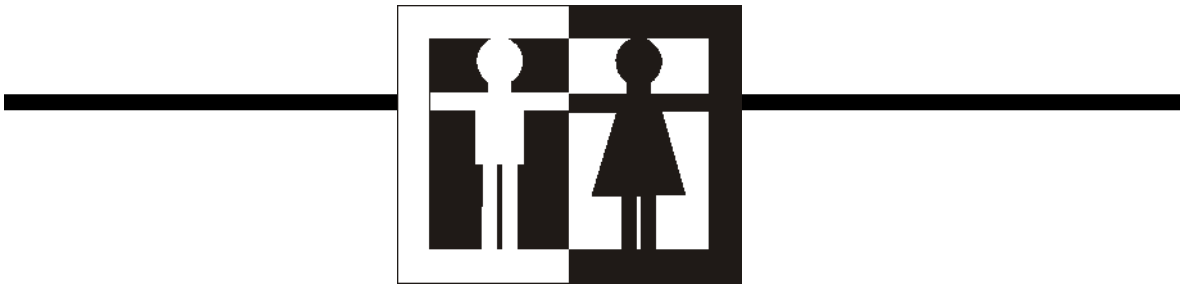


# **SOCIAL AND ECONOMIC INCLUSION INITIATIVE**



## ***Closing the Distance In Elgin County***

### **FINAL REPORT**

School of Environmental Design and Rural Development  
University of Guelph, Ontario  
September 2003



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### **FINAL REPORT**

September 2003

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## **Executive Summary**

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Social and economic inclusion is based on an understanding that a variety of conditions exist and interact to exclude people in many groups and sub-populations in our society. Inequality is frequently associated with spatial inequalities associated with rural-urban differences, as well as conditions and vulnerability based on age, gender, sexual orientation, disability, and other life circumstances. Social and economic inclusion focusses on these inequities as an issue of ‘closing the distance’ between sub-groups and the larger society. In particular, the research completed in Elgin County provides a foundation for asking: Does rural make a difference?

Social Inclusion is the focus of a provincial project funded by Health Canada. Within Ontario, there are five regional projects, each addressing an aspect of social inclusion, e.g., housing for marginalised populations (Kingston), immigrants and visible minorities (Peel County), children and families (Sudbury). The Elgin County research project (SEII-EC) is part of the Central West regional project (SEII-CW), which is addressing issues of social inclusion related to seniors and youth. The Central West project includes the Region of Waterloo and Brant County. SEII-EC, under the leadership of the West Elgin Community Health Centre, is part of these regional and provincial initiatives.

The SEII projects examine issues of exclusion and create strategies and resources to increase capacity for action to reduce barriers to participation. Underpinning these projects is a belief that people can mobilise and develop healthy public policies and practices that foster social and economic inclusion, and thereby improve the conditions needed for good health. This belief is grounded in the notion that many factors contribute to the health of people, including income and social status, social support networks, employment and working conditions, education, gender, culture, physical and social environments, and other determinants of health.

In Central West Ontario, the issue of isolation in relation to social and economic exclusion in urban and rural areas was an important theme in roundtable discussions attended by organisation representatives between February and December 2002. When considering the lived experience of isolation, youth and seniors were identified as population groups most affected by an apparent breakdown of connections and social supports.

The aim of the SEII project in Elgin County is to build local capacity by examining conditions promoting social and economic inclusion for seniors and youth. The project process engages youth, seniors, local leaders, and partners in informal discussions at a series of Table Talks. The knowledge gained about barriers will be used to develop audit tools, indicators, and action planning strategies based on a combination of personal perspectives and secondary data.

Douglas Graham, Executive Director of the West Elgin Community Health Centre, approached Prof. Tony Fuller, University of Guelph, to implement the outreach portion of the SEII-EC project. The methods used were adopted from and consistent with those of the Central West project. Focus group sessions (Table Talks) were designed as informal,





free-flowing discussions. Matters of inclusion were addressed using an assets-based approach, focussing as much as possible upon the skills, strengths, and resources of local people.

Overall, the SEII-EC Table Talks were successful. The Talks brought together youth and seniors to discuss social inclusion as an issue of public health in forums convened across Elgin County (Table 1). Nine Table Talks were convened in West Elgin, East Elgin, and St. Thomas. In total, 75 people participated in a process that built upon existing networks, formed new connections, and created a pool of resources for future initiatives. More seniors than youth participated and more females than males participated.

**Table 1. Summary of Table Talks**

Location		Participants			
			Female	Male	Total
<i>East</i>	Straffordville	Seniors	10	4	14
		Youth	3	0	3
	Aylmer	Seniors	13	1	14
		Youth	2	1	3
<i>Central</i>	St. Thomas	Seniors	4	4	8
		Seniors	5	1	6
		Youth	4	1	5
<i>West</i>	West Lorne	Seniors	6	3	9
		Youth	8	5	13
<b>Total</b>			<b>55</b>	<b>20</b>	<b>75</b>

The Table Talks resulted in two narratives, one about youth and one about seniors. These narratives focus upon the positive aspects of inclusion, while recognising the possibility and actuality of being excluded. These narratives, which are presented in this report, represent the culmination of the Table Talk sessions.

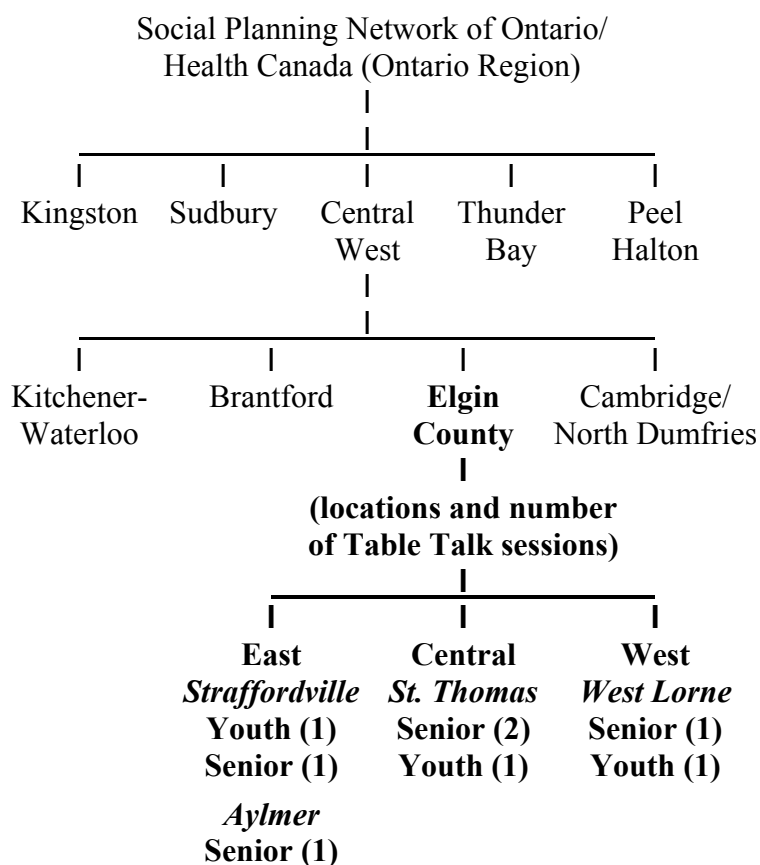
The social inclusion research completed in Elgin County will contribute to ongoing efforts to integrate principles of social inclusion into public policy. Locally, SEII-EC will act as a catalyst for future decisions about improving conditions needed for good health. The work completed in Elgin County will also provide a learning tool for the Central West regional project.

## Introduction

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Social Inclusion is the focus of a provincial project funded by Health Canada. Within Ontario, there are five regional projects, each addressing an aspect of social inclusion, e.g., housing for marginalised populations (Kingston), immigrants and visible minorities (Peel County), children and families (Sudbury). The Elgin County research project (SEII-EC) is part of the Central West regional project (SEII-CW), which is addressing issues of social inclusion related to seniors and youth. The Central West project includes the Region of Waterloo and Brant County. SEII-EC is part of these regional and provincial initiatives, as illustrated in Figure 1.

**Figure 1. Schematic of SEII project.**



The West Elgin Community Health Centre (WECHC) is the organisational leader for the Social and Economic Inclusion Initiative project in Elgin County. The aim of the



SEII-EC project is to build local capacity by examining conditions promoting social and economic inclusion for seniors and youth.

The purpose of this document is to report on the SEII-EC project and, in particular, upon the Table Talk sessions held in Elgin County during June 2003. Issues of social and economic inclusion are introduced by reviewing a poverty scan completed in Elgin County in 2002, followed by an overview of the provincial and regional SEII projects.

### ***Poverty Scan: Towards a Population Health Approach***

An environmental scan of poverty in rural areas of Elgin County was commissioned by seven agencies in Elgin County. The aim of the scan was to examine multiple perspectives of poverty and to design innovative methods to address matters of rural poverty. The scan was designed to review the resources of Elgin County (people, institutions, services, etc.) and to seek ways of assessing opportunities for changing conditions of poverty. Social inclusion emerged as an important issue. The research team recognised that several livelihood strategies (e.g., under-employment) represent forms of ‘exclusion.’ The following material is drawn from the research report: *An Environmental Scan of Rural Poverty in Elgin County: Towards a Population Health Approach* (Fuller et al 2002).

Poverty is an isolating experience. It can also be a very public experience. Both experiences lead to exclusion and illustrate the complex realities of people experiencing poverty. Diverse and hidden social and economic barriers may limit people’s opportunities for sustaining health and well-being. Thinking about the complexities of these barriers and experiences as livelihoods based on resources and opportunities shifts attention to people’s capacities to survive, endure, and change. Likewise, thinking about livelihoods rather than the deficits of poverty helps to reveal what people have that they can work with. Key aspects of building people’s self-reliance are:

- Recognise and develop the potential of the poor
- Increase their productive capacity
- Reduce social, economic, and environmental barriers limiting their participation in society.

The research team reviewed conditions of rural poverty in Elgin using an assets-based approach, i.e., an approach that identifies resources rather than deficits. Some details of these conditions and resources are included in the section *Community Profile of Elgin County* of this report. While Elgin possesses many institutional and organisational assets to build upon, a diverse rural population presents both problems and opportunities for addressing social inclusion.

Three specific actions were recommended to enhance livelihoods in Elgin County.

- Adopt a social inclusion set of goals
- Adopt a population health approach to provide orientation and structure
- Operate from an assets methodology and perspective

A focus on social inclusion as a means to address rural poverty requires a change in perspective. Poverty, in a conventional sense of the term, denotes an inability to share



in the everyday lifestyles of the majority because of a lack of resources. Correspondingly, poverty is usually viewed as a static measure of income and expenditures (disposable income). Alternatively to this view of poverty, social inclusion/exclusion emphasises a multi-dimensional perspective of ‘system failures.’

