among Anglophone respondents were found in the following regions: Mauricie (72.6%), Abitibi-Témiscamingue (70.9%), Québec – Capitale-Nationale (65.6%) and Centre-du-Québec (65%).

Age: When age groups are compared, English-speaking respondents 65 years of age and older exhibited the highest levels of satisfaction with access in English to municipal, provincial and federal departments and services. The lowest levels of satisfaction were found in the 25-44 and 45-64 age groups in the area of provincial departments and services.

Income: When income groups are compared those English-speaking respondents whose annual household income is $100k and up are the least satisfied with provincial services (24.0%) while those whose income is less than $30k are the most satisfied (41.0%).

Health Status: Those Anglophone respondents who assess their health as below average are the least satisfied among the health groups with access in English to municipal, provincial and federal departments and services.

Bilingual: Bilingualism tends to be associated with lower levels of satisfaction with municipal and provincial departments and services than non-bilingualism

Table 32 – Satisfaction with Government Services, by Region

Region	Municipal	Provincial	Federal
Gaspésie – Îles-de-la-Madeleine	38.9%	24.6%	44.1%
*Bas-Saint-Laurent	30.9%	18.6%	53.5%
Québec – Capitale-Nationale	21.2%	35.8%	65.6%
Chaudière-Appalaches	4.5%	18.9%	49.2%
Estrie	39.9%	29.5%	51.2%
Centre-du-Québec	32.7%	42.5%	65.0%
Montérégie	38.2%	33.9%	54.7%
Montreal (west)	59.5%	33.6%	60.8%
Montreal (centre)	39.1%	39.6%	67.6%
Montreal (east)	31.0%	32.5%	59.6%
Laval	35.6%	32.4%	59.3%
Lanaudière	35.0%	36.4%	43.5%
Laurentides	42.3%	26.2%	40.2%
Outaouais	49.8%	28.6%	58.9%
Abitibi-Témiscamingue	62.5%	35.9%	70.9%
*Mauricie	12.0%	49.1%	72.6%
*Saguenay – Lac-Saint-Jean	0.0%	41.9%	58.0%
Côte-Nord	37.9%	19.1%	38.0%
*Nord-du-Québec	64.5%	28.4%	25.0%
*Due to the small sample size, data for the indicated regions should be used with caution.			

6.3.3   Network Composition

Table 33 – Friend or Family Working For Federal Government, by Region

Friend or Family Working for the Federal Government, by Region			
Region	**Yes**	**No**	**Total**
Gaspésie – Îles-de-la-Madeleine	27.8%	72.2%	100.0%
*Bas-Saint-Laurent	20.0%	80.0%	100.0%
Québec – Capitale-Nationale	46.5%	53.5%	100.0%
Chaudière-Appalaches	39.1%	60.9%	100.0%
Estrie	30.7%	69.3%	100.0%
Centre-du-Québec	27.6%	72.4%	100.0%
Montérégie	20.8%	79.2%	100.0%
Montreal (west)	18.9%	81.1%	100.0%
Montreal (centre)	22.0%	78.0%	100.0%
Montreal (east)	24.5%	75.5%	100.0%
Laval	26.5%	73.5%	100.0%
Lanaudière	15.2%	84.8%	100.0%
Laurentides	7.8%	92.2%	100.0%
Outaouais	45.4%	54.6%	100.0%
Abitibi-Témiscamingue	19.0%	81.0%	100.0%
*Mauricie	30.7%	69.3%	100.0%
*Saguenay – Lac-Saint-Jean	38.4%	61.6%	100.0%
Côte-Nord	32.5%	67.5%	100.0%
*Nord-du-Québec	10.2%	89.8%	100.0%
Total	23.3%	76.7%	100.0%
Source: CROP/CHSSN Survey on Community Vitality			
33c. Do you have a friend or a family member who works for the GOVERNMENT OF CANADA in Quebec?			
Due to the small sample size, data for the indicated regions should be used with caution.			

Region: Those English-speaking respondents least likely to have a friend or family member who works for the Government of Canada in Quebec are from the following regions: Laurentides (92.2%), Nord-du-Québec (89.8%), Lanaudière (84.8%), Montreal (west) (81.1%), Abitibi-Témiscamingue (81.0%), and Bas-Saint-Laurent (80%).

