

Community Trends in Cambridge and North Dumfries

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- Argus Residence for Young People
- Big Brothers and Big Sisters of Cambridge
- Cambridge Chamber of Commerce
- Cambridge Home Support
- Cambridge Memorial Hospital
- Cambridge Out of the Cold
- Cambridge Self Help Food Bank
- Canadian Mental Health Association
- City of Cambridge
- Community Care Access Centre
- Community Support Services of Ayr and North Dumfries
- Elder Abuse Response Team
- Grand River Transit
- Haven House
- Healing of the Seven Generations
- Independent Living Centre Waterloo Region
- John Howard Society of Waterloo Wellington – Cambridge Career Connections
- Langs Farm
- People Assisting in Transporting Elderly Residents (PATER)
- Project Read
- Region of Waterloo
- Township of North Dumfries
- Trinity Community Table
- United Way of Cambridge and North Dumfries
- Volunteer Cambridge
- Waterloo Region District School Board
- Waterloo Regional Police Service
- Wilfrid Laurier University Sexual Diversity Committee
- YMCA Cambridge Immigrant and Settlement Services
- YMCA Youth Centre

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1.0 INTRODUCTION

The Social Planning Council of Cambridge and North Dumfries (SPC-CND) provides a wealth of community-based research to the public in order to help illustrate the health and well-being of our communities. We are pleased to welcome you to the **2005 Community Trends report for the City of Cambridge and the Township of North Dumfries**. The purpose of this report is to identify local trends and issues for funders, policy makers, and program planners so that they can make informed choices and address the needs of these communities. The SPC-CND collects data to compare trends over time that affect the health of our communities. It is hoped that this process of data collection and analysis will improve the community's ability to respond to gaps in services and to harness community strengths. While the SPC-CND's mandate concerns social issues and trends, other organizations work to document and share information pertinent to the economic and environmental aspects of our communities, such as the City of Cambridge, the Township of North Dumfries, the Region of Waterloo and the Grand River Conservation Authority. This report can be considered as a complement to these efforts – one that highlights the impact of changes in the social sector of Cambridge and North Dumfries, specifically.

In this Community Trends report you will find a general demographic summary from the 2001 Census (section 2.0) and recent social service data that describe local social issues and trends (section 3.0). Local statistics are complemented by municipal, provincial and federal data to provide a context for the findings where possible. Local trends are related to the following themes: the nonprofit sector, food, housing, public transportation, children, youth, seniors, the rural community, health, safety, income, employment, education, diversity, community engagement and charitable donations.

If you have questions about the information in this report please do not hesitate to contact the SPC-CND office.





2.0 DEMOGRAPHIC PROFILE

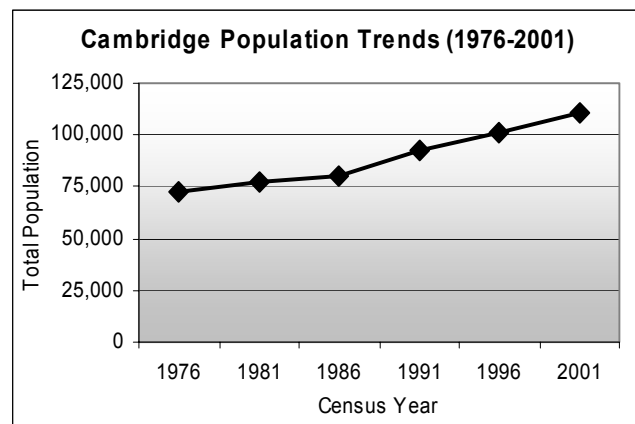
The following 2001 Statistics Canada Census data (unless otherwise noted) illustrates demographics that impact local issues and trends in our communities¹.

2.1 Ontario

- In Ontario, the average growth rate was 6.1% between the 1996 and 2001 Census. Currently, growth is larger than the national average of 4%; most growth is located in Central and Southwestern cities, while a population decline is noted for Northern cities²
- Across Waterloo Region, the median age was 35.3 years, and across Ontario it was 37.2 years.

2.2 Cambridge

- The growth rate for the population of Cambridge is close to 2% per year. The population of Cambridge was estimated to be 118,000 for 2004 and is expected to rise to 120,000 in 2005.³
- Between the 1996 and 2001 Census, the population of Cambridge grew by 8.2%.
- It is projected that the population of Cambridge will grow from just over 110,000 in 2001 to over 130,000 in the year 2,016. This represents close to 20% growth.⁴



- As projected by the 2001 Census, the number of households in Cambridge (including student residences, nursing homes, hospitals, jails and larger lodging houses etc.) will increase from 39,590 in 2001 to 43,200 in 2006.
- Cambridge's total number of private households in 2004 was 39,260. Thirty seven percent of these households were comprised of a couple with children, 28% were comprised of a

¹ Burton, S. & Hare, S. (2005). *Moving Forward Together: Community assets inventory report for Cambridge and North Dumfries*. Cambridge: Moving Forward Together.

² Association of Applied Arts and Technology of Ontario (2004). *Environmental Scan*.

³ *Community Profile: Economic and social features* is available on-line at www.city.cambridge.on.ca and is published by the Economic Development Division at the City of Cambridge (last updated August 2004).

⁴ These 2016 projections were made by the Regional Municipality of Waterloo in their *1998 Region of Waterloo Statistical Profile: Population and Households*. It is based on the 1996 census population rather than the 2001 census data.

couple without children, and 20% were one-person households. 16% of private households were classified as 'other'.⁵

- According to the 2001 Census, the median age in Cambridge was 35.2 years (up from 34 years in 1996).

2.3 North Dumfries

- The estimate population of North Dumfries for 2004 was 9,100. This figure includes 3,830 people that reside in the Village of Ayr.⁶
- North Dumfries population grew by 12.2% between 1996 and 2001 Census periods. As of the 2001 Census, the population was 8,775.
- It is estimated that the population will continue to grow in the next ten years – 14%, to a total of 10,010 by 2016.
- As projected by the 2001 census, the number of households in North Dumfries (including student residences, nursing homes, hospitals, jails, and larger lodging houses etc.) will increase from 2,870 in 2001 to 3,200 in 2006.⁷
- According to the 2001 Census, the median age in North Dumfries was 36.3 years (up from 33.8 years in 1996).

⁵ *Community Profile: Economic and social features* is available on-line at www.city.cambridge.on.ca and is published by the Economic Development Division at the City of Cambridge (last updated August 2004).

⁶ Township of North Dumfries, personal communication, January 12, 2005.

⁷ *Community Profile: Economic and social features* is available on-line at www.city.cambridge.on.ca and is published by the Economic Development Division at the City of Cambridge (last updated August 2004).



3.0 SOCIAL TRENDS

A number of community support agencies throughout Cambridge and North Dumfries provide services to people with various social needs. We endeavor to track some of the data from these organizations to help us better understand the social issues and trends in our communities, with the hope that we will then be able to anticipate important changes over time. Unless otherwise noted, statistics were provided directly by the organizations.

A number of significant community health indicators have been identified, including community supports (nonprofits, as well as services for key age groups), food, housing, public transportation, health, safety, income, employment, education, diversity, community engagement and charitable donations. In addition to local agency statistics for these community health indicators, we have also included information that relates to the community's capacity to respond to the needs and challenges that exist where possible.

3.1 Nonprofit organizations

Cambridge⁸

Advisory Boards and Committees	27
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North Dumfries⁹

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Community Organizations Serving Children, Youth and Families	24
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Sports	18

⁸ Information Cambridge (2004). *Directory of community groups and agencies*. Cambridge: Information Cambridge.

⁹ Fresh Ayr Festival (2004). *Ayr information book*. North Dumfries: author.



The nonprofit sector contributes significantly to the economic and social well being of all communities by supporting vulnerable and marginalized populations, promoting access to resources and equality, and increasing levels of social inclusion for all. Nonprofit organizations provide a diverse range of services that affect the day to day lives of Canadians through their work at, for example, daycare centers, sports clubs, arts organizations, hospitals, food banks, environmental groups, and community groups that raise funds to cure diseases.

Resources are not distributed equally among nonprofit organizations, however, as 1% of organizations account for 59% of total revenues. Disproportionate funding may suggest that organizations are well funded if their interests overlap with the interests of the government or other larger funding agencies. In a recent report generated through Statistics Canada, 60% of nonprofit organizations surveyed were significantly challenged by reduced government funding and cut backs, and were experiencing “mission drift.” Some of the specific challenges that nonprofits faced include planning for the future, as well as recruiting suitable volunteers and board members. Slightly less than half of nonprofits had difficulty retaining volunteers, and obtaining funding, which was threatening their overall capacity to be effective in their mandate.¹⁰

In Ontario, religious organizations account for 23% of all organizations, followed by sports and recreation organizations (16%), grant making, fundraising and volunteer promotion organizations (12%), and social services organizations (11%).

Volunteers are extremely important in Ontario, as less than half of all voluntary organizations have paid staff.¹¹

3.2 Food

Households are considered to be “food insecure” if financial constraints cause worry about whether or not members will have enough to eat; if members do not eat the quality or variety of food desired; or if members actually do not have enough to eat. According to Statistics Canada, approximately 15% of Canadians were considered to be “food-insecure” at some point during 2000 through 2001. As would be expected, these rates differed depending on household income. Some degree of food insecurity was experienced by an alarming 40% of people in low- or lower-middle income households, 25% of people in mid-income households, 11% of people in upper-middle income households and 4% of people in high-income households. Single parents reported higher rates of food insecurity, as did Aboriginal people living off reserve.¹²

The Canadian Association of Food Banks reported that, since 2003, food bank usage has increased by 8.5%, with Ontario as the highest ranked province. There has been a 5% increase in the number of people who visited a food bank in Ontario since 2003. Children account for 40% of food bank clients in the province.¹³

According to Waterloo Region Food Bank, food bank usage has increased for seniors, children, people with disabilities, working poor, and those on employment insurance in

¹⁰ Canada. Statistics Canada. (2004). *Cornerstones of community: Highlights of the national survey of nonprofit and voluntary organizations summary*. Ottawa: Minister of Industry.

¹¹ Statistics Canada. *Cornerstones*

¹² Statistics Canada. (2005). Study: Food insecurity in Canadian household 2000/01. *Health Reports (16)*. Ottawa: Statistics Canada.

¹³ Hyman, V.E., MacIsaac, S., & Richardson, K. (2004). *Hunger count 2004: Canada's only annual survey of food banks & emergency food programs: Poverty in a land of plenty: Towards a hunger-free Canada*. Toronto: Canadian Association of Food Banks.

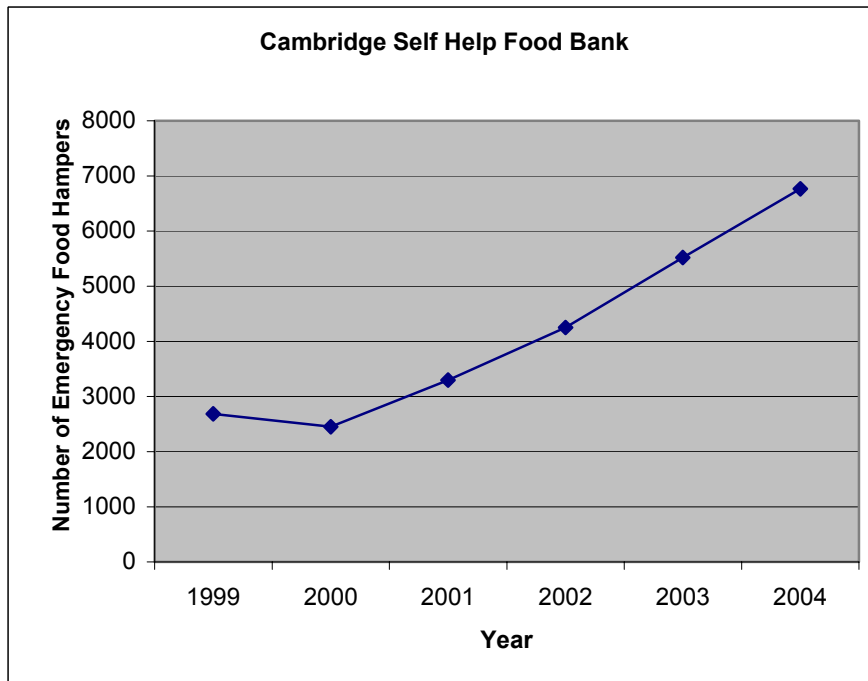
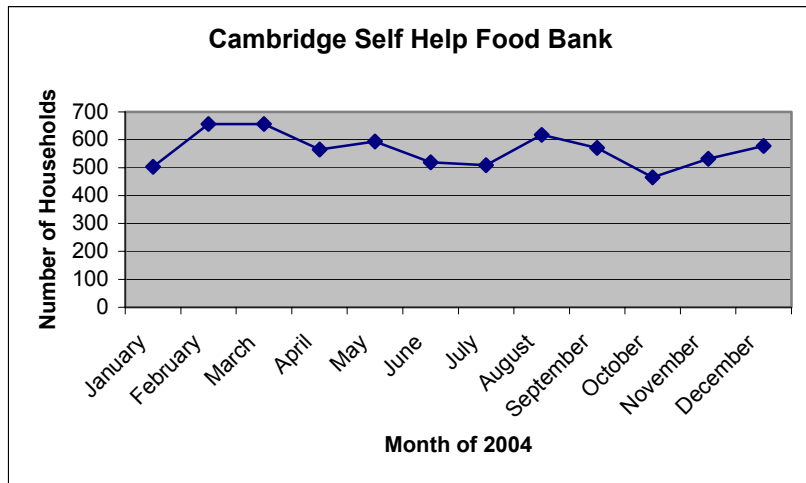


particular. In contrast, there is a decrease in the number of hampers going to people on social assistance.¹⁴

Cambridge Self Help Food Bank

The Cambridge Self Help Food Bank serves individuals and families that reside in Cambridge and North Dumfries through a variety of programs and services, such as food hamper programs, employment and personal counseling, the legal clinic, the cloth diaper program, nutrition workshops, the craft program, the Small Steps to Success program, the Good Food Box program, and used clothing distribution. The Cambridge Self-Help Food Bank served over 1,200 families in their facility over the past year, and provided food to over 30 community organizations who distributed it to their service users in need.¹⁵

In 2004, the Cambridge Self Help Food Bank provided the greatest number of emergency hampers in February and March, and the fewest number of hampers in October. On average, 564 households received emergency hampers per month in 2004.

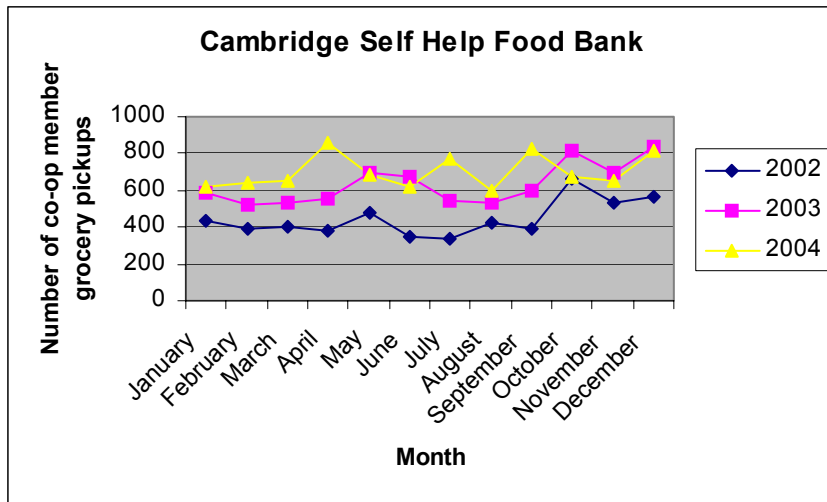


The average rate of increase for each year from 2000 – 2004 was 22% for Emergency Food Bank Hampers. Overall, this amounts to a total increase of 64% over the 5 year period.

¹⁴ Etherington, F. (2005, March 24). More seniors, kids, disabled persons using food bank. *The Record*.

¹⁵ Cambridge Self Help Food Bank (n.d.) Retrieved April 7, 2005 from <http://www.cambridgefoodbank.on.ca>



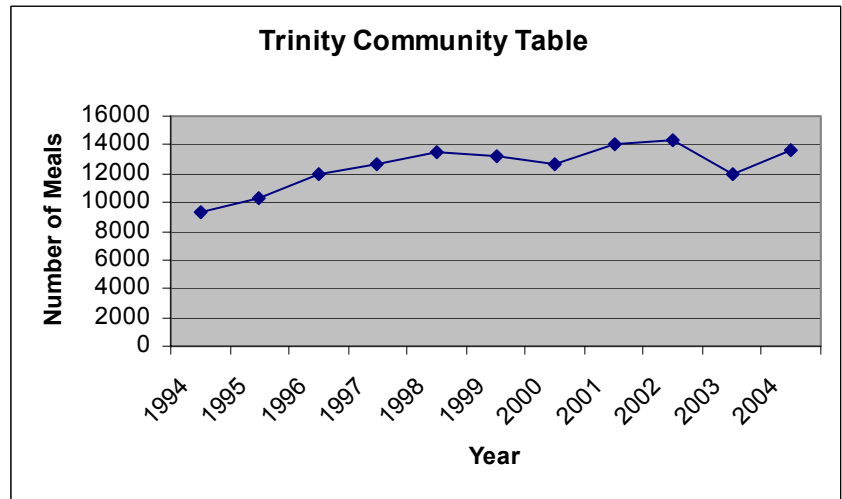


In 2004, the month of April saw the greatest number of co-op member grocery pickups at 861, while the month of August saw the least at 596. Between 2000 and 2004, there has been a 58% increase in the number of co-op member grocery pickups.

Trinity Community Table

The Trinity Community Table provides hot meals 3 days a week and on holidays (except Good Friday and Christmas Day) to Cambridge residents in need. They serve approximately 250 meals each week.¹⁶

In 2003, Trinity Community Table changed from a March fiscal year to a December fiscal year and, as a result, only collected data for 9 months. Adjustments for this year have been made accordingly.



Over the past five years, the number of meals served has increased by 7%. In the year 2000, 12,652 meals were served. In 2004, this number increase to 13,660 meals.¹⁷

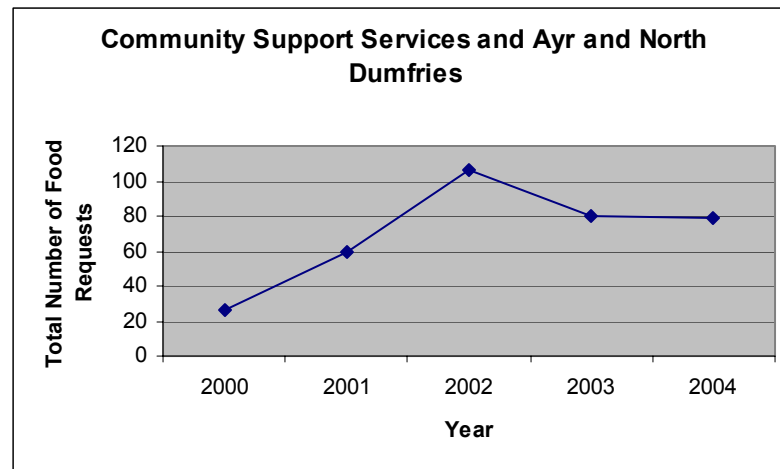
Community Support Services of Ayr and North Dumfries

Community Support Services of Ayr and North Dumfries provides drop-in or phone request food services to residents in the Township of North Dumfries.

¹⁶ Trinity Community Table. Retrieved April 8, 2005 from http://www.trinityanglican.on.ca/public/content/parish_life/outreach/trinity_community_table/tct.html

¹⁷ Trinity Community Table. Agency statistics. February 1, 2005.