A population health approach focusses upon attaining the best possible health of an entire population. Emphasis is placed upon a range of health determinants that affect the whole group rather than a person. The overall goal of a population health approach is to improve and maintain the health of the entire population by reducing inequities in health between population groups. A population health approach, in conjunction with a focus upon social inclusion, is recommended as an innovative means of addressing rural poverty in Elgin County.

### ***Overview of SEII: A Provincial Perspective***

The Social Planning Network of Ontario (SPNO) is partnering with the Population and Public Health Branch of Health Canada (Ontario and Nunavut Region) on the development of a Social and Economic Inclusion Initiative (SEII). Underpinning the SEII is a belief that people can mobilise and develop healthy public policies and practices that foster social and economic inclusion, and thereby, improve the conditions needed for good health. This belief is grounded in the notion that many factors contribute to the health of people, including income and social status, social support networks, employment and working conditions, education, gender, culture, physical and social environments and several other “determinants of health.” Refer to Appendix A for a review of these determinants of health. The following material draws from “Closing the Distance for Youth and Seniors in Central West Ontario” (Social Planning Council of Kitchener-Waterloo and Community Partners 2003).

Key principles of the SEII approach are:

- promoting the direct participation of people in planning and decision-making on issues that affect their health and well-being;
- initiating and strengthening organisational partnerships and collaborative effort across sectors to address the broad determinants of health and to pursue positive health outcomes; and,
- framing strategies for the development and implementation of healthy public policies, programs, and practices.

Social and economic inclusion is based on an understanding that a variety of conditions exist and interact to exclude, “leave out,” or “distance” people in many groups and sub-populations in our society. (The literature on social inclusion is reviewed in the next section.) Economic inequality is frequently associated with conditions such as racism and vulnerability based on age, gender, sexual orientation, disability, and other life circumstances, as well as spatial inequalities associated with rural-urban differences. Social and economic inclusion focuses on these inequities as an issue of “closing the distance” between sub-groups and the larger society.



## ***Overview of the SEII: A Regional Perspective (Central West)***

The Central West project involves the Social Planning Councils in each of Kitchener-Waterloo, Brantford, and Cambridge, as well as the WECHC. The issue of isolation in relation to social and economic exclusion in urban and rural areas was an important theme in roundtable discussions attended by organisation representatives from across Central West Ontario between February and December 2002. When considering the lived experience of isolation, youth and seniors were identified as population groups most affected by an apparent breakdown of connections and social supports.

The SEII-CW project provides a region-wide perspective to explore exclusion issues and create strategies and resources to increase capacity for action to reduce barriers to participation. The project process engages youth and seniors, local leaders and partners in informal discussions at a series of Table Talks. The knowledge gained about barriers will be used to develop audit tools, indicators, and action planning strategies based on a combination of personal perspectives and secondary data. See Appendix B for a detailed account of goals and objectives.

All of what is learned during the project will be available to areas across the Central West region for healthy public policy development on reducing isolation among youth and seniors. Materials and resources will be available to provide a wider sharing of knowledge with community partners through print and on-line publications and through hands-on action workshops in the final stages of the project. The shared knowledge, communication and collaborative involvement will also be the basis for a regional network expected to continue after the funded period of the regional project ends.

### ***Stories of Inclusion/exclusion***

The focus upon the social and economic exclusion of seniors and youth in Central West Ontario emerged from a series of discussions led by the Social Planning Council of Kitchener-Waterloo (SPC-KW). During group discussions held in February 2002, isolation was identified as a common concern in urban and rural areas and populations groups across Central West Ontario. This isolation was attributed to broader system conditions and factors.

The theme of isolation was explored further in a strategy session on December 4, 2002. The stories that emerged from this session came from the experiences and perspectives of various service providers. While there were many issues that arose during the session, participants identified seniors and youth as the two main population groups. Both seniors and youth were identified as vulnerable population groups because of their experiences of isolation and disconnectedness. Seniors and youth are also groups most readily identified as being vulnerable to greater isolation because of rapid changes to processes, policies and priorities of organisations and institutions, primarily municipal government.

There are significant parallels between the experiences of seniors and youth that were identified as common ground issues: how we plan settlements and provide services is affecting seniors and youth. There is an erosion of formal support systems. Informal networks are also eroding and not being given opportunities to form. Overall, there is



nothing strong in place to allow people who are vulnerable to be supported. There are no foundations for people to resort to. These groups are at greater risk of being distant and not connected to or within the local area.

The SEII-CW project is exploring what emerged from these discussions by facilitating a process to determine how youth and seniors experience exclusion. An important question examined is if this is due to elements in local structures that can be influenced. Once the stories of youth and seniors are further developed and initial assumptions are assessed, the SEII project will focus on developing tools for assessing isolation and barriers and will encourage action for influencing change in local structures.



## **Social Inclusion/Exclusion: Literature Review**

The following is based on a review of recent literature.

### ***Social inclusion/exclusion***

Social inclusion is a compelling, complex, and contested concept (Novick 2003). There is a general agreement that inclusion is a good thing, and that exclusion is a bad thing because it damages social cohesion (Levitas 2003). Shookner (2002) describes social and economic inclusion as follows: “Social and economic inclusion provides a framework that includes all the determinants of health. International evidence has established that economic inequality is a powerful determinant of health. The wider the gap between the rich and the poor, the poorer the health status of the entire population. Adequate income, education, and a network of relationships enable people to participate as valued members of society.” However, the concept of social inclusion raises many questions about its appropriate uses and meanings. Novick contends that appears to have self-evident meaning to its advocates can conceal layers of differing assumptions and agendas.

While the idea of ‘social inclusion’ can be a legitimating concept of social policy (Levitas 2003) and holds out the promise of a more just set of relationships within society (Novick 2003), until we know what kind of inclusion is intended, and for whom, the promise of including everyone remains unclear. Likewise, Levitas argues that there is little clarity about the meaning of inclusion and exclusion. To some extent, according to Levitas, the unifying function of these terms depends on a lack of clarity.

Thus, it is important to recognise that representations of the social cannot be analysed in an absolute manner (Levitas 2003). Representations have to be understood in terms of the use of ‘social inclusion’ by specific groups pursuing projects in particular circumstances. In other words, social inclusion is a relative concept. This reminds us that the proper question about the idea of social inclusion is not what does it mean, but what do we mean by it – or rather what is meant by it, by whom.

According to Chanan (2000), definitions of social exclusion have largely focussed on how the *individual person* is left out. However, it is possible that entire groups may be excluded. For example, neighbourhoods may be excluded from the wealth of a city. Individual exclusion is compounded by membership in other levels of disadvantage requiring multi-dimensional and multi-levelled approaches. Chanan defines ‘community activity’ as the involvement of local citizens in government policy schemes such as job creation initiatives. It is also about how local citizens working together for the betterment of their local area creates social capital.

Chanan asserts that the foundation of social inclusion is getting a job and becoming involved in some form of local activity. Furthermore, a sense of community consciousness is required to inspire activity. Citizens must recognise that others share similar problems. Chanan also argues that governments must compensate local organisations for becoming involved in ‘partnerships’ and do more to increase local activity by strengthening existing organisations, assisting people who are trying to start





new ones, and contributing to public awareness about the value of local activity. Thus, ideas of social inclusion/exclusion are seen as inter-related with levels of local activity and organisation.

### ***Social Capital***

Social inclusion/exclusion is related to the concept of social capital, wherein social capital includes activities like neighbourhood associations, sports clubs, and co-operatives. According to Chanan (2002), “Included people have maximum opportunity for local involvement but are not dependent on it.” The Civic Practices Network defines social capital as a productive and positive resource: “social capital refers to those stocks of social trust, norms and networks that people can draw on to solve common problems.” Correspondingly, the Civic Practices Network (2003) maintains that the denser the networks, the more likely the residents will co-operate for mutual benefit.

Sampson (1999) discusses how social capital works at the local level. Sampson argues that social capital is not lodged in individuals but in the structure of social organisation. It follows that localities high in social capital are better able to realise common values and maintain effective social controls.

Gilles (1998) reviews more than 40 health promotion initiatives around the world to assess the impact and effectiveness of partnerships and alliances. She concludes that alliances do work in tackling both the broad determinants of health and well being in populations and promoting improved individual health behaviors. Gilles notes that successful initiatives “show a clear commitment to lay representation in agenda-setting, policy-making and implementation in national, regional, district, village and local community or neighborhood levels. Emphasis is on the sharing of power, responsibility and authority for change.”

Kawachi (1997) reviews the case of Roseto, Pennsylvania in the 1950’s, which, despite similar rates of smoking, obesity and poor diets, had much lower rates of heart attacks. This has been attributed to the “close-knit relations” or high social capital of the residents. The particular factors noted by the researchers were egalitarianism and cohesiveness. Other findings have corroborated the Roseto case that having a large social network has strong health benefits even when controlling for weight, age, fitness, smoking, and so on. The findings suggest a significant relationship between trust between citizens (defined as the proportion of residents who believe ‘most people cannot be trusted’) and mortality rates.

### ***Social Exclusion as a Transportation Issue***

In recent years, there has been a growing recognition that transport problems can be a significant barrier to social inclusion. This was evident in the poverty scan of Elgin County (Fuller et al 2002) and resulted in a follow-up workshop completed in May 2003. Transportation has also been identified in the U.K. as being a noteworthy issue. The Social Exclusion Unit (SEU) undertook a study to examine the links between transport and social exclusion in spring 2001. SEU (2002) highlights how poor transport contributes to social exclusion in two ways. First, it can stop people from participating in





work, learning, health care, food shopping and other activities, such as volunteering and community participation. Second, people in deprived areas also suffer the worst effects of road traffic through pollution and pedestrian accidents. Poor transport has costs for people, businesses, and the state.

The SEU also outlined the costs of transportation inaction on, among others, individuals. Without appropriate methods of available transportation, individuals can be cut off from jobs, education and training. They may not be able to access cheap, fresh food; may only access health care in a crisis; are often unable to see friends and family or do other social activities; and may experience crime or fear of crime walking to, waiting for, and travelling on public transport. In extreme circumstances, people may be left isolated or even housebound.

As evidenced by discussions during the workshops completed in Elgin County, transportation-related forms of exclusion take on similar characteristics in rural areas – but are accentuated by greater distances and a lack of alternatives (e.g., public transportation, taxis).

Litman (2003) examines social exclusion as it relates to transport, how it is currently incorporated in Canadian transport planning, and the research needed to better address social exclusion. Inadequate transport in Canada sometimes contributes to social exclusion, particularly for people who live in an automobile-dependent locality and are physically disabled, low income or unable to own and drive a personal automobile. About 20% of Canadian households do not own an automobile, about 10% are low-income, and about 10% of the population has a disability that constrains mobility. Thus, while public policy is concerned with providing basic mobility to disadvantaged groups, further research is needed to better evaluate the problem and potential solutions.