Gender: Very similar

Age: When age groups are compared, those English-speaking respondents aged 65 years and older are the least likely to have a friend or a family member who works for the federal government in Quebec.

Income: When income groups are compared, those earning less than $30k are the least likely to have a friend or family member who works for the federal government in Quebec.

Those English-speaking respondents who are bilingual are much more likely to have a friend or family member who works for the Government of Canada in Quebec than those who are not.

Table 34 – Perceived Equality of Access to Federal Public Service Positions, by Region

Perceived Equality of Access to Federal Public Service Positions, by Region				
Region	Yes	More or less	No	Total
Gaspésie – Îles-de-la-Madeleine	32.6%	12.2%	55.2%	100.0%
*Bas-Saint-Laurent	43.1%	2.3%	54.6%	100.0%
Québec – Capitale-Nationale	42.5%	11.3%	46.2%	100.0%
Chaudière-Appalaches	62.8%	2.9%	34.3%	100.0%
Estrie	34.1%	5.4%	60.5%	100.0%
Centre-du-Québec	48.7%	1.4%	49.9%	100.0%
Montérégie	34.0%	7.6%	58.4%	100.0%
Montreal (west)	28.1%	3.6%	68.3%	100.0%
Montreal (centre)	33.0%	7.4%	59.7%	100.0%
Montreal (east)	47.1%	6.4%	46.6%	100.0%
Laval	36.0%	7.7%	56.4%	100.0%
Lanaudière	40.1%	2.6%	57.3%	100.0%
Laurentides	44.8%	6.9%	48.4%	100.0%
Outaouais	20.8%	8.8%	70.4%	100.0%
Abitibi-Témiscamingue	32.0%	8.8%	59.2%	100.0%
*Mauricie	57.4%	4.6%	38.0%	100.0%
*Saguenay – Lac-Saint-Jean	52.4%	18.1%	29.5%	100.0%
Côte-Nord	33.2%	5.6%	61.2%	100.0%
*Nord-du-Québec	42.3%	13.8%	43.9%	100.0%
Total	34.0%	6.9%	59.1%	100.0%

Source: CROP/CHSSN Survey on Community Vitality

33b. Do you believe that Anglophones have equal access to jobs with the GOVERNMENT OF CANADA in Quebec?

*Due to the small sample size, data for the indicated regions should be used with caution.

The majority of English-speaking respondents believe that Anglophones do not have equal access to jobs with the Government of Canada in Quebec.

Region: Those regions that exhibit the highest incidence of respondents who do not believe that Anglophones have equal access are the Outaouais (70.4%), Montreal (west) (68.3%), Côte-Nord (61.2%), Estrie (60.5%), Montreal (centre) (59.7%) and Abitibi-Témiscamingue (59.2%).

Table 35 – Perceived Equality of Access to Federal Public Service Positions, by Characteristics

Variable	Characteristic	Yes	More or less	No	Total
	Perceived Equality of Access to Federal Public Service Positions, by Characteristics				
Gender	Male	38.3%	6.0%	55.7%	100.0%
	Female	29.7%	7.7%	62.6%	100.0%
	Total	34.0%	6.8%	59.2%	100.0%
Age	15–24	35.8%	12.4%	51.8%	100.0%
	25–44	37.4%	6.3%	56.3%	100.0%
	45–64	32.7%	6.9%	60.4%	100.0%
	65+	26.6%	4.9%	68.5%	100.0%
	Total	34.0%	6.8%	59.2%	100.0%
Income	Less than $30k	32.4%	5.7%	61.9%	100.0%
	$30k–50k	35.4%	6.1%	58.5%	100.0%
	$50k–70k	32.8%	7.8%	59.4%	100.0%
	$70k–100k	34.3%	6.2%	59.5%	100.0%
	$100k and up	35.6%	6.1%	58.3%	100.0%
	Total	34.0%	6.4%	59.6%	100.0%
Health Status	Excellent	36.8%	6.4%	56.8%	100.0%
	Very Good	31.8%	7.6%	60.5%	100.0%
	Good	36.8%	7.9%	55.4%	100.0%
	Average	30.7%	4.5%	64.7%	100.0%
	Bad	26.5%	3.7%	69.8%	100.0%
	Total	33.9%	6.9%	59.2%	100.0%
Born in Canada	Yes	33.9%	6.3%	59.8%	100.0%
	No	34.1%	8.2%	57.7%	100.0%
	Total	34.0%	6.8%	59.2%	100.0%
Bilingual	Yes	35.7%	7.9%	56.4%	100.0%
	No	26.0%	6.5%	67.5%	100.0%
	Total	33.0%	7.5%	59.5%	100.0%

Source: CROP/CHSSN Survey on Community Vitality

33b. Do you believe that Anglophones have equal access to jobs with the GOVERNMENT OF CANADA in Quebec?