A total of 26 food requests were made during the first year of business in 2000. This number increased to 79 in 2004. Such a dramatic increase may be attributed to greater awareness of the services offered by this agency in the community and through the partnerships that have formed with five community churches called Neighbours Helping Neighbours. For the past two years, food request numbers have remained relatively steady.

3.3 Housing

Currently, 100,000 Canadians are homeless and 1.7 million require core housing (that is, housing which is adequate, suitable, and affordable).¹⁸ Engeland and Lewis (2004) reported that lone parents, Aboriginal peoples, seniors and newly arrived immigrants are in greatest need of core housing.¹⁹ Although there is agreement among members of the public and government officials that need for core housing is significant, little resolution has been achieved on this important issue to date.²⁰ For example, the 2005 federal government did not include monies for affordable housing or programming for shelter provision for low income Canadians.²¹ Housing is considered to be 'affordable' when shelter and utility costs do not account for more than 30% of residents' total household income. In Ontario, the Canadian Mortgage and Housing Corporation reported that over 42% of Ontario tenant households pay 30% per month of their household income on shelter costs, while 20% pay 50% or more.²²

Canada is also experiencing a trend toward non-family households (for example, those consisting of singles or couples without children); this has created a demand for dwellings other than the traditional single detached home. People are also shifting toward home ownership rather than rental, and the demand for real estate in this respect has contributed to a lack of supply of new, private, and non-market rental housing. Consequently, there are low rental vacancy rates, dramatically rising rental rates, and growing social housing waiting lists. For the most part, rent is no longer affordable for the growing number of low-income earners, seniors, recent immigrants, Aboriginals, and single parents.²³

¹⁸ Hay, D. (2005) *Housing, horizontality and social policy*. Ottawa: Canadian Policy Research Networks Inc.

¹⁹ Engeland, J. & Lewis, R. (2004). Exclusion from acceptable housing: Canadians in core housing need. *Horizons* 7(2). P. 27-33.

²⁰ Caragata, L. (2003) Homelessness and housing. In A. Westhues (Ed.) *Canadian social policy: Issues and perspectives* (3rd ed.) (pp 67-89). Waterloo: Wilfrid Laurier University Press.

²¹ Government of Canada (2005). *Government of Canada Federal Budget 2005*. Ottawa: Author.

²² The Canada Mortgage and Housing Corporation. (2003). *Annual market rent report for the Kitchener CMA*.

²³ Federation of Canadian Municipalities. (2004). *Quality of life in Canadian communities: Incomes, shelter, and necessities: Theme report #1*. Ottawa: Author.

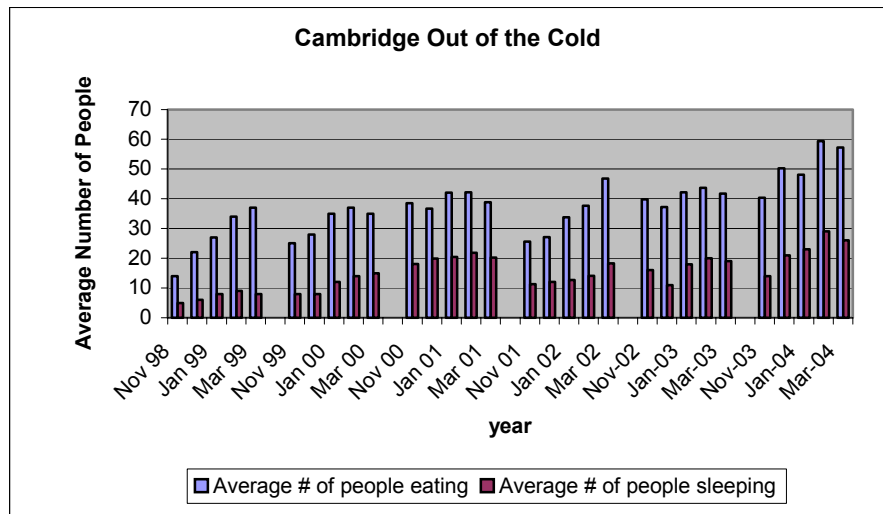


In the Region of Waterloo, 'empty nesters' are one of the fastest growing population groups and are showing a preference for multiple unit housing (e.g., townhouses and apartments), which is also creating a shift in future housing demands.²⁴

Out of the Cold

Out of the Cold provides a hot meal and shelter to homeless people in the City of Cambridge during the winter months. The program runs from November to the end of March. A variety of different church-based sites provide temporary shelter on a rotating basis night-to-night.

From 1998-1999, there were only three sites in Cambridge that ran three nights a week. From November 1999 to January 2000, there were five sites than ran five nights. This increased to seven sites running each day of the week starting in February 2000.



Since 2001/2002 to 2003/2004, there has been a 39% increase in the average number of people sleeping at Out of the Cold sites. More women and youth used Out of the Cold this past winter. When the program first began, it was unusual to see a single woman stay overnight, but now there are 6-8 women who stay regularly. It is also more common to have about one third of overnight guests under the age of 24. In addition, more seniors are accessing the meal program.²⁵

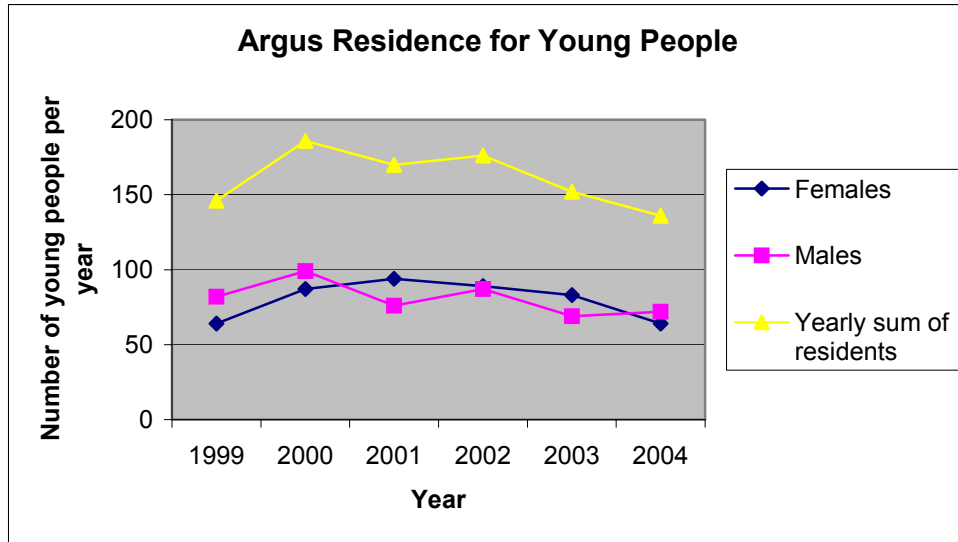
Argus Residence for Young People

Argus Residence for Young People provides emergency and transitional shelter for youth ages 16-24. Since 1985, Argus has operated a women's shelter. The facility expanded in 1998 to include a men's shelter.

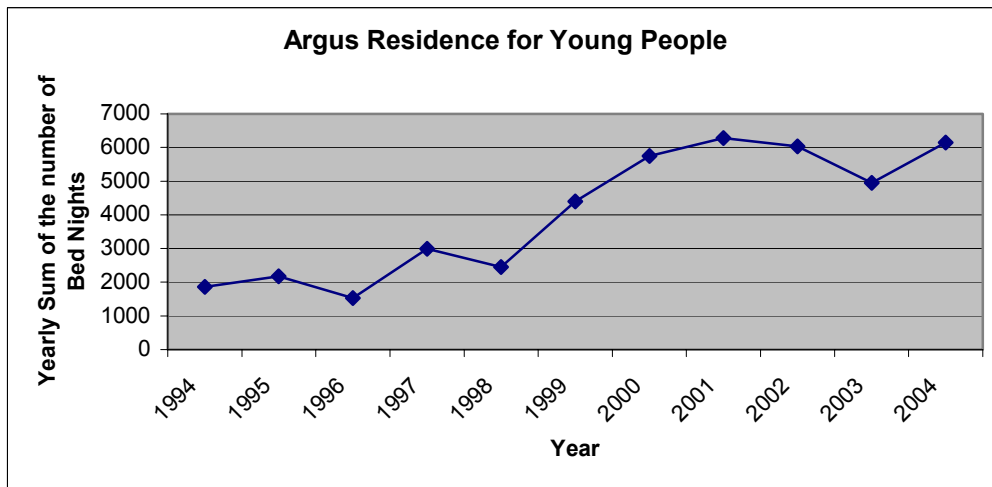
²⁴ Region of Waterloo. (2004). *Waterloo Region in the 21st century: A community action plan for housing, draft*. Waterloo: Author.

²⁵ Out of the Cold. Personal communication, April 12, 2005.



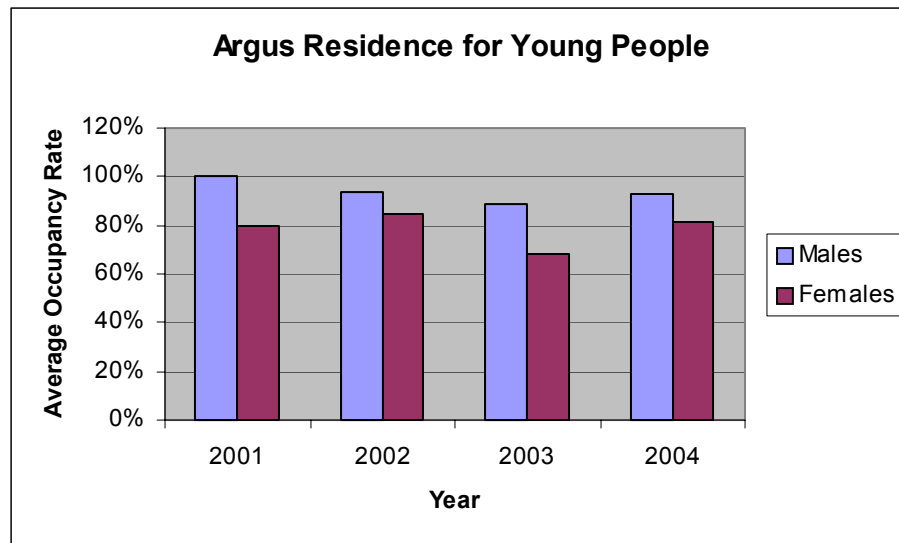


In 1999, Argus Residence for Young People served 146 residents and in the year 2004, 136 residents were served.



The dramatic increase in the number of bed nights from 1998 to 2004 can be attributed to the following reasons:

- In 1998, Argus expanded their services to young men and opened an 8-bed shelter that further expanded to 9 beds several months after opening.
- In 2001, a third shelter was opened in response to Out of the Cold's announcement that they would not serve youth under the age of 18.
- In 2003-2004, the male shelter was demolished, but service to young men continued by combining services at the Argus residence for young women. In order to accommodate both men and women, occupancy had to be reduced by 20%.
- On February 20th, 2004 a new 10-bed shelter was opened.



Since opening the new shelter in 2004, on average, 30 men are on the waiting list at any one time. Furthermore, Argus has an average occupancy of 104%. It is becoming a very common issue that youth that access these services have multiple issues and needs that need to be addressed.

“Over the last three years, 57% of all males and females served reported physical, sexual or emotional abuse as part of their early life experience. 38% of youth had diagnosed mental health issues, 27% had medical concerns, 23% reported addictions and 13% suffered from suicidal ideation one year prior or during their shelter stay. 49% reported accessing the shelter as a direct result of abuse or chronic family breakdown, where a return to home was not a safe or viable option. An alarming 34% reported leaving home for the first time between the ages of 12-15. 10% were under the age of 12.”

Eva Vlasov, Argus Residence for Young People

Social Housing

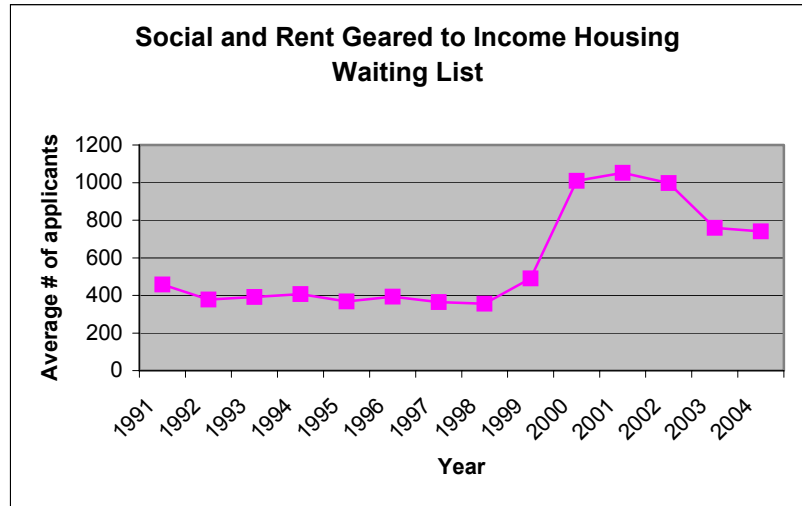
In 2001, the Waterloo Region Council approved an Affordable Housing Strategy to support building 1,000 affordable housing units in the Region of Waterloo. As part of this strategy, the Bridges on Simcoe Street in Cambridge will provide 20 new bachelor units and La Capanna II Homes on Elgin Street South will provide 42 new affordable rental units. It is expected that the Bridges project will be completed in 2005.

Affordable housing includes units that are rent supplemented, Waterloo Region housing units, Co-operative units, nonprofit units and rent geared to income units. To be eligible for rent geared to income units, 30% of an individual’s total gross household income must be spent on rent (before deductions, excluding utility charges).²⁶ According to the Region of Waterloo

²⁶ Region of Waterloo Planning Housing and Community Services: Housing Division (2002). *Affordable housing strategy progress report*. Waterloo: Author.

Community Housing Access Centre, there are presently 2,605 affordable housing units in Cambridge.²⁷ Social housing in North Dumfries is restricted to senior citizens that live in Ayr.

Note that data obtained in 1992 is an average of eight months and that data for 1998 is an average of five months; it was not possible to collect full calendar year data for these years.



The recent 45% increase in average number of applicants on a wait list for social and rent geared to income housing is a result of system changes in the way that service providers (including non-profit and co-op) are tracked. The last two years have stabilized at about 750 people, reflecting the duplication of applications that existed prior to system updates.²⁸

Vacancy Rates

Housing analysts generally consider a vacancy rate between 2% and 3% as an acceptable rate that balances the supply and demand for rental units.²⁹ Compared to the early 1990s, Cambridge has experienced a recent period of low vacancy rates with an overall private apartment vacancy rate of 2%. In the Waterloo Region, the overall private apartment vacancy rate is currently 3.5%. The vacancy rates by unit and building type for Cambridge are:³⁰

- Private Row Housing: 1.4% for a 2-bedroom, 6.6% for a 3-bedroom
- Private Apartments with 3+ units: 4.7% for bachelors, 1.7% for a 1-bedroom, 2.0% for a 2-bedroom unit, and 1.6% for a 3-bedroom+ unit.

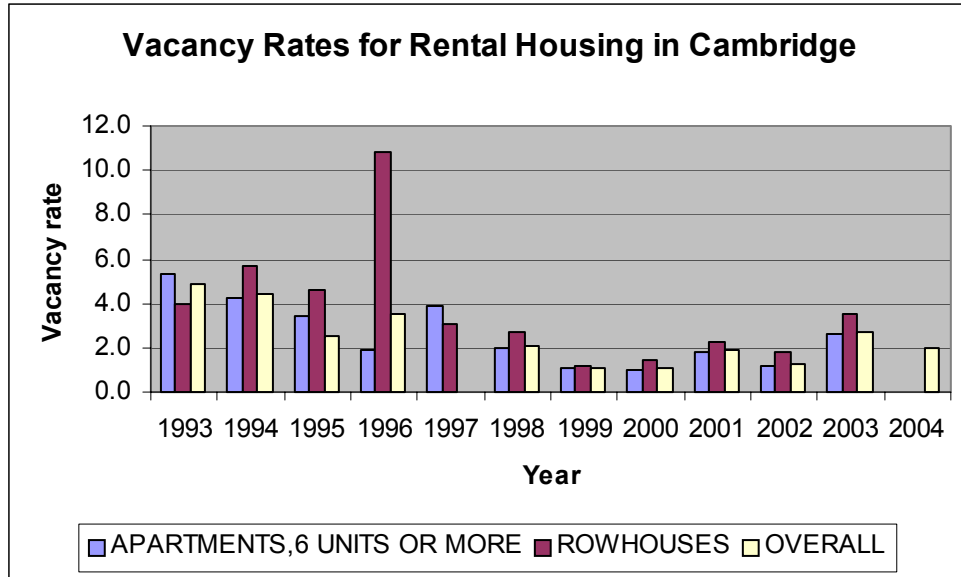
²⁷ Region of Waterloo Community Housing Access Centre (2005). Program statistics.

²⁸ Region of Waterloo Community Housing Access Centre (2005).

²⁹ Canada Mortgage and Housing Corporation (n.d.) Retrieved Spring 2005 from www.cmhc-schl.gc.ca.

³⁰ Region of Waterloo Planning Housing and Community Services: Housing Division. (2005). Communication with organization staff, February 8, 2005.

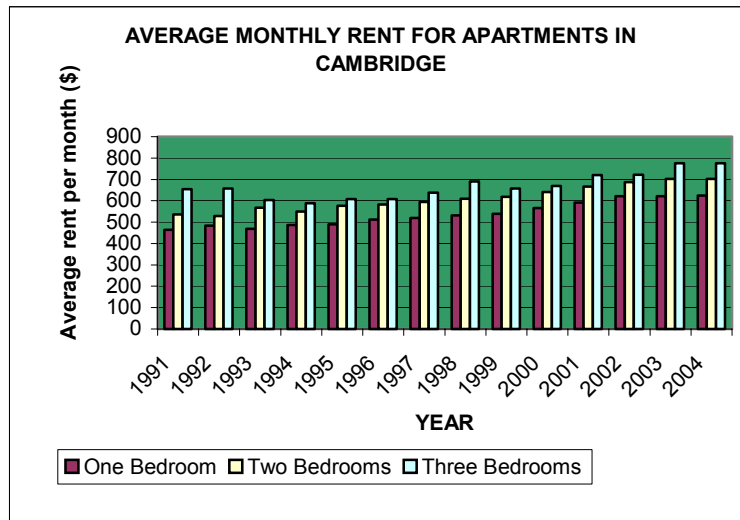




The average overall vacancy rate in North Dumfries is 2.0%.³¹

Average Rental Rates

Vacancy rates and average monthly rental rates are interconnected, as a high vacancy rate often leads to lower average monthly rental rates and vice versa. Currently, mortgage rates are low, prompting more would-be tenants to switch from renting to home ownership.³²



Average rents in Cambridge have marginally increased over the past year (0.7%) compared to the Region, which have increased by 1.5%.³³

³¹ Township of North Dumfries, personal communication, February 2005.