### ***Seniors as an Excluded Group***

Chappell (2001) examines ageing in Canada and highlights several issues faced by seniors. Chappell pays particular attention to the role of seniors within a modern Western society. One issue relates to a tendency to value others for their productive roles and/or for their wealth. In this context seniors tend to be de-valued. Their exclusion from paid labour leaves them without any socially defined, contributing role within society. Their role, by default, is a role of exclusion.

As a Western capitalist society with an emphasis on autonomy and independence for the individual, myths persist that elderly persons are, by and large, frail, lonely and isolated, and put into long-term care institutions where possible. Contrary to these myths, empirical research during the last three decades demonstrates that seniors, despite gradually declining physical health, tend to cope, and are embedded within social networks, preferring ‘intimacy at a distance’ to living with family members.

The *Improving the Quality of Life of Canadian Seniors Project* was undertaken to learn about the effects of government policies on seniors’ quality of life. Senior participants in the project place a very important emphasis on issues such as transportation and getting their voices heard – citing that these issues were the main concern for seniors and their general well being (Raphael et al. 2000). In their report, Raphael et al. state that

there is a clear sense that seniors do not see government policy makers as being sensitive to their concerns. The voices of seniors are not being listened to regardless of the issue considered (e.g., housing, health services, transportation). The frustration felt by participants in the project comes through in all aspects of the report.

Certain health determinants for seniors were identified in the report as being particularly relevant. These relevant determinants are income and social status, social support networks, physical and social environments, personal health practices and coping skills, and health services. Whether or not these determinants of health are of good quality is determined by government policy making.

### ***Youth as an Excluded Group***

According to Hanvey (2003), examining the concept of social inclusion as it relates to children and youth is relatively new in Canada, beginning over the last few years. Hanvey points out that social exclusion works through an inter-play of conditions or circumstances, such as poverty, unemployment, lone motherhood; attitudes or values, such as fear of differences, racism; and processes, such as segregation, silencing, and institutionalisation. The consequences are the same: a lack of recognition of acceptance, powerlessness; vulnerability; diminished life experiences; and limited life prospects.

Based on focus groups with youth, Hanvey's research reveals that young people see social inclusion in the context of participating in and contributing to their locality. In addition, young people, in all age groups (12 to 24 years) describe inclusion as having a strong attachment to people, specifically to a group of friends. Furthermore, they seemed to understand the connection between attachment and vulnerability. Several stated that without a strong attachment to people, such as a group of friends, young people risk being excluded from their own social landscape. According to many youth, social exclusion invariably results in an increased vulnerability.

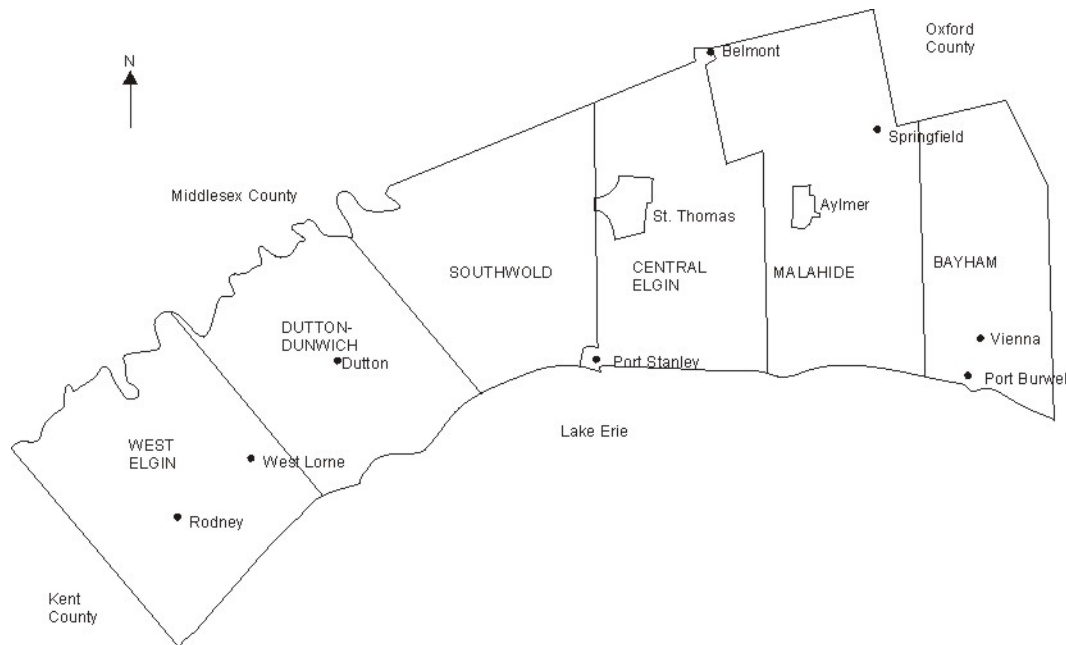
Phipps and Curtis (2001) look at social exclusion of children (6 to 13 years) in North America. They find that much of the literature takes an adult-focussed rather than a child-focussed perspective. However, some dimensions of exclusion seem relevant in either case (e.g. low-income or social isolation). The first major section of the paper provides a conceptual discussion of what it means for a child to be 'socially excluded' and how this might be measured.



## Community Profile: Elgin County

Elgin County is located on the shores of Lake Erie in Southwestern Ontario. The area consists of 1,880 square kilometers, subdivided into six townships (West Elgin, Dutton-Dunwich, Southwold, Central Elgin, Malahide, and Bayham) and two towns (Aylmer and St. Thomas). See Figure 2 for a map of Elgin County.

**Figure 2. Elgin County**



The areas range in characteristics of agricultural, rural hamlets, international harbour ports, and one large town, the City of St. Thomas. St. Thomas is located near the geographical centre of Elgin County. The City of St. Thomas is a centre of employment, shopping, health and education, recreation and administration offices that serve the County. St. Thomas is home to branch plants for the automotive industry. The industrial sections of Central Elgin and St. Thomas are an attractive site for large companies. The large natural attractions of the lakeshore are a tourist destination and a major bird watching site frequented by people from London and surrounding areas.

East Elgin is heavily influenced by the agricultural industry. Tobacco is a major crop here and the industry has invested heavily. Imperial Tobacco, for example, has a tobacco warehouse, auction, and processing plant that provide major employment opportunities year round. The tobacco industry however has declined under the pressure of declining market demand and increasing international competition. Layoffs for 260 workers were announced in 2003 (Currie 2003). This will have a significant impact

(estimated at \$5 million) on farmers and the local economy. The Town of Aylmer is the focal point for shopping, recreation, health, and education in East Elgin.

A review of services was included in the poverty scan conducted in Elgin County (Fuller et al 2002). The following summarises the research team's review. In addition, see Appendix E for an inventory of services in Elgin County.

**Employment services:** Employment services are centralised in Elgin County. Employment Service Elgin is located in St. Thomas, with satellite offices in Aylmer and West Lorne. Other employment services offered through Ontario Works are located in St. Thomas. Employment training and preparation are specifically geared toward the unemployed and to those who work very few hours. Young people have access to four outreach programs of Employment Service Elgin: Student Outreach Program; Getting It Together; Volunteer Youth in the Millennium Program; Summer Job Services Program.

**Food security resources:** There are many food and food skill providers in Elgin County. However, it appears that an opportunity exists to expand all of these programs to address people who experience chronic food shortages, to extend hours of operation in order to improve accessibility; and to extend services to rural areas.

**Youth services:** Eighteen agencies meet regularly as part of the Inter Agency Council for Children and Youth. The aim is to identify needs within Elgin County and to ensure that services are not duplicated.

**Mennonite resources:** The Mennonite Resource Centre, located in Aylmer, serves the east side of Elgin County. The Centre provides information, counseling, settlement services, and other resource information. The primary clientele are the Low German speaking residents.

### *Poverty*

The poverty scan conducted in Elgin County reviewed a number of barriers to social inclusion. These include population, transportation, gender and employment, education, health and health care, housing, and language and recent immigration. Many of these issues are reviewed in this section of the report. Below is a summary of key findings. Please refer to the research team's report (Fuller et al 2002) for a full account of their review.

**Transportation:** The predominantly rural area of Elgin County coupled with an inadequate transportation service structure makes the issue of rural mobility and service inaccessibility the most noted factor related to social exclusion.

**Employment and income:** A significant proportion of Elgin County's population can be classified as 'working poor.' These people are under-employed, not unemployed.

**Health services:** A key asset in Elgin County is the West Elgin Community Health Centre, which serves the west side of the County. No such integrated health prevention services exists in the east side of the County.

**Food security:** Many people in Elgin County are forced to rely upon monthly services provided by food banks, churches, and other organisations. The County appears very supportive of the food security fundraisers and food drives.

**Networks:** Elgin County is fortunate to have many groups, agencies, and organisations working together for common social causes.

Three specific recommendations address social inclusion. The aim of these recommendations is to release latent assets for the betterment of all residents of Elgin County. The recommendations, which represent ‘early wins,’ are:

**Transportation:** Community-based transportation services require multi-agency collaboration, shared facilities, renewable volunteers, and creative routings to overcome the inconvenient shape of the county.

**Employment:** A key livelihood asset and major source of social exclusion. Employment for youth is clearly a necessary focus. Provision of youth services, for example, illustrates the need to build on everyone’s assets in a collective and collaborative way.

**Institution building:** Opportunity exists for further inter-agency development to produce synergies from combining assets.

