

An Urban Revolution through Age Friendly Cities?

The Case of Toronto

by

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Abstract

This dissertation examines the claim that Age Friendly Cities (AFCs) represents an effective and revolutionary policy approach to population aging. The AFC approach is a place-based policy program intended to enhance the ‘fit’ between senior citizens and their environment. Mainstream accounts of AFCs claim that the program represents a paradigmatic shift in the way we think about aging, to move away from an individual health deficit approach to one that seeks to improve local environments by empowering seniors and local policy actors. However, initial critical literature notes that while AFCs may offer the potential to expand social and physical infrastructure investments to accommodate diverse population needs, they are being popularized in a conjuncture where the public sector is being restructured through narrow projects of neoliberalism that call for limiting public redistribution. This literature calls for further empirical studies to better understand the gap between AFC claims and practice.

I heed this call through a qualitative case study of AFCs in the City of Toronto; a particularly relevant case because the recent *Toronto Seniors Strategy* has been critiqued for being more symbolic than substantive. My research represents a critical policy study as I understand AFCs not as a technical policy tool but as a political object attractive to conflicting progressive and neoliberal projects that use rhetorical and practical strategies to ensure their actualization. My approach is normative as I seek to provide insight for a transformative ‘right to the city’ for senior citizens through the AFC approach. I use literature on citizenship to understand the multiplicity of political projects that seek to expand or narrow the relations between people, environments and institutions through the AFC program. This understanding is based on the meanings 82 different policy actors from local government, the non-profit sector, academia, and other levels of government make of their everyday work in creating age-friendly environments. The broad question I ask is: *How do local policy actors understand the rhetoric and practice of AFCs in Toronto and how do these understandings illustrate particular expansive and narrow political projects that affect the development of a right to the city for senior citizens through this policy program?*

I begin with an initial Case Chapter that scopes age friendly policy work in Toronto from a ‘seeing like a city’ perspective that identifies the complex multi-scalar and multi-actor nature of this policy domain. The Recognizing Seniors and Role of Place Chapters then examine AFCs rhetorically with respect to how local policy actors understand the ‘person’ and the ‘environment’. The Rescaling Redistribution and Restructuring Governance Chapters explore the practice of AFCs, including how local policy actors understand their capacities to design and deliver age-friendly services and amenities and the institutional mechanisms at their disposal to action AFCs. My findings challenge the claim that the AFC policy approach is effective, let alone revolutionary. I learn from policy actors that narrow projects of restructuring work to assemble seemingly progressive rhetoric and practice around active aging and localism to reduce universal public provision, expand the role of private citizens and their families to provide care, and use local policy actors as residual providers of last resort. My research documents how more expansive understandings of senior citizens as rights bearers and the role of the public and non-

profit sector to recognize and redistribute on this basis are also in operation. Understanding these political projects more deeply through the AFC policy program helps me to offer policy insight as to what is needed both rhetorically and practically to craft a more effective and revolutionary alternative AFC model based on a right to the city for senior citizens.

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CHAPTER 1

Introduction

Understanding AFCs through a Contextual and Critical Analysis

My interest in the topic of population aging was ignited recently, in a personal way as I experienced the aging of my loved ones and began to notice the behaviours of senior citizens around me. In the space of a few years, my Grandma passed away from ALS and my Nana from dementia. I witnessed the toll that informal caregiving takes on a family, even when some formal supports are present. At the same time, my elderly neighbour was taking care of her ailing husband, whose wish was to die at home. This caregiving role left our neighbour severely depressed and she would often express these feelings to me and my partner. She suffered from arthritis, which affected her mobility, and on one occasion we saw her severely bruised from a fall. My partner was called on several occasions to help our neighbour carry her husband to bed and to fetch her arthritis medicine from the pharmacy down the street when her pain was unbearable. She did not drive and while we live in close proximity to a grocery store, she struggled to carry bags of food home on her own. They had children who lived outside the city and visited only on occasion. On those visits, we heard them begging their parents to go to a home, but the couple wanted to age in place. After weeks had passed without seeing our neighbour one cold winter, we learned that she had passed away after a bad fall down the stairs. This experience caused me to reflect on the number of people living in this difficult situation. I began to ask whether there was more that could be done, collectively as a society to help this couple.

As I walked around my Toronto neighbourhood, I became more conscious of barriers in the urban environment and the associated behaviours of senior citizens. How the old Portuguese men would sit on the often broken benches at the top of Christie Pits Park but never venture down the steep embankment into the ravine. I found myself increasingly angry having to move bins from the middle of the sidewalk on garbage day so that my neighbours with walkers and

wheelchairs could get by. One early morning my partner and I encountered an old lady who had fallen on her step bringing bags of rubbish out to the curb for collection. We helped her up and led her back into the house, wondering who would be there to assist her the next time as she appeared to live alone. On my way to an appointment via the subway one day, I was approached by an old woman at the St. Patrick stop who inquired with exasperation whether there was an elevator to take her above ground as the escalator was under repair. This subway station is not accessible and all I could do was instruct her to go back one stop and walk to her destination. I found this incident particularly egregious because there are several hospitals and medical facilities in this part of the city, making it essential that these stations be fully accessible. I wondered if this lady would ever use the subway again, and was reminded that if she did not have a car or a family member to take her and could not afford a taxi, then she had little choice. Would she forgo her next medical appointment or perhaps wait until her ailments got so bad that she would qualify for the subsidized transportation provided by Toronto's Wheel Trans? These observations left me wondering whether this was the invisible reality of aging in place for many and how more people would face these daily difficulties in the years to come given the aging of the baby boom population. It seemed to me that these seemingly personal stories needed to be made more public, more political. I began to search for a public response.

As in other cities in so-called 'advanced industrial nations', Toronto's population is aging. There were 700,000 residents over the age of 55 in 2013 and this number is estimated to jump to 1.2 million by 2041 (City of Toronto, 2013). By 2031, those over the age of 65 will represent 20 percent of the City's population (City of Toronto, 2015). As my personal observations could attest, population aging is a multifaceted policy issue that transforms everyday needs in a variety of social and physical infrastructure domains, such as health care,

social services, housing, and transportation. I soon learned that in 2013, Toronto City Council had passed a strategic plan for population aging, the *Toronto Seniors Strategy* (TSS). Shortly after the TSS release, the Toronto Star newspaper published an opinion piece by well-known reporter Carol Goar, who harshly criticized the City for a strategy that simply re-states what the City is already doing in areas “which affect seniors only peripherally”, that offers a limited number of small-scale and vague actions, and that fails to connect this work to trends around population growth and inner City gentrification (Goar, 2013, November 13). Goar warned that “without vision and leadership, Toronto will become the kind of City whose residents leave – or get left behind” (Goar, 2013, November 13). The seriousness of the issue of population aging did not seem to match the policy response and I became increasingly interested in studying why this was the case.

I quickly learned through my initial research that ‘place-based’ policy responses to population aging had become increasingly popular. In this regard, I became familiar with the recent movement to promote Age Friendly Cities (AFCs). Conceived by the World Health Organization (WHO) in 2007 based on research undertaken in several pilot sites across the world, including Canada (Plouffe & Kalache, 2010), the AFC program offers a holistic checklist to enhance the ‘person-environment fit’ for seniors, with the purpose of supporting them to remain “active participants in society” (Senate of Canada, 2009, 84). The TSS is in fact based on the WHO’s ‘Active Aging Framework’, which includes the following eight priorities: 1) respect and inclusion, including combating and preventing ageism; 2) civic participation, mainly conceptualized as volunteering and paid employment; 3) efforts to encourage social participation with family, friends, neighbours and communities; 4) community supports and services that encourage public health prevention and meet the needs of diverse seniors, including nutrition,

recreation programming, and access to health services and home care; 5) the availability of housing that is affordable, accessible and adaptable in design; 6) accessible, affordable, and flexible transportation options, including investments in walkability; 7) outdoor spaces and public buildings planned through the participation of older adults; 8) accessible communication and information sharing that outreaches to older adults (WHO, 2007; Golant, 2014). AFC development begins with a ‘custom needs assessments’ that locates gaps, identifies opportunities, and outlines areas where additional research is needed before developing an ‘action plan’ that includes concrete strategies to address gaps over a time period and incorporates an implementation and evaluation process (Ontario Government, 2013a). In order to be officially recognized as age-friendly in Canada, the Federal Public Health Agency has developed a ‘milestone approach’ that includes establishing an advisory committee that includes senior citizens, passing a municipal council resolution to commit to age friendly work, developing an action plan that corresponds to local needs, posting the action plan publicly, and measuring and publicly reporting on outcomes (Public Health Agency of Canada, 2016). At this time, cities can also apply to the WHO to receive the worldwide recognition of age-friendly status.

Canada’s Federal Public Health Agency was an active participant in the original WHO AFC project, helping to design and endorse the WHO *Global Age Friendly Cities: A Guide* (2007). In 2007, the Agency supported the Federal, Provincial and Territorial Ministers Responsible for Seniors to publish the report *Age-Friendly Rural and Remote Communities: A Guide* and in 2012 designed the *Age-Friendly Communities in Canada: Community Implementation Guide* and associated *Toolbox* of best-practice resources. All ten provinces claim to officially support AFC development (Public Health Agency of Canada, 2016). In the Province of Ontario, the Ontario Seniors Secretariat, a body that convenes provincial policy initiatives

related to seniors, has made ‘Senior-Friendly Communities’ a key pillar of its 2013 *Action Plan for Seniors*. In 2013, Ontario released an information guide on AFC development called *Finding the Right Fit: Age Friendly Community Planning*, which encourages local policy actors from the municipal and non-profit sectors to invest in age-friendly environments and voluntarily adopt the AFC framework (Ontario Government, 2013a). AFCs illustrate a city-centricity or localization of policy approaches to population aging that conceptualizes policy solutions, and their associated investments, at the geographic and governmental scale of the local. AFCs are based on a ‘new localism’ governance paradigm beckoning a revolution in which cities are framed as drivers of change, finally considered important governmental actors who convene local partners to solve today’s most complex policy challenges (Barber, 2013; Katz & Bradley, 2013). This paradigm attributes a pragmatic and democratic nature to local government actors as ideal agents who partner to design and deliver innovative people-centric programs (Barber, 2013; Katz & Bradley, 2013). Ontario’s *Finding the Right Fit* guide notes that “a community’s history, size or preferred approach to decision-making may mean choosing a process led by local government, while others may find an approach driven by the collaboration of volunteers and community organizations more desirable” (Ontario Government, 2013a, 15). The local terminology is thus not limited to the local state but is also used to refer to more informal groups of active volunteers and non-profit organizations situated in geographic communities or neighbourhoods.

Given the very recent interest in AFCs when I embarked on my research, and especially among policy scholars, policy-oriented literature on AFCs was limited and the analysis mainly exploratory, descriptive, and highly optimistic. In their rhetoric, AFCs seem to recognize aging as an important public policy issue. In particular, place-based approaches to population aging are part of a movement in social gerontology to consider the geography in which people are aging

and whether it promotes population health throughout the life course. Focusing on environments is believed to move policy approaches beyond a seemingly ageist individualistic medical model of health deficits to focus on the appropriate ‘fit’ between the person and their environment (Golant, 2014; Ontario Government, 2013a). The WHO claims that “active ageing in supportive, enabling cities will serve as one of the most effective approaches to maintaining quality of life and prosperity in an increasingly older and more urban world” (WHO, 2007, 75). Barusch (2013, 469) characterizes AFCs as representative of a “paradigm shift” in public policy that reorients aging from a negative to a positive social reality, promoting a model of “lifelong citizenship”. Gonzales & Morrow-Howell (2009) applaud the AFC movement for its effort to bring active aging to action, arguing that this discourse is positive in that it meets the demands of seniors who want to stay productive by contributing to the labour market, their families, and their communities. Here, Plouffe and Kalach (2010, 734) suggest that seniors are a resource in the aforementioned domains and that “to tap the potential that older people represent for continued human development, cities must ensure their inclusion and full access to urban spaces, structures, and services.” To enhance inclusion, the AFC program provides a holistic and substantive checklist that incorporates ‘big ticket’ policy domains such as health care, housing, and transportation. Policy change in these domains is also intended to be based on the active participation of senior citizens. Here, Halvorsen and Emerman (2013, 33) argue for an “‘age abundancy ratio’, in which baby boomers and older adults, armed with a lifetime of experience, are engaged to solve some of society’s most pressing social problems—and while they’re at it, continue to contribute to the tax base”.

In theory, AFCs offer the opportunity to recognize that enhanced vulnerability that comes with age, such as disability, loneliness, and reduced income is not rooted in individual

impairments but is socially created and structured into our physical and social environments. In this way, AFCs could offer a unique understanding of how urban environments create risks for senior citizens because we have failed to collectively recognize their unique needs, providing an impetus for redistributive investment to enhance access and equity. AFCs may open up opportunities for local governmental actors to identify and tackle policy siloes at all levels of government, meet the needs of diverse seniors, and encourage a politics in which all policy and programming for seniors is informed by local voices. However, the preliminary critical research on AFCs placed these positive claims and potential opportunities into question, pointing to a gap between AFC rhetoric and practice.

In 2012, Scharlach (2012) conducted a preliminary scoping of the number and types of AFC initiatives currently underway in the United States through a comprehensive internet search. Of the 292 initiatives located through this methodology, the majority were led by municipal governments and focused on identifying local problems and designing solutions, though actual implementation and impact was unclear (Scharlach, 2012). Of those initiatives that did seem to promote actual action and change, the majority were small scale pilot projects led by non-governmental organizations in receipt of unsustainable foundation funding (Scharlach, 2012). Scharlach's (2012) investigation indicated that the voluntary nature of the AFC program was dividing those places with the capacity and resources to sustain age-friendly initiatives and those that did not, as success appeared dependent on having non-profit and foundation leadership and funding which did not necessarily correspond to need. This practice reflects a piecemeal response to improving local environments rather than a paradigm shift or revolutionary approach as is touted in AFC rhetoric. Scharlach (2012) attributes gaps in AFC practice to the lack of policy power and fiscal capacity of municipal governments and non-profit organizations primed

to undertake age-friendly initiatives to affect larger systems change and investment in the areas of health, housing, and transportation. While Scharlach (2012) recommends that national government play a role in ensuring the adequate distribution, implementation and sustainability of AFC initiatives, he remains skeptical of such a commitment and notes that the rhetoric on AFCs is ignorant to the broader structural context of a meagre and dwindling social safety net. In addition to this structural challenge, Scharlach (2012) explains that the localized, voluntary and fragmented nature of AFC policy is illustrative of the American political culture of individualism and self-care.

Levelling a similar critique, Modlich (2011) reflects concern that in a political economy where public austerity and anti-statism dominates, the impressive breadth of the AFC framework will never come to fruition. She argues that the AFC policy approach fails to adequately conceptualize a supportive role for the public sector and is challenged by a normative preference “to minimize, monetize, and privatize most public or government responsibilities” (Modlich, 2011, 30). Furthermore, Modlich (2011) is skeptical about the underlying assumption that local government is inherently progressive and that, if given more autonomy, will automatically devise policy to enhance access to services and amenities. Furthering Modlich’s (2011) skepticism, Buffel et al (2012) critique the mainstream approaches to studying AFCs for their reliance on an idealistic and decontextualized checklist. The authors argue that the “value of the AFC approach has yet to be properly assessed in the context of the complexities and contradictions that beset modern cities, especially those that arise from accelerated global social and economic change” (Buffel et al, 2012, 598). In a context where cities are increasingly asked to be responsible for both economic production and social reproduction, there is a risk that those population groups considered ‘unproductive’ will not be taken into account in urban decisions (Buffel et al, 2012).

Buffel et al's (2012) work illustrates the need to study AFCs in big and especially 'global' cities at once pressured to be competitive and creative and to meet the needs of an increasingly diverse population (Mossberger, 2009; Boudreau et al, 2009; Sassen, 2005). While the endeavour of developing and implementing an AFC is likely more complex in big cities with larger bureaucracies, a mixed social service landscape with a dizzying array of non-profit organizations, a diverse population base, and multiple neighbourhoods with a mix of land uses, very little focus has been placed on the unique challenges of large cities in the AFC literature and practice. In the Canadian case, the governmental focus has reflected a particular concern with aging in smaller cities and rural areas, perhaps reflecting an underlying assumption that large cities can take care of themselves given that they have more governmental 'partners'.

Recent enthusiasm for AFCs fails to account for the dynamics of urban politics and the relative lack of power and resources of local governmental actors responsible for designing and implementing community aging initiatives (Janes, 2008; Modlich, 2011; Scharlach, 2012; Buffel et al, 2012; Canadian Urban Institute, 2011). While the AFC checklist can be used by multiple different actors, including non-profit organizations pushing for changes to the environment, there is an underlying assumption that actors working in cities can make these improvements. The WHO AFC guide itself says almost nothing about the political institutions and policy actors needed to actualize age-friendly policy. The local territorial scale is at the forefront of the demographic shift to an aging population and it is crucial to understand whether the politics, policy and administration at the scale of the urban can address the needs of diverse seniors. Furthermore, the role of the non-profit sector in AFC design and implementation has thus far been left unstudied, a significant omission given that non-profit organizations provide a variety of social and human services for seniors, as well as activities that promote policy advocacy, civic

engagement, democracy and citizenship building. Given the emphasis on partnerships in the AFC rhetoric, it is also surprising that very little attention has been placed on the relationship between local governments and non-profits (Scharlach, 2012). The movement towards AFCs in both its research and practice has failed to adequately incorporate an understanding or conceptualization of the importance of political institutions and policy actors necessary to bring these programs to fruition. Thus far, the topic of AFCs has been studied mainly by social gerontologists and geographers and has garnered little attention from political science and policy scholars and their associated focus on political institutions, policy actors, and governance structures. There is thus a need for more institutional and policy analyses and interdisciplinary research programs on AFCs.

While supporting the concept of AFCs, emerging critical literature indicates that there are problems in practice, including a lack of implementation, funding support, and fragmentation between places that enact age-friendly improvements. The AFC checklist is critiqued for being decontextualized, and particularly for failing to situate the movement in a climate of public sector restructuring where austerity politics is dominant. The preliminary critical literature calls for further empirical studies to better understand the gap between AFC rhetoric and practice that situates the program within its spatial and historical context of rescaled and restructured governance in cities, based on a deep understanding of the experiences of local governmental actors serving seniors and designing age-friendly policy. I examine how AFCs are translated in practice through a case study of the program in Toronto to better understand the gap between rhetoric and practice and to provide insight as to how to meaningfully enhance the fit between senior citizens and their environment. Here, I build on Buffel et al's (2012, 612) emphasis on the need for a counter AFC movement that seeks to "de-commodify urban life" by groups who take

on a 'right to the city' mantra in which citizens of all generations have a right to access and be involved in the design of crucial services and amenities in space.

Conceptual Framework

My research is situated within the discipline of urban political science, which is critiqued as a veritable black hole within the broader discipline of political science in Canada (Eidelman & Taylor, 2010). Particularly, Eidelman and Taylor (2012) critique mainstream Canadian political science for its both overt and underlying 'methodological nationalism' (Mahon et al, 2007) in which nation-state political institutions and policies remain a predominant area of focus and the local state and policy work remains understudied. Taking this argument further, Magnussen (2011) argues that politics, in both practice and study, has been overwhelmingly concerned with the formal institutions of the state as opposed to how humans interact on an everyday basis to live, which involves both conflict and cooperation. He calls for a new politics of 'seeing like a city' which focuses on the diverse local governmental actors that make up the politics of everyday life (Magnussen, 2011). Unlike 'seeing like a state', a seeing like a city approach brings in new sites, such as cities, and actors, such as local government and non-profit staff as well as citizens affected by policy, understudied in mainstream political science accounts (Mahon, 2009; Stone, 2009). Seeing like a city is an inherently multi-scalar form of analysis (Graefe, 2007) that allows for an understanding of how all policy takes place, how it is enacted and experienced, how it creates opportunities and constraints for citizens, and how it produces equity or inequity. Seeing like a city is a particularly important lens in a context where place based approaches to policy are increasingly popular

While studying AFCs through a seeing like a city frame, it is important not to overlook the importance of political institutions and actors to enact place-based policy programs as in effect

this is overlooked in the WHO's Guide to AFCs. Focus should remain on the way in which public policies, organizations and actors interact with other policy actors, such as non-profit organizations, as well as with citizens on an everyday basis. This is important because AFCs are based on a pluralist governance paradigm (Isett et al, 2011; Osborne, 2010; Mette Kjaer, 2009) that assumes that a partnership of local actors operating in cities can make significant improvements. Broadly, my research is informed by interpretive institutionalism (Pierre et al, 2008; Lowndes, 2002; 2009) as I am interested in deciphering whether AFCs represent substantive institutional change and in examining the values, norms, and power arrangements that underlie institution structures. My study thus represents a critical policy study (Fischer, 2007; Hodgson & Irving, 2007; Orsini & Smith, 2007) of AFCs. I conceptualize AFCs not as a technical policy tool but as a co-constitutive political project, not just operating within a wider sociopolitical context of power but actively co-creating this context by remaking the issue of population aging, its associated response, and the role of different policy actors. I am interested in uncovering what age friendly really means for local policy actors, rhetorically, and how it actually works, practically, in order to offer insight into what the project would need to encompass in rhetoric and practice to achieve full actualization.

The preliminary critical literature on AFCs suggests that the progressive potential of the program is challenged by austerity-oriented projects of public sector restructuring where local actors cannot make the investments necessary for the program to come to fruition (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011). However, as a co-constitutive political object, AFCs can also be used symbolically to distract from cuts to public programs, to responsibilize local actors to take on more public work, and to provide an impetus for public investment. Thus, the AFC policy program can be translated in all sorts of ways, depending on the political project

(Clark et al, 2014; Newman & Clarke, 2009) in operation. The task for critical researchers is to identify the political projects working to translate the AFC program that may create conflicts and opportunities for alternatives in practice. Not only does this study of political projects help me to understand AFCs more deeply but the study of AFCs also assists in developing a better understanding of different political projects in operation in the current era of nation-state ‘unbundling’ (Clarke 2004). My study aims to understand how projects of neoliberal austerity work in practice or ‘actually exist’ (Brenner & Theodore, 2002) and to uncover tensions and inconsistencies that make room for alternative understandings. Here I add to the Canadian literature on transformative political economy (Clement & Vosko, 2003; Graefe, 2007) that moves beyond economic determinism to explore how a more just society can exist.

New approaches to the study of citizenship (Isin et al, 2008; Clarke et al, 2014) serve as a framework for my research on AFCs as they encompass a holistic approach to study changing notions of ‘the person’, ‘the environment’ and the political institutions that purport to support their fit. Clarke et al (2014) argue that political projects operate through citizenship, which rather than a legal status granted by a nation-state is a relation that exists between people, people and space, and people and institutions. Similarly, Isin et al (2008) understand citizenship more broadly as being inherently social, about the co-constitutive relations of recognition - how humans exist in a social world and recognize each other as members in a political community - and redistribution - a collective activity where institutions distribute resources to individuals on the basis of how they are recognized. Political projects work to narrow or expand the citizenship relations of recognition and redistribution experienced between people, between people and the spaces they inhabit, and between people and institutions (Clarke et al, 2014). Expansive citizenship relations encompass a model of ‘universal inclusion’ that includes concepts of

solidarity and mutuality between people, redistributive universal public responses on the part of institutions that meet collective needs, and niche strategies based on ‘positive discrimination’ that ensure the outcome of full access to services and amenities for different population groups in space (Antonnen et al, 2012a; 2012b). On the other hand, narrow citizenship relations incorporate subsidiarity principles of individualism and competition between individuals, ignore differentiated access to services and amenities for different social groups, and limit redistribution of universal services and amenities so that the public sector is a residual provider to selective individuals who are shamed into proving their destitution (Antonnen et al, 2012a).

Isin (2008) conceptualizes cities as the spaces where citizenship takes place. It is in the space of the city that we learn to recognize others and access essential public services and infrastructures. Studying the rhetorics and practices of local policy actors operating in actual sites allows for a more fulsome understanding of the multiplicity of political projects that work to translate policy. This is a complex study because cities are ‘landscapes of antagonism’, in which multiple policy actors retain their own political projects and translate or challenge the political projects at other levels of government that have impacts in place (Newman, 2014). Cities are inherently multi-scalar and we must pay attention to the politics of scale, in which particular scales become dominant and the relations between them seen as natural as this is part of a political project, which may be narrow or expansive (Clarke et al, 2014). Both reductive and expansive political projects work through the AFC program, using rhetorical and practical strategies to reconfigure citizenship with respect to the recognition of senior citizens as an identity group with distinct needs and the redistribution of services and amenities to address these needs. I study AFCs more rhetorically, with respect to understandings of the ‘the person’ and ‘the environment’, and more practically with respect to how AFCs work organizationally

and institutionally. I seek to expand on the literature on citizenship by addressing a gap identified by Clarke et al (2014) that research on citizenship often lacks an empirical and humanistic focus at the same time as research on local politics and policy tends to ignore citizenship.

I contribute to research that studies what an expansive citizenship approach based on universal inclusion (Antonnen et al, 2012a) would look like and the unique role of local policy actors in its actualization. Phillipson (2008) admits that critical gerontology has yet to devise a transformative system of change based on the contradictions of aging in the current conjuncture. I want AFCs to enhance quality of life for all senior citizens and I study the rhetoric and practice of the approach in a real life context, through the meanings made by local actors engaging in this work on an everyday basis, to provide insight for an expansive AFC approach moving forward. Here I heed Buffel et al's (2012) call to study the potential for AFCs to act as a right to the city movement. A right to the city represents an expansive form of social citizenship as it envisions a space where services and amenities are redistributed to ensure full access on the basis of recognition (Isin, 2008). AFCs as a multidimensional policy approach that emphasizes access and the active democratic participation of senior citizens could represent a right to the city. However, a right to the city requires substantive 'rights of the city' (Isin, 2008), or significant authority and capacity on the part of local institutions. Isin (2008) admits that because rights to the city are inherently translocal or multi-scalar, involving action at multiple levels of authority, rights of the city may need to include new forms of multi-scalar institutional development. My research aims to provide insight into what a right of the city would look like to support meaningful AFCs. I am inspired here by Lefebvre's (2003) critique of the political left for failing to learn not only the importance of the right to the city but how to organize a city, and that this endeavour can help to reignite a progressive movement. This must also include understanding

the role of non-profit organizations as key policy actors in servicing and representing senior citizens in urban environments who translate both expansive and narrow political projects through AFCs. I seek to build an understanding as to what an expansive set of ‘rights of the non-profit sector’ would look like in the AFC policy domain. I use Clavel’s (2010) model of a ‘progressive city’ that has both an organized and independent social movement base of non-profit organizations who both push and work with a capable urban administration. This requires that non-profits seek out progressive elements of the state and also that the state becomes more permeable to the voices of identity based groups and their organized representatives (Graefe, 2002). The proximity of local government to the everyday needs of citizens in all their diversity and to the work of non-profit agencies that serve and represent these citizens in place could provide some interesting openings (Stout, 2010; Sossin, 2002) that I seek to explore in practice.

Thesis and Research Questions

The purpose of conducting a qualitative case study of AFCs in Toronto is to understand the rhetoric and practice of this policy program in a big city context in order to provide insight for a transformative right to the city for senior citizens. I define AFCs as a place-based policy program intended to enhance the fit between seniors and their environment. Mainstream accounts of AFCs claim that the program represents a revolutionary shift in the way we think about aging, to move away from an individual health deficit approach to one that seeks to improve local environments by empowering seniors and local policy actors. However, while AFCs may offer the potential to expand social and physical infrastructure investments to accommodate diverse population needs in place, they are being popularized in a conjuncture where the public sector is being restructured through narrow projects of austerity that call for limiting public redistribution. AFCs are a co-constitutive political object attractive to conflicting

narrow and expansive political projects that use rhetorical and practical strategies to ensure their actualization. I use literature on citizenship to understand the political projects that seek to expand or narrow the relations between people, environments and institutions through the AFC program. This understanding is based on the meanings local government and non-profit sector policy actors make of their everyday work in creating age-friendly environments. This research has broad policy relevance for understanding how to achieve a right to the city through other place-based policy programs. Furthermore, I extend the literature on citizenship through its application to an empirical public policy study and highlight the importance to political science of conducting critical case analyses of place-based policy trends.

Central Research Question

How do local policy actors understand the rhetoric and practice of AFCs in Toronto and how do these understandings illustrate particular expansive and narrow political projects that affect the development of a right to the city for senior citizens through this policy program?

Sub-Research Questions

- *How do local policy actors understand the citizenship relations between people through AFCs in Toronto and how do these understandings affect the development of a right to the city for senior citizens?*
- *How do local policy actors understand the citizenship relations between people and space through AFCs in Toronto and how do these understandings affect the development of a right to the city for senior citizens?*
- *How do local policy actors understand the citizenship relations between people and institutions through AFCs in Toronto and how do these understandings affect the development of a right to the city for senior citizens?*

Methodology

I have undertaken a qualitative case study (Merriam, 1988; Flyvbjerg, 2006) of AFCs in Toronto to understand the rhetoric and practice of this policy program in a big city context in order to provide insight for a transformative right to the city for senior citizens. Toronto is an instrumental case because it is similar to other large cities that are facing the pressures of

economic restructuring, the rescaling of policy responsibility, and increasing needs brought about by population aging. My empirical findings about the changing role of local government and non-profits in designing and delivering age-friendly policy through AFCs has theoretical generalizability, though the urban politics in each case is unique. Toronto is unique because of the provincially enforced amalgamation in 1998 which merged the City of Toronto with its surrounding municipalities and rescaled social and physical infrastructure responsibility onto the city without commensurate resource enhancements (Joy & Vogel, 2015; Frisken, 2007). Toronto also presents an ideal and theoretically relevant case because it has recently taken the political initiative to develop the *Toronto Seniors Strategy* (TSS), which has a stated purpose to enhance equity for senior citizens in the City (City of Toronto, 2013). The TSS is informed by the WHO AFC checklist and the province of Ontario's recent Seniors Strategy, offering a unique opportunity to understand the local dynamics of top down place-based aging strategy. My fieldwork was undertaken between May and November 2014, one year after the TSS was passed by City Council and the bureaucracy was in the process of implementation.

The TSS acts as an embedded case within a broader case of AFCs in Toronto. This approach was chosen strategically to ensure as broad a scope as possible on all the actors involved in the creation of age friendly environments to reflect the seeing like a city frame and to capture this complex policy domain. I interviewed a broad range of actors involved in various capacities on the components of the AFC checklist in Toronto as part of a broader policy community. I conducted 77 qualitative semi-structured interviews with 82 participants, including City Councillors, City staff, members of the TSS Expert Panel, members of the City's senior citizen advisory group, non-profit sector staff, and other academic and governmental policy experts. I conducted a grounded inquiry (Maxwell, 2012) in order to understand the meanings

different actors made of: the policy issue of population aging; the localized policy response to population aging; the shifting role of the City and the non-profit sector; the relationship between the City and the non-profit sector; the capacities of the City and the non-profit sector; and the relationship between the City and non-profits and other levels of government (see Appendix for Interview Questions).

Chapter Breakdown

The initial Case Chapter serves to scope age friendly policy work in the City of Toronto from a seeing like a city perspective that identifies the complex multi-scalar and multi-actor nature of this policy domain. The first phase of my analysis examines AFCs rhetorically with respect to how local policy actors understand the ‘person’ and the ‘environment’ in the person-environment fit of AFCs. In the Recognizing Seniors Chapter, I examine what AFCs illustrate with respect to the citizenship relations between people. I seek to understand and assess the meanings interview participants make of the place of older adults in society as well as the policy issue of population aging and how they consider it a challenge and/or an opportunity. I search for underlying assumptions, motivations, values, desires, and interests as well as inconsistencies and paradoxes in the discourse on older adults and population aging that may correspond to both narrow and expansive political projects. My intention is to enlighten readers as to how tangible problems with the AFC program relate to the narrow framing of older adults and to identify the opportunities associated with a more expansive discourse. I then turn to examine how AFCs illustrate citizenship relations between people and space in the Role of Place Chapter. Here, I explore how participants understand the importance of taking a spatial approach to understand and address the needs of seniors as well as how they understand the unique role of place-based policy actors in this endeavour. This examination allows me to assess how and why both narrow

and expansive political projects use spatial framing and strategies in their conceptualization of AFCs and the implications of this on the development and implementation of the policy program.

The second phase of my analysis focuses on the practice of AFCs in Toronto. In particular, I examine how AFCs illustrate citizenship relations between people and institutions, or how particular understandings of the ‘person’ and the ‘environment’ become structured through institutional practice, or a lack thereof. In the Rescaling Redistribution Chapter, I examine how local policy actors understand their capacities to undertake age-friendly policy and service work in the eight AFC domains. Finally, the Restructuring Governance Chapter outlines how local policy actors understand the institutional mechanisms at their disposal to design and action effective AFCs. In these last chapters, I search for struggles and tensions in practice that result from the institutionalization in policy and administrative practice of conflicting political projects. I offer policy insight into the root contributors of the challenges associated with AFCs and in so doing illuminate potential alternatives that are based on expansive notions of the citizenship relations between people and institutions.

Research Assertions

My research on the translation of AFCs in the City of Toronto challenges the claim that this policy approach is effective, let alone revolutionary. I have found that narrow projects of austerity work to assemble seemingly progressive language around active aging and localism to reduce universal public provision, expand the role of private citizens and their families to provide care, and use local policy actors as residual providers of last resort. Rather than encouraging a positive aging identity, AFCs continue to be based on an ageist assumption that seeks to change individual seniors to make them less burdensome rather than recognizing their

needs and redistributing on this basis. The practice of AFCs in Toronto reflect small scale and unsustainable service projects rather than substantive investment in the eight AFC domains that are required to enhance the fit between seniors and their environment. However, my findings suggest that substantive needs in these domains, and particularly in the realms of health care, housing, and transportation, will not go away despite attempts to activate individual seniors. Local policy actors are struggling to provide increasingly emergency-oriented service responses at the same time as they are asked to provide preventative services and become increasingly important policy actors. The top down AFC framework fails to recognize this difficult context and, in its ignorance of urban policy, politics, and administration, fails to conceptualize what is needed with respect to the rights of the city and the rights of the non-profit sector to actualize this policy approach. It is only by identifying these rhetorical and practical tensions and inconsistencies that we can search for openings for alternative understandings and approaches.

My research documents how more expansive understandings of senior citizens as rights bearers and the role of the public and non-profit sector to recognize and redistribute on this basis are also in operation. Missing however is a fulsome attempt to link these understandings to institutional practice. Here I begin to identify what is needed both rhetorically and practically to craft a more effective and revolutionary alternative AFC model based on universal inclusion.

Conceptual Framework

Understanding AFCs as a Political Object

Research Problem

My research on AFCs is driven by a problem of both theory and practice. I became interested in population aging as a public policy issue after making a series of personal observations of barriers in the access to services and amenities for senior citizens in my surrounding urban environment in Toronto. I soon learned that while a public policy plan had been formally enacted by the City through the *Toronto Seniors Strategy* (TSS), it had been the subject of early critique. In particular, Toronto Star newspaper reporter Carol Goar likened the TSS to a meagre and symbolic policy gesture that failed to connect population aging to other challenges facing the City, such as population growth and gentrification (Goar, 2013). I became immediately interested in understanding the gap between the policy issue and response to population aging more deeply.

The TSS is modelled on the Age Friendly Cities (AFC) movement, thus I sought to more thoroughly comprehend this new policy approach. AFCs are an increasingly popular place-based policy program intended to manage changing needs associated with population aging by enhancing the fit between senior citizens and their environment. The movement was initiated through a project by the World Health Organization (WHO) and incorporates a holistic best practices checklist that includes big ticket social and physical infrastructure items and encourages the democratic participation of seniors in policy decision-making. The TSS includes recommendations and actions based on the eight domains of the WHO AFC checklist, which include outdoor and indoor public spaces, transportation, housing, recreation and leisure, respect and inclusion, civic participation, communication and information, and social and health supports (WHO, 2007; City of Toronto, 2013; Golant, 2014). The program is argued to represent a revolutionary shift away from an individualistic and ageist understanding of seniors as health

problems to a positive approach that focuses on activating seniors by enhancing their quality of life in the places that they live (Barusch, 2013; Golant, 2014; Ontario Government, 2013a).

Furthermore, the WHO guide (2007) lauds the approach as one of the most effective ways to address the challenges and opportunities of population aging in a context of global urbanization.

The WHO encourages local governments and community-based non-profit organizations in cities worldwide to use the AFC checklist to push for age-friendly improvements to urban environments. Local government and non-profit policy actors are thus situated as key drivers of change in the effort to enhance the person-environment fit for seniors through the development and implementation of AFC programs. In this way, AFCs draw on an increasingly popular ‘new localism’ governance paradigm that situates cities as key sites in developing solutions to seemingly wicked policy problems (Katz & Bradley, 2013; Barber, 2013). Katz & Bradley (2013) argue that economic decline and ideational conflict at national and state levels of government have debilitated policymaking and cities are left with no choice but to take action on policy problems. In this context, Barber (2013) believes that municipal reliance on national support is a futile endeavour as federal government can no longer invest in social and physical infrastructure. A thorough investigation as to why federal funding has dissipated is not a subject of concern in this literature. Instead, much of this argumentation is based on an essentialist understanding of national institutions and political actors as overly ideological, uncooperative, and undemocratic and local governance as inherently democratic, pragmatic, apolitical and resilient. Because of this inherent character, it is assumed that local governance actors will be able to solve society’s most pressing social, economic, political and demographic problems. Similarly, while the AFC checklist can be used by multiple different actors, there is an

underlying assumption that local policy actors have the capacity to make improvements in the eight policy domains.

There is an underlying agreement in both the emerging mainstream and critical literature on AFCs that the movement represents a positive development as it indicates a governmental focus on population aging that seems to highlight aging as an opportunity rather than a burden, publicly recognizes needs, provides a holistic checklist that includes big ticket social and physical infrastructure items, encourages the democratic participation of seniors, and emphasizes an active role for municipal and non-profit actors to inform aging policy. AFCs present an opportunity to understand that the biological and social challenges of aging are made worse through our collective ignorance to recognize needs and redistribute on this basis through the development of accessible and affordable physical and social infrastructure programs. Here, the AFC program opens a new space to recognize changing needs and access to services and amenities on the basis of different embodied identities, or how age intersects with immigration status, language, ability, gender, and income for instance to produce different sorts of challenges. This understanding can form the basis for policy approaches that address gaps on the ground through both tailored local investment as well as investment in larger policy areas such as housing, transportation, income security and health care. Therefore, the new place-based policy agenda for senior care may create opportunities for local governmental actors to: identify and confront public policy siloes and gaps; work with different seniors to understand everyday needs and how they intersect with other identity characteristics; and devise holistic policy solutions to make environments more accessible and equitable by encouraging a politics in which all policy and programming affecting seniors is informed by their voices and experiences.

However, while supporting the concept of AFCs in theory, a small body of initial research warns that the policy program leaves a lot to be desired in practice as there is a lack of implementation, funding support, and fragmentation between places that enact age-friendly improvements (Scharlach, 2012; Buffel et al, 2012). The AFC checklist is critiqued for being decontextualized, and particularly for failing to situate the movement, and the role of cities and non-profits seemingly empowered through it, within a climate of neoliberal public sector restructuring. Specifically, these authors warn that the public investment required to meet the needs of seniors as outlined in the AFC checklist conflicts with the goal of cutting public costs in a context where the politics of austerity is dominant (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011). In order to improve the AFC program, the preliminary critical literature recommends empirical and qualitative research that locates the model within the current conjuncture of public sector restructuring and develops an understanding of the capacity challenges of local policy actors undertaking age-friendly work in local sites on an everyday basis (Scharlach, 2012; Buffel et al, 2012). An examination of how AFCs are translated in practice is needed in order to more fully gauge their potential to improve the lives of seniors. Buffel et al (2012) call for researchers to include in their empirical study those policy actors who push for AFCs through a ‘right to the city’ mantra. As a critical researcher, I am particularly interested in understanding how AFCs could offer the opportunity for such a counter movement. To move this agenda forward, I conduct a critical and contextual study of how AFCs are translated in the City of Toronto in order to better understand the gap between AFC policy rhetoric and practice.

Conceptual Framework: AFCs as Political Object

‘Seeing Like a City’

I situate my critical case oriented research on AFCs within the discipline of urban politics, which Eidelman and Taylor (2010) liken to a black hole within Canadian political science. It is in fact the broader discipline that is the subject of their critique, and particularly its underlying ‘methodological nationalism’ (Mahon et al, 2007; Mahon & Keil, 2009) in which national politics, institutions, and policies remain a predominant area of focus (Eidelman & Taylor, 2010). This is a product of history as during the period from the late 19th to the end of the 20th century, the national state had jurisdiction over major policy fields and early policy and administration scholars sought to understand and explain the role of the nation state and its relationship with society (Mahon et al, 2007; Brenner, 2009). In the Canadian case, political science has also been preoccupied with intergovernmental relations between the federal and provincial governments due to federalism but as creatures of the province who have been subject to minimal federal involvement, cities have often been ignored (Eidelman & Taylor, 2010; Mahon et al, 2007). However, in a context where the nation state has been ‘decentred’ (Brenner, 2009) or ‘unbundled’ (Clarke, 2004) as a key site of policy action, it is no longer appropriate for political science and public policy scholarship to remain grounded in the paradigm of methodological nationalism (Mahon et al, 2007). This is particularly the case as local sites, local actors, and place-based policy approaches are considered crucial to solving complex social problems in the current historical moment (Barber, 2013; Katz & Bradley, 2013).

Also arguing for a greater focus on cities, Magnussen (2011) takes this argument further to critique the way that the discipline of political science has studied politics, arguing that there has been an overwhelmingly concern with the formal institutions of the sovereign state as opposed to how humans interact through conflict and cooperation on an everyday basis to live, which is equally political. Rather than ‘seeing like a state’, Magnussen (2011) recommends a

new politics of ‘seeing like a city’ which opens up study on the variety of governmental actors that make up the politics of everyday life that is complex, chaotic, and unpredictable. Seeing like a city encourages an academic focus on new sites, such as cities and neighbourhoods, and actors, such as municipal and non-profit staff, as well as the citizens who experience policy on an everyday basis (Magnussen, 2011; 2009; Mahon et al, 2007; Mahon, 2009; Stone, 2009; Keil and Kipfer, 2003). A seeing like a city approach is inherently multi-actor and multi-scalar as it hones the focus on how all policy is experienced in place, including how and by whom it is enacted and how it produces social equity or inequity for different population groups. Stone (2009) argues that mainstream political science would benefit from more urban analyses that focuses on how policy actually works on an everyday basis in place and affects citizens in an embodied way. Eidelman and Taylor (2010) agree that a more intelligible understanding of actual urban governance can assist in improving the discipline of Canadian political science and its practical relevance in the current era.

Revising ‘Seeing Like a State’

While the seeing like a city approach strengthens political science and policy analysis by making visible a variety of local policy actors who work in conflict and cooperation in actual places, analysis must not overlook the importance of political institutions to enact place-based policy programs. This is a particularly important point for my analysis as the role of political institutions is overlooked in the WHO’s Guide to AFCs (Modlich, 2011). Instead, AFCs are based on a pluralist governance paradigm (Isett et al; 2011; Osborne, 2010) that assumes that a partnership of local actors operating in cities can develop and enact age-friendly policy. Both Osborne (2010) and Isett et al (2011) claim a new normal in the realm of governance, policy design and implementation where networks of partnered public, private, and non-profit actors

work together to protect against past market and government failures. While this approach highlights the multiplicity of agents involved in governing, there remains a greater emphasis on cooperation than conflict. There is an underlying assumption that governance networks are neutral, coherent and inclusive, which ignores power dynamics, conflicting interests and ideological differences among actors (Mette Kjaer, 2009; Davies, 2011; Brenner, 2009). Mette Kjaer (2009) recommends that claims to governance as well as governance theory itself requires more institutional analyses to uncover the norms and practical actions that guide cooperation.

As a policy studies scholar, I am inherently interested in studying the state but I refrain from an “over-coherent, over-unified, and excessively institutionalist conception” (Clarke et al, 2014, 59) as is emphasized in Magnussen’s (2011) work. Clarke et al (2014, 105) theorize states as a “heterogeneous assemblage” of different ideas, policies, agents, institutions and practices that are thus multifaceted, inconsistent, and fragmented by nature. Graefe (2007) conceptualizes the state as a space in which different actors struggle to shape institutions and policies to enhance their social power; thus social forces act through the state and the state itself is not an actor. The state as space is not neutral but rather a key arbiter of power as actors working within the state develop policy that redistributes resources among individuals, groups and sectors (Graefe, 2007). The state also acts as an arena where various actors make political, social, cultural and economic claims but some actors have more power to make claims than others (Graefe, 2007). The coercive power of state institutions may be used to enhance social justice or to further injustice, depending on the dominant social forces in society in the particular contextual moment. The state is thus a site of political contestation and is not inherently progressive or regressive. Research must focus on these policies and projects, examining who is pushing for them, who they benefit, and who they marginalize. Graefe (2007, 32) explains that “attaining more egalitarian outcomes

requires the democratization of the state to render it more permeable to progressive actors and movements.” My research builds a case for the importance of studying the state as a space and the potential for its democratization in the realm of AFCs. Broadly, my research on AFCs is informed by interpretive institutionalism (Pierre et al, 2008; Lowndes, 2002; 2009), which I use as a guide to decipher “between organizational and institutional change. While the former involves no more than structural reorganization, the latter requires that the actual rules of behaviour are altered through specifying and embedding new norms, incentives, sanctions and developing a new institutional software of persuasive arguments and convincing discourse” (Lowndes, 2009, 97). I examine the values, norms, and power arrangements underlying institutional formations and in turn how institutions reify particular ideas and relations of authority. However, I move beyond interpretation as I seek to change the world to make it more just and equitable for senior citizens. As such, my research is best understood as a critical policy study.

Critical Policy Study

I add to the critical literature on AFCs by conceptualizing the program not as a neutral and technical policy tool operating within a wider sociopolitical context of power but as a co-constitutive political object actively co-creating this context by remaking the issue of population aging and its associated response. The AFC program can be used as a symbolic gesture that distracts from cost cutting elsewhere, as a way to expand neoliberal public sector restructuring by responsabilizing local actors to take on more public work, and to challenge austerity politics and practice by providing an impetus to call governments to account for not investing in the eight domains of the AFC checklist. AFCs are a malleable and flexible political object that must be

studied critically and contextually and my research represents an in-depth critical policy study of AFCs (Fischer, 2007; Hodgson & Irving, 2007; Orsini & Smith, 2007).

My research offers a constructivist approach to an understudied but increasingly important urban issue that politicizes policy by incorporating power and conflict in a way that is not deterministic and is inherently contextualized to the translation of AFCs to actual policy practice. I see power not as determinative but constitutive, requiring analyses of policy that adopts an ontological constructivist approach in which policy actors are both shaped by the world around them through their interpretations and at once shape the world around them through their actions (Sidney, 2009; Cruickshank, 2012). Individual citizens are influenced by the existing collective cultural and material conditions within which they exist, which provide the means to survive and thrive and provide identity through cultural codes that help make meaning in particular situations (Maxwell, 2012). These ‘mental entities’ are just as real as the physical entities that we can directly observe but have to be interpreted by the researcher (Maxwell, 2012). There is a need to engage in qualitative praxis-oriented research to get as close as possible to the subjective experience of citizens to understand the role of structures of power in context and how they can change in order to support a more equitable distribution of political and material power and resources (Cruickshank, 2012).

All policy is inherently normative, focusing more on “how we should live together harmoniously than how to efficiently solve a particular problem” (Fischer, 2007, 100). As such, academic research should dissect the politics of policymaking, or the knowledge claimed by policy researchers and analysts, the policy-making and implementation process, the role of the bureaucracy, and the lived experience of policy outcomes to uncover values, interests and power relationships (Orsini & Smith, 2007). Policy can thus only be fully understood by talking to

those designing, implementing, and experiencing it on an everyday daily basis (MacDonnell, 2011) and it is this form of grounded research that allows us to see the social and political nature of all policy. Here, as I will further elaborate upon in the following Methodology Chapter, I include the voices of different experts with varying experiences and opinions of AFCs, including those who are advocates for policy change as this is recommended by Buffel et al (2012). As a political object, AFCs draw on different rhetorics about seniors, population aging, as well as the role of state in all its geographic orientations, the community, neighbours, the non-profit sector, the private sector, the family, and the individual that are actualized through institutional practice or a lack of practice. Research on AFCs that fail to study values and norms underlying the program, their rhetoric, miss a crucial component of what they are about that then creates tension and struggle in practice that must be identified and addressed to support a meaningful response. If the problem with population aging is that our physical and social environments create inequities in access, then we need to understand the values and ideas at the root of this inequity and how those values and ideas are structured in institutions and in urban space.

I study a policy process in practice to assess how it actually works in order to provide insight into how it could work better rather than only studying how it should work (Hodgson & Irving, 2007; Stone, 2009). To capture the real world of policy, I conceptualize policy-making as a complex multi-layered process that involves overlapping levels of analysis, values, actors, institutions, issue areas, and scales (Hodgson and Irving, 2007). I question rigid divides or boundaries between public policy and social policy, politics and public policy, and public policy and administration as all policy is inherently social and all policy-making and delivery is political (Hodgson & Irving, 2007). I examine what does not become an issue of public concern, what is invisible, what questions are unexamined, who is not invited to the policy decision

making table, and what type of knowledge is considered illegitimate. Furthermore, I examine the use of classification in policy, such as the targeting of people and places, to understand the assumptions, values, and interests behind them (Hodgson & Irving, 2007). Here, I heed Ingram et al's (2007) advice to study policy through a social constructivist lens in which policy actors adopt dominant norms in their targeting of particular social groups and in doing so reify these norms and distribute social and material benefits and harms. I examine who controls and benefits from a policy process and who is most marginalized and left invisible, with a specific focus on the intersecting identities of class, race, gender and age for instance. On the topic of intersectionality, Manuel (2007) advises that effective policy must recognize the social location of subject population groups through their democratic involvement in decision-making. The intended purpose of this form of critical policy and planning analysis is to enlighten the public as to the inherent unfairness of policy processes and mobilize to support redistribution (Fainstein, 2000). My research is inherently normative as I seek social change to rhetoric and practice that are unjustly produce inequities in access to essential material services and amenities for senior citizens. Policy analysis can thus be a transformative practice, in this case one that can reduce ageism, enhance access to needed services and amenities, improve quality of life and health, and reduce the need for emergency services. I study the rhetoric and practice of the AFC approach in a real life context, through the meanings made by local actors engaging in this work on an everyday basis, to provide insight for an expansive and transformative AFC approach moving forward.

Political Projects

As has been highlighted, the critical literature on AFCs calls for future research to locate the policy program within a context where neoliberal public sector restructuring is a dominant

large-scale structure of power in society (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011). While I seek to fill this knowledge gap, I heed Newman and Clarke's (2009, 181) warning about critical scholarship that serves to "project an omnipresent and omnipotent neoliberal project." Clarke et al (2014) define political projects as collections of actors, ideas, and institutions that seek to remake the world by embedding their ideas in the hearts and minds of individuals and in the institutional structures and policies of the state. According to Newman and Clarke (2009), political projects are broader in scope than the work of politicians and political parties, and often may cross formal political parties, and include actors from a variety of locations, such as bureaucrats, non-profits, and businesses. Political projects use rhetorical as well as institutional policy and administrative strategies to reify their ways of seeing and acting in the world (Clarke et al, 2014). Dominant political projects are most visible as they become embedded in state institutions, policies, governing practices, and in popular ideologies (Clarke et al, 2014). Clarke et al (2014) explain that there are a multitude of political projects concurrently embedded in state institutions in different branches and levels of the state.

Even when dominant political projects are successful in reifying their ideas, these ideas are always contested by those who have alternative ideas and by those who are marginalized as a result of the lived realities of the dominant political project. As such, dominant projects are always contested and produce tensions and paradoxes as they are assembled and actualized that make them incomplete and temporary, and thus always vulnerable to alternative projects (Newman & Clarke, 2009). Temporarily dominant political projects seek to maintain themselves through political work by assembling elements of varying political projects they may see as complimentary to bring in more social groups and resist alternative projects, perhaps by muzzling, delegitimizing or coopting them, so that a shared vision of the public interest is

established (Clarke et al, 2014). Graefe (2007, 28) explains that while dominant and institutionalized projects may “provide points of leverage for subordinate actors to exercise power through the state”, this is often “at the periphery of policy networks and in bodies at the periphery of the state.” Examples of such symbolic action may include participatory processes, advisory bodies, and transferring a policy domain to an unfunded or toothless organization. However, these examples of peripheralization may create ‘dilemmatic spaces’ of contest and struggle where alternative projects can take root (Newman & Clarke, 2009).

Newman and Clarke (2009) recommend scholarship that seeks to understand neoliberalism as a temporarily dominant political project that is rife with contradictions, inconsistencies, and resistances in its design and realization. The authors outline the following elements of the dominant reductionist political project in the current era: a belief in the naturalness of the free market and intrinsic value placed on economic growth and interests; the translation of business approaches to all realms of social life; the state as an artificial construct doomed to failure; politics as inefficient and politicians as corrupt; citizens as diverse consumers requiring services tailored to individual choice; citizens as inherently active and businesslike; and faith in expertise, particularly managerial and economic expertise (Newman & Clarke, 2009, 178). Alternatively, features of expansive projects include: citizens entitled to rights; equality, social justice and fairness as moral values; a belief in market failure; a public expectation that the state will address social, political, and economic problems; and a desire on the part of citizens to be involved in public decisions about how to address problems (Newman & Clarke, 2009, 179). Newman & Clarke (2009) stress approaches that allow for an understanding of the multiplicity of political projects at play and I adopt this approach in my analysis of AFCs as I search for these different features of political projects through my research.

Assuming that AFCs are strictly a product of neoliberalism silence the voices that struggle to make this program expansive in practice and offers no insight for how to move forward to achieve a more equitable approach. Neoliberalism is a political project that ‘actually exists’ (Brenner & Theodore, 2002) and my study aims to understand how it works in practice as well as to uncover conflicts and tensions in its actualization that make room for alternative understandings. I begin with the premise that the rhetoric and practice of AFCs are beset by contradictions because the policy program is attractive to divergent political projects, both narrow and expansive. A study of AFCs allows me to better understand different political projects in operation in the current era.

In this way, I add to the Canadian literature on transformative political economy (Clement & Vosko, 2003; Graefe, 2007) that moves beyond structural economic determinism and methodological nationalism to adopt a more dialectical conceptualization of structure and agency that hones in on the experiences, ideas and interests of agents supporting a neoliberal model, as well as those working to propose an alternative system to explore how a more just society can exist. Critical political economy applied to policy studies seeks to expose and unpack the dominant political projects behind contemporary policy which claim to be value-free and offer transformative alternatives that are equitable, just, inclusive, and sustainable (Clement & Vosko, 2003). My research is part of a movement in political economy that seeks to intervene more directly in the world to support those opposing neoliberal discourse and practice, such as unions, left-leaning political parties and rights-based social movements (McBride, 1996). I engage in inductive research with ‘frontline participants’ working on different domains of the AFC framework to uncover the struggles as well as the alternatives and hope in everyday occurrences. Here I am inspired by Ray’s (2008, 97) call to engage in critical research on aging

that “integrates the humanities and the social sciences in order to provoke in readers a change in “age consciousness” [Gullette, 1997] that, hopefully will lead to changes in the material world.”

Citizenship

AFCs claim to be move away from a negative aging identity that frames senior citizens as health problems to a positive aging identity that aims at enhancing the fit between the person and their environment. My research assesses this claim both rhetorically and practically by developing a deep understanding of how ‘the person’, ‘the environment’, and the institutional fit between the two are being (re) constructed through AFCs. Recent collaborative work in the area of citizenship by Isin et al (2008) and Clarke et al (2014) serves as a guiding framework for my research on AFCs because both approaches incorporate a way to study changing social constructions of people, the environment and the institutions that govern their relationship both critically and contextually. Clarke et al (2014) disentangle the concept of citizenship from its methodological nationalism, or its naturalization as a legal and political status of rights and responsibilities granted by a nation-state as this is a historical construct. Citizenship remains a concept central to politics and public policy but is instead understood more broadly as a type of relation that exists horizontally between people, vertically between people and institutions, and spatially between people and their environment that constitutes membership and belonging in a political community (Clarke et al, 2014).

Similarly, Isin et al (2008) understand citizenship broadly as being inherently social, about the co-constitutive relations of recognition and redistribution. Recognition speaks to how humans exist in a social world and recognize each other as members in a political community. The redistribution component of social citizenship refers to a collective activity where institutions distribute resources to individuals on the basis of how they are recognized. Citizen

relations are established through practice and are permeated with particular meanings in an open system pervaded by power, thus requiring research on citizenship to be deconstructive, in terms of being critical of cultural norms and ideas, and situated, in terms of being both historical and spatial (Clarke et al, 2014).

Political projects work to narrow or expand the citizenship relations of recognition and redistribution experienced between people, between people and the spaces they inhabit, and between people and institutions (Clarke et al, 2014). Citizenship relations can be expansive, illustrated by concepts of solidarity and mutuality between people, redistributive universal public responses that meet collective needs, and niche strategies based on ‘positive discrimination’ to ensure the outcome of full access to services and amenities for different population groups in the environments in which they live (Antonnen et al, 2012a). On the other hand, narrow citizenship relations incorporate subsidiarity-based principles of self and family care, competition between individuals, limited redistribution of universal services and amenities that ignores differentiated access on the basis of social identity, and residual emergency-oriented service provision to the selective few that can prove their destitution (Antonnen et al, 2012a).

In their book on universalism and diversity, Antonnen et al (2012a) argue that true universal redistribution requires both the recognition of similarity and difference between people and an associated response that redistributes for similar needs and encompasses ‘positive discrimination’ for certain groups so that they can achieve the same outcomes as others and thus be full members in the political community. The authors term this expansive form of citizenship ‘universal inclusion’ and it is a model that seeks to change the relations between people, between people and space, and between people and institutions to include those that are different (Antonnen et al, 2012a). The notion of positive discrimination is challenged by a model of

procedural universalism that is based on an idea of fairness that treats everyone the same (Anttonen et al, 2012b). However, this fails to recognize a reality in which the public is differentiated and that some groups have more power than others, and particularly the wealthy, white, middle aged, working, able bodied man (Clarke & Newman, 2012). Anttonen et al (2012b, 191) warn that “treating people with different needs in the same way will in many cases reproduce and even intensify inequalities and disadvantages”. This approach fails to understand how policy that serves the majority is discriminatory and unfair for those who do not share similar characteristics. “Expanding the ‘universal subject’ of universalism beyond” (Clarke & Newman, 2012, 92) this model requires recognizing difference. Also challenging universal inclusion is the reductive approach that considers those that are different a threat, burden or risk to the majority and thus targets them with punitive and coercive approaches to force them to change (Newman & Clarke, 2009). Here, ‘problems’ are seen as individual, behavioural and cultural rather than the symptoms of complex collective systems of oppression (Clarke et al, 2014).