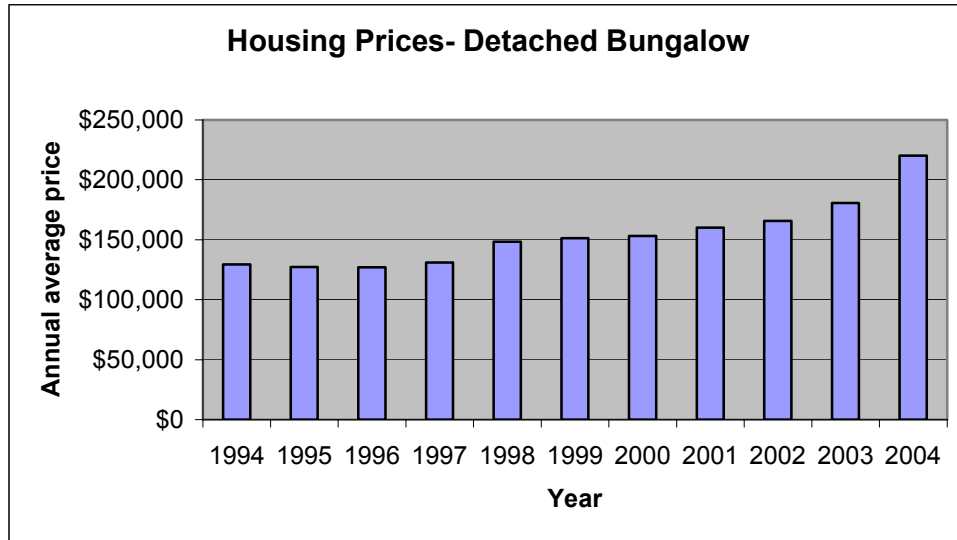
³² City of Cambridge. (2003). *2003 Annual housing report*. Cambridge: Author

³³ Region of Waterloo Planning Housing and Community Services: Housing Division. (2005). Communication with organization staff, February 8, 2005.



Housing Prices

The soaring demand for homes, influenced by Cambridge's growing population, is fuelling the rise of average housing prices. There are currently more homebuyers than homes available on the market. Homes are more expensive to build as well, which has also contributed to rising house prices. Demand for homes is a common trend seen across Canada and may be related to low interest rates, as noted above.³⁴



Housing prices have gradually risen in Cambridge since the mid-1990s. In 2004, bungalows in Cambridge were \$220,000, which represents a 22.2% increase from 2003 when they were 180,000.³⁵

Housing Starts

Based on the Canada Mortgage and Housing Corporation report *Housing Now: Fourth Quarter 2004*, housing starts in Cambridge are down 39% from 2003. There were 677 housing starts in Cambridge during 2004. Of those, 471 were detached units and 206 were multiple units.³⁶

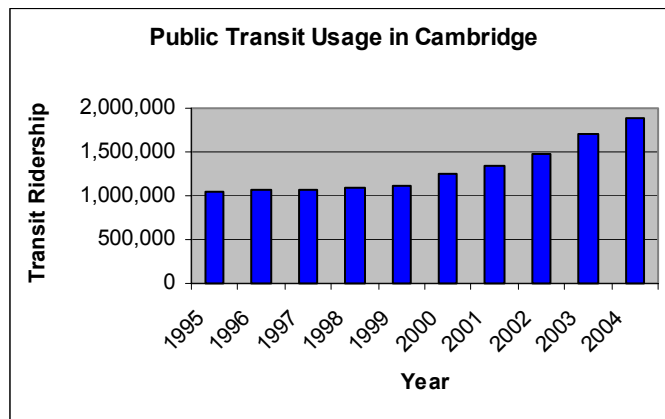
³⁴ Royal LePage. (2004). *Average house prices rise in most major Canadian markets in the first quarter*. Retrieved Spring 2005 from www.royallepage.ca.

³⁵ Region of Waterloo Planning Housing and Community Services, personal communication February 8, 2005

³⁶ Region of Waterloo Planning Housing and Community Services. Personal communication February 8, 2005.



3.4 Public Transportation



Since 2000, transit ridership in Cambridge has risen over 50%, while the population has increased only by 8% suggesting that more people are using public transportation than ever before. The GRT is currently doing an Environmental Assessment Study for the proposed Light Rail Transit (LRT) system that will travel the envisioned Central Transit Corridor, connecting the cities of Cambridge, Kitchener, and Waterloo.

In 2004, there were 1,885,946 revenue passenger trips in the City of Cambridge, an increase of 11.2% from the previous year. Between 1995 and 2004, there was a 78.7% increase in revenue passenger trips.³⁷

3.5 Age-Specific Trends

Based on projected population data from the 2001 Census, some age groups are expected to increase and others decrease over the next decade.

- In Cambridge, the population between 0 and 19 years of age is expected to decline by about 6%, while people aged 25-44 are expected to increase slightly (by about 5%). The number of those aged 55 and over is expected to increase by 8%, from 19% of the population in 2001 to 27% of the population in 2016.
- Similarly, in North Dumfries the population between 0 and 19 years of age is expected to decline by about 9%, while people aged 25-44 are expected to decrease slightly (by about 4%). North Dumfries' aging population will increase by 12%, with 31% of the population 55 years or older in 2016.
- This trend is seen both provincially and nationally. In Ontario, the number of people between the ages 20-24 will continue to grow for approximately another decade, but then will decline over the following decade.

Children

Statistics Canada reports that approximately 26% of Waterloo Region's population are children and youth under the age of 18. In the Region of Waterloo, one in six children lives in poverty. Children require a loving and nurturing environment, physical sustenance, as well as social, emotional, and intellectual stimulation. Poverty undercuts each of these important factors. It is also linked to childhood illness, lack of access to nutritious food, a variety of mental health problems, difficulties with peer relations, and decreased school performance.³⁸

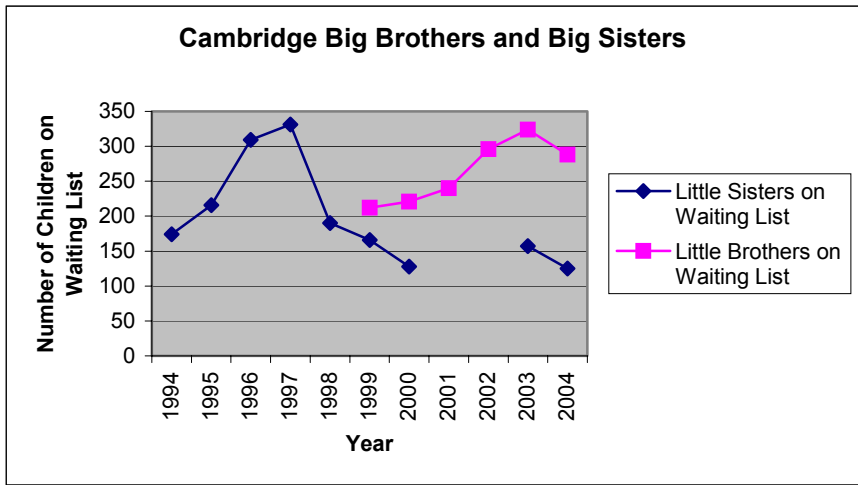
³⁷ Grand River Transit. (n.d.) Retrieved April 2005 from www.grt.ca.

³⁸ Region of Waterloo. (2004). *Child care service plan 2004*. Waterloo: Social services: Children services.

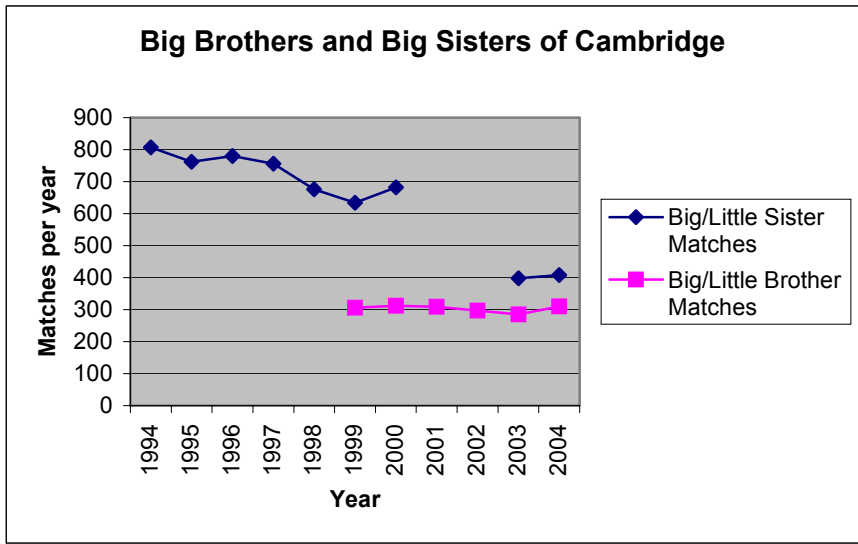
Both the federal and provincial governments have committed to the goal of universal, regulated child care connected to the public school system. The province of Ontario has also committed to spending new federal funding on expanding the current child care system and increasing the number of licensed providers and child care subsidies available to families.³⁹

Big Brothers Big Sisters of Cambridge

Big Brothers Big Sisters of Cambridge provides programs and services to young people aged 6-16 by matching adults and children in a valuable mentoring relationship. Some of the long-term impacts of these relationships include a higher than national average of “Littles” who graduate from high school and pursue postsecondary education. Furthermore, the majority of “Littles” do not rely on social assistance as a form of income in adulthood.⁴⁰



In 1999, there were 166 girls waiting to be matched with a Big Sister, which decreased to 125 in 2004. Boys appear to have a harder time finding matches; 212 boys were waiting to be matched in 1999, which increased to 288 in 2004.



Until 2002, Big Brothers and Big Sisters were separate organizations, which accounts for the gaps in data for the years 2001 and 2002.

The number of big sister/little sister matches over the past five years has dramatically decreased (36%), but so has the number of little sisters waiting for matches. In 1999, there were 634 big sister/little sister matches and in 2004 there were only 408. For boys, matches

³⁹ Region of Waterloo. (n.d.). *Children and youth – A current status*, Retrieved March 10, 2005 from http://www.preventingcrime.net/communityvisiblyvaluing/children_and_youth_current_status.pdf.
⁴⁰ Big Brothers and Big Sisters of Canada. Retrieved March 10, 2005, from website: <http://www.bbbs.ca>.



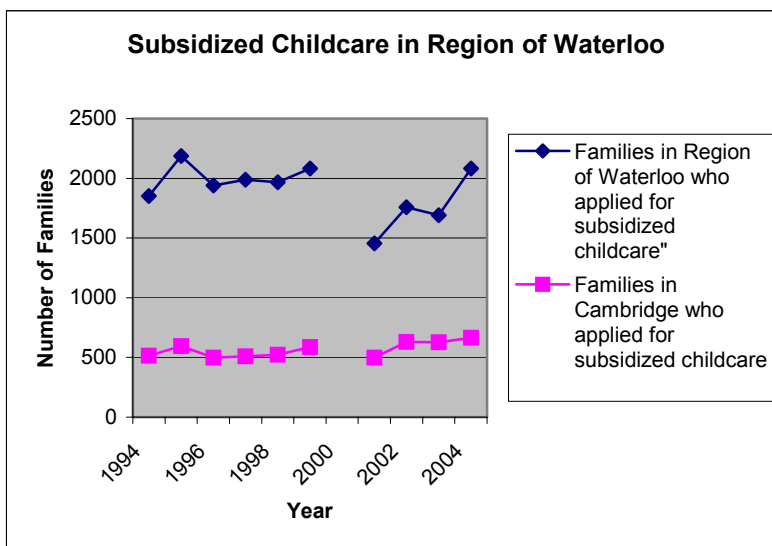
have remained relatively steady over the past 5 years. In 1999, there were 306 big brother/little brother matches and in 2004 there were 310.

Childcare Subsidy

Across the Region, consistently, approximately 80% of families who complete the financial needs test receive subsidized childcare.⁴¹ Since 2001, approximately 30-35% of families applying for subsidized childcare in the Region reside in Cambridge. The number of families in Cambridge who applied for subsidized childcare was 515 in 1994. Ten years later, the number has risen to 665.

Access to childcare subsidies is important for families in the Region because childcare costs influence parents' ability to maintain employment and income security.⁴² Trends in this Region show a demand for subsidized childcare due to the rising numbers of lone-parent families and families in which both parents work. Furthermore, there is a need for more flexible childcare that includes increased availability or after-hours care, weekend care, and sick childcare options.

There is no data for the year 2000 as it was a year of transition to the new provincial system.



The Region of Waterloo does not have a breakdown of the number of families in North Dumfries who access subsidized childcare. North Dumfries residents are included in the numbers supplied for Cambridge.⁴³

Youth

Approximately 8.8% of the Region of Waterloo's population is 12-18 years old. There are many supports, services and activities available to youth. The Cambridge Youth Steering Committee, for example, advocates for the inclusion of youth in the community.

Some of the issues identified by the Director of Youth Leadership at the YMCA include:⁴⁴

- Drugs and alcohol
- Sexual assault

⁴¹ Region of Waterloo Childcare Subsidy, program statistics, February 24, 2005.

⁴² Region of Waterloo. (2004). *Child care service plan 2004*. Waterloo: Social services: Children services.

⁴³ Region of Waterloo Childcare Subsidy, agency staff, April 6, 2005.

⁴⁴ Cambridge YMCA Youth Centre, personal communication with agency staff, January 26, 2005.



- STDs/HIVAIDS
- The need for information about homosexuality and bisexuality
- Smoking
- Stress
- Tattoos, body Piercing, body art
- Birth control, pregnancy
- Relationships and dating
- Bullying and violence

YMCA Youth Centre

YMCA Cambridge opened a youth centre in 2004. The need for such a support was identified by youth, and it offers a place for building friendships and socializing in addition to formal programming. Programs include leadership training, music and sports, drop-in recreation, art classes, dances, band nights, a pool league, information sessions from public health, volunteer networking and meetings. In its first year, 1,099 youth used the Centres' services and programs, which is a sizable number.

The Rural Health Study (2004)⁴⁵ interviewed youth and service providers in North Dumfries. Youth reported that they were bored and didn't have enough to do in the community. While service providers do offer programs, they often do not have the funds to market them properly so that youth are fully aware of what is available.⁴⁶ In other related research, a lack of transportation was noted as a strong contributing factor to increased feelings of isolation for youth.⁴⁷ Residents reported other issues such as vandalism, drug use and alcohol use, which they linked to boredom and lack of adult supervision. Many parents work outside of the community and are simply not available after school to supervise youth activities.⁴⁸

Seniors

While it is recognized that health for persons in later life has generally improved due to medical advancements, a rapid shift in demographics will likely still create a need to provide more services geared toward supporting those with age-related decline (such as Alzheimer Disease and related dementias). It is expected that the increased proportion of persons in the 85 plus age range will also lead to a growth in the number of higher need or complex elderly consumers.⁴⁹ In contrast, the increased percentage of persons in early retirement years will likely have positive implications for our communities, such as a potential increase in the number of experienced volunteers and a growth in the market for activities, resources, and services to support this age group.

People Assisting in Transporting Elderly Residents (PATER)

PATER is an organization that offers transportation services for seniors in Cambridge and North Dumfries, such as transport to doctor's appointments and out of town services.

⁴⁵ Zupko, B. (2004). *Rural health study summary of findings: North Dumfries*. Waterloo: Region of Waterloo Public Health.

⁴⁶ Quader, S. (2003). *Social and economic inclusion initiative*. Cambridge: Social Planning Council of Cambridge and North Dumfries.

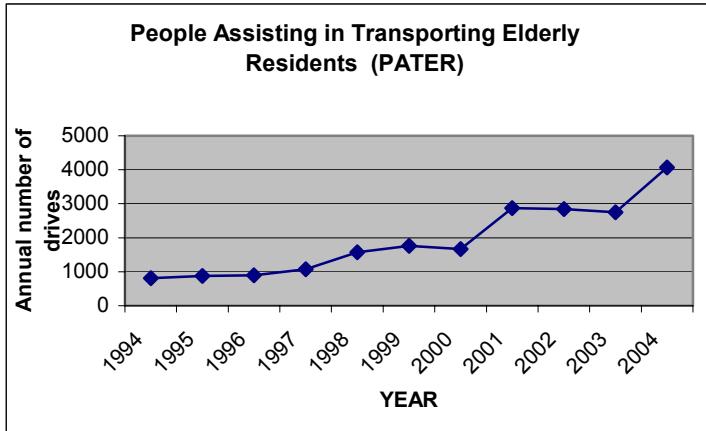
⁴⁷ Quader, S. (2003). *Social and economic inclusion initiative*. Cambridge: Social Planning Council of Cambridge and North Dumfries.

⁴⁸ Zupko, B. (2004). *Rural health study summary of findings: North Dumfries*. Waterloo: Region of Waterloo Public Health.

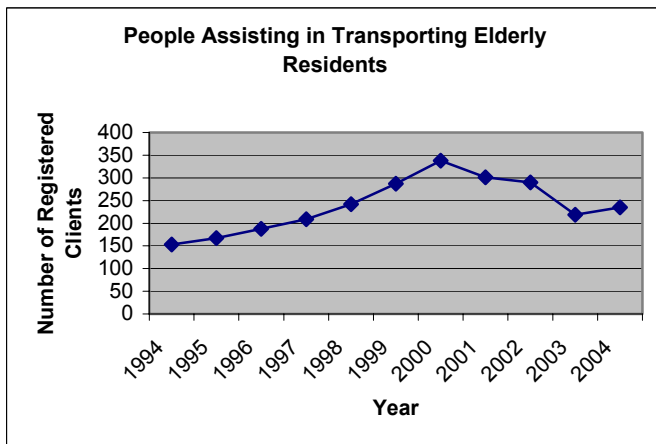
⁴⁹ Waterloo-Region- Wellington-Dufferin District Health Council. (2002). *Toward 2006, directions for community long-term care services in Waterloo Region and in Wellington and Dufferin counties*. Waterloo: Author.



This is an important service for our seniors, who often depend on external systems to maintain their independence in the community. Seniors who live in areas such as North Dumfries, in particular, require this service to remain in a rural environment where public transportation services are simply not available.



Over the past decade, the number of drives that PATER provided has increased over 400% from 808 drives in 1994 to 4,071 in 2004, as there has been a significant increase in the client base. There is more demand for transportation to therapy and medical appointments, as well as requests for assistance with daily tasks such as grocery shopping. It is possible that the recent demand may be a result of frustration felt with the parallel service offered by Grand River Transit.



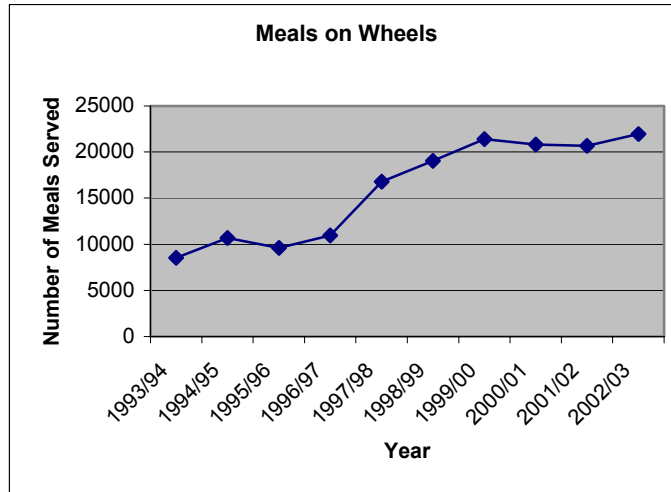
In 1995, 167 clients accessed PATER services, while in 2004 there were 235 clients.

Although the number of clients has increased by 41%, the number of volunteers has only increased by 14%.

Cambridge Home Support

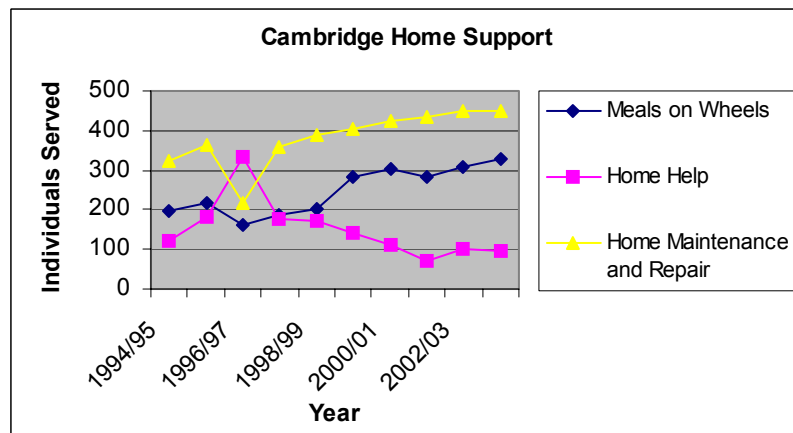
Cambridge Home Support serves the community's aging population through programs such as Meals on Wheels, Home Maintenance, and Home Help.