### ***Population Distribution***

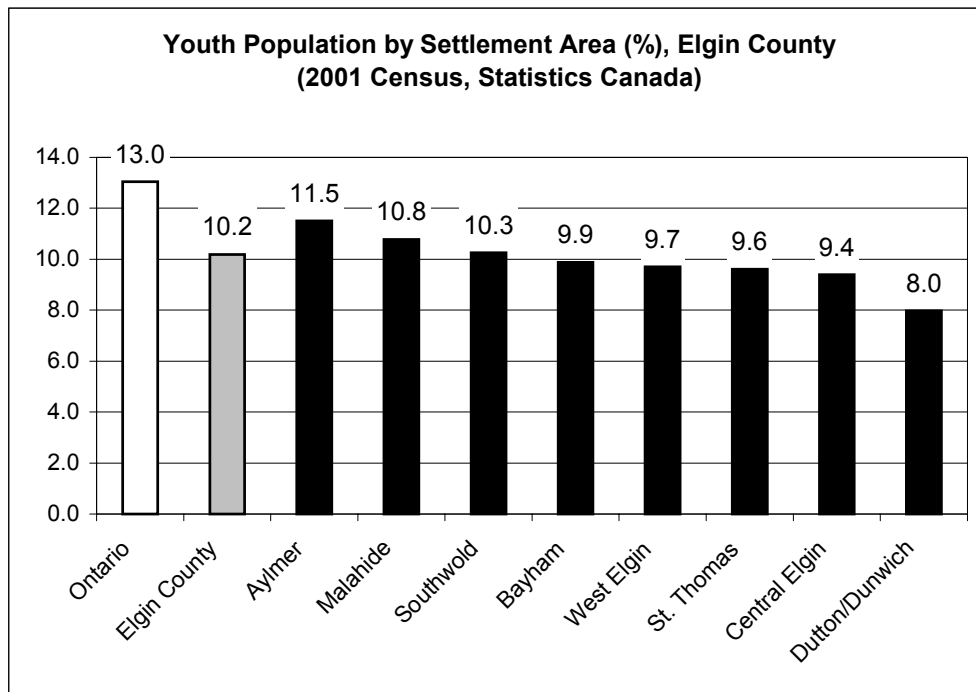
In 2001, the population of Elgin County was approximately 81,000 (an increase of 3.0 from 1996), with approximately 22,000 residents living in East Elgin, 45,000 living in Central Elgin and 14,000 living in West Elgin. St. Thomas is the most densely populated settlement with over 33,000 residents, or approximately 1,200 residents per square kilometre, while Malahide and Bayham have population densities of approximately 22 and 25 residents per square kilometre respectively. This compares with average population densities in the province of 12.6 residents per square kilometer.

### ***Age Structure***

Elgin County has a larger proportion of seniors per capita than the province of Ontario and a lower proportion of youth. Table 1 shows the populations of seniors and youth by settlement area in Elgin County. The proportions of youth and senior populations are illustrated in Charts 1 and 2, respectively. The greater proportion of older and younger residents means that compared to the Ontario average there is a higher degree of dependency. This means that a smaller share of economically-active residents may be required to support the rest of the population.

**Table 1. Population of Seniors and Youth by Settlement Area**

	Youth (15-24)		Seniors (55+)	
	Population	% of total	Population	% of total
Ontario	1,487,835	13.0	2,536,180	22.2
Elgin County	8,310	10.2	19,230	23.6
Aylmer	820	11.5	1,730	24.3
Bayham	630	9.9	1,345	21.1
Central Elgin	1,160	9.4	3,095	25.0
Dutton-Dunwich	295	8.0	930	25.2
Malahide	950	10.8	1,600	18.2
Southwold	460	10.3	1,070	23.8
St. Thomas	3,195	9.6	8,045	24.2
West Elgin	530	9.7	1,440	26.4

**Chart 1. Youth Population by Settlement Area**

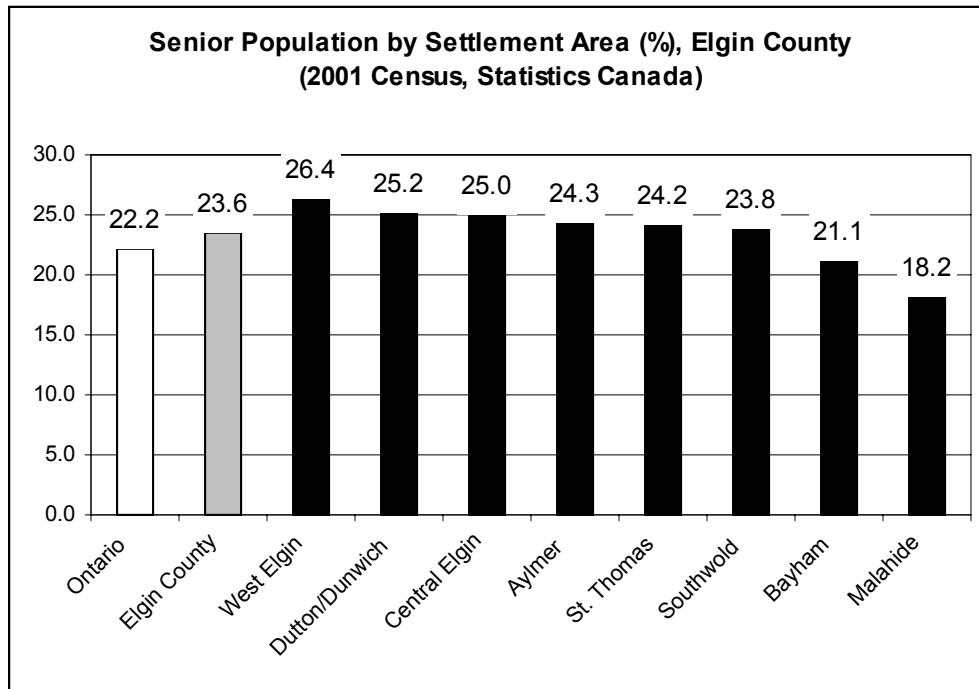
**Chart 2. Senior Population by Settlement Area**

Table 2 shows the changes in population between 1996 and 2001 at a rate of approximately 3%. While the birth rate remains stable, the growth rate in the county appears to be slowing. Populations declined in Malahide and West Elgin. St. Thomas and Southwold grew the most since 1996. These areas of population growth are likely associated with proximity to London. People may be choosing to live in these areas and commute to London for work.

**Table 2. Population changes in Elgin County**

	2001	1996	Change
Elgin County	81,553	79,159	3.0
Aylmer	7,126	7,022	1.5
Bayham	6,376	6,234	2.3
Central Elgin	12,360	12,156	1.7
Dutton-Dunwich	3,696	3,603	2.6
Malahide	8,809	8,891	-0.9
Southwold	4,487	4,273	5.0
St. Thomas	33,236	31,407	5.8
West Elgin	5,464	5,573	-2.0

By 2021, it is expected that Ontario's population by age will shift, particularly through a sharp increase in the proportion of seniors. The population under 15 is expected to decline. As indicated in Table 1, above, Elgin County has a greater proportion of young people and fewer seniors relative to the provincial average. However, it is expected that Elgin County will follow the overall trend of the rest of the province, with an increasing proportion of seniors.

### ***Language and Immigration***

East Elgin has a much larger proportion of residents who had German as a mother tongue (23.1%) than the rest of the County (1.5%) and Ontario (1.5%). Approximately 14% of East Elgin residents spoke German most often at home. In addition, 11.4% of East Elgin residents were immigrants from Mexico, compared to 0.3% in the rest of the County and 0.1% in Ontario.

### ***Families and Household Living Arrangements***

Tables 4 and 5 show the 1996 census makeup of families in Elgin County. East Elgin has a greater proportion of two-parent families than the rest of the County. Family sizes were also bigger in East Elgin than the rest of the County. Within East Elgin, Malahide had the largest proportion of two-parent families, the greatest number of children, and the largest family size. The proportion of residents 65+ years of age living alone varied across Elgin County. Less than 19% of Malahide residents 65+ lived alone, whereas 32% of Aylmer residents lived alone.

Note: In the following charts, Elgin County is organised into East, Central and West.

East: Aylmer, Malahide and Bayham

Central: Central Elgin, St. Thomas

West: West Elgin, Southwold, Dutton-Dunwich

**Table 4. Private households, Elgin County**

	East Elgin		Central Elgin		West Elgin		Elgin County	
Total Families with children in private households	3,835	100	8,005	100	2,325	100	14,200	100
Married (children at home)	2,965	77	5,230	65	1,790	77	9,995	70
Common Law (children at home)	220	6	770	10	125	5	1,135	8
Lone parents	650	17	2,005	25	410	18	3,070	21

**Table 5. Children at home, Elgin County**

	East Elgin	Central Elgin	West Elgin	Elgin County
Total # children at home				
Under 6 years	2120 (24%)	3345 (23%)	955 (21%)	6420 (23%)
6-14 years	3390 (38%)	5590 (40%)	1910 (42%)	10895 (39%)
15-24	2710 (15%)	4325 (14%)	1355 (14%)	8420 (15%)
25 and over	530 (6%)	1105 (8%)	345 (8%)	1975 (7%)





### ***Education and Employment***

Table 6 indicates that the proportion of Elgin County residents who had less than a grade 9 education was almost twice that of the rest of Ontario. Almost 22% of Elgin residents aged 20+ had less than grade 9 education compared to the provincial average of 13%. The number of residents with high school graduation certificates or trade certificates was higher than the provincial average, however the number of residents with university education was greatly lower, with only 10% of the County residents graduating from university compared to 26% in Ontario.

**Table 6. Education characteristics, Elgin County**

School Attendance	Elgin	Ontario
Total population 15 years and over attending school full time	6,545	1,060,115
Age group 15-19 attending full time	4,220	570,550
Age group 20-24 attending full time	1,565	312,470
Total population 15 years and over attending school part time	2,030	436,730
Age group 15-19 attending part time	215	19,045
Age group 20-24 attending part time	185	57,580
<b>Highest Level of Schooling</b>		
Total population aged 20-34	14,330	2,263,910
% of the population aged 20-34 with less than a high school graduation certificate	21.4	13.2
% of the population aged 20-34 with a high school graduation certificate and/or some postsecondary	37.3	33.7
% of the population aged 20-34 with a trades certificate or diploma	9.7	7.9
% of the population aged 20-34 with a college certificate or diploma	21.0	19.5
% of the population aged 20-34 with a university certificate, diploma or degree	10.5	25.7
Total population aged 35-44	13,035	1,949,840
% of the population aged 35-44 with less than a high school graduation certificate	24.4	17.3
% of the population aged 35-44 with a high school graduation certificate and/or some postsecondary	29.0	25.6
% of the population aged 35-44 with a trades certificate or diploma	15.7	11.5
% of the population aged 35-44 with a college certificate or diploma	21.8	21.2
% of the population aged 35-44 with a university certificate, diploma or degree	9.1	24.3

**Table 6. Education characteristics, Elgin County (continued)**

School Attendance	Elgin	Ontario
Total population aged 45-64	19,100	2,684,705
% of the population aged 45-64 with less than a high school graduation certificate	33.1	27.5
% of the population aged 45-64 with a high school graduation certificate and/or some postsecondary	23.6	22.9
% of the population aged 45-64 with a trades certificate or diploma	14.8	11.6
% of the population aged 45-64 with a college certificate or diploma	17.7	16.6
% of the population aged 45-64 with a university certificate, diploma or degree	10.7	21.5

***Labour Force and Average Household Income***

Table 7 shows the unemployment rates for Elgin County and Ontario. Generally, rates are similar. Females experience a higher rate of unemployment in Elgin relative to Ontario.