In the current historical moment, citizenship is in particular flux and has been a significant site of struggle due to simultaneous processes of “globalization, neoliberalization, and privatization – which coincide in complex and unstable ways with pressures ‘from below’ to transform power, inequalities and – not least – the power of the state” (Clarke et al, 2014, 67). On the one hand, we see political pressure on the part of the state to ensure economic competitiveness in a global climate and on the other hand, we see new political demands for the state to accommodate diversity and promote social inclusion in the face of increasing inequality (Newman & Clarke, 2009). These demands are fundamentally in tension as the former challenges a public approach to addressing the roots of the latter. Thus we see a variety of

responses to address this tension that work through the concept of citizenship. Anttonen et al (2012a) advise of the increasingly normalized rhetoric that in the face of population diversity, existing social welfare systems based on ideas of social rights of citizenship and concepts of universalism are financially infeasible and politically unpopular. Thus, we see a narrow subsidiarity-based emphasis on activating individual citizens to take care of themselves (Anttonen et al, 2012a) and others and when this fails, a residual response that activates non-profit organizations and local governments to provide emergency care to the selective few. At the same time, active citizenship as well as an active non-profit and local government can adopt more activist rhetorics and practices that seek to achieve a more expansive model of universal inclusion.

Population aging increases social diversity as well as population needs and AFCs represent a response that addresses this tension by working through the concept of citizenship. Both reductive and expansive political projects work to translate the AFC program, using rhetorical and practical strategies to reconfigure citizenship with respect to the recognition of senior citizens as an identity group with distinct needs and the redistribution of services and amenities to address these needs. As such, AFCs take political work in their design and implementation and are the subject of contestation, which I seek to study in practice. I examine AFCs through a critical case study of the City of Toronto as a particular site where citizenship is being reconstructed.

Isin (2008) understands cities not as neutral containers but as spaces of citizenship, where we learn to be social through our relations with other people who are both similar and different and where we relate on an everyday basis to the institutions that govern the redistribution of resources. It is this associational character of cities that formed the foundation for the institutions

of government (Isin, 2008). Geography is a variable that can reinforce marginality as the lived reality of structures of oppression, such as reduced access to essential amenities and feelings of safety due to the intersections of age, gender and race exist in space. Clarke et al (2014, 85) recommend that research on the state should explore “how states work at the most local levels of the home, the street, the neighbourhood” in an effort to assess how states actually work instead of how we envisage that they do work. The work of the state is alive in public policies that order space and create particular relations between people in space, including feelings of belonging and safety (Clarke et al, 2014). The authors clarify that the context of the city is not merely background but rather a site in which inequities in access to services and amenities materialize in the everyday lives of citizens, differentiating citizenship, and can fuel contests and mobilizations calling for expanded notions of citizenship (Clarke et al, 2014). Inductive and contextual research in local spaces allows for an exploration of how citizenship actually ‘takes place’ in a variety of realms that perhaps have not been constructed as public. Newman and Clarke (2009) recommend honing in on the ‘micro-politics’ of political projects to reorient citizenship that brings in new subjects and spaces and the tensions and paradoxes of projects, which may create the conditions for alternative projects to take root.

Soja (2010) reminds us that geography can help to combat inequitable structures by agglomerating agency and providing access to essential social and physical infrastructures. Some famous citizenship struggles have rallied on this basis of experiential non-belonging in urban life, such as the civil rights movement, though these campaigns to extend citizenship are not often planned in advance and rationally coordinated (Clarke et al, 2014). Clarke et al (2014, 157) recommend research that explores the social geography of citizenship struggles that “animate citizenship” and create the possibilities for people to re-imagine themselves as citizens. In

instances of more institutional organization, Mahon et al (2007) note that it was local government and non-profit actors who formed the basis for more expansive and universal social provision through the welfare state in Canada as they pushed for an upscaling of social policy to enhance geographic and social access and redistribution in space. Today, local governments and non-profits are again playing a central role in the reconfiguration of the welfare state and it is crucial to study the various political projects that are at play. As such, Mahon et al (2007, 53-54) note that “more attention needs to be paid to Canadian cities and their place – past and present – in multi-scalar policy processes”. This includes understanding the everyday, situated roles and struggles of local agents or policy actors from the local government and non-profit sector who adapt and translate political projects in the real world, a more complex process than simply implementation as ambiguities and tensions must be dealt with on a case by case basis (Newman & Clarke, 2009; Newman, 2014). This is a complex study because cities are ‘landscapes of antagonism’, in which actors retain their own political projects, manage political projects at other levels of government that have impacts in place, and are administratively restricted (Newman, 2014). At the same time, I seek to expand on the literature on citizenship by addressing a gap identified by Clarke et al (2014, 135) that “research dealing with citizenship is rarely empirical-based...” as well as humanities-oriented and that research on ‘the local’ rarely looks at citizenship as it is deemed a national status.

Population aging is occurring at a particular historical moment when the nation-state and its institutional role in enhancing access to key services and amenities through a centralized public response is ‘unbundling’ (Clarke, 2004; Mahon & Keil, 2009; Brenner, 2009). This unbundling is not natural but is the result of political choice and I am interested in understanding this politics through the study of AFCs. I thus pay close attention to the politics of scale, in

which particular scales become dominant and the relations between them seen as natural as this is part of a political project, which may be narrow or expansive (Clarke et al, 2014; Mahon & Keil, 2009). While citizenship takes place at a variety of different ‘levels’ and political projects that work through citizenship aim to connect these levels in various ways, there is no essential order and hierarchy between these levels (Clarke et al, 2014; Magnussen, 2011). Rather, the ordering between levels and their respective institutionalized political power are political choices that should be deconstructed through critical research (Mahon & Keil, 2009). Political projects work to make some scales appear dominant while others are invisible, thus research must explore what politics of scale is being evoked as natural and authentic and how this seeks to expand or narrow social citizenship (Clarke et al, 2014).

As has already been established, methodological nationalism is a form of single scale analysis pervasive in popular as well as academic understandings of the state that “naturalises a specific ordering of social and political arrangements” and particularly considers citizenship a national responsibility (Clarke et al, 2014, 107). As such, other spaces, and particularly the local, have been devalued, seen as parochial and inaccurately understood as below or encompassed within the nation-state as a fixed level (Clarke et al, 2014; Mahon et al, 2007). At the same time, the local is romanticized as natural and authentically democratic as it is imagined as the domain of ‘ordinary citizens’, unlike the nation-state which is seen as an artificial construct (Clarke et al, 2014). However, while local government is seen as resilient in the face of crisis and our last hope for social, political, and economic renewal as is emphasized in the ‘new localism’ literature (Katz & Bradley, 2013; Barber, 2013), it has no inherent spatial scope or political character (Clarke et al, 2014; Brenner, 2013). In this case, a single scale national analysis is simply replaced by a single scale local analysis that considers the local a fixed level of government.

Instead, Clarke et al (2014) argue that “places are made out of the multiple relations that connect them to their elsewheres – their many social, personal, political, cultural and economic relationships that enable ‘this place’ to be (and to change)” (Clarke et al, 2014, 154). Honing the focus on a policy area at the scale of the urban helps to examine the diverse governmental actors involved at a variety of scales and the power relations between them (Mahon, 2009).

Orsini and Smith (2007, 6) note that “understanding scale means paying attention to the many spaces in which policies are constructed and in which contestation over policy occurs.” As the nation-state is unbundled, the domain of responsibility over public provisioning is at once reduced and expanded, from a concentrated and centered responsibility of the nation-state to a fragmented responsibility of active citizens, non-profit organizations, and local government (Newman & Clarke, 2009). Through this process, new political subjects and spaces have come into view, their role in public domains reoriented with new responsibilities (Clarke et al, 2014; Clement & Vosko, 2003; Orsini & Smith, 2007; MacLeod, 2011). Cities have come to be situated as central sites in global economic production as well as in social reproduction (Sassen, 2005). In the current era, we are seeing a transfer, a rescaling, of public responsibility to local policy actors from both the government and non-profit sector and an increase in place-based policy targeting as a way to address complex policy problems and AFCs are part of this. While this may contain and localize problems, disconnecting them from wider structures of power (Jessop, 2009), cities have also become central to rights based demands based on new notions of urban citizenship (Clarke et al, 2014; Sassen, 2005; Mahon & Macdonald, 2010). Restructuring is thus a contradictory process (Clement & Vosko, 2003) and studying the micro-practices of AFCs as a policy site in a particular context allows me to make sense of macro-scale structural changes of restructured and rescaled governance and the political projects at their root.

Right to the City

I am particularly interested in contributing to research that studies what an expansive citizenship approach that incorporates both universalism and difference, universal inclusion, would look like in rhetoric and practice and the unique role of local policy actors in its actualization. Here I heed Buffel et al's (2012) call to study the potential for AFCs to act as a right to the city movement. A right to the city is emblematic of an expansive form of social citizenship as a space where services and amenities are redistributed to ensure full access on the basis of recognition and where citizens are democratically involved in decisions over redistribution (Isin, 2008). The right to the city concept is important because it extends universal inclusion (Antonnen et al, 2012a) beyond a focus on social policy through a more mainstream seeing like a state or overly institutionalist frame to place emphasis on the spatialization of social services or how they are actually accessed in space. Furthermore, the right to the city perspective allows for an understanding of how the provision of hard infrastructure, such as roads and transportation systems, are inherently social as they are accessed differently by citizens according to their social and geographic location.

AFCs take a multidimensional approach to inequities on the basis of age and thus offer an opportunity to see multiple elements of public provision, such as housing, transportation, and health care as inherently 'social'. This could provide a unique understanding of how our urban environments create risks for seniors because we have not recognized the different needs of this population group, thus providing an impetus for collective public investment. The AFC framework also places emphasis on the civic engagement of senior citizens and their active involvement in decisions over redistributive policy.

Clavel (2010) argues that a progressive city has a well developed city administration with the authority and capacity to enact and implement redistributive right to the city policy that is based on citizen mobilizations for recognition. However, Isin (2008) notes that challenging the right to the city is the ‘right of the city’ or the degree to which there are institutionalized restrictions on the power of local government to engage in redistribution to meet needs. Miller (2009) argues that shifting responsibility to ‘the local’ is not necessarily accompanied by increased authority and capacity to act, meaning that there is disconnect between the rhetoric of localized democracy and the ability for local actors to act on this so-called increase in power. Banting (2010) refers to this as ‘shallow decentralization’ in which the responsibility for policy implementation is devolved but the power to control decisions about policy formulation remains concentrated in the institutions and by the actors at other levels of the state. Isin (2008) argues that examining a particular policy site as a right to the city helps to identify the inadequacies of single scale political institutions. He advises that because the rights to the city are inherently multi-scalar, a new type of ‘translocal’ authority that pools resources from different political authorities is likely needed (Isin, 2008). This may require a rescaling of policy responsibility where national governments support a strengthened policy role for cities to address local quality of life issues while maintaining national redistributive policy such as access to health care, education, good jobs, and social security that keep the grounded reality of life in cities in mind (Gendron & Domhoff, 2008; Drier et al, 2004).

By examining AFCs as a right to the city, my research aims to provide insight into what a right of the city would need to encompass. This heeds Lefebvre’s (2003) call for the political left to learn not only the importance of the right to the city but how to organize a city. Lefebvre (2003) argues that thus far, the political left has failed to understand urban issues and the

transformative potential of the urban. So-called progressive managerialism approaches have attempted to control and rule over cities through elitist expert-driven and top-down policy disconnected from the everyday needs and challenges of citizens, failing to embrace the revolutionary potential of human agency based on the right to the city (Lefebvre, 2003; Sossin, 2002; Stout, 2010). Purcell (2003) and Lefebvre (2003) argue that the 'seeing like a state' focus on status quo state institutions fails to search the urban for alternative and grassroots ways of organizing politics, society and the economy. A right to the city would re-politicize service provision and redistribute resources between neighbourhoods democratically. To do so, Purcell (2003) argues that city inhabitants should have a direct say in all decisions that affect their daily lives. Again, this requires new forms of institutional development such as some portions of city budgets devoted to participatory budgeting, neighbourhood-based and identity group-based citizen assemblies that participate in decision-making, city-wide and regional political structures which adopt different forms of democracy ranging from deliberative to representative.

A right to the city for senior citizens must also include understanding the role of non-profit organizations who provide a variety of social and human services as well as activities that promote policy advocacy, civic engagement, democracy and citizenship building in urban environments. Clavel's (2010) recent work on the progressive city reiterates the importance of an institutionalized base of non-profits who develop an urban agenda based on the recognition and redistributive needs of their membership. In his work on the social economy movement in Quebec, Graefe (2002) critiques progressive advocacy-oriented non-profit agencies for being too focused on asserting autonomy from a homogenous and generalised notion of the state rather than working with progressive elements of the state to push for policy change in the domains of non-profit regulation and funding as well as access and equity for the identity groups they

represent. He emphasizes the need to institutionalize a role for non-profit agencies within the state so that it can exert power over policy decisions; a project of democratization in policy making and administration that demands renewed practical and academic focus on democratic administration (Graefe, 2002). Democratic administration seeks to reconceptualize the ideas and institutions of public administration to support meaningful participatory policy making processes (Orsini and Smith, 2007; Hodgson and Irving, 2007). This requires an active bureaucracy that seeks out underrepresented groups with whom to form meaningful relationships in the design of policy (Sossin, 2002). Stout (2010) posits that democratic administration may offer the greatest potential at the neighbourhood level where people live their everyday lives and are most invested. Local government is likely to be particularly dependent on non-profits to deliver services and inform city policy because of the rescaling of policy responsibility from other scales of government and the magnitude of socio-economic challenges that exist in place, potentially giving non-profits more policy influence.

At the same time, it is crucial to refrain from assuming that non-profit organizations are inherently progressive organizations as they too have their own projects and translate different state projects through funding contracts and social service work (Bar Nil & Gal, 2011; Evans & Shields, 2010; Newman & Clarke, 2009; Murray et al, 2006; Mitchell, 2001). I am interested in understanding the role of the non-profit sector in expansive and narrow citizenship projects. My research seeks to explore how local policy actors understand the role of the non-profit sector in supporting senior citizens, how this role is changing in practice, and any dilemmas and tensions this change invokes. I seek to build an understanding as to what an expansive set of 'rights of the non-profit sector', that establishes a role for the sector in a model of universal inclusion, would look like in the AFC policy domain.

Conclusion

My dissertation project represents a contextual and critical empirical analysis of AFC in Toronto. I use description, interpretation, and explanation to decipher the complex causal links that help explain the gap between AFC rhetoric and practice highlighted in critiques of the *Toronto Seniors Strategy* (TSS) and in the preliminary critical literature on AFCs more broadly. In order to understand this gap, I explore both the rhetorics and practice of AFCs more deeply based on an understanding of policy actors engaging in this work on an everyday basis. The purpose of this work is also to provide insight for a transformative right to the city for senior citizens. I study the multiplicity of political projects, both expansive and narrow, that work through AFCs, that manifest themselves through the rhetoric and practice of the approach in a real life landscape of antagonism. My ‘seeing like a city’ study of AFCs reinforces analyses of citizenship by exploring how political projects work through citizenship to reframe people, rescale place, and restructure public policy and the institutions of governance. I highlight the importance to political science of conducting critical case analyses of place-based policy trends through a ‘seeing like a city’ frame. Particularly, I contribute to critical policy studies and critical political economy in Canada by adopting a multi-scalar and multi-actor approach that seeks transformative change to policy and administrative systems that supports a right to the city, rights of the city, and rights of the non-profit sector.

Methodology

Understanding AFCs through a Qualitative Case Study of the
City of Toronto

Qualitative Research Approach

Toronto's urban landscape did not seem to me on initial observation to be particularly hospitable to the needs of senior citizens and I set out to study what public policy responses were in place to address this. I soon learned that although Toronto City Council had recently adopted a strategic plan to make the City more age-friendly, the *Toronto Senior Strategy* (TSS) had been the subject of initial critique as a more symbolic than substantive gesture (Goar, 2013). I was interested in learning more about age-friendly policy work in the City of Toronto and understanding the gap between policy issue and response. I began with a background study on the Age Friendly City (AFC) program on which the TSS was based.

Initiated by the World Health Organization (WHO), the AFC program consists of a checklist of best practices used as a guide for local policy actors to improve the person-environment fit for senior citizens. In this way, the program claims to represent a revolutionary positive approach to aging that seeks to improve local environments for seniors as opposed to a negative approach that treats seniors like a health problem (Golant, 2014). While encompassing an impressive breadth of policy domains that affect seniors in urban environments, the AFC movement appears to be based on an underlying assumption that these local policy actors have the authority and resources to make substantive change. Upon delving into the preliminary literature on AFCs, I uncovered a dearth of qualitative and contextual analyses of age-friendly programs that focused on the experiences, meanings and struggles of local policy actors from municipal governments and the non-profit sector actually undertaking age-friendly work. This was confirmed in two critical articles by Buffel et al (2012) and Scharlach (2012) who highlighted a concerning gap between the AFC rhetoric of revolutionary change to local environments and practice, specifically highlighting capacity challenges for local policy actors in

a context of neoliberal public sector restructuring. These researchers called for more empirical studies to counter overly optimistic accounts of AFCs reliant on the disembedded and decontextualized checklist (Buffel et al, 2012; Scharlach, 2012). Buffel et al (2012) pointed to a particular glut in case oriented analyses in big cities expected at once to solve the economic development, social care, and democratic deficits of their respective nation-states. The authors called for further research that sought to understand AFCs through a 'right to the city' frame (Buffel et al, 2012).

In order to improve quality of life for senior citizens on an everyday basis, we need to understand deeply how the program that claims to meet this goal, AFCs, actually operates from the local policy actors who do this work regularly. These policy actors are not neutral technocrats but agents who have key knowledge about the everyday challenges and opportunities designing and delivering age-friendly policy (MacDonnell, 2011). Canadian political science and policy scholarship in particular lacks an understanding of urban policy actors (Eidelman & Taylor, 2010) as it remains tethered to methodological nationalism (Mahon et al, 2007; Brenner, 2009; Mahon & Keil, 2009). In a policy environment of public sector restructuring where place-based policy and discourses of 'new localism' lauding the capacity of local policy actors to solve complex policy problems (Barber, 2013; Katz & Bradley, 2013) are increasingly en vogue, it is crucial for political scientists and policy scholars more generally to understand the shifting roles, capacities, and relationships between local policy actors. Here, Magnussen (2011) calls for a new politics of 'seeing like a city' which focuses on the diverse local governmental actors that make up the politics of everyday life and it is this approach that is needed to study AFC critically and contextually. Seeing like a city is an inherently multi-scalar analysis as the work of policy actors in different departments and at different 'levels' of the state is experienced in place (Magnussen,

2011). A politics of everyday life also serve to expand the definition of who is a key policy actor (Magnussen, 2011; 2009; Mahon et al, 2007; Mahon, 2009; Stone, 2009; Keil and Kipfer, 2003) and increasingly, it is non-profits that deliver public programs in the realm of age-friendly in local environments (Scharlach, 2012). Non-profits are not neutral service providers but political agents who mediate and translate age-friendly policy in relationships with senior citizens and have crucial knowledge on this basis that I seek to uncover. Furthermore, the relationship between non-profits and local government operating in cities is undertheorized and my research seeks to develop insight here. AFCs are based on a governance paradigm (Isett et al; 2011; Osborne, 2010) that assumes that these local policy actors operate in a neutral partnership and I use interpretive institutionalism (Pierre et al, 2008; Lowndes, 2002; 2009) to guide me to study the norms, forms of power, as well as institutional rules and tools that structure these relationships.

My research was not theoretically oriented from the outset because there was very little theory and literature on the AFC concept at the time that I embarked on this project. I deliberately wanted this line of inquiry to refrain from explicit theoretical assumptions of economic determinism and thus sought out a more transformative political economy approach (Clement & Vosko, 2003; Graefe, 2007) that examines more narratively and critically how AFCs are assembled, translated, and mediated by agents, resulting perhaps in interesting paradoxes and tensions on the ground (Flyvbjerg, 2006). I operate from the assumption that AFCs are attractive to different expansive and narrow political projects (Newman & Clarke, 2009; Clarke et al, 2014; Newman, 2014) and study the multiplicity of these projects through an inductive research approach that understands the local environment as a complex landscape of antagonism (Newman, 2014). I use literature on citizenship (Clarke et al, 2014; Isin et al, 2008) to

understand the political projects that seek to expand or narrow the relations between people, people and environments, and people and institutions through the AFC program. My intention was to develop a critical understanding of AFCs in a territorial and sociopolitical environment that could be theoretically relevant and enhance the capacity of the project to realize a ‘right to the city’ (Isin, 2008) for senior citizens. Isin (2008) emphasizes that a right to the city in substance requires ‘rights of the city’ with respect to authority and resource support. As such, my research has sought to provide insight into what rights of the city as well as what ‘rights of the non-profit sector’ are needed to achieve an expansive AFC in the Toronto case. My research is exploratory as AFCs are a new policy topic and Toronto has never been studied as a case, descriptive as I provide a detailed ‘seeing like a city’ lay of the land through a case study analysis, interpretive as I seek to develop a deep understanding of both the rhetoric and practice of AFCs in Toronto from local policy actors themselves, and explanatory as I identify the political projects that are supporting and preventing AFCs as a right to the city in Toronto. Through this project, I generate knowledge that is useful to research participants (Maxwell, 2012; Vromen, 2010), providing for a more fulsome picture of the challenges and opportunities associated with realizing AFCs in a specific place-based policy community.

Qualitative Case Study of AFC Practice

I have chosen to undertake a qualitative case study (Stake, 1995; Yin, 2009; Merriam, 1988; Flyvbjerg, 2006) of AFCs in Toronto as my approach to inquiry to obtain a deep, holistic, contextualized and grounded understanding of new place-based policy trends in the policy field of population aging where there have been identified problems in their translation to practice. A situated, critical, in-depth qualitative case study of AFCs in a big city in a socio-political context of public sector restructuring represented a considerable gap in the budding AFCs literature

(Modlich, 2011; Scharlach, 2012; Buffel et al, 2012). The study of AFCs was in need of a critical, contextual, and humanized line of inquiry that sought to work through and not erase the complexity of public sector restructuring, the policy issue of population aging, and the holistic nature of the AFC model itself. Case studies allow me to retain the complexity of real life phenomena (Yin, 2009) and are thus useful for a ‘seeing like a city’ (Magnussen, 2011) research approach.

Case studies offer a detailed empirical analysis of a contemporary issue in context and are particularly applicable when the phenomenon of interest cannot be distinguished from its setting (Yin, 2009). According to Merriam (1988, 16) a case study is “an intensive, holistic description and analysis of a single entity, phenomenon or social unit. Case studies are particularistic, descriptive and heuristic and rely heavily on inductive reasoning in handling multiple data sources”. Case studies are interdisciplinary in the social sciences and can be used to test, improve, or develop new theory (Merriam, 1988; Cresswell, 2009). Case studies can be more descriptive, with the view to generating hypotheses where no theory exists; analytical, or intending to describe and to refine existing theory that is inadequate through the development of case themes or conceptual categories; and evaluative, where the intention is to explain the causes of effects of a practical problem (Merriam, 1988). Case studies have a common tendency to focus on problems of practice and are thus particularly useful for research problems studied in applied disciplines that explore new programs, their implementation, and evaluation (Merriam, 1988). The case study is thus especially useful in the field of policy studies and can be used to gain a deep, extensive understanding of the policy process and of policy problems (Merriam, 1988). Policies are embedded in their natural context, making case studies highly relevant for urban policy and political analysis. Furthermore, case study analysis humanizes policy research

as it is a methodology that seeks to understand concrete micro-practices and interactions of lived policy experience systematically, both through the meanings of a diverse range of policy actors as well as citizens using services (Merriam, 1988; Flyvbjerg, 2006). Regularities as well as surprises, paradoxes, and inconsistencies, even those small in scale and seemingly inconsequential practices of lived reality, can also form the basis for wider theoretical accounts about the phenomena in question (Merriam, 1988; Flyvbjerg, 2006).

The choice of a case study design allows me to engage in praxis-oriented research that captures the complexity and dialectics of broader conditions and processes of public sector restructuring by understanding the everyday meanings, strategies, tactics, and struggles lived and experienced by local governmental actors working on AFCs (Flyvbjerg, 2006; Stake, 1995). My research seeks to offer insight on the socio-political phenomena of public sector restructuring and rescaling while at the same time offering practical policy insight on the AFC program itself, the application of the AFC program to a large city, and specific policy relevant insight for actors engaging in age-friendly work in Toronto. This research thus seeks both general paradigmatic and particular intrinsic understanding. Stake (1995) notes that case studies are often used in practical fields such as policy studies to gain insight as to the inner workings of a program and thus offer insight for similar cases facing the same general problem but are also distinctive to the particular setting. The case study also facilitates my goal to provide practical policy insight by interviewing members of a policy community in their natural, everyday environment (Thompson et al, 2010; Merriam, 1988; Stone, 2009).

Case Selection: AFCs in the City of Toronto

I have undertaken a qualitative case study of AFCs in Toronto to examine the norms and power dynamics at the root of age-friendly programs, the tensions they present in their

implementation, as well as the opportunities they offer to enhance the quality of life for senior citizens. Toronto is a paradigmatic or instrumental case because it is similar to other large cities that are facing the pressures of economic restructuring, the restructuring and rescaling of social and physical infrastructure policy responsibility, and a diverse aging population. My empirical findings about the changing role of local government and non-profits in supporting age-friendly environments thus has theoretical generalizability, though the urban politics in each case is distinct (Stake, 1995; Merriam, 1988). Toronto is unique because of the provincially enforced amalgamation in 1998 which merged the old City of Toronto with its surrounding municipalities and rescaled social and physical infrastructure responsibility onto the city without commensurate resource enhancements (Vogel, 2007; Frisken, 2007). Since amalgamation, Toronto has been characterized by a massive administrative structure, an increasingly complex social service landscape of government and non-profit providers, divided politics, and increasing inequality (Joy & Vogel, 2015; Boudreau et al, 2009). I embarked on this case with the assumption that these political and administrative dynamics would present challenges to the design and delivery of AFC policy.

Toronto also presents an ideal and theoretically relevant case because it has recently taken the political initiative to develop the *Toronto Seniors Strategy* (TSS). Toronto City Council passed a motion, brought forward by City Councillor Josh Matlow, in April 2011 for staff to develop a series of policies and programs to facilitate age-friendly environments. Subsequently, a Senior Strategy Subcommittee of the Community Development and Recreation Committee was struck, an extensive process of research on existing city documents on aging and best practice globally was undertaken, a Senior Management Steering Committee and Staff Technical Working Group were convened, a Seniors Expert Panel was formed, and a process of public

consultation was enacted (City of Toronto, 2013). The TSS is informed by the WHO AFC checklist and the Province of Ontario's recent Seniors Strategy, offering a unique opportunity to understand the local dynamics of place-based aging policy popularized by different political actors. The TSS was passed by City Council in Spring 2013 with the stated purpose to enhance equity for senior citizens in the City (City of Toronto, 2013). My field work was undertaken one year after the TSS was released, between May and November 2014, while the City was in the process of implementation.

The TSS acts as an embedded case of a distinct policy within a broader case of the policy practice of AFCs in Toronto. There is a technocratic neutrality to the WHO AFC checklist (Buffel et al, 2012), thus I deliberately sought to capture the complex reality of the model in a real world context because there is an underlying assumption that it is easy for local policy actors to design and implement age-friendly policy. In a context of restructuring, interviewing the more formal policy community only is inadequate to develop an understanding of the convolutions of practice and to provide policy and administrative insight in a changing policy landscape (Merriam, 1988). The landscape of age-friendly is multifaceted and I sought to provide insight as to the role of the complexity of actors in this policy network and what may be needed to facilitate better integration within the multipart system. Ignoring the complex system to study only the specific policy community engaged in the design of the City of Toronto's formal *Toronto Seniors Strategy* was not an option. As such, my research represents an embedded case study (Yin, 2009) as I focus more broadly on the policy network involved substantively on a day to day basis on the eight elements of the AFCs checklist, which acts as the broader unit of analysis, with the more specific and embedded subunit of local actors working on the *Toronto Seniors Strategy*. This allows me to contrast the City's formal policy strategy and embedded policy community

with the complex reality of the variety of actors working on AFCs more broadly and less formally as a policy network, thus allowing me to examine what was and was not captured in the formal policy domain. This broadens the study of policy to how a policy field actually works in a distinct context that is both holistic and particularistic.

Research Methods: Qualitative Semi-Structured Interviews

The purpose of my research project is to gain a deep and critical understanding of how policy actors themselves, involved in different capacities on age-friendly environments understand, experience, and mediate the AFC policy program in the City of Toronto. I was particularly interested in both the similarities and differences of meanings and experiences with the AFC program and the struggles and inconsistencies of practice (Stake, 1995). In order to fully grasp this insight regarding complexities and contradictions, my primary research method consisted of qualitative semi-structured interviews with a breadth of policy actors (Thompson et al, 2010; Merriam, 1988). I deliberately asked open-ended questions and sought the views of eighty-two different participants involved in diverse dimensions and capacities with potentially conflicting views of AFCs in Toronto. This allowed me to acquire a varied and holistic descriptive account of the case and to ensure a more accurate interpretation of the phenomena of interest than what may be portrayed in glossy reports and checklists (Maxwell, 2012; Brower et al, 2000). The AFC concept involves an extensive array of policy sites and actors and I sought to provide a unique analysis that could capture these different experiences, particularly incorporating the role of non-profits working with seniors on a day to day basis, and their relations within a particular context (Stake, 1995).

The qualitative data gained through my own observations and interviews in the natural setting of a policy site from May to November 2014 provides evidence for particular meanings

and definitions, metaphors and symbols, values and ideas, and power relations (Berg, 2009; Cresswell, 2009). I offer rich description and interpretation to understand the underlying meanings of the rhetorics and practices of AFCs as a policy program. I was particularly interested in highlighting and understanding contradictions, tensions, conflicts, disagreements, and paradoxes for broader theoretical relevance and to uncover openings for more progressive understandings and approaches (Brower et al, 2000).

A limitation of the case study, as outlined by Merriam (1988) is the complexity of data required to get a holistic picture of the case. I decided to address this by focusing on interviewing widely as my main source of data as this filled a particular gap in the existing AFC literature and did not undertake a formal document review as a research method given human resource and time limitations. My research identifies interesting conceptual categories that could form the basis for a future document review. I also did not engage in a formal process of participant observation, such as attending meetings regularly, as this was beyond the scope of my time and resources and there were not regular meetings established on AFCs in Toronto at the time of my study. I did observe a pre-election Mayoral Forum on the topic of the TSS in the Fall 2014 and this insight is included in the project. As I visited sites across the City, I undertook a detailed process of observation of my surroundings through a note-taking protocol and these insights serve to offer a more detailed picture of the case, and particularly its spatialization. Official documents from all levels of government, international organizations, and non-profits as well as media stories are reviewed to provide a description of the case and to highlight case themes (Thompson et al, 2010).

Fieldwork

Processes and Reflections

I defined the variation of actors involved on the eight components of the AFC checklist in Toronto, placing emphasis on capturing the heterogeneity of the population working on AFCs in a big city context. I decided to interview key informants involved in various capacities on the development and implementation of the TSS, those involved more broadly on AFCs in Toronto, as well as representatives from other levels of government and policy experts that could offer a broader perspective on the AFC policy concept. This is crucial because of the context of public sector restructuring in which local government and non-profit policy actors engage in more complex policy implementation and because the AFC checklist incorporates policy domains that are both interjurisdictional and intersectoral in their design, delivery and resourcing. While I interviewed senior citizens who directly participated in the TSS as advisors and as members of advocacy non-profit organizations, I did not seek out interviews with diverse senior citizens across the city not directly involved in policy development. Future research should seek out these senior citizen voices to understand their needs for age-friendly environments and then compare this against the TSS. Finally, I did not interview participants from private sector organizations providing services for seniors in Toronto and the way that these organizations engage with cities and non-profits in the practice of AFCs should be the subject of further academic analysis. In total, I conducted interviews with eighty-two individuals, including: four current or former City Councillors (population A), twenty-four City staff (population B), four senior citizen members of the Toronto Seniors Forum advisory group (population C), thirty-five staff from non-profit organizations (population D), eight academic and other research-oriented policy experts (population E), and seven representatives from other levels of government (population F).

I developed a process of negotiating research relationships in advance of my fieldwork, which formed the basis of my ethics protocol, in order to establish a good working partnership

with project participants (Maxwell, 2012). I contacted potential participant through an email invitation and attached information letter that provided a detailed description of the purpose of my study and how the interview data would be used. I noted that I would not be using names, save for City Councillors on their choosing, in the report. I also noted that I intended to transcribe the interviews but that this was an option that they could opt out of. I offered to have the interview in person, in a place of their choosing or over the telephone for both convenience and privacy. I sent participants a copy of the interview consent form and questions that I would be asking approximately one week before the interview (and earlier if requested) so that participants could prepare. The consent form offered participants the choice to review the transcript as well as the opportunity to review any direct quotes that I would use in the final version of the dissertation. Participants were also made aware that they had the option of withdrawing from the study at any time. I began each interview by asking the participant whether they had any questions about the project purpose, consent process, and how I planned to use the data from our conversation.

My interview guide (see Appendix) was qualitative, in-depth and semi-structured and my line of questioning made room for participant stories, allowing them to speak at length about how they made meaning of the AFC program in rhetoric and practice through their ordinary day to day work (Stake, 1995; Thompson et al, 2010; Flyvbjerg, 2006). I was interested in comparing responses within and across population groups to see how they understood different aspects of AFCs similarly or differently but the questions were broad, allowing room for unique stories, interpretations, and differences of opinion to be revealed. The questions were issue-oriented to obtain both descriptive and analytical insight (Stake, 1995). The line of questioning was based in part on filling the gaps in pre-existing research and I asked ‘how’ questions that sought to

establish an in-depth understanding of the meanings actors made of the policy issue of population aging, the uniqueness of aging as a policy issue in a big city context, their understanding of the importance of place-based responses to population aging, the changing role of policy agents and their relations with other agents engaged in age-friendly work, as well as their policy capacities to undertake this work. I also included ‘what’ questions as I wanted to understand more descriptively how AFCs worked in Toronto. I began the interviews with a descriptive question about how their everyday work relates to population aging. I then focused on questions about the rhetoric and practice of AFCs, which were both more analytical and experiential in nature, provoking thinking and discussion on different aspects of knowledge on the topic (Maxwell, 2012). I ended the interviews with more delicate questions about policy capacity after we had built a rapport throughout the conversation. I was particularly interested in understanding specific contextual influences and asked participants what was unique about population aging and age-friendly policy in a big city context and specifically in Toronto. I included probing questions around a particular conceptual category that was beginning to emerge to locate patterns, but always seeking out accurate interpretations and inconsistencies.

The interview guides differed slightly depending on the population group in question to reflect their level of involvement in AFCs in Toronto specifically and as experts more broadly and to reflect their level of involvement in the embedded case of the TSS development and implementation (Stake, 1995). These questions were adapted to make sense of the specific roles, relations, and capacities of the particular participant in the process of realizing an AFC in Toronto (Berg, 2009; Vromen, 2010). I also adjusted the schedules as I went where I was finding questions to be unclear to the population group. For example, I found that questions around the role of local government were particularly confusing for non-profit organizations. Many

participants noted that the Province undertook local population work or talked to the work of the Province rather than the City and many seemed confused as to what level of government was responsible for different aspects of AFCs. I clarified that participants could talk to the work of both the City and the Province as I wanted to provide clarity as well as decipher this finding further as I was interested in the relationship between the non-profit sector and the City in a context of restructured and rescaled governance. I also noted that some participants had not heard about the concept of AFCs, though this was rare, but I decided to change the language to local place-based policy responses and put AFCs in parentheses.

Where possible, interviews were conducted with policy actors in their natural setting and I noted contextual observations as well as casual conversations that took place before and after the actual interview in a field journal (Maxwell, 2012). Several interviews also took place over the telephone. I took notes during the interview in my field journal, jotting down interpretations as to common themes or inconsistencies and disagreements. The majority of my interviews were recorded electronically and I transcribed the conversation in a document that included field observations and interpretations, within a day of the interviews. If the transcript was requested, which was a preference among the majority of participants, I removed my own interpretations from the document. When transcripts were revised by the participants, it was mainly for accuracy and some participants added more detail on descriptive elements. Only a few participants asked that I remove significant sections of the interview because they felt their language was too personal for a representative of government. Only one interview was requested not to be transcribed and another participant requested that I erase the transcription of their interview out of concern that what they shared was inaccurate and potentially controversial. One interview was

done in writing because so many people within the organization were involved in different elements of the AFC program that they preferred this as an option.

I conducted more interviews than I had originally intended due to snowball and theoretical sampling and a high response rate. This high number of interviews is reflective of the complexity of the policy area as AFCs incorporate multiple policy domains, departments at all three levels of government, and non-profit organizations. I was satisfied when I felt that I had enough data to offer a thorough description of AFCs in Toronto, the TSS as an embedded case, and coherent though internally variable interacting and co-constitutive analytical categories of conceptual significance. In effect, I had reached a saturation point as new information and analytical insight was no longer emerging, leaving me satisfied about the understanding that could be derived from the interview method.

Interview Participants

I interviewed Toronto City Councillors with distinct knowledge of the TSS. I selected Councillors purposefully, looking for those who were instrumental in bringing the motion to develop the TSS and who sat on the Seniors Strategy Subcommittee of the Community Development and Recreation Committee of City Council (CDRC). The public TSS report lists the names of Councillors involved on the Seniors Strategy Subcommittee. I contacted five Councillors via email with a recruitment script inviting them to participate in my project. One invitee declined and directed me to Josh Matlow as he was the most engaged in senior citizen issues in the City. One invitee advised that they were simply too busy. It is important to note that I conducted my interviews during the context of a municipal election so Councillors were particularly busy. A future study could glean additional insights into aging in Toronto by interviewing additional City Councillors. Three Councillors accepted the request to be

interviewed. I met two of them in person in their offices and one interview took place over the telephone. These interviews lasted approximately 30 minutes. The three interviews were very different, reflecting different levels of involvement on the TSS, perspectives about population aging and particular concerns reflecting their ideas about the role of local government and population base in their wards. Two Councillors represented inner city wards and one Councillor represented a suburban ward. Two Councillors were new to City politics as this was their first term in office and one is longstanding, and had institutional knowledge of previous City of Toronto aging strategies.

I interviewed City staff with knowledge of how local government in Toronto is managing the challenges and opportunities of population aging. This included staff involved in the TSS, both directly to produce the strategy and indirectly to inform the strategy as department representatives, as well as staff who undertook work relevant to population aging in the City regularly. I selected current or former City staff involved on the Toronto Seniors Strategy Senior Management Steering Committee and the Staff Technical Working Group. Interview participants were selected purposefully on the basis of their institutional knowledge of aging policy and programming in Toronto, their knowledge of policy priorities and change, and their ability to describe how the City interacts with non-profits on a regular basis in the area of aging policy. I did not interview frontline City staff and this would be an interesting addition to a future study. Only one City Division declined to participate in the study, noting that they did not serve seniors specifically. This was particularly interesting because the work of this Division was noted in several of the interviews as being important for Toronto seniors. This selection process involved snowball sampling as staff directed me to additional staff with whom to talk as well as to former staff who had historical knowledge on aging policy and programming in Toronto. I asked

participants to pass my name onto others who might be interested in my research project. The public TSS report lists the names of City staff involved on the Senior Management Steering Committee and the Staff Technical Working Group. Preliminary contact included emails, using an email script, to potential interview subjects inviting them to participate in my project. The majority of these interviews took place in their current place of work. Some interviews took place in pairs reflecting the involvement of different departments within the Division on age-friendly work. The interviews with City staff averaged 60 minutes. All interviews except for one were transcribed and in this instance, I took detailed notes. I was struck with how open and honest many participants from the City were about their policy capacity struggles in serving an aging population as well as their frustrations with City Councillors, and the Mayor at the time, Rob Ford. In particular, City staff were quite critical of the lack of support they felt they were getting from the Provincial and Federal governments in providing support to Toronto seniors.

I interviewed senior citizen members of Toronto's formal advisory group of seniors, the Toronto Seniors Forum (TSF). The formal TSS report lists the names of Forum participants and I sent a recruitment email and attached information letter to the general TSF email address, however I did not receive an answer through this method of contact. I decided to try to make contact with the TSF through a City representative who sent around another email to the same address, and I received four responses. One interview took place over the telephone, two in the participant's home, and one in a coffee shop. Two participants had been longstanding TSF members and one was a former co-chair, one participant had been around for several years since the beginning of the TSS development, and one participant was a very recent member. These interviews provide perspective on the challenges confronted both by seniors in the City as well as by the TSF as an organization trying to influence age-friendly policy in Toronto and the

implementation of the TSS. I also interviewed a City representative to obtain more context and background on the group. I attended a pre-election Mayoral Forum that was co-organized by the TSF and other Toronto-based senior's advocacy groups in the Fall 2014 to get a better sense of the issues considered important by the group.

As my research is particularly interested in the role of the non-profit sector in informing and actioning AFCs, I interviewed a large number of agency staff who were and were not involved in the TSS through the Expert Panel but who are all engaged in various capacities in AFC work in Toronto. I selected senior and frontline staff from non-profits consulted on the TSS Expert Panel as well as a sample of organizations providing social support care for older adults in Toronto not listed as being involved on TSS development. This included purposively selected representatives from both service and advocacy oriented organizations, larger and smaller organizations, and organizations geographically situated in the inner city and suburbs in order to provide insight on the great diversity of the sector in the policy field of population aging in Toronto. The public TSS report lists the names of the Expert Panel representatives. Otherwise, I conducted a broad internet search looking for non-profits with the above characteristics. This involved snowball sampling as non-profit representatives pointed me to additional contacts within the sector that have distinct knowledge on aging policy and programming in Toronto. I asked participants to pass my name onto others who might be interested in my research project. I contacted all potential interview candidates via email with a recruitment script inviting them to participate in my project. All of those involved on the TSS expert panel and the majority of the non-profits not involved on the TSS that I contacted agreed to be interviewed. These interviews mostly took place in their current place of work, which allowed me to travel all over the City and to get tours of facilities. A minority of interviews, and mainly with very busy executive directors,

were conducted over the telephone. The length of these interviews varied between 30 and 90 minutes. All of these interviews were transcribed. The interviews provided insight as to the enhanced role of the sector in the field of population aging, the great diversity of the non-profit sector as the agencies ranged considerably in size and degree of professionalization, and the capacity challenges agencies face in serving seniors, representing seniors, and informing aging policy in local environments.

To develop a more fulsome picture of AFCs as a policy domain, I interviewed academic and other research-oriented policy experts who were involved on the TSS Expert Panel or who have distinct knowledge of the context of AFCs in Toronto and more generally. The public TSS report lists the names of the TSS Expert Panel representatives. Otherwise, I looked for academic policy experts on AFCs in Canada. This also involved some snowball sampling. I contacted all potential interview candidates via email with a recruitment script and information letter inviting them to participate in my project. All of the policy experts except one agreed to be interviewed and this was because they were too busy with school work. Most of these interviews took place over the telephone to accommodate busy schedules. Furthermore, several participants did not reside in Toronto. These interviews tended to be shorter, lasting about 30 minutes. The interviews were transcribed. These interviews provided insight on more high level conceptual issues surrounding the rhetoric and practices of AFCs in Toronto and more generally.

Finally, I interviewed civil servant representatives from other levels of government who were involved on the TSS expert panel or who were not involved in TSS development but who had distinct knowledge of AFCs. The public TSS report lists the names of the Senior Expert Panel representatives. Otherwise, I looked for representatives from other levels of government working in departments involved in policy domains mentioned frequently in previous interviews

as crucial to the practice of AFCs in Toronto. This also involved some snowball sampling. I contacted all potential interview candidates via email with a recruitment script and information letter inviting them to participate in my project. I had some trouble contacting anyone from the Federal Government but was able to book an interview with one representative with knowledge of the Federal role in AFC development. Some of these interviews took place in person at their place of work in Toronto and some over the telephone if they worked outside of the City. The length of these interviews ranged and were longer for those actually involved in the TSS as compared to those with contextual knowledge of a distinct policy area. One interview was via email so that several people in the department could respond. The recorded interviews were transcribed. The interviews with civil servants from other levels of government were much more contrived and official, with participants concerned about providing their own personal opinions, which differed substantially from the interviews with City staff. This degree of desired neutrality and professionalization on the part of participants at other levels of government and especially as compared with the City was an interesting finding in and of itself.

I was pleasantly surprised by the high and positive response rate to my interview requests and to offers to connect me to additional participants as well as to share key documents of interest. The interviews were on the whole lengthy as participants had plenty of stories to share. Over the course of my fieldwork, the great majority of participants were thankful to learn that academic researchers were beginning to study population aging as an important policy issue. Interestingly, several non-profit participants noted that my research could be useful if I could clarify to them the role of local government in a context of fragmentation and governmental complexity as well as provide advice regarding institutional structures and openings for them to connect with government. Several policy experts also noted that they were pleased that someone

was taking a more critical look at the AFC concept through case oriented research because they were concerned that it was just a trend or buzzword rather than a tangible policy program to enhance public investment and improve quality of life for senior citizens.

Data Analysis

As with a heuristic or paradigmatic case, my study includes both deep description of the case as well as a more analytic orientation. I thus intended from the outset to develop a case description chapter and to have separate chapters organized according to case theme (Cresswell, 2013; 2009). I did not know from the outset what these case themes would look like, reflecting the qualitative inductive orientation of my study.

My fieldwork and data analysis was a co-constitutive process, as is the case with inductive qualitative research (Corbin & Strauss, 2008). While in the field, I developed a note taking protocol for each interview where I jotted down important contextual and analytical insights in search of meaning as I went. I proceeded to transcribe each interview immediately after it was undertaken so that I could note interpretations while they were fresh and so both descriptive and conceptual insights could become the basis for the selection of additional potential participants within each population group as well as further or reoriented lines of questioning (Charmaz, 2006; Corbin & Strauss, 2008). The intent was to obtain enough data to saturate understanding on both the descriptive and analytical aspects of the broader case of AFCs in Toronto and the embedded case of the TSS to provide both particularistic and heuristic interpretation.

As I re-read the interview transcripts, I began to pull out preliminary themes and the relationships between them. Many of these themes became mid-level ‘theoretical categories’ (Maxwell, 2005) on which I began to memo by creating a word document on the topic and

writing down my own interpretations and questions as they came up (Maxwell, 2012; Charmaz, 2006). I developed a list of numbered theoretical categories and this formed the basis for my coding template, which I continued to develop and solidify as I undertook more interviews (Thompson et al, 2010). By the time my interviews were complete, I had a preliminary coding template and working memo designed for each theoretical category that I applied to and refined through my data analysis (Thompson et al, 2010).

I immersed myself in a more formal and fine grained process of data analysis upon the completion of my fieldwork. To prepare the data, I organized the interview transcripts in electronic folders associated with the population group (ABCDEF) and conducted my analysis one population group at a time. I began with close open coding of the transcripts, watching to stay close to the data and context through a line by line analysis that maintained the participant's own words, used in-vivo codes, or a slightly re-worked version of them to reflect my own interpretation (Charmaz, 2006), designing a series of low-level 'substantive categories' (Maxwell, 2005). This close coding is important in the quest to search for underlying values and norms in the meanings and struggles, emotions and frustrations experienced by participants (Charmaz, 2006). I began to aggregate substantive categories through a 'categorizing strategy' (Maxwell, 2012) that associated each coded data point with a numbered theoretical category from my preliminary coding protocol. Where a suitable theoretical category was not yet present, I developed new themes emanating from the data to revise the coding protocol and developed a new memo on the topic (Thompson et al, 2010). I 'fractured the data' by cutting and pasting the close substantive categories, labelling the data with the anonymous participant identification, to the theoretical category memo for this population group (Maxwell, 2012; Thompson et al, 2010). Within the theoretical category memo, I noted similarities, patterns, and differences in meanings

between participants within a population group all linked together within the context of the case so as not to lose sight of contextual influences and to deepen theoretical insight (Maxwell, 2012; Charmaz, 2006). As Stake (1995) suggests, I went back and forth looking for meaning in both the repetitions of events and ideas as well as in unique stories and discrepancies within the context of the case.

I proceeded with this style of analysis for each population group, refining the coding protocol and memos on theoretical categories as I went. After the interviews from a subsequent population group had been analyzed through this process and where new theoretical categories were added, I went back to the previous population group to see if the new theme was relevant and if there was some consistency or difference that I missed. If so, I created new memos on theoretical categories for previous population groups based on new themes and relationships that I began to more fully conceptualize through analysis of subsequent population groups. I thus ended up with a series of memos on theoretical categories for each population group that incorporated my high level interpretation of the theme and its relationship to other themes, close substantive categories associated with the participant identification, and a discussion of similar and different interpretations and experiences within the population group. I had twenty-six theoretical categories in my coding protocol but the series of memos were not the same for each population depending on their level of involvement in different aspects of the case. I continued my interviews and data analysis process until I felt that the case and analytical categories were saturated and there were no new properties or alternative accounts (Corbin & Strauss, 2008)

Once I had analyzed all of the interviews, I combined the distinct population group memos into a central memo for each theoretical category, where I aligned my original interpretations from each population group and focused on consistent or unique interpretations

and experiences between population groups. I was sure to maintain the close substantive categories within the memo, associated with the participant identification. Most of the theoretical categories had subthemes and I organized the substantive categories according to the subtheme, which formed a more personal narrative of what the data was telling me; illustrating my understanding of the relationships within the concept and linkages to other concepts. I combined some theoretical categories because of overlap and broke others apart because the subthemes were so distinct.

As outlined by Maxwell (2012), my approach to research is to use process theory that hones analysis on the processes that link specific events within a historical and geographic context. Process theory lends itself to case study research that undertakes thick description and seeks explanation via observations of social settings and through interviews with involved agents to understand how they make meanings of these settings (Maxwell, 2012; Merriam, 1988). I became very interested in the way that policy actors were framing senior citizens, the policy issue of population aging, and how this was linked to the importance of local environments and AFCs as a meaningful institutional response. These understandings illuminated a broader link to social inequities on the basis of age and my case took on a more cultural and sociological nature (Merriam, 1988). These humanistic and geographic elements could not be distinguished from the political economy of public sector restructuring and rescaling. Work on citizenship by Clarke et al (2014) and Isin et al (2008) could bring the three aspects of sociology, geography and political institutions together as a unified theoretical frame that allows me to tell a bigger story about reconfigured citizenship in the current conjuncture. Theories on citizenship (Clarke et al, 2014; Isin et al, 2008) offered a way to link case themes together, acting as process theory to help me to understand how political projects work through AFCs to change the relations between people,

between people and space, and between people and institutions. In this way, I followed the advice of case study specialist Flyvberg (2006) who calls on researchers to ‘keep the case open’ and to refrain from using one theory from one academic discipline to contain a complex reality.

I organized my theoretical categories into high-level ‘organizational categories’ (Maxwell, 2005) which include the case description and the three case themes of ‘people’, the ‘environment’ and ‘institutions’. The way that AFCs, or the person-environment fit, are understood by local policy actors rhetorically with respect to discourse and norms about ‘the person’ and the ‘environment’ is the subject of the first two thematic chapters: Recognizing Seniors and the Role of Place. The following two thematic chapters focus on the institutional practice of AFCs in Toronto. The Rescaling Redistribution Chapter focuses on AFCs more organizationally, with respect to the practical redistributive roles and capacities of local actors in ensuring the substantive ‘fit’ between person and environment through work on the eight dimensions of the AFC checklist. The final Restructuring Governance Chapter examines the institutional mechanisms at the disposal of local policy actors to structure AFC programs and how the changing organizational role of local policy actors outlined in the Rescaling Redistribution Chapter is affecting this institutional response.

My case report or final end product reflects the nature of my case study as analytical and thus includes a detailed case description as well as case themes (Cresswell, 2013). I organized my findings around case description, to provide in-depth descriptive insight as to the policy history in Toronto and the extensive array of policy sites and actors involved in AFC work (Thompson et al, 2010; Cresswell, 2013). Case themes formed the basis for establishing a broader narrative, based on original contextual insight on the policy practice of AFCs, that structures the final analysis. I developed a personal narrative for each chapter (Stake, 1995)

based on my experiences both in the context of fieldwork and with the data. This narrative acted as a guide for reconvening the data that was fractured into theoretical categories to establish meaning around the rhetorics and practices of AFCs in each of the four case theme chapters and to capture the embodied struggles and emotions associated with this research topic both on my part and on the part of research participants (Maxwell, 2012; Brower et al, 2000). I brought in additional theory and literature within each chapter as needed to support and more deeply understand the theoretical categories emanating from the experience of actors themselves in the AFC process in Toronto and to relate my case findings to existing research in multiple disciplines (Cresswell, 2013; Corbin & Strauss, 2008). In the Conclusion Chapter, I highlight the research assertions and findings gleaned from the case, align this with new research in the policy area, update the case, and offer insight for policy change and future research (Cresswell, 2013).

Validity

As discussed by Maxwell (2012), a variety of descriptive, interpretive and theoretical validation strategies have been built into each aspect of my research design. I ensured descriptive validity via a note taking protocol. To maintain interpretive validity, I consistently used note taking protocols to immediately document any reflective points I had throughout the data gathering phase of my research. I outlined my normative commitments at the outset and engaged in an ongoing process of self-reflexivity throughout the research process. I adopted member-checking in which I asked participants to read my refined transcriptions (Creswell, 2009). Finally, to build theoretical validity, I consistently focused on the credibility of the conclusions I drew from my methods and procedures in context. I ensured that my methods illuminated my research questions and that my case study and interview subjects were theoretically relevant (Maxwell, 2012). I ensured that conclusions drawn from the empirical data incorporated a

discussion of alternative inferences and this is why I conducted so many interviews with participants involved in different dimensions of the AFC case (Maxwell, 2012). For each of my methods, I followed the advice of well-known and respected studies (Maxwell, 2012).

CHAPTER 4

Case Study

Scoping AFCs in the City of Toronto

Introduction

The Case Chapter serves to scope the landscape of AFCs in the City Toronto through a multi-scalar and multi-actor ‘seeing like a city’ (Magnussen, 2011) perspective. Given the breadth of the AFC checklist and the size of the City, the practice of age-friendly work within Toronto’s territorial boundaries is extensive and highly complex, involving multiple policy domains and actors. I offer an original descriptive contribution that pulls the politics of everyday life around the work of age-friendly together through literature, official documents and reports, and personal communications. This scoping includes a profile of Toronto seniors; the role of the City, the non-profit sector, as well as other levels of government in supporting the substantive policy domains of age-friendly environments; a history of age-friendly policy work in Toronto; and a description of current age-friendly policy strategy through the *Toronto Seniors Strategy* (TSS).

The purpose of this case description is to highlight the extent and complexity of age-friendly activity within the territory of a large city in a context of public sector restructuring and rescaling and linking this work to narrow and expansive political projects of citizenship (Clarke et al, 2014). This approach fills a gap in the existing research on AFCs, as was highlighted in initial critical literature (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011), on the actual practice of the program in the current conjuncture of restructuring in a big city context. Several participants have also highlighted that a mapping of the complex policy domain of AFCs, including its substantive elements and supporting agents would be highly useful for them in their work moving forward. Mapping the complexity of this policy program serves to develop an understanding as to whether the initial critique that the TSS is more symbolic than substantive (Goar, 2013) has merit and makes intelligible the different variables that contribute to struggles

in practice. Through description, I begin to identify both rhetorical and practical challenges and gaps as well as opportunities in the actualization of AFCs as a right to the city (Isin, 2008) in Toronto that will be the subject of further in-depth analysis in the chapters that follow.

Toronto Seniors

The TSS recognizes that the very definition of ‘older adult’ is fraught, not only because the period of older adulthood commences at a different age range for nearly every policy program but also because the use of the term ‘old’ is considered by some, and particularly many seniors themselves, to be discriminatory as it denotes passivity and dependency (City of Toronto, 2013). One of the aims of my research is to develop a better understanding of ageism in public policy and how it is addressed (or not) through the AFC program by exploring the meanings interview participants attach to senior citizens as an identity group and population aging as a policy issue. The TSS is focused on citizens over the numerical age of 55 to “provide a broad overview of the demographic diversity of older Torontonians” (City of Toronto, 2013, 7). According to the 2011 census, there are 680,945 Torontonians over the age of 55 and this number is expected to jump to 1.2 million by 2041, with those aged between 55 and 64 and those aged 80 and above representing the groups with the fastest pace of population growth in the City (City of Toronto, 2013). The number of older adults has increased in all but one Toronto neighbourhood, but especially noteworthy is the depth of change in the City’s car-dependent and service-poor outer suburbs of Scarborough and Etobicoke (City of Toronto, 2013).

With aging comes more health challenges, and 40 percent of Torontonians over the age of 75 describe their health as fair or poor (City of Toronto, 2013), which can limit their access to City services and amenities. Furthermore, 44 percent of Torontonians over the age of 85 are living alone (City of Toronto, 2013), which is noteworthy because they may have more limited

access to informal social supports provided by family. 72 percent of older adults over the age of 65 are women (City of Toronto, 2013), making aging a women's issue of particular relevance because women on average have lower incomes than men (Modlich, 2011). The TSS recognizes that many older adults in the City have low incomes and that while workforce participation for those over age 65 has increased since the province of Ontario ended mandatory retirement in 2006, unemployment has also risen dramatically (City of Toronto, 2013). Illustrating the depth of this problem, one-fifth of those using the City's homelessness support services are over the age of 50 (City of Toronto, 2013). What makes Toronto's older adult population particularly unique is that 68 percent of those above age 55 are immigrants, 40,340 of whom arrived in the country within the past 10 years and are more likely to be members of racialized groups, experience poverty, and be non-English or French speaking (City of Toronto, 2013). The incredible diversity of Toronto's older adult population requires that services and amenities important in the everyday lives of seniors recognize and seek to mitigate intersecting barriers to access on the basis of identity. The extent to which this is happening will be examined in further detail throughout my study.

The Role of Local Government in Producing Age-Friendly Environments in Toronto

There is scarcely a realm of municipal responsibility that is not relevant for the establishment of an AFC as the local level of government in Toronto supports the delivery of most of the core services and amenities important for seniors. Several participants explain that municipalities provide the essential services to ensure that seniors can retain a good quality of life day in and day out. In Toronto, these policy domains include: regular and special transportation as well as road and pedestrian networks; planning and urban design; social and affordable housing; long term care and community supports; indoor and outdoor recreation

facilities and programs; library programs; emergency preparedness; public health and ambulances; and police services. Much of the municipal work in these areas is mandated by the Ontario Provincial Government through various pieces of legislation and has been driven by citizen needs and demands. It is important to note that Canadian municipalities are “creatures of provincial statute and therefore possess no autonomous or inalienable status” (Eidelman & Taylor, 2010, 314). Provinces thus have institutional discretion to impose their will onto local government and Canada’s Federal government rarely gets involved in municipal affairs as federalism requires that this involves extensive negotiations with the provinces (Eidelman & Taylor, 2010). We will see throughout this dissertation that this feature of Canadian institutionalism has very real consequences for the actualization of AFCs in the Toronto case. While the consequences are real, this institutionalism is a socio-political and historical construct as Provincial and Federal legislation in the realm of social policy emanated from needs, service gaps and fragmentation in urban environments as well as advocacy by local policy actors to enhance redistribution (Marutto, 2004; Mahon et al, 2007).