Gender: English-speaking male respondents (38.3%) were more likely than females (29.7%) to believe that Anglophones have equal access to jobs with the Government of Canada in Quebec.

Age: The likelihood of believing that Anglophones have equal access to jobs with the Government of Canada decreases among English-speaking respondents from the youngest age groups to the oldest.

Income: Income does not appear to be a factor in believing in equal access in this regard or not, nor does whether one is born in Canada or not.

Bilingualism tends to be associated with a greater likelihood to believe that Anglophones have equal access to jobs with the Government of Canada in Quebec.

Health Care and Social Assistance Industry MMI for Quebec's regions, 2001

Population (15+) Employed in Health Care and Social Assistance Industry
in Official-Language Minority Communities Relative to their Majority Population
by Administrative Region, Quebec, 2001
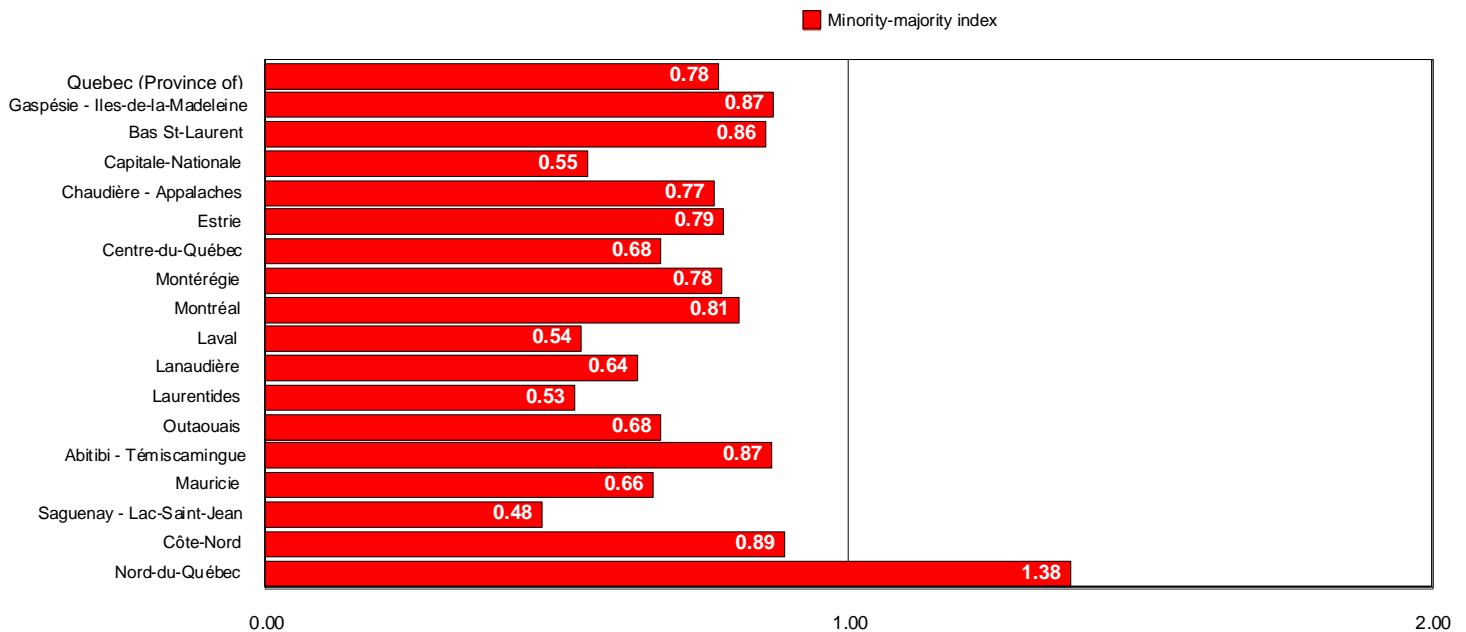
■ Minority-majority index