**Table 7. Unemployment rates in Elgin County**

	Elgin County			Ontario		
	Total	Male	Female	Total	Male	Female
Unemployment rate	6.6	5.8	7.4	6.1	5.8	6.5

Source: 2001 Census, Statistics Canada

The average household income in East Elgin in 1996 was \$44,339, compared to the County average of \$47,627 (Table 8). Over 20% of households in East Elgin reported incomes of less than \$20,000, compared to 18% for the County. Just over 5% of households reported incomes of \$100,000 or more, compared to 7% for the County.

**Table 8. Income characteristics, Elgin County**

Characteristics	Elgin County	Ontario
Earnings		
All persons with earnings (counts)	44,245 (54%)	6,319,535 (55%)
Average earnings (all persons with earnings (\$))	28,893	35,185
Worked full year, full time (counts)	23,270 (28%)	3,480,670 (30%)
Average earnings (worked full year, full time (\$))	39,721	47,247

Source: 2001 Census, Statistics Canada



The average price of a single detached dwelling in Elgin County in 1996 was \$116,452. Single detached homes comprise the principal dwelling type, with apartment at 2.5% and row housing at 4.4%.

The primary industries (including agriculture) comprise the single largest sector, at 27.7%, followed by manufacturing at 25.7%. All other sectors are comparatively small, with the third-largest being retail (8.3% of the labour force).

Due to East Elgin's location and its predominantly rural nature, 56.5% of the labour force commutes to employment outside the municipality. According to the poverty scan, the predominantly rural areas of Elgin County have a larger proportion of residents commuting to other municipalities for employment. At the same time, rural areas also have a higher proportion of residents who work at home. This reflects the agricultural economic base.

The poverty scan disclosed issues related to the 'working poor.' These are people who are employed but still unable to pay for basic necessities. This may be attributed to a higher incidence of lower-paying, part-time or seasonal work. Again, this reflects aspects of Elgin's agriculture economic base.



## **Method: Table Talks**

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The idea underlying ‘table talks’ is to engage participants in discussions in a relaxed, informal setting. The aim of this approach is to encourage a free flow of thoughts, not to control discussions. SEII-EC is not a data-collecting project.

The objectives of the Table Talks, as defined by WECHC, are to create a network and to create a pool of resources. In so doing, the aims are to improve communications to create a more inclusive environment for seniors and youth and to share new lessons. As a starting point, bringing people together is a significant contribution to creating a network. Therefore, the sessions focus upon the second objective: to create a pool of resources. Toward this end, the project process was based on an assets-based approach. This means focussing upon the resources, skills, and ideas – the ‘assets’ – of people who are around the table and of other people and organisations.

We used an outreach process to recruit participants. West Elgin Community Health Centre contacted members of its network of organisations. These organisations were asked to host a Table Talk session. This required the host organisation to find a location and invite participants. As much as possible, these organisations were selected as hosts because they had extensive contacts with youth or seniors. This method of organising sessions and recruiting did not work well. For some locations, WECHC assumed responsibility for sessions when local host organisations were unable to meet expectations.

There was no attempt to target specific people or groups of seniors and youth identified as more excluded than others. A guiding assumption for the recruitment of participants was that everyone, in one form or another, is excluded. Hence, everyone who participates will have a story to tell and relevant perspectives to share.

Table Talks opened with introductions and a brief overview of the project. An initial task was to introduce the theme of inclusion/exclusion and to get people thinking about how to improve inclusion in order to make Elgin a great place to live. After introductions, participants broke into two groups, one group of youth and one of seniors.

The Table Talk discussions incorporated narratives prepared by the Central West project (see Appendix C for the text of each narrative). The narrative was printed out and distributed to participants at the start of each group session. To begin each group session, participants were asked to read the narrative: youth read the youth narrative; seniors read the seniors narrative.

We recognised that these narratives tended to focus on negative aspects of exclusion, on potential problems, and on what was missing or needed. The strategy was to use the negative tone of the narratives as a contrast to an assets-based approach. The format of the Table Talk sessions is provided in Appendix D. To ‘kick start’ discussions, participants were asked: How does it make you feel? What does it mean to you? What is your response? An open discussion followed. Facilitators for each session encouraged a creative discussion that focussed on positive aspects. Several questions were used to prompt discussions:



- What do you contribute (skills, interests, actions) to making here a good place to live?
- Youth: what do other youth contribute?
- Seniors: what do other seniors contribute?
- Is there a significant difference between rural/urban experiences? If so, what is the difference?
- How independent/dependent are youth & seniors? What are the factors that influence this (e.g., health, social support, status)?
- How do you connect with others (friends, family, recreational, social)?
- Do you feel a sense of belonging? How so? (Try to determine personal capacity (e.g., identity strength) versus community capacity (e.g., decision-making that involves seniors & youth, civic participation))
- What about closures, rules, public spaces?

In addition, to encourage participants to think about others, youth were asked what seniors contribute to making Elgin a better place to live and seniors were asked what youth contribute. To close the discussion within each group, participants were asked to reflect upon the narrative: What do you think about the narrative now? Do you think [name of location of session] is a place where everyone (who so wishes) is included/participates/involved?

To end the session, participants reconvened as one group. One person, usually the group's facilitator or recorder, presented a brief summary of the discussion for each group. This was used to invite additional thoughts from participants and to encourage an inter-generational exchange.

Throughout the process, service providers, who were invited by the host organisation, listened to the group discussions. Only a few service providers attended the sessions.



## Summary of Table Talks

Table 8 presents a summary of the Table Talk sessions, including locations and number of participants. Table Talks were held across Elgin County. The number of sessions in each area reflects different total populations in each area.

**Table 8. Summary of Table Talks.**

Location	Place and date	Participants			
			Female	Male	Total
<i>East</i> Straffordville	Straffordville Community Centre Tues., June 24, 3:00-5:30pm	Seniors	10	4	14
		Youth	3	0	3
Aylmer	Terrace Lodge Nursing Home Tues., June 24, 11:30am-2:00pm	Seniors	13	1	14
		Youth	2	1	3
<i>Central</i> St. Thomas	St. Thomas Seniors Centre Tues., June 10, 4:00-6:30 pm	Seniors	4	4	8
		Seniors	5	1	6
		Youth	4	1	5
<i>West</i> West Lorne	West Elgin Secondary School Wed., June 11, 4:00-6:30pm	Seniors	6	3	9
		Youth	8	5	13
<b>Total</b>			<b>55</b>	<b>20</b>	<b>75</b>

Overall, the table talks in Elgin County between youth and seniors went well. Participants fully engaged in free-flowing discussions, building upon the contributions of others. We collected many perceptions of inclusion and exclusion. Not surprisingly, young people and seniors have different views.

The format of the table talks worked well. The narratives were effective tools that provided a common point of reference for all sessions. And, as intended, people were very quick to respond and easily expressed their views both in support of the narrative and against it. Each subsequent session took less time to complete. This may be attributed to the facilitators who became more comfortable both with the format and the topic.

Not all sessions were alike. One of the most difficult sessions was with youth. This group of youth talked of being very included and expressed few concerns or ideas about changing the situation. When prompted to consider other youth who might be excluded, the youth did not have much to say. In another group, some seniors expressed concern that more time was not spent talking with you.

Although the table talks did go well, there is room for improvement. For instance, the places to convene both seniors and youth could be more neutral. Holding meetings in seniors centres may have deterred youth from participating. Consequently, more seniors than youth participated in the sessions. Generally, the host organisations did not appear to



satisfy the requirement to recruit youth and seniors. In one instance, there was a problem of miscommunication. A group of youth showed up at the wrong time and missed the entire session. Also, females outnumbered males almost three to one.

Overall, the difficulties encountered recruiting participants together with the sense that those who did show up were generally considered to be included, raise questions about whether participants should have been ‘targetted’ more directly. For example, participants could have been recruited who explicitly met prescribed criteria of being excluded (e.g., low income living in subsidised housing).

## ***Narratives of Elgin County***

Each Table Talk session was facilitated and recorded. The desired outcome of these sessions was to be able to create two narratives about social inclusion, one for seniors and one for youth. These two narratives are presented below. Each narrative was created by synthesising the Table Talk sessions. Members of the SEII-EC research team prepared the following narratives. The intention is to share these narratives with participants during a forum to be convened in the fall of 2003.

### ***The story we heard from seniors in Elgin County***

We feel we belong. We acknowledge, however, that there are seniors who *are* excluded because they live in rural areas, have health problems, face transportation barriers, have a disability, or other reasons. We feel a genuine concern to help include those seniors in need. Ageing and health issues can be roadblocks that can go unrealised until it is too late.

We are large contributors to the places we live. This fosters a sense of pride and commitment. We are involved with many issues and contribute to a cohesive unit through fundraising and voluntary work. We are very interested with local issues and ask a lot of questions. We care about our localities and genuinely want to make them a better place. The majority of us live with a heightened sense of awareness, concern, and respect.

There are many fun and active events that are available to us – Euchre nights, service clubs, church groups, walking groups, festivals, barbecues, and local sports games. Community centres, churches, and other institutions are often the heart and soul of the area. Closures of these centres will be detrimental.

Transportation is a major issue with all seniors. Transportation, public or otherwise, is unavailable or inaccessible to those who do not own cars. Seniors are fearful of being dependent on a public transportation system that is so poorly organised, especially in rural areas. We see an inherent difference between rural seniors and urban seniors. For example, rural seniors are thought to be very self-reliant.

Getting the attention and respect of local councils can feel like an impossible feat. We believe that decision-making institutions are not representative of the senior population nor do they consider us in their planning efforts. We feel that top decision makers are unavailable. Getting money and support from councils can be difficult.



Some of us perceive youth to be threats, but this perception does not include all youth. We believe that others should be less critical of youth – some are good, some are bad. Youth can be mischievous and knowledgeable, and we can relate to that. Overall, we want to foster a mutual respect between seniors and youth.

***The story we heard from youth in Elgin County***

Some of us are excluded; some of us are included. Those who are excluded may want to be excluded. And for those who are excluded, it is OK if you can drive.

The situation for youth is not as bad as some people like to think. Everyone sees what you're doing in a smaller place. Everyone knows what's cool and what's not cool. We establish groups of friends and are not excluded. Everyone is connected and hangs out together. A large part of what we do to be included – to do things as being a part of being included – is to go places where other youth hang out. We go into town for dances and sports, we go to the beach for fun. Many of us feel attached to this place. Although we want to get away now, we also want to return later. We don't feel excluded.

We have concerns. Facilities are not what we would like them to be. We need better places to skateboard. But we do not know who to talk to when voicing our opinion. As well, while most employers are tolerable of our appearances, such as hair color or piercings, other employers are not.

Youth raised in a farming family are encouraged to find a better job than farming after finishing a college or university degree. Yet jobs for youth are limited in town. This is part of the need to be able to drive. There is no public transit to get to the places we want to go. And this goes for school as well. Those who take the bus have to leave 30 minutes after school ends. Once you can drive the isolation of being here goes away.