The City of Toronto’s responsibility in many of the social and physical infrastructure policy domains crucial for AFCs increased in the context of a provincially imposed amalgamation in 1998 where Ontario’s Conservative Premier Mike Harris merged the six municipalities of Metro Toronto (Toronto, York, East York, North York, Scarborough and Etobicoke) into a new one-tier Mega-City. Institutional amalgamation was combined with a public sector restructuring of social and physical infrastructure responsibility for “social housing, libraries, water, sewers, roads and public transit, mental health group homes, shelter and hostel beds, operating costs of social assistance and half the costs of social services, public health and ambulances” (Joy & Vogel, 2015, 41). Neither commensurate financial assistance nor new

substantive revenue generating powers were provided by the Province to local government to ensure the redistribution of adequate service and infrastructure provision to their citizens (Friskien, 2007; Joy & Vogel, 2015; Fanelli, 2016). Ontario municipalities are prevented from running a deficit on their operating costs and rely on property tax and user fees to fund new public responsibilities. Due to the chronic fiscal crisis that followed amalgamation, former Toronto Mayor David Miller lobbied the provincial government to pass the *City of Toronto Act*, which gave Toronto more taxing and governing authority. However, the Act stopped short of more substantive governance changes, such as granting the right to home rule status for the City and the associated power to enact a municipal income and sales tax (Joy & Vogel, 2015). Toronto thus remains a creature of the Province, with its powers limited to those which are granted to it. As such, the ‘rights of the city’ needed to actualize a right to the city (Isin, 2008) for senior citizens through the AFC checklist presents a serious challenge in the Toronto case, as we will learn more profoundly throughout the dissertation.

While health care is officially under provincial jurisdiction, the City of Toronto provides a considerable component of this work mainly through its Paramedic Services, Long-Term Care Homes and Services, and Public Health divisions. Toronto Paramedic Services is the City’s provider of ambulance and paramedic services. Staff explain that the Division pays special attention to seniors as 42 percent of their calls are for people over the age of 65. Paramedic services offers specific support to seniors through a community para-medicine program that focuses on vulnerable seniors, many living in the City’s public housing buildings, and refers them to mainly non-profit home care service providers. There is also a pilot program where paramedics notify non-profit agencies when the seniors they serve interact with paramedics and may be taken to hospital. Both of these projects facilitate the Province’s policy goal of aging in

place and desire to have local policy actors from the City and non-profit sector meet the care needs of seniors once they are discharged from hospital. This health care policy goal will be the subject of further discussion and analysis later in this chapter and in the case theme chapters that follow.

Since 1949, the Province has required its municipalities, no matter their size, to operate one Long Term Care (LTC) facility (AMO, 2011). Given its size and the depth of population need, the City of Toronto directly operates 10 LTC homes. The Province regulates LTC through the *Long Term Care Homes Act 2007* and the Ontario Ministry of Health and Long Term Care provides funding per resident for nursing and personal care. As part of its regulatory role, the Province has mandated redevelopment in six of Toronto's LTC homes to bring them up to new design standards and is providing some funding support per bed for this endeavour (City of Toronto, 2015a). The City's Long Term Care Homes and Services Division is currently undertaking a Capital Renewal Plan and one home thus far has been extensively redeveloped. The LTC Division also provides community support programs, including: adult day programs for seniors in three of its homes; homemakers and nurses services (housekeeping, laundry, shopping, meal preparation) to low income individuals, coordinated through community contracts with non-profit agencies; and supportive housing services (personal care, housekeeping and laundry, medication reminders, security checks, meal preparations) to eligible tenants in designated social housing buildings (City of Toronto, 2016a). The community support work offered through the City's LTC Division is partly funded by the Ontario Ministry of Health and Long Term Care.

Toronto Public Health also engages in community health work. The work of the Division is governed by the Toronto Board of Health under the provincial *Health Promotion and Protection Act 1990* which, while directing municipal public health provision, does not mandate

services to vulnerable seniors (City of Toronto, 2002). As part of its mental health promotion work, the Division established a Vulnerable Adults and Seniors (VAS) team in 2011, which consists of a group of nurses who respond to calls about citizens over 55 who according to the website are ‘living in a challenging situation’, which may include mental and physical ailments, experiences of bed bugs and hoarding, a risk of eviction and homelessness, low income and little informal support (City of Toronto, 2016b). VAS does some short-term home visiting and follow up during extreme weather events; links people to other support services based on client assessments of needs; and provides some health care through two non-profit community health centres for seniors who have no provincial health coverage (City of Toronto, 2016b). Toronto Public Health also covers dental services to low income seniors in community health centres and through a mobile dental clinic (City of Toronto, 2016b). According to the City website, a bulk of VAS work is prevention-oriented and consists of presentations to community groups on topics such as safety during extreme weather, safe medication use, nutrition and food security, social isolation, home and personal safety (City of Toronto, 2016b).

Although Toronto Public Health does work on intimate partner violence against women, it does not focus specifically on elder abuse prevention, though as we will learn later in the dissertation, the City used to have more of a policy presence in this area. Today, elder abuse is under the domain of the enforcement services of the Toronto Police Service and Ontario’s *Police Services Act* requires local police to have procedures and processes in place on criminal investigations of elder abuse. Toronto Police Services has a Vulnerable Persons Coordinator who raises awareness through a social media presence, is involved in broader advocacy work through Ontario-wide committees, and does trainings and updates procedures for police officers.

Toronto Public Health also has a Chronic Disease and Injury Prevention Directorate and a small piece of this work, and one component of the work of one city staff, is falls prevention for seniors. The City website includes tips and links on how an individual can keep their home safe and can stay active and well equipped for home and winter safety (City of Toronto, 2016c). However, the City of Toronto provides uneven coverage of sidewalk snow clearing within its borders; a legacy of amalgamation in which this service was provided in some former municipalities but not others and was not redistributed as a mandatory public service. There is a free snow clearing assistance application that those aged 65 and above can apply to and the City provides some funding for non-profits to do this work, though the Chronic Disease and Injury Prevention Directorate website says nothing of this and urges city-dwellers to keep their paths clear. The Directorate is also working on providing training on falls prevention to the personal support workers and family member carers of seniors.

The City also supports the provision of housing services for vulnerable seniors, through Toronto Community Housing; the Shelter, Support and Housing Administration Division; the Affordable Housing Office; and City Planning. The City's public housing service provider, Toronto Community Housing (TCH), provides housing for low income seniors and 25 per cent of its residents, or 26,809 individuals, are over the age of 59 with 6,500 over age 80 (Toronto Community Housing, 2016; Ombudsman, 2013). TCH is also developing a Vulnerable Seniors Action Plan, which includes measure to address the potential eviction of vulnerable seniors facing challenges paying their bills, as well as those who experience issues with hoarding and bed bugs. This TCH action plan stems in part from an Ombudsman investigation on seniors evicted from public housing for non-payment of rental arrears (Ombudsman, 2013). To provide supportive housing services for vulnerable seniors, TCH works with the City's LTC and

Paramedic Services Divisions as well as community non-profit providers to bring services to seniors in their buildings. The extent of vulnerability in the City and the growing senior population aging in place has led to the development of a new protocol, SPIDER (Specialized Interdivisional Enhanced Response), which targets ‘risky’ individuals who might struggle for instance with hoarding, pest infestations and unsafe living situations (City of Toronto, 2016d). A City representative explains that SPIDER is “meant to bring together all the Divisions of the City around problematic issues in the community” (B20) where in the past they have lacked a coordinated response.

The Hostel Services section of the City’s Shelter, Support and Housing Administration (SSHA) Division provides shelter and support to people experiencing homelessness on the streets and in the shelter system, including seniors. A considerable and growing number of their clients are aging and they are adapting to service needs through a partnership with the City’s LTC Division to provide for the specific needs of vulnerable senior citizens in the revitalization of Seaton House, a large downtown shelter. Hostel Services also has several community contracts with non-profit agencies that provide housing and shelter services to seniors. They also support seniors in the private rental market by targeting “some housing allowances for seniors...to try to get them out of shelters and into the community with supports or to target housing allowances to people who may be at risk of losing their housing” (B20). Hostel Services has also produced a *Services for Seniors in Toronto* guide directed to vulnerable seniors and their caregivers that outlines government and non-profit services available in the City. The City’s Affordable Housing Office (AFO), which is charged with creating and maintaining affordable housing through partnerships with the non-profit and private sector, operates a homeowner’s renovation grant for low income seniors that receives minor funding from the Provincial

Government. Also in the domain of housing, the Strategic Initiatives, Policy and Analysis section of the City Planning Division are working to allow for the creation of affordable housing in new condominiums by giving developers more density and a city-wide zoning bylaw that allows for the creation of secondary basement suites. They also do demographic projection work through *Toronto Plan Flashforward* that facilitates planning, design, and policy needs for senior citizens. In their review of planning applications, this planning section may require applicants to conduct a Community Services and Facilities study that identifies a demographic profile of the geography and maps existing and projected social infrastructure needs based on this profile, which may include senior citizens. The adequacy of the City's housing response will be the subject of further discussion later in the dissertation.

Transportation in Toronto is managed mainly through the Transportation Services Division and the Toronto Transit Commission (TTC). The Public Realm section of the City's Transportation Services Division has a Pedestrian Projects Unit that is looking at enhancing walkability in the City and accessibility enhancements such as street furniture, signage, fixing sidewalks, crosswalks, and snow clearing standards are part of this. The Public Realm section has also created new accessibility protocols for City infrastructure in response to Provincial accessibility requirements. The Ontario Government released the *Accessibility for Ontarians with Disabilities Act* (AODA) in 2005 and all businesses, municipalities, and non-profit organizations must comply with the legislation fully by 2025, though no funding support is provided by the province to ensure implementation. Also in response to AODA requirements, the TTC has been working to enhance the accessibility of its transit system by making all of its busses accessible; has started to operate accessible streetcars; intends to retrofit all subway stations to be accessible; is working to make more seats designated for priority groups, which

includes seniors; and is improving its public address system in the stations. Further chapters will outline this work in more detail, including challenges in following through with these accessibility improvements in a context where the Province is offering no financial support. The TTC also offers a small senior's discount for its regular subway service and allows people with a support assistance card to receive free travel for their accompanying attendant. The TTC also operates Wheel Trans, which provides rides to those with accessibility challenges based on eligibility requirements. TTC also operates five Community Bus Routes, which according to a City representative staff person are a "a fixed route service that circulates locally within a community typically hooking up say senior's homes and community facilities whether it is a shopping mall or a local medical clinic or some retail area where there is a lot of services or libraries" (B22). The fact that there are only five routes in such a big city points to fragmented access to services for seniors across the geographic boundaries of the City, a theme that I will revisit throughout the study.

On the topic of local services and amenities, both the Toronto Public Library and Parks, Forestry and Recreation Divisions have relatively new staff and divisional teams to look at servicing for older adults. A particular focus of this work for both of these Divisions is to align and ensure a redistribution of programs for seniors in the former municipalities of the City of Toronto. A surprising finding in my research is just how active the library has been in delivering services to seniors. They are the only Division to provide staff training on seniors' issues, reaching out to a local non-profit to assist them in this effort and they also have an older adult committee that assists them in designing services and programs to meet the needs of seniors. Toronto Public Library has hired a senior's services coordinator who works with a cross-city team to coordinate all library programming for seniors, which includes a mobile home library

service, and a great variety of programs on health and wellness, technology, and financial needs. On the recreation front, the Community Recreation Older Adults Service Team is composed of representation from frontline community recreation programmers from across the City as well as their supervisors to support existing and new programming for seniors. The Recreation Division is also one of the City's "largest landlords" (B15A) and permits space for non-profit programming for seniors through partnership work. The City also has several community centres located in the boundaries of the former municipalities that are known as agencies of the City of Toronto that act as multi-service organizations that provide some seniors social and recreational programming. One frontline agency staff explains what this entails: "we are neat because we are an agency of the City of Toronto. So we are not Parks and Rec, we are not full-on City. The City funds our core admin, so they fund the Manager, and the office staff, and paper and stuff like that but they don't fund my salary and they don't fund my program or any of the programs. So different levels of government do that through different grants" (D21). I will return to the topic of complex funding for the non-profit sector serving seniors shortly as this emerged as a significant theme affecting the substance of AFCs in the Toronto case.

The City's non-service operating Divisions, Equity, Diversity and Human Rights and Social Development, Finance and Administration also undertake coordinating work relevant to seniors. The Equity Division works to "ensure that City policies are responsive to the City of Toronto's diverse communities" (B13) and all City policy and program reports are required to include an Equity Impact Statement based on an equity analysis of the policy that identifies potential barriers and impacts for specific groups, attempts to remove these barriers, and efforts to measure whether efforts to remove barriers are working (City of Toronto, 2014). A city representative explains that aging is "another lens that we would place on our work just as we

might use the other lenses which would be ability, access, race, sexual identity, just to name a few. Also, intersections of age, which is really critical, intersections of age with other diversity considerations in terms of policy, program development, and also in terms of how the City communicates with seniors and vice versa” (B13). There is a Human Rights section within the Equity Division that hears and deals with human rights complaints and one of the prohibited grounds of the Human Rights Code is age and disability. EDHR put in place training and advice on how to prevent further human rights code violations via public and internal protocols such as the Equity Lens and Equity Impact Statements, and Accessibility Design Guidelines that apply to renovations and retrofits to City owned buildings.

Staff are currently in the process of reviewing the Equity Impact Statement due to problems such as equity being considered secondarily rather than a crucial component of early program development and evaluation, the uneven application of the Equity Impact Statement in different City divisions, and a failure on the part of the City to keep track and enforce this equity work (City of Toronto, 2014). My research explores some of these problems in greater depth. One internal resource is *The Guide to Good Practice: Providing Equitable Services to Individuals of All Abilities* which includes the guide, content for staff training, meetings to coordinate joint protocols among staff, and division-specific responses to support the work of frontline staff who engage with population groups with diminished cognitive abilities. The protocol stemmed from a City of Toronto Ombudsman investigation called *A Duty to Care* on a case where a bylaw enforcement officer ordered the cutting down of a tree on a property of a homeowner who was a senior with advanced Alzheimer’s.

Finally, in its social planning and social policy development role, the Social Development Division was charged with coordinating the development and implementation of the *Toronto*

Seniors Strategy, as will be discussed in further detail shortly. The division's Community Funding Unit coordinates the Community Service Partnerships grants, the main pool of funding for the non-profit sector. The Community Funding Unit employs agency review officers to monitor the agencies, obtain feedback on service needs, and connect agencies to share information about programming. It is through these grants that the City fulfills its municipal legislative requirement to fund 20 percent of Elderly Person's Centres, which is cost shared with the Province. Through the *Elderly Persons Centre Act*, the province of Ontario provides money to municipalities to distribute to community organizations to provide recreational and educational programming. I will explore later whether this support is adequate.

The Role of the Non-profit Sector in Producing Age-Friendly Environments in Toronto

A senior citizens advocate describes the unique nature of the non-profit sector in Ontario: "having trained as a social worker in Quebec, their public sector has a far larger definition of itself as looking after the quality of life of people. No matter how successfully they carry that out, it is in the rhetoric. With Ontario, it is built on small non-profits, all of which are very proud of their tradition and what they have done" (D29). The non-profit sector in Ontario is the major provider of community based services for senior citizens of varying levels of need in local environments. City staff acknowledge that non-profit organizations are the "real heavy lifters in terms of providing services for older Torontonians" (B2). Many non-profit participants talked about their longstanding history of service provision for seniors, with one staff describing this historical evolution: "many non-profits, cultural groups, and church groups started providing services to vulnerable seniors long ago that needed care and were socially isolated. Many started developing senior's apartments and then started to include different services based on needs, like meals on wheels and congregate dining" (D3).

In defining the work of the non-profit sector in the realm of elder care, the Province distinguishes between non-profits providing community support services (CSS) and long term care (LTC) services, primarily on the basis of their geography. The CSS sector provides services to seniors in the ‘community’ to help them remain in their own homes while the LTC sector exists to provide an institutional setting for senior citizens who are no longer able to age in a private residence. For CSS-providing non-profits, the range of support varies according to need and physical location – provided either in the home or in a community-based facility – and includes: prevention oriented group-based social and recreational programming such as Elderly Person’s Centres, computer courses, congregate dining and meal sharing, excursions, and health promotion lectures for ‘active seniors’; more personal home-based supports such as case management and referral to other services, homemaking, nutrition counselling, chronic illness management, personal care, meals on wheels, transportation for those who do not qualify for public accessible transit, escort to medical appointments, friendly visits and security checks for ‘frail seniors’; and intensive supports such as day programs in their community facilities for ‘acute seniors’ with dementia and Alzheimer’s, which also act as respite for informal caregivers who support seniors in the home (United Way, 2001). Non-profits serving seniors vary greatly in size, as some agencies provide a full basket of services and others specialize in one or two areas.

Non-profits also provide specialised community support services for diverse seniors. This includes work around elder abuse prevention and crisis-response. However, there is only one agency in Toronto that specializes in this work, and they operate one “safe haven” apartment and “an elder abuse consultation team which is a forum for service providers to come to if they are dealing with cases of abuse in the community” (D31B). Non-profits also operate affordable housing and shelters for vulnerable seniors experiencing addiction and mental health challenges.

Many smaller agencies specialize in providing supports to seniors of different linguistic and ethno-cultural backgrounds; do translation work between the senior and other community and medical support services; and convene groups of seniors for social activities in their preferred language. There is one agency of the City of Toronto that specializes in active living groups and classes as well as more informal personal interventions such as check-ins and referrals for LGBTQ seniors. I will explore some of the challenges faced by these agencies in supporting diverse seniors later in the dissertation.

Many of the community support services for seniors are provided on a volunteer basis, though with increased demand these organizations have hired professional social work staff, though not always full time, to run activities, coordinate volunteers, and manage funding. Funding for community support work is provided to non-profits by all three levels of government, as will be outlined further in this chapter, as well as non-government sources such as the United Way. The City's Community Funding Unit admits that they are receiving more funding applications, and particularly from ethno-cultural and ethno-racial providers, reflecting a need for more resources for the delivery of support services for seniors in Toronto. Some agencies also do fundraising events and charge user fees for their services.

Increasingly, CSS non-profits provide more professionalized and health-related services such as: nursing, physiotherapy, occupational therapy and psychological services (United Way, 2001); mobile medical teams that bring nurses and doctors to seniors; 24-7 supportive housing, such as specialized facilities for seniors with dementia; and LTC facilities and palliative care hospices. Several medium to large agencies provide a basket of social support and medical home care services in distinct spaces of the city. Personal care and homemaking services, as well as more professionalized medical services, LTC and palliative care are also provided by private

sector organizations (United Way, 2001). In an effort to reduce health care costs, the province of Ontario embarked on a restructuring to shift health care services from hospitals and LTC and into the community beginning in the early 1990s (United Way, 2001). The closure of hospitals and limitation of beds - 18,500 have been closed since 1990 (OHC, 2011) - as well as the increase in short-stay procedures and discharge of patients very quickly augmented the demand for home care in the community (United Way, 2001). By 2011, there was a waitlist for home care of more than 10,000 people across the Province (OHC, 2011). To gain greater control over the changing home care landscape as well as to bring in a competitive bidding system of ‘managed competition’ in the new home care and LTC ‘markets’, the provincial government created 43 Community Care Access Centres (CCACs) to contract with non-profit and private care providers and design eligibility criteria for those receiving care (United Way, 2001). While those that are eligible for CCAC services do not pay out of pocket, home care is not covered under the *Canada Health Act* and funding limitations have meant that publicly provided care is rationed to those with the most acute needs (United Way, 2001) while those who do not qualify pay out of pocket for non-profit and private services. Those who cannot pay out of pocket may go without or rely on City Homemaking and Nurses services, which during this period of restructuring began to introduce waiting lists given need in a post-amalgamation context where public health nursing programs faced budget cuts and home visits declined (City of Toronto, 1999). According to the report *Living Longer, Living Well* (2012), commissioned by the Province and prepared by leading gerontologist Dr. Samir Sinha, while funding for CCACs has increased by 69 percent over the past decade, the number of patients demanding service has increased by 83 percent and these patients have more acute and complex needs.

In 2006, the Provincial government sought to align the funding and planning of all local health care provision (hospitals, community care, and LTC) through a regional level of health administration by designating 14 Local Health Integration Networks (LHINs), 5 of which are within the boundaries of Toronto. LHINs funnel money from the Ontario Ministry of Health and Long Term Care to now 14 CCACs to support people to age at home in their local communities through the 2007 *Aging at Home* strategy (Sinha, 2012). LHINs also directly fund community support services, with a new focus on innovative wellness programs that encourage aging in place rather than in LTC facilities. The emphasis on patient-centred prevention, specifically focused on the most acute patients, and addressing the local fragmentation and siloes in health provision in the context of the priority to age in place has continued with the 2012 *Ontario Action Plan for Health Care*. However, remaining challenges in the home and community care system include a lack of clear standards and access to care (as well as publicly available information on these issues); staff shortages in part because of low wages and working conditions; and a reduction of public home care funding in the community as a percentage of health care even as the number of hospital beds are reduced and as the population is aging and needs are increasing (OHC, 2011).

Ontario has the most privatized home care market in the country and there has been a consolidation of large private companies providing this care, with small non-profits struggling to compete and losing key contracts (OHC, 2011; United Way 2001; O'Connor, 2004). While the ratio of non-profit to private home care was 82-18 in 1995, by 2011 this had shifted dramatically towards private provision with the new ratio at 42-58 (OHC, 2011). Before the shift to managed competition, home care delivery was coordinated locally by the Home Care Program of Metropolitan Toronto based on a service partnership between local public health divisions,

hospitals and community agencies delivering homemaking and personal support to seniors (United Way, 2001; Brown, 1968). Several non-profit participants with institutional knowledge of this time talk about a history of public health and public health nurses who actively worked with non-profits to serve seniors in Toronto. The challenges this presents in the relationship between cities and non-profits serving seniors in the context of AFC development will be addressed later in the dissertation.

In addition to service provision, non-profits also do civic engagement work. Engagement includes the creation of senior citizen committees to inform programming, having seniors actually deliver programming through volunteerism, as well as policy advocacy work. This advocacy is undertaken by service agencies to inform public policy based on their expertise and by a small number of organizations that exist specifically to inform policy based on the rights of senior citizens. Some non-profits also offer workshops with seniors on how to strengthen their autonomy and policy voice. There are also large policy advocacy organizations that represent home care and LTC-providing agencies before government. One Toronto-based volunteer-oriented organization offers educational workshops and trainings directed to private and public sectors on how to work with senior citizens and conducts facility and site assessments through a seniors lens. This same agency has received a foundation grant to undertake a neighbourhood-based pilot AFC study in one Toronto neighbourhood that will include examining local non-profit agencies and businesses. Further chapters will explore the policy relationship between the City of Toronto and this agency in greater depth.

Age-friendly Policy Strategy at Other Levels of Government

The Federal Public Health Agency of Canada has been interested in the concept of AFCs since its inception, and was involved in the original WHO project in 2006-2007 through a

devotion of both financial and human resources to the project. Several smaller Canadian cities (Saanich, Portage la Prairie, Sherbrooke, and Halifax) acted as cases to inform the development of the WHO AFC checklist (WHO, 2007). A Federal representative explained to me that the Federal Government of Canada decided to resource the project in order to share best practices with the provinces, illustrating that a subsidiarity of the AFC model was part of the original intent. The Public Health Agency has a unit dedicated to supporting AFCs and has coordinated the development of two ‘how-to’ guides on the concept: *Age-Friendly Rural and Remote Communities: A Guide* and *Age-Friendly Communities in Canada: Community Implementation Guide*. In Canada, it is more popular among governments to talk about Age Friendly Communities than Age Friendly Cities so that the model can also apply to rural and remote areas. The Federal Government has also recently developed an evaluation guide for communities to measure their progress on the eight AFC checklist domains. The Agency also convenes a Pan Canadian Age Friendly Communities Network of provincial representatives, including provincial agencies, academics and non-profits in order to share stories and ideas about innovative community projects and to converse about what policies would need to change to support these projects in the future.

I am interested in deciphering from local actors themselves the extent to which they feel that the Federal Government is supporting them to actualize AFCs. In this regard, a Special Senate Committee on Aging report entitled *Canada’s Aging Population: Seizing the Opportunity*, highlights several gaps in Federal policy support for AFCs and calls on the Federal Government to take a more active leadership role, including supporting AFCs through direct funding, using universal design in its own government initiatives, and supporting infrastructure in the realm of public transportation and housing (Senate, 2009). The Federal Public Health

Agency does not provide funding to support AFC development, though community-based non-profits and local governments can apply to the Federal Ministry of Employment and Social Development's New Horizons grant where organizations can obtain up to \$25,000 in funding for a one time only 12-month grant (Senate, 2009).

AFCs are identified as a key priority for the Ontario Provincial Government, coordinated through the Ontario Seniors Secretariat (OSS). The OSS released the *Ontario Action Plan for Seniors: Independence, Activity and Good health* in 2013, which solidifies the Province's interest in encouraging and supporting local initiatives. A representative from the Provincial Government advised that their role is to respond to questions and share informational resources with any local policy actor interested in engaging in AFC work. This commitment has included the development of the guide *Finding the Right Fit: Age Friendly Community Planning* as well as a Seniors Community Grant Program that provides between \$500 to \$8,000 to non-profit community groups and local governments to foster social inclusion, volunteerism, education, and community engagement for seniors (Government of Ontario, 2015). The *Finding the Right Fit* guide also directs non-profits and local governments interested in developing AFC initiatives to "consider reaching out to potential funders such as the Ontario Trillium Foundation or other non-profit and private foundations" (Ontario Seniors Secretariat, 2013, 8). The OSS also shares demographic projection information conducted by the Ontario Growth Secretariat so that communities can engage in advance planning for population aging. While the Federal and Provincial Governments are providing some support in the development of AFCs, should local policy actors be interested, there remains a larger question as to the extent to which they are supporting the more substantive eight policy dimensions of the AFC checklist to facilitate actual implementation. This remains a subject of analysis in the chapters that follow.

Policy History on Aging in Toronto

While the AFC movement is a fairly recent development, Toronto has a history of policy strategy on population aging. A former City Councillor with a longstanding interest in senior citizen advocacy advised that historically, Toronto has had several senior citizen advisory groups formed to influence policy on aging. In the mid-1980s, the former City of Toronto became conscious of accessibility and began engaging in work to make the City more accessible. A committee composed of both accessibility and senior citizen advocates was formed to advise on the design of an accessibility study for Toronto. Because this committee was dominated by accessibility advocates, a senior's committee was established and this was formalized as the Toronto Mayors Committee on Aging, which had policy clout and City staff support.

Post-amalgamation, under the first Mayor of the mega-city Mel Lastman, the Committee on Aging was replaced by the Toronto Seniors' Taskforce that included seven City Councillors and 18 seniors, which produced the report *Toronto - Building a City for all Ages* in 1999. The Report is grounded in the voices of Toronto seniors and identifies challenges for seniors in accessing key services and amenities within the geography of the City, no matter what level of government had jurisdictional responsibility over the service in question (City of Toronto, 1999). The historical context of amalgamation and restructuring is important because seniors identified concerns around the loss of crucial city and non-profit-provided services and sense of familiarity and community in the mega-city as well as confusion as to fragmented service provision and accountability (City of Toronto, 1999). The recommendations, based on the needs identified by Toronto seniors and developed in consultation with City Councillors and staff, are directed to multiple levels of government based on everyday experiences of inaccess to major policy items

such as health services, affordable housing, and affordable and accessible transportation (City of Toronto, 1999; City of Toronto, 2002).

The Taskforce report also sought to develop a process to advise City Council on important issues for seniors in the new City and recommended the establishment of a Toronto Seniors Assembly which would act as a formal advisory body to a Toronto Seniors Advocate who could coordinate with City staff (City of Toronto, 2002). Councillor Anne Johnston was appointed the City's Seniors Advocate and chaired the Toronto Seniors Assembly. While the initial Taskforce report and its follow-up progress report in 2002 place emphasis on the City continuing to advocate to other levels of government, there is no clear advocacy strategy outlined on the part of the City and in partnership with non-profits. What is very clear from these reports is the use of a rights-based discourse based on treating seniors like citizens that deserve full access to services and amenities and a great concern that this access is eroding with public sector restructuring. That said, the focus on the bureaucracy and its capacity is underdeveloped in the Report as there is no clear action plan with which it is associated.

The amalgamated City's second Mayor, David Miller, established a Roundtable on Seniors in his first term that convened from 2003 to 2006, which replaced the Toronto Seniors Assembly and Councillor Advocate. A Toronto Seniors Forum member with institutional memory explains that the Roundtable had the "big heads of different departments and also heads of seniors organizations and big agencies providing services. So basically it was sort of a service provider network" (C2). The more professional nature of the Roundtable model had sparked "an interest and a concern that there were many other voices of seniors that were not heard. The newcomers, the people who are low income, those living in the periphery of the city" (C2). As a result, a "second class seniors group was convened" (C2) in 2004 as the Seniors Advisory Group

to Toronto City Council with representation of Toronto seniors in all their diversity. Though, it is noted that this group had less access to decision-making power than the Roundtable. Toronto seniors no longer had a Councilor Advocate as they did under the previous Assembly model. The Roundtable's Housing Reference Group produced a report on seniors and housing titled *The City of Toronto Roundtable on Seniors: Housing Toronto Seniors* in 2006. This Roundtable report barely mentions the previous Taskforce reports and rather than emanating from the voices of seniors using a rights-based discourse, there is an undertone of aging as an expensive issue for the City (City of Toronto, 2006). While the Roundtable report retains a detailed and technical focus on policy in the realm of housing, mapping out the complex policy area and the role of different players, it does not include the voices of seniors experiencing housing instability (City of Toronto, 2006). While recommendations are outlined in the Roundtable report, which includes a critique of provincial restructuring in the realm of housing and recommendations for policy changes to support tenants and more resources for the City in public housing, a concrete action plan was never established (City of Toronto, 2006).

A City representative explains that Miller's direction of convening people-based roundtables (he had one on children as well) quickly dissolved and failed to make the priority list for his second term in office. Although Miller is considered by many to have had a legacy of more progressive policy, it was under his leadership that "a number of advisory groups disappeared" and were "declawed" (D49). Several non-profit representatives spoke to me about having been involved in other age-friendly strategies in the past, critiquing them for not going anywhere because the political will was lacking. I will explore the root of this cynicism in greater detail throughout the chapters that follow. When the Roundtable on Seniors disappeared in Miller's second term of office, the citizen-based Seniors Advisory Group was suddenly "left

with the responsibility to respond, be up to date, question, inquire, advocate, inform and all of the above. With more or less the same makeup of the group” (C2). It was at the end of Miller’s second term that the Seniors Advisory Group morphed into its current iteration as the Toronto Seniors Forum (TSF). While the TSF is the City’s formal advisory group to Council on seniors issues, there continues to be no formal senior citizen advocate on Council as there was with the post-amalgamation Assembly model. The TSF receives some City staff support in its efforts to facilitate civic engagement, represent a voice for seniors not often heard, and to ensure that Toronto provides public services equitably. However, a City representative explains to me that under the leadership of Mayor Rob Ford, the TSF, as well as other equity-based advisory groups, were slated to be cut from the City’s budget. A senior citizens advocate notes that “when you got to Ford, they barely even existed and Ford just said that we didn’t need them” (D49). The TSF was able to hold on to their funding and staff support and my project examines their work on the latest iteration of policy strategy on aging in Toronto, the *Toronto Seniors Strategy*.

Current Policy Strategy on Aging in Toronto: The *Toronto Seniors Strategy*

TSS Initiation

My interviews highlight a complex array of factors motivating the development of the *Toronto Seniors Strategy* (TSS) in its current iteration. Several participants cite what are framed as ‘top-down’ or external drivers such as the WHO’s work on AFCs, and particularly the rapid spread of the movement being operationalized to surrounding cities such as Hamilton, Waterloo, London and Ottawa. Other participants speak to how some politicians seeking the recognition of WHO age-friendly status created the pressure to pursue AFCs, illustrating some competitive-city undertones motivating the strategy. The work of the Provincial and Federal Governments encouraging AFCs and preparing information guides is also cited as a factor influencing TSS

initiation. Several non-profit staff believe that in part, local senior strategies are motivated to support Provincial restructuring in the health care sector as they aim to create a supportive environment to prevent admission to hospital and Long Term Care institutions as well as to reintegrate citizens back into the community after a hospital procedure.

At the same time, many participants note what they see as more ‘grassroots’ motivations for the TSS, though there is debate as to whether this was initiated by citizens themselves, external advocacy organizations, the City bureaucracy, or by a politician. Several participants point to the changing demographics and population needs sparking budget pressures around community facilities and programs that the City could no longer ignore. Several participants, and especially City representatives, talk about the need to support Toronto’s most vulnerable populations, who are increasingly senior citizens. Two municipal bureaucrats spoke about the AFC concept first being raised by the City’s LTC Division in the context of the provincially mandated redevelopment of six of their facilities. However, other staff point out that it was Councillor Josh Matlow who pushed the TSS forward, thus the motivation was political and not bureaucratic. Several participants speak to the political expediency of the AFC concept motivating the TSS, many noting that seniors are a population group who vote. Creating a strategy for seniors was a key election platform for Councillor Matlow, as he explains:

when I was running for office, it was obviously not the number one thing that people talk about at the door because it’s not the wedge issue, it’s not an issue that the media obsesses about, but it’s something that I talked about. How one of the things that I wanted to do if I was elected was to create a strategy for seniors in Toronto. Actually a lot of people, even though they hadn’t talked about this initially, once we had that conversation, they said ‘wow, that makes a lot of sense.’ Because everybody has somebody in their life who are arriving there (A1).

Councillor Kristyn Wong-Tam agrees that while it was Councillor Matlow who passed the motion to develop the TSS, it could have been many others as Councillors are beginning to think

about aging especially if they have many seniors in their wards whose distinct needs are becoming more apparent.

At the same time, I learned that there were a few non-profit organizations who advocated for the AFC concept in Toronto after it was announced by the WHO. In particular, one individual by the name of Charlotte Maher, who is now deceased, is cited by several interview participants as lobbying Josh Matlow to pass the motion to develop the TSS, though this was not mentioned in my interview with the Councillor. A senior citizens advocate advises that “sometimes there is just a catalyst or a personal thing...that just allows certain policy to come in because a window has opened at that point and there is a certain actor there and another certain actor there and it happens....All the stars have come together and there are no bad omens that will happen if this comes through” (D29). We begin to see here that AFCs are popular among different actors who may have different values and motivations for its use, a subject on which I will return regularly throughout the dissertation.

In April 2011, Josh Matlow got Council to pass a motion directing staff to prepare the TSS. Matlow had to engage Councillors individually to pass the motion because the City of Toronto does not utilize a political party system of government. City Council consists of 45 members elected to represent wards of about 54,000 people and a mayor elected at large (Joy & Vogel, 2015). Councillor Matlow speaks to the unique political context in Toronto at the time:

one of the first major initiatives that I moved when I became a Councillor was to create a Toronto Seniors Strategy. So I brought a motion to council. At that time, it was quite an interesting time, to understate it. It was an incredibly divisive council, we had a new mayor with a mandate that had nothing to do with any of this. This isn't about gravy; this is about people. We had a distinct right-wing and left-wing and centre. I was able to get unanimous support to go ahead with this (A1).

The TSS was initiated during the mayoral reign of Rob Ford, who was elected in 2010 on a right-wing populist platform to cut taxes and City spending, especially social and transit infrastructure

investment directed to what he framed as the ‘elitist’ City core (Joy & Vogel, 2015). At the time when the motion to develop the TSS was passed, Ford had hired private consulting firm KPMG to conduct a ‘core services review’ to identify what City services could be privatized. It is thus highly paradoxical that a policy strategy that is in theory aimed at investing in an equity-seeking group would be passed at this time. Developing a deeper understanding of the roots and consequences of this paradox remains a point of exploration in my dissertation.

TSS Development

Councillor oversight for the development of the TSS was provided through the Seniors Strategy subcommittee of the Community Development and Recreation Committee (CDRC) of Council which, according to a former member, is charged with directing the planning of City services that are more people-oriented in nature. Toronto has a council-committee structure of government and six standing committees, including the CDRC, that lead the functional work of council and hear citizen deputations on their agenda items (Joy & Vogel, 2015). Councillor Matlow was the Chair of the TSS CDRC sub-committee and worked with a City staff team to support the development of the strategy. The Social Research Unit of the City’s Social Development, Finance and Administration Division led the TSS and the staff team consisted of one planning analyst and two policy officers. The planning analyst was tasked with bringing together demographic data on Toronto senior citizens to illustrate trends and project service impacts. This included data collected from non-profit agencies with whom the City has a funding relationship, such as the number of clients they serve in their programs and how often they frequent the programs. Reflecting on this data gathering process, a city representative explains that “in terms of population aging, we ran some demographics about the pressures on the city and it is really quite staggering what we are facing. The grey tsunami and all of that” (B2).

Equally confounding for this City representative was the realization that “there was no planning in place, city-wide, for this” (B2), despite the fact that Toronto has had previous aging strategies. The staff team also conducted extensive background research, taking stock of the City’s past, present, and future role serving an aging population in an effort to “devise a coordinated approach...there are over 50,000 employees in the city of Toronto alone, so we need to make sure that we are all working on the same page” (B3). Toronto’s post-amalgamation administrative structure is led by a council-appointed city manager; three deputy managers from the human services, hard services, and internal finance clusters who oversee the work of 41 divisions; and 122 Agencies, Boards, Commissions, and Corporations (ABCCs) such as the Toronto Board of Health, Toronto Police Services Board, Toronto Transit Commission, and the Toronto Community Housing Corporation who direct service provision and are governed by a board of Councillors and citizens (Joy & Vogel, 2015).

Background research for the TSS consisted of mapping out all of the public services, programs, and agencies serving seniors operating within the boundaries of the City of Toronto. A City representative admits that while they had intended to include a mapping of the services provided by non-profit organizations, they simply ran out of space, illustrating the complexity of the AFC program in practice in a big city. This staff advised that through their background research on policy history, they discovered that 75 percent of the recommendations to City Divisions in previous aging strategies had been implemented compared to 33 percent of recommendations to City Agencies, Boards, Commissions, and Corporations (ABCCs). Furthermore, there were “a lot of poorly worded and poorly developed recommendations out there” (B2) and some departments had created recommendations in the past that they had no power to implement. There were several frustrating moments where the policy officer would

contact City Divisions about past recommendations and often, they hadn't even heard of them and they weren't actioned. Because even past recommendations made internal to the City were not fully implemented, it was decided that the first line of business would be to focus the TSS on "identifying what the City currently does and how the City could do things better, so it is very City-specific" (B6). As a result, it was decided that the City would begin with making recommendations that were within its power to implement in an effort to get their house in order. In addition to inadequate implementation of City recommendations, it was discovered that City recommendations to other levels of government were very rarely implemented. Councillor Josh Matlow suggests that past recommendations failed because the Province was not willing to come on board and there is little the City can do to control this. The TSS report thus illustrates an attempt on the part of the City to realize an AFC by honing the focus on what is within their institutional jurisdiction to accomplish.

The TSS is defined by staff as a Corporate Document, as it is characterized by all parts of the corporation, the City, coming together to create a wide policy vision, agenda, and action plan. The TSS Senior Management Team and Technical Advisory Team tables had representation from 17 Divisions from all three City clusters as well as from Toronto Police Services, the Toronto Transit Commission, and Toronto Community Housing. Several Divisions that I interviewed had two representatives involved on the respective TSS tables. Each TSS staff representative was asked to provide insight on how their existing work has an impact on the lives of Toronto's senior citizens and to identify recommendations for how they can build on this role, sometimes in partnership with other City Divisions or ABCCs. Some City representatives felt that the TSS process provided them with the opportunity to share their work and to learn about the work of other Divisions. However, another City staff explains that it was unbelievable how

many Divisions at the City had not thought about this and that they had a hard time pushing the City Divisions and ABCCs, though some were better than others. This illustrates that local government does not operate as a ‘unitary actor’ (Newman, 2014) and my research seeks to gain a better understanding of these struggles and inconsistencies in AFC involvement on the part of different municipal policy actors.

In addition to the internal bureaucratic working groups, TSS development involved convening an Expert Panel, the participants of which were chosen because they could “speak reliably and expertly on the topic of aging” (B3). Here, a City representative notes that the “idea was to ensure a wide variety of perspectives and representatives from as many equity-seeking groups as possible as well as themes such as groups that could speak to health, transportation, safety” (B3). However, the original proposed panel and definition of expertise was questioned by several advocacy-based non-profit organizations from the outset for being too professional and service-oriented and for not including the voices of seniors. Several advocacy-oriented organizations who attended the first CDRC subcommittee meetings fought to have advocacy based organizations on the Expert Panel as well as to have senior citizen representation from the Toronto Seniors Forum on the Expert Panel rather than having them on the sidelines as a separate group with whom to share policy decisions. A senior citizen advocate reflects on the experience: “here was this Expert Panel that really was all service providers. There is nothing wrong with their voice but there was no mix and no seniors in the original plan” (D49). While the professional agencies were invited, the advocacy agencies had to insert themselves into the process. I will explore this theme towards professionalization further in the chapters that follow.

In the process of TSS development, the Expert Panel met three times and consulted frequently over email to identify and inform policy recommendations. Panel participants explain that the City delineated their areas of responsibility for the group, explaining upfront what was and could be accomplished. Thus, the topics open for discussion in the context of the TSS were delimited from the beginning by the City. My dissertation examines how this delimitation affects the substance of Toronto's AFCs strategy. At the same time, according to two different participants, it was the Expert Panel of both professional and advocacy organizations that recommended that the TSS follow the WHO AFC framework. A senior citizens advocate explains: "I had all kinds of documentation I gave them, about the whole WHO age friendly stuff. They didn't know much to tell you the truth...No clue. Willing and eager, but in terms of knowledge – nothing" (D49). A City representative explains that although the City has its own issues and priorities, it was decided to use the WHO model because people were starting to build familiarity around it.

The Expert Panel was led by a leading policy expert active in developing a report for the Province on aging and health care. This leadership was recruited strategically to make sure that the "local strategy was aligned fully with the Provincial strategy" (E19). It is important to note, however, that this policy expert is not a representative of the Provincial Government. A representative from both the Ontario Seniors Secretariat and the Toronto Central Local Health Integration Network (TC LHIN), which supports Provincial priorities set out by the Ministry of Health and Long Term Care, participated on the Expert Panel. There is some debate as to the level of involvement from other levels of government however as a City representative expresses frustration that "we tried so hard to get the Province and the Feds engaged" (B2) and had a lack of success engaging the Federal Government. Furthermore, a staff advised that while the City is

involved with the Ontario Seniors Secretariat, the purpose and power of this body within the Provincial Government is unclear. The extent of support coming from other levels of government on AFC development is the subject of further analysis in the chapters that follow.

The City also engaged in a broader consultation process to inform the TSS. Staff designed a Consultation Workbook for individual seniors and agencies to inform the data collection process for the TSS and included a series of questions on seniors, including their ethno-cultural background, their spoken languages, their numerical age, their occupation, their needs, and their desires. The Consultation Workbook was disseminated to agencies throughout the non-profit sector, who were asked to utilize the book to “empower agencies to help empower their senior’s populations” (B6). The Workbook was translated into 11 different languages and 33 percent of the responses were in a language other than English. A City representative admits that they would have lost a lot of information had they not translated documents and with more money to translate, they could outreach to more seniors. Some agencies spoke to me about running focus groups with their seniors to prepare a submission for the Workbook. A large public consultation took place in June 2012 at the Toronto Reference Library which coincided with Toronto ‘Seniors Day’ and consisted of a large focus group session where senior citizens and agencies serving senior citizens sat at roundtables to fill out the workbook, facilitated by City staff, Councillors, and Toronto Seniors Forum members. The City collected 500 books at this event (City of Toronto, 2013). There were also a series of Town Halls on the TSS where City Councillors and TSF members gave presentations and where the Workbook was disseminated.

Despite this extensive City-led data collection process, a City representative explained to me that “there were not a lot of surprises” and “not a lot of dramatic shifts that would affect the

lives of seniors that we needed to ask them about” (B6). This is because rather than being a grassroots-led process, as was the post-amalgamation Toronto Seniors Taskforce report, the TSS process is about improving the operations of the local government. According to this City staff, “there is not a fear that we were shifting anything or not taking into consideration a voice because once again, this is about how the City operates and how the City can operate better” (B6) as the TSS is foremost a bureaucratic strategy based on what the City can do in the current conjuncture, something that was missing in previous aging strategies. However, this raises a question mark as to the TSS being a strategy emanating from the voices and needs of Toronto seniors based on a right to the city that forms the basis for a new redistributive response in the eight domains of the AFC checklist.

The TSS Report

The TSS is officially defined by the City as “an active response to the movement to build and sustain an accessible, equitable, and just society for all. The strategy identifies the direction and recommendations that will address the diverse needs of its older residents by embedding the values of respect, dignity, diversity, independence and equity in all its policies, programs and services” (City of Toronto, 2013, 1-2). This language of access and equity is reiterated by Councillor Kristyn Wong-Tam, who explains that the purpose of the TSS is “to inform all of the different Divisions at the City...It is supposed to ensure that when policy is developed and when services are delivered through that policy framework, that it is delivered in a way that is going to be accessible and equitable to our aged adult population” (A3). A guiding rationale for my research is exploring the extent to which the TSS is moving an AFC agenda based on a right to the city forward in the Toronto case.

The recommendations in the TSS report are organized according to the eight WHO AFC priorities. The TSS report briefly defines the WHO priority area and provides short examples of what the City of Toronto already does in this domain to provide “context for the recommendations that follow” (City of Toronto, 2013, 27). This is confusing as many of the short-term actions identified in the TSS Report also highlight what the City is already doing. The action is thus to continue the work. This also reflects the intention of the strategy to more clearly outline what the City already does for senior citizens.

Each of the eight WHO priority areas are broken down into sub-issues and each sub-issue is aligned with a high-level recommendation. Each recommendation is then associated with: a one to two sentence action item; one or more City Divisions responsible for implementing the action item; a timeline for completion that is short, medium, or long-term; and a progress measure, described typically in five words or less, that often includes reporting back on the action, the partnerships made, and counting the number of programs and people involved. Actions designated as short-term begin immediately and have no net cost implications to the City. As Councillor Matlow describes, “one tier would be: what can we do now? Short term. We don’t need the Province’s permission to put more benches on our sidewalks or improve our tree canopy or look at how we time the pedestrian crosswalks or things like that” (A1). Medium-term actions are to be implemented within two to three years and the costs are to be raised individually by each City Division or ABCC during the City budget process (City of Toronto, 2013, 28). Actions labelled long-term can begin their implementation in “2015 and beyond” and again, costs are referred back to City staff in their annual budgeting (City of Toronto, 2013, 28). A member of the Expert Panel explains that they made sure that there were short, medium, and long-term goals to prevent the report from sitting on a shelf, collecting dust. In total, the TSS

includes 25 recommendations and 91 action items with a Division lead, and in this action planning, is considered unique from previous aging strategies.

The following describes briefly the content of the TSS report, outlined according to the eight WHO priority areas. This is meant to provide a more descriptive summary whereas a discussion as to the adequacy of these recommendations and actions and operational capacities to implement them is the subject of further analysis later in the dissertation.

1. Respect and Social Inclusion

The TSS proclaims a recognition that older adults are diverse and valued members of the community. To affirm this commitment, the City intends to: apply for WHO AFC status; conduct data analysis on older adult safety; and design a public campaign that both advertises programs and services and serves to combat ageism (City of Toronto, 2013). Older adults are considered particularly vulnerable to different forms of physical, emotional, and financial abuse and it is the role of the City, primarily through the work of the Toronto Police Service, to: create local community committees to address safety; prepare resource guides for police officers; develop public awareness campaigns; compile neighbourhood-based victimization data; establish an advisory committee with multiple City and non-City stakeholders; and design and enforce officer training on the recognition and reporting of abuse (City of Toronto, 2013).

On the topic of training and in order to ensure that seniors access City services on an equitable basis, the Shelter, Support and Housing Administration Division has committed to continue to review its staff training to “ensure the needs of homeless and at risk older adults are adequately represented” (City of Toronto, 2013, 40). The Equity, Diversity and Human Rights Division intends over the medium term to “develop, promote, implement and evaluate an eLearning tutorial for City staff” that builds on its existing *Guide to Good Practice* by including

best practices on how to communicate with vulnerable adults (City of Toronto, 2013, 40). To facilitate respect for older adults, several City Divisions have committed to fostering intergenerational connections by better advertising existing and developing new intergenerational programming. Over the long-term, the Community Funding Unit hopes to increase funding for non-profits engaging in intergenerational programming.

2. Civic Engagement, Volunteering, Employment

To further combat ageism, the TSS states that “older Torontonians have a great deal of talent, skill, experience and wisdom to offer their City” and characterizes Toronto as a place that supports seniors “to contribute, and to feel valued and productive” (City of Toronto, 2013, 43). A variety of City Divisions have committed to continuing to provide this support by including older adults in deliberative policy processes, such as in community consultations on specific planning initiatives for homeless and at risk-seniors, engaging the Toronto Seniors Forum in the implementation of the TSS, and through a Toronto Public Library older adult advisory committee. Older adult volunteerism is to be supported through the continued development of a volunteer management system within the Parks, Forestry and Recreation Division and a long-term project proposed by the Social Development Division to “develop peer-leadership training programs to enable older adults to help others navigate civic services and programs” (City of Toronto, 2013, 48). The City also hopes to facilitate employment opportunities for older adults by ensuring that existing services provided through Toronto Employment and Social Services are accessible to seniors and will “explore opportunities to customize employment services to meet the unique needs of older workers” (City of Toronto, 2013, 49).

3. Social Participation

The TSS recognizes the importance of accessible and affordable City programs in fostering opportunities for older adults to participate in social activities and connect with others and describes broadly how it already offers such opportunities through workshops and programs offered by the Toronto Public Library, its funding partnerships with non-profits, and its support for Adult Day Programs. The TSS aims to enhance access and affordability around existing programming by locating more physical spaces for social participation, such as in the design of redeveloped City LTC homes, in neighbourhoods through existing City Planning Community Services and Facilities Strategies in the context of redevelopment, and by co-locating City services in Toronto Community Housing and other City-owned buildings (City of Toronto, 2013). The Provincial mandate to expand funding and advertising for Elderly Person's Centres is the only recommendation intended to address the TSS goal to make programs more affordable to seniors and it is unclear what the Province is doing in this area, other than its new Seniors Grants Program, the funding of which is extremely modest. To improve access to City social and cultural programming, the Recreation Division plans to continue its work to develop its "age-based plan for older adults" to ensure the availability and redistribution of programs across the City (City of Toronto, 2013, 56). The Library also commits to continuing to build its collection of large print and audio book materials.

4. Community Support and Health Services

Despite a City representative advising me that Toronto does not influence health care, the TSS does delineate an important role for the City in enhancing access to health and community support services, particularly for vulnerable senior citizens. The TSS focuses specifically on three areas: health promotion, eliminating economic barriers to health and social services, and addressing the specific needs of vulnerable seniors. The TSS highlights the referral and

assessment services for vulnerable adults already undertaken by Toronto Paramedic Services; mental health intervention by the Toronto Police Service; the support to vulnerable seniors as well as health promotion and prevention by Toronto Public Health; Homemaking and Nurses Services provided to 2,500 individuals annually; and a Hardship Fund for low income residents to access health items (City of Toronto, 2013). There are several actions around health promotion, which include: continuing and expanding the community-based work of Paramedic Services; creating a group to look at how to increase the influenza vaccination of City employees working with seniors; enhancing access to affordable and culturally appropriate food through existing retail and innovative mobile market approaches; efforts to continue and expand informational health workshops through the Library; and increasing falls prevention training programs to staff and communication strategies to seniors and their caregivers (City of Toronto, 2013).

The City also promises in the medium term to increase the number of seniors eligible for free dental services through Toronto Public Health as demand and wait times are increasing. All City Divisions and ABCCs intend to collaborate on a suicide prevention strategy that includes older adults as one priority population group (City of Toronto, 2013). The City's Shelter Division commits to exploring how to enhance its protocol to identify and provide vulnerable populations with human services during an emergency situation (City of Toronto, 2013) such as fires, floods, and winter storms where there are power outages. A City representative explains that this movement to focus on emergency preparation and shelter emerged from a situation a few years back where "there was the big fire at 200 Wellesley, this was several years ago at a big TCH building. We did a lot of learning because there was a lot of older folks in that social housing building and we were flying by the seat of our pants" (B20). Toronto's Office of

Emergency Management has “developed a vulnerability index assessment that would be done in an emergency to identify people in need of greater assistance and triage them into other supports as needed” (B20). This does not apply, however, to vulnerable seniors living in private residences in the community.

5. Housing

The TSS recognizes the necessity of housing for all senior citizens to age in place, though the report is distinctly focused on the affordable housing and homelessness program needs of those who are low income. The recommendations are to increase access to affordable housing, support housing modification and bringing services into the home, and to provide LTC options both in facilities and in the community for those who need it. On the latter point of LTC support, the TSS report makes its only mention to commit to advocate for more funding from the Province to meet increasingly complex health needs. This section of the TSS begins by highlighting that the complex array of City Divisions that provide, fund, protect, and manage shelter and affordable housing support have “emergency shelters, drop-ins, housing, and other supports specifically for older adults (City of Toronto, 2013, 66). This ranges from the development of 713 new affordable supportive rental housing units for seniors; a renovation support program for low income homeowners; climate change building design for emergency preparedness; the preservation and replacement of rental housing in redevelopment contexts; a new city-wide zoning bylaw that could accommodate seniors-specific community housing; tax and utility rate relief programs; and the operation of ten LTC homes (City of Toronto, 2013).

To enhance access to affordable housing, the City’s Affordable Housing Office commits to continue its work to “aggressively pursue a full range of partnership opportunities to create and maintain affordable housing for lower income seniors” (City of Toronto, 2013, 70). This

aligns with the work of the City's Housing Action Plan and a long-term strategy is to update this plan to include the housing needs of older Torontonians. To enhance independent living at home, the Affordable Housing Office will continue to deliver the Toronto Renovates Program and will work with affordable housing providers to promote accessibility and aging in place guidelines (City of Toronto, 2013). The City's Shelter Division will more actively communicate its guide to housing and support services for vulnerable seniors and will improve its data collection on homeless and 'at risk' older adults and their housing needs (City of Toronto, 2013). Revenue Services also promises to better communicate property tax and utility relief programs (City of Toronto, 2013). City Planning is creating legislative and educational support for the development of secondary suites City-wide and to support the pursuit of affordable housing through the density bonusing section of the *Planning Act*, based on a negotiation between the ward Councilor and developer. It is important to note that this planning work is not specifically tailored to senior citizens and it remains a question mark as to the number of additional affordable units actually obtained through this strategy.

The LTC Division will, over the medium term, expand its Homemakers and Nurses Services Program to older adults with chronic and acute health issues, thereby addressing its long wait list for services (City of Toronto, 2013). The Shelter Division will continue to advocate to the Province to recognize the distinct needs of homeless older adults who may have substance abuse and mental health challenges by ensuring their access to LTC services in shelters and other community settings through the design of new supportive housing models to address this level of need (City of Toronto, 2013). For now, the Shelter and LTC Divisions are engaging in a partnership to meet the needs of homeless seniors and the TSS commits to continuing this work. As part of the TSS, the LTC Division hopes to access Provincial funding to hire more Personal

Support Workers to address new levels of needs among clients who have dementia, other mental health conditions, and substance abuse challenges as well as work with Toronto Community Housing to provide more supportive services for seniors in public housing buildings (City of Toronto, 2013).

6. Transportation

The TSS recognizes the importance of public transportation for seniors that “grants access to the life of the city” and is “accessible, affordable, safe and reliable” (City of Toronto, 2013, 80). The TSS describes the City’s current work to enhance active transportation, in the form of walking and biking, as well as pedestrian safety, through paving, new sidewalk installation, crossing, signage, and traffic calming. The Transportation Services Division will: continue to roll out longer pedestrian crossing time at intersections and develop a policy to extend times in areas with many seniors; keep track of new mobility devices to ensure that City bylaws recognize their ease of navigation through the city; review pedestrian fatalities and develop appropriate measures as needed; work with Toronto Public Health to create ‘slow zone’ active transportation pilot projects; advocate to the Province to enhance road safety; and include safety reviews in large planning projects (City of Toronto, 2013).

The Toronto Transit Commission (TTC) does offer a slightly discounted fare to seniors and has made accessibility improvements to some of its vehicles as it is “responsible for making the regular system of the TTC accessible to everybody” (B22). To enhance the accessibility of the public transit network, the TTC will continue its work to change the language of ‘courtesy seating’ to ‘priority seating’, which includes seniors; introduce some new accessible streetcars; improve its public address system and notice of repairs and maintenance; and increase the number of accessible bus stops in partnership with the City’s Transportation Services Division

(City of Toronto, 2013). The TSS aims to enhance transportation for older adults by increasing affordable options, improving accessibility of the public transit and pedestrian network, and advancing the safety of pedestrians. A medium-term action is for the TTC to “pursue discounted or free fares for older adults during non-peak hours” (City of Toronto, 2013, 83).

The Toronto Public Library has also committed to exploring partnerships with non-profits to enhance transportation to and from library facilities. A long-term goal is for the Community Funding Unit to expand support for community agencies to increase their non-medical transportation services for seniors (City of Toronto, 2013). It is particularly interesting to note that there is no mention of special Wheel Trans services in the transportation section of the TSS, a point to which I will return later in the dissertation.

7. Outdoor Space and Buildings

The TSS prioritizes accessible and safe indoor and outdoor public environments in recognition that they promote “equitable access to a high quality of life” for senior citizens (City of Toronto, 2013, 89). The first line of business here is the reiteration that the City is currently working to ensure that its buildings and outdoor spaces conform to the provincial AODA Act, noting that many of the actions outlined in the transportation section of the TSS work to fulfill these requirements. In addition, the City intends to support better wayfinding around public buildings and spaces and ensure that diverse older adults feel safe in City environments (City of Toronto, 2013). Transportation Services will: hasten its existing plan to install public furniture at transit stops; work with its private sector partner, Astral Media, to look at how existing street furniture (which is in fact owned by the private company) could be adapted to suit the needs of older adults; implement the Toronto Wayfinding Strategy to enhance navigation through age-friendly signage and mapping; increase the font size on street signs and signals; and improve the

surfaces and signage of City trails and pathways (City of Toronto, 2013). The Recreation Division has also committed to enhancing the City's tree canopy to provide more shade and will continue its plan to provide accessible seating (benches with arm rests) under shaded areas in City parks (City of Toronto, 2013).