The number of meals served by Meals on Wheels has risen steadily over the last decade. In 1994/1995, Meals on Wheels provided food for 197 individuals – in 2003/2004 the number of individuals served was 326, an increase of 5% from the previous year. The number of meals served per year has also dramatically increased over the decade as a result of the frozen meal option that is now available. The frozen meal option has become popular for healthier seniors who wish to have flexibility in their meal options. As a result, the number of hot meals served in the community has slightly decreased. In 1994/1995, 8,534 meals were served – in 2003/2004 the number of meals served was 21,938.

Currently, the Township of North Dumfries is not within the catchment area for Meals on Wheels as the distance is too large for volunteers.



Service demand for home help, home maintenance and repair programs have remained relatively steady. Cambridge Home Support is challenged by the high turnover of service providers for the Home Help program, resulting in an increasing waiting list for this service^{50, 51}

In a report released by the SPC-CND in 2003⁵², seniors in North Dumfries expressed that isolation/exclusion is a community-level issue – one that is greatly influenced by the seniors’

⁵⁰ Cambridge Home Help, program statistics, January 14, 2005

⁵¹ Cambridge Home Help, personal communication with agency staff, March 10, 2005

⁵² Quadar, S. (2003). *Social and Economic Inclusion Initiative*. Cambridge: Social Planning Council of Cambridge and North Dumfries.



health status, their feelings of self control and self confidence (or lack thereof), as well as the extent of their existing social networks. Persons with more health, control, confidence and social networks were thought to be less isolated or excluded from the community.

Service providers for seniors in both Cambridge and North Dumfries noted the following barriers to community participation:

- Mental health issues (e.g., depression)
- Apathetic attitudes
- A lack of power or control over decisions (e.g., finances or those related to personal well-being)
- A reluctance to moving to the community (e.g., they may have only moved to be closer to a caregiver)

“Their social connections decay as their spouse, siblings, and friends pass away, and they thus tend to become more lonely and isolated.”

Sanchari Quadar

3.6 Rural Trends

According to Barr, McKeown, Davidman, McIver & Lasby (2004), rural areas account for over 95% of the land in Ontario. They face unique challenges, even though some areas are adjacent to urban areas. Generally, rural areas have more people under the age of 15 and over the age 65, poorer health, lower levels of education, fewer employment opportunities, lower income levels, and reduced access to health and telecommunication services. These challenges influence the service needs of rural residents.⁵³

Rural residents require similar services to those offered in urban areas, with some differences noted in service delivery approach. For instance, service delivery should be integrated with other health, social, and community services, and there is a need for increased outreach to bring services to where people are.⁵⁴

As a rural area, North Dumfries has unique service challenges that include issues of isolation and safety (e.g., family violence, bullying, crime, and vandalism).⁵⁵ Regional initiatives and community-based projects such as Moving Forward Together and those developed through Lang’s Farm Community Health Centre seek to address these needs, and to both improve and expand upon existing services.

Community Support Services of Ayr and North Dumfries

One organization that is responding to the general needs of North Dumfries is the Community Support Services of Ayr and North Dumfries. Services of this agency include:

- Resources for families: food, clothing, shelter, recreations, transportation, childcare and counselling
- Job search, employment counselling, local job postings, HRDC Job Bank

⁵³ Barr, C., McKeown, L., Davidman, K., McIver, D., & Lasby, D. (2004) *The rural charitable sector research initiative: A portrait of the nonprofit and voluntary sector in rural Ontario*. Toronto: Canadian Centre for Philanthropy.

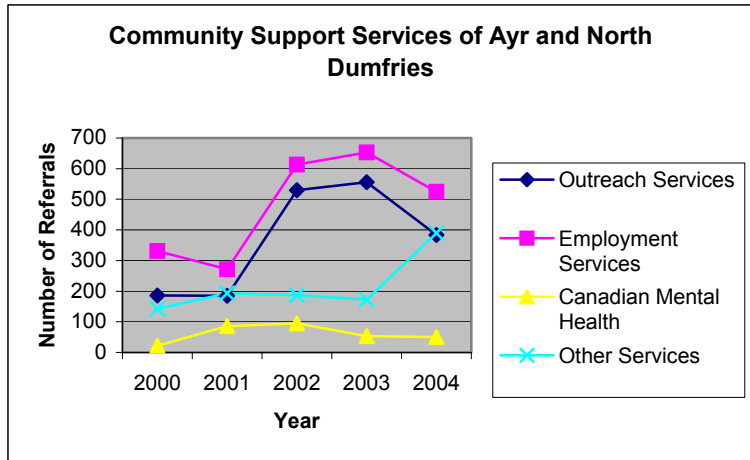
⁵⁴ Region of Waterloo. (2003). *Rural health study: Interim report*. Waterloo: Region of Waterloo Public Health.

⁵⁵ Region of Waterloo. (2003). *Rural health study: Interim report*. Waterloo: Region of Waterloo Public Health.



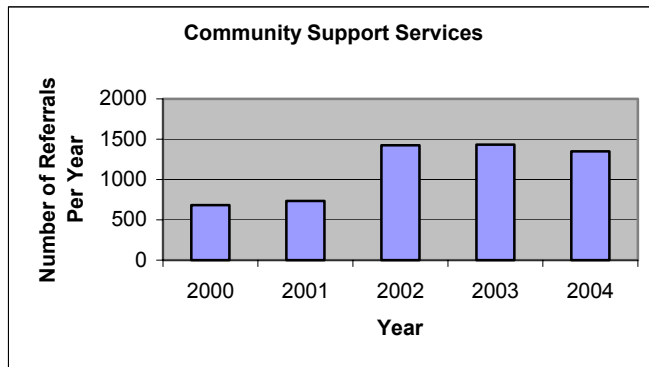
- Mental health support and family counselling
- Access to the Waterloo Regional Police six hours a week.⁵⁶

2002 and 2003 saw a dramatic increase in referrals and service users. This is most likely a result of better awareness of the services offered.



Employment and outreach services appear to be the most commonly request source of referrals, although in recent years referrals for other services has steadily increased.

2002 and 2003 saw a dramatic increase in referrals and service users. This is most likely a result of better awareness of the services offered.



3.7 Health

In the late 1990s the Government of Canada adopted a population health approach. This approach defines health as a holistic state of physical, mental, and social well-being. Such an expansive notion of health recognizes that social, economic, and physical environmental factors all influence the quality of one's health.⁵⁷ Health is a critical aspect of community life that is often an important reflection of how we are managing the ongoing needs of our community members. Both Cambridge and North Dumfries experience challenges with this aspect of community care, as is documented below.

Doctor Shortage

The Region of Waterloo is currently under serviced by physicians and community health professionals. In 2001, the District Health Council estimated a deficit of 53 physicians.

Factors that effect physician supply include:

- Declining enrollment in medical school

⁵⁶ Community Support Services of Ayr and North Dumfries, program statistics, February 8, 2005.

⁵⁷ Canada. Public Health Agency of Canada. (n.d.). *Population health*. Retrieved March 11, 2005 from <http://www.phac-aspc.gc.ca/ph-sp/pdd/approach/index.html>.



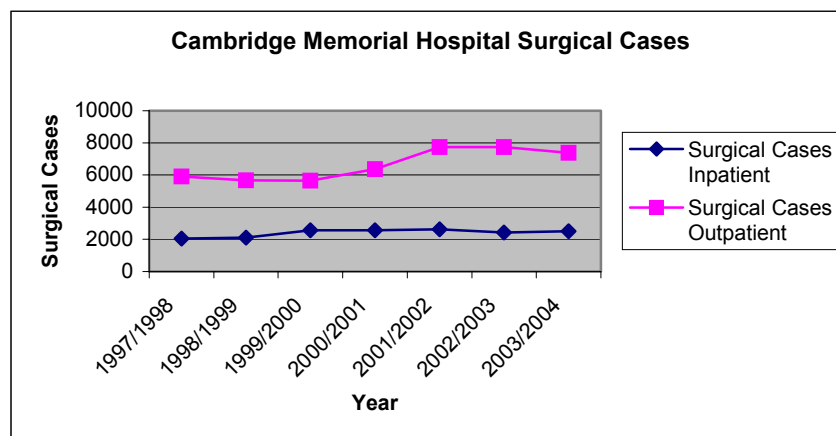
- Issuing of fewer licenses to practice medicine
- Population growth
- Aging physicians (by 2009 the number of physicians reaching retirement age will exceed the number of new graduates)
- Increased number of female physicians who prefer to work fewer hours
- A limiting qualifying criteria for international medical graduates
- Physician migration to other countries (this equals a net loss of 100-200 physicians annually)⁵⁸

“Cambridge and North Dumfries is currently 11 doctors short and there are about 15,000 people in these communities without a doctor”
Doctor Recruitment Task Force

- Approximately 55 Family Physicians served Cambridge and North Dumfries in 1994. A decade later, there are only 61 family physicians serving Cambridge and North Dumfries.
- According to Cambridge Memorial Hospital staff, the ratio of doctors to patients is 1 to 1,500-2,000.⁵⁹

Cambridge Memorial Hospital

Cambridge Memorial Hospital is well known for its oncology care, ambulatory services, and environmental stewardship. It has 220 beds, a health care team of 168 physicians, 446 nurses, over 300 volunteers and an annual operating budget of more than \$76 million.⁶⁰



Numbers of inpatient and outpatient surgical cases⁶¹ has remained steady since 1997/1998, with a slight increase in inpatient days since 2000/2001.

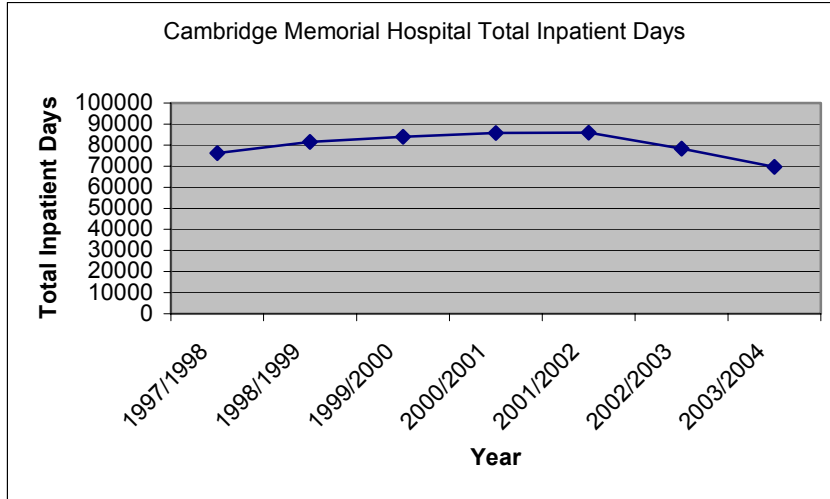
⁵⁸ Region of Waterloo. (2001). *Community health department, planning and evaluation report*. Waterloo: Region of Waterloo Community Health Department. pp. 2.

⁵⁹ Cambridge Memorial Hospital. Personal communication with hospital staff, March 3, 2005.

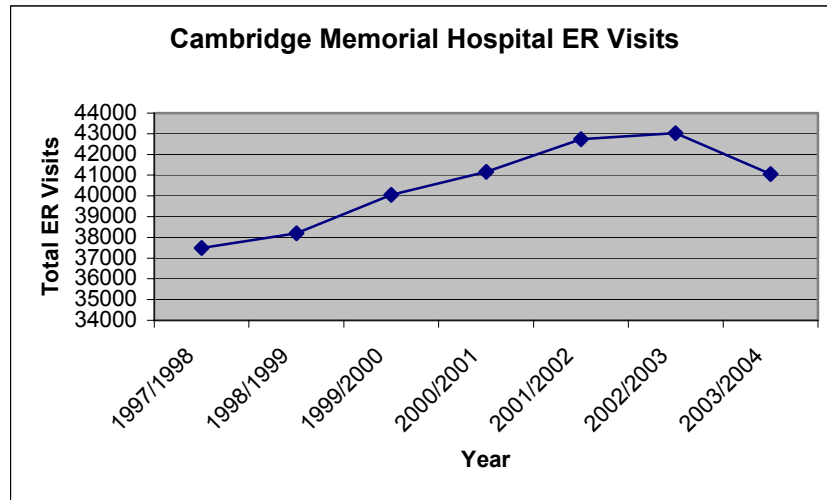
⁶⁰ Cambridge Memorial Hospital. *Fact and Figures*. Retrieved February 2005 from www.cmh.org.

⁶¹ Cambridge Memorial Hospital. Hospital Statistics. March 22, 2005.



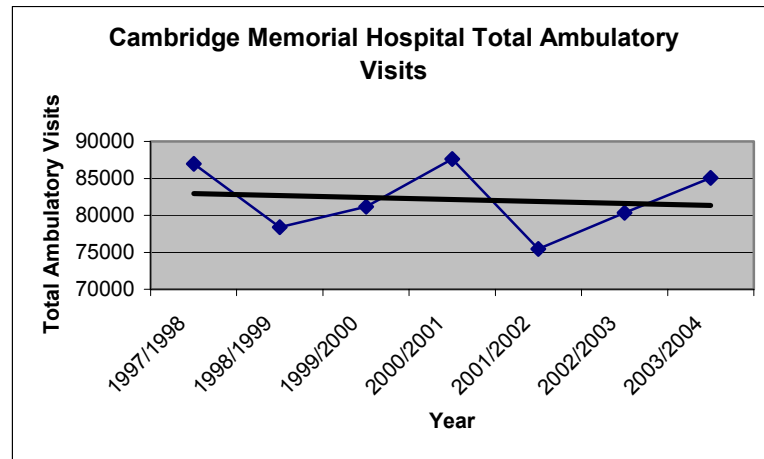


Total inpatient days are a sum of all acute, ICU/CCU and chronic care inpatient days per year from 1997/1998 to 2003/2004. Total numbers of inpatient days increased from 1997/1998 to 2001/2002, but have decreased 19% from the highest total of 85,887 in 2001/2002 to the lowest total of 69,645 in 2003/2004.



Between 1997/1998 and 2002/2003, ER visits increased by 13%, and then decreased by 5% the following year.





Total ambulatory visits have varied from year to year, from a high of 86,626 in 2000/2001 to a low of 75,451 in 2001/2002. The trend line illustrates that, overall, there has been minimal change over time.

Long-Term Health Care

The majority of long-term health care service users in the Region of Waterloo are older adults, frail elderly, and – for the greater part – women. It is predicted that this trend will continue over the next 15 years as the ‘baby boom’ cohort ages.⁶²

- As early as 2006, there will not be enough Long-Term Care facility beds to meet the demand. This can be prevented if community-based service options are designed to prevent and delay institutionalization.⁶³
- “Families with children who have multiple disabilities will have to coordinate Ministry of Health and Long Term Care services with services from other Ministries, most notably the Ministry of Community, Family and Children Services. As the provincial government strives to develop the Integrated Services for Children Division to address these coordination needs, the task of coordination falls to the parents and the various service providers who are serving them.”⁶⁴
- There is a lack of specialized programming for younger adults with developmental disabilities. These consumers rely on community-based services to avoid placement in Long Term Care facilities. There are an increasing number of residents in Long-Term Care facilities who are under the age of 65.⁶⁵
- The significant increase of individuals 75+ and 85+ has encouraged Long Term Care Facilities to plan carefully to provide geriatric expertise.⁶⁶
- 80% of elderly care is provided by family and informal caregivers. This number has not changed over the last 20 years.⁶⁷

⁶² Waterloo Region Wellington Dufferin District Health Council [WRWDDHC]. (2004). *A day in the life of community long-term care services: Results of a one-day census in Waterloo Region and Wellington-Dufferin counties*. Guelph: Author. pp. ii.

⁶³ WRWDDHC. (2004). *A day in the life of community long-term care services: Results of a one-day census in Waterloo Region and Wellington-Dufferin counties*. Guelph: Author. pp.ii.

⁶⁴ WRWDDHC. (2002). Chapter 3: Long term consumer trends. In *Toward 2006, directions for community long-term care services in Waterloo Region and in Wellington Dufferin Counties*. Guelph: Author. pp. 14.

⁶⁵ WRWDDHC. (2002). Chapter 3: Long Term Care Consumer Trends. In *Toward 2006, directions for community long-term care services in Waterloo Region and in Wellington Dufferin Counties*. Guelph: Author. pp. 16.

⁶⁶ WRWDDHC. (2002). Chapter 3: Long term consumer trends. In *Toward 2006, directions for community long-term care services in Waterloo Region and in Wellington Dufferin Counties*. Guelph: Author. pp. 14.

⁶⁷ WRWDDHC. (2002). Chapter 3: Long term consumer trends. In *Toward 2006, directions for community long-term care services in Waterloo Region and in Wellington Dufferin Counties*. Guelph: Author. pp. 17.

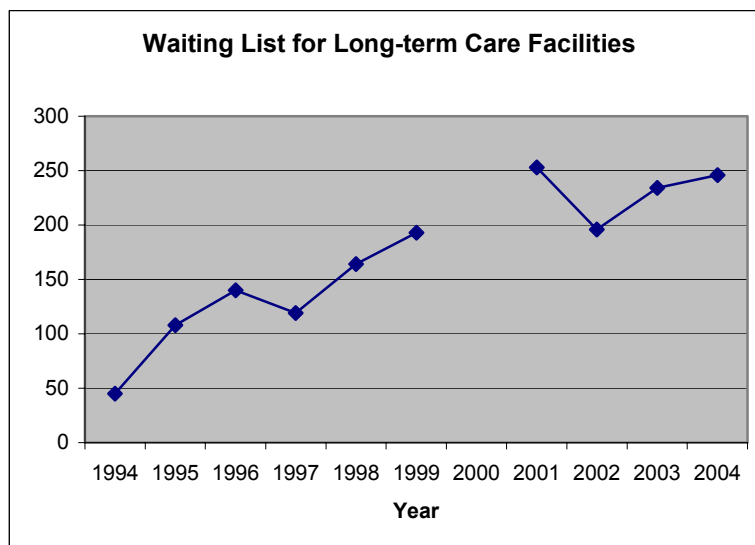


- Many caregivers, front-line community workers, and volunteers are experiencing burnout, causing them to step back from their roles as primary caregivers.⁶⁸

The existing gap in services is increasing as demand rises, resulting in long waiting lists for services, as documented below.

Community Care Access Centre

The Community Care Access Centre [CCAC] is the central point of access to information and a broad range of community-based health and support services for residents in the Waterloo Region. The purpose of the CCAC is to assist, direct, and support residents in determining, coordinating and insuring the provision of services in a variety of settings and in a creative and collaborative manner. Specialized services include placement for Long Term Care Homes, pediatric services, mental health, palliative care, and community geriatric services. Furthermore, the CCAC provides professional health care, personal support services, medical supplies and equipment and social work and health care professionals to assist clients/families/caregivers deal with the many issues that arise as a result from illness or disability.⁶⁹



No statistics are available for the year 1999 because of changes in the CCAC computer system.

CCAC staff indicated that the increased numbers of people on waiting lists are a result of the numbers within the community's aging population and the availability of vacant LTC home beds creating the difficulty in meeting demand.