Region	Value
Quebec (Province of)	0.78
Gaspésie - Iles-de-la-Madeleine	0.87
Bas St-Laurent	0.86
Capitale-Nationale	0.55
Chaudière - Appalaches	0.77
Estrie	0.79
Centre-du-Québec	0.68
Montérégie	0.78
Montréal	0.81
Laval	0.54
Lanaudière	0.64
Laurentides	0.53
Outaouais	0.68
Abitibi - Témiscamingue	0.87
Mauricie	0.66
Saguenay - Lac-Saint-Jean	0.48
Côte-Nord	0.89
Nord-du-Québec	1.38

0.00   1.00   2.00

Source: Official Languages Support Branch, Canadian Heritage, February 2004, based on 2001 Census, Statistics Canada, 20% sample.
Minority-majority index (mmi) compares the value for the minority community with that of the majority community.
First Official Language Spoken (FOLS) is a derived variable based on the responses to the language questions of the Census of Canada.

6.4   Summary of Key Points for Social Inclusion

- Elevated rates of unemployment coupled with notably low levels of employment in the health and social service industry, in Quebec's official minority language community suggests lack of access to crucial health resources.

- The General Social Survey Cycle 17 tells us that Quebec Anglophones show the lowest sense of belonging in their province among the six groups considered and a lower sense than that shown by the Canadian population as a whole.

- Quebec's Francophone majority stand out among the six language groups as having the lowest levels of general trust with only one-third agreeing with the statement that "most people can be trusted".

- Among respondents to the General Social Survey, the Anglophone group showed substantially less confidence than the Francophone group in the welfare system, major corporations, the school system, and the health care system.

- In comparison with Anglophones and Francophones across Canada, the Quebec Anglophone group experience the fewest "same language group contacts" in their organizational membership while Quebec Francophones experience the most "same language group" contacts in their organizational membership.

- In terms of contact with those of other ethnic or visible minority groups, 24% of Quebec Anglophones reported no inter-racial contacts through organizational membership whereas more than half (50.8%) of Francophones reported meeting no one from a visibly different ethnic group in their organizational activity.

- 63.9% of Anglophone respondents of the Community Vitality Survey agree that the future of the English-speaking community in their region is threatened.

- Less than half of the English-speaking respondents expressed satisfaction with their access to health and social services (45.9%). The level of satisfaction with provincial government departments and services was notably low (34.7%).

- Only 23.3% of English-speaking respondents had a friend or family member working for the federal government. Anglophone Quebecers earning less than $30k are the least likely to have a friend or family member who works for the federal government in Quebec.

- The majority of English-speaking respondents believe that they do not have equal access to jobs with the federal government in Quebec.

6.4.1   Some Entry Points for Community Action

Levels of trust, confidence in people and institutions, a sense of belonging, are some indicators of supportive social environments cited as a key health determinant in the Population Health Approach.8 Community initiatives that facilitate the integration of individuals and groups in a population who are at risk of social exclusion such as new immigrants, long-term unemployed, lone mothers, youth at risk and unattached elderly are ultimately strategies to improve levels of health. Action on the part of the local community rests upon an assessment of vulnerable groups in their region or CLSC territory in order that integration strategies may be specifically tailored to both their needs and available resources.

Barriers to entry and mobility within the workforce form the basis for exclusion from resources that are crucial to the health of a community. Besides being a source of income, security, and personal satisfaction work is a key pillar of social identity and an important avenue to social networks that extend beyond the bonding relations of the household. Economic exclusion erodes trust and sense of confidence in the future of the community. The high rates of unemployment and households whose annual income is below the low income cutoff is a clearly a growing area of health risk among English-speaking communities. This report

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[8] See Carter, J.A. (2003) *A Community Guide to the Population Health Approach*, CHSSN, www.chssn.org for further discussion of health determinants.

provides evidence of a high rate of households with unattached individuals and lone parent families living below LICO. This suggests one group among others within the diverse Anglophone population who may fall outside the focus of public institutions and services organized primarily for, and by, the majority.

Community action aimed at breaking down the barriers to workforce participation must to be directed at changing the misperception(s) the majority may hold of the present circumstance and composition of the English-speaking population both regionally and provincially. For example, outdated hiring policies and overall attitude may account, in part, for the strikingly low representation of Anglophones in the Health and Social Assistance industry. When Anglophones are employed in this sector women outweigh men and tend to be situated in the lower echelon of the industry often due to lack of professional certification in the health field. A possible entry point for the local community might be to facilitate young Anglophones in linking up to the institutions where professional training and certification in the health and social service field can be obtained.