As part of its Official Plan Review, City Planning will support a “universally accessible transportation system” through mixed use, walkable, safe, and transit oriented neighbourhoods and will ensure tactile walking surfaces for the visually impaired on City infrastructure (City of Toronto, 2013). Over the medium term, the Community Funding Unit intends to enhance funding for community agencies that provide snow shovelling services for senior citizens (City of Toronto, 2013). To enhance safety, the Toronto Police Service will conduct community safety audits City-wide that are based on universal (rather than senior citizen-specific) Crime Prevention through Environmental Design criteria and will “continue to provide a visible presence in public spaces” as well as offer presentations on local safety issues to senior citizens (City of Toronto, 2013, 95). Long-term goals include the implementation of funded “safety, maintenance, and liveability upgrades” to all Toronto Community Housing seniors’ buildings that includes improving communal spaces, safety cameras, elevators, entrance and exit safety, and security audits and will develop a guidebook for seniors that promotes “safe and secure community living” (City of Toronto, 2013, 96).

8. Communications and Information

In its final priority section, the TSS recognizes that “clear, direct, and understandable” communication of information is crucial to the inclusion of senior citizens in city life (City of Toronto, 2013, 97). This is broadly secured through a general City-wide communications directive and the 311 call-in service that informs people about Toronto services and programs.

The Social Development Division intends to partner with the Toronto Seniors Forum advisory group to deliver presentations that advertise to seniors the services of 311 as well as the Provincial equivalent 211 (City of Toronto, 2013). The TSS aims to enhance communication through further specified promotion of its services and amenities for diverse senior citizens and measures to remove technological barriers to the provision of information (City of Toronto, 2013). To enhance promotion of existing programs, the Recreation Division will continue with its development of a communication plan with the intention to develop an online seniors' communication portal (City of Toronto, 2013). To ensure that a diverse senior citizen audience has access to City information, the City Managers Office has committed over the medium term to develop a City-wide accessible communications policy directed to City staff to meet the communications requirements of the AODA legislation (City of Toronto, 2013). To reduce technological barriers to information, the Library has a medium-term goal to create an electronic information literacy program for older adults that also serves to encourage their safety online. Also over the medium term, the Social Development Division is tasked with ensuring that all City frontline service staff are aware of all of the services available for older adults so that they can act as immediate referrals (City of Toronto, 2013). A long-term action for the Social Development Division is to identify neighbourhood improvement areas where there are high concentrations of vulnerable older adults without access to services and amenities (City of Toronto, 2013). Another long-term strategy to enhance existing programming is for the Toronto Police Service to build partnerships with community agencies to better connect to vulnerable older adults who have experienced abuse in order to link them to health and support services (City of Toronto, 2013).

TSS Implementation

The TSS report as thoroughly described was passed unanimously by Toronto City Council in the Spring 2013 under the controversial leadership of Mayor Rob Ford. Given the TSS language around equity, fairness and justice and the potential cost implications to fund the medium and long-term actions, this timing may seem surprising. However, a member of the Expert Panel clarifies that “those who are generally against social services were not there” (D49) for the vote, including the Mayor and his inner circle of right-wing Councillors. Furthermore, the TSS was passed with no specific budget as it was meant to be cost neutral. The implementation of the strategy is now the responsibility of City staff, coordinated through the City’s Social Development division.

In response to concerns about actioning the TSS to achieve tangible enhancements to the quality of life of Toronto seniors, especially coming from the Expert Panel, the strategy prides itself on incorporating a built-in ‘accountability and monitoring plan’ (City of Toronto, 2013, 29). The designation of specific actions associated with TSS recommendations as well as the identification of a Division lead, a timeframe, and a progress measure was intended to ensure that, “within the city proper, there should not be any reason why those recommendations should not get actioned” (B2). A City representative explains how this represents a change:

I think that this is a shift in policy development generally. That we have written plenty of work that is on the shelf collecting dust because it was telling other people what to do rather than saying ‘this is what we can do’. I think that’s true for a lot of orders of government, or a lot of cities (B6).

Whether this actually represents a tangible policy shift and a deeper analysis into the highly common connotation that government reports often sit on a shelf collecting dust is a point of further exploration in the dissertation project. Another intention of having a designated lead within the bureaucracy is to ensure that the TSS is sustained even with a change in Council. The

TSS is lauded by City staff and Expert Panel members for its accountability and I will study the extent of this later in the dissertation.

The TSS report designates that there will be a report back to City Council on implementation in order to “evaluate the implementation status of each recommended action” (City of Toronto, 2013, 30). At the time of evaluation, a revised timeline is to be associated with those actions in development and there is to be a clear explanation for why any action has yet to be initiated. Staff from across the City are to review the evaluation report in partnership with “leaders from the community, academic, medical, and seniors advocacy organizations” and will “present the evaluation to the Toronto Seniors Forum” (City of Toronto, 2013, 31). This process of review will form the basis for modifications and enhancements, in the form of new actions and perhaps partnerships, to the TSS. The evaluation report as well as any changes to the TSS are to be presented to City Council for final approval. In this way, the TSS is intended to become a formal part of the City’s administrative structure. In order to evaluate completed actions, one TSS recommendation is for the Social Development Division to work with City and ‘community partners’ to design a ‘place-based monitoring framework’ that uses the Wellbeing Toronto neighbourhood mapping tool that links demographic characteristics to service availability (City of Toronto, 2013, 30).

The City’s Social Development division, who acted as staff team leads to design the TSS are also responsible for coordinating with other City Divisions and ABCCs to monitor and manage its implementation. At the time of my interviews, I learned that City representatives from this Division were beginning to bring back together a larger working group with representation from every department involved in TSS development as well as smaller thematic working groups on the different dimensions of the AFC checklist. As an impetus to implement

the TSS, the intention was also to establish an accountability table of external partners which may include members of the Expert Panel. A City staff noted that some of the non-profits from the Expert Panel with capacity to implement may also be involved on the smaller thematic working group tables.

The Toronto Seniors Forum has a role to inform the general population about the TSS and receives some staff support to engage in this work, which includes giving PowerPoint presentations across the City with different senior citizen groups and organizing an annual Seniors Month event each June. Another task of the Forum, as was designated by City Council, is to check in to ensure that the TSS actions are being carried out by City Divisions in a timely manner. The members of the Forum all have jobs assigned to them and they have committees on transportation, health, housing, grants, and the June event. These committees report to a steering committee that meets once a month. The advocacy role of this group in supporting a substantive AFC based on a right to the city for senior citizens in Toronto is explored in greater depth in the chapters that follow. As part of its role to encourage the implementation of the TSS, the Forum partnered with several senior citizen advocacy organizations as well as the Toronto Youth Council on a Mayoral Candidate's Forum in advance of the municipal elections that took place in Fall 2014. The Candidate's Forum focused more broadly on how the City could better support AFCs moving forward as well as how to implement, and specifically fund, the TSS. My research on AFCs in Toronto was conducted between May and November 2014, which represents the time period when substantive actions around TSS implementation were intended to be made. Specifically, the short-term actions should have been undertaken and planning underway on the medium and long-term items. However, my interviews with City Councillors, City staff, senior citizen advocates and a diverse array of non-profit organizations overwhelmingly illustrate a lack

of action on TSS implementation and on AFCs more broadly in Toronto. The Chapters that follow explore the rhetorics and practices of AFCs in the City to examine the roots of this struggle to actualize AFCs more deeply.

Conclusion

This Case Chapter highlights the extent, diversity, and complexity of age-friendly work that occurs within the territorial boundaries of the City of Toronto by a multitude of different policy actors. I provide considerable detail on the embedded case of the *Toronto Seniors Strategy* to outline the overall scope of the City's involvement in age-friendly policy strategy and to identify how policy interest in this domain has evolved over time. In addition to providing descriptive context, this chapter offers insight into challenges in making AFCs a policy strategy based on a right to the city (Isin, 2008) for senior citizens. The initial critical themes and questions raised in this case chapter will be elaborated in the following four chapters that provide a more in-depth examination of how local policy actors understand AFCs rhetorically, with respect to how they understand senior citizens and aging as a policy issue as well as the importance of local environments and local policy actors; as well as practically, with respect to the capacities of local policy actors to deliver services on the eight AFC dimensions and the institutional mechanisms at their disposal to structure a substantive AFC based on a right to the city for senior citizens.

Recognizing Seniors

Introduction

As was highlighted in the Introduction Chapter, AFCs are founded on the rhetorical claim that the approach promotes a positive aging identity that focuses on improving environments to make them healthier (WHO, 2007). This is believed to challenge societal ageism based on a negative aging identity that understands seniors as a health problem (Golant, 2014; Ontario Government, 2013a; Barusch, 2013; Gonzales & Morrow-Howell, 2009; Plouffe and Kalach, 2010; Halvorsen and Emerman, 2013). The *Toronto Seniors Strategy* itself claims to enhance access, equity and justice for senior citizens in the City (City of Toronto, 2013). However, the preliminary critical AFC literature raises doubts about the feasibility of a policy approach that requires a practice of public investment to improve local environments in a context of neoliberal public sector restructuring (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011). This literature has not explored how the underlying ‘convincing discourse’ (Lowndes, 2009) or rhetorics of the AFC program may be preventing a fulsome institutionalized redistributive response that enhances equity for senior citizens. Of particular focus in this Chapter are the values, interests, and power relationships present in the rhetorics that frame how senior citizens and their needs are being socially constructed (Ingram et al, 2007) or recognized through the AFC program.

The research on citizenship by Isin et al (2008) and Clarke et al (2014) clarifies that a crucial element of the concept of citizenship is the relations between people in a political community, particularly how individuals are recognized as worthy, valuable, and good and thus the extent to which they belong in the collective and their issues are deemed worthy of a redistributive public response. This recognition can be expansive, based on principles of empathy and an understanding of emotions, desires and needs; in effect meeting people where they are at and understanding similarities in our differences (Antonnen et al, 2012a). Isin et al (2008, 7)

explain that an expansive form of “citizenship involves the art of being with others, negotiating different situations and identities, and articulating ourselves as distinct yet similar to others in everyday lives, and asking questions of justice. Through these social struggles, we develop a sense of our rights as others’ obligations and others’ rights as our obligations.” Recognition can also be reductive, failing to listen to desires and emotions, ignoring difference and failing to see similarities in our differences, judging and blaming people for having burdensome needs, and trying to change people to make them more ‘normal’ (Anttonen et al, 2012a; 2012b). Different political projects work to expand or narrow the relations between citizens (Clarke et al, 2014) and in this Chapter, I examine the way that these political projects work through AFCs. I explore the way that local policy actors undertaking age-friendly work in Toronto understand the place of older adults in society as well as the policy issue of population aging in order to assess whether we are in fact moving away from societal ageism and developing a positive aging identity. I search for underlying assumptions, motivations, values, desires, and interests as well as inconsistencies and paradoxes in the rhetoric on older adults and population aging. Through this analysis, I identify the diverse political projects assembled to support AFCs, illustrate how these projects encompass both narrow and expansive understandings of senior citizens, and highlight normative contradictions that may affect the content and substance of AFCs as a substantive institutional response to population aging.

This Chapter outlines inconsistencies in the rhetoric of AFCs as it is translated to a real life case in Toronto. In particular, my findings fundamentally challenge the claim that the AFC program moves away from an understanding of aging as a deficit and that the *Toronto Seniors Strategy* enhances access and equity. I find that in fact, the AFC movement risks deepening societal ageism. Participants overwhelmingly understand aging as a crisis and a problem that

must be overcome because it is resulting in burdensome and costly needs, thus we see efforts to change senior citizens by ‘activating’ them to make them more like those that are young. The worthiest citizen, the ‘normal’ citizen, is young. Aging is labelled a risk to society, with diverse seniors targeted according to their level of risk, instead of societal norms and institutions causing risks to seniors everyday in the environments in which they live. At the same time, rather than fostering a positive aging identity, aging as an important identity characteristic is being disappeared through the emphasis on ‘age-friendly for all’ to justify investments in environments. I offer policy implications for how a more expansive recognition of ‘the person’ in the person-environment fit of AFCs could enhance the spiritual and material quality of life for senior citizens in all their diversity in Toronto as well as more broadly. I argue that a right to the city (Isin, 2008) for senior citizens requires an expansive form of recognition based on a positive aging identity that moves away from a deficit approach to aging to a collective form of empathy and recognition that we need to transform environments that are risky to senior citizens.

Findings

Aging as crisis

My findings illustrate that population aging is considered a problem because it increases societal difference as it brings new experiences, particularly vulnerabilities, and needs on this basis. While several participants admit that population aging is a positive demographic occurrence because it indicates improvements in societal health, more people living longer will mean more reliance on government to provide care and this is overwhelmingly seen as negative. The metaphor of a tidal wave or tsunami of need about to drown us all is prevalent in the rhetoric used by several participants. This drowning metaphor relates to our capacity as a society to meet the needs of a more ‘hard-to-serve’ population, with several participants questioning who will

provide this care and who will pay for it. This understanding is in line with Anttonen et al's (2012a) reflection on the increasingly prevalent argument that our social welfare systems cannot survive the onslaught of difference, in particular when this difference creates greater vulnerability and need. A City staff explains that aging is "a challenge because of the 'inverted pyramid', which means that we will have less tax dollars to offer services" (B6). Redistribution is considered infeasible in this context of increasing need as young people will be unable to pay to support the old and this will create a fiscal crisis for the state.

The aging as crisis metaphor is particularly focused on health care, with one participant noting that the technological advances in medical care that have helped to prolong human lives have outstripped our ability to pay. The major concern is the burden senior citizens present to the public health care system, which risks being bankrupted by their needs. A non-profit participant explains: "the hospitals are stretched in terms of the care that they provide, so are the emergency room situations, and the over-crowdedness and the horrible expression that you hear about the 'bed blockers'" (D8). The 'bed blocker' metaphor conceptualizes a senior citizen as wasting space and taking up valuable resources, especially for those that are young and considered more deserving of societal investment. The aging as crisis metaphor focuses overwhelmingly on seniors and their needs as the problem, ignoring the decades long project of hospital restructuring and cuts to beds in the acute sector in Ontario outlined in the Case Study Chapter. A non-profit staff reminds me that this is fundamentally ageist:

The way that health deals with seniors is 'get out of my emergency room, you are costing me too much.' ... Right now the dialogue is 'push the cost curve down' which ends up with a very ageist kind of conversation going on and it doesn't allow us to have much of a conversation about wellness, health promotion, and prevention and anything because the focus is on how the money has already been spent (D31B).

The AFC concept enters this discussion as it is meant to facilitate wellness, health promotion, and health prevention. AFCs are thus part of the new discourse in health policy to focus on health promotion and the social determinants of health (Orsini, 2007). Local policy actors do their part through the AFC program to prevent health crises by focusing on enhancing the fit between senior citizens and their everyday environments, thereby saving the health care system from potentially burdensome and costly people. The question is what this looks like in a context of societal ageism where seniors themselves are blamed for the health care crisis. The rhetorical claim is that AFCs move beyond an ageist focus on seniors as a health deficit but in many ways it is this fundamentally ageist assumption that sees aging as a problem that drives the move to AFCs. Similarly, Orsini (2007) warns that the seemingly progressive orientation to health promotion risks descending into a new form of victim-blaming. I sought to explore more deeply how participants understood ageism as well as efforts to address ageism through the AFC program.

Ageism

One of the eight domains in the WHO AFC policy program and a concern of the *Toronto Senior Strategy* (TSS) is to address ageism by encouraging respect and inclusion for seniors (WHO, 2007; City of Toronto, 2013). My interviews illustrate that ageism is prevalent, both at an individual and societal level. Many participants spoke about a lack of tolerance and a culture of disrespect for senior citizens. Councillor Josh Matlow explains:

A lot of the 'isms' in society, we've rejected. If somebody is homophobic, we don't tolerate that behaviour, if they are racist, we don't tolerate that behaviour, but people make fun of seniors in a way that still has some acceptance in our society. And I think that we all need to look at ourselves and recognize that the more that we allow that to happen, the more we are putting our parents in a box and that is not fair (A1).

Discrimination on the basis of age is understood as a lack of exposure to senior citizens and knowledge of their needs on the part of individuals. As such, participants talk about a response that includes creating City campaigns that build awareness around population aging and programs that focus on “helping younger people to understand and accept that older people are still people and they don’t like to be treated as invalids or that they don’t know anything” (D30B). As the Case Chapter outlined, these are both highlighted as recommendations in the *Toronto Seniors Strategy* (City of Toronto, 2013). In particular, intergenerational projects where seniors mentor youth and youth check in on seniors are mentioned frequently as a good strategy to combat ageism because it exposes children at a young age not to discriminate. However, the aging as crisis metaphor convinced me that we need much more than this to challenge ageism.

I found that many participants understand ageism as equating aging with vulnerability, or the notion that seniors are inherently frail, needy, dependent, sick, and mentally unfit. Ageism is treating people like invalids, as though they are nothing more than their health problem, and a paternalistic approach where we talk over people because we believe that they have lost their capacity to make rational decisions. Many non-profit agencies admitted to me that some of their participant’s resist being called seniors and being part of seniors programming because they feel segregated. A member of the Toronto Seniors Forum explains:

I don’t know why, but there is some kind of stigma against even using the word senior. People don’t like to be labeled as being elderly and I think that this is something that we have to challenge and overcome...I think it was Shakespeare that wrote about how when you reach a certain age you are sans teeth, sans eyes, sans this, sans everything. Well that is not the case anymore (C6).

Thus, the stigma of being old should be overcome by convincing ourselves and others that aging is not equated with health deficits.

Many participants also harboured an assumption that living at home is good, as it provides independence and choice, and living in a nursing home, where one is dependent and segregated, is bad. I detected a normalized critique of a project, which participants align with a welfare state past, that characterized all senior citizens as sick and poor. This is then associated with a paternalistic policy approach that segregated seniors in institutional environments like Long Term Care because they were no longer suited to participate in everyday life on their own. Dependence and vulnerability were considered a biological medical problem needing to be dealt with through segregation rather than additionally being a problem that is socially constructed (Clarke, 2004) because inaccess to everyday services and amenities on the basis of age remained unaddressed. We can see this in the inaccessible planning and design of modern infrastructures and the segregation of land use that requires long distances to travel. While this policy approach was based on a constructed image of senior citizens as worthy and deserving of a collective public response (Ingram et al, 2007), this was based on over-simplistic stereotyping and paternalistic programs that lacked voice and the recognition of diverse needs. A senior citizens advocate questions the framing around segregation as it relates to seniors housing and Long Term Care:

We don't all want to be around old people. But I also have friends who don't want to be around kids, they make them uncomfortable. They want to be in seniors housing and they look forward to seniors housing. I, on the other hand, really don't want to be in seniors housing...I want to be with people of all different ages...That is my choice (D49).

The problem here is not actually vulnerability but a failure to listen to the voices, the desires and needs, of senior citizens and to make blanket assumptions instead. It is important to study these blanket assumptions that characterize seniors for the political projects that lie beneath.

As I undertook my fieldwork, an article came out in MacLean's Magazine (McMahon, 2014) with the cover reading 'Old, Rich and Spoiled' that spoke to such a blanket assumption that was critiqued by a few participants:

The Maclean's Magazine title this week was interesting...It focused on what is all this about giving breaks to seniors because they are the wealthiest generation in ages and it is time for them to pay back. And of course the problem with that is that it tends to move us away from the recognition that a large proportion of those that are under the poverty line are seniors. So yes, there are very wealthy seniors now and I don't dispute that but unfortunately I think that it gives a message that further creates antagonism between younger people and the older generation (D1B).

Unlike the image of the senior as sick and poor, this construction frames all old people as healthy and wealthy and thus capable of caring for themselves. The image of the 'greedy geezer' frames seniors as not deserving of special treatment through public redistribution because they are not vulnerable. This framing also goes further, characterizing seniors as entitled and spoiled, having failed as individuals to actively plan for their financial and care requirements in retirement, they expect services to come to them in their suburban neighbourhoods (Kennedy, 2010). The rhetorical tactic of recognizing all senior citizens as privileged is part of a political project that seeks to narrow the relationship between people so that we see collective redistribution as unnecessary. This politics seeks to scapegoat seniors for the crises of social policy systems, and particularly health care, and pit population groups against each other in order to reduce solidarity and calls for public redistribution. The idea that older adults are taking something from younger adults is popularized in this politics of age which attacks the social rights of citizenship for the elderly (Saint-Martin, 2007; Chen, 2008). The younger generation is told that the older generation is bankrupting them and taking their jobs rather than systemic problems in the political economy where well paid, full time, and stable jobs are not being created. This project of pitting population groups against each other co-exists awkwardly with suggestions of

intergenerational projects and informational campaigns to address ageism through the AFC approach.

I argue that ageism is not equating aging with vulnerability but about how we equate vulnerability as a problem. Senior citizens are considered a problem because they have greater needs. The concern around population aging lies in a greater number of citizens who will be in need of care, which is seen not as a human right but an abnormal form of ‘special treatment’. The discourse of the silver tsunami drowning us all is based on a negative aging notion that old people are needy and dependent while at the same time fail to contribute to society through taxation and are thus a drain. Dependency is framed as a social risk as older individuals are increasingly cast as burdensome to the ‘rest of us’, and especially to the young whose generation they are feared to bankrupt. The aging body is thus a risk to oneself and to others (Kemshall, 2002). This is fundamentally about how we understand worthy citizenship in the current conjuncture.

At the root of ageism is the way that we define human worth narrowly as economic contribution. A non-profit participant explains this succinctly:

I think that the main challenge is, from the system perspective, is a population that is not productive in a capitalist system. It is perceived as taking money away rather than seeing services as something that they deserve (D31A).

Biggs (2001) argues that in a capitalist system, humans are valued for their productive capacity and older adults who no longer contribute as labourers and have care needs are considered dependent and an economic burden. He explains that there is very little room for a positive aging identity in the narrow neoliberal political project as a dependent individual who requires care and cannot work is useless unless they have the funds to purchase consumer services in the private ‘silver industries’ (Biggs, 2001). Here we are attempting to combat ageism by arguing that

seniors continue to contribute as ‘citizen-consumers’ (Clarke et al, 2007), which leaves out those seniors who cannot consume in the private market. Du and Xie (2015) claim that enhanced consumer demand is the most important rationale for an age-friendly environment as it enhances economic sustainability for all. Care is only valued as an investment to produce independent and productive labourers, as the social investment model which favors the young as future economic contributors suggests (Saint-Martin, 2007; Chen, 2008). Biggs and Carr (2015) argue that in a context where citizenship is based on economic contribution, investing in children as future economic contributors is perhaps more easily justifiable than older adults who are ‘past their prime’, and as such the bulk of mainstream policy literature on population aging focuses on the continuing economic contribution of older adults.

Being young is a normal and good human state and being old is an abnormal and bad human state (Chen, 2008). Where treating all old people as vulnerable is ageist, the solution is to treat old people as we do young people. Thus, aging is socially acceptable because we pretend that it doesn’t exist. Seniors feel the need to prove that they are like the young - independent and healthy economic contributors – because this is valued as ideal in our society. This amounts to what Biggs (2008, 119) calls a ‘new form of ageism’ that erases any consciousness about the uniqueness of later life and seeks to “impose the priorities of one part of the life course on others”. Calasanti (2008, 155) equates this new ageism to “the sexism of saying that an admirable woman has the qualities of a man, or the racism of comparing well-regarded black persons to whites.” A non-profit representative explains that “one of the biggest burdens to an older adult is the thought that they are a burden to their kids. When my dad was sick he said ‘the one thing I never wanted to be was a burden to you guys.’ Older adults are really burdened by

the fact that they think they are a burden and we have to take this burden off of them” (D4A). As one academic expert explains:

there is still an enormous work to be done on making seniors feel that they have not been kicked out of society once they get to a certain age. I think that there is still a lot of people that feel cast aside, no longer important. Especially for women and marginalized women. These are huge things that need to be reinforced, people's sense of self-worth (E22).

Taking the burden off of seniors and reinforcing self-worth requires listening to the desires and needs of seniors in all their diversity, not shaming these needs and thus making them private and invisible. I searched my interviews for an alternative positive aging identity that recognizes vulnerability and dependence but found instead that these elements were for the most part deeply resisted and even ignored completely. I found that the dominant way that we are dealing with ageism is to make vulnerability invisible in order to save money.

Age, both biologically and as a social construction, makes a difference in peoples' everyday lives and should be assessed on this basis rather than ignored (Calasanti, 2008). We have constructed aging as a source of deep shame in our society because it is equated with increased vulnerability, dependency, and need and our ignorance to talk about it has made it more shameful. This ignores the fact that we are all dependent in different ways at different periods of our lives and that vulnerability is a normal and shared feature of humanity (Dannefer et al, 2008). As Abrahamson's (2015) research on old age and inequality illustrates, the reality is that when we age, new vulnerabilities such as deteriorating health and the death of loved ones do arise. While many of these vulnerabilities are shared, our ability to manage these additional challenges is correlated with characteristics of diversity and difference (Abrahamson, 2015), which will be discussed in more detail shortly. Making human care needs invisible and privatized, as the narrow 'greedy geezer' project attempts to do, creates further inequities between those who can access informal and private care and those who cannot.

Alternatively, a public recognition of the need for care creates an impetus for developing well-paid and stable jobs in the care field that maintains independence and dignity for senior citizens and allows those who now have no choice but to provide informal care to aging loved ones with choice in the matter. A major barrier to such a public strategy is a narrow political project that makes care needs invisible and assumes that a collective response to care is a burden/drain on the real economic system rather than a contribution to the economy. Dannefer et al (2008) clarify that this has much to do with the under-theorization of care. In particular, care provided by the state is assumed to involve a “unidirectional relationship of power and dependency” where the individual is passive and the state is authoritative but this is socially constructed and reified in institutional norms and can thus change (Dannefer et al, 2008, 105). This reification is prevalent in AFC rhetoric around a new and revolutionary model for cities to support seniors to remain “active participants in society” (Senate of Canada, 2009, 84). Here, the AFC program appears to be most concerned with remaking seniors to reduce their vulnerability by emphasizing active rather than passive aging.

Active Aging

The AFC concept is believed to move away from an ageist ‘aging as crisis’ understanding to one where aging is seen as an opportunity based on a seemingly positive active aging identity. Jackisch et al (2015) laud those cities that have shown resilience in the face of recession by turning crisis into an opportunity to find innovative ways to make seniors more productive by expanding their ‘active years’ and reducing their ‘dependent years’. Green (2012) claims that the active aging discourse is positive because it breaks the link between aging and dependency. Green (2012) characterizes this as the ‘third age’, which is active, in comparison to the ‘fourth age’ which is dependent and argues that AFCs should focus prevention activities and

investments on the third age group so that they do not become decrepit and costly. Extending self-care, activation, and work lives is framed as a good strategy in a context of public sector restructuring where governments are looking to reduce costs in health programming (Green, 2012). Gonzales and Morrow-Howell (2009) use active and productive aging interchangeably, arguing that this discourse is positive in that it meets the demand of seniors who want to stay productive by contributing to the labour market, their families, and their communities and applaud the AFC movement for attempting to bring the discourse to action. Cities can bolster this positive aging image as “there is opportunity for cities to reduce stigma and to recognize the unique roles for their aging population, whether it is through volunteerism...community development and social engagement” (D1A). Again, we see the emphasis on campaigns:

older people contribute a lot to the society of the City and the issues. I would like to see the City acknowledge more publicity about what people are doing for the City. That would be a good step forward for them. I am not aware of anything that City hall has specifically done to create across the City information and knowledge about the importance of what older people contribute to our society (D30B).

Examining the concept of ‘active aging’, Biggs (2001) illustrates how old age has been reconstructed away from economically unproductive, burdensome and dependent to active, productive and thrifty. Stemming from the fears of aging as a challenge due to the heightened care burden comes the policy idea that we should not feed dependency through institutionalization but reduce the burden by encouraging seniors to be more independent and to age in place in community. The ideal citizen is independent and responsible for their own self-care (Clarke et al, 2014; Newman & Clarke, 2009). An academic expert describes the new emphasis on ‘productive aging’:

The idea and discourse around productive aging and lifelong learning and now we have older people who really need to stay in the workforce longer and we need to re-educate them. That is partly that offloading onto people (E24).

In the current socio-political context, we are seeing at once a narrowing of collective notions of citizenship as well as an increasing responsibility for individual citizens (Clarke et al, 2014). The concept of equality is reoriented to emphasize choice, responsiveness, flexibility, and accessibility and fairness is to be earned through individual economic contribution by active and responsible agents (Newman & Clarke, 2009). This form of activation is supposed to address the exclusion of seniors by including them in the mainstream as legitimate economic actors and preventing them from making unreasonable demands on public systems of care, especially hospital and Long Term Care (Biggs, 2001). The dominant discourse is that ageism is a form of social exclusion thus changes need to be made to bring seniors into existing social institutions rather than understanding that ageism is at the root of these institutions. At the root of ageism is a socially constructed notion of the autonomous and independent citizen as the best kind of citizen and the requirement for care and dependency as a human failure rather than a natural part of life that is required by every individual. If vulnerability and dependence are seen as an abnormal human state, the solution is cast as activating seniors to normalize them. Biggs (2001, 312) notes that a “mix of positive anti-ageist rhetoric and anti-dependency programming...is becoming a characteristic of policy across the western world” and AFCs appear to be an example of this.

Several participants place emphasis on the need for system change, especially in the realm of health care, in response to the crisis of aging. Overwhelmingly, this is understood as a change from a dependency orientation towards an activation and independence orientation. Policy shifts from a focus on organizations, such as Long Term Care, hospitals, and pension systems, to a program that targets changing the behaviours of citizens (Newman & Clarke, 2009; Orsini, 2007). Seniors are encouraged to help both themselves and society by taking responsibility for physical, financial, and mental self-care to prevent becoming burdensome and

using costly health care dollars. A non-profit participant explains that “we do know what the fountain of youth is or the solution to aging, and that is remaining physically active and mentally engaged” (D1B). There is a not-so-subtle undertone here that frames aging as a problem that must be overcome as a worthy citizen is youthful, active and responsible. The role of the state and its non-state social service partners is to invest in policy directed at individuals so that they can change their behaviours rationally to prevent risks to themselves and to social systems (Kemshall, 2002). Crisis spurs innovation and requires health care restructuring in which we all do our individual part to solve problems:

the change in thought is so necessary so that new generations really enjoy the same quality of life. We need to say in 20 years, ‘back then we were innovative and we knew that we had to switch from crisis care to chronic care and we had tax incentives for people to go to gyms for instance.’ This doesn’t exist yet. There is no tax credit for older people to go to the gym or if you have a tax incentive where you save more money if you stop smoking cigarettes. There is no tax saving if you lose weight when you are 15 pounds overweight. We have to mandate health and preventative medicine, otherwise you and your kids won’t have health care (D55).

Citizens are asked to change their lifestyles to be less demanding, assuming that they have a choice, in order to contribute to the economic competitiveness of the nation (Biggs, 2001).

Golant (2014) characterizes ‘adaptable’ individuals as ‘agents of change’ who are capable of coping by seeking out informal, community, and formal care and purchasing private care when needed. Public policies that incentivize activism focus on behavioural solutions through the life course to reduce risk. An academic expert explains:

Develop yoga and cross training for strength and flexibility early in life...eat well and reduce processed foods and the sugars and salts and all of that, eat more fresh stuff, don’t smoke and drink moderately, keep stress down and floss your teeth...Invest in our health through our life in a positive way and bring others with us and build strong support systems (F4).

A senior citizens advocate goes on to note that “we know that exercise and nutrition are critical. Frequently, this is an information thing we need to get out” (F6). Again, we see an

emphasis on information campaigns encouraging people to change their behaviours as a crucial program component of AFCs. On their own, these incentivizing and informational policy strategies feel condescending and patronizing rather than empowering as there is an underlying assumption that people are clueless and irresponsible about how to live well. It is crucial to study the public policies that support these active aging endeavours, as the following chapters will outline. For instance, where there are public recreation facilities, are there programs for seniors that are accessible and affordable? Are there public efforts to support seniors to access affordable nutrition where they live and dental health coverage so that they can remain nourished? Furthermore, one might ask how job precarity and a lack of affordable housing contribute to stress and addictive behaviour as well as drain extra money that might be available for active aging endeavours.

The active aging approach is also problematic because it fails to conceptualize different abilities to ‘activate’ oneself based on the vulnerabilities that do come with age, intersected with other forms of socialized inequity (Abrahamson, 2015). This rhetoric focuses on prevention and assumes that individuals can control the success of their aging by making better choices in their lives and that all older adults have time, money, and informal care options to ensure that they are not a burden. Halvorsen and Emerman (2013, 34) explain research by developmental psychologist Erik Erikson, that “people at midlife undergo a major conflict...between contributing to the next generation or ceasing to be a productive member of society.” This assumption is based on a universal model of a privileged senior and ignores luck, genetics, and oppressive social structures that differentiate senior citizens (Holstein & Minkler, 2013). Here, the seemingly positive active aging identity risks placing blame for vulnerability on individuals not activating themselves enough, causing risks to society at large in the form of larger health

care payments. As Orsini (2007) notes, there is an underlying victim-blaming to the new focus on health promotion. A senior citizens advocate expressively links the activation discourse to an underlying ageism:

You are supposed to be responsible for your own health... You are supposed to eat properly, exercise properly, while looking after your family, put money aside for your old age... and be active because then you will be healthy and vibrant. But they don't take into account the fact that certain things are out of your control. You can do whatever you damn well please but you could still get cancer, arthritis or whatever limits your ability to do things. It is not a question of whether you were a bad person or didn't take care of yourself. You are only improving your odds by doing these things. You are not guaranteeing anything. But they don't tell you that. They will show you statistics to prove causation rather than the odds. And then if you get sick, there is the assumption that you didn't do the right thing, that it is your fault. You are responsible for the fact that you have got this aging thing happening to you and you are supposed to be youthful (D49).

This is not a policy approach that seeks to take the burden off seniors. The critique of active aging above was outlying among my participants, many of whom felt that active aging represents a progressive public response that empowers seniors as it focuses on their assets rather than their vulnerabilities. Active aging represents a social investment model (Saint-Martin, 2007) applicable to non-economic contributors, that evokes system change by preventing burdensome behaviour and encouraging continued contribution. This active aging approach leaves the fundamental assumption of dependence and care as a burden unchallenged. There is an emphasis on the senior still contributing but it is framed as active aging in terms of caring for oneself, marketized economic contribution, or a depoliticized social reproduction contribution through volunteerism.

The knowledge and time that seniors can contribute to society through various voluntary endeavours is also considered a valuable asset and is lauded as an opportunity for cities and non-profit organizations:

as the population is aging, we realize that there is a new cohort that has different kinds of resources and different kinds of contributions to make to society that was not being considered before....[that contribution is] knowledge (C2).

If there was a recognition to a greater degree of the valuable assets that people have to offer with their knowledge and experience. That isn't recognized very much (A4).

We must watch here for an undertone that previous aging cohorts, the oldest old or the aforementioned 'fourth age' (Green, 2012) had little knowledge to contribute because they were more frail and dependent. This is contrasted with the new cohort of baby boomers who are active and worthy of investment. Seniors are worthy of societal attention now because they are active and still contribute, as opposed to sitting on the couch and watching television all day, which is considered egregious burdensome behaviour. Talking about volunteering, Councillor Ron Moeser states that, "it is not always that seniors are a burden as they are a wonderful resource for the community as well" (A2). Volunteerism is also valued because it keeps people engaged and active, preventing social isolation and the burdensome health consequences with which it is associated:

There are a lot of seniors volunteering, but I think that the municipalities could think of it more as a real policy area. Because we also know that the more you keep seniors active, the less likely they are to become ill. There is a real reason to keep people active (E22).

While there are expansive elements to volunteering among seniors, such as additional opportunities to socialize and share stories and emotions that contribute to solidarity and mutuality, it becomes problematic as a policy response if seniors are expected to prove their worth by volunteering. A senior citizens advocate cautions that "if you choose to live alone or choose not to get out into the community, you are not diseased, you don't have a mental problem. Some people are very happy that the husband and kids are gone and they finally get some quiet around the house. Other people are not" (D49). The issue here is opportunity and choice, as one academic expert cautions:

I try to be careful what I say about productive or successful aging. So to be a successful ager you need to be volunteering and doing community work. I don't think that at all. But, I do think that there are people who are older who given the right opportunity would like to share more with the community, give more...there is a huge challenge for people to stay connected meaningfully as the opportunities just aren't there now (D2).

As with adopting healthy behaviours, the capacity to volunteer depends in large part on the societal systems that allow it (Rochester et al, 2012) and not just about inculcating individuals to adopt the values of volunteerism or risk public shame. Here, it must be acknowledged that “not everybody is suitable for volunteerism, not everybody likes to volunteer” (E27). The discourse also ignores those who struggle to volunteer for health or income reasons, thus further dividing the ‘third’ and ‘fourth’ age and stigmatizing the most marginal seniors as burdens who do not contribute (Martinson & Minkler, 2006; Minkler & Holstein, 2008). On the topic of difference, there is recognition among several participants that it costs money to be active, particularly that volunteerism is expensive: “they have got to afford to volunteer... You still have to get somewhere, you use the TTC [Toronto Transit Commission], you drive or you cab and it costs” (E27). This is a problem because it is the most marginalized seniors that are seen to need volunteering in their lives as it reduces social isolation: “those on fixed incomes are often those that are in need of the kind of emotional support that is required through volunteerism... So how do you get them engaged in non-profit activities?” (F6).

Increasingly popular is the rhetoric of population aging not as a tsunami or social burden but as an opportunity to use seniors as an untapped resource to provide care in a context of fiscal restraint (Martinson & Minkler, 2006; Janes, 2008; Minkler & Holstein, 2008). Here we see the assumption that volunteerism among seniors can act as a replacement for public programs through a narrow political project of neoliberal public sector restructuring (Rochester et al, 2012; Laforest, 2013). An academic aging expert clearly makes this link:

I think that volunteerism among older people themselves is an enormous resource. On the down-side, you don't want to over-rely on baby boomers and older adults to have to replace services that are probably better provided by governments, all levels of governments. I will just throw in that caveat (F4).

This is more than a caveat if this is an actual policy strategy and perhaps the core motivation of AFCs in a narrower political project. Gonzales and Morrow-Howell (2009, 51-52) claim that “communities and civic society are likely to need the ongoing productive engagement of the older population” who will continue to produce social goods and services through paid and unpaid work because “the current economic situation only fuels the need for a more involved citizenry to meet economic and social needs of communities.” A provincial representative frames population aging as an opportunity for cities to tap this new form of social capital, supporting seniors to advise and even deliver services in order to help fill gaps in dwindling public programs. Here, a non-profit participant notes that “you find that in ethno-specific communities, because they feel that they maybe are underserviced and they care that the seniors in their community are underserviced, they will step into volunteer roles, give up their time to see themselves as part of the opportunity or solution” (D47B). It is crucial not to forget why these communities are underserviced and to look at whether we are encouraging marginalized seniors to pull themselves up by their bootstraps or activism to fight for improved services from governments.

Provencher et al (2014) equate active aging to the UK's ‘Big Society’ approach (Szreter & Ishkanian, 2012; Dowling & Harvie, 2014; Laforest, 2013; Taylor, 2013; Hardill & Baines, 2011), which offloads service responsibility onto geographic communities and citizens without actually understanding capacities. Seniors, who are themselves affected by cuts in social care and health care, are being asked through the active co-production agenda (Newman & Clarke, 2009) to contribute to replacing public service provision through their own free labour (Biggs, 2001;

Martinson & Minkler, 2006; Janes, 2008; Minkler & Martinson, 2007). This is illustrated in an article by Du and Xie (2015), who argue that older adult volunteerism can reduce the workload of community service sector staff and provide care for older and more vulnerable seniors. An academic aging expert reflects frustration about this unrealistic expectation: “Ugh. You know what, volunteerism is really good for you. But there is only so much a volunteer can do number one and number two, it is not consistent. It is project here, piece there, not great” (E20).

Speaking to volunteerism more broadly, Rochester et al (2012, xv) concur, noting that “the expectations that volunteers and volunteer-involving organizations will be ready and able to replace the shrinking state in many areas of activity are challenging at best and unrealistic at worst.” This is a vision of volunteering that ignores more activist political organizations and valorizes a more conservative helping version of volunteering as a replacement for public programs of care (Martinson & Minkler, 2006).

Volunteerism is not itself the problem but it is the expectation that volunteerism can replace the care role of the state through individual acts of charity that does not amount to a justice oriented program (Minkler & Holstein, 2008). There is a need to broaden our concepts of civic engagement to include advocacy and justice. Seniors may also have knowledge of a progressive past where the state offered more collective redistribution and can support building on this legacy of state support through activism and policy advocacy, acting as a compliment rather than a replacement for public programs. Minkler and Holstein (2008, 202) requote Gray Panthers founder Maggie Kuhn who advises that “the old, having the benefit of life experience, the time to get things done, and the least to lose by sticking their necks out, [are] in a perfect position to serve as advocates for the larger public good.” Among my interviews with senior

citizens, this was particularly the case when they spoke about health care and their concerns over privatization. A member of the Toronto Seniors Forum reflects on this:

I feel like we live in one of the best countries in the world and I want it to stay this way. I am worried about profit being the main guide. Privatization of a lot of things, including our health system. They are not supporting the Canada Health Act sufficiently. So the thing is that there is so much that needs to be done and the seniors actually provided us with so many good things after World War Two (C6).

Some participants talk about the need for local government to create forums with senior citizen members. An academic expert notes that this is particularly important for cities who are not always very strong policy thinkers, a topic that will be examined further later in the study. This expert explains that “probably a lot of the equity seeking groups have been better on research and articulation on policy, especially women’s groups. The seniors groups less so, but I think that this is the coming thing. Those that have retired from policy positions and want to bring a policy lens to seniors’ issues. That may be visible very soon” (E22). However, there is a question as to whether governments will be open to encouraging the political activism of seniors if they call for more resource investment in social and physical infrastructure programs. I will examine governmental responses to this dilemma in later Chapters. Interestingly, while participants talk about a hopeful future where we see policy advocacy by seniors, Toronto has had a history with the Toronto Aging Taskforce which appears to have been much more activist and organized in the past. As was outlined in the Case Chapter, the Taskforce had a Councillor Advocate which gave the group policy leverage, and this position has been eliminated and not formally reinstated with the *Toronto Seniors Strategy*. There is also a risk that the voluntary policy advocacy organization is doing policy research for free for government rather than with government.

It is also crucial to think about those marginalized seniors often not present in such policy activities because they are not retired policy professionals and are not well educated. It is unclear who will represent their voices. Councillor Kristyn Wong-Tam makes this concern clear:

Some organizations that lobby for senior rights and senior activities primarily focus from a consumer rights or consumer lifestyle perspective. The idea that now that you are a 'boomer with zoom', you have time to buy recreational vacations, golf memberships. There is that great buying power, they point to how this is a population that can vote in great numbers (A3).

Furthermore, Moody (2008) makes the excellent point that young and old have little time for civic engagement because we work longer and longer hours, and increasingly for less pay and benefits, and that this is completely ignored in the civic engagement discourse. Several of the advocacy organizations I spoke to believed that members could not be employed full time and do good policy advocacy work, as will be discussed in further detail later in the dissertation. This raises the question as to whose voices are being listened to as more and more seniors, and particularly those most marginalized, are forced to keep working to make ends meet.

Another challenge for seniors finding the time to volunteer is that they are still contributing by providing informal care for their loved ones, and in particular their partners and grandchildren. Councillor Kristyn Wong Tam reflects at length about how seniors are contributing through childcare, which in some cases is linked to the high costs of childcare in the City. This can be physically demanding and onerous work that can cause anxiety for seniors. Councillor Kristyn Wong Tam is concerned that many seniors providing childcare feel that they cannot say no, advising that “in many ways, the services that grandparents are offering in terms of childcare provision is not appreciated or understood” and these seniors “are now being asked to take on additional responsibilities” that “have now become part of this underground economy” (A3). Councillor Wong Tam’s comments illustrate that a truly intergenerational AFC based on a

right to the city would recognize care needs and include access to ample and affordable public childcare as well as eldercare. Intergenerational projects should be a compliment and not a replacement or alternative for public services. Furthermore, the family care expectations placed on seniors most likely falls on more marginalized seniors whose children cannot afford the high costs of childcare. Again, this illustrates how the active aging framework tends to ignore difference, which is a significant problem in a big city as diverse as Toronto.

Aging and Diversity

Research participants overwhelmingly understand that seniors are a heterogeneous population group that lacks one unique identity profile as age intersects and correlates with a number of diversity considerations. In this chapter, I highlight the way that participants understand this diversity while later chapters explore more practical opportunities and challenges in meeting the needs of diverse seniors. A non-profit participant echoes this diversity:

seniors are the most diverse population. So as life is going on you can find people on the whole spectrum at any level. So physical, there are seniors who are healthy and active and there are seniors who are very compromised. And at the same time financially. So some are very good at planning retirement or those years that they won't be able to work, other people just find themselves without any resources. Socially as well, there are people who are very well-connected and there are people who are very isolated. So basically in any issue that you see, you will find people across the continuum (D31A).

As the Case Chapter outlined, Toronto seniors are particularly diverse in age range, physical and mental health, income, language, sexuality, and race/ethnicity. Modlich (2011, 28) explains that “how we age is determined by genes, economics, physical and mental health, support from family and the community, medical advances and the nature and culture of society” and is thus a complex intermingling of individual and collective factors. Growing old can bring both financial and physical hardship as well as more leisure time away from work and care responsibilities that allow for recreation and personal reflection (Phillipson, 2008). The incredible diversity of Toronto’s senior citizen population requires that services and amenities in environments be

designed and delivered in such a way as to recognize and mitigate intersecting barriers to access on the basis of identity. This requires that policymakers understand and respond to biological and social similarities on the basis of old age, such as health challenges and the loss of loved ones, as well as difference which is structured by a diverse array of inequality characteristics that affect how the senior manages the vulnerabilities of aging (Abrahamson, 2015). This recognition of difference is fundamental for the development of a model of universal inclusion (Antonnen et al, 2012a) where a right to the city (Isin, 2008), or full access to services and amenities for senior citizens, is achieved.

Participants from the City and non-profit sector spoke to me about the need to manage this diversity through local service programs and the challenges that it can present:

When we are talking about aging, there are the aging 55 to 70-year old's, the 70 to 85-year old's, and the 85 to 100-year old's. Aging for each of those people within a community has different service needs. While we are getting better at it, we don't always recognize these unique needs across those different groups within a large city and locally we need different solutions (D1A).

Several non-profit staff explained that the diversity in age range presents service challenges because younger seniors want more 'active living' recreational and social programming while older seniors need more intensive, personal, and medicalized supports. As we live longer, we live with more complex chronic physical and mental health challenges that affect our physical access to services and amenities (Abrahamson, 2015). As one non-profit staff explains, "chronic health conditions are more prevalent in older adults and these adults are living longer. This means an increase in disability years" (D1B). Several City representatives reflect concerns with the growing incidence of dementia and the necessity for cities and non-profits to adapt their services and programming to meet the needs of those with diminished capacity. One City staff explains the diversity of needs within the Long Term Care setting where more senior citizens are coming

in with dementia who may live for a very long time as well as people who have acute physical challenges but their minds are sharp.

What makes Toronto's senior citizen population particularly unique is its history and present characterization as a City of immigration (City of Toronto, 2013; Siemiatycki, 2011). Several participants advise that the needs of immigrant seniors are different because they need familiarity cues such as their own language spoken, their festivals celebrated, and their food preferences provided. As such, non-profits have to adapt because "the demographic is changing... There are people here from all over the place, so now you have to make sure that you have programming that can suit everybody" (D20). This is equally important for seniors aging in Long Term Care: "we have to value people and respect them and we benefit from this diversity but it does present some challenges when you have got people with different cultures, language needs, and food specifications...when you have everyone living in one home sharing dining and sharing programs, there are definitely some challenges" (B19).

A number of participants spoke about immigrant seniors struggling to access health and community support services in Toronto. A particular challenge cited are newcomer seniors who have been sponsored who come in with limited knowledge of Canada and thus may not understand government rules, in particular in the health care system. A non-profit staff explained that they see situations where seniors who have been in Canada for long periods retain little knowledge of English and broader government programs because they have remained closely embedded in geographic ethnic enclaves. It is thus crucial that immigration settlement services be accessible in City neighbourhoods and retain programming that meets the needs of senior citizens specifically. A policy expert cautioned that this lack of integration is particularly problematic because "these are often patients who are higher users of our health care

system...the fact that so many more have trouble communicating affects their ability to be aware of services, to access services. And then, even if they do access services the question is whether the services are being delivered in an accessible way” (E19).

It is important here to highlight again a trend mentioned by several interview participants that affects integration among immigrant seniors: grand parenting. Several participants note that some seniors are sponsored to come to Canada to help raise their grandchildren and as such, can be isolated from opportunities to learn English and to socialize with others. A further systemic challenge is the Federal Government’s sponsorship scheme itself, in which newcomers have no access to the Canada Pension Plan and, if they have not been here for 10 years, have no access to Old Age Security or benefits and services through the Ontario Health Insurance Program. A policy expert explains that “we will fund their hospital care but not their Long Term Care or community care, which is a huge issue and we see this locally in Toronto where we have a huge local immigrant population. What happens is these people become homeless, which is a whole other costly issue, or they end up staying in a hospital for a long time where either they die or they go back home with some kind of support” (E19). A right to the city through the AFC program requires a change to this sponsorship program on the part of the Federal Government as it directly contradicts the concept of age-friendly.

Another surprising statistic in the Toronto case is that the great majority, 72 percent, of senior citizens over the age of 65 are women (City of Toronto, 2013), illustrating the importance of a gender lens in aging policy. Modlich (2011) critiques the AFC movement for its lack of a gender based analysis and illustrates how women tend to live longer, have lower incomes than men and thus inadequate pensions, provide more informal care over the life course and into older age, and are the majority of formal care providers in jobs that are undervalued and underpaid. As

such, women face more challenges to ‘age in place’ (Modlich, 2011). Calasanti (2008) clarifies that in retirement, many women continue to perform domestic and social functions that ease their spouses’ transition into retirement. Several City staff remind me that women are outliving men, and rhetorically ask: what are the consequences? A policy expert advises that increasingly, it is older single women who are living in poverty and at risk of homelessness and require affordable and supportive housing that meet their unique needs. Darab and Hartman (2013) illustrate how class inequalities intersect with gender and age through their examination of the increasing prevalence of homelessness among older women, illustrating that it is an invisible issue that has inadequately been examined and addressed by public policy and academic research.

Another non-profit participant has concerns that policy ignores societal changes around marriage and family structure, noting that policy makers “are looking at families with 2.2 kids. It is wrong. They are still looking at that traditional family model and it is gone, gone in my boomer generation. We need to call attention to who is making policy and what their assumptions are” (D55). The *Toronto Seniors Strategy* does not engage with the informal care work provided by seniors themselves to their grandchildren and their spouses as well as the care work provided by informal family caregivers. Golant (2014) reflects concern that the AFC movement makes an underlying assumption that senior citizens have access to informal family care and fails to incorporate necessary supports for caregivers, who will be the senior citizens of the future. This is a serious omission as almost half of Toronto’s senior citizens over the age of 85 are living alone (City of Toronto, 2013). This is an invisible population because “we underestimate the number of seniors who are on their own or who don’t have family or who aren’t able to, as their cognition changes, communicate and access information...while many seniors are able to advocate for themselves, many can’t” (D1A). Also challenging assumptions

of the traditional family model is the necessity for services that recognize the unique needs of LGBTQ seniors both in the community and in Long Term Care settings. Several participants spoke about concerns that LGBTQ seniors might be afraid of having to go back into the closet upon entering Long Term Care.

The *Toronto Seniors Strategy* highlights that many senior citizens in Toronto have low incomes and are struggling to make ends meet (City of Toronto, 2013), and may have no choice but to keep working. A City staff reminds me that “aging isn’t just a correlation with increased risk of medical problems, there is also that relation with income and income distribution...it affects the ability to take care of yourself, the ability to finance your life, your food, your housing, everything else” (B25). A non-profit staff I interviewed reflected personally upon this situation:

I have no industrial pension, I am going to be 65 and I will get \$1200 a month but that doesn’t even cover my rent. I am dying in the saddle here. I never married, I don’t have the significant other, I am a woman – lower salaries all the way along, worked in the arts...It is very different to wake up in the morning and go ‘I have \$60,000 coming in, what am I going to do today?’ and waking up in the morning and going ‘I have \$14,000 coming in, I have to find a job, but I can’t find one.’ In the Age Friendly Community, there is also employment, it is keeping people employed (D55).

Councillor Kristyn Wong-Tam explains that “if you really take a look at what seniors are doing, they are returning into the workforce in some big numbers. They are now taking on the precarious work. The factory industry is recruiting them and so are the retailers. They are doing the work that perhaps they never would have as an adult in their peak years” (A3). Seniors might have to stay in the workforce longer than they want or find a precarious job to keep them afloat: “for some, they have to go back to work. It is a question of ‘do I eat, do I pay the rent, or do I go back to work?’ So we have a lot of older Walmart greeters. Especially after the meltdown as some people lost huge chunks of their savings” (D49). While forced retirement is construed as

ageist where it is based on the assumption that aging inherently means physical and cognitive decline that reduces productivity, continuing to work is not inherently progressive if seniors feel forced to do so because they cannot survive otherwise. Participants reflect on the socialized aspect of poverty with roots in the financial crisis, neoliberal public sector restructuring, as well as the increased costs of necessities in Toronto, such as food and housing. A City staff explains: “the fact is that because of the determinants of health stuff and because of the people who have not been able to access services and have had lives that have made them sicker for social reasons, we are going to be besieged and I don’t think that we are ready. That is one of the big problems” (B16A).

Because aging also correlates with health as well as with societal discrimination, there will be many seniors who will not be able to go back to work and thus finance their life. As such, one agency staff explains that “people are becoming homeless. Can you imagine being used to having a roof over your head and you are all of a sudden on super fixed income and you can’t find a job because you are in your 60s or 70s and who is going to hire you? I have a new participant who started a few weeks ago and he is 66 and that is what he said ‘I am able-bodied and I can still do things but nobody is going to hire me’” (D33). This emphasis on employment among seniors also fails to recognize trends in employment precarity - seasonal, temporary, casual, and freelance work – which in the Greater Toronto and Hamilton area has increased by approximately 20 per cent over the past two decades (McMaster University and United Way Toronto, 2013).

Income precarity among senior citizens is reflected in homelessness trends in Toronto and in particular the finding, outlined in the *Toronto Seniors Strategy*, that one-fifth of those using the City’s homelessness support services are over the age of 50 (City of Toronto, 2013). A

City staff explains that Toronto has a growing number of seniors who are homeless and in shelters and that according to a recent Street Needs Assessment, the number of respondents over the age of 61 doubled from five percent to ten percent between 2009 and 2013. It is also important to note, which is underscored in the research by Abrahamson (2015), the ways in which different dimension of inequity experienced through the life course affects the aging process. A City representative advises that “what we find with regards to people who experience homelessness, specifically people who might have experienced homelessness for longer periods of time, they are aging and presenting as older adults much younger in their lives. We are looking at people who might be in their 40s and 50s who might be presenting with needs that you may see in folks in the general population who are in their 70s, 80s, 90s” (B20). The staff goes on to note that “that is something that we have got to take a look at with respect to criteria around services for this group, they may not be 65 plus but they may have the same needs as folks that are 65 plus. So how do we create programs and policy that is going to meet their needs, without making age a barrier?” (B20).

Precariously housed seniors may struggle with challenges such as hoarding and substance abuse addiction, and are often living in public or non-profit shelters or apartment housing. A non-profit staff serving this group explains that they are “a very quiet population in the city. You will find them sleeping on the floor in apartments. In every building that I go in, there is somebody with advanced dementia getting taking advantage of. And so they are a very quiet, under the radar kind of group. And they are hard to get information from too” (D7). Another agency staff explains their frustration around inadequacies in supporting this group:

Mental health related issues are, I know, not being dealt with. There is this assumption that seniors don't have mental health issues. They might have dementia but they don't have mental health issues. They might have had them when they were younger but somehow they suddenly disappear when you reach a certain age. So there is a huge gap

there both provincially and city wide. Again, the city would say 'we are not a mental health funder.' ...So it is very concerning because it is not going to go away so everyone just kind of has their hands in front of their eyes. I think partially because it is such a huge issue, if you take your hands away from your eyes, and you open them, it is very scary (D31B).

This is a crucially important point because mental health care in Ontario has been the subject of public sector restructuring away from institutional to local community care for decades and many of these individuals are now aging. A non-profit staff makes the very important point that governments that promote age friendly “need to be aware of and incorporate the complexities of those with mental health and addiction and histories of homelessness and trauma” (D7). They have also got to be aware of the needs of municipal and non-profit policy actors who are providing this group with services and are representing their needs. A City representative goes on to explain this group, which whom they work very closely:

For many reasons, these are the isolated, the poor, the estranged, and the people with serious mental health problems. They are not the people who willingly invite you in to do your physical therapy exercises and to be taught how to eat better. That's not this group and that group is growing (B16A).

There is a jab here at the active aging approach underlying AFCs as this City staff admits that “while I wish that we could be a society that could only concentrate on what we might be calling ‘good aging’, I don’t think that we have a hope in hell of doing that and it is only going to get worse” (B16A). Furthermore, this staff notes that “right now the attention is on living better with chronic illness. It is not hitting those who aren’t living well. We are going to have the effects of those and that is going to continue for a long time” (B16A). Participants most worried about the crisis of aging are those that work with the most vulnerable seniors and recognize that underfunded emergency services cannot meet increasing need and that we are not dealing with the underlying problems. Councillor Kristyn Wong-Tam reflects on this in her work:

I have seen enough now and knocked on enough doors to know that this is actually the next wave of what I would call a tsunami, a social tsunami. It is not necessarily a big wave crashing on the shores of Toronto but literally it is the rising trend of an aging population and we are just starting to put our minds to how to address the needs of a group that is now hitting 60, 70, 80, but in greater numbers (A3).