Rural Health

The British Columbia Rural and Remote Health Research Institute (as cited in Barr et al., 2004) reported that rural areas in Ontario face unique health challenges due to factors of higher annual death rates, higher infant mortality rates, and lower life expectancies. Rural areas are also challenged by inadequate health facilities, technology, and shortage of health

⁶⁸ WRWDDHC. (2002). Chapter 3: Long term consumer trends. In *Toward 2006, directions for community long-term care services in Waterloo Region and in Wellington Dufferin Counties*. Guelph: Author. pp. 17.

⁶⁹ Community Care Access Centre. (n.d.) Retrieved May 13, 2005 from www.cacwat.on.ca.



professionals. Furthermore, rural areas, although accounting for 95% of Ontario's landscape, are often not considered in government restructuring and service provision plans.⁷⁰

As a result of recent and expected population growth in North Dumfries, there is a need for more family physicians. Presently, there is only one family physician located in the Township.⁷¹ In addition, the Township does not have adequate medical equipment or facilities. Due to the high percentage of seniors in the community, assisted transportation is also a significant issue that affects access to health services. Seniors often require transportation to help them with their out of town medical appointments, for example.⁷²

"While a number of people said that they travel to other communities for health care, it appears that many would prefer to access services closer to home."

Barbara Zupko, 2004

Many residents are also concerned about stress related to farming. One of the most stressful factors in a farming lifestyle relates to the fact that many challenges are beyond farmers' control (e.g., the impact of weather on their finances, farm subsidies in other countries, and competition created by larger farms). Furthermore, farmers are self employed and, thus, do not have health care or benefits. Over time, this stress may cause farmers to withdraw from the community and become isolated. It is important that they receive support for these mental health issues.⁷³

Satellite Community Health Centre (through Langs Farm)

The Langs Farm Village Community Health Centre in Cambridge is part of a larger community development process that focuses on prevention of disease through education, self-help, competence building and social support.

Langs Farm Village Association is currently in the process of building a satellite community health center in North Dumfries that will offer health promotion, support to families, general wellness services, as well as regular medical services including physical exams, treatment of illness, and prenatal examinations. Presently, one doctor and one nurse practitioner have been hired. The satellite clinic has received funding for 1.4 physicians, one receptionist, one medical secretary and a variety of staff on a part time basis (nurse practitioner, health promoter, community health worker, counselor, book keeper, coordinator, dietitian, registered nurse and registered nurse practitioner).⁷⁴

Mental Health

According to Health Canada, "mental illnesses are characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with significant distress and

⁷⁰ Barr, C., McKeown, L., Davidman, K., McIver, D., & Lasby, D. (2004). *The rural charitable sector research initiative: A portrait of the nonprofit and voluntary sector in rural Ontario*. Toronto: Canadian Centre for Philanthropy.

⁷¹ Zupko, B. (2004). *Rural health study summary of findings: North Dumfries*. Waterloo: Region of Waterloo Public Health. p. 3.

⁷² Community Support Services of Ayr and North Dumfries. Personal communication with agency staff. August 2004.

⁷³ Zupko, B. (2004). *Rural health study summary of findings: North Dumfries*. Waterloo: Region of Waterloo Public Health.

⁷⁴ Community Health Centre North Dumfries, personal communication with Hallie Streath R.N., March 22, 2005.



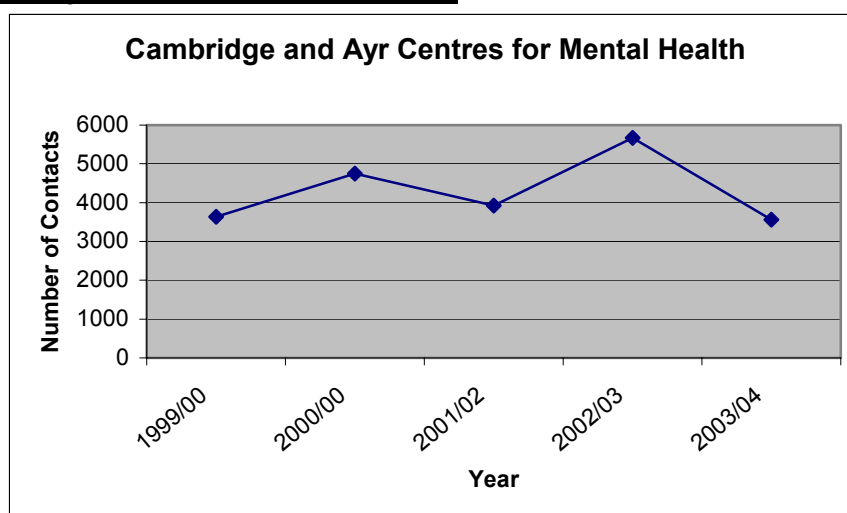
impaired functioning.⁷⁵ It is estimated that 20% of Canadians will experience mental illness during their lifetime, with onset of symptoms frequently beginning in adolescence or young adulthood. The stigma attached to mental illness often prevents individuals from being diagnosed and treated, and from being accepted into the community.⁷⁶

The Ontario Ministry of Health and Long-Term Care channels funding in the community to respond to individuals who have high mental health needs through Assertive Community Treatment (ACT) Teams. ACT Teams provide intensive case management for individuals with severe and continuing mental health problems. In Ontario, the Ministry of Children and Youth Services has committed to investing \$13 million to increase accessibility to children's mental health programs by expanding 96 existing programs and creating 113 new children's mental health programs.⁷⁷

The Canadian Mental Health Association (CMHA), through its three centres in Waterloo Region work "with the community to provide opportunities for all individuals to enhance their mental health and the quality of their lives and eliminate bigotry, prejudice, and the resulting stigmas." CMHA's vision is that of an inclusive community which promotes emotional well-being, human dignity and social justice, and where all people are valued and have equal opportunities to participate in all aspects of life. CMHA provides direct services to those with mental health issues, advocates for quality services and responsive communities, public education and awareness regarding mental issues and mental wellness, along with community and research.

The Centres for Mental Health Cambridge and Ayr offer an extensive mental health Resource Centre that provides information, education, support and referrals to people who experience mental health issues. Family members, other services providers and students all utilize these resources. The Centres for Mental Health also provides long term support coordination and short term coordination to those individuals experiencing major mental health issues.⁷⁸

Cambridge and Ayr Centres for Mental Health



⁷⁵ Health Canada. (2002). *A report on mental illnesses in Canada*. Retrieved May 5, 2005 from <http://phac-aspc.gc.ca/publicat/miic-mmacc/index.html>.

⁷⁶ Health Canada. (2002) *A report of mental illnesses in Canada*. Retrieved May 5, 2005 from <http://phac-aspc.gc.ca/publicat/miic-mmacc/index.html>.

⁷⁷ Canadian Mental Health Association Waterloo Regional Branch & Wellington Dufferin Branch. (2005 Spring). *Mental health matters*, 18(1). Retrieved May 5, 2005 from <http://www.cmhawrb.on.ca/Spring%202005.pdf>.

⁷⁸ Canadian Mental Health Association. Personal communication May 24, 2005.



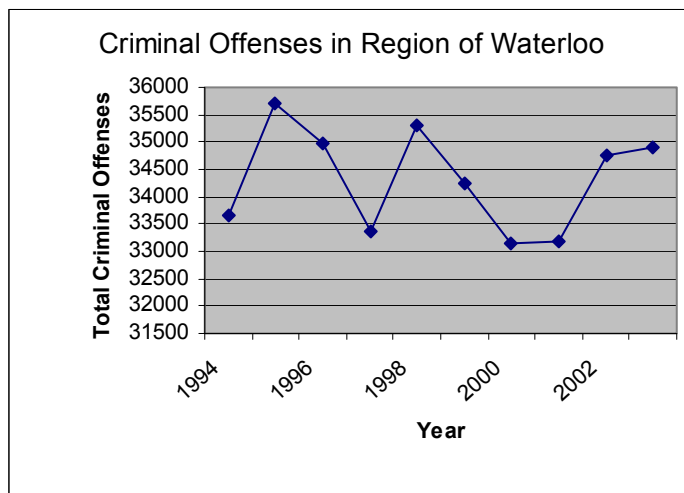
More dollars are needed for case management and for people who require intensive short-term support. Specifically in Cambridge, due to lack of funding, there is need for more preventative education and outreach for individuals who do not believe they have a mental health issue or do not want to receive support from a formal mental health system. Another challenge is that, although they can refer people for supports, the wait lists for those supports are often long. This presents a risk to community health and well-being.

3.8 Community Safety

Safety has been identified by the Federation of Canadian Municipalities as an important indicator for determining an individual's quality of life. Based on Statistics Canada data, Canada's crime rate had declined steadily for the last decade. However, in 2001 an increase of 1% was reported.⁷⁹ By 2003, Canada's crime rate had increased by 6%, a substantial gain compared to the past decade. Higher crime rates have been attributed to increased property crimes and minor offenses such as mischief and disturbing the peace.⁸⁰

Crime rates are considered to be a result of interactions between numerous factors, including poverty, physical and sexual abuse, illiteracy, low self-esteem, inadequate housing, school failure, unemployment, inequality and dysfunctional families. Societal functioning is also often linked to public policy and social expenditures.⁸¹

Waterloo Regional Police Service



Crime rates vary from year to year. In the Region of Waterloo, crime has only increased slightly from 1994 to 2003 (3.5%).

Cambridge and North Dumfries experienced 788 violent criminal offenses in 2002, which increased to 863 offenses in 2003. There were 6,059 incidents of property crime in 2002, decreasing in 2003 to 5,901 offenses. Overall, crime rates have remained relatively steady over the past decade.⁸²

⁷⁹ Federation of Canadian Municipalities. (2003). *Policy statement on community safety and crime prevention*. Retrieved March 18, 2005, from Federation of Canadian Municipalities Website: www.fcm.ca/newfcm/Java/frame.htm.

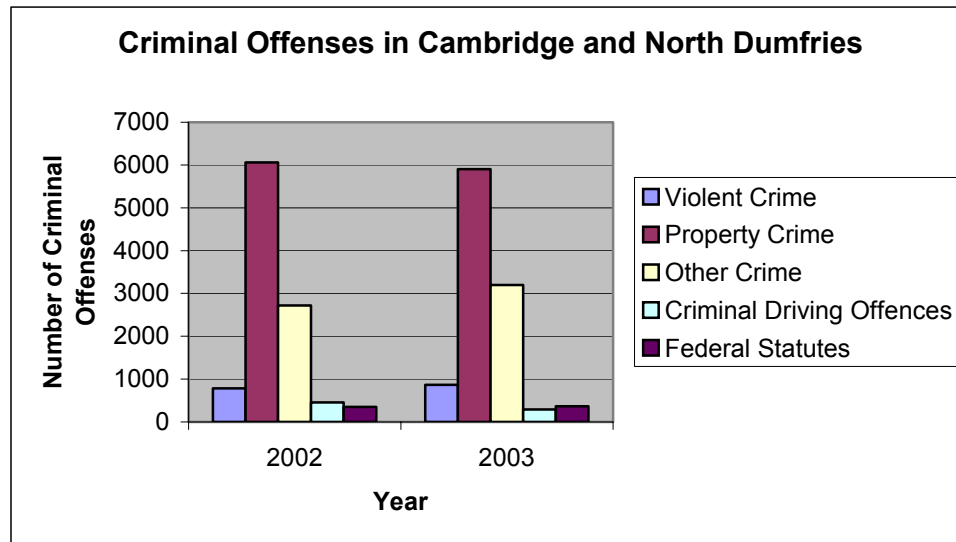
⁸⁰ Statistics Canada. (2004). The Daily Wednesday July 28, 2004. *Crime Statistics*. Retrieved March 18, 2005 from <http://www.statcan.ca/Daily/English/040728/d040728a.htm>.

⁸¹ Raphael, D. (2004). *Making the links: What do health promotion, crime prevention, and social development have in common?* Retrieved January 21, 2005 from www.upei.ca/si/si2004Dennis_Raphael_August_09.pdf.

⁸² Waterloo Regional Police Services. Agency Statistics. January 21, 2005.



The following graph illustrates the types of crimes committed in 2002 and 2003 for Cambridge and North Dumfries. Violent and property crimes are the most prevalent.



Family and Children Services of Waterloo Region

Family and Children Services of Waterloo Region is a nonprofit social service agency under the authority of the Ontario child welfare legislation that strives to work with the community to protect and support children, strengthen families, and develop a caring environment for children.⁸³

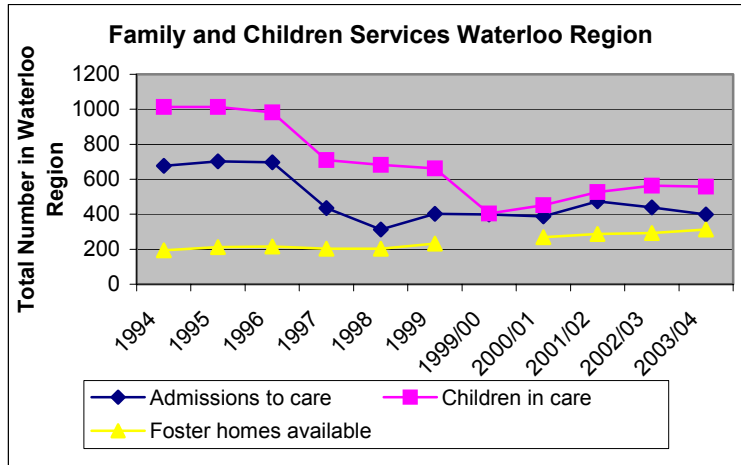
In 1998, the Provincial Government implemented Child Welfare Reforms to ensure that communities and Children Aid Societies were better able to identify those children needing protection and to perform comprehensive investigations. This shift toward investigations ultimately decreased services that would help families develop their capacity to care for their children safely.⁸⁴

As a result of negative feedback to some of these reforms and a desire for change, in 2003-2004 the new Ministry of Children and Youth Services moved to create policies that emphasize outcomes for children and refocus worker time toward children and families rather than administrative duties. Further new service directions include increased foster care and adoption, integration of services and collaboration of multi-levels of government, more accountability, and a reduction in the extent of court-ordered interventions.

⁸³ Family and Children Services of Waterloo Region. (n.d.) Retrieved May 13, 2005 from <http://www.facswaterloo.org/html/FACSAboutUs.html>.

⁸⁴ Family and Children Services of Waterloo Region. (2004). *Annual Report 2003-2004*. Kitchener: Author.

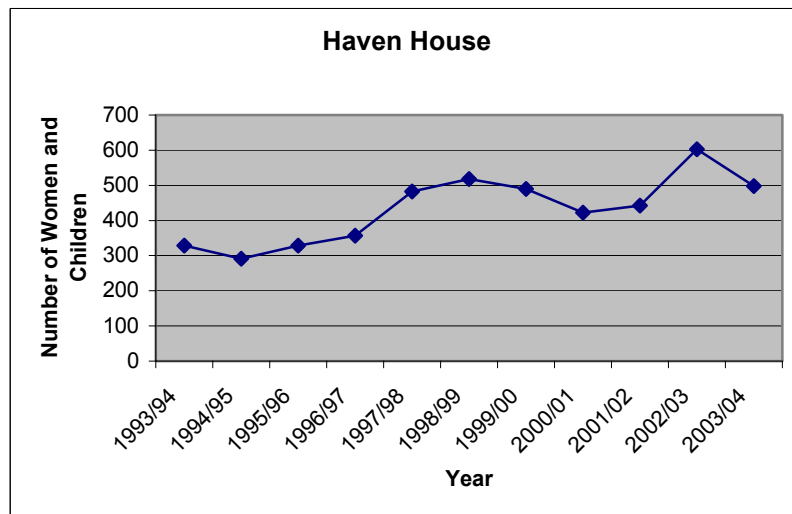




Child welfare admissions to care (otherwise known as “foster care children in care”) in the Region have decreased from 677 in 1994 to 399 in 2003/2004. The number of children in care has also decreased, from 1,014 in 1994 to 558 in 2003/2004. At the same time, the number of foster care homes that are available in the Region has increased from 193 in 1994 to 312 in 2003/2004. In Cambridge, the number of referral calls (calls received regarding information about a child’s possible need for protection) has risen slightly from 1,737 in 2001/2002 to 1,841 in 2003/2004.⁸⁵ Service delivery patterns have remained relatively stable. This trend has been observed for the last three years and may be attributed to an increase in the availability of programs and an increase in the capacity of parents to care for their children.

Haven House

Haven House is a secure location shelter in Cambridge that provides shelter, support, and services to women and children who have been abused or are fleeing violence. In addition to offering accommodation, meals, and personal items, Haven House also assists women to locate affordable housing, secure financial support, and overcome social barriers. Specific services and programs include a 24-hour crisis line, an Outreach and Residential Program, Volunteer Program, Public Education Program, and a Child Witness Program.



⁸⁵ Family and Child Care Services, Region of Waterloo. Agency Statistics. March 3, 2005.



Although funding has not increased in the past decade, Haven House continues to respond to the increasing demand for their services. In 2004, Haven House received 4,832 crisis calls, a dramatic increase from the 1,574 calls they received five years prior. Furthermore, the number of women and children being served has steadily increased. In the residential program, for example, the number of women and children served has grown from 329 in 1994, to 498 in 2004.

Common challenges that shelter occupants face include alcoholism and drug use, lack of financial independence and anger management issues. These problems are often exacerbated by the prevalence of language barriers, immigration challenges and multicultural issues, which can lead to miscommunication with support workers. Another concern for clients is the experience of re-victimization by the system that intends to be supportive.⁸⁶

Elder Abuse

A definition of elder abuse is the experience physical, financial or psychological harm at the hands of loved one. This is a very painful reality that is often unreported, due to the intimate relationship between victim and offender. It is estimated that 1 in 10 seniors may experience such abuse.⁸⁷

Elder abuse has gained recent attention in the Region of Waterloo as a result of the Elder Abuse Response Team created in 2004 as a joint venture between the CCAC and Waterloo Regional Police Services. During the first six months of operation, the team has received over 30 requests for consultation and has made 50 direct interventions, for a total of 80 calls.⁸⁸

3.9 Income and Employment

Income Trends

The ratio of low to high income families is often used to represent income inequity. In Canada, 90% of families have lower incomes and 10% of families have higher incomes. Economic gain over the 1990s was often realized by individuals who were already wealthy, rather than being distributed to lower or middle classes. As a result, the gap between the wealthy and the poor keeps expanding. In fact, statistics show that the wealthier 20% of families were increasing their wealth by approximately 10%, while total family income stagnated in the poorest 20% of families.⁸⁹

Low income trends mainly appear in the following five groups: single parents, recent immigrants, people with work disabilities, unattached people between 45 and 64, and Aboriginal people.⁹⁰

Cambridge has a slightly higher median household income and North Dumfries has a significantly higher median household income compared to the Region or province, as illustrated in the following chart.

⁸⁶ Haven House. Agency Statistics. February 8, 2005

⁸⁷ Elder response team member, personal communication, January 27, 2005

⁸⁸ Arlene Groh, personal communication, February 24, 2005.

⁸⁹ Statistics Canada. (2004). Study: Trends in income inequality in Canada from an international perspective. *Daily Thursday, February 10, 2005*. Retrieved March 22, 2005 from

⁹⁰ Statistics Canada. (2004, February 10). Study: Trends in income inequality in Canada from an international perspective. *Daily*



HOUSEHOLD INCOME ⁹¹	Cambridge	North Dumfries	Region of Waterloo	Ontario
Median household income (\$) all households	56,544	75,364	55,860	53,626
Median household income (\$) one-person households	23,891	34,409	26,818	25,253
Median household income (\$) two-or-more persons households	65,573	79,396	66,072	64,201

2004 Poverty Line Estimates⁹²

The following chart characterizes current poverty line estimates applicable to families in North Dumfries and Cambridge.