Not all youth are the same. People watch people who are unfamiliar in town. Youth are often discriminated for what they look like. But treating all youth the same is a problem. Stereotypes make us feel worthless. Some teens are 'bad news.' The youth who skip school want to be excluded from others; they don't want to get involved in local activities. Those who don't work or go to school stay in the town because of a lack of opportunity. While others who do leave don't come back.

School is the focal point for our involvement, with sports teams (soccer and hockey) for example, and school clubs and councils. We are involved in church, working at local stores, heritage sites, local museums, and volunteering with seniors. There are opportunities for everyone with different interests. We rely on our family for help getting involved. And we have to take the initiative more often.





## Discussion

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The Table Talk format generated much discussion about experiences of exclusion and inclusion. Perspectives were shared, problems were identified, assets were celebrated, and ideas were presented. ‘Excluded’ groups could identify with the negative issues raised in the narratives. Some believed the narratives were more accurate than others; some questioned *who* wrote the narrative, and didn’t think that the author was from the so-called excluded group. With regard to these results, the Table Talks were successful.

Elgin County’s Table Talks give issues of social inclusion an explicitly rural context. In this regard this research provides a basis for further examination of spatial inequalities based on rural-urban differences. For example, matters of transportation, access to health services, and mobility of youth are relevant concerns that can be discussed in relation to the results of the regional and provincial projects on social inclusion. Such discussions will answer the question: Does rural make a difference?

Overall, the people who participated in the Table Talks did not feel excluded. They had both positive and negative things to say about the places they lived. There was identification of problem issues for seniors: transportation, health concerns, councils not recognising senior concerns, lack of rural physicians, disabled seniors having more problems, getting funding for senior projects, being heard and having a local voice, and feeling disenchantment towards the youth. At the same time there were many positive issues identified: feeling connected, being proud of contributions (volunteering, fundraising), participating in the many fun activities (walking groups, festivals, barbecues), personal satisfaction with being able to help those less fortunate (Meals on Wheels, Donation Box), and strength in being able to have and participate in senior-run clubs and groups. It could be argued, therefore, that the groups interviewed were not representative of the ‘excluded’ groups described in the Central West narrative.

The success of the Table Talks can be questioned if the explicit goal was to engage those most excluded from local decision-making processes. This was not the goal, however. The goals of SEII-EC were to create a more inclusive environment through networking and by pooling resources. The format of the Table Talks fulfilled these goals.

The Table Talks highlight and give context to the inherent challenges of integrating principles of ‘social inclusion’ into public policy. Engaging in any form of collective discussion is a positive aspect of improving quality of life, building local capacity, and incorporating divergent views within decision-making processes. The outcomes of these processes, however, depend upon where one draws the line between who is included and who is excluded. Determining who *should be* included *because* they are excluded is particularly difficult. Furthermore, where the line between those who are included and those who are excluded is drawn is inseparable from *who* draws the line.

Attempts to reconcile the appeal of social inclusion with the obligation to define the concept surfaced throughout the SEII project. At the regional level, much effort in the early stages was directed at collecting information to substantiate the narratives. The more members of the Central West project looked, the more material they found. The task appeared endless. To resolve this apparent problem, the Central West group decided that it



was best not to define social inclusion but to allow an understanding of social inclusion to emerge from the Table Talks. Deferring the matter of defining social inclusion to session participants, however, merely highlights the nature of the problem. Namely, the meaning of social inclusion depends upon who draws the line between inclusion and exclusion.

As the literature notes, the notion of adopting social inclusion as a principle of public policy is appealing, yet problematic. It holds out a promise of a just and equitable society. As a social value, the idea of social inclusion is a positive force that unites people in a common pursuit – it brings people together. Difficulties arise when one tries to move from upholding social inclusion as a principle of healthy social policy to operationalising the concept in a plan of action, or in other words, of moving from principles of process to the demands of content.

In Elgin County, the narratives generated about inclusion and exclusion captured from the Table Talk sessions depended upon who participated in the sessions. And who participated depended upon the prior decisions of project leaders and the host organisations who recruited participants. Each step in the process influenced the outcome, including the location of the meetings, facilitators, and recorders.

In Elgin County, participants of the Table Talks talked mostly about being included, referring to other people who are excluded. By general standards, these participants can be viewed as socially and economically excluded because they are non-wage earners, that is, youth soon to start careers and seniors who have retired from careers. In many other ways, the participants were included as members among their peers. Many of the seniors interviewed are actively involved in clubs; many of the youth interviewed are involved in school activities or recently employed.

The experience in Elgin County illustrates how differing assumptions and agendas can influence the value of social inclusion. As Levitas (2003) argues, the proper question about the idea of social inclusion is not what does it mean, but what do we mean by it. In the end, an explicit definition is necessary to guide decisions and actions. In the context of understanding the results of the SEII-EC project, we must ask who defines social inclusion – who observes the line between inclusion and exclusion. Most importantly, if one defers to the participants of the sessions, then who is invited to the sessions becomes the observer, i.e., the people sitting around the table are the ones who observe the distinction between inclusion and exclusion.

Notions of social inclusion raise many questions about its appropriate uses. By necessity, in the process of defining social inclusion one must also define what people are excluded from. In the literature, as well as within the Central West project, issues of social inclusion are related to ‘the system’: people are excluded from the structures and institutions of the system. However, we must still ask: What is ‘the system’?

It is in regard for the ‘observer’ that we can understand the possibility of multiple narratives of social inclusion. The Central West narratives focus upon negative aspects of being excluded. Participants in Elgin County Table Talks focussed on positive aspects of being included. These participants, generally, were active members of local activities, whether seniors involved in the recreation centre or youth involved in school councils. Their narratives reflect how they observe the distinction between who is included and who is excluded.



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## Appendix A. Determinants of Health

The SEII project focusses on determinants of health and inclusion elements because there is a significant body of knowledge that emphasise these as important influences on individual health status and social well being. The following table identifies three major determinants of health on which the SEII project focusses and how each determinant is related to ‘distancing’ factors in the lives of isolated youth and seniors in the Central West region.

Source: “Closing the Distance for Youth and Seniors in Central West Ontario” (Social Planning Council of Kitchener-Waterloo and Community Partners 2003).

Social/Economic Distancing Domains	Determinants of Health		
	Social Support Networks	Social Environments	Physical Environment
<i>Economic reducing gaps in income that create inequities in the sharing of society’s wealth and that has forced unprecedented numbers of people into poverty.</i>	Declining income may result in less opportunities for seniors to be in contact with family, friends and participate in social, recreation and community activities.		Seniors have a lessening of choice due to the increased cost of living. Some seniors may face the issue of running out of funds because of living expenses (e.g. rent, retirement homes). Some seniors may need to move to new locations. Some seniors may have an increase in income due to the selling of assets (e.g. farm, house) and may move to new locations.
<i>Spatial making public space more accessible to all community members and providing services in proximity to people with health and social support needs.</i>	Movement of seniors from rural to urban or vice versa may result in loss of networks of social support (e.g. church, clubs, neighbours, family, friends, etc.).  Movement of families from urban to rural settings may lead to distance from the local area.  Youth in rural settlements lack support of adults to keep them focused and provide them with	Movement of seniors from rural to urban or vice versa may lead to distance from the local areas that have supported them.  Youth discouraged from gathering in public spaces and gathering with friends without adults present. Reveals a distrusting of youth.  Closing of public spaces (e.g. churches, community centers) results in less opportunities for youth to connect with others.	Lack of public spaces; closing of churches, community centers.  Land use planning is effecting people.  Seniors in rural settlements – limited access to home health and social support, transportation services.  Youth in rural settlements – access to social and recreational activities, lack public transportation.  Unsafe environments for youth to gather (e.g. parks).

	Determinants of Health		
Social/Economic Distancing Domains	Social Support Networks	Social Environments	Physical Environment
	<p>transportation to social and recreational activities.</p> <p>Youth are discouraged from using transportation systems (e.g. bus in urban areas, car in rural areas) in both rural and suburban areas.</p>		
<p><i>Relational promoting positive relationships among groups and individuals within communities and across sectors so that all identify with, feel they belong to, and are part of the community.</i></p>	<p>Seniors are increasingly dependent on others Seniors have a loss of social support networks due to relocation, loss of loved ones, etc.</p> <p>Youth lack supervision and support from families.</p> <p>There is an absence of adult presence in the lives of youth – Due to a number of factors (such as longer commuting time for parents).</p> <p>There is a distrusting of youth by adults.</p> <p>Informal networks are eroding and not being given opportunities to form.</p>	<p>Youth are disconnected from their communities.</p> <p>There is an erosion of formal support systems for all.</p>	<p>Seniors are disconnected from communities due to changing land use planning.</p> <p>Seniors who move to rural settings from urban areas have a limited support system.</p> <p>The closing of churches, and community centers in both urban and rural areas have reduced the opportunities for seniors to maintain relationships.</p> <p>The historical strength and community structure is becoming weakened with the closing of churches and community centers.</p> <p>Youth may feel like they do not belong in their communities, because they are discouraged from gathering in public places.</p>
<p><i>Functional recognizing and valuing the worth and contributions of all members of the community and investing in the growth and developmental</i></p>	<p>Lack social support to use their strengths and develop capacity.</p> <p>Youth lack social support to use their strengths and capacities.</p> <p>Seniors may experience a loss of self-</p>	<p>Youth in rural communities lack job opportunities for skill development and income; few rural businesses.</p> <p>Institutions and formal systems may intimidate seniors.</p>	<p>Loss of public spaces and safety issues result in less opportunities for youth to develop skills and recognize capacities.</p>



Determinants of Health			
Social/Economic Distancing Domains	Social Support Networks	Social Environments	Physical Environment
<i>potential of all in highly adaptive and innovative ways</i>	<p>sufficiency and ability to care for themselves.</p> <p>Retirement may result in feelings of identity loss.</p> <p>Youth are distrusted and not valued for their strengths and capacities.</p>		
<p><b>Participation, empowerment (political)</b> <i>ensuring that the structures and processes are in place so that everyone has a “voice” in the planning and decision-making that affects their quality of life.</i></p>	<p>Seniors are not supported by social networks to actively participate in decision making.</p> <p>Seniors may be confused by the health care system and may choose to opt out of the system and not participate due to fear of institutionalization.</p> <p>There is a fear of youth gathering on their own without adults present.</p> <p>Youth are not supported by social networks to actively participate in decision making.</p>	<p>Seniors have a greater need for social and health care systems. However, they may choose to opt out of systems to protect themselves from institutionalization.</p> <p>Seniors are less involved in civic life.</p> <p>Youth have less involvement in civic life.</p>	<p>Policies and bylaws that discourage youth from gathering in public spaces – do not promote youth to become engaged in civic life.</p>