An academic expert expressed frustration that on the topic of aging and AFCs, “the homeless older adult has been particularly ignored in all of this. We did the very first study on older homeless in Canada and I can tell you, the resources were zilch. And they are still pretty zilch... We interviewed tons of agencies and we interviewed a bunch of homeless older adults in two cities, Calgary and Toronto. Not happy. Their health care is appalling” (E20). This academic goes on to explain that “there is a massive problem with the communication between the gerontologists and the homelessness people. They don’t talk to each other, and they don’t want to” (E20). For example, the celebration of park benches with handles on them to enhance accessibility as having an added bonus of reducing rough sleeping among the homeless is used as a metaphor because, increasingly, it is senior citizens that are becoming homeless. A non-profit staff explains:

The City of Toronto has had the aging strategy. I was involved in it. It is all over the place and there are contradictions between different departments. For example, the parks department is setting up benches, replacing benches so that they have handles so people can get up. Well a side effect of that is that the homeless, the old fellows, lose a place to sleep. I wonder what the real reason was to change this (D35).

Another senior citizen advocate explains the importance of understanding the different experiences of homelessness, noting that she has had to explain to government “that they have to consider not just the homeless seniors but the near homeless seniors. The ones who are couch surfing so they don’t show up in the statistics because they are living with their daughter, their sister, whoever. They are not homeless and living and begging on the street but they are still precarious” (D49). This is a devastating situation, illustrative of a much broader systemic

problem, especially given the finding that this group of vulnerable seniors appears to be growing, with one non-profit staff admitting that they are “dealing with more and more people that are on that poverty line” (D21). A City staff explains that there are currently 25,000 seniors on the wait list for rent geared to income housing in Toronto who are currently living in private rental where they pay such a large chunk of their income on housing that they often use food banks to survive. Again, Councillor Kristyn Wong-Tam paints a vivid picture of this group in her work:

I have met a lot of seniors canvassing in some of our social housing buildings in ward 27 and they have literally cried in front of my eyes, telling me that nobody has come to visit them and that they are living with chronic pain...I ask them whether they have gone for a checkup “Have you seen the dentist?” and they say “Oh no, we don’t have a dentist, I’ve never had a pension and we don’t have the income” and so then I ask “How do you eat?” and they say “Oh you know, I don’t eat much anymore” (A3).

A City staff explains that “we are dealing with people who have been, I think, really considered refuse by society” (B16A). However, increasingly, this group is not so invisible because they are using the City’s emergency services and end up in the hospital, provoking increasing interest on the part of governments.

There is a lot of interest in [local approaches to population aging], especially within health care because it is these vulnerable people who aren’t being serviced well and end up becoming higher users or maybe even inappropriate users (E19).

My interviews illustrate that there is a broader movement underway to identify vulnerable seniors and understand their needs because they are identified as costly. Their use of the health care system has resulted in their labelling as ‘risky’, ‘burdensome’ and ‘bed blockers’.

Vulnerable populations are categorized according to the risk that they pose on the wider populace due to their costly care needs and dependency and receive different policy treatment (Newman & Clarke, 2009). The role of the City and non-profit sector in providing targeted supports to vulnerable seniors before and after entering the hospital is a key element of the AFC program in practice in Toronto, which will be elaborated upon in the Chapters to come. Because

emergency needs are so great and are increasing, in its translation to the real world of practice in Toronto, the AFC approach is not actually moving away from a focus on the deficits of individual senior citizens but is actually targeting those with the most deficits, who are framed as a burden on the health care system.

The City is trying to figure out how to serve the most vulnerable, or really the most high-needs residents, clients, tenants. Everyone is trying to figure out how to serve them better because they fundamentally, and it is the wrong way to go about it, but because they cost so much money (B2).

Those involved with the development of the *Toronto Seniors Strategy* admit that the strategy is most concerned with and focused on isolated seniors: “social isolation was always the key, so the focus is on vulnerable seniors” (B6). Overwhelmingly, participants frame the vulnerability of senior citizens as ‘social isolation’, emphasizing an exclusion from mainstream society.

Preventing and responding to social isolation is seen as the responsibility of the City and the non-profit sector.

My interviews also reflect concern about a second groups of senior citizens who are ‘at risk’ of becoming socially isolated, whom one city participant calls the “in-between group” (B22). An agency staff advises that “these are the folks that are at risk of escalating into high risk and many of us in the community have been saying for many years now that the provincial government’s focus on ‘get out of my emergency room’ is the wrong focus. It should be ‘don’t take me to the emergency room’” (D31B). These are the seniors who are struggling with the challenges of aging combined with low income and struggle to afford transit, housing, food, home care supports, recreation activities, and health care that allow them to age in place. This staff advises that these in-between group seniors “will tell you clearly ‘I want some assistance...to help me maintain my wellness. To make it more possible for me to join parks and rec programming for example, because it is getting expensive.’ Being able to have one class a

year under their policy is nice but not enough to maintain your wellness...it all costs money but in the end if we don't spend it somehow wisely, it is just going to cost us so much more"

(D31B). While targeted supports and programs are nice, we must also understand why these seniors struggle to access these programs in the first place as it relates to income and housing for instance. Government aging in place policy priorities without adequate investment in social and physical infrastructure amenities contributes to social isolation and targeting recreational and behavioural programming will not fundamentally address this.

The third group of seniors - the 'ideal' group of citizens - "are just fine and...don't need any assistance" (D31B) as they are not needy and dependent. A City staff explains that "if you are healthy and independently wealthy, you are not going to worry about what Public Health are doing, or about whether EMS [Emergency Medical Services, now Toronto Paramedic Services] is going to charge you for an ambulance, or to get a ride to a doctor's appointment, or if you are going to need someone to come in to help you clean your apartment through our Homemakers and Nurses program - and guess what, you have to be means tested" (B19). This statement reflects how inequality plays out in the case of population aging. A City staff admits that "I can be pretty dismal about it because as our city continues to become divided by rich and poor and the elimination of the middle class, the determinants of health really determine whether or not you are going to be healthy and able to age healthfully" (B16A). Another City representative notes that increasingly, even the middle class is unable to avail from support services, meaning that the 'in-between group' is growing.

It is tough enough to get into retirement homes for Long Term Care. When you find that you have a need, you realize that you should have gone two or ten years ago because now there is a waiting list and who knows how long it will take to get in in large cities such as Toronto. The costs are enormous...it is a very small percentage of the population that has that kind of money. For-profit places are gearing to this population...Good for you if you can do it, but what about the rest of us? You have the quote unquote middle class that is

getting squeezed more and more and is getting smaller. There are going to be lots of us, many of us who can't afford these types of things. Where do we go and who is going to look after us? (B27).

The issue of inequality in older years is thus a research domain of crucial importance. My research illustrates that age friendly is still underdeveloped, and as one City staff advises: “We are pretty clear on how we are supposed to be looking after our youngest, and don’t necessarily do a very good job of it. But we are far away still in terms of dealing with seniors” (B28). This is especially true of the most vulnerable seniors. As one City representative explains, “we are dealing with subpopulations, victims of violence, homeless, and we need a broader systems-based response for seniors. I think that the opportunity is there because frankly the system is not responsive and is broken and I think that everyone will acknowledge that” (B17). My research aims to provide insight into what such a response needs to encompass both rhetorically and practically.

This discussion illustrates that the current systems response is to subdivide seniors on the basis of their value or worthiness (Newman & Clarke, 2009). Most ideal is the senior citizen who is healthy, wealthy, independent, philanthropic, responsible, and voluntary and can take care of themselves through individual consumption. The ‘in-between’ or ‘at risk’ senior citizen is struggling to get by because of lower incomes and chronic health challenges and may need a bit of support to achieve ideal status through educating and informing about services and volunteering opportunities and encouraging them to age in place so as not to be a burden. Finally, the vulnerable risky senior citizen is very poor, unhealthy, homeless, has no access to informal care and is thus labelled a burden to society. This is a residual strategy where the state steps in as a last resort to target those that are the neediest (Antonnen et al, 2012a). Golant (2014) calls on local policy actors to make the difficult choice as to who is targeted in AFCs. He worries that in a context of budget constraint, AFCs will end up being more about targeting the most

risky, vulnerable, and acute seniors and ignore those investments that focus on the quality of life of seniors who are healthy but may need a bit of assistance to prevent them from falling into the ‘risky’ category because they do not meet means tested requirements for dwindling public programs but cannot afford private provision (Golant, 2014). The bigger question is where this risk comes from, which will be the subject of discussion in subsequent Chapters. Orsini and Smith (2007) argue that such a targeting approach allows the state to claim that they are doing something about social ills without addressing root socio-economic contributors.

AFCs could present a way to understand how our physical and social environments have created risk for more vulnerable populations. Cruickshank (2008) notes that the influence of age upon other identities such as gender, ethnicity, and class is inadequately understood in part because the identity of ‘old’ has remained relatively fixed and all-encompassing and has not been the subject of much intersectionality research. This illustrates that unlike Councillor Matlow’s hopeful statement, we have in fact not rejected other ‘isms’ in our society and they intersect in complex ways with aging (Abrahamson, 2015). Developing a response requires understanding the embodied identities and experiences of people living in every corner of the City who are using various services. Real AFCs, and particularly in a big city context, require diversity lenses applied to public policy instead of ignoring difference or changing individuals foremost to be more one size fits all. Here, a member of the Toronto Seniors Forum advises that a big city like Toronto can present a special AFC model because unlike smaller cities, “it also comes with the tremendous wealth of differences and diversity and resources of a different kind” (C2). Councillor Kristyn Wong-Tam advises that Toronto requires “service planning so that services must be acceptable to everyone, they must be inclusive, equitable, and respect people’s own individuality and identity” (A4). There is a need for identity based, embodied policy making and

service planning based on intersectionality that requires knowing who is out there, both in terms of quantitative data collection that is disaggregated based on identity characteristics as well as more qualitative research to understand needs. This understanding should be based on grounded experiences and be participatory. Specific groups should be targeted for deliberative initiatives in order to understand both their needs and desires, which could be facilitated by supporting community non-profit organizations to conduct outreach and incorporating older adult advisory groups into urban administrations (Buffel et al, 2012). This work must also inform other levels of government about the lived reality of their own policies, such as the inadequate sponsorship revision for newcomer seniors mentioned earlier.

Age Friendly for All

Despite their emphasis on recognizing the unique needs of senior citizens and how these needs intersect with other forms of difference, almost all participants spoke about the importance of developing age-friendly rather than senior citizen-friendly environments. The premise of the WHO AFC approach is to create local environments that are inclusive to people of all ages and abilities. There appear to be several motivations for placing emphasis on the concept of ‘age-friendly for all’ that I uncovered in my research. Several participants made reference to ‘age-friendly’ being used instead of senior-friendly because of societal ageism:

Sometimes it is very difficult to sell the idea of doing things for older people. You put a picture of a young person on a newspaper and suddenly there is money going to that but putting a picture of an older adult on a paper doesn't tend to get the same type of emotional play and it is less successful. So part of my argument is what is good for old people is good for everybody (D1B).

I am concerned that this is a strategy that seeks to address ageism by ignoring it, which as argued previously, serves to contribute to it rather than combat it based on a positive aging identity calling for a right to the city for senior citizens. Some see special treatment for seniors as ageist because it segregates seniors and singles them out on the basis of their vulnerability. Again,

vulnerability is considered abnormal. Senior friendly is understood as ageist and exclusionary while age-friendly is good for all and thus inclusive. A City staff explains: “I will stick to the term age friendliness because it is more inclusive than a senior friendly city” (B11). The age friendly for all rhetoric reflects concerns about community cohesion (Newman & Clarke, 2009) in a context where we are at once blaming seniors for taking up valuable societal resources and where we expect neighbours and volunteers to support seniors, as will be discussed further in the chapters to come.

Age-friendly is also preferred because focusing on seniors specifically is seen as unfair to other population groups: “age friendly as good for everyone is important because not everyone buys into the message of special treatment for older adults” (D1B). It is difficult to understand how a strategy based on this premise could support the services and amenities necessary to enhance the fit between senior citizens and their environment. Another reason for the emphasis on age-friendly for all is the liberal public sector philosophy of procedural universalism (Antonnen et al, 2012b) in which focusing on the difference of a particular group is considered unfair. On this topic, Newman & Clarke (2009, 112) note that “liberal values...offers a relatively narrow politics of the public sphere – one that has trouble acknowledging new claims for voice and justice”. My interviews with City staff indicate that certain departments see identity-based ‘embodied’ service and infrastructure planning as discriminatory because their work should benefit all population groups, thus they claim to plan in the ‘public interest’ instead. Here, positive discrimination on the basis of age is seen as taking away from other population groups. As such, policy should disembody and strip away identity to focus on ‘the public’ or else policy-making becomes too complex. Biggs & Carr (2015, 105) worry that the policy rhetoric of similarity “eclipses the specific needs of a particular age group and reinvents a ‘universal

urbanite””, thus allowing local policymakers to claim that any investment is age-friendly.

However, the reality is that the public is differentiated and this approach fails to understand how policy that serves the majority is discriminatory for those who do not share the characteristics of the ‘majority’ (Anttonen et al, 2012b; Clarke & Newman, 2012). The ignorance and shaming of difference turns difference into a form of exclusion.

Paradoxically, other participants believe that everyone buys into the concept of a seniors strategy because we all experience aging and will need these services someday. A policy expert advises that there is a political strategy to this:

the issue is thinking about how to make this an opportunity and I think this is where a number of politicians have gathered that it is also a ‘no lose’ issue, talking about making this world a better place for the older adult population...because when you talk about refugee health or the needs of diverse people, you have those who don’t think that this is a beneficial way to be spending tax dollars or leaders’ time for example. With seniors, the fact is that we will all get there someday, there is a huge selfish motivation (E19).

In this way, rather than framing seniors as a special interest group, aging is seen as the ‘great equalizer’. Thus, the only way to address the needs of a diverse population is for this population to become the majority and hope that human selfishness will force the change.

And if I want to put on my rose coloured glasses, I can say something like an aging population is that catalyst for forcing that kind of discussion...an aging population is in your face all of the time. You can’t ignore it. It is not just ‘the bloody immigrant is causing issues once again.’ No, it is all of us. So that is how I think this might happen (D29).

However, while people might buy into the concept of age friendly conceptually, or symbolically in the case of some politicians, this is a very different thing in practice as implementation requires changes in policymaking and investment priority, which will be discussed in further Chapters. In addition, as has been outlined, not everyone buys into this concept of special treatment for seniors because we live in a deeply ageist society. As such, like immigrants, we are starting to scapegoat seniors for having needs that are situated as drowning the rest of us. Seniors

are blamed and shamed for being both vulnerable and needy as well as too privileged to receive special treatment. Here, it is also important to note that only the luckiest of us will get to an old age and while we will all need services, some of us might need more intensive ‘different’ services than others based on biological luck intersected with systems of inequity (Abrahamson, 2015). Thus, aging does not reduce difference, it is not a great equalizer. Age friendly for all risks leaving out the needs of the most vulnerable seniors. Human selfishness is not going to encourage the development of a solidarity-based response; it is not the big philosophical shift that is truly needed. What is needed is a repoliticization of the AFC concept based on a discourse of human rights and an ethic of care.

The age-friendly for all concept helps to explain why accessibility improvements are a dominant focus for AFCs, because with aging it is quite likely that we will all have accessibility challenges, while the need for differentiated social services and the affordability of services and supports risks going under the radar (Biggs & Carr, 2015). Interview participants justify a focus on seniors as being age-friendly for all because of the emphasis on physical accessibility for multiple population groups. When it comes to age friendly as people friendly, we are really talking about accessibility: “If you create an environment that is accessible and respectful for seniors, it is good for moms and dads pushing strollers, a middle age person who is in a wheelchair, it is good for anybody who wants an accessible City” (A1). Focusing on seniors is thought to provide a good base from which to work to make people-based improvements that are necessary for the population at large. This is a ‘friendly’ and ‘welcoming’ concept: “I think that for people with disabilities, for older adults with mobility problems, for people who don’t feel welcomed socially in certain spaces, that when we break this down it is an opportunity to improve our cities not just for older adults but for everybody...age friendly cities are just

friendly cities. So I think that this is an opportunity to enhance cities and build community for everyone” (D2). This is done through the new field of universal design:

There is a whole school of universal design that says that a city, its schools, its parks and benches shouldn't be designed for seniors but should be designed for everybody. What is good for seniors is also good for all. The whole thing is that the Age Friendly City is not dedicated or predicated on easier living for seniors, it is age friendly for everybody (D55).

This emphasis on universalism could present an opportunity for a progressive intergenerational strategy that focuses on and integrates the social service and physical accessibility needs of multiple societal groups. However, I am concerned that this is a depoliticized and technical concept that fails to address fundamentally why we do not have a City that is good for people now and how we obtain the political and financial capital necessary to get there. Participants talk about the TSS as a welcoming, inclusive and friendly concept. However, the concept ‘friendly’ is a nebulous and depoliticized term and it is unclear whether it denotes customer service with a smile or a right to the city based on social justice. As one non-profit participant explains: “any city that isn’t considering seniors and their particular needs are at risk of having a place that isn’t welcoming and isn’t inclusive of their seniors. Seniors could leave and go elsewhere” (D48). Here, cities are seen to be competing on how well they serve seniors. It is quite likely that only the most affluent seniors have the choice to pick up and leave.

The universalist emphasis on the people risks getting us back to the problem we have with policy and planning ignoring difference in the first place, especially if we are not willing to make the institutional changes and resource commitments necessary to really understand the ‘public’. This requires an understanding of privilege and marginalization on the basis of identity. However, some believe that focusing on identity is too divisive and siloed. A non-profit staff who has been working in social services for decades applauds a shift away from identity based

committees on seniors and children towards focusing on generic issues such as mental health and public health as this addresses service siloes and gets more agencies involved in service delivery. However, focusing on issues rather than identity can make invisible the embodied experiences of the lack of access on the basis of identity because ‘isms’ and social norms that are marginalizing still exist. This is especially the case when the young are valued as making a city economically competitive, creative, and vibrant and thus worthy of investment and the old are considered a costly burden (Biggs & Carr, 2015).

Mainstreaming aging in public policy and developing AFCs in partnership with diverse older adults will be especially challenging for big cities given that their populations are extremely diverse. However, the complexity excuse and associated development of a ‘universal urbanite’ is unacceptable if the stated goal is to enhance access and equity, as it is with both AFCs and the TSS. This begs the question as to whether AFCs are further embedding ageism or are actually seeking to tackle it. Combatting ageism requires building inclusive societies, inclusive cities that are not discriminatory in our general services and infrastructures and that design specific services tailored to seniors in all their diverse identities. The age friendly for all concept could reflect a model of universal inclusion (Antonnen et al, 2012a) if it means understanding how our existing social and physical infrastructures have ignored the needs of senior citizens in their intersecting identities and thus revise these infrastructures to better meet these needs. Biggs (2008) argues that progressive projects recognize age as difference in a context increasingly claiming that there is none. In her critique of mainstream gerontology, Calasanti (2008, 155) argues that “gerontologists know the stigma that attaches to old age; but rather than fight the basis of the exclusion – the belief that difference is not acceptable – we often try to show that old people are really the same.” Thus progressive is not about proving sameness

based on a point of reference that is young, working, middle to upper class, able-bodied, white and heterosexual but it is about embracing difference. This requires understanding the embodied experiences of senior citizens on the basis of age, intersected with other diversity markers. Here, we could envision a senior citizen friendly strategy as part of a broader age friendly strategy where we differentiate each age group to assess their similar needs, examine how this intersects with other diversity characteristics and then examine how these needs are both similar and different from other age cohorts in a wider age friendly strategy. Cities must meet the needs of citizens through the life cycle and this is a progressive orientation to age-friendly that builds intergenerational solidarity. Engaging in this type of policymaking requires more research time and effort, more democratic processes, and thus will be more time consuming and perhaps costlier in the short term. Equity in this regard can be considered by some as too ‘inefficient’, though leaving people out to the extent that they require emergency services in the long-term is an equally inefficient strategy and one that is of questionable morality.

Conclusion

In this Chapter, I have examined the claim that the AFC approach moves away from a negative understanding of aging as a problem or a deficit through its translation to a real life context in the City of Toronto. This is done by exploring how local policy actors engaged in age-friendly work in the City of Toronto understand senior citizens and population aging rhetorically through a citizenship lens (Clarke et al, 2014; Isin et al, 2008). I find that narrow political projects of public sector restructuring and cost cutting have assembled seemingly expansive rhetorics about a positive and active aging identity to dominate the way that the aging ‘person’ is framed in the context of AFCs in Toronto. We are seeing a narrow discourse of activation based on individual responsabilization, making old people more like young people, and individual

vulnerability as a social risk rather than a more expansive understanding of solidarity and mutuality and the celebration of difference that merits a right to the city response. Unfortunately, my findings challenge the claim that AFCs move beyond a senior as deficit approach in their rhetoric.

Population aging brings new forms of difference, new experiences, and needs on this basis. Increasing difference and the recognition of difference presents a problem because it is seen to increase costs to society (Antonnen et al, 2012a), and especially to the publicly funded medical system. As such, aging is understood as a crisis for our redistributive systems, and thus to society at large. Aging is considered a problem because vulnerability, needs, and dependency are a problem. There is an underlying assumption that the worthiest citizen is young and contributes economically as producer and consumer, is responsible and does not burden others through their vulnerability (Newman & Clarke, 2009). We are subconsciously and sometimes overtly telling seniors that they are a burden or a ‘bed blocker’ because of their needs. Those that are vulnerable are made to feel invisible, as though they are not full citizens; they are dehumanized and disembodied, cast aside as a problem.

Paradoxically, my findings also indicate that the dominant rhetoric sees ageism as the assumption that seniors are dependent and vulnerable. Public programs that recognize vulnerability on the basis of age are believed to segregate seniors and encourage their dependency while limiting their voice and empowerment. The institutions associated with the welfare state, such as hospitals and Long Term Care, are understood as the remnants of an ageist past where seniors were considered dependent and are thus paternalistic and disempowering. While powerlessness and voicelessness were a problem with welfare state institutions (Clarke, 2004), the problem is not with vulnerability inherently but its continuous equation as

representing a negative human state. The issue was and still is that dependency and vulnerability is shamed – during the welfare state it was segregated and today it is made invisible, or made private rather than public (Clarke, 2004). This also conveniently serves as a way to cut costs to public programs. A more overt political project of cost saving paints all seniors as ‘greedy geezers’ who have tons of money to spare, do not deserve public subsidy or ‘special treatment’, and are taking from the young. Aging, a normal fact of life, and the consequences that are similar and different are disappeared. We pit population groups against each other and then we ask them to care for each other informally as a residual strategy. This represents a major paradox because resentment among the young is not going to create an ethic of caring for old people.

Ageism is systemic and we need a deeper attitudinal shift to support taxation and services and not just a campaign focusing on teaching kids to respect elders. Kids might wonder why they are being asked on an ad hoc basis to help seniors to shovel, fetch their mail from a local box, and bring their meals up five flights of stairs. This is not a strategy that makes these forms of socialized inaccess more normal and visible and worthy of collective and consistent support. We see aging as a private, not a public issue worthy of a substantive and holistic collective response. I am concerned that our notion of seniors allows us to justify not spending money on substantial AFCs based on a model of universal inclusion (Antonnen et al, 2012a) that recognizes difference in universal social and physical infrastructures as well as supports niche services for different groups based on actual instead of assumed needs. This is explored in greater detail in the Chapters that follow.

I argue that ageism relates to seeing dependence and vulnerability as a bad thing, as an unnatural state, whereas independence and self-care and economic contribution is considered normal. The active aging approach on which AFCs are based focuses on either claiming that

seniors are no different than everyone else and thus do not need special treatment or seeks to actively change seniors to make them more like the young. AFCs claim to focus on a positive aging identity that places emphasis on aging as an opportunity to activate seniors. I find that this is a fundamentally ageist concept because rather than meeting seniors where they are at by listening to their desires and needs, policy seeks to make seniors more like the young because being old is shameful and costly. We are seeing a devolution of the responsibility of aging onto seniors themselves, thus participants talk about the need for policy to shape the 'ideal' senior who is active and responsible for their own care. Participants talk about information campaigns aimed at behavioural change and therapeutic intervention that shape the 'ideal' senior who continues to act as a worthy economic producer and consumer through continued employment, informal care work, and volunteerism. This discourse seeks to reframe aging as a problem to aging as an opportunity for individual responsabilization and free care for others, enabling cuts and preventing investments in public programming. This is a social investment model (Saint-Martin, 2007; Chen, 2008) for a non-economic contributor where the individual is activated to mitigate their risk to themselves and others.

The reality is that not all seniors can take care of themselves through the active aging approach. Aging is layered onto other forms of difference or injustice and the most marginalized or 'risky' seniors have different abilities to 'activate' themselves (Abrahamson, 2015). People get sick for both biological and social reasons, they do not have family, their neighbours work day and night, they cannot afford services and amenities such as food and dental programs, and cannot physically and financially access transportation and housing. By privatizing (and familizing) the public response to care, we risk creating more vulnerability now and into the future. Responsibility for senior care falls to family, which is highly gendered. The challenge is

that family is not always present and this may be especially true in big cities, which will be outlined in the next Chapter. Thus, vulnerable seniors fall through the cracks. Aging has become a crisis of the most marginalized seniors, and several participants reflect concern that this group is growing and placing increasing demands on emergency services provided by local policy actors from the City and non-profit sector. My interviews illustrate that local government and non-profit actors are very concerned about the crisis of aging as a crisis of more and more vulnerable seniors in need of emergency rather than preventative care. The local policy actors who deliver emergency responses are bombarded and it appears that this pressure will not dissipate. As such, public money risks going to remedial services for the most vulnerable seniors rather than preventative supports despite the emphasis on AFCs as prevention. Seniors are divvied up according to their riskiness to society at large (Newman & Clarke, 2009), further limiting solidarity between citizens. This practice of targeting directly contravenes the claims that AFCs move away from a deficit approach. The individual is blamed for social problems because they are not reaching out to participate in social and leisure activities such as volunteerism and are not active enough. This form of recognition places the blame for aging on seniors and envisions very little role for a collective public response aimed at listening to the desires and needs of seniors and understanding how public policies that fail to heed the needs of seniors create socialized vulnerability.

Dependency and vulnerability on the basis of age is both biological and socially constructed (Abrahamson, 2015) and in both respects is deserving of a collective response to ensure that it does not reduce quality of life. These experiences of vulnerability should not be shamed but more fully understood in order to design adequate policy responses so that senior citizens can age with dignity no matter the situation that they are faced with. My findings suggest

that we need to work harder to decipher how to take the burden off seniors and this requires us to more deeply understand how we collectively shame aging and how this leads to the social isolation of seniors in physical environments. By making aging invisible, we as a society have made aging a burden. If these are ‘our’ seniors, then we must do better than this. Discrimination on the basis of age is failing to understand these experiences in an embodied sense and assuming that people are fundamentally the same in the way that they live their lives and the way that they access services and amenities. Here we see the ‘age friendly for all’ approach that seeks not to change seniors but to disappear their difference by claiming that they are the same as everybody else (Cruickshank, 2008; Biggs & Carr, 2015; Calasanti, 2008). This moves us further away from an approach that allows us to understand differential access in an environment that is structured to meet the needs of those that are young and ignores the impact of policy decisions on senior citizens. There is a risk with this rhetoric about senior citizens that we do not put money into public organizations (Newman & Clarke, 2009), such as substantive social and infrastructure programs because we are trying to activate people to do it themselves to limit their dependence. The dominant prevention discourse ignores the right to access essential services and amenities such as affordable and accessible housing, transportation, social and health services, recreation, and nutrition throughout the life course and an attendant focus on economic development and income security. I explore how this risk plays out in the remainder of this dissertation.

One can have needs and be vulnerable and still have a voice; they are not mutually exclusive. Vulnerability can lead to empowerment, to citizenship claims to recognize embodied needs and redistribute differently on this basis (Isin et al, 2008; Clarke et al, 2014). Rather than a burden, care could be seen as an opportunity to create well-paying jobs in productive realms of the economy. Expansive political projects emphasize collective responsibility, solidarity and

mutuality, rights and entitlements to public services and can form the basis for common needs. There is a need to develop a positive aging identity but ultimately this is about devising a version of citizenship that places intrinsic worth on human life that builds solidarity and mutuality across differences rather than building divides between seniors and young people. A positive aging identity recognizes vulnerability that comes with age that is both biological and social and fights for a right to the city for senior citizens on this basis. Understanding this difference requires research capacity, new forms of democratic and deliberative policymaking, and new investments in services and infrastructures. Transformative movements can be conjoined by focusing on building intergenerational spaces that endeavour to understand: the different needs and desires of distinct age groups, how they similarly and differently need and use space, how they can negotiate and share space, and designing and implementing policy and plans based on these requirements (Biggs & Carr, 2015; Buffel et al, 2012; Buffel et al, 2014). The following Role of the Place Chapter examines how participants understand how we need to reshape environments and the role of local policy actors in this endeavour to meet the needs of senior citizens.

CHAPTER 6

The Role of Place

Introduction

The AFC program claims to move away from an understanding of aging as a negative social reality by improving place for senior citizens through a holistic policy checklist that enhances the ‘fit’ between seniors and their environment (Golant, 2014; Government of Ontario, 2013a). However, the preliminary critical literature on AFCs has raised doubts as to the extent that the program actualizes improvements in local environments for seniors in a context of neoliberal public sector restructuring where cost cutting is a dominant motivation (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011). This literature calls for further study that situates empirical analyses of AFC programs in big city environments of public sector restructuring to gain further insight on how local policy actors manage in practice. I argue that it is equally important to study the rhetorics around place that work through AFCs and how they affect the actualization of the program. In this Chapter, I explore how participants understand the importance of place for senior citizens with respect to both the physical geographic environment as well as the regulation of social activities at the scale of the local. I am particularly interested in examining how these rhetorics affect the development of a right to the city for senior citizens through the AFC program.

I begin by examining how participants understand the importance of place for Toronto seniors with respect to local geographic environments, paying particular attention to how these understandings may be unique to a big city context as this is a gap in the AFC literature (Buffel et al, 2012). I understand place not as a neutral geographic container but as a site permeated by power, where a variety of policies coalesce, materialize, and affect the day to day experiences of people of various identities attempting to access services and amenities (Mahon & Keil, 2009). The work of the state is alive in public policies that attempt to order space and create particular

relations between people in space, including feelings of belonging and safety (Mahon & Keil, 2009; Clarke et al, 2014). Geography matters in the study of citizenship because place acts as the setting in which citizens relate to each other as members of a political community and access public goods, services, and amenities on an everyday basis (Isin, 2008; Clarke et al, 2014; Mahon & Keil, 2009). Isin (2008, 273) explains that cities are the site of the social in citizenship, that it is “through the city that individuals become social (understanding the self as a co-dependent entity coexistent with others), and becoming social is the ground on which civil and political rights become possible.” The city is a place where belonging or non-belonging to a political community is experienced through access to everyday needs and where inequities can differentiate citizens and spark mobilizations and new claims to the social and material rights of citizenship (Isin, 2008; Clarke et al, 2014; Soja, 2010). Struggles for recognition and redistribution are actually struggles for the ‘right to the city’ (Isin, 2008; Lefebvre, 2003; Purcell, 2003), to access services and amenities as a human right and to the opportunity to be democratically involved in decisions surrounding this access. As a place-based policy that adopts a ‘seeing like a city’ (Magnussen, 2011) approach to the policy issue of population aging, AFCs offer the opportunity to understand the everyday politics of inequity on the basis of age intersected with other aspects of diversity. A place-based approach to aging thus has the potential to recognize that enhanced vulnerability that comes with age, such as loneliness, disability, and reduced income, is not rooted in individual impairments but is socially created and structured into our physical and social infrastructures that must be made more accessible and equitable through a redistributive response.

The second half of the Chapter then explores how participants understand the unique and changing roles of place-based policy actors in improving local environments to meet the needs of

seniors. In a context of urbanization, it is considered natural and fitting that policy responses are increasingly place-based in nature, part of a movement known as ‘new localism’ in which front-line policy actors from local government and the non-profit sector are engaged more actively in policy design and service delivery (Katz & Bradley, 2013; Barber, 2013). As the national scale is decentered as the most natural site for governance (Brenner, 2009; Clarke, 2004), there has been an associated transfer of public responsibility to local policy actors and an increase in place-based policy targeting as a way to address complex policy problems. The local is framed as the most natural and authentic site for public governance, and cities as crucial for democratic, economic, and social renewal (Katz & Bradley, 2013; Barber, 2013). I understand AFCs as a place-based policy response that valorizes the local scale as a ‘new’ space to address the needs and demands for services and amenities associated with population aging. As the local becomes the scale valorized to address the needs of population aging, policy actors from municipal government and the non-profit sector are increasingly called upon to govern access to service and amenities for seniors. Clarke et al (2014, 148-149) explain that localization is a political project that “may indeed be mobilized for very different political purposes.” Political projects frame specific scales as the most suitable settings for particular social, political, and economic activities and it is crucial to study the values, interests, and motivations that underpin this work through a politics of scale analysis (Clarke et al, 2014). I adopt a politics of scale analysis to understand the expansive and narrow political projects that work through AFCs in Toronto.

Through this politics of scale analysis, I uncover a major rhetorical discrepancy between the way that participants understand the scale of the problem of inaccess in local environments and the role of local policy actors seemingly empowered to produce age-friendly environments. I find that a ‘seeing like a city’ (Magnussen, 2011) approach is becoming more normalized in the

popular consciousness. Research participants believe that place matters in the quality of life of senior citizens and should be a focus of policy and that localized policy actors from the city and non-profit sectors are increasingly important in supporting seniors, valued for their capacity to meet everyday needs that is respectful of difference. However, my findings indicate that we may be taking the ‘seeing like a city’ approach too far by ignoring any form of ‘seeing like a state’ and its associated emphasis on the politics of redistribution because of a dominant project of anti-statism. In effect, we are not seeing like a city in a way that is inherently multiscalar and are merely trading a single scale methodological nationalism with a single scale new localism analysis.

Some participants talk about large-scale changes to environments to improve equity accompanied by different programs to address unique needs, in essence defining a rhetoric that could lead to an expansive right to the city model of universal inclusion (Antonnen et al, 2012a). However, rarely conceptualized is the unique role for different policy actors operating at different scales to work to create an institutional framework to realize such an approach. Furthermore, most participants talk about the need for more residual and subsidiarity-based strategies (Antonnen et al, 2012a) to replace the public policy role of other levels of government by targeting local environments in an effort to reduce the risk that senior citizens present to the health care system. This latter understanding reflects a narrow political project that challenges the claim that AFCs move away from a fundamentally ageist individual deficit approach. The impact of this rhetorical discrepancy on the practice of the AFC program in Toronto will be examined in further detail in the Chapters to come.

Findings: The Importance of Local Environments

Difference

There is an understanding among interview participants that a place-based, ‘seeing like a city’ (Magnussen, 2011) focus is important because it provides the best way to recognize difference, particularly how the needs of seniors intersect with other diversity characteristics which then further intersect with the different features of physical environments. The ‘local’ is becoming an increasingly important policy lens or focus, as one non-profit staff explains: “the system is really learning that the local is the place that should be your starting point. The local grounding should be what drives policy and political will. If we stay too high up and squash it down, we miss the permutations” (D4A). Embedded in this response, and that of many other participants, is a critique against Federal and Provincial policy systems that fail to take into account the lived experiences of citizens in actual places. This is understood as particularly important because as the population ages, forms of difference become more prevalent, as was discussed in the Recognizing Seniors Chapter. A senior citizens advocate advises that it is critical to understand population aging at a local level “because people live in neighbourhoods, there is diversity across every dimension, and the older population is more heterogeneous” (D30A). Furthermore, places have different physical landscapes, climates, social and physical planning and design features as well as varying levels of services, amenities and political representation characteristics that affect access. Big cities are also particularly diverse environments. As one City staff explains, “with big cities, every pocket is unique. Toronto is a City of neighbourhoods, so we have to understand that the geospatial relationship is very different in different parts of the City and that this has a significant impact on how residents access services, how their community networks form” (B6). A non-profit staff explains that the rapidly changing needs in the Parkdale neighbourhood, where there are many seniors congregated in rooming houses, differ substantially from seniors living in high rises in West

Toronto, where bed bugs are an issue. This staff then contrasts these needs with seniors living in suburban Downsview and Etobicoke, where seniors live in single family homes but have to travel far for care services. As such, this staff admits that “you have to know the community” (D27). A local focus helps to develop an understanding of how these environmental features affect the everyday needs and behaviours of different seniors and address diversity in access, fitting services to personal and geographic characteristics.

Big cities are also diverse spaces because different forms of care have agglomerated to meet needs:

In a big city, there tends to be more safety nets, whether they are formal or informal. So you have got municipal safety nets - municipal Divisions and services, you have got government safety nets. But also, just because of the density, you have got a lot more social safety nets that are informal like friends and neighbours. The resources are quite a bit more extensive in a city...shelters, food banks, clothing banks, furniture banks, all that kind of stuff. If someone doesn't have the means, there is a lot more opportunities (B25).

This City representative goes on to explain that the care that is agglomerated in big cities means that they are a draw for more dependent populations:

There is also a significant number of services and amenities in the big city as compared to small towns that maybe promote aging. You can live in the City here and never have to leave your apartment. Food can be delivered, someone can come in and clean, your pharmacy can be delivered, you can get a visiting doctor for a house call. So essentially, you can stay in your home (B25).

Furthermore, this dependence is contrasted with rural seniors: “in smaller towns, you are also dealing with a lot of people who have that precursor of independence. People tend to be a little bit more independent and self-sufficient...Whereas you have people here who are calling for an ambulance because they can't walk down 18 flights of stairs during the power outage” (B25).

There is a not-so-subtle undertone here of good and bad aging and an understanding on the part of this City staff that those that are aging poorly are agglomerated in cities, necessitating that local actors do something. However, because this is an understanding that shames vulnerability

and considers the public provision of care in the urban environment as reducing rather than enhancing independence, the collective and public pursuit of social and physical infrastructure based on common human needs is questioned.

In Toronto, particular ethno-cultural groups, such as Chinese and Koreans, have created original ethnic enclaves downtown where services to support seniors have agglomerated. A City representative advises that in big cities, “the advantage is that there is access to a tremendous number of resources. And these resources can be very specific to communities, such as ethno-specific groups. So the diversity is such an advantage” (B27). However, this participant goes on to note that “we can get lost in big cities too because it is so big, how can you possibly know all the communities and all the various needs?” (B27). Paradoxically, “to be able to get services in different languages and in culturally sensitive ways in a big city isn’t always easy. Just by virtue of living in one part of the city where those services are not available. Now that could also be true for other localities but because there are so many more individuals - millions now - that just makes it more challenging” (D52). Furthermore, gentrification has begun to put pressure on ethnic enclaves that have previously delivered specialized services to their community members by pushing these residents to suburban communities devoid of similar supports. Many new immigrants in Toronto live in poverty in the inner suburbs of Etobicoke, North York and Scarborough, areas that lack access to essential services and amenities such as accessible and affordable public transit, affordable housing, social services and employment opportunities (Murdie and Ghosh, 2010; Hulchanski, 2007, 2010; Preston et al, 2011).

Although big cities agglomerate access to services and amenities, several participants speak to the challenges of competition in big cities, including: waitlists for services such as Wheel Trans, social housing, and non-profit social supports; access to meeting space and

facilities; and from other population groups such as youth in obtaining public and foundation funding for programming. Though intuitively, big cities should have more resources and physical space, there is such a diversity of needs and wants that there is considerable competition in the access to local programs and services.

the focus on quality, it is harder to get it in the bigger cities...It is just that there is more cost, processes, more competing issues. But if you look in some of the rural areas, take for example the rural areas going north into Barrie, you will find that there are a couple of issues in some of the areas and an aging population could be one of three issues. In a big city, there are more issues. So it gets sent on a list and is not in the top three all the time...it can get lost in the politics (D47A).

Several participants advise that maintaining programs for diverse seniors is a challenge in a resource constrained context in big cities like Toronto, a theme which will be developed further in the following two Chapters. A City staff explains this conundrum in Toronto:

We have huge challenges with respect to the kinds of services that we want to maintain for the general population. Budgets are tight and when you look at issues such as infrastructure, housing, transit, they are all huge files that are competing for scarce dollars... programs that are uniquely targeted for people who are aging have to compete for the scarce dollars that are available for all these other big files (B20).

It is important to resist framing this divisive competition and the lack of resources as an inevitable consequence of the diversity brought about by population aging as this represents dwindling public resources in a conjuncture where austerity has been a dominant project for decades.

A challenge is that the need is always beyond the supply, the resources and the services. So how the services can be consolidated and delivered in a cost effective way is a challenge to the government and cities. And how they can balance those, money wise, with different types of services. As a city, you can't just focus on one population, you have to serve adults, seniors and kids. The way to effectively use those resources would be a challenge for the government (D38).

One response to this competition is an emphasis on disembodiment of diverse populations in favor of servicing the 'general population'. This approach claims to enhance equity through slogans like 'age friendly for all' as was highlighted in the Recognizing Seniors Chapter without

understanding the needs of specific groups and using these lenses to inform general programming and substantively improving equity for all. Seniors volunteering in schools through tutoring and mentoring were mentioned frequently in my interviews as a way to address the competition for space, the social isolation of seniors, and ageism among the young.

While a local focus helps to understand and highlight diverse, personal, and everyday needs, it is important to refrain from seeing these as individual issues that require only more targeted services in place. Several participants reflect on the point made by Councillor Ron Moeser that “there are a lot of similar needs no matter whether it is downtown or Scarborough. But the actual programs themselves may be tailored to where they live” (A2). As such, one non-profit participant advises that “it is extremely important to understand the aging population in a global point of view as well as the local perspective. This is because we have to have global standardization but at the same time we have to have local uniqueness and flexibility” (D38). This reflects a recognition that achieving an age-friendly environment requires a model of universal inclusion (Antonnen et al, 2012a) that includes universal policy informed by everyday experiences of access in place as well as place-based niche projects to meet more localized need. While targeted personal supports are necessary, it is also important to ‘make the personal political’ through an understanding as to why inaccess is a problem in the first place. As such, I sought to explore how participants understood the concept of accessibility.

Accessibility

Many participants understand the focus on environments as important because of physical accessibility, such as cleared sidewalks, benches, good street lighting, and lowered street curbs. For some, these environmental features are parochial, little local things that have to be dealt with locally. However, rather than a parochial pursuit, several participants see AFCs as

more substantive changes to infrastructure. A municipal advocate explains that “it is a very important thing to add more park benches to your pathways but this is about bigger infrastructure investments like widening sidewalks and the maintenance and support of more crosswalks and transit and housing is a huge piece” (D53). A senior citizens advocate notes that “cities need to respond because this is where people live but the infrastructures of cities like Toronto or Montreal, New York, Sydney, are not set up with an older population in mind...So what you are having to do is change just basic ways of thinking” (D29). Again, this speaks to Lowndes’ (2009, 97) emphasis on the need for a new ‘convincing discourse’ to accompany institutional change. It is thus crucial to unpack the extent to which AFCs support such a change in thinking that guides accessibility in environments, which is essentially one in which difference in the way that people use space is recognized and accommodated.

I learned through my interviews that accessibility problems for senior citizens are particularly acute in big cities like Toronto. Big cities are subject to significant change with population growth and infill as well as inflated real estate prices and gentrification pressures as city space itself becomes a commodity (Harvey, 1989; 2009; Sassen, 2005; Scott, 2011; Hackworth, 2006). This environment of change can present a challenge because “once you are in your senior years the familiarity helps you sustain yourself on a daily basis because you might not have dementia or Alzheimer’s but you need the visual cues, the reminders” (B28).

Furthermore, as already mentioned, big cities are internally differentiated: “aging in a big city is different, but it is tricky because big cities are not one thing” (D49). In particular, big cities have both sprawl and density. There is an understanding among many participants that the more mixed use and dense downtown provides better access to services and amenities for seniors within walking and transit distance than the car dependent and sprawled suburbs:

People who live here [downtown neighbourhood] and people who live on the edges of Scarborough and Etobicoke have a very different life. And actually, statistically in Toronto, there are more seniors in the suburbs than downtown. So when they think in terms of transit or whatever, how do you plan for the aging population that is not in the downtown where things are close? There is no option. If you live in the suburbs you can use a bicycle, you can walk, you can use transit but you will need to use a car. If you don't have access to a car, your life is diminished (D49).

Several participants also speak to the challenges seniors face accessing food within walking distance in suburban areas. A senior citizens advocate explains her frustration about living in a food desert:

I am 1.8 kilometers from the nearest grocery store and 3 kilometers away from the nearest community center. Not great for grocery shopping. There was no planning that was done as a community. With my car, I have many choices of where to shop, to get my groceries, I can get to anything I want to get to but once I don't drive, I am really limited...They are putting in another condo across the street from me before they put anything else in...It is actually by bylaw that they cannot put in a real supermarket...it is zoned apartment, it is not zoned mixed (D49).

This inaccess to such an essential necessity is a clear example of socialized vulnerability, where policy decisions that ignore the everyday needs and desires of vulnerable groups create risks for these groups (Buffel et al, 2012).

While there may be more services available in big cities, spatially they are spread out and several participants speak to mobility challenges for senior citizens, including available, accessible and affordable public transit that facilitates access to services and amenities. As a representative from one suburban-based non-profit explains, “the number one thing that we hear from our seniors is that they have trouble accessing the services because of transportation, they say ‘I can’t get there.’ To a medical appointment, an adult day program, a congregate dining event which keeps them well and active” (D12). Another agency explains that “as people start having difficulties walking and they use canes and walkers, transportation can be a point of difficulty. When we go on outings by TTC (Toronto Transit Commission), many of our seniors

can't go into the subway system so we rely on streetcars and busses" (D25). This also requires changing operating procedures, such as giving people more time to get on and off public transit, to sit down, as well as less jerky movements while driving transit vehicles so that the elderly do not fall. A lack of public investment in accessible transportation contributes to the social isolation for seniors and an associated loss of independence, providing a clear illustration that a public collective response to physical infrastructure enhances autonomy and the active aging that is so desired by governments. One non-profit staff shares a story where a bus route in their neighbourhood was suddenly changed, which created social isolation because seniors living in buildings had to walk too far to the closest stop and this affected their access to grocery stores and doctor's offices. Councillor Josh Matlow advises that the TTC service planning should be concerned not primarily with budgets and fares but with the population groups located in the geography of their service landscape. The following chapter will explore more deeply the capacity of the TTC to engage in this social planning work so clearly needed.

Several participants also explained the distinct challenges inner cities present to seniors, advising that fast pace downtown urban contexts can be disorienting. While downtowns in theory should be spaces that are walkable and provide specialized services, "you don't see a lot of frail elderly downtown...walkability is one problem" (E22), especially in a dense downtown area. A senior citizen activist articulates their struggle: "I have had two hip replacements and it is so important to have enough time at crosswalks to cross the street with a cane and when you are in pain. Crossing Young and College was a challenge!" (D54). Aging infrastructure such as potholes in streets and sidewalks is also a concern for seniors who require devices such as walkers, wheelchairs, and canes. Many participants also spoke about the challenges of retrofitting old buildings to make them accessible. Paradoxically, agencies talk about a lack of

space in big cities as compared to rural areas: “one thing is that there is more room in rural areas. So they have the room to build something new that is a brand new design for seniors, whereas a lot of times we are stuck with an old building, that might be 100 years old, that isn’t accessible. And it is hard to make them accessible” (D21). Downtown housing is also a challenge where senior citizens have been residing in low-rise apartment units without elevators.

Several participants note the challenge of needing to undo the mistakes of the past. AFCs have to be both “forward thinking and backward thinking” (F6) and this requires understanding why we made these mistakes in the first place and whether we are creating the research capacity and democratic processes to understand differential access and the resource capacity to alleviate and prevent these mistakes moving forward. An academic expert on municipal equity issues explains that “there are huge challenges and I don’t think that we have even begun to think about this in any major way. There are some interesting projects but these tend to focus on more affluent people and a lot of the seniors are not affluent, though of course there are some” (E22). Ignoring everyday needs in urban environments instead of meeting them tells people that they do not belong and are not worthy citizens. Councillor Josh Matlow explains this:

for somebody who has a mobility challenge, that one small step may be the difference between feeling like the world is welcoming and accessible to them or like they are cut off...And more importantly to them, it is also sending a signal that they are not part of the world that has been created, that they are an afterthought, and that’s shameful (A1).

This is the definition of differentiated citizenship on the basis of spatial injustice (Clarke et al, 2014). Failing to recognize differential access to services and amenities on the basis of age is ageist. Physical infrastructure is thus social and needs to be better understood in theory and practice as such. Several participants explained that age-friendly is not just an issue of providing social care services differently, but affects the whole scope of city services such as transportation, solid waste, garbage collection, and snow removal that may not always be thought

of as issues important for senior citizens. Some participants pointed to the need for an age-based policy lens, but discussions around this were vague. I seek to provide more insight on the politics and policy needed to devise such a lens throughout the dissertation.

Several participants justify the need to focus on and improve accessibility for senior citizens in local environments because it saves money, particularly to our public health care system:

Seniors could be costing the City and the services much more money because their access isn't considered. I am thinking of a city that has a lot of seniors but where the transportation is very difficult and so seniors are not going out and they stay home and they are isolated but they call 911 whenever anything happens and this results in high costs for ambulances (D28).

Access to support services in local places is deemed important because it prevents the potential burden on the health care system and thus benefits other levels of government. This has triggered an interest in investing in the social determinants of health in environments, though a key question of interest covered more fully in the Chapters that follow is how broadly and systemically these needs are understood. In particular, I am concerned that the cost saving framing focuses on changing people to help the system rather than thinking about how the system should encourage access based on diverse need as a right. The goal of saving money acts as a deterrent to the financial investments needed to not just rethink but actually create accessible age friendly environments (Buffel et al, 2014). We should seek to change environments not as a social investment approach (Saint-Martin, 2007; Chen, 2008) to change seniors so that they become less costly to our health care system but as a social justice approach in which making people feel this way through our collective exclusion is morally wrong and unjust. A right to the city approach based on enhancing quality of life for seniors in all their diversity on an everyday

basis that also serves to create good jobs in infrastructure improvements and care provision can improve current and future population health and improve economic productivity.

Some participants believe that we need a more encompassing and holistic definition and understanding of accessibility:

Accessibility is an interesting one because it is something that people pay a little bit of lip service to...if you consider things like frailty and cognitive impairments like dementia as a disability, the numbers completely skyrocket...Accessibility is about making spaces accessible to a broad population, it is not just about accommodating people in a wheelchair. It is a question of whether we are taking care of our society more broadly and if we are not doing that, what are the negative health and economic implications. So I think, for whatever reason, that discourse has been a bit dominated by some more traditional views of what disability is, which I think is unfortunate (D1C).

Given that a dominant issue associated with aging is a rise in the number of seniors with chronic mental and physical health challenges, incorporating the needs of those that are frail and have cognitive impairments as well as those with acute health challenges is crucial. A non-profit aging expert advises that “we often think about the physical things that we need to change for people but do we think about the cognitive things that we need to help people with? So in terms of way finding and navigation, it is very hard to find a telephone these days if you do need help and it is very hard to find a washroom, it is very hard to find a place where you can just ask for directions” (D1A).

A theme that emerges around service provision for seniors is that services are missing the human element, the contact with another human being who treats the senior like a citizen rather than a client, customer, or patient. A representative providing services for seniors reflects on this crucial component of accessibility:

we answer the phone because this generation of seniors right now are still phone people...Thursday mornings is the only time that we are on answering machine. When we go to check the calls, a lot of the messages are just ‘click’ because they want to talk to someone. So we answer the phone. We have huge pressured from our funder to not do that...They are saying ‘no we will have an answering machine’ We can’t have an answering machine. We have to be able to answer the phone. Because that is

accessibility...But we see lots of seniors services have 'press 1, press 2.' Because of their budgets and that is a huge barrier (E27).

It is the Ontario government, a promoter of AFCs, that funds this organization. The representative of this organization urges me to “expose this problem. Expose the fact that age friendly is not always age friendly...Services don’t always think about what are the real needs of people” (E27).

This also relates to the use of complicated technologies in cities, such as public transit payment systems and wayfinding, which have often replaced human labour to save costs. Several participants admit that while bureaucratic rules and procedures are there for a reason, they can become a struggle especially for seniors facing cognitive decline. As such, age friendly isn’t just the physical infrastructure but also accompanying social infrastructure and operating procedures. An aging expert explains that “it is easy to focus on whether you put a bench somewhere so people can sit on it. But I think that the more complex things are dealing with ageism and people learning how to relate effectively with older people in terms of service delivery as well as in stores and banks and that sort of thing” (D30A). AFCs must fundamentally challenge the narrow political projects that cause inaccess. Ignorance to differentiated access on the basis of age, ageism, is institutionalized and spatialized in the physical, social, and communicative infrastructures that reduce access to daily services and amenities for senior citizens in place. Defining accessibility narrowly fails to accommodate difference, challenging the supposed value of focusing on local environments.

Conventional concepts of accessibility also rarely intellectualize that accessing the city requires affordable services and amenities; a particular issue for seniors who may live for several decades on a fixed income.

Affordability, that is probably the big thing in cities because seniors' income is pretty static. Even if they do go up, they go up by a miniscule amount. And, big challenges around the fact that they have cut off getting your pension at 65. That two years is going to make a big impact. Because we see lots of people who are hardly making ends meet and they are going to lose their jobs. Even without mandatory retirement people lose their jobs as they age...There are going to be lots of challenges in the cities with that. People won't have the money (E27).

This comment illustrates how a seemingly aspatial policy like pension reform limits access to crucial services and amenities in place. Regarding economic considerations, one non-profit staff expresses concern that the AFC checklist and the *Toronto Seniors Strategy* in particular glosses over economic security for seniors. This staff advises the following:

Property taxes is something local that we should consider, for people that are on fixed incomes, and the other thing is utility and energy that might come up under economic security. Economic security can be touched in a number of different ways. Free TTC for seniors, free access to recreation programs and parks, that type of stuff. There is a whole bunch of stuff that we can do to make community more accessible. And so have I seen those types of trends? I wouldn't say any more so than before the Toronto Seniors Strategy and actually I am no longer on that committee so I don't know if I am just not paying attention to it or not (D48).

An unaffordable city is a root contributor to social isolation for seniors. In his work on how inequity affects the aging process, Abrahamson (2015) advises that the local environment in which the senior is situated is an important variable. Several participants share stories about senior citizens continuing to work despite increasingly chronic frailty out of fear that they will no longer be able to afford housing. This inaccess due to low income is then compounded as other services such as transportation, recreation programs and home care charge higher user fees. An academic aging expert exclaims that non-profit providers “are even charging now for some basic services just to cover their costs. People just don't have that kind of income. It is a horrible problem” (E20). Several participants remind me that getting to appointments is very expensive, and this is a problem for seniors when doctors require different appointments for different issues and these are across the city. On the topic of care, several non-profit and City staff speak to the

challenges seniors confront in accessing home care in terms of needing more than is available publicly and expensive private services that many cannot to pay for out of pocket.

The affordability of housing is a huge issue in Toronto. Seniors can get priced out of their homes when neighbourhoods experience gentrification pressure: “it is becoming more expensive to live in cities and housing is more expensive and costs of repairs and property taxes and all of those things are moving more out of reach or creating more pressures for seniors aging” (D53). Councillor Kristyn Wong-Tam admits that in Toronto, “one thing that we are aware of, is that a lot of seniors who have primarily worked and lived in the downtown core are sometimes forced out of the core because the cost of living is fairly expensive and there is often times some physical barriers” (A3). This is then a problem if the senior moves out to the suburbs, away from their long-time support networks and to car dependent environments that limit access to everyday amenities. However, a non-profit staff who has been working with seniors over several decades in a now gentrifying downtown Toronto neighbourhood explains that they have done research on this (Janes, 2008) and have found that seniors have remained in their neighbourhood. The property value of their homes has raised exponentially but they are feeling poor because of rising property taxes. Many of these seniors have been living in these communities for decades and some want to pass their homes on to their children. Several non-profits advise that they serve seniors who are living in mansions but are asset rich and cash poor and have little money for food and home maintenance. Some senior citizens struggle to age in place because of the marketization of housing, where units are valued as a commodity rather than a human right. Many of these seniors also struggle to maintain these often older homes, which may be “falling down around them” (D31B). An age-friendly city must be an affordable city. The following

Rescaling Redistribution Chapter will examine the extent to which the *Toronto Seniors Strategy* is supporting affordability for senior citizens.

Spatial Fragmentation

While place-based policy and service provision approaches are favored to meet the needs of diverse seniors, they can also lead to spatial fragmentation in access to services and amenities for senior citizens across the geography of the City, which is a classic problem when services are provided on the basis of subsidiarity (Yates, 1977; Antonnen et al, 2012a). My interviews indicate a serious problem in service fragmentation between multiple different agencies and between Toronto neighbourhoods that affect access for senior citizens, a finding that is shared in the initial research on AFCs (Everingham et al, 2009; Scharlach, 2012; Scharlach et al, 2014; Golant, 2014). The level of services agglomerated in big cities like Toronto is confusing as they are provided by different sectors and agencies, as is explained by one non-profit staff:

The other thing is the accessibility of the services. Although maybe in the rural area the accessibility is more in terms of the physical distance but in big cities it is about the lack of knowledge of the seniors. Although they are living in the urban area, they don't always have the information and also because they might not have the languages. In Scarborough, there are a lot of services that speak Chinese or Cantonese but there might be seniors who speak other dialects and so the services aren't accessible to them. Also because of the fragmentation of the services in the community, this makes it quite difficult for seniors, in particular new immigrant seniors, to fully understand how to get those services (D38).

While there may be more services to access in big cities, coordination between the different home care supports needed is a challenge: “you may finally have access to the right service but how do they integrate? How do they connect? Are they efficient at meeting people’s needs? And how do you get to the right person? The right way? The first time? I think that access in big cities is unique because you are going to have lots of services but if it is not a city that connects things well then how do you navigate and access?” (D1A). The dominant ‘citizen as consumer’ (Clarke et al, 2007) assumption that all individuals are the same and will rationally seek out services in

the existing marketplace where perfect consumer information is available is dehumanized and decontextualized and not supported by those actually delivering services in Toronto.

Many participants talk about inequitable access to services and amenities between neighbourhoods. In particular, several non-profit providers reflect frustration around this practice of differentiated citizenship (Clarke et al, 2014): “you are more motivated when you see that there is such a big difference in access and equity across the city” (D47A). The role of the non-profit sector varies by community, which speaks to their historical role to meet niche needs and gaps in more universal service provision. Some agencies provide services in one area but know that one neighborhood over there are seniors in need who have no access as a non-profit does not exist in this area: “if we would be more far reaching, if we could go farther, well that certainly would be more people that we could monitor to make sure they are okay” (D20). One umbrella organization discusses their struggles: “we serve the whole City of Toronto and part of our challenge when we refer clients is the catchment area. So even in the same city, it makes a huge difference living south of Bloor or north of Bloor” (D31A). Several non-profits admit that seniors commute from outside areas to their programs because they can’t find anything similar in their own communities, illustrating a need for accessible transit between Toronto neighbourhoods. A suburban non-profit that provides transportation to medical appointments for seniors discusses their challenge that “40 percent of our rides for seniors were outside of our catchment area...that is where the specialist is or that is where the diagnostic is taking place” (D12). This is interesting because it is assumed that in big cities, services are agglomerated unlike rural areas but in fact, in big cities, there are also great distances to travel to get to services and amenities. Geographic access and proximity may be even more important for seniors who

are lower income and cannot afford private service options and who may not have family to drive them to the places where they need and want to be (Janes, 2008).