Family Size	LICO Applicable to North Dumfries (i.e., Rural Areas)	LICO Applicable to Cambridge (i.e., population range of 100,000-499,999)
1	\$13,021	\$17,241
2	\$16,275	\$21,551
3	\$20,242	\$26,803
4	\$24,502	\$32,445

Labour Trends

According to Statistics Canada, it is expected that there will be a shortage of up to 1 million workers within the next 20 years. As a result, Canada's net labour force growth will largely come from immigration.⁹³

Some of the key issues and trends for the Region include:⁹⁴

- A lack of utilization of existing education, skills and qualification within the labour market equity groups (e.g. immigrants, persons with disabilities, women)
- A critical shortage of professionals and skilled technical workers in the health care sector
- A shortage of skilled trades people
- The need to address an aging work force

Waterloo Wellington Training & Adjustment Board identified that in 2010 and 2015 there will be a demand for electronic service technicians, boilermakers, cooks, assistant cooks, carpenters, cabinetmakers, brick and stone masons, auto body repairers/painters, small engine/marine engine technicians, fitters, electric motor rewind mechanics, and welders (assuming existing rates of new skills certification and patterns of migration).⁹⁵

⁹¹ Statistics Canada. (2001). *Community profiles: Families and dwellings*. Retrieved April 14, 2005 from www.statcan.ca

⁹² National Welfare Council. (2004). *Fact Sheet: 2004 Poverty Lines Estimates as published in Poverty Profile 2001*. Ottawa: National Council of Welfare.

⁹³ Centre for Research and Education in Human Services. (2005) *Foundations fro a Waterloo Region immigrant employment council*. Kitchener: Author.

⁹⁴ Waterloo Wellington Training and Adjustment Board. (2005). *Trends, opportunities and priorities: A community plan of action 2004-2005*. Cambridge: Waterloo Wellington Training and Adjustment Board.

⁹⁵ Smith, L. (2005). *Skilled trades projection 2015*. Cambridge: Waterloo Wellington Training and Adjustment Board



According to Census 2001 statistics, the following trends relate to labour for our communities.

- Cambridge's unemployment rate is typically below provincial and national values
- 77% of Cambridge's population (15+ years) participated in the work force
 - 60% of the labour force worked full time and 40% worked part time.
- 76% of North Dumfries' population (15+ years) participated in the work force
 - 58% worked full-time and 40% worked part-time
- 4.8% worked at home, while 87.5% worked at a usual place of work
- 92.8% traveled to work by car (9.1% as passengers), 2.5% traveled by public transit, and 4.0% walked or bicycled
- 13,515 people provided unpaid care of assistance to seniors
- 38.1% of the experienced labour force in Cambridge were involved in the manufacturing and construction industry, 16.1% in wholesale and retail, 14.1% in business services, and 11.5% in health and education

John Howard Society of Waterloo Wellington

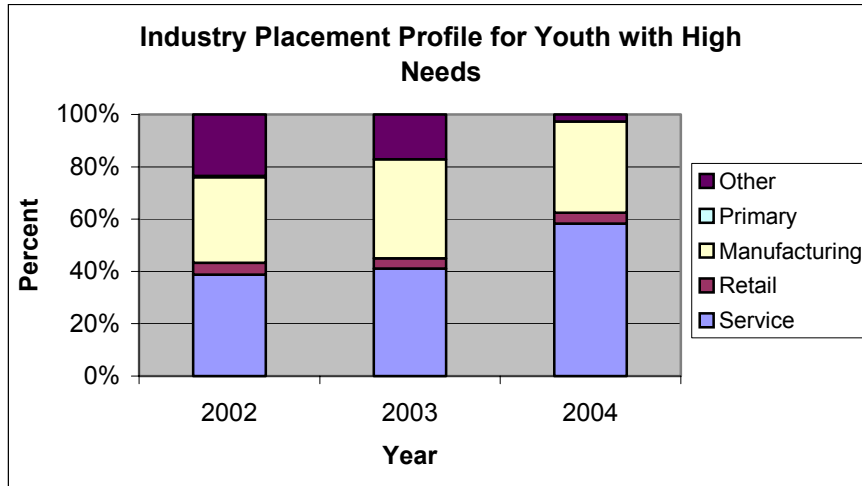
The John Howard Society is a nonprofit organization that works primarily with people who have been in trouble with the law. They offer programs to prevent objectionable behaviour or re-offending. Cambridge Career Connections, a program offered through the John Howard Society, is focused on youth 15-30 who are out of school, unemployed or underemployed. Support is provided for resume preparation, job searching and career planning.⁹⁶ Career Cambridge Connections offers the following programs⁹⁷:

- Free resource center with job boards, a computer, access to the internet, a telephone, a fax machine, a photocopier, employment related software, career development resources, employment counseling, friendly knowledgeable staff and convenient hours
- Job Connect (employment preparation services)
- Summer Job Service (for students, youth, and employers to connect, as well as subsidies for eligible employers)
- Assisted Career Coaching Through Employment Support Services (ACCESS - additional support for youth to be successful at work)
- Youth Entrepreneurship Program (YEP – helps youth start a small business)
- Housing Help Centre (helps youth and adults find suitable accommodation)

⁹⁶ John Howard Society of Waterloo Wellington (n.d.). Retrieved April 15, 2005 from www.waterloo.johnhoward.on.ca/communit.htm.

⁹⁷ Cambridge Career Connections (n.d.) Retrieved April 15, 2005 from <http://www.cambridgecareerconnections.com>.



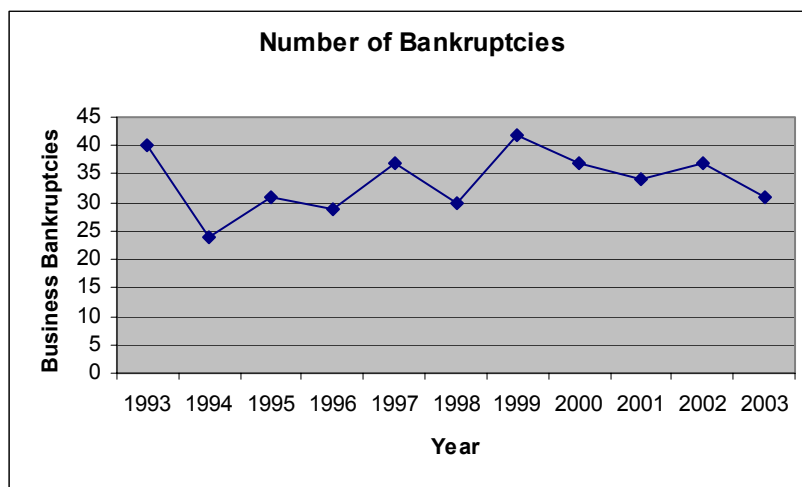


Over the past 3 years, more youth have been placed in the service industry and fewer youth have been placed in 'other' industries (both by 20%), while the number of youth placed in the retail industry has remained steady and placement in manufacturing has increased by 3%.

Overall, between 2000 and 2004, the number of Cambridge Career Connection participants who are employed or are in training after three months has gradually increased (4%).

Business Bankruptcies

Cambridge is a thriving economic area. This is due to a number of factors, including a diverse industrial base and a growing population that creates a climate which is attractive to new businesses for relocation and expansion. Overall, over the last decade the number of business bankruptcies in Cambridge has declined. ⁹⁸



In 2003, there were 31 businesses in Cambridge that went bankrupt with net liabilities of \$6.7 million.

⁹⁸ *Community Profile: Economic and Social Features* is available on-line at www.city.cambridge.on.ca and is published by the Economic Development Division at the City of Cambridge (last updated August 2004).



Social Assistance Programs

Social assistance, administered by the Region of Waterloo under the Ontario Works Act, is the government program that provides minimal income to people who are in need for Cambridge and North Dumfries. Costs for this program are shared between the province under the Ontario Disability Support Program and the Region.⁹⁹ Benefit levels and eligibility criteria are determined by the province, eligibility depends on the reasons that a person may need assistance (e.g., lack of employment, family breakdown or inability to work). Social assistance is often considered a last resort, as it provides income well below Statistics Canada's Low Income Cut-Off (LICO – see above).¹⁰⁰

For the first time since 1993, the Ontario Budget increased the basic needs allowance and maximum shelter allowance for individuals and families by 3% in February/March 2005. There are more than 670,000 Ontarians who presently receive social assistance.^{101 102}

Ontario Works

Ontario Works provides temporary financial and employment assistance to those who are in financial need. Employment assistance includes job search support services, basic education and job skills training, community and employment placement, supports to self-employment, Learning, Earning and Parenting program, addiction services and earning exemptions.¹⁰³

In 2004, the average number of cases was 6,390. However, size of caseloads varies throughout the year and is generally the highest at the outset of a new year. The Region notes that there is a "significant gap between the skills and abilities of those receiving Ontario Works and the demands of the labour markets" (Region of Waterloo, 2005, p. H).

Ontario Disability Support Program

The Region of Waterloo shares the cost of this program with the province. The Ontario Disability Support Program (ODSP) provides financial assistance to Ontarians over the age of 18 who are in financial need and have a significant physical or mental impairment that makes it difficult to work, participate in the community or care for themselves. A single person can receive up to \$930 per month depending on their situation and a family of two can receive \$1,417 per month.¹⁰⁴

In the Region of Waterloo, caseloads have gradually increased at an average rate of 20 cases per month. Average caseload per year is 6,086 cases.¹⁰⁵

⁹⁹ Region of Waterloo. (2005). *Information: Social assistance costs – 2005 Budget*. Retrieved April 18, 2005 from [www.region.waterloo.on.ca/web/Region.nsf/10/1B7DCFD97FE217785256F9A006F707D/\\$file/socass.pdf](http://www.region.waterloo.on.ca/web/Region.nsf/10/1B7DCFD97FE217785256F9A006F707D/$file/socass.pdf).openelment.

¹⁰⁰ Snyder, L. (2003). Workfare. In A. Westhues (Ed.), *Canadian social policy: Issues and perspectives*. Waterloo: Wilfrid Laurier University Press.

¹⁰¹ Ministry of Community and Social Services. (2004). *Ontario social assistance rate increase and special payments*. Retrieved April 15, 2005 from <http://www.cfcs.gov.on.ca/cfcs/default.htm>.

¹⁰² Ministry of Community and Social Services. (2004). *Ontario social assistance: Quarterly statistical report: Ontario works*. Retrieved April 15, 2005 from <http://www.cfcs.gov.on.ca/cfcs/default.htm>.

¹⁰³ Ministry of Community and Social Services. (2004). *Ontario social assistance: Quarterly statistical report: Ontario works*. Retrieved April 15, 2005 from <http://www.cfcs.gov.on.ca/cfcs/default.htm>.

¹⁰⁴ Ministry of Community and Social Services. (n.d.). Retrieved April 18, 2005 from <http://CFCS/en/programs/IES/OntarioDisabilitySupportProgram/publications/DoYouHave.htm>

¹⁰⁵ Region of Waterloo. (2005). *Information: Social assistance costs – 2005 budget*. Retrieved May 26, 2005 from [http://www.region.waterloo.on.ca/web/region.nsf/0/1b7dcfd97fe217785256f9a006f707d/\\$file/socass.pdf?openelment](http://www.region.waterloo.on.ca/web/region.nsf/0/1b7dcfd97fe217785256f9a006f707d/$file/socass.pdf?openelment)



Guaranteed Income Supplement

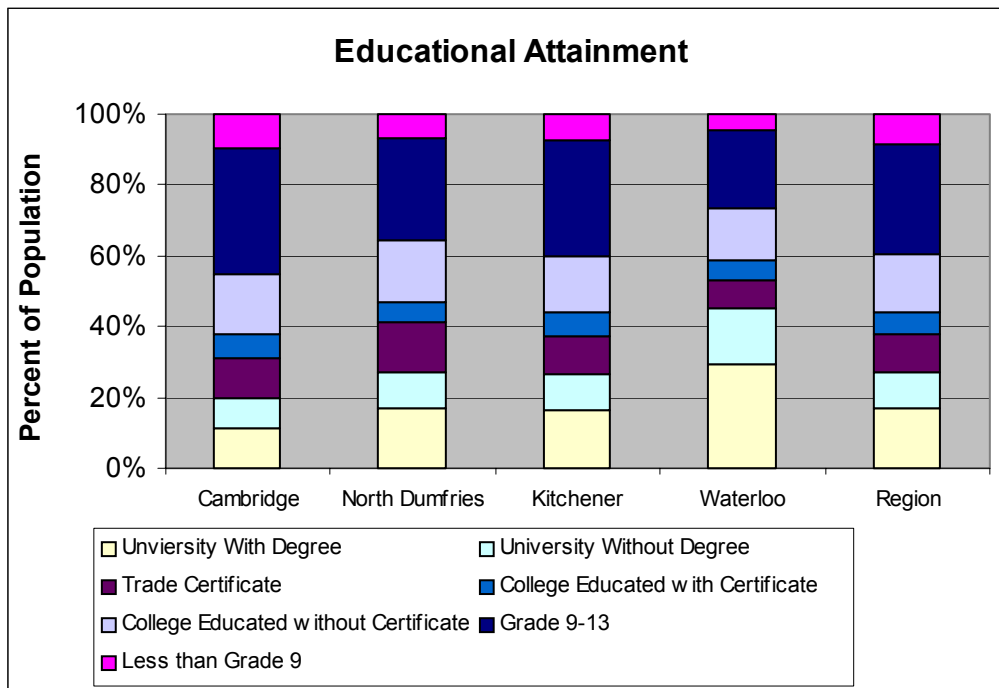
The Guaranteed Income Supplement (GIS) is a monthly benefit paid to residents of Canada who have little or no other income other than the basic, full, or partial Old Age Security Pension. Recipients must reapply annually for the GIS benefit through their income tax returns and the amount varies depending on their yearly income. The GIS supplement is not subject to income tax.¹⁰⁶

3.10 Education

Educational Attainment

Due to technological developments, work organizational changes, and globalization, there is an increased demand for a highly educated workforce, and/or higher skilled labour in Canada. Employment growth has notably increased in white-collared/high skill occupations such as professional, technical, administrative, and managerial occupations. Unemployment rates are higher and growing more rapidly for people with low educational qualifications.¹⁰⁷

According to the 2001 Census, 15% of Cambridge's population 15+ has some university education, 12% have a trade certificate, 25% have some college education, 38% have education from grades 9-13, and 10% have less than grade 9 education. For North Dumfries, 23% of the population aged 15+ has some university education, 15% have a trade certificate, 25% have some college education, 31% have education from grade 9-13, and 7% have less than grade 9.¹⁰⁸



¹⁰⁶ Ministry of Community and Social Services. (n.d.). Retrieved April 18, 2005 from <http://sdc.gc.ca/isplaoasoverview.shtml>.

¹⁰⁷ Organization for economic co-operation and development statistics Canada. (2000) *Literacy in the information age: Final report of the International adult literacy survey*. Minister of Industry: Canada

¹⁰⁸ Region of Waterloo Statistical Profile: Population and Households (2003). *Education and Mobility*. Retrieved February 2005 from www.region.waterloo.on.ca.



Compared to the Region, residents in Cambridge lag behind in university and college education. They also have a higher percentage of people with Grade 9-13 education. North Dumfries residents have a very similar level of educational attainment.

Drop Out Rates¹⁰⁹

The Waterloo Region District School Board collected statistical data on *early leavers* for the year 2003-2004. Students who withdraw from school before earning credits required for an Ontario Secondary School Diploma (OSSD) and did not transfer to another school leading to graduation, or did not enroll in a specialized program such as an exchange program are defined as early leavers.

A summary of the data collected in the Waterloo District School Board revealed that:

- 8% of secondary students leave early
- Early leavers are generally male and over the age of 18
- Students generally leave in February or June.
- When student's credit accumulation is 3 or 4 years behind their class standing by age, they more likely to be an early leaver.

Due to the method used by the WDSB to track student activity, it is sometimes difficult to determine if a student is an early leaver. Thus, these numbers may not be completely accurate.

Given the increased educational requirements for higher paying jobs, it is important that youth complete their schooling.

Literacy Levels

Between 1994 and 2003, two literacy surveys were conducted to compare Canada's literacy rates with those around the world. The 2003 Adult Literacy Survey found that approximately 15% of people (over 3 million Canadians) aged 16-65 have difficulty reading. Comparisons between the surveys found little change in Canada's overall literacy scores over the past nine years. However, there was a slight decrease in the gap between adults with the lowest literacy levels, and those with the highest.¹¹⁰

Literacy levels are defined as:

Level 1: Persons with poor literacy skills. These people may be unable to determine important information on labels, such as when administering medication.

Level 2: Persons can deal with simple and clear printed material. It denotes weak skills, but higher than Level 1. These people have often developed coping skills to manage everyday literacy demands, but still face difficulties as a result of their low proficiency.

Level 3: This is the threshold of being literate.

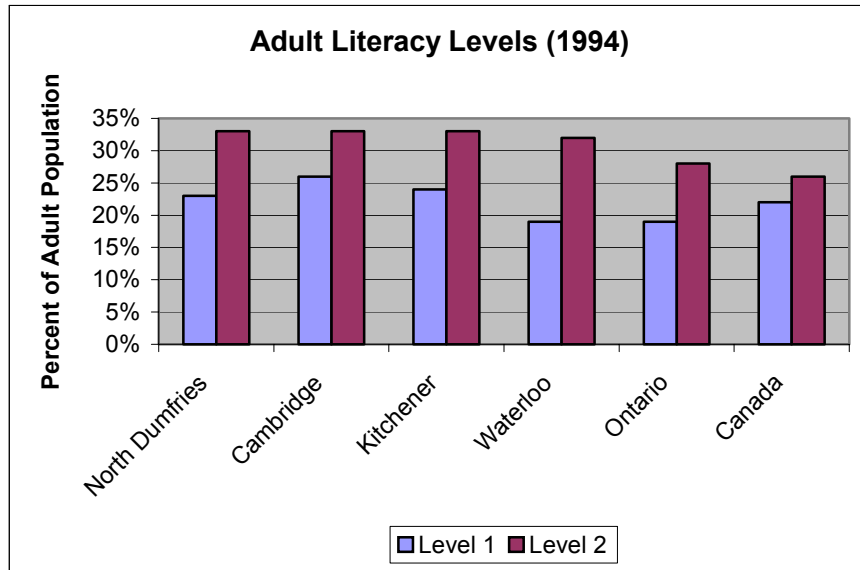
Cambridge and North Dumfries have a higher percentage of the population at Level 1 or Level 2 literacy levels than the rest of the province or country. Cambridge has a large industrial base related to manufacturing, which may attract workers who have lower literacy levels. However, due to the large numbers of New Canadians that move to this area, English as a

¹⁰⁹ Waterloo Region District School Board. (2004). *Report to the board: September 27, 2004: Early leavers, 2003-2004*. Waterloo: Waterloo Region District School Board.