## Appendix B. SEII Goals and Objectives

Area of Focus	Goals	Objectives
Local  Waterloo Region and Brant County	Mobilize communities within the mandates of SPCK-W, Cambridge &ND and Brant to take action to reduce barriers in their communities.	To engage youth and seniors and community leaders in informal discussions to further develop the community story and better understand experiences related to isolation, connectedness and barriers in the municipal structures, formal structures and informal structures of communities.
	Increase community capacity to monitor and take action to reduce community barriers in municipal level, formal and informal structures.	To work with what is learned from the experiences of the local communities at the regional level to consolidate the learning and create resources.
	Reduce formal barriers, in municipal and formal community structure, which contribute to the exclusion of youth and seniors from participating in community and/or formal policy decision making in those areas that influence their participation.	To develop a community action Projects in each of the SPC local communities that leads to changes in public policy, systems and/or practices to reduce barriers to inclusion of youth and/or seniors.
Regional	Collaborate with others wanting to increase social and economic inclusion across the central west region of Ontario	To mobilize communities, through partners from urban and rural communities across Central West region, to explore isolation issues facing seniors and youth.
		To create face to face and web based forums for cross-community communication and sharing of research and resources created in the Project.
		To create a regional network that can continue to engage, mobilize and collaborate for inclusive communities.
	Increase knowledge of social and economic inclusion issues that impact people and communities throughout the Central West Region by creating opportunities for discourse and developing resources and tools.	To assess assumptions about isolation experience of youth and seniors and identify barriers and priorities from their perspective.
	Increase community mobilization resources available to a broader range of communities across central west Ontario.	To create resources including documentation of learning, tools and workshops for planning action to work to reduce barriers in local communities.

What is gathered, what is created, the process that is used and the results of all work will be documented and shared. Furthermore, what is learned at any one stage will provide the foundation for continued activities at later stages. The overall project expectation is to share expertise and learning and to build on this in successive stages, culminating in a set of local projects.





## **Appendix C. Narratives Prepared by SEII-Central West**

### *The Story Heard About Seniors – December 4, 2002*

There is a sense of loss of choice as health declines for seniors. As people get older, they begin to meet the social and health care systems. Some seniors may choose to opt out of the system to protect themselves from institutionalization. There is an inherent sense of fear around institutions, such as nursing homes, and being less able to take care of themselves.

Seniors also have a lessening of choice due to the increased cost of living coupled with their lowered income levels. While some seniors may experience an increase in income due to the selling of assets (e.g. farms, houses, etc.) in general, there is a decrease in their revenue from a lack of paid income. Some seniors also face the issue of running out of funds, because of living in expensive retirement homes. Senior women are particularly vulnerable, because they tend to survive longer than men, and must face limited financial resources.

Seniors may lose their networks of social support (e.g. church, clubs, neighbours, family, friends, etc.) for a number of reasons. For example, some seniors move from an urban environment to a rural or small town setting, because it is less expensive and they have a perception that there is a stronger sense of community in rural settings. On the other hand, seniors who once lived in rural settings move to smaller towns, or urban areas for more convenient lifestyle. However, with the closing of churches, community centres in both rural and urban areas, seniors have reduced opportunities to maintain and develop relationships with others.

Furthermore, seniors also face the loss of loved ones and may be farther away from their families and friends due to geographic distances. For example, seniors who live on farms or in small towns may not have continual support from their families because they have moved to the city. Some seniors may choose to move to the small town or urban settings, because they cannot keep up the farm or find it more difficult for financial and transportation reasons. These seniors may feel disconnected from their familiar way of life that they were used to for several decades in the rural settings due to the drastic change in their environment. There are several factors that are contributing to a fragmentation of social support among seniors.

With declining health, seniors increasingly rely on the support of friends and family to provide assistance with transportation to medical appointments, shopping, and general household duties and maintenance. The social support network of seniors living in rural areas is extremely important, because in general, there is a lack of transportation and support services provided by formal agencies and municipal structures. Similarly, in urban settings, seniors also rely on the support of friends and family, because they may fear the use of public transportation.



*The Story About Youth – December 4, 2002*

There were a combination of issues identified that the youth population experience in both urban and rural areas. There is a sense that youth have no place to gather with their friends and no way to get around the area that they live. Municipal structures and formal institutions, in general, discourage the gathering of youth in public places through the enforcement of bylaws and failing to plan and develop public spaces for youth to gather. For example, there are bylaws that prevent youth from having places to skateboard and play ball hockey. Furthermore, some public spaces, such as parks, where youth have traditionally gathered are becoming unsafe. The closing of churches and community centres in both urban and rural areas is weakening the historical strength and community structure. Overall, there are less public spaces for youth to gather.

There is a fear of youth gathering on their own without adults present. There is a distrusting of youth by adults. For example, there are an increasing number of stores, such as convenience stores that restrict the number of youth entering their stores. They display signs that state only two or three students at a time, and make students hand over knap sacs at the counter due to a fear that youth with shoplift. The distrusting of youth by adults maybe related to fear, because of their appearance (e.g. piercing, tattoos) that express their individual identity.

There is an absence of adult presence in the lives of youth. Youth end their school day in mid afternoon and are unsupervised by adults for several hours until their parents arrive home from work. For families that live in rural areas, parents face longer commuting times resulting in less amount of time for them to spend time with their children and provide them with transportation from after school activities and jobs.

Youth who live on farms and have chore responsibilities are often not able to participate in recreational activities, because they are often held at times when youth must do chores. In rural communities, there is also a lack of job opportunities for youth.

Many families who once lived in urban centres are now moving to more rural settings, because of less expensive housing, and they feel that there is more sense of community. However, youth feel even more isolated in rural settings, because they lack transportation and places to gather with friends. The independence of youth is often limited, because parents have a perception of fear with allowing their kids to use vehicles in rural areas due to the road conditions. Similarly, in rural areas, youth are discouraged from using public transportation or walking to destinations, because of safety issues. For youth that live in suburban areas, they may rely on their parents to drive them to activities, because of the far distances to community centres, shopping malls, etc.

Overall, youth are feeling disconnected from their communities. They do not feel valued and accepted as contributing members of society, and as a result, do not participant in civic life. They are less involved in their communities for a number of reasons. Furthermore, the services to meet the needs of youth are diminishing with the closing of formal institutions.



## Appendix D. Format of Table Talks

(total 2.5 hours)

Time	Groups	Topic/theme/questions
10	All	Exercise: Introduce yourself to at least two other people you do not know. Youth should approach seniors and seniors should approach youth. Possible questions to ask: What makes [here] a great place to live?
10	All	Brief introduction to why we are here: theme of inclusion/exclusion; to create a pool of resources; to learn how to improve inclusion in order to make Elgin a great place to live.
5	Break into 2 groups: 1 youth group; 1 seniors group	
20	In each group	Read narrative and discuss: How does it make you feel? What does it mean to you? What is your response?
40		Open discussion: be creative Possible questions: <ul style="list-style-type: none"> <li>- What do you contribute (skills, interests, actions) to making [here] a good place to live?</li> <li>- Youth: what do other youth contribute?</li> <li>- Seniors: what do other seniors contribute?</li> <li>- Is there a significant difference between rural/urban experiences? If so, what is the difference?</li> <li>- How independent/dependent are youth &amp; seniors? What are the factors that influence this (e.g., health, social support, status)?</li> <li>- How do you connect with others (friends, family, recreational, social)?</li> <li>- Do you feel a sense of belonging? How so? (Try to determine personal capacity (e.g., identity strength) versus community capacity (e.g., decision-making that involves seniors &amp; youth, civic participation))</li> <li>- What about closures, rules, public spaces?</li> </ul>
20		Closing discussion: Possible questions: What do you think about the narrative now? Do you think [here] is a place where everyone (who so wishes) is included/participates/involved? Ask youth: what do seniors contribute? Ask seniors: what do youth contribute?
10 break	Reconvene as one group. Service providers are invited to listen to the final group discussions.	
10	All	One person (facilitator/recorder?) presents summary of discussion for group. Can use a chart of key words under three headings: narrative (negative); assets (positive); other group's assets
20		Open discussion: What do you think?
5		Close by discussing what's next Thank you.



## **Appendix E. Inventory of Services**

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The following is a list of services for seniors and youth of Elgin County. This list is a work in progress. Any omissions are accidental.

### **SENIORS**

St Thomas Seniors Centre

#### Seniors clubs

Club #37	St Thomas
Dutton Dunwich Adult Club	Dutton
50+ Club	Aylmer
Golden Age Seniors Club	Port Stanley
Rodney Adult Social Centre	Port Stanley
Seniors Drop-In Centre of Terrace Lodge	Aylmer
Seniors 55 and Over Club	Vienna

#### Seniors 55 and Over Club Port Burwell

Soar Chapter #4	St Thomas
Southwold Golden Age Club	St Thomas
St Thomas Retiree's Club	St Thomas
Sunshine Club	Port Burwell
Union/South Yarmouth	Port Stanley
West Elgin Adult Club	West Lorne

#### Housing services

Long Term Care
Bobier Villa
Caessant Care on Bonnie Place
Caessant Care on Mary Bucke
Chateau Gardens
Elgin Manor
Extendicare-St Thomas
Extendicare-Port Stanley
Terrace Lodge
Valleyview Home for the Aged

#### Retirement homes

Beattie Haven Retirement Community	Wardsville
Cresasant Care on Bonnie Place	St Thomas
Kennington Park Retirement Home	Aylmer
Kettle Creek Residence	St Thomas
Metcalf Gardens	St Thomas
Pine Hill Cottage Rest Home	St Thomas
Port Bruce Manor	Port Bruce
Tara Hall Residential Care Home	St Thomas
Victoria Place	Port Burwell

#### Supportive Housing

West Elgin Community Health Centre



## HEALTH

Elgin-St. Thomas Health Unit	St Thomas
West Elgin Community Health Centre	West Elgin, Dutton/Dunwich
Elgin Community Care Access Centre	Simplified access to and coordination of community health and support services for the elderly, people with disabilities and those with serious health problems of all ages. Direct applications or referrals.
<u>Medical Care</u>	
St Thomas-Elgin Medical Association	St Thomas
	Recorded message lists family physicians taking new patients.
<u>Hospitals</u>	
Four Counties General Hospital	Newbury
Regional Mental Health Care	St Thomas
St Thomas Elgin General Hospital	St Thomas
Tillsonburg District Memorial Hospital	Tillsonburg
Elgin Geriatric Assessment Team	St Thomas
	A team of health care professionals who specialize in geriatrics as well as psychogeriatrics. In home consultation and advice is available for people who demonstrate a physical or cognitive decline.
Regional Mental Health Care	St Thomas
	In patient and out patient assessment, treatment and consultation.