While a place-based neighbourhood focus is considered a way to address diversity, even in neighbourhoods there is diversity in population characteristics block to block in certain locations that results in differential access in the same space. Several participants speak to the differential informal care available to seniors, with one City staff noting that “you can have fabulous stuff going on in an apartment building with supportive neighbours and people helping you age in place or on a city block where people take care of one another. Or, you can be in an area where nobody knows each other, nobody talks to each other, and that kind of stuff has to be looked at and taken into consideration when you are planning” (B16A). A former Councillor explains that whether a neighbourhood is age friendly can be very ad hoc and it depends on whether there is a local personality that acts as a leader. This speaks to additional inequities that exist when the state steps away in the hopes that informal care in the community will act as a replacement, a theme that will be discussed at length shortly. Another agency staff talks about geographic inaccess in political representation:

there are a lot of inequities across the geographies for the individual, the family, and the family in their relations with a politician...it is where you landed and which postal code you have. You may have a great politician out there that you can call who will call local agencies to help you or write letters of support to help you gain funding. You won't get that in every community (D47A).

It is important not to depoliticize this difference and see inaccess simply as an issue of luck. These spatial differences and their consequences on access and equity to services and amenities for seniors are not natural and apolitical but rather social in nature and relate to policy, planning and public investment decisions. One non-profit staff explains this eloquently:

what you can get will depend on where you live. So it depends on where you sit on the equity side. Are we comfortable living in a society where if you live in this geographic area, you may be able to get way more support for the particular problems that you have

than if you live in another geographic area? Certainly we have tremendous variability (D1B).

There is not always the conceptualization of the role of government in neighbourhood planning, based in part on a problematic binary where neighbourhood is seen as real and authentic and government is artificial (Newman & Clarke, 2009). One seniors advocate challenges this:

You can have neighbourhoods in the downtown but it is extremely difficult to have neighbourhoods in the suburbs. You can but it takes a lot of work. A lot depends on the infrastructure there. This area [downtown neighbourhood] is a planned community...it makes a big difference when you plan mixed housing, when you plan having shops and services. So if you plan, this is where the City comes in. And the Province comes in because it dictates what is allowed to be done because of the Planning Act. It is the plan that makes it possible for people to have community (D49).

On the topic of policy decisions, several participants reflect on continued challenges associated with amalgamation to the mega-city as it relates to inequities in service availability between different parts of the City's geography, particularly in its suburban former municipalities: "we are still feeling the effects of what amalgamation did, or the effects of amalgamation where we are one big city of Toronto but in Scarborough, there is very little, in the West there is very little and there are huge issues there (B16A). In addition to inequities in availability, there are different service operating models in the former Cities, particularly in their recreation and library services, that may offer seniors different types and levels of programming as well as a different degree of involvement in decision-making. Another legacy of amalgamation is inequity around snow shoveling, where it is provided in one of the former municipalities by the City but done by community agencies in other parts of the City.

The Provincial regionalization of health care, discussed in the Case Chapter, has also resulted in confusing spatial fragmentation as there are five different regional health (LHIN and CCAC) boundaries within the city, which means that there are different eligibilities for home care in different parts of the city, as is reflected by one City staff: "we have got five CCACs that

we have to deal with in the City of Toronto so it is insane, it is not the same all the way around depending on where you live and what you can access. It can be very different if you happen to live on the border or the edge of the boundaries” (B16A). Another City staff advises that “we in the big city have to deal with multiple levels and sectors or Divisions or catchments of government and services” (B25), for instance there might be two or three CCACs involved with one patient – where they were picked up, where the hospital is located, and where the patient is discharged. Several non-profits complain about policy silos where seniors are framed differently as residents/tenants, clients, or patients, by different organizations that prioritize one aspect of their identity over others. Predominantly for senior citizens, agencies admit that the sector with the most power to dominate this framing is health care. As the funding for home care services is increasingly coming out of health care rather than municipal budgets, one agency explains that they work less and less with the City and with neighboring agencies as they have been lumped into a different regional boundary. This divides and fragments the city and makes it difficult for agencies to work together and with local government, the effects of which will be studied in later Chapters.

The character of services and amenities may differ depending on need in the community and while this provision tailored to local needs is important, there should not be communities that have more access to essential infrastructure than others because of differing levels of resources as this creates regimes of differentiated citizenship (Clarke et al, 2014). This is a challenge when increasingly essential infrastructure for an aging population is being provided by the private sector, local government and non-profit organizations. Access to essential services and amenities becomes more and more dependent on location while governments, with increasingly less oversight, have a hard time even knowing what services are available in

neighbourhoods, as will be discussed in further detail in the Chapters to come. Differentiated access should be a public issue worthy of a collective redistributive response. This requires truly understanding what geographies mean in terms of care needs on an everyday basis for senior citizens in all their diversity in Toronto. The following two Chapters examine more directly the extent to which this understanding is being developed in practice through the AFC program in Toronto.

Social Isolation

Perhaps paradoxically given their agglomeration of citizens and supports, participants overwhelmingly talked to the problem of social isolation among seniors as a particular issue in big cities: “in big cities you will see more resources but I also find people more isolated. I do see people being much more cut off and less connected” (E27). One senior citizen advocate explains that elements of the aging experience “somehow becomes more hidden in the city because there are more people to hide behind. Because of the numbers. If you are in a small community, you tend to know the other people in the community...in a city it is easy to lose people” (D49). This invisibility is particularly the case with the most vulnerable seniors, as is explained by a non-profit participant:

The seniors that we work with are marginalized anyways and I think that in urban settings, they really fly under the radar. Every program that we start up, I find people in situations that no human being should be in. And I think that in a small community, it gets noticed by the community. If someone is really unkempt downtown or psychotic or whatever, people kind of rally around that. And that is what might happen in Bradford. But down here, it becomes part of the landscape or they are just existing in a TCH [Toronto Community Housing] building and no one is knowing it (D7).

This quote alludes to the role of non-profits to provide care where government ignores the needs of the most vulnerable senior citizens. A similar complaint is levelled against the Province by a City representative who advises that the CCACs very poorly serve the most vulnerable seniors as

they require doctors notes but these people have no doctor; they refuse to go into some of the City-owned housing buildings to do an assessment; and they withdraw services when there is a hoarding situation.

The social isolation of seniors in urban environments can also produce inadequate service provision as needs go under the radar, further creating inequities in access for different groups. Councillor Ron Moeser admits that big cities are more challenged to provide personalized services and meet diverse needs because of their larger size: “usually the bigger it gets, the more impersonal the services can get. So you have to work a lot harder to identify both the challenges and the people that need our help” (A2). Identifying seniors is difficult in a big city because they are spread out over such a vast area rather than being concentrated in one neighbourhood, making senior-specific issues more difficult to see and servicing all the more difficult because: “it is a challenge in that the numbers are so large and the space, there are just so many people all over and who knows exactly where everyone is. So I guess getting a listing of who is older and who may need assistance” (D20). Several participants note how important this is in the context of emergency preparedness because in “blackouts and ice storms and floods we don’t know where our seniors are” (D1A). A City staff shares a story about a recent ice storm in Toronto:

Were you here during the ice storm at Christmas? I spent all day on the 24th knocking on my neighbours houses of the old folks who don’t speak English in the neighbourhood I live in and transporting them to warming centers because there was no emergency declared by the mayor and people could not, officially, go into people’s homes and take people out. I found a little old woman who was hiding and had been in her bed for three days with layers of blankets, terrified. I don’t think that would happen in a small community. It just so happened that I said to my daughter ‘have you seen anybody coming or going?’ and then I just sort of got nosy and started knocking on doors. And frankly it is much harder to do in an urban setting because you are buzzing around (B28).

Several non-profit agencies spoke to me about their work supporting seniors during power outages and storms, illustrating that this work is being done more informally by local agencies

rather than by local government: “when that ice storm came, our staff went to the towers and brought them food and did what was required. Because it is that hands on stuff that helps people survive in a crisis situation” (D20). This outreach speaks to an important partnership between community agencies and local government, particularly in a big city context, in the area of checking in on seniors. This partnership will be examined in further detail in the Chapters to come.

The romanticization of the local (Newman & Clarke, 2009; Clarke et al, 2014) actually appears to reflect quite anti-urban sentiments which consider big cities in particular as lonely, autonomous, unfamiliar and uncaring places. Overwhelmingly, participants contrast big cities with a hyper-subsidarity based and nostalgic notion of a small town where family, friends, and neighbours watch out for each other. Migration patterns to and within cities result in constantly changing communities and mean that “unlike smaller localities and smaller cities where people tend to be located within communities that they have either grown up in or lived all their life in and aged into them, big cities tend to shake that up” (D52). Families are often separated and urbanization means that in an increasing number of cases, we can no longer rely on families to provide informal care to seniors: “you can be lost. It is so big. Many people have lost their family members, so they are truly isolated and truly alone. In a small town, everybody knows everybody and you are able to keep an eye on Mr. Smith. But in this big city and in those big apartment buildings, who knows you are there?” (D20). In addition, one agency speaks to the breaking up of families as a result of gentrification downtown: “the nuclear family is much smaller now as seniors are now staying back here as the children are moving to the suburbs. So that becomes a difficulty when families are needed to support the parents because they have lives many times far from here, in the suburbs, so that becomes a big issue” (D32). Or, if they do have family, “in the

urban area a lot of those family caregivers have to work. Maybe in the rural area they might have someone to take care of them but in the urban area, many of our seniors, although they do have their family members, they might not be living with them or they work, they have to take care of their own kids. So that means that the kind of support by the family is very limited” (D38). Isolated seniors are thus understood as seniors encouraged to age in place without family to care for them.

The emphasis on aging in place as the private place of the home is critiqued by several participants as a burden on the family as some people need around the clock care and this puts a lot of pressure on family caregivers, unless you happen to be rich and can afford someone to live in. Active aging is thus dependent on the family and it is this residual policy strategy rather than individual vulnerability that represents the real risk. In this context, several participants tell me stories about how the government is training the family to provide care in the private place of the home:

We had one case where a woman was told that she had to take her husband home from the hospital, but he was in a coma. They said ‘you’re a nurse.’ She was 82 years old. It was ridiculous (E27).

This participant advises that “they are doing that because they are trying to stretch the dollars” (E27). There is greater reliance on informal care in a context of public sector restructuring where cost cutting is the primary motivation. We are seeing nostalgia and conservatism around the traditional role of the family and the WHO AFC discourse fails to address this by ensuring greater choice for caregivers (Golant, 2014).

One of the things that we are not saying enough of is ‘how do we sustain the people that look after the people’...the greatest workforce that keeps an aging population healthy are their family. Are their tax breaks, service breaks, incentive to cohort people and make houses more amenable and accessible? So as much as we should focus on the patient, we should really focus on the people that keep them whole, the freebies. And why aren’t people taking people home? It is because they are saying ‘oh my god, I have to take mom

home but I have to work otherwise I will lose my home, I will lose everything that I have.' (D4A).

Several participants explain that it continues to be the informal work of women that constitutes the 'freebie'. A City representative explains this ardently:

It means that this is going to be families and what does that really mean? It means that it is going to be the female members of the family. Daughters, daughters-in-law, female grandchildren...the squeeze is on the women...Many people are forced to leave the workforce and that negatively impacts on our future jobs, on our future salaries and our pension...the government isn't jumping up and saying 'oh we recognize all of the work that you wonderful women are doing caring for your family,' because we the government have abdicated on our responsibility or we have failed in our responsibility or don't really care because the voices aren't loud enough and they are not screaming hard enough for us to actually want to do something about it (B27).

Hardill and Baines (2011) advise that new emphases on volunteering through informal care is a highly gendered exercise and call for broader ethic of care instead, which forms the basis for collective redistribution. In addition to being gendered, this re-familization is likely classed because poorer families cannot afford private care. One agency staff advises that when it comes to family care, "many do not have the money and many families are dysfunctional and many are not ready" (D32). The links here to elder abuse are palpable as such a strategy creates dependence on family who may be overstressed and underpaid and lash out. Several participants explain that caregivers need to organize local government who can then advocate to other levels of government for support. This is a conundrum where care providers are often low income women already stretched. However, as has been mentioned already, more and more people are unable to afford private care and further research to explore the extent to which new citizenship claims are being made on this basis is needed.

An AFC approach that glosses over the increasing reliance on family care is inadequate to address the diverse needs of senior citizens in a context of urbanization. Instead of addressing this, the AFC program places emphasis on the care provided by friends, neighbours, and non-

profits in local communities. However, many participants reflect concern that urban seniors have less access to the informal support of friends and neighbours: “big cities have a reputation that they are more uncaring because neighbours don’t know each other” (D1B). Several non-profit staff talk about the particular problem of apartment living for seniors in a big city context, which are understood as “concrete jungles where there are compartmentalized units and people don’t have opportunities to get together, to be together and support local communities like they do in smaller settings” (D52). High rises and towers as isolated spaces or vertical ghettos that cause social isolation because they have no areas for congregation came up as a major theme in the non-profit interviews. Non-profits are doing their best to service seniors in these buildings, as will be discussed in later chapters, however reflect a common frustration that seniors in these big buildings are extremely isolated; a big city issue that merits further analysis.

My interviews illustrate that participants understand how the spaces of cities create forms of differentiated citizenship (Clarke et al, 2014) for senior citizens, reflecting a ‘seeing like a city’ (Magnussen, 2011) focus that emphasizes the everyday experiences of public policy in place. This offers an opportunity to examine socialized vulnerability created by policy decisions that ignore the everyday needs of senior citizens. However, the dominant narrow understanding of the roots of these needs as a lack of self and informal care is wanting. Here, a big city is a problematic environment because informal care is missing or fragmented; citizens do not act ideally in an urban environment. The following section continues this examination by exploring how participants understand who is empowered to improve local environments for seniors and how these actors are valued as local.

Findings: The Importance of Local Policy Actors

Cities on the Frontlines

There is an understanding among participants that as seniors age in place, municipal governments are crucial actors in delivering services to meet new needs: “Cities really are, its cliché, but on the frontlines with respect to this” (E16). An urban expert believes that “with the number of services required, the role of municipalities being called upon to play is expanding, and it makes sense because cities are becoming so much more relevant to our growth and economy and education and children and all of these things...those innovative pieces need to come together and this can be fantastic” (D53). This statement raises several questions as to why municipalities are becoming more relevant and whether they are actually becoming more relevant. A senior citizens advocate explains that local governments “are the primary providers of services, particularly the services that are there that keep people active. Educational services, leisure, social interaction, health prevention or promotion” (D30A). AFCs are about broader trends in public sector restructuring to reorganize the scale at which services are delivered, rescaling (Keil & Mahon, 2009), which is alluded to by several participants as ‘systems change’. Many participants reflect ‘new localist’ thinking (Katz & Bradley, 2013; Barber, 2013) that other levels of government will no longer have the capacity to invest in the welfare state, thus local communities will have to figure this out and become resilient:

Bottom line is that the types of services that we provide here in Canada and having an opportunity to be able to take advantage of services like we do in this country really taps resources and so we need to really look at strategies to optimize the use of those resources. You can only really do that when there is a larger opportunity to really talk and work together (D52).

Several participants speak to the unique capacity of local governments to engage in partnerships to meet the needs of seniors in a context of resource constraints. Local governments pinpoint gaps in access and identify the partners needed to help fill them. Missing in many of the interviews is an understanding of where resource constraints come from and the last three

decades of narrow projects of public sector restructuring that prioritize funding cuts (Shields & Evans, 1998; McKeen & Porter, 2003; Rice & Prince, 2000; McBride & Whiteside, 2011; Banting & Myles, 2013) are ignored. The symptoms of a lack of investment in health, housing, transportation, and income security are felt at the local level which result in demands for remedial or emergency services.

A City representative identifies rescaling as “an opportunity for cities because we are often, from a lack of leadership at the Provincial and Federal levels and from so much downloading, taking a leadership role on these issues” (B2). As in the new localism literature (Katz & Bradley, 2013; Barber, 2013), this is the time for cities to shine, to be active rather than ‘passive’ players who can show other levels of government their inherently pragmatic, innovative and creative nature. An academic policy expert argues that the real “meta-challenge” of the AFC trend “is to try to leverage the green shoots of innovation” (E16) in order to obtain supportive investment for senior-friendly environments in a context of resource constraints. For this scholar, AFCs “will be one of the calling cards for inter-municipal competition or branding your city” (E16). Here, the city is a business and AFCs are about branding yourself as an attractive service provider, thus the strategy is about economic development and competitiveness, with the WHO age friendly status acting as your accredited stamp of approval. Such a strategy markets the local as a space for active consumption by ‘boomers with zoom’, including a “shopping mall that has national recognition for lining up senior friendly retail” and “a municipality that is heavily investing in things like golf courses and recreational services” (E16). It is not clear how vulnerable seniors fit into such a creative competitiveness (Florida, 2005; Peck, 2009; Boudreau et al, 2009) or urban entrepreneurial (Harvey, 1989) economic development approach.

A minority of participants, and particularly City and senior citizen representatives, did speak to the need to expand a public response. As one City staff explains:

I think that for big cities, and Toronto being one of them, if you take a longer term view, people are leaving the rural areas and coming into cities and Toronto is growing. And so we need to expand, frankly, our public responses. We can't rest on the legacy of old programs and old initiatives. And Toronto has got lots of land, it has got lots of creative ideas and great policies, but we need to implement them. It is all about taking action as opposed to coming up with another plan or another policy (B17).

There is a potential progressive framing here with respect to recognizing difference based on research and asking questions and engaging in new public programs that meet diverse needs. However, the question is whether cities have the capacity to take on a leadership role in this context of emergency need, as will be elaborated upon further in the Chapters to come.

Activating Community

Rather than a public sector strategy, I learned from an academic expert that the original AFC concept was more highly localized in nature, intended to activate small groups of senior citizens or 'communities' engaging in grassroots volunteer work to improve their local environments. These small groups of senior citizens would engage in a process of community-based research and decide on a highly localized niche project in their neighbourhood, such as sidewalk repair, putting in a bench outside, or alerting local businesses to elder abuse. This academic expert advised that the AFC model is more accurately an age friendly neighbourhood approach than a municipal policy strategy. A Federal representative agrees that the AFC model is about promoting active aging among seniors by encouraging them to volunteer to better their community, which may or may not involve advocating to government to enhance access to services and amenities. This offers insight as to why the WHO AFC Guide (2007) provides little guidance on supportive urban politics, policy and administration to actualize a holistic age-friendly approach.

The staff of a large non-profit organization explains that the opportunity that lies in cities as it relates to a positive asset-based approach to aging is around encouraging community development:

being able to recognize that across cultures and across community, it is a community that actually cares the most about what the quality of life and services for seniors are. They actually care the most. And if you go down to the more micro level, it is the caregiver who cares the most. It is the spouse who cares. It is not the hospital and it will never be the hospital that cares the most about how that is done. So the people who care the most about it will be the most willing to provide resources to address that particular problem. It is not just the hospital's problem or the community service organization's problem, it is a problem that lies in the community. If you are able to equip community and mobilize a community, then you are actually tapping into how people most care about a particular issue (D47B).

Communities become the subjects of governance in that they assumed to be ‘moral agents’ (Clarke et al, 2014) that can be activated to become self-governing, taking care of each other and their seniors. In this framing, the AFC itself is not a neutral checklist but a project that seeks to activate communities of seniors to help themselves and outreach to others. My concern is that such a communitarian approach (Kelly & Caputo, 2011; Robinson, 2008; Szreter & Ishkanian, 2012) is more about a form of ‘do-it-yourself’ urbanism (Iveson, 2013) that ignores activism that seeks to fundamentally address how public policy has failed to recognize seniors in large scale social and physical infrastructure policy domains and provide advice for a more progressive form of urban authority (Martinson & Minkler, 2006; Minkler & Martinson, 2007). There is one small non-profit organization in Toronto who received Provincial funding to undertake such a neighbourhood-based AFC initiative. A representative explains to me that “the neighbourhood focus is critical because you can’t expect 50 people to take on a large population of seniors in Toronto. A city of this size requires a lot more than one organization doing this work... But we are quite happy to go to many other neighbourhoods, depending on our workload and how many staff we have and so on” (D30B). While the purpose of this neighbourhood based aging project

in Toronto is more informational, it is not clear how this project is supposed to inform the *Toronto Seniors Strategy* as the agency is not well aligned with local government, as will be discussed in later Chapters, and what if any action will be undertaken when it is complete. Furthermore, not every neighbourhood has a similar organization and this voluntary community response risks exacerbating existing fragmentation and spatialized inequity, as was highlighted by Scharlach (2012) in his original research on AFCs in the United States.

The highly localized age-friendly approach is also an issue with respect to action on bigger improvements in quality of life for senior citizens such as accessible and affordable housing and transportation, which are key elements in the AFC checklist. On the topic of action on age-friendly, an academic expert admits that it has been difficult to make the leap from improving confidence among a small group of seniors to achieving larger impacts to seniors beyond this group, framed as reducing the emergency health care needs of isolated seniors. As was highlighted in the Recognizing Seniors Chapter, again we see the emphasis on activating seniors to save money in the health care system. The highly localized, ad hoc, and informal nature of this communitarian AFC approach raises questions as to whether the originators were actually expecting these kinds of outcomes. This does appear to be the case however, as the Federal government is increasingly interested in measuring outcomes of AFC projects. This discussion highlights the serious gap in the way AFCs are conceptualized as small groups of seniors getting together to brainstorm and fix a local issue, which may require getting the local government involved depending on the priority identified, and the expectation that this is going to impact quality of life for senior citizens substantially. Policies of multiple governments are crucial in the creation of neighbourhoods that agglomerate access and create democratic spaces

for citizens to gather and to inform public policy and must be fundamentally brought into a broader AFC strategy.

Policy Personalization

My interviews indicate that local government is particularly valorized in the current politics of scale because its assumed geographic proximity to citizens is believed to provide personalized policy that meets diverse needs (Clarke et al, 2014; Newman & Clarke, 2009). This is framed by many participants in opposition to seemingly depersonalized, top down, and universal one size fits all provision of other levels of government. Cities are considered closer to the ground and thus closer to ‘ordinary people’ (Newman & Clarke, 2009): “I think that they have a vital role. A vital role because they are the hands-on. They are the ones who are right there. These are the constituents that they are serving” (D20). This framing is interesting because these are also the constituents of other levels of government, illustrating that local governments are seen as essentially more democratic (Barber, 2013). Cities are understood as more trustworthy because of their proximity or direct relationship to ordinary citizens as people are seen to have more direct access to City Hall as opposed to other levels of government.

Several participants also reflected the notion that citizens can call City staff, who will come fix things and deliver services for them directly. There is a form of populism behind this local valorization that gets contrasted to the distant role of other levels of government. Federal and Provincial governments are understood as artificial while local government is cast as operating in the “the organic location of ‘real’ or ‘popular’ politics” (Clarke et al, 2014, 139): “the local government is a very responsive and immediate order of government. Federal and Provincial governments tend to be much more removed” (D53). This is explained by a City staff: “more community infrastructure work gets done at the local government level that affects

citizens, whereas the type of policy work done at the Provincial and Federal levels are so vague and broad, paralyzed by ideological positions that the work that is most tangible for seniors is left to the delivery agents, like local government and NGOs” (B23). According to a City representative, local governments “have local intelligence and knowledge of what is happening on the ground that other levels of government might not necessarily have. We take a micro level approach at addressing issues” (B3). Addressing these ‘community needs’ is undertaken equally by other levels of government who support broader policy such as income support, infrastructure funding, and health care and require an understanding of their impact on diverse population groups. Local government has a distinct claim on personalized policy and service provision, giving them political legitimacy in a context where anti-statist sentiment is highly prevalent. This framing risks increasing anti-statism rather than engaging in a conversation as to how all levels of the state must work in partnership to support AFCs. In this way, my findings indicate that a single scale national analysis is being replaced by a single scale local analysis.

The potential for innovative service and research partnerships among City departments, hospitals, non-profit organizations and universities to provide personalized services to seniors is lauded as a major opportunity in a large urban center. Several City staff advise that there are many potential partners who are willing to run programs in City facilities, creating opportunities for innovations. Here, some participants allude to the City as a test site for innovative pilot projects in the realm of service provision for seniors. The unique vantage point of local government to recognize everyday, ordinary needs of seniors creates opportunities for innovative service responses such as transit offered at off peak hours, community bus routes that take seniors around their neighbourhood, life lease housing, clustered service provision, public health nurses checking in on people, and new programming in libraries and recreation centres. An

academic policy expert reflects on the importance of “nice little projects that can give a concrete real life picture that these things work...there is a concreteness about municipal initiatives that can be very useful for people to see how it works” (E22). Representatives from other levels of government speak about small scale innovative community-based projects such as exercise, cooking and gardening classes as well as intergenerational and transportation projects. However, because these small projects are ad hoc and do not appear to be part of a larger AFC strategy, it is unclear who is intended to fund and coordinate these arrangements so that they can be sustained – seniors themselves, private entities, non-profit organizations, or the City.

In addition to supporting health prevention work that activates more privileged seniors, local government proximity to citizens means that they are also uniquely situated to provide remedial emergency oriented provision for more vulnerable seniors. This includes shelters, ambulances, Long Term Care facilities, police, and other emergency response measures. Several participants explain that the proximity to vulnerable people means that Cities have to act to address needs as people end up destitute in their backyard or outside their doorway. As more senior citizens require emergency services, the costs to the City become significant and make it difficult to invest in more preventative service provision, as will be outlined in further detail in the following two Chapters. Increasingly, it is also non-profit organizations providing these emergency services.

Non-profits Care

Similar to local government, non-profits are valued for their proximity to citizens: “so much of the response to population aging has been done by the non-profit sector. Grassroots organizations trying to respond to local need” (D1A). Non-profits are valued for meeting service gaps innovatively, not in a way that is one size fits all but that meets diverse need, because they

are believed to have flexibility as they do not have the mandates of governments. Non-profits are contrasted with governments for knowing “the populations that they work with...governments might think they do but they don’t as well” (D8). My interviews suggest that non-profits are also valued for ‘getting things done’, which is contrasted with government.

I think that we are pretty good at implementation. And the tactics. And oftentimes the policy makers are good with the strategy and the policy but they just don’t have the experience with the tactics and the implementation. And that is where the conflict comes up sometimes (D12).

There is a type of populism here that “it is the community agencies that are more on the ground. They are more flexible. We can turn around in no time...We are constantly doing acrobatics here, left and center but it is the non-profit sector that listens” (D35). The non-profit sector is thus considered more inherently democratic than government.

we are able to work with other initiatives and other agencies quickly. We are more responsive because we are the little guys but we can do the big things. This is because of the short time in which we can react. It’s because we have been operating for so long with limited resources that we have learned how to creatively work with local agencies (D47A).

Action orientation is contrasted with other levels of government that sit around and deliberate, are stuck in ideological debates, or prepare reports that are never implemented. In this way, non-profits are framed as apolitical implementer of social services.

This grassroots nature and proximity to citizens means that non-profits care about their clients; they watch out for them and retain a human and intimate touch not experienced through government provision. Non-profits go the extra mile to do the hands on work that no one else is going to do. I found in my interviews that non-profits often positioned themselves as an ‘extended family’ for senior citizens living in urban areas who lack access to informal care. Several non-profit staff spoke to me about their role checking in on people and finding people who are living alone; an informal role that then connects seniors to more formal services and

programming such as Wheel Trans through care coordination. My interviews suggest that non-profits in the realm of senior's care are increasingly addressing social service siloes in practice, which will be discussed in greater detail in the following Chapters. Non-profits also provide targeted emergency services to marginalized seniors: "we have crisis people who help relocate people who are on the verge of eviction and we get them into nursing homes...we put on the bedbug suits and go in and pack up apartments" (D20). A non-profit staff explains a common situation:

We had an instance this week. We have restaurant trips usually and we went to pick up one of our seniors in the building and she wasn't there. We were quite concerned and called the superintendent to look in the building, in the apartment, and she wasn't there. This woman has no family, so we started calling hospitals now and found out that she was in a hospital. And this is TCH and there really should be a form of obligation because there are seniors in these buildings, but there isn't really (D20).

Here again, we see this non-profit addressing a government failure to provide personalized care.

This agency staff reflects on this work:

But just being able to play that role of truly assisting people with no one is amazing. It is truly amazing and I think that we need to see more of this everywhere. In order to keep these people safe, it has to be hands on, it can't be mass. It does have to be, say, about having a lunch group where you meet the people and you get to know them. And as you are calling them weekly, that weekly call saying what time we are picking them up is acting as 'are you ok?' Sometimes the family is maybe speaking with them only on the weekend and they don't know if there is a fall or a problem (D20).

However, outreach is not an easy task for non-profit organizations, and particularly for those that are smaller in size and located in suburban places. The challenge moving forward is to provide more personalized care as the population ages while ensuring that this does not become about top down and one size fits all 'mass service delivery'.

Part of the valorization of the local is about activating communities, civil society, and non-profits to provide informal care to senior citizens. Non-profits identify "important needs and gaps...helping to meet them" (D1B) in a way that supports and activates community (Kelly &

Caputo, 2011; Kendall, 2008), which as previously discussed is a crucial component of the AFC model. Non-profits help activate those who care the most - individual volunteers in local neighbourhoods (Rochester et al, 2012) – to provide informal neighbour to neighbour voluntary care to seniors. Non-profits engage in “partnering with communities to address its own needs and enable it to leverage its own resources to address those needs” (D47B). A non-profit staff working for a large agency that funds community-development work of mostly ethno-cultural community groups admits that “we in no way feel like this is a sustainable solution but it is to develop the organization, this has been a jumping off point for them to access other funding streams” (D47B). There is thus a recognition here that informal community development is not enough and that “trying to get them to build partnerships so that they can sustain and better access services that they would never have the capacity to deliver” (D47B) is equally important. However, there is a lack of clarification around what else is needed and particularly the role of government to support this community development as part of a larger AFC strategy to create healthy environments. Underlying this rhetoric is a binary assumption that if you have less state, you have more society, as the Big Society policy program lauds (Szreter & Ishkanian, 2012). Non-profits and communities are seen as actually caring and in response, interviewees have suggested that we should let them do the work, let them take over, let them thrive and show their resilience. This is challenged by one academic participant:

Opportunities are always related to money and finances and if you don't have any of that, how many volunteers are you going to get out and change transportation? Who is going to go out and build houses for old people? Nobody. Those things aren't going to happen (E20).

An issue that is significantly overlooked is that non-profits do not have to be there, they can change their programming and pick up and leave. In his seminal work on the non-profit sector, Salamon (1995) argues that non-profits are subject to ‘voluntary sector failure’ as they

operate with unstable resources, are unelected and lack formal democratic accountability, cannot guarantee equitable access to services across geographic scales and lack service standards.

Governments can address voluntary sector failure through the provision of stable resources, the determination of funding priorities through democratic channels, the protection of social rights such as access to care, and the development of standards that ensure service quality (Salamon, 1995).

Rather than a public response, it is the ethic to care and close proximity to community that provides accountability and is seen to prevent voluntary sector failure in my interviews. This is contrasted with government, particularly in the realm of home care, who provide only limited support to those living within particular geographic boundaries based on pre-designed regulations for means testing.

big government has got things like the CCAC...they have got things like 'your service is from 10:25 to 10:35 and sorry I know you are bleeding but you don't apply and will have to call a different department.' ...It is very bureaucratic. I sympathize with them but my volunteers can flex (D35).

This non-profit staff claims to address a gap in state programming; but is it that volunteering is better or that government has to be less rigid, bureaucratic and deliver care that is more humanized? This also speaks to the question as to whether someone should be paid to do this care work, making it a visible, normal, public issue worthy of a collective response. A number of interviewees suggest that non-profit staff go the extra mile, but often this work is unpaid (Hardill & Bains, 2011). In this way, non-profit staff are used by governments looking to offload responsibility because they care and their hearts are in it. They will coordinate and partner with other agencies to get people the help that they need because “this is part of the nonprofit ethic; it is about the people” (D27). Scharlach et al (2014, 183) note that “community social organizations are of increasing importance in the context of increasing population diversity and

declining roles of families, religious institutions, and governments in the postmodern state.” In this way, non-profit support is meant to replace family but also government in the current era, reflecting a residual care strategy of questionable sustainability (Antonnen et al, 2012a; Johansson et al, 2015; Kelly & Caputo, 2011; Rochester et al, 2012).

Municipalities are considered by many participants as the most legitimate government to support non-profits because they have many similarities with respect to their place-based nature, service orientation, people-centricity, and concern for vulnerable citizens. However, in practice, the local level of government has the least amount of money to give, a conundrum which will be explored in later Chapters. Many participants speak to a unique partnership between local government and the non-profit sector: “I don’t think that they can work in isolation. I think that local government has its finger on the pulse of what they identify as local needs within the community and so does the non-profit sector” (D8). Thus together the local state and non-profit sectors can meet diverse local needs and have a unique relationship because both sectors deliver direct services. In addition, one non-profit staff explains that the City “take the really hard to serve groups. Maybe this is why we have a good relationship with them, because we get each other because we work with those marginalized seniors” (D7). A City bureaucrat explains how they work with non-profits by encouraging them “to prepare a snapshot of the data they are doing, say if they are coming to Council to depute” (B7) in order to support service funding and projects. Local government can also inform the non-profit sector about “what we are seeing...our assessments of what might be the best place to be looking at building up services” (B7). At the same time, non-profits have access to quantitative and qualitative data on seniors that can inform wider programming, which one agency staff explains “is certainly a way that we can let local

government know what the needs are, how we move forward, what languages are preferred in a certain demographic area” (D20).

One staff advises that cities should adopt an approach where they are “working with the non-profits that are used to community development and we are close to the ground and we can help government listen to the voice of the real people. And most of the time now it is very high level and some of the issues, the real issues are not even looked at. So I think that it is that ground up that is so important” (D32). Here, non-profits are situated as the authentic voice of ordinary people while government is seen as an artificial construct, a formulation that serves to delegitimize government action (Newman & Clarke, 2009; Milligan & Conradson, 2011; Szreter & Ishkanian, 2012). Graefe (2002) cautions that an oversimplified and undifferentiated notion of the state challenges the sector from working with progressive elements of the state to enhance their voice in policy decisions. Non-profits make the work of the City more personal, and thus more accountable because of their direct role with residents. In essence, in this era of anti-statism, ‘partnerships’ with non-profits are valued for their ability to make governments look more accountable to ‘ordinary citizens’ (Newman & Clarke, 2009).

At the same time, several participants believe that local governments and non-profits should play an advocacy role because they are closer to the ground and can see gaps more glaringly. The City has the potential to raise the consciousness of age-friendly issues through stories and everyday examples of inaccess and reduced quality of life for seniors. Local policy actors compliment wider aspatial programs through their unique service and policy advocacy role rather than replacing these aspatial domains. Some City and non-profit participants see their role as informing policy at other levels of government, illustrating a more expansive project. The question is whether AFCs are about creating the institutional structures for cities and non-profits

to inform broader policy other levels of government, a discussion that I will elaborate upon in the following chapters.

A partnership with the non-profit sector is thought to enhance access by extending the City's service role and capacity to outreach to more seniors. A City staff advises that they "provide community funding through grants" and "rely on community agencies to do a lot of the work that we don't, that we can't do" (B3). However, Salamon (1995) emphasizes that non-profits do not simply step in to fill a service niche but are interdependent and complimentary with the state, meaning that they are strongest in areas of public policy priority and when government funding declines, the capacity of non-profits is reduced. As an example, one agency staff explains that "some of the new agencies have to pay a good rent. So when you are paying a big rent, you are taking services away from seniors. And I understand that the City makes money but with us being there, we are providing a service and many times covering for the city...I think that this is a very unfair situation that agencies have to reduce their services because of the cost of the rent. Rather than saying that we are working together. It should be symbiotic" (D32). Here, the non-profit staff reflects on the care role of the sector being taken for granted by the City and longs for a real partnership.

Paradoxically, I also found that City staff are particularly concerned about the capacities of non-profits with whom they work, advising that many small agencies have little skills and capacities and only a very small budget to develop these. This perspective may illustrate the type of non-profits that the cities work with as often they fill gaps in funding by other levels of government to organizations that are smaller and do more community development work. In particular, one City staff notes that some organizations "need a lot of capacity work, especially the smaller ethno-specific organizations as they differ in the capacity to really run an

organization and to provide all the services” (B7). The question here is whether the goals should be for these agencies to provide all the services. These smaller agencies are playing a traditional role of adapting and meeting niche needs but are now said to lack capacity to also provide more universal needs.

Non-profit Maturation

There is an undertone in several of my interviews that the biggest pressure placed on the non-profit sector is that the group that they serve, senior citizens, is both growing and changing. One staff notes that “I would say that as the population ages, somehow the services will need to expand. I am here basically on a part time position and we probably serve a population of over 300 per year of distinct individuals served. And we have some 150 client contacts per month through different programs. And we have had, over the past years, an increase in attendance” (D25). This growing population means that non-profits have to adapt: “there is a fight that goes on with some people. It is not easy for non-profits to constantly re-evaluate their programming but it is essential. Things are changing and are you changing along with them. You have to realize that your community has evolved and this requires your program to evolve” (F6). Interviewees critique some non-profits as failing at their core role of being innovative, community and people centric as they are too stuck in their old ways. I found that this critique was often levelled at small agencies that refused to engage in more entrepreneurial pursuits (Hardill & Baines, 2011).

Many participants believe that non-profits know how to respond to challenges, do more with less, and create value for money, reflecting narrow projects of marketization permeating the sector (Evans & Shields, 2010; Richmond & Shields, 2004; Hardill & Baines, 2011; Rochester et

al, 2012). This is framed as creative and innovative, sparked by the adversity of limited resources, as is reiterated in the following statement:

let the non-profit organizations who are the ones that can afford sometimes, often because they are forced to with tight budgets, to do some really neat things...I do know that the non-profits can innovate. They often have limited funding and that can stretch them to say 'ok can I do that one job with two part-time people or how can I work that? (D54).

This statement directly alludes to the precarity of labour in the non-profit sector, which here is seen as a facilitator of innovation (Hardill & Baines, 2011; Shields, 2014; Baines et al, 2014).

Similarly, another staff argues that “the role of the non-profit service sector is incredibly creative and efficient and the taxpayer will get a fantastic bang for their buck investing in the non-profit sector” (D35). Furthermore, “the community sector, the non-profit sector, attracts the rest of the community. I have on my board executive directors, lawyers, accountants, business people.

People that would never dream of working for the government or volunteering for the government. That affects the rest of the community. All of a sudden they realize that there are people in this city that are older people that have mental health issues and have nowhere to go” (D35). My interviews showcase a drive to bring more private charity from privileged citizens who, through the board system, are given an exposure to poverty and may support grassroots entrepreneurship. In a context where we have seen decades of cuts to public programs and charitable tax deductions increase (Elson, 2011; Laforest, 2013b), this privatization of welfare is occurring instead of the provision of services as a right of citizenship and non-profits are implicated in this. It is crucial to understand how this is changing the sector and whether this is sustainable, a topic that will be explored further in the Chapters to come.

In addition to filling gaps in public service provision, my interviews reflect a concern about duplication and overlap, particularly between non-profit and City service providers, with non-profits emphasizing that the City should compliment and not duplicate the work they have

developed expertise around. While this could illustrate the foundations for a real partnership, we must also make sure that this does not illustrate the prevalence of residual care strategies (Antonnen et al, 2012a) where the most natural and primary service provision is charity rather than rights-based. Furthermore, a non-profit staff explains that “we do have an obligation to look at the population at large and where the needs are and also to work together as a system of providers to make sure that we are not duplicating, triplicating, and fourplicating things. And create a more coherent systemic response to these issues” (D31B). This quote reflects a trend for the sector to look at the population at large rather than niche population groups. The non-profit sector is now expected to address the fragmentation created by decades of public sector restructuring.

the non-profit sector is getting a lot more pressure to do it in a way that is a system response, which I think is excellent.... I think that the non-profit sector has a responsibility...to come together and to work out the system glitches and to start to figure out 'you are really good at that, and we are really good at this, why don't we stick to that, you stick to this, and let's get a system going.' ... I think that it is not just about getting your own little programs going and doing your thing in isolation but it's about how do we work together and what is working for people (D7).

Non-profits are expected to engage in both personalized service provision to address difference as well as core service provision, bringing the various actors together through systems work, and even funding smaller voluntary agencies. However, the preventative and quality of life maintenance work of the sector is at risk as they provide increasingly core services (DeSantis, 2013). Many non-profits I interviewed see this as their problem but there is a need to advocate for investment in core infrastructure and essential services provided by the public sector so that they can play their innovative, personal, and community centric preventative role. The work of government and the non-profit sector is complimentary (Salamon, 1995) and several agencies advise that more money from government would increase their capacity to fundraise and to bring

in more volunteers, and more knowledge through research. Instead, fundraising, increasing user fees and social enterprises are used to fill gaps in government funding. The following Chapters examine the tensions this creates for the sector, particularly in its role to provide personalized services to seniors.

Increasingly, there are calls to measure the worth of non-profit provision to ‘the system’. They are being pressured to prove, scientifically, that they are accountable organizations. Thus, as agencies are more professionalized and get bigger contracts from government as well as tax deductions, they are pressured to show value for money. Such a measurement includes the extent to which targeted service provision saves money by reducing burdensome demand on remedial services, also known as the social value created (Dowling & Harvie, 2014). Hence, we see an emphasis on technical pilot projects where localized groups of seniors become a natural experiment for different service models that may be scaled up and decontextualized should they prove to produce social value, in particular saving money in the health care system. In my interview with a Provincial representative, it was recommended that I explore the concept of social impact bonds as this was a new trend in privately funded non-profit service provision that supports these seemingly innovative pilot projects. Social impact bonds are a financial tool borrowed from the private sector in which private investors bet on the extent that risky individuals will in the future reduce their demands for public sector services, making a profit should their social investment produce prearranged measures of social value (Joy & Shields, 2013; Dowling & Harvie, 2014). This Provincial participant advises that these tools are a natural progression in a context where local governments are struggling to meet their service obligations. Decades of offloading social and physical infrastructure responsibility onto municipalities is

ignored. The lack of resources for redistribution is seen as inevitable and is blamed on an aging population that has more burdensome needs.

My interviews indicate that this shifting role for the non-profit sector is resulting in something of an identity crisis. A representative from a large non-profit agency explains to me that the major issue with community services right now is that they reach seniors and are coordinated and whether this is done by a non-profit or for-profit doesn't much matter. This understanding is highlighted by Laforest (2013a) who advises that the new market orientation of service delivery has blurred the boundaries between the state, private sector, and non-profit sector. However, some participants distinguish the role of the non-profit sector from the private sector as their essential role is to care for people and provide services to meet needs on this basis rather than to make a profit.

There has to be a niche for the non-profit sector because we support in different ways, with dare I say no strings attached in the same as a for profit might support. I think that in terms of that support and that role that we play, I think that it is an invaluable one and one that is, while we have our own internal policies in which we expect staff, volunteers, and clients to abide by, it is very different than being beholden to government or profit (D8).

There is a notion that if non-profits were not there then there would not be services: "it is fortunate that we have them, otherwise there would be a lot of needy people that would be out of luck" (C6). The non-profit sector is seen as qualitatively different than the for-profit sector, but this may be changing (Zimmer, 2011). Another non-profit participant makes an opposing argument: "there is no difference between a for-profit and non-profit except whose pocket the money goes into. Profit making goes into stock holders and in a non-profit, the money goes back into the organization to keep the wheels turning for programming. The idea is to make money but the old school doesn't think of a non-profit like that and those people will have to disappear" (D55). Innovation in the sector is framed as marketization and non-profits are reframed as social

enterprises as markets are the seeds of innovation (Kendall, 2008): “non-profits need to find innovative ways of thinking and financing, funding...they just keep complaining ‘there is no money, there is no money.’ Well money is not the big issue” (D55). The solution lies in “strategic partnerships that over time could lead to new ways of thinking... You have got to be a risk taker and you have got to be an explorer. And people who are locked in to whatever can’t make that journey. That’s where the incapacity is, because there is a new journey. We are going to new places, this is a new place in time and whatever got us here, congratulations it is very good but it is not usable. Without crushing the next generation” (D55). This reflects an oversimplistic view of the past as static and the future as full of change that also fails to understand the past three decades of managerialism within the non-profit sector (Evans & Shields, 2010; Milbourne, 2013; Casey, 2013) as well as cuts to public health programs as a result of tax cuts which have led to rising inequality. Another non-profit participant expresses a concern that “our world has become so obsessed with profit and profit making that the question is: where is the place for non-profit anymore? Where is the philanthropic desire to assist and support people?...this is critical in terms of supporting seniors and other vulnerable populations” (D8). However, non-profits are proliferating but are becoming more professionalized and marketized, made to compete for predefined service programs despite the framing that they are community-centric (Laforest, 2013a). My research highlights that we have not lost the concept of non-profit and philanthropy but the concept of solidarity and social services provided collectively as a right of citizenship.

For some participants, the small community centric role of the non-profit sector is a thing of the past and governments must wake up to recognize that the sector is now mature:

the non-profit sector in Ontario and Canada is mature. 30 years ago, it wasn't mature. The problem is that there are still people around who think that they are not mature, but it is. I think that the non-profit sector and certainly the larger non-profits can be trusted to do all sorts of things. They are bold, they are dynamic, and they are going to do great things (E26).

This policy expert predicts that “one of the big things that we are going to see with non-profits generally and especially with the provision of seniors housing is non-profits that are currently operating one or two buildings will get bigger and bigger” (E26). Interestingly, some participants’ critiques of government relate to scale yet those same participants do not see a problem with non-profits becoming bigger and bigger, framing this as maturation. Non-profits are mature as they have grown to a size and a level of sophistication and professionalization that they can take on more and more of the role of the state, including the provision of social housing. This maturation is a natural progression. This is occurring as government has stepped away from public provision and as private sources of revenue through charitable investments also becomes a more significant source of revenue (Elson, 2011). The work of non-profit organizations and how they are changing cannot be separated from the broader political economy in which they are situated. Like government as well as private businesses, non-profits can be bureaucratized and marketized or they can be people centric and used for redistributive ends. It is thus key to look at the values behind their institutionalization as well as their practices with respect to its impact on equity. The following Chapters will look at how these different rhetorics about the non-profit sector play out in the practice of AFCs in Toronto.

Conclusion

In this Chapter, I have examined the claim that AFCs represent a positive approach to the issue of population aging by adapting environments to make them healthy for senior citizens. I do this by exploring how participants engaged in age-friendly work in the City of Toronto define

the importance of local environments and of local policy actors rhetorically through a citizenship lens that encompasses a politics of scale (Clarke et al, 2014; Isin et al, 2008). I identify a problematic paradox where participants overwhelmingly understand serious problems of inaccess for senior citizens in big city environments but the dominant understandings for how to address these problems is inadequate.

The scale of the problem of inaccess for seniors in big cities is significant, resulting in differentiated citizenship (Clarke et al, 2014). While urban environments agglomerate care, inaccessible environments and expensive, inadequate, fragmented, and competitive services remain significant barriers. While place forms a crucial lens to understand difference, the very notion of accessibility is critiqued as being defined too narrowly, leaving out certain aspects of difference on the basis of age as well as differentiated citizenship within the older age group. A major finding was the concern that the most vulnerable seniors who struggle to care for themselves are particularly isolated in big cities because they are unable to avail from the informal care of family and friends, illustrating that residual (Antonnen et al, 2012a) and familized approaches to caring for the elderly are normalized. If an individual cannot care for themselves, their family, then friends and neighbours, and then non-profit community agencies are expected to step in to reduce isolation. The more 'local', the better, reflecting an undertone of subsidiarity and residualism (Antonnen et al, 2012a) with respect to care provision. This keeps care needs invisible.

There is an understanding amongst interview participants that localized policy actors from the City and non-profit sectors have become increasingly important in meeting the needs of seniors. These actors are valued for their capacity to meet everyday, ordinary or personal care needs that is respectful of difference, framed overwhelmingly in opposition to or even as a

replacement for the policy role of Federal and Provincial levels of government. This role is understood much more as targeted service delivery to particularly vulnerable seniors to alleviate loneliness and suffering as well as to save money in the health care system than as a public right or entitlement. There is also a much greater emphasis on small niche improvements to changing place in order to activate people as opposed to a holistic environmental program of universal inclusion (Antonnen et al, 2012a) that encompasses large scale social and physical infrastructure improvements as well as niche supports for seniors in different social locations. Place has become increasingly important as state institutions are restructured and rescaled to focus on enabling individuals (Newman & Clarke, 2009). We change the place and thus we can change the people, in this case reducing the burdensome demands of risky seniors. This is a form of spatialized social investment (Saint-Martin, 2007; Chen, 2008): invest in places to enable people to be resilient and adaptable and get a payoff in the long run through reduced demands to public services. Residual provision that is meagre, ad hoc, and informalized is inadequate to address the challenges of inaccess in local environments outlined in the first half of this chapter and there is an indication among some participants that a residual strategy is increasingly inadequate as seemingly personal and niche needs are becoming more and more necessary. However, rather than a public redistributive response to these core needs, non-profits in particular are situated as ideal to take on this service work and to become larger and more professionalized. This presents an interesting tension where the sector is asked to provide personal niche as well as core supports, represent vulnerable seniors, and deliver value for money.

My findings indicate that the ‘seeing like a city’ approach (Magnussen, 2011) is being taken too far in practice by ignoring any form of ‘seeing like a state’ and its associated emphasis on the politics of redistribution. The failure to take a multi-scalar approach to seeing like a city

simply replaces a single scale methodological nationalism with a single scale new localism. This is because of the dominance of anti-statism and cost cutting as part of a narrow political project in which local government and non-profit provision is understood as a replacement rather than a compliment to wider forms of public redistribution. There is inadequate conceptualization that governments at all scales provide investment in the big social and physical infrastructures crucial to healthy environments. With AFCs, the local becomes a dominant scale valorized to deal with a more dependent population while the scale of the nation becomes increasingly invisible. Narrow political projects operate through AFCs to activate seniors, families, neighbours, communities, non-profits and municipal governments as a residual and subsidiarity based replacement for a wider redistributive response based on universal inclusion (Antonnen et al, 2012a). Policy is directed at trying to create informalized care in smaller communities in urban places. The emphasis is on encouraging more informal care and many participants hark back to a traditional idyllic village where we cared for the elderly informally and did not need the big, burdensome, depersonalized institutions of the state. Where social isolation and the risk of emergency problems occur, there is an emphasis on targeting people and neighbourhoods that are risky to us all. In this way, the AFC concept is not meant to incite more public approaches to enhance redistribution and equity but a big society of do-it-yourself urbanism and neighbourhood betterment by active citizens or armies of volunteers (Szreter & Ishkanian, 2012; Laforest, 2013a; Taylor, 2013; Hardill & Baines, 2011). The localization and projectization of this strategy risks exacerbating service fragmentation and inaccess if a local community does not have an active group of seniors to push AFCs (Scharlach, 2012). Non-profits and municipal governments replace the informal care that is not being provided adequately by the individual, family, and neighbours and the formal redistributive care once provided by higher levels of the state. This is

a welfare strategy based on subsidiarity and residualism where the state only steps in in emergency situations to target those who present the most risk (Antonnen et al, 2012a).

AFCs based on a right to the city (Isin, 2008) requires that all urban policy be subject to an aging lens applied city-wide, to different city departments, as well as in different neighbourhoods through local audits, the design of which should involve the active engagement of diverse senior citizens and their organizations in its development. This requires policy capacity in order to undertake this research, action planning, and investment and requires new forms of innovative partnerships among levels of government who are best able to coordinate, redistribute, and resource this action. An intersectional seniors lens must also be devised and apply at other levels of government in order for them to understand how wider policy realms affect the day to day experiences of seniors in places. Such public action is equally enabling for ensuring that seniors are able to age in place. The rhetorical tensions highlighted in this Chapter will be examined in practice in the Rescaling Redistribution Chapter as I move to explore how the eight domains of the AFC program actually works in practice in Toronto.

Rescaling Redistribution

Introduction

In this Chapter, I examine the claims that AFCs represent an effective and revolutionary approach to meeting the everyday needs of senior citizens in local environments through a more fulsome analysis of age-friendly policy practice in the City of Toronto. This analysis also serves to explore how the rhetorics outlined in the previous Chapters on people and the environment take place through AFC policy practice, causing tensions, challenges and opportunities. I do this by addressing a gap in the literature outlined by Scharlach (2012) and Buffel et al (2012) that deeply contextualizes the AFC program through a study of participants' understanding of their everyday work producing age-friendly environments. This includes situating the program in a socio-political context of nation-state unbundling (Brenner, 2009; Clarke, 2004) in which multiple political projects are in operation and can only be understood through a contextual examination.

I eschew methodological nationalism in my analysis to focus on 'seeing like a city' (Magnussen, 2011) in order to highlight the everyday practice of policy actors, including the non-profit sector, that are invisible in mainstream political science accounts (Mahon et al, 2007; Stone, 2009) and in the decontextualized AFC checklist (Buffel et al, 2012). This consists of an analysis of the politics of scale (Clarke et al, 2014; Mahon & Keil, 2009) that drive the transfer of responsibility for the regulation of social and physical infrastructure, or the redistributive aspects of citizenship (Isin et al, 2008), to governmental actors from the City and non-profit sector who operate at the scale of the local in Toronto. The politics of scale encompasses an analysis of the political projects that adopt rhetorical and institutional strategies to change or solidify the scale at which social, political, and economic activities are regulated in an effort to expand or narrow the relations of citizenship (Clarke et al, 2014). I work from the perspective

that cities are ‘landscapes of antagonism’ (Newman, 2014) in which there are a multiplicity of political projects operating at the scale of the local, making my study multi-scalar in nature.

A critical scalar analysis allows me to identify institutionalized power relations of control, hierarchy, or equality (Clarke et al, 2014) that have very real consequences on the everyday quality of life for senior citizens in Toronto. I examine the institutional strategies of the politics of scale that drive AFCs, focusing on how participants understand the citizenship relations between seniors and institutions (Clarke et al, 2014) through their tangible action and inaction in the eight domains of the AFC checklist outlined in the Case Chapter: 1) respect and social inclusion; 2) civic engagement, volunteering, employment; 3) social participation; 4) community support and health services; 5) housing; 6) transportation; 7) open space and buildings; and 8) communication and information. This includes how participants actually understand their redistributive practice and capacities as it relates to what is written in the *Toronto Senior Strategy* report as well as the AFC concept more broadly. I link ideas about the role of local policy actors in the Role of Place Chapter to the role that they are actually playing to enhance access in local environments. I am particularly interested in discovering who is empowered to redistribute through AFCs, the mechanisms for redistribution, the capacities of redistributive actors to meet the emotional and material needs of seniors, and the implications on the quality of life for senior citizens in all their diversity in Toronto. I linger on those areas of the checklist that were a greater focus for my interview participants, which include the three big ticket policy domains of health care, housing, and transportation.

The purpose of this analysis is to highlight the opportunities and challenges to achieving a right to the city (Isin, 2008) for senior citizens through the AFC policy programme as currently envisioned. This is a model where the politics of scale supports universal inclusion (Antonnen et

al, 2012a) that recognizes similar and unique needs based on the lived experience of access in environments and supports the role of various policy actors to redistribute on this basis to enhance spatial justice (Soja, 2010). As such, I begin to explore how the politics of scale supports or fails to support the institutionalized ‘rights of the city’ (Isin, 2008) as well as the ‘rights of the non-profit sector’. I examine how research participants makes sense of any inaction and gaps in AFC practice and how these understandings correspond to particular political projects. I search for tensions, struggles and paradoxes in context as well as opportunities for local policy actors to redistribute social and physical infrastructure to improve equity for senior citizens through AFCs.

I find that the AFC program in Toronto is not only challenged in implementation by narrow projects of public sector restructuring, as is suspected in the initial critical research (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011), but is also translating these projects by encouraging the responsabilization of local policy actors as a substitute for higher level redistribution. While there is some movement on the part of local policy actors to redistribute to senior citizens in Toronto, I find this action mainly small scale and residual rather than effective and revolutionary. Several participants, and particularly academic researchers, argue that AFCs are more smoke and mirrors, buzzwords, and motherhood statements than operationalized policy reality. My interviews with City and non-profit staff indicate significant struggles to meet the social and physical infrastructure requirements for AFCs. The *Toronto Seniors Strategy* is limited in both the scope and implementation of its recommendations and action items on the eight AFC domains. There is a sense of frustration among the majority of City and non-profit participants that they are doing what they can to meet needs and fill gaps in access to social and physical infrastructure programs but that they could be doing so much more if they had more

resources and policy power. In essence, AFCs fail to conceptualize the institutional changes that are needed to achieve the rights of the city and the rights of the non-profit sector. Age-friendly as a right to the city based on a multi-scalar model of universal inclusion leaves much to be desired in practice in Toronto, challenging claims that the project moves away from a negative aging identity to focus on access in environments. The AFC checklists and strategies developed by researchers and governments are challenged as in and of themselves adequate to claim age friendly without corresponding action. Identifying these everyday problems in AFC practice and building on instances where policy actors talk about their desires and efforts to enhance redistribution presents an opportunity to highlight what is needed moving forward and to call all actors claiming to support age-friendly to account.

Findings

1. Respect and Social Inclusion

There is a general understanding among participants that the City and non-profit sectors have made some movement to meet the needs of diverse senior citizens to enhance inclusion but that there is still work to do through the *Toronto Seniors Strategy* (TSS). A non-profit participant noted that “the Toronto Seniors Strategy presented a lot of data but I am not sure that it got down to the level of specific community needs” (D1A); in effect examining how diverse characteristics such as age, living alone and income affect needs in local environments. This participant advises that we need to ask better questions and offer a response that is funded and sustainable: “sustainability is a big piece because you can pilot something and you can introduce something but if it is not sustainable then it is just another change” (D1A). Instead of engaging in this kind of community-based research and democratic practice, both the City and the non-profits sectors engaged in age-friendly are overwhelmingly targeting what little resources they have on the

needs of the most vulnerable seniors. Thus addressing difference and engaging in policy personalization (Newman & Clarke, 2009) through AFCs as a place based strategy in their translation in Toronto is targeting those most excluded from the mainstream. Some participants see this as progressive, advising that the core purpose of the TSS is related to Toronto's value base and priority of reaching out to its most vulnerable citizens to enhance inclusivity and access. At the same time, this strategy is very much about providing emergency services and targeting the costliest service users in a context of dwindling public resources.