¹¹⁰ Statistics Canada. (2005, May 11). *Adult Literacy and Life Skills Survey*. *The Daily*. Ottawa: Author.



second language should also be considered when interpreting literacy levels for this community.¹¹¹



Based on results from the International Adult Literacy Survey (1994), 56% of adults in North Dumfries were either at a Level 1 or Level 2 literacy level. Similarly, 59% of Cambridge adults were at a Level 1 or Level 2 literacy level. The literacy levels for Level 1 and Level 2 in Kitchener and Waterloo were 57% and 51%, respectively. Provincially, 47% of adults are at a Level 1 or Level 2, and nationally, 48% of adults are at a Level 1 or Level 2 literacy level.¹¹²

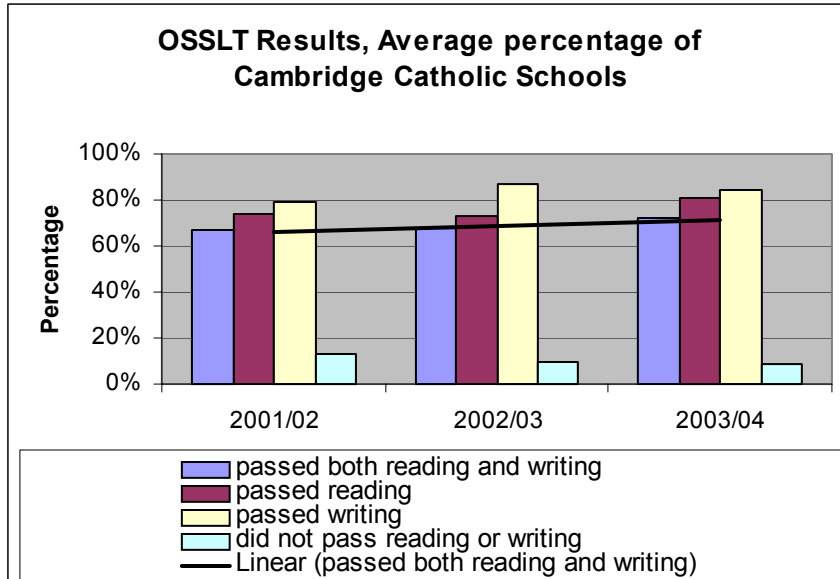
Ontario Secondary School Literacy Test

In Ontario, Grade 10 students must successfully complete The Literacy Test in order to receive an Ontario Secondary School Diploma.

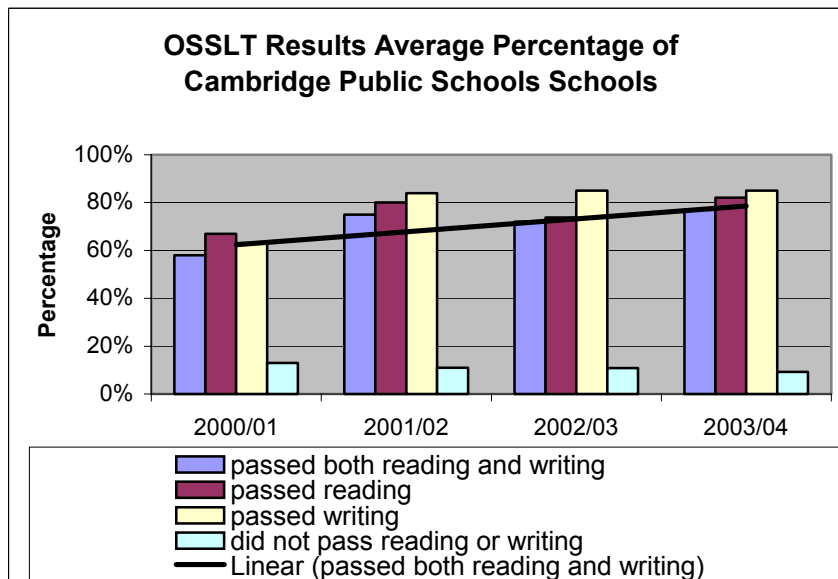
¹¹¹ The Cambridge & North Dumfries Community Foundation. (2004). *Request for support*. Cambridge: Author.

¹¹² Project Read (n.d.) Retrieved February 2005 from www.projectread.ca.





The percentage of catholic secondary school students that passed both reading and writing increased by 5% between 2001/2002 and 2003/2004.



The percentage of public secondary school students that passed both reading and writing increased by 19% between the years 2000/2001 and 2003/2004. Compared to the Waterloo Region, public secondary school students in Cambridge have a slightly higher average number of students who passed both reading and writing on the Literacy Test (77% compared to 76%). Catholic school students in the Waterloo Region fare slightly poorer on average than other students in the Waterloo Region (72% compared to 74%).

3.11 Diversity

Cities are becoming more diverse through globalization and increasing rates of international migration. Diversity, whether in cultures, races, languages, religions, or ethnicity, can be viewed as a strength that adds a competitive advantage to municipalities. It can also be viewed as a social and governance challenge, as issues of diversity often intersect with those



of gender, class, ability, and sexual orientation. It is important for municipalities to proactively address diversity and create policies that support social inclusion and equity.¹¹³

Au (2000) identifies the following community challenges related to addressing diversity:¹¹⁴

- Planning for an aging population and long-term care facilities that meet the needs of a multicultural population. Such planning should include the creation of ethno-specific housing, accommodation of different lifestyle and eating habits, and pre-determination of how much integration should be forced upon aging immigrants.
- The need to address the growing level of income disparity and poverty that exists among diverse populations, as low socioeconomic status compounds any challenges that an individual faces.
- The need to address safety concerns related to housing, homelessness and health. This includes the need to encourage diverse populations participate meaningfully in their communities.
- The need for accountability in the area of public education concerning racial tensions, stigma and discrimination.
- The need to integrate human rights as a way of valuing social, ethnic, economic and sexual diversity.

Unfortunately, diverse groups are very difficult to track as they include marginalized and oppressed groups who often are unwilling to reveal their identities.

Ethnicity

In Canada, the population of visible minorities will increase anywhere from 1% to 7% between the years 2005 and 2017. Although the population that does not belong to a visible minority will continue to grow, it will grow at a much slower pace. By 2017, demographic researchers project that approximately 1 in 5 Canadians would be a visible minority. The visible minority groups that will grow the fastest include West Asians, Korean, and Arab groups.¹¹⁵

Immigration will be a leading cause of growth in Ontario regions in the future. Moreover, the Region of Waterloo has an extraordinarily high percentage of refugees and secondary migrants compared to the province.¹¹⁶ It is important to note that more immigrants are coming from non-English speaking countries, which increases the challenges that immigrants face with achieving social integration and well-being. In the Region of Waterloo, India, Romania, and China have consistently been the top four leading countries of birth for new immigrants.¹¹⁷

According to the 2001 Census, 95% of Cambridge residents are Canadian citizens. 54% of these are third generation Canadians or more, 20% are second generation and 26% are first generation.¹¹⁸ 17.9% of the population first learned and still understands a language other than English or French, which is slightly higher than 17.1% found in the 1996 Census.¹¹⁹

¹¹³ Metropolis. (n.d.). Retrieved April 19, 2005 from <http://canada.metropolis.net>.

¹¹⁴ Au, W. (2000). *Urban diversity: Managing multicultural cities: Municipal perspective*. Retrieved April 19, 2005 from http://canada.metropolis.net/events/urban-forum/vancouver_html.

¹¹⁵ Statistics Canada. (2005). *Population projections of visible minority groups, Canada, province and regions, 2001 and 2017*. Ottawa: Author.

¹¹⁶ Centre for Research and Education in the Human Services. (2005). *Foundations for a Waterloo Region immigrant employment council*. Kitchener: Author.

¹¹⁷ Public Health, Health Determinants, Planning and Evaluation. (2004). *A profile of immigrants in Waterloo Region: Fact sheets*. Waterloo: Region of Waterloo.

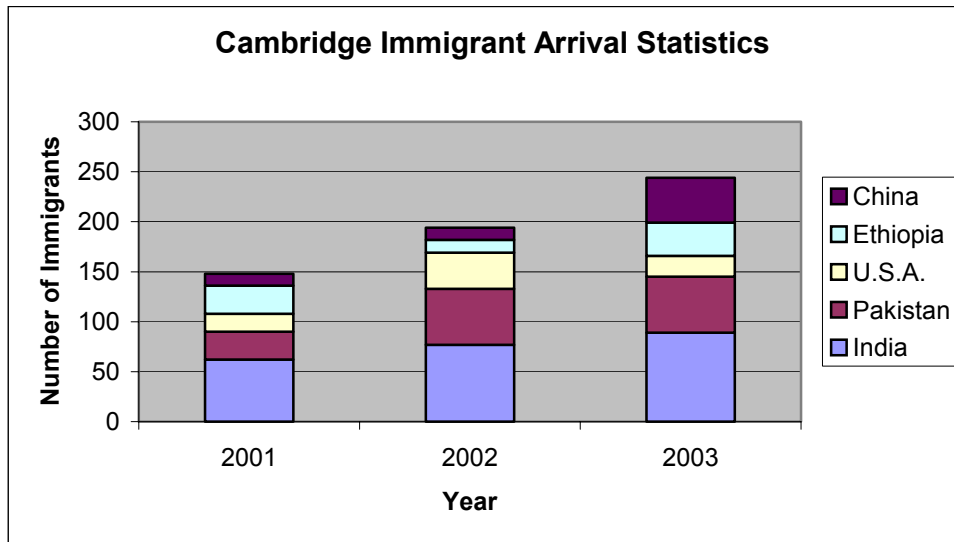
¹¹⁸ Burton, S. & Hare, S. (2005). *Moving forward together: Community assets inventory report for the City of Cambridge and the Township of North Dumfries*. Cambridge: Moving Forward Together.

¹¹⁹ Smith-Carrier, T., Adema, W., Vandebelt, D., & Pye, A. (2003). *Social issues and trends in Cambridge*. Cambridge: Social Planning Council of Cambridge and North Dumfries.



Census 2001 data showed that 97% of North Dumfries residents are Canadian citizens. 63% of these are third generation Canadians or more, 21% are second generation and 16% are first generation.¹²⁰ 1% of the population only regularly speaks a language other than English or French at home.¹²¹

Based on surveys administered to Cambridge-based newcomers who accessed the YMCA's settlement services and have lived in Canada for less than 3 years, the top three needs upon arrival include education/ESL, housing, and employment. Twenty nine percent of participants indicated that they had experienced discrimination and/or intolerance.¹²²



Data is not available for 2004.

From 2001-2003, there were a total of 228 immigrants from India, 140 from Pakistan, 75 from U.S.A, 74 from Ethiopia, and 69 from China. There was a 40% increase in the number of immigrants arriving in Cambridge from 2001 to 2003.¹²³

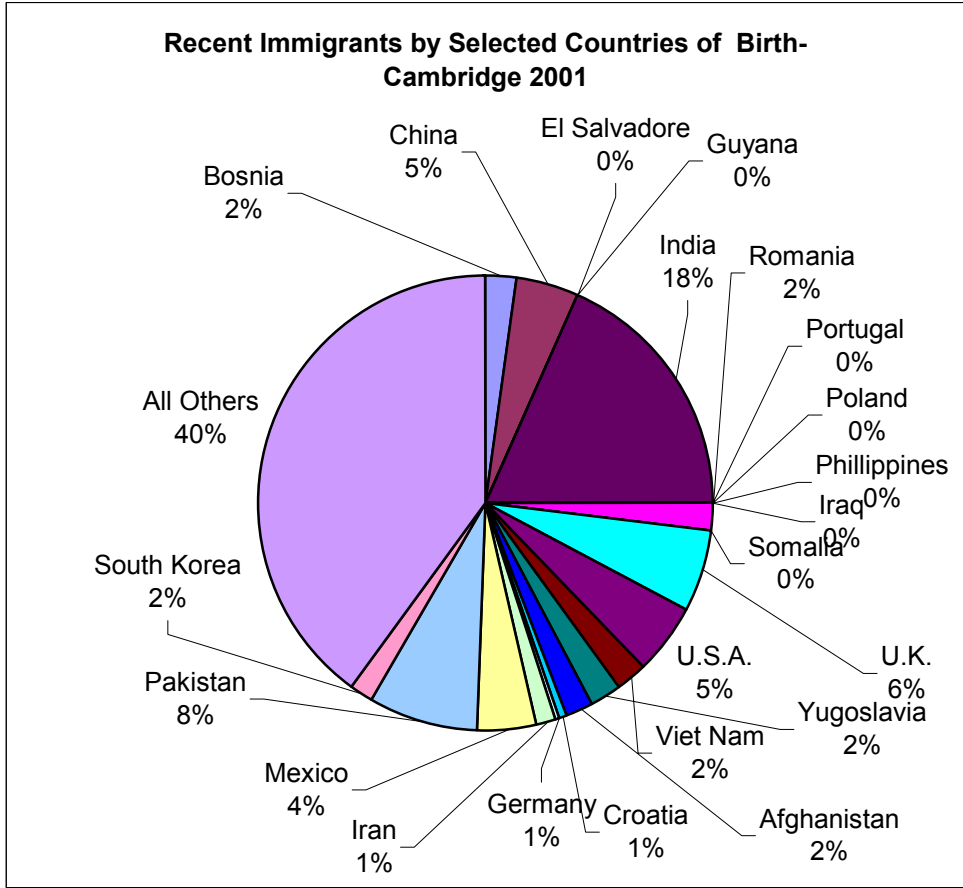
¹²⁰ Burton, S. & Hare, S. (2005). *Moving forward together: Community assets inventory report for the City of Cambridge and the Township of North Dumfries*. Cambridge: Moving Forward Together.

¹²¹ Smith-Carrier, T., Adema, W., Vandebelt, D., & Pye, A. (2003). *Social issues and trends in Cambridge*. Cambridge: Social Planning Council of Cambridge and North Dumfries.

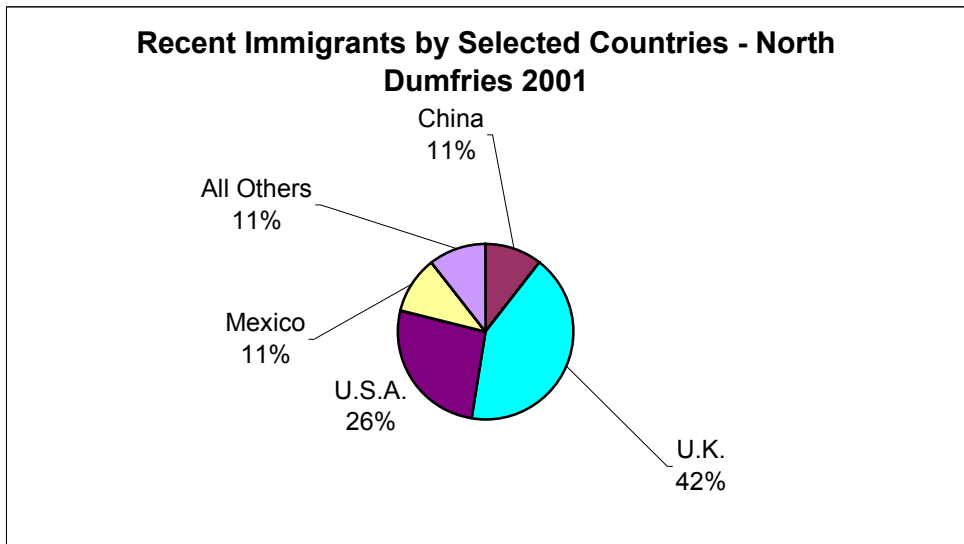
¹²² YMCA. (2004). *YMCA of Cambridge immigrant services newcomer survey 2004*. Cambridge

¹²³ Citizenship and Immigration Canada.





Recent arrivals (those arriving in the last five years of the census date) make up 2% of Cambridge's population.



In the 1996 Census, individuals from the Philippines were the predominant immigrant group to settle in North Dumfries, whereas in the 2001 Census, the majority of immigrants settling in North Dumfries were from the U.K.



Sexual Orientation

Based on Statistics Canada Data, 1% of Canadians aged 18-59 identify themselves as homosexual and 0.7% considered themselves as bisexual. Approximately 1.3% of Canadian men considered themselves as homosexual, and 0.6% considered themselves as bisexual. 0.7% of women consider themselves to be homosexual and 0.9% considers themselves as bisexual.

Currently, very little information is being tracked concerning the Lesbian, Gay, Bisexual, Transsexual, Transgendered, Two Spirited, Intersexual, and Queer (LGBTTTIQ) community in the Region of Waterloo. Although the percentage of people who identify themselves as part of the LGBTTTIQ population is debatable, there exists a gay community and very few services are available to support it. In Cambridge, supports and services are generally geared towards queer youths. Often adults seeking support must leave Cambridge for Kitchener or Toronto to find what they need, which results in a lack of demonstrated demand for supports in the community.¹²⁴

Aboriginal Persons

According to Statistics Canada, Ontario is home for 188,315 Aboriginal people (persons who identify themselves with an Aboriginal group or Band, and are Treaty Indians and/or Registered Indians). This represents the largest number among all provinces.

Statistics Canada also reports that, compared to the rest of the Canadian population, Aboriginal groups are growing at a faster rate than the rest of the population. Their fertility rate for women of childbearing age has increased one and a half times faster than that of the total population.¹²⁵

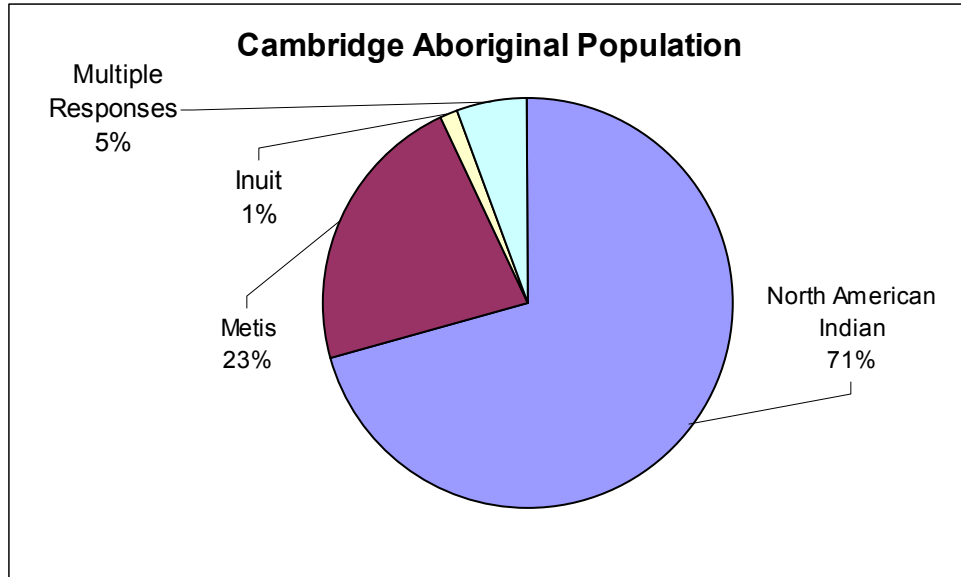
Cambridge and North Dumfries have a significantly smaller Aboriginal population at just under 0.7%, while Ontario's overall average at 1.7%.¹²⁶

¹²⁴ Sexual Diversity Committee Wilfrid Laurier University, personal communication, February 2005.

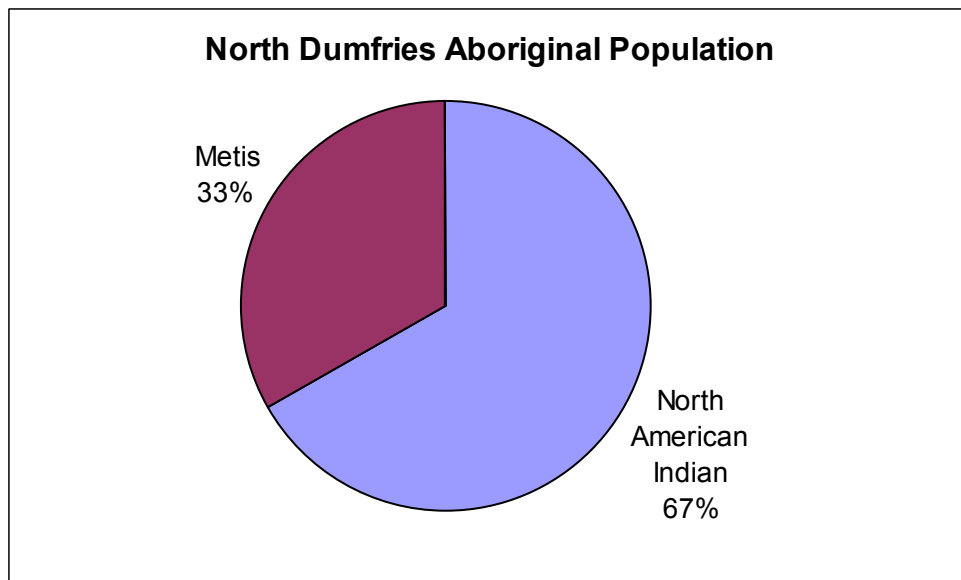
¹²⁵ Statistics Canada. (2004). Aboriginal peoples. *Canada e-book*. Retrieved April 29, 2005 from http://142.206.72.67/02/02a_009_e.htm.