## TRANSPORTATION

Centralised dispatch systems	
West Elgin Transportation Network	West Lorne
Emerald Medical Services	Aylmer
Central Ambulance Communication Centre	London
Medical Transportation Systems	London
Voyager Bus Company	St Thomas
Transcare Medical Transportation Inc	Sarnia
Canadian Cancer Society	London
	Transportation to and from London Regional Health Centre, medical and hospital appointments.
Canadian Red Cross	St Thomas
	Transportation to and from the London Regional Cancer Centre, medical and hospital appointments.
Kiwanis Golden K Clubs	St Thomas
	Transportation for dialysis treatment in London and to medical



appointments in the St Thomas area.

Non emergency Transportation Cox Cabs	St Thomas
City wide curb to curb public transportation serves individuals who are permanently or temporarily disabled.	

Volunteer car pooling	Various Groups
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## RECREATION

Valleyview Senior Citizen Drop-In Center

Wide variety of education and recreational programs for age 50 plus.

On-going daily programming, bus trips, dances, etc.

YMCA ST Thomas-Elgin

Provides programs and activities to men, women and children. Reduced cost for those with limited incomes.

YWCA St-Thomas-Elgin

Provides programs and activities to men, women and children. Teen mothers program. Reduced cost for those with limited income.

High Street Recreational Complex

Recreation centre for all ages. Exercise programs, weight room, pool, gym, supervised nursery facilities available at the complex. Subsidized for those with limited income.

## LIBRARIES, MUSEUMS, GALLERIES

### Libraries

Elgin County Public Library	St Thomas
Aylmer Old Town Hall Library	Aylmer
Bayham Township Library	Bayham
Belmont Library	Belmont
Dutton Library	Dutton
Port Burwell Library	Port Burwell
Port Stanley Library	Port Stanley
Rodney Library	Rodney
Shedden Library	Shedden
Springfield Library	Springfield
Vienna Library	Vienna
West Lorne Library	West Lorne

### Museums and Galleries

Andre Van Kasteren Dairy Museum	Aylmer
Art Gallery of St Thomas	St Thomas
Alymer and District Museum	Aylmer
Edison Museum of Vienna	Vienna
Elgin County Pioneer Museum	St Thomas
Elgin County Railway Museum	St Thomas



Elgin Military Museum	St Thomas
Lighthouse & Marine Museum	Port Burwell
Tyrconnel Heritage Society	Wallacetown
Heritage Society	

## **EMPLOYMENT AND TRAINING**

Employment Services Elgin	St Thomas
Access to job bank, computer lab, internet, fax machine and photocopier for ob search purposes. Satellite office in Aylmer.	
Ministry of Skills Development	
Apprenticeship programs	
Training programs	
Agriculture and Food	
Financial counseling for farmers, home economist on staff.	
Aylmer Community Centre for the Enrichment of Social Skills (ACCESS)	
Leisure life skill program, stressing physical activity and education upgrading.	
Elgin Local Employment Assistance and Development Corporation (L.E.A.D.)	
Government funding and advice to help with new or expanding businesses	
Elgin Worker and Community Services	
Employment counseling and training access advocacy for unemployed adults over the age of 25. Assistance in completing and filing government forms (e.g. Unemployment insurance, worker compensation forms)	
Fanshawe College-School of Continuing Education	
Job readiness retraining centre for adults, providing academic, vocational, technical and commercial training.	

## **OCCUPATIONAL/JOB COUNSELLING/JOB PLACEMENT**

Agricultural Employment Service (Aylmer)
Occupational counselling and job placement. Administrates various Canada employment and immigration centre programs.
Canada Employment Centre
Job placement, employment and career counselling
Interest and aptitude testing
Canada Immigration Centre
Serving ages 15 and over. Offers a number of specialized and general services aimed at employers and job seekers. Eligibility restricted to Canadian Citizens and Landed Immigrants.



**Elgin St Thomas Youth Employment Counselling Centre**

Provide employment counselling to those under 25. Help provided one to one counselling, group sessions and individual workshops. Deals with job search and interview skills.

**Womanpower**

Vocational counselling for career choice and job preparation for women. Group counselling is given in the form of workshops.

**LIVING ASSISTANCE****East Elgin Community Assistance Program                      Aylmer**

Provides emergency services such as clothing, food, shelter and transportation in crisis situations, financial assistance with utility bills or eviction.

**Canadian Red Cross Society**

Medical equipment loan cupboard and emergency food assistance.

**Caring Cupboard**

Emergency food supplies

**Corner Cupboard**

Provides access to emergency aid through East Elgin Community Assistance Program. Counselling for budgeting, cooking and nutritional advice. Vouchers may be provided in addition to food.

**West Elgin Daffodil Auxiliary Welfare                      Dutton**

Help for needy families

**Dorcas Society**

Used clothing Christmas baskets to those in need.

**Goodwill Thrift Shop**

Donated clothing and household goods refurbished and sold at nominal prices.

**Helping Hand Food Bank**

Emergency food supplies

**St Andrews Presbyterian Church Food Bank**

Provide food vouchers redeemable at local grocery stores.

**Salvation Army Family Services Centre**

Free food, clothing, household goods or shelter in emergency situations.

**Canadian Mental Health Association**

Provides a range of services directed at promoting psychosocial rehabilitation and successful re-integration into the community.





**Crisis and Short Term Intervention Unit**

Offers crisis intervention, short term out patient counseling to cope with everyday life problems. Referrals to community hospitals.

**HOUSING AND SHELTER****Canada Mortgage and Housing**

Local office provides information on Federal Housing programs. Administers funding for non profit and cooperative housing aimed at low income, seniors disabled and other disadvantaged groups.

**Cherry Street Non Profit Housing**

17 affordable units for families in the Aylmer area.

**Troy Village Housing**

Cooperative housing

**EFBC Non Profit Housing Corporation**

Administers affordable rental housing for families and seniors.

**Elgin-St. Thomas Housing Authority**

Agents for Ontario Housing Corporation. Administers over 500 low rental, public and senior housing units throughout the county.

**YMCA St. Thomas-Elgin**

Affordable men's residence provides programs and activities to men, women and children.

**YWCA St. Thomas-Elgin**

Emergency housing for women. Provides programs and activities to men, women and children. Teen mothers program.

**Women's Place (YWCA administered)**

Shelter for battered women and their children. Support groups, legal advice and temporary residence.

**INCOME SUPPORT****Ministry of Community and Social Services**

Family benefits- long term income maintenance for disabled, single parent supplement. Vocational, rehabilitation, maintenance and training for physically, mentally and emotionally handicapped to return to employment.

**Health and Welfare Canada****Canada Pension Office**

Public protection from health hazards in food products, drugs, medical devices.

**Consumer Debt Counselling**

Provides advice on budgeting matters and generally assists persons and families with their financial problems, acts as intermediary between debtors and creditors for orderly payment of debts.

**Elgin County Social Services**

General welfare assistance, special assistance and supplementary aid.  
Subsidized homemakers, nurse services and day care.

**Social Services (Municipal)**

Welfare, single parent supplement, subsidized homemakers, nurse services and day care.

**Workers Compensation Board (Ontario)**

Administers the workers compensation act of Ontario.

**Canada Employment Center**

Administers unemployment insurance benefits and Job Bank.

## **LITERACY**

**Basic Skills (Ontario)**

Life skills, academic upgrading, work experience for disadvantaged adults with 0-grade 6 education.

**YMCA St. Thomas-Elgin**

English as a second language. Basic literacy with Elgin county board of education teachers. Women as a target group.

Learners & tutors program

Women Literacy program- Vienna community centre

**Elgin County Board of Education**

Day programs in ESL, in St Thomas and Aylmer.

Evening programs in St Thomas and Elgin County.

Adult basic literacy and numeracy program in St Thomas and St Thomas Psychiatric Hospital.

**Elgin County Roman Catholic Separate School Board**

Now offering literacy programs and evening credit courses.



## SUPPORT AND ADVOCACY PROGRAMS

### Adolescent and Children Services

Provides a supportive environment for those persons in elgin county who are suffering from a chronic psychiatric disability. This supportive program includes the following programs, life skills, recreational and social programs, as well as assisted housing needs.

### Adult Children of Alcoholics

Support group for victims of alcoholics and drug addiction

### Big Brothers/Big Sisters (St.Thomas-Elgin)

Volunteer men and women work with boys from father absent homes and girls who, like boys, are in need of personal, social and emotional development. Girls need not come from mother or father absent homes.

### Elgin Family Violence Centre

Victim assistance program, crisis response program, community referral program, male batterers group and public education program.

### Parent Support Group

Support for parents of teenagers, using the “tough love” manuals.

### Mennonite Central Committee

Referrals and help to newcomers to access various services.

Cooperate with literacy programs

### St. Thomas-Elgin Association for Community Living

Provides a wide range of community based services to persons with developmental handicaps who are citizens of Elgin County and their families.

### Community Abuse Program of Rural Ontario (CAPRO)

## VOLUNTEER OPPORTUNITIES

Volunteer Elgin	St Thomas
Volunteer Programs- Elgin County (VON)	St Thomas
Volunteer Programs-West Elgin (West Elgin Community Health Centre)	West Lorne

## AGRICULTURE AND HORTICULTURE SOCIETIES

### Horticulture

Aylmer and District Garden Club	Aylmer
Dutton and Dunwich	Dutton
Port Burwell-Bayham	Port Burwell
St. Thomas & District	St Thomas
Rodney and District	Rodney
West Lorne	West Lorne



Agriculture Societies

Aylmer & East Elgin	Aylmer
Rodney-Aldbrough	Rodney
Shedden	Shedden
Wallacetown	Wallacetown

Agricultural Organizations

Elgin Agriculture Centre  
 Dairy Producers Committee  
 Farm Safety Council  
 Farm Women's Network  
 Federation of Agriculture  
 Fishermen's Association  
 Fruit and Vegetable Growers Association  
 Holstein Club  
 Horse Breeders Association  
 Dairy Herd Improvement Corporation  
 Christian Farmers Federation  
 Corn Producers Association  
 Cattlemen's Association Education Committee  
 Berry Growers Association  
 4-H Association  
 Plowman's Association  
 Pork Producers  
 Soil & Crop Improvement  
 Soybean Committee  
 Turkey Growers

**BUSINESS DEVELOPMENT**

Elgin Community Development Corporation (Community Futures)  
 Chamber of Commerce-West Elgin  
 Chamber of Commerce- St. Thomas and District  
 Chamber of Commerce- Dutton-Dunwich  
 St Thomas-Elgin Tourist Association

**WOMEN'S INSTITUTES**

Boxall  
 Calton  
 Clachan  
 Cowal  
 Crinan  
 Kingsmill-Mapleton  
 Middlemarch  
 North Yarmouth  
 Paynes Mills  
 River Road  
 Shedden