The extent of vulnerability in Toronto and the growing senior population has led to the development of a new protocol called SPIDER, which was a subject of discussion among many City interview participants. SPIDER is meant to address the problem of fragmentation endemic to a subsidiarity-based response where the work for vulnerable adults by the City is described by a City staff as "one of the patchworks in a patchwork quilt. Unfortunately, we are not phenomenally organized around services to this sector of vulnerable adults and it is still very patchy" (B16A). SPIDER brings together all the emergency-oriented first responder Divisions of the City such as shelter services, public housing, fire, paramedics, and public health around "problematic issues in the community...that we have not had a coordinated response to in the past" (B20). A non-profit staff notes that because of increased vulnerability and the cost of service demands, the City has figured out that there are vulnerable tenants and the Province has figured out that there are complex patients and as such, they are now seeking advice from non-profit organizations. The question is whether this shift sparks an effort on the part of all governments to tackle the structural roots of increased vulnerability and seeks to change mainstream environments to accommodate the needs of diverse seniors. As we will see

throughout this Chapter, this is wanting, illustrating that diversity is separated from the politics of inequity (Clarke & Newman, 2012).

The topic of elder abuse illustrates this lack of systemic response. There is only one non-profit agency in Toronto that supports seniors who have been abused and a staff representative admits that they cannot come close to meeting needs given that they have five employees doing this work and only two are full time. A staff admits that a major problem is that “no level of government will own that issue in the community” and as such “there is there is no systemic response or ability” (D31B). The lack of a publicly supported systems response has meant that elder abuse is “all booted off to the Chief of Police to deal with” (D31B). This is evidenced in the TSS recommendation to train police to sensitize them to elder abuse, though a staff from this agency found this odd because this training work has been ongoing for a long time, reflecting a critique of the TSS that it is simply restating what is already being done (Goar, 2013). As opposed to engaging in a preventative intergovernmental and intersectoral response, the City engages in emergency provision for the most vulnerable, which consists of documenting cases of elder abuse but does nothing to really address the root problem. In particular, elder abuse relates to the expectation that family will care for the senior who cannot care for themselves as this elder abuse expert explains:

Often it is the adult child who is being abusive and the last thing that the senior wants is their son or daughter getting in trouble with the law. Even if they are getting hurt, even if they are being taken advantage of financially and they have no money and are at risk of eviction...Many officers that I train will say that they get called into a home in the middle of the night and somebody has been trying to provide care with somebody with dementia, they are worn out – ‘I can see it, they lashed out, what do I do? Arrest the family member and cart them off like I am supposed to?’ Then I leave the person with dementia by themselves, I take that person to an emergency room, they are not going to be thrilled that they are there. The family member is going to be released within 24 hours back into the situation (D31B).

The issue of elder abuse provides a clear illustration that a remedial (Antonnen et al, 2012a) strategy of elder care based on activating individual seniors and hoping that people will be more caring to family, friendlier and more neighbourly is inadequate. In addition to the absence of support for informal caregivers, a lack of affordable and supportive housing for senior citizens can also lead to cases of abuse as it provides little choice for seniors and their families. The failure of the AFC checklist to recognize informal care (Golant, 2014) and provide a redistributive response is unacceptable as it fails to meet everyday needs. AFCs must provide the impetus for a systems-wide intergovernmental response to elder abuse based on a right to receive care tailored to needs in place.

Several non-profit participants reflect on a history where they worked with the City's Public Health Division around elder abuse but that community planning was discontinued. I have found that in a context of public sector restructuring where more social service and physical infrastructure responsibility has been transferred to the City of Toronto without commensurate resources (Fanelli, 2016; Joy & Vogel, 2015), Divisions appear to have become more rigid in their legislated mandates. In the case of elder abuse, only the Police are mandated by the Province to respond. The City no longer meets the needs of seniors in the realms where they are not mandated to provide support and an elder abuse expert advises that "a lot of times the City is driven by their legislated requirements so over the years we have seen shrinkages in funding envelopes" (D31B). Unlike the rhetoric outlined in the Role of Place Chapter that local government supports people because they have to as a result of proximity to need, this is no longer happening in the case of elder abuse prevention in Toronto. Through my interviews, I learned that the Police had an Elder Abuse Coordinator but due to restructuring and reorganization, this role was replaced by a Vulnerable Persons Coordinator who covers elder

abuse as well as other issues relating to disability, homelessness and mental health. It is interesting to note the switch from naming senior citizens in the title, which distances a preventative understanding of how abuse is an age-related issue, intersected with other forms of difference. Ironical given the rhetoric of policy personalization, narrow projects of public sector restructuring based on principles of subsidiarity (Antonnen et al, 2012a) are limiting the City's ability to provide personalized care services that meet diverse needs.

In the absence of a multi-scalar public response to elder abuse, one agency staff reflects on funding they have received from the Federal Government for what is understood as a more local approach to the issue: activating communities by training them to watch out for elder abuse in their midst. These programs are targeted to marginalized ethno-cultural groups least able to afford private care for senior citizens and thus more reliant on informal care. This illustrates how prevention-related work is being reframed as a Big Society (Szreter & Ishkanian, 2012) of communities taking care of their own, just like in the idyllic small town so romanticized in the Role of Place Chapter. While "each community is working in different ways, in culturally appropriate ways, to bring forward the issues of elder abuse" (D31B), these do not appear to be conversations that inform policy upwards to develop a holistic governmental response. Instead, this project is about "training a cadre of volunteers" and "developing peer leaders" (D31B) to engage in elder abuse prevention. Responsibilizing communities through short term pilot projects can only act as a compliment and not a replacement for an equally preventative model of universal inclusion (Antonnen et al, 2012a) that supports more public programs and affordable Long Term Care and supportive housing options that meet different needs.

With respect to meeting different needs, Toronto has only recently, in the aftermath of an Ombudsman exposé in which a City bylaw officer cut down a tree in the yard of a women 'aging

in place' with Alzheimer's, begun to confront the need to learn how to serve people with diminished capacity through the *Duty to Care* protocol. However, despite this protocol, I have found efforts to train staff particularly unheeded. A City participant admits that staff "sort of have to be jacks of all trades. That is why the training piece is so relevant and we don't even get any money for that. Which is unfortunate, because it wouldn't really cost all that much but it would be so helpful to our staff" (B15A). Though municipalities are framed as best able to provide personalized services and meet diverse needs, in Toronto there is a struggle to fund training for staff to play this role in a context of cost cutting. Instead, several City staff talked about relying on volunteers and relationships with ethno-cultural non-profit organizations to meet diverse needs of senior citizens. A City representative explains that the diversity in Long Term Care presents an opportunity to bring in volunteers to enhance what the staff can do to provide specialized services, such as activities in different dialects. Another staff advises that police officers may have to increasingly rely on ethno-cultural organizations that can help with translation. A TSS that claims to enhance equity and inclusion requires investing in training and translation to support City staff to meet the needs of an increasingly diverse aging population. As needs become greater with population aging, the City will likely be a need to hire staff with particular language skills or to at least pay translators rather than rely on volunteers.

A few participants talked about meeting the specific needs of LGBTQ seniors. An agency of the City of Toronto that supports Toronto's LGBTQ residents had representation on the TSS, though a staff participant was disappointed that the needs of these seniors were not more front and center in the TSS report. This lack of recognition is an interesting omission given that the original post-amalgamation report from the Toronto Seniors Taskforce recommended that the City focus specifically on LGBTQ seniors, calling for the promotion of a diversity lens to all

services and a movement to outreach and track population needs (City of Toronto, 1999).

Furthermore, there is only one staff member in one agency representing a large community that is equally diverse. The intention of this agency is to outreach to other senior citizen organizations across the City to alert them to the distinct needs of LGBTQ seniors. A staff member reflects on this need:

It is funny how agencies will say ‘we don’t have anybody who is LGBTQ here’ and they probably do but they just don’t know about it. So start expanding and reaching out to those agencies to let them know not so much that they are wrong but that they might be wrong and to let them know that we are here for people to be able to come in here. We speak diversity but we don’t always follow diversity (D33).

This is a very significant undertaking for one staff member, who voiced struggles in meeting the needs of seniors through the development of new programs: “it is just not possible for me to do that and do this because there is x amount of hours in the day that fit into my time sheet. The dollars aren’t there to work 12 hours a day and the energy is not there to work 12 hours a day either” (D33). The precarity of labour for non-profit staff (Hardill & Baines, 2011; Shields, 2014) challenges the capacity of the sector to meet the needs of diverse seniors.

This outreach and training is especially important in the context of Long Term Care homes because of “the idea of going back into the closet, which is a real concern and huge fear about going back into institutions and having to hide and not being able to live with your partner that you may have lived with for 30 years. Or do that comfortably” (D33). As such, this community agency has hired a person to create training programs to go into Long Term Care homes as currently there are only three in the City that are queer-friendly. Two of these LGBTQ-friendly homes are run by the City. Another initiative has been a Gay-Straight Alliance in a city-run home to create a safer living environment. Another agency staff reflects on this work: “the City has done a lot of work around LGBTQ issues in care...I don’t know if the care providers that work on those units are themselves identified as members of the community. Which would

be hugely important” (D31B). This staff admits that this hiring strategy is a “catch 22...because you can’t specifically say you have to be LGBTQ” (D31B), which presents a conundrum illustrative of procedural universalism that prevents the type of positive discrimination that is necessary to support difference (Antonnen et al, 2012b). This illustrates that the practice of AFCs as it relates to respect and social inclusion occurs in Long Term Care homes and these institutions should not be ignored in the policy discourse that places emphasis on aging in the private place of the home and community.

To address competition for funding attention from diverse population groups, several City staff advise that the City must consider that it has a senior’s strategy, a newcomer strategy, and a youth strategy with each requiring more funds, thus synergies between these strategies must be sought. This relates to both funding for City programs as well as City funding to the non-profit sector. Several City staff talk about conflict between youth and seniors: “we see this sort of generally, and it is one of our challenges and our opportunities, is that you see tension between youth and seniors in a space. It is about breaking down the barriers and looking at how we can bridge those gaps through program opportunities and synergies” (B15B). In this way, intergenerational programming was cited by several participants as an innovative way to build respect and enhance social inclusion and address service competition. Unfortunately, participants from both the City and non-profit sectors admit that they struggle to justify investments for seniors in a context where a fundamentally ageist politics that commodifies citizens on the basis of future cost-benefits is dominant. In this respect, seniors, youth and newcomers are not valued equally. City staff in different Divisions admit that compared to newcomers and youth, social investments in seniors do not give you the same bang for your buck (Saint-Martin, 2007; Chen, 2008; Biggs, 2008). I learned through my interviews that Toronto’s Youth Strategy has received

money to hire two youth officers to support implementation while the TSS has received no human and financial resources, a point which will be discussed at length in the following Restructuring Governance Chapter. To address this, the City's senior citizen advisory committee, the Toronto Seniors Forum (TSF), co-organized a pre-election Mayoral Forum with the Toronto Youth Cabinet and hopes to engage more in work to bring the *Toronto Seniors Strategy* and youth strategy in tandem. A member of the TSF explains this rationale:

Maybe all of these heads will be better than one, the younger and the older. And actually what we are doing is laying the groundwork for future generations. I won't be alive for a lot of these things that the mayors are telling us that they are going to implement in the next 15 years. Not going to be for me but I want it for my children and my grandchildren (C6).

Here, intergenerationalism is situated as a way to encourage solidarity and mutuality as well as collective redistribution; in effect a more structural form of respect and social inclusion based on a model of universal inclusion (Antonnen et al, 2012a). However, this framing was uncommon in my research with most participants talking about intergenerationalism as a way to address competition for services in a context of cost cutting and to encourage youth to care for seniors through mandatory volunteer hours.

2. Civic Engagement, Volunteering, Employment

Civic engagement by senior citizens in Toronto is encouraged formally through the Toronto Seniors Forum (TSF). The formal advisory group was involved in TSS development and are supposed to 'check in' on the strategy's implementation. However, I have uncovered extensive problems in this regard as the group has no formal mechanism to inform TSS implementation, as will be outlined in further detail in the following Restructuring Governance Chapter. I have found a co-production (Martinson & Minkler, 2006; Newman & Clarke, 2009; Klein & Millar, 1995; Mette Kjaer, 2009) agenda at work that emphasizes active citizens taking

on the service and coordination role of government that is challenging activism on the part of the group. The City has Forum members give presentations on the TSS and advertise City services to seniors Toronto-wide, perhaps to make up for the lack of seniors-specific staff at the City to do this work. While some members of the TSF are fine playing this role, others reflected frustration that it lacked a political purpose to move action on age-friendly forward. As the Case Chapter outlines, the role of the seniors advisory group appears to have been more heavily politicized in the past. The original post-amalgamation Toronto Seniors Taskforce report (City of Toronto, 1999) outlined key demands for all levels of government based on the everyday needs of senior citizens in place and established a Councillor Advocate to translate this work. This position was discontinued under the leadership of Mayor Miller who preferred a more professionalized form of engagement by service providers. This raises a conflict between the rhetoric of civic engagement and a political project of cost cutting as an actively engaged group may put pressure on the City to recognize their needs and redistribute on this basis (Clarke et al, 2014; Isin, 2008). Engaging equity-seeking groups in a formal and regular process of participation takes significant resources on the part of the City and this is a challenge for staff in a context where they are pressured to cut costs. Several City participants spoke about wanting to engage seniors formally in programing but admitted that coordinating this is a challenge, particularly in a context where some Divisions, such as the Library and Recreation, have over 100 service branches over a large geographic area and only one senior citizen staff specialist to coordinate this.

Several non-profits also talk about engaging seniors in their work in program developments through formal advisory committees “that actively engages older adults in making decisions, contributing to services, monitoring services, and being fully informed participants” (D25). Again, non-profit civic engagement is also understood as part of a service co-production

agenda (Martinson & Minkler, 2006; Newman & Clarke, 2009; Klein & Millar, 1995; Mette Kjaer, 2009) meant to activate senior citizens in the delivery of services which pulls on understandings of the passive senior needing to be activated.

older adults thrive when they are not just a passive recipient of services and the pride that they have and the sense of responsibility that they have when they take responsibility and realize that just because they are older it doesn't mean that they can no longer contribute because they do. And we do give volunteer service awards every year to older adults...They are heard, their contributions are recognized...It might be as simple as having the role of making coffee for a program or looking after clean up, it is absolutely incredible when they realize that they are treated as persons and valued for who they are. And it is extremely rewarding to see that (D25).

In addition, I found that activation is understood by some participants as seniors acting as citizen-consumers (Clarke et al, 2007) to inform service choice. This is illustrated through a story shared by one agency who decided to move from a membership-based to a professional board model to align more with best practices, replacing the role of seniors in organizational decisions with a yearly consultation event on service design. A representative from this agency expressed frustration that this has created a conflict with the City who has said that they risk losing their funding if they do not go back to an open membership model. This illustrates a tension between the City and professionalized non-profits delivering increasingly medicalized support services to seniors, which will be discussed later in this Chapter. The agency staff explained that they changed based on legal opinion and it works better because the board members who make decisions are experts. Here, expertise is defined as professionals running an organization and not as citizens using these services on an everyday basis.

Even fewer agencies spoke about activism among senior citizens, though one agency representative talked to me about a recent visit to Queen's Park where they advocated to their local MPP for a Bill of Rights for Older Adults in Ontario. The staff explained the importance of this legislation for the realization of AFCs:

we see Bill of Rights for people who are in care homes and residences but nothing that uniquely addresses all of the needs and interests of older adults living in the community...it is unfortunate that there is nothing unique in terms of laws or policies governing the rights of older Ontarians. So that if there is a problem, they can actually say 'okay you have violated my rights or not considered who I am as an aging person with my various vulnerabilities.' They have to fall or go back to laws that govern the rest of society and those are not really tailored uniquely to the experience of the older adult (D25).

This staff was surprised that their MPP was unaware of the existence of this legislation despite the Province's alleged support for aging in place and AFCs. I learned through my interviews that the Federal Government opposes a UN convention on the rights of older people which could form a framework through which social rights for senior citizens might be achieved. Biggs and Carr (2015) advise that unlike the emphasis on child friendly cities, AFCs do not use a rights-based framework because of a social investment model that considers seniors unworthy of investment as they fail to offer similar cost-benefits down the road. There is one small legal clinic that covers the entire Province of Ontario that focuses on legal rights for low income seniors, illustrating a concerning lack of access to justice when fundamental rights are infringed. Furthermore, a representative explained that despite the fact that we have an aging population, funding is not available to expand the legal aid program. Instead, a narrow framing of AFCs support a co-production agenda meant to replace the redistribution of services for senior citizens collectively by government (Martinson & Minkler, 2008; Minkler & Holstein, 2008).

The AFC concept is intended to encourage 'active aging' to help seniors to help themselves and the system through volunteering both with the City and non-profit organizations. Many participants explain to me that population aging is not all bad because it presents an opportunity to recruit more volunteers. In a context where we need more and more support services for seniors such as Meals on Wheels, friendly visiting, and accessible transportation, governments are worried that there are fewer volunteers than there used to be (Senate, 2009). A

City representative advises that: “a lot of our volunteers are seniors and there has been a long history there. The nature of that may be changing as people are working later and they are more active and engaged” (B15B). Those seniors that have time on their hands appear to be more interested in sharing their knowledge and expertise in other ways and several City staff mention that volunteering has become more transient as “people volunteer more to get new experiences as opposed to volunteering as a long term thing” (B3) and that volunteers are increasingly less interested in grunt work. Here, the grunt work is co-production, or the expectation that privileged seniors will locate, outreach and provide charity to marginalized seniors.

There is also a failure to recognize that many poorer seniors are having to work later in life, limiting their ability to volunteer if they so choose. In fact, several of the advocacy organizations I spoke to admitted that volunteering takes incredible energy and commitment and people cannot be employed at the same time to do good advocacy work.

We have had several people who have come and want to be a part of our group but they are employed so their ability to come to meetings and to work with other people is very limited (D30B).

You can't be babysitting your grandchildren all day and then do this. Or working in any real way. Then you can only do bits and pieces...it is really hard to have an outside life and do much here (D49).

This is a problem because those working, which includes care work, may not be represented in policy development. In fact, the lack of representation of those seniors still working in the development of the TSS could be the reason why employment is not a significant dimension of the report. A City representative explains that the TSS is not very strong in the area of employment because although it is a component of the WHO framework, it was not identified in City consultations as a big issue of concern. This is based on an assumption that only privileged seniors are concerned about employment opportunities: “an active and more capable older adult might be more interested in employment opportunities. Whereas what we are focusing on are the

more vulnerable, isolated older adults” (B6). This may relate in part to who was consulted, not always the most vulnerable and isolated seniors, and the types of question asked given that vulnerable seniors might be forced to work later and perhaps into precarious work as was outlined in the Recognizing Seniors Chapter. This reflects a problematic lack of understanding around how people will survive into old age on the part of government.

The trend of decreased volunteering is also onerous on non-profit organizations. Non-profits providing community support to seniors in the home require resources to screen and train volunteers as seniors are particularly vulnerable to various forms of abuse. Furthermore, these volunteers may be the first to respond to a senior facing a crisis situation. This reflects the need for a more public response where staff are hired to do this work as volunteers cannot meet need. One senior citizens advocate explained that volunteering is also a challenge for advocacy oriented non-profits:

we also can't use volunteers in the sense of a gift shop where you teach them how to use the till and they are set. If you came here to volunteer, someone would have to mentor you a long time to show you how things work, how to respond. We are not a service provider but we still deal with people who call us up who are suicidal. You can't simply say 'I'm sorry but we're not a service provider, call 911, goodbye.' People will say 'I just lost my housing, my husband just died, whatever' and we are supposed to put them in touch with people and you can't have any old volunteer do that. You need skill sets. So while we have a lot of skilled people, it is not all that easy to find good volunteers. Let's say if we got a student volunteer, who would be in here every day to mentor them? Because they can't be in all on their own. So this is time that someone has to take to mentor this volunteer (D49).

An expert on non-profit community support services advised that this co-production work where non-profits engage volunteers to help them provide services is “becoming increasingly difficult to fund and to support in non-profits” (D52). This alludes to the problem expressed by several agency staff that funders either don't think about the challenges of mentorship for the non-profit sector or they do think about it and they don't care. Volunteer turnover also presents a problem

where an agency is reliant on its staff: “so anyone of us gets sick or dies, that is a big leg that disappears”, which is a “constant issue for groups that have aging people in them” (D49). Furthermore, “volunteering with seniors should be long term as a lot of it is building relationships” (B6). While one City staff asks “why don’t we have more intergenerational kinds of things? We have got all these kids in school who need to do 40 hours of volunteering or community service or whatever, why are they not somehow linked with older people who are trying to stay home? (B16A); another explains to me that students are fly by night volunteers whose lives are in flux and thus they rarely commit to an organization. This staff goes on to advise that “it is a lot of resources to manage this influx of students that are kind of fly by night. Are we actually building an intrinsic value in students to help or are we just pushing a curriculum agenda that is then a burden on non-profits?” (B6). The reality of AFCs illustrates Salamon’s (1995) seminal argument that the work of the non-profit sector and the state are complimentary. Active aging, including both co-production as well as policy advocacy, requires government support for non-profits to outreach, train and mentor volunteers as a compliment rather than a replacement for public programs.

3. Social Participation

A significant finding in this research has been the extent to which the Toronto Public Library has been actively engaged in encouraging the social participation of senior citizens on the part of the local state. A senior citizens advocate explains her surprise in this regard:

the Toronto Public Library can take kudos for being the ones that are most active in dealing with these various issues...But if you were standing on high, you probably wouldn’t think that the library would be highest on the priority of what you need to deal with. It is an example of ‘okay, this is the turf and this is what I have to work with so I am certainly going to try to get in there and do in every possible terms of the definition of what a library can do’ (D29).

The Library is the only City Division that has specifically hired a senior's specialist to coordinate this role across the city and the above statement illustrates the important contribution that a paid staff in this regard can make. In particular, the Library offers many workshops and activities for social participation, particularly focusing on health promotion, financial sustainability, and using technologies. Similarly, social activities such as "recreation is key when it comes to reducing social isolation and really engaging seniors in their community" (B15B).

I found that participants justified social activities as important and worthy of public funding support because they promote behavioural change that reduces social isolation and prevents risky health behaviour (Orsini, 2007). In other words, they achieve value for money, again illustrating a fundamentally ageist social investment model (Saint-Martin, 2007; Chen, 2008; Biggs, 2008) used to justify spending money on senior citizens. This framing was particularly prevalent among non-profit organizations offering active aging programs to seniors. I noticed a more limited emphasis by non-profit staff on rights and quality of life through social activities and more on their important value to government in preventing individual social isolation and encouraging aging in place particularly framed around health care.

a big opportunity has been to bring in people from community based but also corporate organizations to give information on and talks on topics that are relevant to how seniors can live meaningful lives. So we have had presentations from health organizations, presentations on foot care, on vision care, heart disease, diabetes, Alzheimer's. We have also had presentations on elder abuse, writing your will and power of attorney... You can basically provide information before the senior goes into crisis so that they are equipped and they have information on hand should something happen. This is so that they won't be so overwhelmed that they will sit and hide at home and not know what to do (D25).

This reflects the competitive funding environment these agencies operate within, in which they are encouraged to target individual seniors at risk of social isolation through the provision of information on self-care to encourage behavioural change (Orsini, 2007). Murray et al (2006) observe a similar understanding of poverty as an individual problem of self-sufficiency in their

study of agencies delivering street level services to low income citizens in Fredericton and Saint John's.

City Divisions providing opportunities for social participation admit that they are able to provide these programs because their staff have built great partnerships with various experts, non-profits, and universities across the landscape of the big city. However, building more public libraries and public community centers with senior citizen centers does not appear to be on the table in a climate of cost cutting at the City. As such, part of the work of City Divisions to get to know their partners is about building awareness of what other services are being offered in the community privately and whether the City can work to attract more seniors to these programs. I learned that there is no formal process for this work as it is left up to local frontline staff working in different wards of the City to reach out to partners. This localization is a problem because it creates fragmentation and inequities in service provision across the geography of the City (Yates, 1977). A solution to managing a complex service system in a big city context is to engage in a more formal process of neighbourhood mapping to locate private programs for seniors available in neighbourhoods. Similarly, while one recommendation in the TSS is to improve snow shoveling for seniors, I learned that this is about “trying to create a map that consolidates services to see what our service coverage is” (B3) and perhaps funding community agencies to do this work. Again, the response falls short of enhancing social participation by providing services collectively by local government as a right of citizenship so that seniors can get out of their house and participate in the City in the winter. Here, mapping could consist of more localized social planning structures in neighbourhoods on the part of the state where learning and data gathering is used to inform public programming and investment needed to redistribute access across the City. Bourne et al (2011) are critical of Toronto's fragmented neighbourhood

planning that fails to encompass and inform cross-city land use issues that impact access to jobs, affordable housing, transit and social services.

There are also challenges to meet the demands of seniors to get involved in social activities that are affordable. Both non-profits and the City have initiated user fees for their social participation programming. The Toronto Seniors Assembly report (City of Toronto, 2002) speaks to the increasing user fees for recreation services and complains that this is exclusionary for those who cannot pay and should be provided collectively as a right. A non-profit staff admits that “we have user fees and can’t give a lot of stuff for free and things like that. But we do what we can” (D21), though Smith (2013) warns that this can further marginalize low income participants.

This lack of investment in social participation has created issues of competition for programming. A member of the Toronto Seniors Forum explains to me that “renting a space in libraries and community centers is very competitive especially on weekends, not only among senior groups but also between seniors and youth groups” (C4). This is identified as a particular challenge for small ethno-cultural agencies providing niche services and programs for seniors in their language of origin:

the ethno-cultural groups feel that they need to have a place to go to speak their language. It is not always about bringing a broader group together to speak English because some feel like outsiders. So for that, the community rooms and the recreation rooms that Parks and Rec manage are not enough (C2).

Furthermore, these spaces are not always physically accessible. One non-profit speaks to me about their challenges being located on the second floor of a public school with limited elevator access. The staff admits that while this is not ideal, they have minimal power to negotiate space in this public facility. This inability to negotiate is troubling given the extensive role of non-

profits in supporting seniors and the fact that the creative use of public schools is highlighted by several participants as encouraging intergenerational programming.

Cities and non-profits are expected to be innovative in their social programming, meeting personalized needs but these niche projects need public resources. My interviews with representatives from other levels of government frame service partnerships in big cities as a replacement for resources but my interviews reveal that this is not the case. Speaking about their existing partnerships, a City representative explained that “there are all kinds of possibilities there and I guess success begets success, it grows exponentially. The issue is money. Always” (B26A). Similarly, another municipal staff advised that “there is an opportunity where we can transfer learning and share learning. But there is not enough resources, there are never enough resources” (B19). More resources are needed to meet demand for social participation, particularly if we are concerned about the social isolation of seniors in urban environments. The AFC program must conceptualize how this will be funded sustainably.

4. Community Support and Health Services

As has been alluded to throughout my analysis thus far, the elephant in the room for AFCs is restructuring in the domain of health care. My interviews illustrate a bifurcation in the rhetoric on health between preventative and primary health provision, with local government thought to be responsible for health promotion or the social determinants of health while the Province is responsible for primary health care delivery. The majority of participants outside local government, and even within some City divisions, advise that the City plays a very small role in the realm of health care provision. However, as was highlighted in the Case Chapter, local government fills ever increasing gaps in primary health care, such as through dental care services for low income citizens, and provides emergency-oriented services, such as ambulances, shelters,

and Long Term Care. At the same time, there is a problematic understanding among many participants that other levels of government play only a small role in the social determinants of health. I examine both of these understandings in this section.

Past restructuring in the health care sector, undertaken by the Province under Premier Mike Harris' Conservative Government, consisted of funding reductions to hospitals and a move to privatize Long Term Care. A non-profit provider explains to me that the Provincial government issued a competitive call for providers to supply Long Term Care beds but failed to designate the type of beds for the type of care needed, precipitating a situation where private providers offered light care needs while non-profit and City providers increasingly delivered care to individuals with very acute needs (United Way of Greater Toronto, 2001). In this context, some non-profits sold beds and transitioned to private retirement and Long Term Care. A non-profit representative explains that "all of this means more demands on municipal homes. But the City needs municipal homes because where else would vulnerable people go?" (D3). This reflects a residual care strategy (Antonnen et al, 2012a) where the City becomes the provider of last resort. The Association of Municipalities of Ontario has written a report (2011) reflecting its concerns that the Provincial mandate of municipal investment in Long Term Care, which has become home for seniors with increasingly chronic health challenges, is limiting their ability to invest in preventative community supports. A non-profit staff explains that a failure on the part of the Province to keep track of the location of beds across Ontario has also meant that Toronto has lost over 1000 beds, putting more pressure on City beds. A City staff explains that this loss of beds has been a particular problem in downtown Toronto where land is expensive and that there is no accompanied response from the Province other than sending the senior to Long Term Care in the suburbs. This staff explains that downtown dwelling seniors "need an urban strategy

that recognizes the cost to produce Long Term Care beds in the downtown. Their worry is that they don't want to be segregated and they want to be part of a community. The idea being aging in place, place being not only where you live but the neighbours and the broader community in which you live" (B17).

Several participants are suspicious that a narrow project of public sector restructuring prioritizing cost cutting is happening again today, but by stealth, through localization in the field of health care. Several participants advise that because hospitals are expensive, they dominate health care policy and they are currently dictating a policy direction to move costly 'alternate level of care' or 'bed blocker' patients out of institutions and into the community and the local domain of social services. A non-profit staff explains:

On the one hand, seniors prefer to stay at home, and on the other hand it is very convenient for government because hospitals are very expensive. And it is a facilitator and a catalyst because I think that one of the big achievements, well I don't know if it is a big achievement but one of the big changes is a switch...all the money that is going to community health agencies that actually was, as far as I know, diverted from hospitals. So that is an opportunity and at the same time it is a challenge (D31A).

There is concern that the responsibility for seniors' care is being shifted by the Province, through its policy goal of aging in place and its discourse of health prevention, away from hospitals and Long Term Care, publicly funded systems of redistribution through the *Canada Health Act*, and towards the City and non-profit domain of home care, social services, and public health. Cities and non-profits are at once expected to prevent seniors from using costly public systems through active aging supports and provide more medicalized services to seniors once they exit these systems. These contextual pressures cannot be ignored in the discussion on AFCs. However, an audience member at the Toronto Mayoral Forum I attended commented that missing in the *Toronto Seniors Strategy* is the fact that the Province considers chronic illness to be a social issue and throws people out of the hospital and into the City's social services investment.

I have found that public health services provided by the City and the services provided by non-profit providers are struggling and waitlists are getting longer for more affordable services. As these lists get longer, more rationing happens and the focus is on targeting emergency services to the most vulnerable seniors rather than investing in prevention. In this environment, the City and non-profit organizations act as residual providers of last resort to the most vulnerable seniors. However, as we learned in the Recognizing Seniors chapter, this group is growing as a lot of people cannot afford private services. Several non-profit participants explain that even with some focus on home care by the Province, funding is to care for people who are acute and not for preventative community support like Meals on Wheels even though there is a rhetoric about supporting social services for senior citizens. This targeting is being reconstituted as preventative through a social investment model (Saint-Martin, 2007; Chen, 2008) because it is said to ensure that seniors do not end up in, or back in, costly hospital and Long Term Care institutions. In its translation to a real life program in the City of Toronto, AFCs are about managing a service response targeted to the most vulnerable seniors. This contradicts the claim that AFCs are about moving away from a health deficit approach by focusing on creating healthy environments as the money that is spent on emergency services challenges the extent to which local government can invest in health promotion.

The Province appears to be operating from an assumption that local actors will form partnerships and devise innovative localized pilot projects to target vulnerable seniors. For example, a City representative spoke to me about a project called Community Agency Notification where Toronto Paramedics notify non-profits when they have contacts with seniors and/or take them to the hospital. This program emerged with community non-profits trying to stay connected to people in a context where the Province told agencies that they had to know

when their clients went to hospital in order for them to support people when they were discharged. This is illustrative of the comment that “CCACs don’t track...the types of community services that they link their patients to...I find this kind of interesting because it is such an important element” (D1B). We have a mixed service model but no one seems to adequately understand it or have a handle on it. When probing further about funding for the Community Agency Notification program, a City staff explained that “it has actually been a grassroots thing, so it is through each individual community support agency that has come and enrolled their clients. But as a collective, we have petitioned and been able to get funding for a larger platform that will have more capacity and functionality” (B25). The City works with non-profits to redistribute increasingly acute health services.

Several participants with institutional memory mentioned that in a context of aging, the City has limited its preventative health care response, as was discussed earlier in the realm of elder abuse:

Years ago, when I first started here, public health nurses used to go visit seniors and that is all gone. I think that this is what they should be doing again because it is the outreach in the community that they should be doing before things fall apart. They make the connections to people. But that is a challenge because why was that discontinued? Because of money (E27).

The reduced role of the City in meeting the needs of seniors has actually limited the relationship between local government and non-profits in this policy realm: “we used to work hand and glove with public health nurses and go out and do door knocks where people were very isolated...that kind of thing has fallen away because it is not a mandated, legislated program” (D31B). Cities got out of the business of serving seniors in part because we categorize seniors as a health issue and health care is the under the legislative jurisdiction of the Province.

Seniors became not a priority population for the City...Our understanding is that the City is really trying to get out of seniors services because they see that as a Provincial responsibility. And actually we, the seniors work, work very little with the City (D32).

Thus, the Province is framing the responsibility for seniors as a municipal issue and the City is resisting by framing seniors as a Provincial issue.

The City's public health work appears to have shifted to focus on falls prevention as a form of social investment (Saint-Martin, 2007; Chen, 2008) to reduce health care burdens.

Five to ten years ago, our focus was almost exclusively on children and youth...given the huge burden that falls among the elderly cause, we do have a much larger emphasis now on what we call prevention in the adult years. I would say that there is a lot more appetite now, a lot more interest, in really looking at keeping adults healthy so that they enter their senior years more healthy (B16B).

This work includes mainly informational sessions on healthy eating, encouraging medical visits, and the training of caregivers. Prevention is thus framed as the responsabilization of individual citizens and caregivers (Orsini, 2007). However, the Division did not receive more money through the TSS to formalize their trainings with non-profit care providers. A City representative advises that they also do policy work around safe and complete streets and pedestrian safety as well as food access, though it is unclear what tangible actions and investments are undertaken through this policy work. A former City Councillor expresses her view that “the approach of public health to seniors has been a loss to seniors to a great degree”, advising that programming such as falls prevention “really doesn’t do all that much... It is kind of like elder abuse. The money that has been spent, millions on elder abuse, and I don’t know because nobody has come up with a solution as to how to handle it” (A4). Falls and abuse as well as isolation are complex problems that have to do with inadequate and inaccessible infrastructure, a lack of servicing, and a residual reliance on self and informal care. The problem is rooted in the assumption that these are individual behavioural problems that information and training can fix. There is an undertone that one should invest in oneself so as not to become a burden on society while investment in the

real social determinants of health such as income support, housing, transit, and health care go unrealized (Orsini, 2007).

In a context where the social determinants of health have for decades been the subject of cost cuts and underinvestment, the City's public health department has recently decided that they needed to do more work on vulnerable adults, with a staff advising that "people are not doing this work in public health, they got out of this business many years ago and we are getting back into it" (B16A). However, this is not community prevention work but rather targeting supports to the most vulnerable seniors with addiction and mental health challenges. A City staff advises that unlike injury prevention, there is no net to talk about vulnerable seniors as a public health issue and thus associated standards of work and care. The City responds because it has to, it is increasingly providing care for those that are acute because there is nowhere else for them to go but it is struggling to respond and this group is growing. A City representative expressed frustration in trying to make this work more than a targeted service issue but a holistic intergovernmental response:

[our service team] are still hidden. This is an operation and so we are mired in operations, trying to get our heads up enough to do some other work to talk about this, to do some advocacy to say 'it is not so much about the services but the systemic gaps and we have to keep thinking this way'. But I don't think that we have enough power to have a voice that is heard (B16A).

It is in fact the non-profit sector that increasingly provides services to the most vulnerable seniors aging in place. This reflects a fundamental change in the role of the non-profit sector to become a major health care provider meeting acute needs in a context of health care restructuring (DeSantis, 2013), explained clearly in the following passage:

the responsibility is growing as hospitals are very expensive. You can see that when you get a call from the hospital that they are discharging a patient and they are under enormous pressure to discharge patients because they have only so many days. That is the connection. So the health system, it is great that it is free and socialized, but it is

collapsing. There are not enough family doctors, there are not enough specialists, there are not enough beds in hospitals, so there is pressure. I have seen them discharge patients just because they are breathing basically. And I had that, that the client was in shock and needed more attention. One of the challenges is that the health system could perceive us as the dumper, you just go fix it. Delegating responsibility (D31A).

In this way, the localized provision of non-profits is seen as solving the social problems of seniors, which are not issues of quality of life but of hospital usage. This reflects a trend discussed by Orsini (2007) and Newman and Clarke (2009) to divvy up population groups according to their riskiness to society, in this case as costly health care users. One staff member highlights this clearly:

Any funds that are coming in the system now, which are quite limited, are being targeted to very specific sections of the population of seniors. So they are focusing on high risk seniors. So they will tell you about the pyramid and the top 1 to 4 percent, so that is where the funding is going. But then, in that little pyramid, they have another grouping of individuals that are mid-course in that pyramid and it gets bigger, it is 7 to 10 percent of the at risk (D31B).

Non-profits are increasingly providing medicalized services to ‘high risk’ users. One agency staff admits that “the other thing that the government is focused on to try to manage the escalation of cost is to focus on the 5 percent highest cost users of the system. Which are our clients” (D12). Several agencies spoke to me about the increasingly complex needs of these ‘clients’ they are asked to serve:

I have seen in particular over the last 5 years, a big change in terms of the complexity of care that our clients have in the community. Because, as you know with hospitals, there has been a big push to get people out of hospitals and into the community. Which has been great, but as you know there are all kinds of issues that come with that (D37).

The great majority of non-profit participants admit that they are not provided with adequate funding to meet the increasingly complex needs of senior citizens.

At some point, something has got to give. Yes, we understand that it is trying to save the system money and we are trying to do more with less, and we have done that. But again there is a certain point where you have to say ‘no we can’t do that.’ We have a responsibility to our employees to make sure that they are working in a safe environment

and that they are not getting hurt taking care of a client who is much heavier in their care needs now (D12).

This staff goes on to explain that “our argument to our funders is that we are not going to reduce the quality. It means that we have to do fewer units of service...Not that we don’t want to but we just aren’t getting funded for it. We wouldn’t want to leave Mrs. Smith who is 87 at the bus stop...they are not widgets” (D12). A senior citizen advocate explains that the non-profit sector is being abused in the expectation that they deliver more and more services designed in a particular way by government, which creates a pause for agencies to question: “okay, am I going to let the tail wag the dog of what we are about, where are we going to push some of the more innovative things?” (D29).

Non-profits are funded by the Province to develop innovative projects in particular neighbourhoods and buildings that target the most burdensome users of the health care system. This reflects a provincial concern about pockets of insecurity, where people with complex problems are located, such as a social housing building in a particular neighbourhood. The non-profit sector is situated as a key agent that convenes local partners to target high risk users and “come up with best practices for a certain small area...you don’t begin with a big initiative” (D27). A City-owned public housing building might act as a hub and the non-profit provides around the clock care to that 5 percent of high users who need more care than the government provides. This use of existing infrastructure is seen as leveraging the resources and efficient relative to having new sites. However, a housing expert disagrees with this stated effectiveness, advising that it creates even more service fragmentation and confusion:

You can have a building, and TCH is a good example, where individual tenants will have different organizations that they are working with and you end up with 10 different organizations providing services in the same building. Talk about ineffective. There may be reasons for some of that but maybe there is a better way of doing it? The whole thing needs to be remapped (E26).

Even small and niche innovative local projects require support from all levels of government to ensure their sustainability and to support programs that redistribute pilots across geographies to enhance access. However, small community oriented niche projects may be lauded to distract from the much needed redistributive investment in more public forms of care.

Non-profits are delivering more social services through government contracts on a marketized basis (Evans & Shields, 2010). Agency staff talk about preparing a business case for LHIN funding to address alternate levels of care and emergency room diversions, a framing which serves to de-personalize care and meet the needs of the money holders rather than senior citizens. Several agencies talk about the expectation by the Province that eventually all agencies serving seniors will screen seniors using the *raiCHA*, which one agency staff describes as a management approach that uses a medical model of assessment. This is a quantitative and depersonalized policy tool based on means testing seniors according to the level of risk they present to the health care system (Orsini, 2007) and targets treatment on this basis. A staff explains that “1 is low needs and 6 is frail and demanding...You are labelling and classifying people...they are handling it in a very rational way that from a budget perspective can make things more effective but sometimes it is not only about that” (D31A). This staff admits that the tool “is a way to make it more effective but at the same time it is a way to dehumanize it. So you cannot implement that without somehow redefining the way you work because once you get the assessment then you need to follow the caps, and in the end you are somehow working like a factory” (D31A).

This staff argues that non-profits are being funded to provide services to individuals who rationally determine on their own that they need the services based on a professionalized assessment.

the way we approach seniors is very related to the way modernization and industrialization has occurred...is it more a management view...family can be of some support but I would say that the most typical experience in a City like Toronto is where the senior is expected to resolve whatever is happening by themselves...It is a very interesting dynamic about allowing the client or expecting the client to make decisions but at the same time, because of cognitive decline, it could be a challenge (D31A).

The customer service model of delivery thus presents a challenge for particularly vulnerable seniors who struggle to act as citizen-consumers (Clarke et al, 2007). These initiatives highlight that non-profits are increasingly taking on health care work for the most acute patients and are funded to use technical measures of need, which reduces their personalized approach and extent to which they care and act as the extended family to seniors. The gaps in the health care system are so large that non-profits are now attempting to meet increasingly universal needs and this challenges the extent to which they provide personal services to meet difference. O’Conner (2004, 208) worries that this will affect the capacity of the sector to “provide local accountability through membership and boards, develop skills among volunteers, supplement services by filling cracks left by government programs in innovative ways, and build on local knowledge.” This is a problem because these attributes of the community sector are listed as crucial in the design and implementation of AFCs.

Despite the emphasis on place, several non-profits explain that the metrics in the Provincial formula for health care does not consider the social determinants of health with respect to what is actually available as services and supports to individuals in place. This requires understanding not just the individual but the place where they will be living and their everyday experiences of access to supports and amenities. Rather than existing solely within the city’s domain, the “social determinants of health are all intertwined between the City, the Province, non-profits and the Feds and it is a big challenge” (D1C). One City staff explains that community and municipal infrastructure is health infrastructure, advising that “we are spending

\$210 billion annually on health, and we can't put any of that towards what we need for local transit, age-friendly streets and community infrastructure which helps to reduce chronic diseases, injuries and fatalities" (B23). A municipal expert explains that there needs to be a more realistic examination by other levels of government as to what is needed locally to get to the point where we see improvements to the lives of seniors that actually reduce costs in other services areas and asks rhetorically: "when will we see this as a shared responsibility?" (D53). The Province is thus not taking an AFC lens to their work.

5. Housing

I have found that while the framing of aging in place and AFCs is in opposition to Long Term Care because the philosophy is about encouraging individuals to stay at home, in practice this is not the case.

the feeling is that people want to stay in their home and that governments should do anything and everything they can to help that person stay in their home. The reality is that you can only go so far and that doesn't get discussed as to how far the services can go (D3).

Adequate housing is a major component of the social determinants of health for senior citizens and is crucial to achieving an age-friendly environment. However, in the policy domain of housing, my interviews reflect troubling inadequacies to meet different needs, particularly for the most vulnerable senior citizens. A City representative advised that the Ombudsman investigations on the eviction of seniors from Toronto Community Housing and on the tree removal at the home of a women aging in place with Alzheimer's (Office of the Ombudsman 2013; 2010), relate not to the fact that we have an aging population but to the bigger problem that "we don't have enough public housing and we have no national housing strategy" (B28). This staff asked me rhetorically: "how is the City connecting? You can't look at a senior's strategy absent from housing" (B28). While the Province encourages senior citizens to age in

place at home, several participants warn that this is a big problem for seniors who are low income and whose housing situation is precarious. The major challenge is the need for new forms of care that exist at the intersection of housing and health care. An agency staff explains that “the LHINS and the Ministry are aware of that, but there is waitlist upon waitlist and if they want people to live at home in the community, people need more than just a couple of hours a week. They need supportive housing, somebody that is at least there all of the time if they need it” (D37).

While the private sector provides supportive housing options, a housing expert warns that “when it comes down to, let’s call it ‘care light’ or for people who are low income, there is nothing there, or it is very limited, or it is haphazard, or it has been pulled together from a variety of resources” (E26). A City housing staff agrees that our response needs to be about more than pure service provision to an individual but a holistic response that encompasses complimentary services and amenities that need to be accessed in place. Publicly supported home care, supportive housing, Long Term Care, hospitals, transitional housing for recovering seniors, and palliative care should be brought into the AFC strategy to provide a continuum of care based on local needs in place. However, this staff reflects frustration that “we are incapable of looking at it from a systems perspective and just moving one piece of the puzzle that then aligns everything else” (B17). In his critical analysis of housing provision for senior citizens in the UK, Means (2007, 82) argues that ‘aging in place’ is a slogan “which can be turned into reality simply by denying access to more specialist and probably more expensive forms of accommodation with care.” Here, aging in place is critiqued for replacing investment in Long Term Care services and other forms of supportive housing that older citizens and their family caregivers might need. A non-profit staff advises that “there is a shift to keeping people at home but I don’t know if it is to

benefit the community and the senior himself or herself or if it is more saving money in hospitals and Long Term Care beds. So we have to see where the benefits are” (D32). Thomas & Blanchard (2009) outline the popular rhetoric of fear around Long Term Care that it is an unfamiliar, impersonal, prison-like place to die which gets contrasted with the familiar, comfortable, and unrestricted family home. The authors argue that this rhetoric is in line with cultural values of independence and self-care (Thomas & Blanchard, 2009), which I argue is coupled with conservatism about the role of the family to care as well as projects of anti-statism. Means (2007) calls for the government to stop its nostalgic assumptions about home and for the development of a more positive rhetoric around institutional care, as a component of community and as a home, so that citizens in these facilities are not made to feel like burdensome and unwanted.

In the Toronto case, AFCs were first brought up by the City’s Long Term Care department and they have been redeveloping facilities using the AFC as a model with a daycare on the ground floor, intergenerational programing, adult day programs, a courtyard and community space, which all works to break down the stigma of Long Term Care. This illustrates a flexibility around the AFC concept in which it can be used to compliment and improve institutional provision rather than replace it. A non-profit participant advises that “age friendly communities would require more centers for the aged, it would require more services for people with Alzheimer’s or dementia or the physically handicapped. And staff to take care of them. The personal support workers have got a shitty job, literally, and shitty salaries. So if we value the aged, we have to value the caregivers” (D35). A City staff from the Long Term Care Division explains that aging “shines a brighter light on us and also gives us the opportunity to be more proactive and to show all of the living that goes on in our homes...Long Term Care isn’t really

sexy. But it is also the reality for all of us. Not everyone has kids and family that can care for them” (B19). A lack of public funding for the institutions of Long Term Care exacerbates the image that these are residual places of last resort. There is an opportunity here to create a public response that makes needs visible, that illustrates that vulnerability is normal, that provides a sense of community as well as autonomy that deserves public investment because it enhances quality of life and choice for seniors, for their families should they have them, and creates good jobs.

A non-profit staff who heads an agency that provides retirement and Long Term care in one setting or “campus” outlines an alternative place-based strategy in which non-profits enhance access to different forms of medical, social, and infrastructure needs for seniors by agglomerating it in one setting. This is not about seeing medical care and social care as distinct but part of a broader continuum that operates in different settings and scales and all require investment. The need for this type of model is clearly there as the staff notes that they have huge waitlists. This staff makes the argument that their hub model provides a sense of community and deserves to be funded; however, they argue that there isn’t enough to support this model by any level of government. As such, there have been sad scenarios where couples can get split up because “the Ministry of Health doesn’t allow someone in my apartment to get a Long Term Care bed here as a priority. The feeling is that while if you come into the retirement apartment it is like a back door entry to Long Term Care. But we have said to them ‘look, you have to support communities’...this means that people won’t be encouraged to come into these type of communities” (D3). This scenario is directly opposed to personalized policy making and community. Where there are opportunities for a progressive right to the city approach here, this staff makes the argument for this model because, “once supported in this setting, these

individuals live longer, they are less socially isolated and this reduces the burden on government because they are less likely to end up in hospital and prematurely into Long Term Care” (D3). This representative explains that they are saving the government money not only in health care but also in transportation such as Wheel Trans because seniors do not have to travel to see a doctor. While this speaks to how non-profits enhance access to different forms of care in place, care is ultimately framed not as a right but as a burden; hence the non-profit sector saves the state money by caring for the most burdensome people. The justification of a model that enhances quality of life requires funding support because it is right and just and not only because it achieves value for money and helps the health care system by targeting burdensome individuals as this maintains societal ageism.

Several participants note that the private sector is beginning to provide retirement residences with different care options but that this is unaffordable to many senior citizens who struggle to act as ‘citizen-consumers’ (Clarke et al, 2007). At \$4000 to \$5000 a month in Toronto, these private options are increasingly only a luxury for the high income, meaning that we have a two-tier care system: “it is the public response that addresses the need of the 15 to 20 percent that are not capable of affording and accessing what would be a private system for seniors. That is where the role is for government” (B17). This is a large section of the population and participants agree that it is the non-profits and municipalities that provide care for those who cannot afford those private facilities, but this group will expand as the cost of housing in Toronto continues to increase at unprecedented rates. A housing expert explains to me that “there is not enough and there is not enough anywhere but I think that we are at a critical stage. Partly a lot of it has to do with ideology, conservative ideology about who provides housing. And I think that it is pretty obvious that the private sector hasn’t stepped up to the plate to build rental housing”

(E26). Furthermore, this expert advises that this is a particular challenge in big cities with high land prices: “I have run into a couple of interesting models of seniors care that operates in a more affordable range but it is all in small towns because they can make the numbers work. So we can build in places like Apsley, Ontario but the numbers just don’t work in big cities” (E26). My interviews indicate that the current residual care strategy (Antonnen et al, 2012a) is inadequate as it is leading to gaps, fragmentation and inequity.

There is confusion among participants as to what level of government has policy responsibility for housing because of past projects of public sector restructuring. Several participants from the non-profit sector consider housing the City’s primary domain: “it is a role of the municipal government to create better access to supportive housing, assisted living, all of these variations of housing solutions. They have the ability to provide funding for and encourage new builds” (D47B). However, a housing expert explains that for cities, “the problem is that they don’t have the tools and it isn’t entirely in their jurisdiction to resolve. So typically municipalities are saying ‘I am responsible for zoning bylaws and municipal standards but I am not the one that provides the care.’ And so how do you solve something that isn’t really yours?” (E26). A City staff clarifies that the area of housing is where the intergovernmental piece is very apparent because though the City does what it can to build housing and provide emergency shelter, addressing housing needs more fully requires investment from other levels of government. There is a need for the public sector to take a leadership role to provide housing, but this is not happening substantively through AFCs in Toronto.

Past restructuring has left the City responsible for affordable housing without commensurate financial supports (Hackworth & Moriah, 2006). While localizing housing operations through subsidiarity was said to reflect diverse needs, the funding formula was not

altered to ensure that redistribution could happen. A housing expert clarifies that housing cannot be adequately redistributed using the property tax:

Ontario is the only place in the world that has this really fucked up taxation system around housing. Everybody else relies on income tax...It is just not very effective to put housing costs on the municipal level and on the property tax. I do not agree with it because the property tax cannot keep pace with housing cost increases. Because property taxes lag. If all of a sudden there is an increase in property values, my taxes are not going to increase for 3 or 4 years whereas if your income goes up, the taxation is automatic. So property taxes are the worst way to redistribute (E26).

Public sector restructuring through subsidiarity was not a genuine effort to meet local needs but rather to cut costs and reduce redistribution (Miller, 2009). A City representative explains that while the Province continues to provide some funding through the affordable housing program, the level of support is insufficient, intermittent and unsustainable as there remains no strategy for ongoing support to Cities. Furthermore, another staff clarifies that there are almost 25,000 seniors on the waitlist for affordable housing and that “a senior today could just as easily be waiting for a Long Term Care bed before they would get a social housing unit” (B17). While the City has built 2000 new affordable housing units for seniors in the last few years, a staff representative admits that “those are 80 percent of the CMHC [Canada Mortgage and Housing Corporation] average market rent, so they still don’t provide deep affordability and they are stop-start programs depending on Federal and Provincial funding levels. So they are helpful, but they are extremely modest” (B17). My findings reflect Means’ (2007) argument that vulnerable seniors living in precarious housing situations, often meaning that they rent, need to rent affordable units, or are living in decrepit owned housing are often ignored in government efforts to prevent institutionalization.

As senior citizens age at home, there is also a need to invest in new accessibility features in their residence. Again, public support in this regard is inadequate. A City staff reflects on

having to cut and target a tax renovation credit, the management of which was rescaled from the Federal to the Provincial government, who then transferred responsibility to local government and made the program discretionary. Toronto decided to maintain the credit to means-tested homeowners, despite the fact that many senior citizens rent, and has “had to restrict it to avoid a public expectation that the government is in a position to help and assist” (B17). This staff relates this struggle to serve seniors to narrow political projects of public sector restructuring that have moved away from universalism to programs that are targeted and capped. Reflecting the need for a more universal program, the staff explains that he has “over 500 applications waiting for processing and I have 4 staff. Just this past week, I suspended until 2016 a seniors’ capacity to apply into the program” (B17). This indicates the symbolic politics happening particularly at the Provincial level as they promote AFCs but do very little on the housing front.

A housing expert explains that rescaling has created a situation where “local government has all of the responsibility but when I talk to people, most of them seem to think they can’t do something when that is not true, they can do something. And I’m not sure if it is confusion or being used as an excuse” (E26). Staff heavily emphasize that Toronto’s formal AFC program focuses on what is within the City’s jurisdiction and in the area of housing, this is fairly minute tinkering around the edges to encourage private sector development rather than significant public strategies to invest in housing. A City representative explains that the City lacks the planning tools necessary to address the needs of seniors in the realm of housing to support age-friendly environments. The City can enact bylaws to protect the demolition of rental and ensure that when rental is redeveloped, units are replaced. However, the interviews suggest that there are small efforts to encourage the private development of new units, such as: allowing for zoning bylaw refinements to support secondary suites; exploring whether to permit rooming houses, reverse

mortgages and life leases; and reviewing development charges to encourage affordable rental. Critiquing this situation, another City staff who works with vulnerable citizens explains that “supposedly there is a market out there for all of these condos that are going up. None of them are affordable and none of them are accessible to the people that we are working with. I would say from an urban planning perspective, we missed the boat on this” (B20).

The forced amalgamation brought with it the deregulation of planning in Toronto, making it easier for developers to get concessions from the City (Joy & Vogel, 2015; Frisken, 2007; Keil, 2002; Boudreau et al, 2009). The City has pushed for inclusionary zoning powers, where they could require so many affordable units in a housing development, but the Province has not delivered. The City can require some affordable units through density bonusing, or section 37 of the *Provincial Planning Act*, but this is not a required policy response but rather up to the ward Councillor to negotiate with the developer (Moore, 2013). As housing is so expensive, it is often not a priority in these negotiations, illustrating the need for an institutionalized policy framework. However, instead of coming up with such a framework based on the everyday needs of Torontonians and advocating to other levels of government on this basis, the TSS focuses on only what is within the City’s legislated jurisdiction. This is contrasted with past City senior strategies (City of Toronto, 1999; 2002; 2006) which focused on housing and made recommendations to other levels of government. The City must continue this advocacy work if age-friendly environments are ever to become a reality.

Several non-profit participants complain about the state of public housing in Toronto, provided through Toronto Community Housing (TCH), noting that the agency “does what they can but as you see in the media everyday they need I think \$800 million in repairs right now. We see it every day in some of the buildings that our clients live in” (D8). Emergency preparedness

in these buildings was noted by non-profit participants as a particular problem. During a recent storm that brought a power outage, “there was no elevator service and people were stuck. One of my colleagues is a marathon runner, so she was going 32 floors to deliver Meals on Wheels. And the danger of a lack of oxygen, there are people that are on oxygen. I don’t know if the City is making it mandatory to have a generator because those are big issues because you are stuck” (D32). This also raises an important question as to why the City does not have staff that provide this care in these buildings. A City staff explains that while the need is there, TCH is not supportive housing technically because it is a landlord primary and not a health service provider but there is demand which TCH struggles to meet because of intergovernmental technicalities and policy silos. The staff admits that the City “would love to get our hands on that [LHIN supportive housing] funding because we could do so much more” (B2). Jurisdictional siloes combined with narrow cost cutting projects is infringing on the rights of senior citizens.

In addition to problems in social housing, the City is under-resourced to meet emergency housing need through shelter provision. A City representative admits that “we don’t have adequate resources. We are still trying to cope with the number of people that we have in the emergency shelter system in general” (B20) as they have many citizens who are permanently living in City shelters and these citizens are aging. This staff goes on to explain that because Toronto has many seniors in shelters that the Long Term Care system is not in a position to take, in part because Long Term Care has not traditionally embraced a harm reduction approach in its work, the City’s largest men’s shelter, Seaton House, is running a Long Term Care facility on a smaller hostel budget. In this way, Seaton House is not in fact an emergency shelter but permanent housing for these seniors. One of the recommendations in the TSS is for the City’s Shelter Division to continue meeting this need through a partnership with the City’s Long Term

Care Division in the redevelopment of Seaton House in order “to access additional funds to specialize in meeting the needs of people that may have different behavioural issues and substance abuse issues and things like that” (B20). This also provides the Long Term Care Division with access to expensive downtown space in the context of their Provincially mandated revitalization where they can use the site to move residents to as they redevelop other sites. While this plan reflects an effort by the City to do what they can to meet the need in a context where narrow cost cutting projects are dominant, there are concerns as to whether this service partnership is good for seniors and thus really age-friendly. Councillor Kristyn Wong-Tam, who has Seaton House in her ward, reflects frustration about this form of last-resort service provision:

In my visits to the shelters, I am seeing a much older population than I think existed before. They don't belong in shelters because there are younger people who also come to these shelters - aggressive adult men - and I think it is a mistake to bring that population together in a volatile situation. You've got seniors in their 60s living in shelters because there is no affordable housing for them and then you've got these aggressive young guys in their 30s and 40s who intimidate the senior homeless men and women. They steal from them and they bully them. This is something that we have to deal with in the City of Toronto (A3).

The City could be supported by other levels of government to create more hubs of care that include services to homes but also different facilities with different levels of care that meet needs as a full continuum of care in local environments. A senior citizens advocate believes that “cities would accept the challenge if there were dollars available from the government to start building some of these things” (F6) and my interviews with staff suggests that this is the case. However, my interviews also illustrate that the Province is pushing aging in private residences with targeted care to risky seniors because it does not want to invest in a public response holistically.