There is clear evidence in this report that Anglophones feel abandoned by their provincial government. 66% are dissatisfied with government services at the provincial level, there is a well-grounded perception that Anglophones do not have equal access to public service jobs, and very little confidence in the capacity of provincial leaders to represent Anglophone interests despite being a substantial portion of Quebec's population. A point of entry on the part of the local community might be to facilitate the employment of Anglophones by provincial and federal departments in the regions as an important step towards enhanced trust and reclaiming a threatened future.

7 Summary

Drawing together the national findings of the General Social Survey (2003) and the Community Vitality Survey (2005), this report serves to deepen our understanding of a key determinant of the vitality of the English-speaking communities of Quebec and the health of its members. Exploring social support networks at the national and regional levels results in powerful insights to be considered in policy and programme planning in the health sector as well as a clarified sense of direction for future community initiatives including local-level research. Building community vitality through social capital strategies depends upon knowledge of the patterns of social engagement in all its aspects as they are experienced at the level of household, neighbourhood, and local association.

One of the central findings which emerges from this report is the importance of language as a factor in the quality of informal health care. Clearly, policy in the area of health that is insensitive to significant differences between Quebec's linguistic communities at the regional level will not only be ineffective but in fact could deepen the vulnerability of those citizens who are at the greatest risk of a poor health status. To mention a few of these differences:

- National studies reveal that Quebec has the lowest volunteer rate in Canada and the smallest voluntary core which implies the vitality of its voluntary sector depends on the activities on a few civic-minded citizens. In contrast, the lens of language and region shows us that the levels of volunteering of the English-speaking population are high and even exceed the Canadian average in some of Quebec's regions.

- Pan-Canadian studies tell us that Quebec as a provincial entity is especially homogeneous. When language is taken into account, we learn that Quebec's Anglophone population is much more diverse than the Francophone majority and the most diverse among all of Canada's OLMCs with respect to religious affiliation, visible minorities, and the proportion born outside Canada.

- With recent restructuring and cutbacks in the health sector, the Quebec population as a whole is becoming more dependent on the informal care of family, friends and community based organizations. Analysis based on language and gender allows us to see that the distribution of care responsibilities in the shift from state to household has not been equal. When we consider unpaid care to seniors, for example, Anglophone women are carrying the heavier load with substantially higher tendencies than Francophone women (47% higher), Anglophone men (91% higher), and Francophone men (three times the rate).

- The Quebec population in general is noted for its attachment to its provincial government and confidence in its public services. Language and region analyses reveal substantial variation between the English-speaking minority and the French-speaking majority in this respect. The attachment of Anglophones to their provincial government is the lowest among Canada's OLMCs, they are less comfortable with and less likely to rely on public health and social services, and the majority of English-speaking Quebecers feel the future of their community in their region is threatened.

This report reveals that low income households, poor health status, and the highest levels of unpaid care /support to the sick go hand-in-hand. Note the proportion of the Anglophone population living below LICO is greater than the relative proportion of Francophones. Women, and a fair portion of the population over 65 years of age, tend to be highly implicated in unpaid health care. When compared with Quebec's Francophone majority these informal support networks are less likely to include a health professional, include households that tend to have lower levels of knowledge of health services and programs in English, include high levels of unattached individuals and lone parent households, and a portion of the population which tends to exhibit low levels of civic participation. Households with an annual income under $30k are more likely to have social contact with friends which takes place in a language other than French or English. They are less likely than higher income groups to rely on community based organizations. Improving the quality of informal health care for Quebec's English-speaking communities means improving the situation of these care networks.

Consistent with the social engagement literature, higher levels of health are linked with higher levels of social capital in Quebec's English-speaking communities. These high levels of community service are clearly a strength and crucial resource for the community. Still, and this too is consistent with international research, the greater part of this volunteer activity is located in the senior portion of the population raising the question of whether it is a tradition that will be carried on by its youth. This highly volunteeristic older generation, influenced by childhood models and youth experiences, clearly benefited from a "rooted" middle income group which for many regions has dramatically declined in recent years. The "missing middle" is a new challenge to Anglophone Quebec's longstanding civic-mindedness.

8 List of Tables

9 Bibliography

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