¹²⁶ Ontario Trillium Foundation (2004). *Regional profile Waterloo, Wellington, & Dufferin: Building healthy and vibrant communities*. Toronto, On: Author.





Based on Statistics Canada data, 0.7% of Cambridge's population identifies themselves as Aboriginal, which is an increase of 0.3% from the Census years 1996 and 2001.¹²⁷



Based on Statistics Canada data, 0.3% of North Dumfries' population identifies themselves as Aboriginal; there was no increase in numbers between the Census years 1996 and 2001.¹²⁸ Based on data from the Waterloo Wellington Training and Adjustment Board, Aboriginals have higher unemployment rates and lower participation rates in the overall labour force, despite an improved labour market. Aboriginal persons that are employed are over represented in the trades and general labour, and are under represented in professional occupations.¹²⁹

¹²⁷ Region of Waterloo: (2003). Aboriginal population by aboriginal groups. *Region of Waterloo statistical profile: population and households*. Waterloo: Author.

¹²⁸ Region of Waterloo: (2003). Aboriginal population by aboriginal groups. *Region of Waterloo statistical profile: population and households*. Waterloo: Author.

¹²⁹ Todd Gordon Consulting & Research. (2005). *Labour market analysis: Aboriginal workforce Waterloo Wellington*. Cambridge: Waterloo Wellington Training and Adjustment Board.



Healing of the Seven Generations

Healing of the Seven Generations is a community healing strategy and support program that assists individuals suffering from the effects of the Legacy of Residential Schools by using traditional healing practices such as prayer, ceremony, drumming, fasting, and non-traditional headlining such as art, and movement.

Staff from the Healing of the Seven Generations working with Aboriginal people and community members in the Region of Waterloo, reported that Aboriginal people are not generally accessing mainstream services. Some of the needs and issues presented to staff at Healing of the Seven Generations include:¹³⁰

- Addictions and substance abuse
- Transition housing
- Need for long-term accommodation for primarily single men
- In-house treatment facilities
- Detox facilities
- Reorientation and education in traditional cultural beliefs and practices
- Treatment options for youth without their guardians in attendance

Disabilities

According to the World Health Organization, disability is defined as a restriction or lack of ability to perform an activity that would be considered normal for a human being as a result of impairment¹³¹ According to Census 2001, Canada had a disability rate of 12.4%. The province of Ontario had a slightly higher disability rate than the national average at 13.5%.

Studies show that the disability rate increases with age. 3.3% of children aged 0-14 reported a disability, rising to 10% for adults between the ages of 15-65 and increasing to more than 40% for persons over the age of 65.¹³² As the majority of the Canadian population grows older, the disability rate is expected to increase.¹³³

Adults in Canada who have disabilities that do not have their needs met include people with severe disabilities, those with low incomes, those of working age, and those who require high cost items such as electric wheelchairs, scooters, and lifts. In Canada, mobility disabilities are the most prevalent, but the disability group that has the highest rate of unmet needs includes those with speech and learning disabilities. Persons with severe disabilities report that cost of assistance poses the greatest barrier to meeting their needs. Many individuals also describe a lack of information about where to find supports and services.¹³⁴

Children between the ages of 5-14 have an even harder time accessing support for disabilities in Canada. The Canadian Council on Social Development reports that the greatest needs for children are found in children with learning disabilities, chronic illnesses, and speech

¹³⁰ Healing of the Seven Generations, personal communication March 2, 2005.

¹³¹ Vandebelt, D., Boston-Nyp, D., DeSantis, G., & Saunders, P. (2001). *Disabilities: Demographics. Waterloo Region Trends Research Project (1)*. Cambridge, Kitchener: Social Planning Council of Cambridge and North Dumfries & Social Planning Council of Kitchener-Waterloo.

¹³² Statistics Canada. (2002). *A Profile of disability in Canada, 2001*. Ottawa: Minister of Industry.

¹³³ Vandebelt, D., Boston-Nyp, D., Desantis, G., & Saunders, P. (2001). *Disabilities: Demographics. Waterloo Region Trends Research Project (1)*. Cambridge, Kitchener: Social Planning Council of Cambridge and North Dumfries & Social Planning Council of Kitchener-Waterloo.

¹³⁴ Fawcett, G., Ciceri, C., Tsoukalas, S., & Gibson-Kierstead, A. (2004). *Support and services for adults and children aged 5-14 with disabilities in Canada: An analysis of data on needs and gaps. Benefits and services for persons with disabilities*. Ottawa: Canadian Council on Social Development.



disabilities. Additionally, children with psychological and developmental disabilities do not often get their needs met. School funding cutbacks has been identified as the primary reason for children not having their disability needs met.¹³⁵

If the Ontario rate of disability is applied to the population of Cambridge and North Dumfries, there are approximately 15, 930 individuals with a disability in the City of Cambridge and 1,229 individuals with a disability living in the Township of North Dumfries. The City of Cambridge has committed itself to “identifying, addressing, and removing barriers, ensuring access to those living in our community” with a disability by increasing the number of parking spaces for people with disabilities, repairing sidewalks, taking an inventory of access ramps, informing residents of construction and encouraging people to speak to project managers about disability issues, and increasing the number of services that can be accessed via the internet (i.e. job postings). Furthermore, community services are being made more accessible by enhancing facilities or through the Personal Attendance for Leisure Card (PAL) program.¹³⁶ A PAL card allows persons with disabilities to be accompanied by a personal attendant so that the person can participate in designated city programs.

Independent Living Centre of Waterloo Region

Since 1982, the Independent Living Centre of Waterloo Region (ILCWR) has assisted people with physical disabilities in the Region of Waterloo by encouraging and supporting people who live with disabilities to live full and productive lives and to integrate and increase the ability of all people, with or without disabilities, to live and work together. ILCWR responds to individual needs through education and promotion programs, community support services, such as attendant services.¹³⁷

Although the number of clients that the ILCWR is able to support does not change dramatically from year to year, due to funding constraints, individual needs and demands for services and hours spent are increasing because of an aging population. This fiscal year is the first time that a wait list for in-home respite services was created. There is always a wait list for supportive housing. Wait lists fluctuate depending on sources available and demand, individuals are selected on a priority of need basis.

In Cambridge and North Dumfries, inaccessibility to adequate transportation exacerbates the issues and barriers that residents with disabilities face. For lower income individuals, there is inadequate public transportation to access medical, recreation, or employment services in Cambridge or in Kitchener/Waterloo. Furthermore, as Cambridge is an old city, there are some very real accessibility challenges. The City of Cambridge has now recognized this issue and taken some action to improve accessibility for individuals with disabilities.¹³⁸

¹³⁵ Fawcett, G., Ciceri, C., Tsoukalas, S., & Gibson-Kierstead, A. (2004). Support and services for adults and children aged 5-14 with disabilities. *Benefits and services for persons with disabilities*. Ottawa: Canadian Council on Social Development.

¹³⁶ The Corporation of the City of Cambridge. (2004). *2004-2005 Accessibility Plan*. Cambridge: City of Cambridge.

¹³⁷ Independent Living Centre of Waterloo Region. (n.d.) Retrieved May 5, 2005, from [□ HYPERLINK "http://www.ilcwr.org/index.html" □ http://www.ilcwr.org/index.html](http://www.ilcwr.org/index.html) □.

¹³⁸ Independent Living Centre Waterloo Region. Personal communication May 24, 2005.



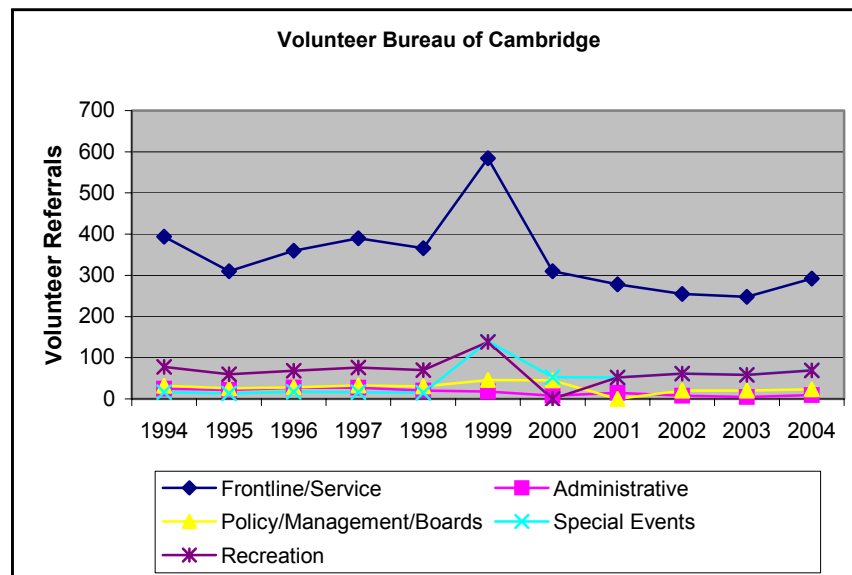
3.12 Community Engagement

Canada has seen a decline in the percentage of people who volunteer. In 1997, approximately 31% of Canadians volunteered, whereas in 2000 only 27% of Canadians volunteered.¹³⁹

“ . . . the same individuals are doing more, not that more individuals are doing more.”
 Carol Ariss, Volunteer Cambridge.

Based on the results of the National Survey of Nonprofit and Voluntary organizations, Canadians donated the equivalent of more than 1 million full-time jobs and donated more than \$8 billion dollars in individual donations.¹⁴⁰

Volunteer Cambridge



Based on Volunteer’s Cambridge’s referral rate, volunteering in Cambridge has remained relatively stable, with slight fluctuations year to year. In 2004, the total number of referrals made by Volunteer Cambridge was 463. The greatest number of referrals was in frontline/service volunteer positions (292), followed by special events (70), recreation (69), policy/management boards (23), and administrative referrals (9). Volunteer Cambridge has responded to the national trend of decreasing volunteerism by actively promoting and motivating volunteers through their newsletter and advertisement.¹⁴¹

¹³⁹ McClintock, N. (2004). *Understanding Canadian volunteers: Using the national survey of giving, volunteering and participating to build your volunteer program*. Retrieved November 26, 2004 from http://www.givingandvolunteering.ca/pdf/reports/understanding_volunteers.pdf.

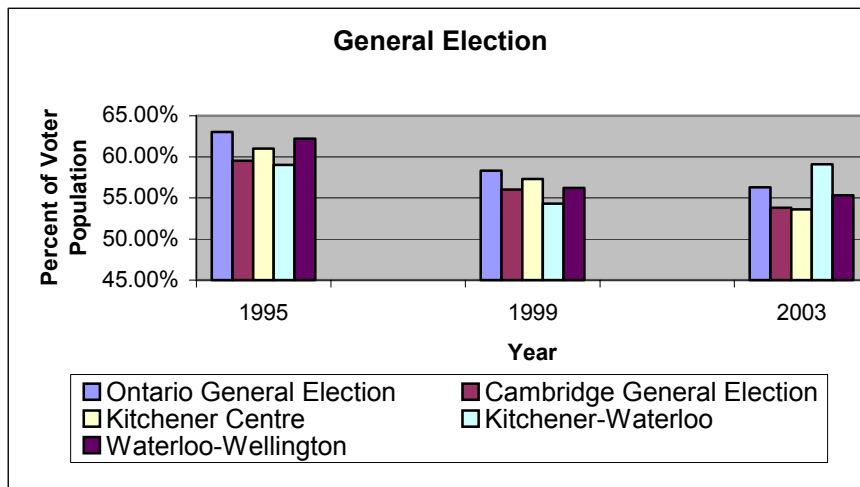
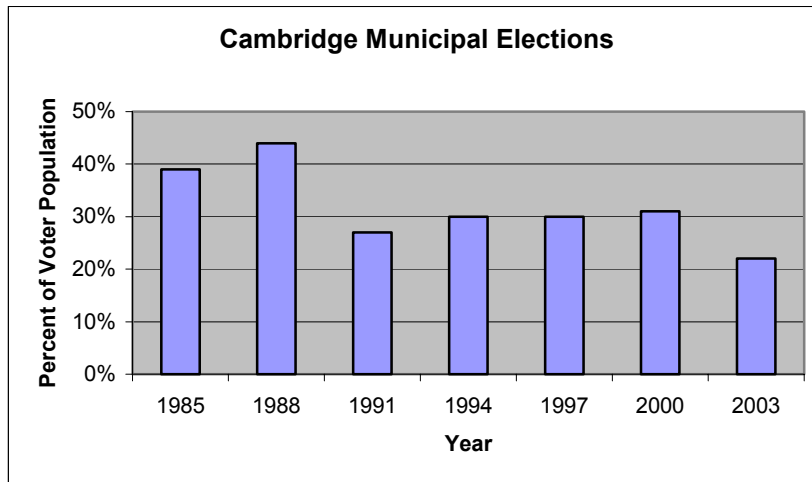
¹⁴⁰ Canada. Statistics Canada. (2004). *Cornerstones of community: Highlights of the national survey of nonprofit and voluntary organizations summary*. Ottawa: Ministry of Industry.

¹⁴¹ Volunteer Cambridge. (2005). Program statistics.



Voter Participation Rates

Cambridge's participation in elections has generally mirrored voting trends provincially and nationally. Over the past three elections, the number of people who vote has steadily declined. One theme that has emerged from research examining this troubling trend is that there has been "a long secular decline in the electoral participation of successive generations in Canadians."¹⁴² Young voters are less interested and less knowledgeable about politics, and are less likely to vote compared to when earlier generations were younger.¹⁴³



For the purpose of this report, a General Election involves all or most constituencies of a state or nation in the choice of candidates and includes both provincial and federal elections.

In 1985, 39% of Cambridge's population participated in the municipal election, whereas only 22% of the population voted in the Municipal Election in 2003.

In 1995, 59.5% of the Cambridge's population turned out for the General Election, which was slightly below the provincial average (63%). Compared to the Region, Cambridge's voter turnout was below Kitchener Centre (61%), Waterloo-Wellington (62.2%), but above Kitchener-Waterloo (59%). In 2003, the percentage of the population who participated in the General Election decreased. 53.8% of Cambridge's voters turned out for the election, which

¹⁴² Pammett, J. & LeDuc, L. (2003). *Explaining the turnout decline in Canadian federal elections: A new survey of non-voters*. Retrieved March 2005 from www.elections.ca.

¹⁴³ Black, J. (2003). *From enumeration to the national register of electors: An account and an evaluation. Choices, 9 (7)*. Montreal: Institute for Research on Public Policy.

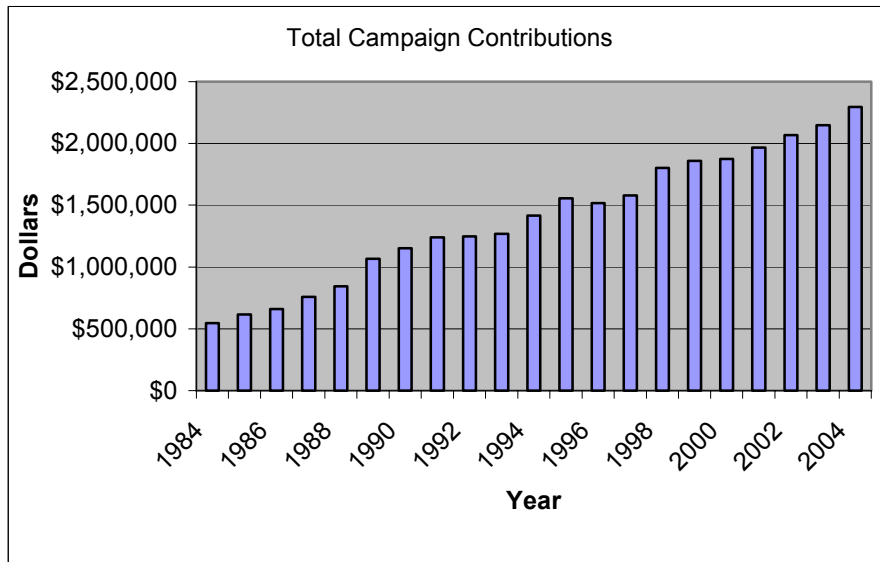


again falls slightly below the provincial average of 56.3%. Compared to the Region of Waterloo, Cambridge's turn out fell below both Kitchener-Waterloo (59.1%) and Waterloo-Wellington (55.3%), but was above Kitchener Centre (55.3%).

3.13 Charitable Donations

United Way of Cambridge and North Dumfries

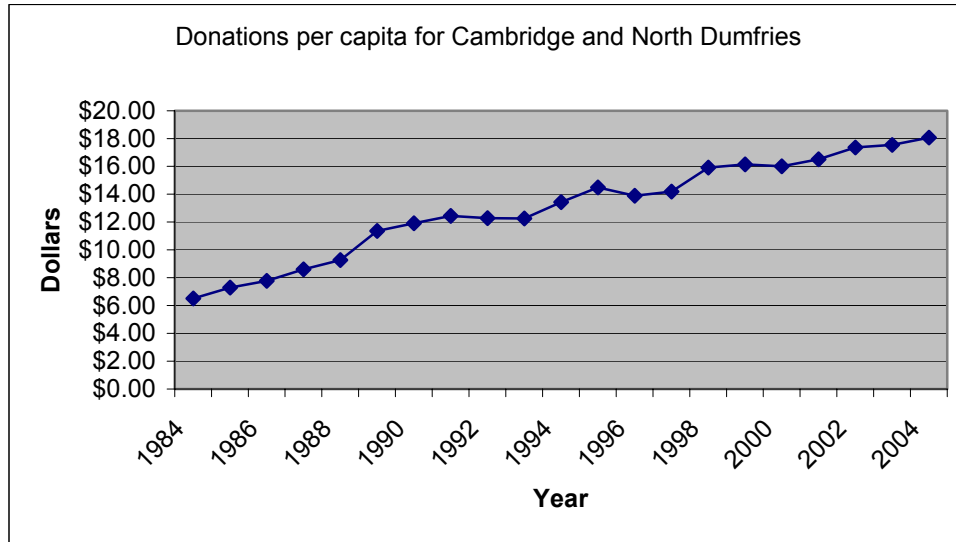
In Cambridge and North Dumfries, there has been a steady increase in charitable donations over the past two decades. United Way donations support community agencies, innovation, and development of local social service programs. Some of the services and programs that the United Way funds include food and shelter services, employment services, programming for children and youth, counseling for individuals and families, assistance for those dealing with physical or mental challenges, instruction with reading and writing skills, and community development through neighbourhood recreation and family programming.¹⁴⁴



In 2004, the United Way of Cambridge and North Dumfries raised \$2,295,244 contributions, an increase of 6% over the previous year (note that these numbers have been adjusted for inflation).

¹⁴⁴ United Way of Cambridge and North Dumfries. (2004). *What Matters*. Cambridge: United Way of Cambridge and North Dumfries.





The average adult contributed \$18.06 (not accounting for inflation) in 2004, which is a 3% increase from the year before.