Again, the non-profit sector is situated as primed to step in to replace collective public care rather than act as its complement. Several non-profits already provide housing and/or offer supportive housing and assisted living in existing housing buildings. A housing expert

recommends using the end of public funding for social housing from the Federal Government as an opportunity to transfer full ownership for social housing to non-profit organizations:

The one thing that Canada misses and does not have a strong sector in is what I call mission oriented affordable housing. There is tons of it in BC, but in Ontario they are still 'we are government, we know best, and we will keep you under our thumb.' In other countries, that is how things have been happening. It really is the merger of the business world and the mission piece (E26).

This will be a transfer, not to small mom and pop agencies, but large organizations that can compete with private providers; requiring a fundamental change in the non-profit sector to no longer provide niche services but to take on core roles of the state. This is not new or innovative but rather a turn back to charity to replace public collective redistribution rather than a model of universal inclusion (Antonnen et al, 2012a) where non-profit provision compliments public provision.

Furthermore, it is not clear how the following situation described by a non-profit participant will be alleviated where the core rationale is cost cutting:

One of the challenges for us is that we chose for our housing side to no longer be affordable housing for a number of reasons. One, geographical because we could attract people that had more money but also two, we felt that as a non-profit charity we had to look at revenue streams to support our charity because we weren't getting enough money from the government. So that is why we did that. If I had a magic wand, I would put up another building here and make it affordable. But the funding would have to come (D3).

Another non-profit that provides services to vulnerable seniors reflects on this in frustration:

I think one of the biggest things though is housing. When we get funding for supports and we can't find anywhere to do them it is very upsetting. We use millions of charitable dollars because we are so committed to meet the need, and it is good that we are able to do that, but they really need to look at that. There needs to be affordable housing for seniors. Give them rent supplements. Maybe we could buy buildings if they could just give rent supplements to seniors (D7).

These stories illustrate Salamon's (1995) core argument that public provision is a compliment to non-profit servicing. Several non-profit participants would much prefer to engage in a

partnership relationship with a redistributive state in which they meet niche needs in a personalized way in local places rather than a charity-based marketized model of provision.

6. Transportation

Past restructuring has also increased the City's funding responsibility for public transit provided through the Toronto Transit Commission (TTC) as they are now fully responsible for covering both operating and capital costs with very little support from the Province (Joy & Vogel, 2015; Golden & Slack, 2006; Horak, 2012). My interviews indicate that this narrow project of restructuring in a policy field so essential as transit has been and will likely continue to be a particular strain on seniors, again with the most vulnerable suffering the most. When I asked about adequate resource capacities to support transit for seniors, I received the following response from a City staff:

The answer is a very glaring no. A hugely problematic no... the TTC is broadly seen as the worst funded transit system in North America and possibly even the Western World. In terms of government ability to provide the funding needed for us to do the job for everybody, seniors and everybody else who rides it, the answer is no... everybody knows that the TTC is painfully underfunded (B22).

In a context of population aging where need is increasing, I found that the City has cut back its accessible transit services, Wheel Trans, due to a lack of funding. The Toronto Seniors Assembly report explains that funding cuts were followed by the introduction of stricter eligibility criteria that targeted and limited access, particularly for frail seniors with chronic health issues (City of Toronto, 2002). A City representative admits that "one of the issues that we, as an organization with TTC and not just Wheel Trans, are all struggling with right now is that we are at that point where Wheel Trans as a stand-alone service, as an accessible service, is at the breaking point" (B24). Wheel Trans is working to meet the increased demands for calls through improved customer services in the realm of booking via their website and touchtone phone, but actual pick

up service is not enhanced or upgraded. However, even here a representative admits that “we cannot continue to bring on additional staffing because of the cost. We have just added some additional bodies this year and possibly for next year, but each time the justification becomes more and more difficult” (B24). Accessibility and equity are an undervalued justification compared to costs.

Many non-profits reflect concern about Wheel Trans for their participants, advising the service is often late. Services need to be booked far in advance and it is a challenge for agencies when they have outings and for seniors who want to get out in the community or have a doctor’s appointment. Another agency representative explains how a public transit system would complement their work: “any service would benefit from a good transportation system and if the transportation system is positive and taken care of then the agency can focus and put their resources on a particular service or program because they don’t have to also worry about getting the person to their program or to their service. So I think that there are compounding effects” (D48).

Despite the need for enhanced public Wheel Trans services, City staff explain that “because we are funded by the City, we will not get money to get more buses so we have to find other methods of transporting these people, whether it is taxi or other contracted services. Our main goal is to transition a lot of these people onto the conventional TTC” (B24). TTC is supposed to be made fully accessible by 2025 through the Provincial *Accessibility for Ontarians with Disabilities Act* (AODA). Staff admit that this transition will not be easy for citizens with mobility restrictions but that they will have to accept it kicking and screaming. Rather than valuing diversity and personalized services and enhancing equity and inclusion as the AFC program and the TSS claims, vulnerable seniors are being asked to go without an essential

service to save the system. The TSS report includes no recommendations or actions to invest in or improve Wheel Trans services.

This is a particular problem because a City representative admits that the conventional TTC struggles to serve the “in-between group” of frail seniors “for whom getting to a bus or a street car service is tough but for whose mobility difficulties are not severe enough that they are eligible for Wheel Trans” (B22). Many non-profit participants expressed frustration about conventional TTC services for this ‘in-between’ group. In addition to malfunctioning escalators or non-existent elevators, one agency talks about challenges with the pace of transit:

My biggest pet peeve is the patience of the drivers. Twice, when I am walking off with a group of seniors...you see a line of older adults coming off and the driver closes the doors and twice I have had people stuck on the subway...I have to stand at the door so the door doesn't close. It is ridiculous. It makes me angry but can you imagine what it makes them feel like? Pushed around and stuff (D21).

A City staff situates community bus routes, of which there are now five, as an illustration of how to meet the needs of the ‘in between group’. However, the staff admits that the service is “not very efficient in terms of the productivity that we get per hour...our conclusion is that this is not the best use of the precious dollars that we get” (B22). Furthermore, the TSS mentions exploring free transit for seniors at off-peak hours; however, several City staff clarify that there is no chance of this happening until larger multijurisdictional issues around transportation funding are resolved. Illustrating the depth of the problem, a staff admits that conventional TTC services are struggling to meet the AODA accessibility requirements to meet diverse needs without adequate funding:

Because of City cutbacks in funding, including capital, we no longer have enough funding to complete all of the station retrofits with all of the elevators and all of the other accessibility features by 2025...we are pretty twisted in knots because we want to make that deadline theoretically and legislatively we have to make that deadline. The money isn't there. Just to give you some small measuring stick, we are short the money to do 17

stations right now, only 17, and that money is \$240 million dollars, so that is a lot of money (B22).

The City cannot afford niche services nor improved universal services to enhance accessibility for the growing aging population. If these issues are left unaddressed, it is quite likely that some seniors may simply decide to stay home because travelling on the TTC is too daunting; ironic given the government's seeming concern with preventing social isolation through active aging.

I also observed that accessibility improvements are framed as a problem: "from a purely business perspective, from a pure productivity and efficiency perspective, this will reduce our productivity and push our costs up" (B22). This staff explains that accessibility features in vehicles reduce seating capacity and thus revenue and that a slower service makes public transit less competitive as compared to the private automobile. Enhancing equity costs money and this clashes with a city as business philosophy where departments like TTC are measured on cost recovery: "the one and only thing that we seem to be evaluated on at the end of the year is 'what is your subsidy requirement? and 'how is your financial performance?' When it comes to budget time, everybody forgets about the other noble objectives that people expect of us and they ask 'how much money do you need this year?'" (B22). This illustrates a clear undervaluation of the City's Equity Impact Statement as compared to its Financial Impact Statement. Another City representative reminds me of constant news stories on traffic congestion and the slow movement of people and goods in Toronto, advising that they "have to balance the competing needs and demands of multiple members of the public and stakeholders on the use of our streets, our traffic signals, our signage and way-finding system" (B23). In the current conjuncture, a narrow politics of short term efficiency is valued above all else: "if we are going to have to be less efficient in the way that we provide transit to accommodate seniors, those are all challenges and they are not really opportunities" (B22).

AFCs must fundamentally challenge narrow political projects that value short term efficiency over equity. However, the TSS fails to highlight what would be needed to be able to provide all of the equitable services and enhancements demanded from the transit system. A City representative reflects frustration with processes that place demands on these services without working out the cost implications: “it is so easy for either the public or these expert panels to say ‘why don’t you just do this and why don’t you just do that.’ We say ‘happy to do it but there are costs implications on capital, operating practices...that will somehow have to manifest in our budget.’ People don’t seem to make that connection” (B22). Bureaucrats are expected to deal with these funding deficiencies and to find more efficiencies and they are frustrated:

We go to City Council every year and we beg and we grovel and we get down on our knees and beg for more money and they may or may not throw a few crumbs at us...you could debate whether that shortage of funding, the desperate shortage of funding, is because the City cannot afford to give more or whether they don’t understand the critical need for it, I’m not sure (B22).

Again, redistribution cannot occur through the property tax alone. AFCs cannot ignore this systemic problem.

Because of underfunding, the City has begun to look to the non-profit sector to support the mobility needs of more vulnerable seniors. For example, the Library is “investigating a transportation initiative...to find partners in the local community to assist older adults to get to the library to attend programs” (B26B), though a representative admits that if they had more resources they would put money to the transportation initiative themselves. Furthermore, even getting non-profits to do this has been a struggle given that “there is a hierarchy of needs for older adult transportation, getting them to health care and getting them to other things” (B26B), again illustrating that active aging requires serious plans to improve public transit. Another City representative admits that “we can’t necessarily fund dozens of agencies to provide

transportation to seniors or a TTC wide seniors discount but there are opportunities to push at the issue a little bit. Such as looking to the LHINs to support the development of some sort of program, public health can make this contact. Or, there may be ideas from the community on alternatives that come through the community funding unit that we could implement. We try to be enablers” (B3). The City lacks the capacity to be redistributive, thus they enable non-profits who are seen as the real innovators to provide niche services. However, public transportation is not a niche service and demands for accessible transportation will only increase.

I have found that increasingly, non-profit organizations are providing basic transit services for seniors because the public system is inadequate:

If somebody is living with a mental health challenge for instance, a Wheel Trans complication can really throw them off. That is why we have vans at all our programs to be honest, so that we can provide a lot of transportation. Wheel Trans can be more cumbersome sometimes. And even accessing it, many of our clients don't have phones so a big part of our support staff is booking Wheel Trans for people (D7).

Larger agencies have developed a computer program that allows them to share transportation services if someone needs a ride who may not be located within their catchment area. When I probed further about how this ride program was funded, one non-profit staff explained that while the program was grassroots in its development, the Province is now funding for the database and sometimes for a coordinator. The staff advised that “our ultimate goals in the next few years is to work that into one big system. We will turn it into one good transportation system” (D27).

Rather than innovating to improve an essential public service, this is in fact moving backwards to fragmented and ad hoc provision that is inadequately and sporadically funded. Public provision for universal services compliments the work of the non-profit sector, freeing them up to meet more niche community needs. This requires greater public investments in public transportation and this does not appear to be on the table with the TSS.

7. Outdoor Space and Buildings

My findings suggest that the AFC program puts pressure on the City to play a bigger role in ensuring accessibility without additional funding in a context of aging infrastructure that requires regular maintenance and demands for new infrastructure. AFCs ask that we change our thinking and modify infrastructure on an extremely meagre budget and this is unrealistic. The instigator of the TSS, Councillor Josh Matlow admits that:

I think it is a challenge because our cities are not ready. And I think that this means that there needs to be more infrastructure dollars, which in many cities like Toronto just don't exist. Toronto's already got billions of dollars of debt and backlogs on everything from social housing and a transit system that is at least a generation if not more behind where it should be. It is still working on repairing and replacing its water mains, etcetera. So all of a sudden if you say that you need to change everything to make it accessible to seniors, well that is a tall order. So this will be a huge challenge for cities (A1).

Thus, we see instances of the City tinkering around the edges of a much larger social and infrastructure deficit. While there is an assumption on the part of some participants that big cities have a larger tax base to invest in infrastructure, Toronto faces difficulty to innovate when it is so focused on addressing social and infrastructure crises. In Toronto, “the City’s infrastructure has barely been able to keep up with the existing pressure of population and employment growth. There is the significant challenge of upgrading our infrastructure to make it accessible and age friendly and just sustainable in terms of repair and maintenance and meeting the growth of the City” (B23). This is combined with the new needs and costs for emergency services discussed previously.

Specifically, responsibility for enhancing accessibility is being placed on local policy actors through the Province’s new AODA legislation. The province is not providing capital funding support for AODA compliance but rather has initiated a ‘phase-in process’ of a 2025 deadline as a substitute. As we have seen with the TTC, this is inadequate. The Province appears

to see their role as stewarding accessibility via the AODA but their seeming desire to build an inclusive Province is left wanting as there is no financial support. A City representative advises that there are City Divisions where implementation will not occur unless there are dedicated, stable resources. Furthermore, the City is concerned about their non-profit service partners who “don’t have the ability to access funds in that regard so that is something that we are watching very closely and addressing as we go” (B20). Illustrating this, a non-profit representative explains that “the Province has recently passed the AODA and it is all nice, it is important, it is hard to argue against. But they are requiring mandatory training and we are like ‘ok, now we have to figure out how to do that because training costs money.’ So there is disconnect. Great idea but on the ground, not so good, we have to comply with the legislation” (D12). The politics of the everyday illustrates again that motherhood statements about inclusion are inadequate without financial support.

One City staff working on accessibility improvements complains that: “we are creating new tools such as standards that the higher orders of government are not creating to support implementation of their own legislation and requirements” (B23). In particular, this staff is talking about the extensive research they undertook making a new accessibility improvement - tactile walking surfaces for the visually impaired - which they are now sharing with other municipalities across Canada and internationally. There is a sense of unfairness evoked about being required by the Province to provide goods and services and to innovate without adequate funding support: “we are not a company, we can’t charge each of these municipalities for the work that we have done, and I don’t think that we would necessarily want to as it is a public good” (B23). Interestingly, this staff also complains that because “the Province likes to say ‘we don’t get into the local detail’” (B23), they neglected to require a universal standard of

accessibility for this tactile walking surface and this reduces mobility between cities for the visually impaired. Here, the City would have welcomed some leadership and foresight on the part of the Province to enhance universalism. Staff reflect frustration that Toronto is doing what it can but it could be doing so much more in its effort to innovate through the research and development of new policy tools and standards to meet changing population needs. Also unfair is the anti-statist politics in which the public does not see government as innovative and that demands cuts to funding supports and bureaucrats: “so many of the political candidates and leaders at the Federal level, the Provincial, and the Local are crying out to cut taxes, to cut services, and to cut civil servant staff but the demands are increasing not decreasing” (B23). Government is being asked to innovate without adequate funding in part because of an anti-statist politics that demands lower taxation, which effectively diminishes innovative capacity.

On the topic of outdoor spaces, a City staff again reflects on challenges between efficiency and equity. An example are the new pedestrian scrambles at busy intersections such as at Yonge and Dundas which a City staff explains benefits most pedestrians who spill out into the intersection but admits that they have since learned that seniors find them disorienting. The staff admits that “we are at the early learning curve of managing growth and managing density” (B23). Clearly, the pedestrian is not always the same and have different embodied safety issues and challenges that should have been taken into account in the planning of these intersections had an equity lens been an institutionalized policy requirement. The staff admits that they are trying to advocate for a slower average walk speed as they know that the average speed in Toronto is inadequate but that “there is such political pressure to coordinate our signals to alleviate traffic congestion” (B23). While this pressure includes reducing the number of traffic stops to speed vehicular travel, this results in fewer pedestrian crossings and longer walk

distances between intersections, making walking more difficult for those with mobility restrictions. The staff notes that for real accessibility, “there are some traffic industry rules of thumb that may need to change. These are not City-specific, these are National and they are Provincial” (B23). In a context where accessibility seems to be en vogue, I have found the practice of enhancing accessibility alarmingly wanting and largely symbolic. Age-friendly requires change in multiple policy domains at multiple level of government and a politics where access and equity is paramount.

8. Communications and Information

Again, echoing the clash between efficiency and equity, new communication technologies have presented a challenge for the City. A City staff explains that while the City gets critiqued for not having a quicker uptake of new technology, such as cellphone applications, these present a real challenge for those with physical and cognitive as well as affordability challenges. The staff shares an interesting story on this topic:

I was meeting with a woman who is blind recently and she is on a fixed income and I asked her whether she was using any of the latest technologies about navigating streets. She said ‘you have to pay to play and I don’t have a smart phone’ (B23).

The staff advises that “we are trying to be an inclusive city where you plan for everyone and so there are numerous trends that make this a challenge for us as we balance things” (B23).

However, developing a City-wide process for achieving this balance through an equity lens appears to be a challenge. Another City representative admits that the TSS recommendation to develop an Accessible Communications Policy had yet to have gotten off the ground at the time of my interviews.

Another effort to enhance communication by making all frontline City staff aware of services for seniors has been a challenge to implement. A City representative admits that this is a

huge undertaking given the number of staff in such a large city and that they have had to hone the focus on just those staff who work directly with the most vulnerable seniors. A strategy of targeting the most acute citizen is again the solution as public capacity dwindles. This is also reflected in the City's strategy to target the neighbourhoods where the most high-risk seniors are located. The TSS has as one of its recommendations the identification of neighbourhood aging improvement areas that are community and resident-based and where there are many seniors residing with inadequate access to services. This includes identifying problem environments and targeting to make them more ideal, with funding to community development and non-profit agencies around servicing. This builds on the City's 'Priority Neighbourhood' approach, which honed a focus on areas of concentrated poverty in Toronto's inner suburbs in an effort to understand access to services and amenities more quantitatively to form the basis for a targeted service response (United Way Toronto, 2005). Non-profits providing services in these areas were in the past prioritized for funding and neighbourhood action tables that brought different local players together were developed. However, seniors are not concentrated in one area of the City and this strategy created inequities in financial and human resources. A non-profit staff working at an agency located in a seemingly wealthy neighbourhood advised of the following:

there are a lot of wealthy boomers but there are also a lot of boomers that are low income. Those are the country club type of boomers and you won't see a lot of them at a little community center. We are the ones that the people that come from the subsidized housing go to. You know how hard it is to get funding here?... all around us is subsidized housing. And these people are living at or right above or below the poverty line. These are our seniors (D21).

While the localized neighbourhood focus is intended to address diversity, it can also fail to adequately conceptualize diversity within the neighbourhood (Walks, 2001). This response can lead to more fragmentation and inequity and ignore the root causes of spatialized poverty and differentiated citizenship (Cowen & Parlette, 2011). Thus, investment to ensure age-friendly is

needed for city-wide provision as well as neighbourhood specific initiatives in each local area. However, there are no formal neighbourhood-based governance and planning structures in the amalgamated City of Toronto. This targeted approach appears to be more about government encouraging these agencies to take on more responsibility for care than about understanding the service landscape at the local level because there is recognition of service gaps that require redistributive funding support and real public social planning.

Conclusion

The policy practice of AFCs in Toronto, studied through a ‘seeing like a city’ (Magnussen, 2011) lens, challenges the claim that the policy program is effective and moves away from an individual deficit approach by empowering local policy actors to enhance access in local environments. AFCs are intended to support the establishment of healthy environments for senior citizens through investments in the social determinants of health. However, in practice, this is more about highly localized pilot projects, considered apolitical and amenity oriented, rather than significant investments in income support, housing, transportation, and home care. These types of small scale changes may be used symbolically to make it look like something is being done while our political, economic, social, and cultural systems are making it more and more difficult for seniors to get by. The social determinants of health cross jurisdictional boundaries and have been the subject of underinvestment for years through a narrow politics of public sector restructuring, resulting in serious gaps that take place at the scale of the local. Part of this underinvestment has involved transferring policy responsibility for large infrastructure domains in the realms of health care, housing, and transportation to local governments through a rhetoric of localization but without commensurate financial supports and policy capacity (Miller, 2009; Banting, 2010). As such, local policy actors lack capacity for the substantive investment

that is needed to enhance access to services and amenities, both more universal and niche, to achieve a fulsome model of universal inclusion (Antonnen et al, 2012a). These gaps materialize as crumbling infrastructure that is inaccessible and ‘socially isolated’ seniors who are sick for socialized reasons of a lack of income, a lack of mental health support, a lack of access to social supports, housing, and transportation. There is a residual effort through the AFC program to encourage families, neighbours, local children, and community volunteers to address this care and infrastructure crisis but my research illustrates that this is not realistic and creates fragmentation, inequity, and in some cases, abuse.

Cities are scrambling to provide emergency supports to seniors, using up resources that could be spent on more democratic processes to recognize diverse needs, invest in the preventative social determinants of health, and inform policy at other levels of government. Incidentally, these are the same seniors labelled as a burden to the health care system and the Province is increasingly targeting this group through contracts to non-profit organizations. The ‘local’ is used as a strategy on the part of the Province to save money by using community agencies to target ‘high risk’ or costly senior citizens in local places. As we disinvest in preventing socialized risk through redistribution, we adopt a residual strategy (Antonnen et al, 2012a) that leaves health up to individuals and targets those who are the neediest in local environments, blaming ‘people’ and the ‘environment’ for ill health (Orsini, 2007). This is a major narrowing of the politics of scale and of citizenship (Clarke et al, 2014) which in essence is an approach that focuses on individual deficits, treating senior citizens’ needs as a burden.

Non-profits are encouraged to think of themselves as saviours to the health care system and relate less and less to the City and its domain of preventative social service supports and community development. When non-profits do relate to the City, it is in the area of emergency

services to the most vulnerable seniors. Morals are evoked but this is more about charity than social justice. In this way, cities and non-profits deal with crisis populations and fill gaps, but as these gaps get bigger these actors are increasingly lacking the capacity to tackle the social determinants of health. There is little money left for social support services for frail seniors, or the ‘in-between’ group, who cannot afford private services and who are asked to fend for themselves. Some participants are concerned about this group, but often this is less about concerns for their quality of life and more about preventing medical burdens. My research demonstrates that cost-based concerns are currently outweighing quality of life concerns through the AFC project. The social cannot replace the medical as a cost saving measure but rather must exist along a continuum from prevention to emergency support and this requires investment through a model of universal inclusion.

The emphasis on systems change that I have uncovered in my interviews is inherently a contradictory project that is supposed to at once address the problems with a top down universalised systems that failed to incorporate difference and voice as well as the problems of inequitable access and fragmentation that a subsidiarity-based approach has engendered. Non-profits are expected to address this conundrum by engaging in both policy personalization and systems change. However, my research suggests that non-profits struggle to provide niche and innovative personalized care work and engage in the mass services delivery required in the realms of health care, transit, and housing. When we ask non-profits to take on bigger needs and fill bigger gaps then they will become bigger in scale and risk losing their grounding in the community. If the current system continues, we will see more one size fits all, professionalized, and institutionalized provision. Eventually, these players will get very big, siloed, and depersonalized, which are the current critiques against government.

Real systems change requires a multi-scalar response that fundamentally seeks to enhance spatial justice (Soja, 2010) based on the politics of everyday life. Prevention is improving quality of life for citizens over the life course through redistribution democratically organized and not through behavioural change programs targeted at those most ‘at risk’. AFCs could present a way to support the social determinants of health and the continuum of care by honing on experiences, gaps, and diverse needs in place that require different scales of investment and attention by all levels of government. My research suggests that government at the Federal and Provincial levels must provide broad frameworks and resources for redistribution for health care, transit, housing, infrastructure, and income and support non-profits and municipalities to inform these wider policy domains based on local experience and fill gaps innovatively based on local needs. This requires further analysis on the institutional ‘rights of the city’ (Isin, 2008) and the ‘rights of the non-profit sector’ through the AFC model, which is a topic that will be explored at length in the following Restructuring Governance Chapter.

Restructuring Governance

Introduction

In this Chapter, I continue to examine the claim that AFCs represent an effective, innovative and equity-based policy approach through a study of the institutional mechanisms that enable local policy actors in Toronto to engage in age-friendly work. While the local territorial scale is believed to be at the forefront of the demographic shift to an aging population, the mainstream AFC literature and the WHO checklist itself pay scant attention to the dynamics, structures, and agents of urban politics, policy and administration (Scharlach, 2012; Modlich, 2011; Buffel et al, 2012; Canadian Urban Institute, 2011). This is a problematic omission because, while we learned in the Role of Place Chapter that the original AFC concept envisioned grassroots groups of seniors initiating age-friendly work, the reality is that these programs are often led by non-profits and local governments (Scharlach, 2012), as is the case in Toronto. Particularly absent in the literature is an examination of the institutions of urban governance in big cities in a context of public sector restructuring based on an understanding of the meanings local policy actors make of their everyday age-friendly work (Scharlach, 2012; Modlich, 2011; Buffel et al, 2012). In this Chapter, I continue to fill this gap by exploring how the changing role of local policy actors in coordinating and resourcing social and physical infrastructure outlined in the Rescaling Redistribution Chapter is affecting their institutional capacity to improve the person-environment fit for senior citizens in Toronto.

I adopt a ‘seeing like a city’ focus (Magnussen, 2011) that does not ignore the institutions of the state but rather emphasizes the way that policies enacted by the state at all levels play out in the politics of everyday life in Toronto. I use interpretive institutionalism (Lowndes, 2002; 2009) as a guide to assess the extent to which AFC practice in Toronto illustrates meaningful institutional change that includes new norms and formalized sanctions and incentives to support

the actualization of age-friendly work. This encompasses the institutional frameworks that operate between organizations at multiple ‘levels’, allowing for an understanding of how governance and policy at all levels of the state must adapt in both rhetoric and practice to realize healthy environments for senior citizens. Again, my research is guided by a politics of scale (Clarke et al, 2014) analysis in which I examine the expansive and narrow political projects that reify policy domains at particular levels. I work from the assumption that local governments operate in a ‘landscape of antagonism’ (Newman, 2014) where they are not unitary actors but a complex web of different governmental actors who have their own projects, translate other scalar projects to practice, and engage in this work while facing administrative constraints.

I examine how interview participants understand the institutional mechanisms at their disposal to realize a form of governance that enables a ‘right to the city’ (Isin, 2008) for senior citizens through the AFC program in Toronto. A ‘right to the city’ is a space where services and amenities are redistributed to ensure full access to services and amenities for citizens on the basis of the recognition of their similar and unique needs (Isin, 2008). A right to the city is a model of universal inclusion in which universal services adapt to meet new needs more broadly and positive discrimination is enacted through the development of niche supports to equity groups (Antonnen et al, 2012a). Isin (2008) advises that achieving a right to the city in practice requires that the city itself gains new rights – rights of the city – such as new resources, policy tools, and administrative freedom to recognize difference and engage in redistribution.

Given their important role in service delivery and policy advocacy at the scale of the local, I argue that it is also crucial to understand the rights of the non-profit sector and the policy relationship between local government and non-profit organizations. Further research on these partnerships is merited in this area and in a restructuring context, these partnerships will

increasingly be local in nature. DeSantis (2013) points out that public sector restructuring could encourage the development of firm policies and institutionalized partnerships between the government and non-profit sector in the area of health based on the values of mutuality and solidarity and I seek to examine whether this is occurring in the Toronto case. Clavel's (2010) recent work on the 'progressive city' reiterates the importance of an institutionalized coalition of social movement organizations in cities who develop an urban policy agenda based on the redistributive needs of their membership. He argues that a progressive city has both a well developed city administration with the capacity to enact and implement redistributive right to the city policy that is based on the mobilizations for recognition of its base of non-profit advocates (Clavel, 2010).

My findings challenge the claim that AFCs are an effective, revolutionary, and fundamentally equity-oriented policy approach to population aging. I have found some institutional efforts to structure AFCs in Toronto but overwhelmingly a lack of institutional change necessary to realize a right to the city for seniors in practice. Instead, in a context where narrow political projects of cost cutting are dominant, I find small scale and unsustainable service projects that focus on targeting the most vulnerable seniors, again challenging the claim that AFCs move away from a deficit approach to aging. The institutional norms, incentives, and sanctions are not in place to enable fundamental improvements to local environments such that they enhance access for senior citizens. Rather than fighting for their rights as crucial governance actors, local government and non-profits are busy acting as residual providers of last resort and this challenges the extent to which they can engage in the improvement of the social determinants of health in place. I uncover a major paradox between the need for a public sector response to population aging and the depth of anti-political and anti-statist sentiment among

many interview participants. Essentialist notions of government are seen as the reason why we do not have effective approaches to address population aging rather than narrow projects of public sector restructuring. This prevents an understanding of the types of institutional changes and investments needed to realize a truly effective and innovative AFC approach. I thus link practical struggles and tensions to this narrow political project as well as build on instances where policy actors present an alternative more expansive understanding to provide insight into the types of institutional changes that enable the rights of the city and the rights of the non-profit sector to support real age-friendly environments.

Findings

Anti-politics and Anti-statism

Participants are pleased that there is a recognition, will and some leadership on the part of the state to acknowledge and make visible the place-based needs of an aging population; however, I find overwhelming skepticism about tangible policy action through AFC programs. One non-profit staff clarifies frustration about the tendency of government to commission independent reports and the ensuing lack of transparency around whether it has actually been accepted:

We are led to believe that this is the strategic plan for the Province or the City but in reality it is an arms-length report and yes the Province or the City commissioned that report and it came out with many recommendations but we never have a sense of it. There is too much false hope built into it. Is there money attached? Is there an implementation plan? (D3).

One year in to TSS implementation, several participants evoked the imagery of another government report that “will just sit. It will just collect dust like too many reports before it” (D8). For many operating outside the City, the TSS is critiqued as a symbolic gesture that simply reframes what the City already does, distracting from a more fulsome commitment to investment

in existing and new programming. An academic policy expert involved in TSS development reflects Toronto Star reporter Carol Goar's (2013) critique of the strategy:

They are running around doing a lot of hot air about it...I look around and say 'what has happened?' I don't see anything. Is there something? Did I miss something? I think that AFCs is a wonderful catch-all for doing nothing. It is for doing nothing and just doing what you were doing anyway but you can reframe it and say 'look what we are doing, we have park benches with handles on them!' Whatever (E20).

I detected in many of my interviews an attribution of the lack of action around AFCs to an essentialism around politics and the role of the state. My findings indicate a lack of trust among non-profit participants that government is taking population aging seriously. Since amalgamation, Toronto has made several attempts to instigate a senior's strategy and this is attributed by some to the political expediency of different politicians who want to rebrand the issue as their own rather than a real recognition of the needs of seniors. There is also a cynicism around populist forms of political capital as it relates to pandering to seniors that vote:

older adults are the most active voting block...So if you want a quick win, then you want to get older people onside. They are active, they have time, and they will vote. So that's what a number of politicians have said. I'm asking 'why do you care so much all of a sudden?' and they are saying 'seniors vote!' That is the number one priority (E19).

This raises the question as to whether politicians are then prepared to recognize the needs of older adults and redistribute accordingly. There is concern among several scholars that AFCs are not sustainable across political regimes (Beard & Montawi, 2015; Golant, 2014; Scharlach, 2012), perhaps indicating the depth of anti-politics in the current conjuncture, but which also speaks to the need for AFCs to be firmly entrenched within bureaucratic administrations. Here, anti-statist politics and understandings of the state as homogeneous and overgeneralized presents a serious problem, especially amongst advocates who must work to seek out progressive elements of the state as Graefe (2002) advises.

Anti-political sentiments coalesce with anti-statism through the notion that the public sector is not forward thinking and tends to be reactive and short-termist because of election cycles. When there is reaction, participants advise that this is often in the form of meetings and committees of experts that sit around and talk but rarely take policy action. Some participants note that even when policy action is decided upon by politicians, it is rarely substantive because public bureaucracies are there to implement and by design are not set up to advocate for real radical change. AFCs are thought to require “a whole different kind of individual rather than the traditional bureaucrat. The time for bureaucrats is long over. You have to care and be looking for meaning in your work” (D55). However, as is illustrated in the Rescaling Redistribution Chapter, I have found that City staff appear to be the ones driving the concern and focus on vulnerable seniors and in many cases are acting to provide supports in a context of intense need and fiscal constraints.

The scope of anti-politics and anti-statism among participants conflicts with the new localism notion, discussed in the Role of Place Chapter, that municipalities are pragmatic, democratic and primed to act to solve today’s most pressing problems in partnership with the non-profit sector (Katz & Bradley, 2013; Barber, 2013). I propose that the challenges that we are witnessing with AFCs more generally and the TSS in Toronto reflects a broader landscape of antagonism (Newman, 2014) in a complex big city context of public sector restructuring that must be better understood to support the development of meaningful policy. In order to identify institutional changes that can serve to promote meaningful AFCs in practice, the remainder of the findings in the Chapter highlight governance mechanisms internal to the City, internal to the non-profit sector, intersectoral between government and the non-profit sector, and intergovernmental.

A. Governance Mechanisms Internal to the City

Struggles to Embed the Intent

My interviews indicate that there is some movement to formally recognize the distinct needs of Toronto seniors through the TSS. Staff involved in coordinating the strategy characterize their role to “embed the intent” (B6), or establish new bureaucratic norms (Lowndes, 2009) for staff to have a lens to consider seniors in programming decisions. As was outlined in the Rescaling Redistribution Chapter, some Divisions have identified seniors as a priority group and have designed special seniors’ programming and have advisory groups to understand and plan for new needs. I found that those Divisions that engage in day to day work with vulnerable seniors felt more appreciated and understood by other City Divisions through the TSS process. They saw their role as advocating for vulnerable seniors and providing insight based on their experiences, helping other Divisions to better understand the needs of senior citizens. Some city staff understood that there is a need to plan and redistribute all City services differently in the context of aging both within each Division and across Divisions while other Divisions were resistant to admit that they serve seniors. A staff from a Division that works with vulnerable seniors expressed frustration that resistant City Divisions “are not going to have a nurse all of the time and you won’t necessarily have a nurse at all, you actually have to develop the capacity of your own staff to deal with this because it is going to be everybody’s business and it is the tsunami that is coming in” (B16A). The staff goes on to note that “it isn’t going to be any one service in a City that is charged with dealing with this but it is going to be a coordinated effort with a lot of work at trying to make some reforms where there are systemic gaps” (B16A). Age-friendly is not just about better service provision to individuals on an as needed basis but

requires a holistic and coordinated response to address both niche and more universal needs through a model of universal inclusion (Antonnen et al, 2012a).

I found that whether City Divisions retain an understanding of seniors as a priority group worthy of specific recognition seems to correlate with whether the Division provides people-based social infrastructure or operates hard physical infrastructure. A City staff explained to me that the City is unable to consider specific identity groups in its zoning of land use as this is discriminatory. The Provincial *Planning Act* embeds a concept of procedural universalism (Antonnen et al, 2012b) in its notion of good planning principles in which a difference based identity group focus is unfair to other population groups, thus positive discrimination is considered ageist. This fails to recognize that planning for the ‘majority’ benefits those most privileged in society and makes those that are different more vulnerable, further differentiating citizenship (Clarke & Newman, 2012; Antonnen et al, 2012b). Modlich (2011) clarifies that City planning often fails to engage in neighbourhood oriented social planning and thus do not see the location of care services as part of their responsibility. This norm conflicts with the views of those participants who point out how planning for the most vulnerable population groups can actually improve access for the public more broadly, an approach to ‘age friendly for all’ that could reflect a form of universal inclusion that encompasses difference (Antonnen et al, 2012a). This finding speaks to a need to understand hard infrastructure normatively as social and political in nature because it is accessed by people of varying intersecting identities on a daily basis and thus differentiates citizenship. One City staff explains that “policies focusing on space affect peoples’ lives and seniors are people...sometimes you really have to lay this out for certain divisions” (B6). This challenges the very fundamentals of policy and planning based on

procedural universalism, requiring the embedding of new norms that respect difference and new policy tools and supportive processes such as intersectionality lenses.

Engaging in such equity-oriented planning is difficult in a narrow public sector restructuring context where planning has been deregulated, application timelines have been sped up, and staff positions have been eliminated (Joy & Vogel, 2015; Keil, 2002; Frisken, 2007; Boudreau et al, 2009; Modlich, 2011). This is further entrenched in a context of rescaling service responsibility as the City is increasingly reliant on the tax dollars that private development will bring, enhancing the power of these private actors. Public sector restructuring has also resulted in a greater reluctance of some Divisions to publicly admit that they serve seniors for fear that their demand will increase to even more unsustainable levels. Rather than making these challenges invisible, there is a need to clearly identify how they prevent the City from actioning strategies meant to enhance quality of life for citizens, such as AFCs.

In this context, City staff working on the TSS admit that their role to embed the intent continues to be a work in progress. The TSS does not provide a formal intersectional age-based policy lens to City programming complete with incentives and resource support to engage in research and policy work and sanctions for non-compliance (Lowndes, 2009). Councillor Kristyn Wong Tam admits that “with all of the best intentions when that [TSS] subcommittee began to meet, there was no real lens over seniors that are under-housed or homeless” (A3), which is odd given the stated focus of the TSS on the City’s most vulnerable seniors. And even with a lens, Councillor Kristyn Wong Tam admits that monitoring and enforcement seems to be a significant problem for planning for vulnerable identity based groups in the City:

It doesn’t just go with trying to be an age-friendly City. It is also the same with access and equity for racial minorities, the same thing about gender. Are City services delivered to women and girls in an accessible way and are all institutional barriers removed? I would have to say that we have some very lofty motherhood statements and we have some

policies that say “This is what we should do”, but as far as I can tell, the benchmarks are always very poor (A3).

Creating such a lens requires qualitative place-based research on how people of diverse and intersecting identities use urban space to fully understand the embodied experience. This policy tool must be participatory in its design, including both diverse citizen groups and the service and advocacy based non-profits that represent them. Here, we might envision a broader ACF that encompasses various lenses specific to age groups – children, youth, young adults, middle age, retired, frail elderly – based on an understanding of intersecting and niche needs. Age lenses would also be intersected with other diversity dimensions in each age cohort such as ability, income, race, sexuality, and gender. This could provide the impetus for investments in physical and social services, such as childcare, accessible and affordable housing for families and seniors, accessible transit and home care, community hubs, intergenerational activities and parks. This may be the crux of the transformative potential of the urban if groups that represent different identity groups work together and push the City to have better planning and policy by designing, implementing, and evaluating policy using these lenses, and work with non-profits and citizens to advocate for the use of these lenses in Provincial and Federal policy. The City can bring all these grounded factors together through research and collaborative approaches, which is what is potentially progressive about the place-based personalized policy agenda but this requires more resources and tools to facilitate.

Cities Have a Thin Policy Level

Another challenge to cross-city alignment through the TSS relates to the unique service-providing role of local government, as is explained by an academic municipal policy expert:

It is a big disadvantage of municipalities that there is a thin policy level and it challenges siloes. You have got all these truck drivers and nurses and so the policy level can be very thin. And it is this policy level that they need to coordinate but often a thin level compared to the hideously thick level of the federal government. There is a nice

concreteness to municipal politics but it does make the policy planning more difficult (E22).

It is thus a struggle for the City to develop the capacity to coordinate policy programs such as the TSS. The City and the non-profit sectors are the domain of service provision, often designed by actors operating at other levels of government, which is not the same as policy thinking. This fundamental challenge for municipalities is outlined in Yates' (1977) classic book on the ungovernable city where he argues that the service provision role of cities is a constraint on governance because it creates bureaucratic challenges in which higher level bureaucrats struggle to manage front-line bureaucrats. Different Divisions do related work but have different mandates, operating languages, budgets, and front-line bureaucrats to manage. Even where Divisions have identified seniors as a priority group, management struggle to get front-line staff in line to develop the capacity to work with seniors as well as to design programming. Furthermore, staff admit that while a TSS action may appear relatively minor, such as the action to ensure that all front-line staff are familiar with seniors programming, in its implementation it is a considerable task that involves changing the institutional norms and incentives (Lowndes, 2009) of thousands of people. This is a particular challenge where training remains unfunded and where seniors are undervalued as compared to other population groups. As such, a City staff advises that actioning this item requires that staff not get lost in the details of the strategy and do everything at once but rather be more strategic to meet the intent of the strategy, which is to target those staff who work most closely with vulnerable seniors rather than a more wide-scale preventive approach.

Yates (1977) also argues that there is an inherent inequity in municipal service provision as there is fragmentation in service availabilities between neighbourhoods. Fragmentation is particularly problematic in big cities because "there is so much going on that it is hard to have

that sense of knowing all about this area... bringing everyone to the table is more problematic in big cities. How do you plan for demographic shifts in a way that is comprehensive? You can do it by neighbourhoods, but as a whole there is so much going on” (E22). I have noted previously the struggles of City staff to ensure some form of universal service provision to seniors city-wide in a post amalgamation context. The effort to continue to do neighbourhood based mapping and planning also reflects this, though again in a context of resource constraint we see the targeting of underserved geographies that are not linked to wider redistributive strategies that address the roots of spatial inequities (Cowen & Parlette, 2011). This is made even more complex in a context of amalgamation and social and physical infrastructure rescaling where size and responsibility have dramatically increased. This is interesting because the discussion of governance, facilitative leadership, and partnerships comes up in the global city context as a way to govern (Katz & Bradley, 2013; Barber, 2013) but this is so much trickier in these places with so many service partners. There is a sense among participants that rescaling could represent a natural progression towards system change away from siloes and hierarchy to a new “foundation of doing stuff in the community” where “a whole bunch of people are coming together who have not previously communicated or connected” (D55). However, a non-profit representative is skeptical about the actualization of AFCs because “I don’t really know that we have the structures in place to do it yet because I don’t think that we think laterally. We are not working as community” (D55). AFCs need more advice regarding what this foundation in community or this new lateral connection could look like and particularly the role of government to foster it; a difficult undertaking where community is thought by some as a replacement for government.

The TSS could serve as a way to bring various neighbourhood-based mapping approaches and staff training protocols and equity lenses together and link them upwards to

senior strategies at the Provincial and Federal levels. The TSS is considered a first step to guide initial alignment and intent and is characterized as a ‘living document’ (City of Toronto, 2013) that is supposed to become more comprehensive over the years. In this way, the TSS could represent ‘something new’ with respect to an aligned governance approach based on lateral integration that is ultimately needed to enhance both recognition and redistribution. Here, big cities could present an opportunity because, as one City representative reminds me, not all places have the capacity to have a whole City Division that can more formally focus on social inclusion and social planning. This statement clarifies that AFCs are reliant on an existing infrastructure of social planning, which must be based on the norms that all hard infrastructure is social and political in nature and that different groups access it differently. The TSS makes a first effort to engage in age-friendly across the municipal bureaucracy, which previous aging strategies did not do. The issue then is how the City is creating the institutional structures to ensure that the TSS remains a living document and supports action on recognition and redistribution, or new programming and investment in the future.

No New Resources

A major challenge to ensuring that the TSS continues to evolve through tangible policy change is the absence of a bureaucratic infrastructure necessary to implement and enforce this type of high-level and equity-based policy program that requires redistribution. No specific budget was committed for TSS implementation. A City representative explains that the TSS “is definitely just a start. This strategy was adopted with no resources. So that means that it cannot be comprehensive” (B6). This staff notes that “I think that what we could accomplish versus what we will be able to accomplish will be quite different. And that’s just system integration within the City that we are talking about, let alone broader contextual issues that we could be

promoting” (B6). City staff admit that they will make do with fewer resources, such as by convening smaller thematic tables to bring Divisions together to focus on program alignment. This lack of resource commitment, or incentives (Lowndes, 2009), is a major reason why some City Divisions were reluctant to come up with new recommendations that would see their work and service demand increase. A City representative admits that identifying recommendations and a lead was a difficult process that is affecting implementation because Divisions were asked to be a part of a process that was not funded. Hence, the TSS reiterates what the City is doing already and many City staff in different Divisions admit that they have not been able to move on their TSS actions as they require additional funding support. Training to enhance the ability for frontline staff to recognize the unique needs of seniors are not being prioritized for funding let alone money for new redistributive projects. This is a particular problem in a restructuring context where needs and city responsibilities in the realm of social and physical infrastructure have increased. Staff are squeezed as they are continuously asked to do more with less and are particularly reluctant to commit to new actions through the TSS even if they have in theory ‘embedded the intent’ to recognize seniors.

In addition to the lack of a formal budget, I learned that the TSS has no designated human resource support. In developing the strategy, a City representative notes that three City staff worked on the TSS and drove the process but this was not full time and was off the edge of their desks with other projects on the go. There is now only one staff charged with coordinating the implementation of the TSS. The staff is in operational management, as there was no new funding for a staff person, and this is one project among many in their portfolio. A City representative admits that dedicated staff would maintain the profile but with new priorities, staff get pulled into other things. While City staff coordinating the TSS strategy can invite other Divisions to sit

at the policy making and implementation table, if they fail to show up there is nothing the staff lead can do. This is a particular problem in Toronto with so many special agencies, boards, and commissions that have different accountability structures in which they report to a board and the board must support the recommendations in order for them to be actioned (Mette Kjaer, 2009). As such, there is no enforcement mechanism, or formal sanctions (Lowndes, 2009), built into the TSS. While Toronto may be unique in having a social planning infrastructure, it is inadequately resourced to make substantive policy change. The institutional infrastructure required to implement the TSS was not predetermined at the time it was passed. This is particularly ironic because the responsibility and accountability measures of the TSS are highlighted in the report and in my interviews as making it unique from previous strategies where the City failed at implementation. While evidence-based policy, outcome measurements, and policy evaluation are currently en vogue, and are lauded by both the Federal and Provincial governments as they encourage local AFCs, little attention is placed on the resources and bureaucratic infrastructure required to support this.

My research suggests that if the TSS and AFCs more broadly are about enhancing the fit between seniors and their local environments then municipal governments require institutional support. This might include a municipal aging office that undertakes social planning, has a budget, is staffed, and has enforcement capacity to ensure the implementation of an AFC strategy. This office could convene formal partnerships with advocacy and service oriented non-profit organizations who have a formal place at the decision-making table and work to design, embed, and enforce an intersectional policy lens on aging for different policy domains. This would create a formal mechanism to conduct social-cost benefit analyses of new policy proposals that recognizes the diverse needs of all senior citizens. In a big city context, a city-

wide AFC protocol should be complimented by an institutional infrastructure of decentralized governance in smaller areas such as neighbourhood planning offices with senior citizens and their organizations at the decision-making table.

Limited Political Leadership

The politicians who led the development of the TSS do not appear to be pushing to obtain the financial and bureaucratic resources needed to implement the strategy as a first step in the development of a substantive AFC. As has already been stated, this has led many non-city participants to complain about political expediency surrounding the TSS. One City Councillor, Josh Matlow, brought forth the motion to develop the TSS, suggesting that no politician would say no to seniors, illustrating that he believed that he did have the political coalition in place to move forward. However, ‘saying no’ to seniors appears to have been done in practice by not requesting a budget or firm implementation infrastructure so that the TSS could get passed during the Rob Ford era of austerity. It was purported that the TSS would be cost neutral immediately and that investment moving forward would be budgeted incrementally, year by year, taken out of different funding pots.

I think this is why this process was a bit more successful. I think strategically, with the state of Council that we have now, the goal was just to get the strategy through, especially if it costs nothing to implement, at least in its first year. This is why Council had no problems in passing it. I think it passed unanimously by those who were present (E19).

Challenges in realizing a substantive TSS also relate to Toronto’s divided politics, which is a particular legacy of amalgamation in which suburban Councillors, who tend to be more right-wing and do not support a role for the City to redistribute social services and recognize identity based groups, drown out the voices of progressives on Council (Joy & Vogel, 2015; Frisken, 2007). While Councillor Matlow proudly explains that the strategy was passed

unanimously, which is interesting given the period of tumultuous divided politics, a number of right-wing Councillors were not in attendance when the TSS was passed. They were clearly not worried that the TSS would leave them on the hook for new forms of revenue to pay for a substantive redistributive response.

That is something that continues to evade City Council. There is this perception that “If we adopt the report, we have done something”. Which I find completely asinine, because that report is the beginning of a lot more work. This is clearly not the end of the work. It is just the beginning and a strategic plan to do the work, but I don’t believe that this is every Councillors’ perception (A3).

A City staff explains their work in preparation for deliberation on the TSS report in Council:

Do you know how much work I did behind the scenes to cost out every recommendation? I had a spreadsheet that associated a cost to every recommendation in case I got a question and nobody asked. Which is crazy because if you have a new program, it will cost money, it can’t be resource neutral. But nobody asked it. For the youth strategy, that was the first thing they asked (B2).

This quote illustrates that Councillor Matlow’s political strategy was not shared with City staff leading the strategy and expected to implement it.

A senior citizens advocate involved in TSS development disagreed with Councillor Matlow’s pragmatic strategy, noting that “they watered the whole thing down to get a unanimous vote” (D49). In addition to the lack of budget, the vague long-term timeline for implementation is critiqued: “for the long term goals, we wanted a number on this, so whether it could be done in ten years. And they just have 2015 and beyond. So, in other words ‘someday’, as in ‘never-never land’. So the long-term actions were watered down to happen god only knows when...So already, just in the planning, it is not as concrete as it should be” (D49). This is again interesting given the number of participants who characterize the TSS as the most concrete age-friendly strategy to date. Councillor Matlow’s strategy for the TSS is representative of a critique that Toronto’s left-leaning City Councillors favour a facilitative and pragmatic rather than conflictual

leadership style (Lexler, 2015). While the rhetoric is there to enhance access and equity in City service provision, these Councillors do not appear to have a holistic policy vision, leadership and action agenda linked to the everyday struggles of City inhabitants, including seniors (Rebick, 2014).

In the case of the TSS, this has meant that we have the political coalition for policy development but not the administrative infrastructure for implementation, as Clavel (2010) advises is necessary for equity-based municipal policy. There does not appear to be a City Councillor substantively leading the TSS to develop the coalition needed to support the adequate bureaucratic infrastructure and budget to implement the TSS substantively and to ensure that it is a living document. It may be the case that this is made more difficult in Toronto because of the absence of political parties to provide a more natural coalition. Furthermore, amalgamation reduced the number of City Councillors by half and increased the size of wards, creating a complexity of responsibilities for politicians that may make it difficult to follow through on policy visions and actions and to maintain close relationships with local constituents (Thomlinson, 2000; Joy & Vogel, 2015; Golden & Slack, 2006; Horak, 2012; Sancton, 2008). Understanding the impact of these latter institutional peculiarities on the success of AFCs merits further comparative research.

B. Governance Mechanisms Internal to the Non-profit Sector

Non-profit Sector Financing

My interviews indicate that non-profit financing, particularly funding limits and the shift from core to project-based contract funding (Evans & Shields, 2010; Richmond & Shields, 2004), presents a barrier to their ability to inform policy development in the realm of AFCs. A volunteer from a policy-oriented agency explains their funding struggles:

Once upon a time, there used to be various government agencies that provided core funding. That disappeared and everybody fights for the little pots. If we apply for funding, we have to apply for a project. So let's say that we get a project. You have to spend money to hire someone to run the project and there goes most of your money. Because you glean your core funding from the project and you are lucky to come out ahead. It is not usually worth the fuss and the paperwork and the time (D49).

A participant who represents a sizeable and well-known service-oriented non-profit agency advises that “everyone is stretched as an organization... So as much as I would love in my role to spearhead a specific age-friendly project, there is just not the time and the resources” (D8). A non-profit staff speaks about the capacity challenges of the small agency that has received Provincial funding to engage in a neighbourhood-based AFC project in Toronto: “everything takes money, so even right now with the project that [organization name] is doing, they had to hire a project manager because they are run by volunteers and have one office staff person who works two days a week” (D8). I learned through my interviews that despite their age-friendly work providing training and research on aging in the City, this agency is not supported through City funding and does not engage often with the City. Interestingly, this is contrasted with smaller cities such as Ottawa, Hamilton, and Kingston who all provide funding to similar local aging organizations. Several City representatives advise that despite the TSS, there will be no additional funding for non-profits serving seniors. One staff admits that “we don’t always get new money, so we would like to reach out and get more but there is not always money to go around because our first priority is to be there for the ones that we have an ongoing relationship with” (B7). City funding is unique in that it is an evergreen contract that is relatively stable year to year, though this is only the case for service providing agencies and not for policy-oriented groups.

As outlined in the Rescaling Redistribution Chapter, restructuring in the health care sector has meant that service agencies are engaging in contracts where they are expected to serve

seniors with more acute and complex health challenges. Despite the fact that the Province claims to support community service agencies, a non-profit staff advises that “in terms of the funding support it is still very limited. Especially when compared to funding given to other service sectors, it is still very very very small. But the home first and community first relies very much on the community agencies to provide the service. Otherwise, it wouldn’t be concrete or effective” (D38). My findings are similar to that of Scharlach (2012) who notes that non-profit work is often in the form of pilot projects aimed at meeting niche service needs, but these programs are often only funded for one round with the assumption that private funding will replace public support. One agency staff explains that this “speaks to the sustainability of programs that have been implemented through previous funding. As the population continues to age and that aging population continues to increase, there needs to be sustainability to keep the programs going and that seems to be the piece that is continuously forgotten. They ask us to look for further efficiencies to offset and we can only look so much in our own house as a non-profit” (D12).

Critiquing the constant demand for innovation while need for basic essential services is so high, a non-profit staff admits that “we have to get creative. But sometimes you just need money, sometimes creativity just won’t cut it” (D37). In a context of crisis, organizations are framed as innovative and there is increasing pressure to develop something new and creative in an environment of constant policy churn which challenges sustainability (Casey, 2013). One agency staff explains this precarious funding situation:

we are actually at a point where we might actually say no. Which I think is this is a trend with other agencies, where they have to say no...we go to our board and say ‘here is our proposal.’ And they go ‘but what is the liability and the impact on our budget and what is this and this?’ All good questions. And we say ‘well, that could be a problem two years from now.’ That is not in our nature. Most not-for-profit home care want to say ‘yes we’ll

do that, we will look after that senior, don't worry about it'. So to say no means that wow, this is a huge decision by a board to say that we can't (D12).

The lack of long-term funding support and sustainability is a particular challenge for seniors' services because familiarity is crucial. It takes time to build trust and create that sense of the 'extended family'.

The original AFC concept expects non-profits to take on this policy work in a context where service needs are increasing and funding has become more precarious. There is a serious gap between the demands placed on non-profits and their capacity to engage in AFC programs, as is explained by one academic:

There is some capacity. It is important capacity. I would like to see them have more capacity but they certainly can't take on the big role in really making any city or community age friendly. And the assumption that you can offload, from a Federal, Provincial and Local government perspective, that you can offload onto the non-profit sector I think that this is not fair and it is not the reality of it (E24).

Decontextualized assumptions of capacity in a conjuncture where narrow projects of restructuring are dominant (Laforest, 2013a) is a reality that I have uncovered through my research and this reality needs to be better understood in the AFC rhetoric. Non-profit services require stable government support in the form of core funding and Evergreen contracts (Shields, 2014) for both service and advocacy agencies, especially as they are lauded for their ability to provide personalized care services to senior citizens. This support must be fundamentally driven by a deeper concept of care for seniors, as one academic participant emphasizes:

We could provide more financial support, but it is more that financial support but like 'this is a good service, we should have more of it, and we should really care about it'. And I don't think we have. You wouldn't believe what goes on. We don't take care of anybody. They are struggling. They don't have money, they really don't have two cents to rub together yet they are out there and one person might get paid out of some New Horizons Grant to try and help (E20).

My findings indicate that not all non-profit organizations are struggling equally. I have documented increasing inequity in the non-profit sector with the notion that maturity is equated with a larger size, professionalized sophistication, and marketization (Smith, 2013; Mitchell, 2001). An academic expert on aging explains that there is an increasing inequity between the smaller niche agencies and the larger more corporate non-profits: “I think that the larger agencies attract more money. They manage to do it because they have more resources to try to get it. Probably more experience and networks and so on that make it very difficult for those on the margins” (E20). This is consistent with Jenson and Phillips’ (1996) observation that a shift towards supporting contractual service provision by government has created a hierarchy of non-profits, with the large service providers occupying the highest rung of power. A representative from a large non-profit agency does not see this as an issue of size but more of focus, advising that “if non-profits can organize well around what the real needs are for an aging population, they will do well. The last couple of years actually has proven that they are not well positioned to deal with that and it is the for-profit providers who are much better positioned” (D1C). The idea is that those non-profits best positioned for success have adopted a businesslike approach to new demands for financial efficiency and evaluative accountability. As they are made to compete with private providers, non-profits are expected to become more and more marketized as this is the new normal (Milbourne, 2013). In this inevitabilist climate of cost cutting, governments will go with whoever can prove to save them more money (Laforest, 2013a). There is also the hope that agencies will become self-sufficient, through private fundraising, free staff through volunteerism, and entrepreneurial pursuits (Taylor, 2013; Casey, 2013; Rochester et al, 2012; Milbourne, 2013).

Business language permeates the sector, as one agency notes a “big push in non-profits is to do a really lean approach...the idea is to do a lot of value stream mapping and quality improvement exercises and that sort of thing to look at a process...So lean processes are taking a process and making sure that we are doing it in the most lean, efficient way because all of the rest of it is just wasted energy” (D7). Several agency staff link this notion of cutting fat to the need for sector mergers: “If we merge, there will be some efficiencies, but not many efficiencies because we really run a tight ship here. I have got some excellent staff and we are lean so we are not very desirable as a merger partner. The good thing about a merger is that you see where there is fat and inefficiencies and you clean it up. I have no fat” (D35). Critiquing this allusion to bloat, another agency staff argues that

There seems to be an impression I would say among the Province and the LHINS, not so much the City, but you can find efficiencies and cut the fat. Really!? I don't think that is really possible. The problem is that with our budget and the way we are organized as a business model, over 90 percent of our budget is labour and rent. So there is not a lot of discretion. Where am I going to find that \$200,000? I mean by laying people off, I can't do the work. If I cut my marketing budget, people won't know about this new program. If I don't do the training, when it is mandatory training, then I am not in compliance with the legislation. There is not a lot of room to move (D12).

A representative of a large agency tells a story about their organization saving a small agency floundering to adapt to new contractual pressures:

There is a tiny seniors service agency across the street, a mom and pop shop, and they can't do any of the accountability stuff and we just said 'we will do this for you through our finance department' to kind of help them. But ultimately if we didn't step in to provide assistance, they would have to shut down (D1C).

There is a tension here as small agencies are valued for their localized nature and community orientation which results in popular programming and services but a policy expert admits that “your size can also preclude how effective and big you can be in achieving economies of scale and how you run things” (E19). As these organizations compete for multiple different funding

streams from different institutions of the state as well as foundations, they need a more sophisticated administrative infrastructure:

So all of a sudden the infrastructure they would need, the back office administration is very important. You can't just run this out of a church basement, which frankly a lot of them were doing for a long time. It is almost the level of sophistication that is needed to run these organizations and to understand how quickly the overall landscape is changing. It is hard for these organizations to be as stealth and efficient and strategic as large big sophisticated organizations (E19).

As agencies try to become multi-service to meet the complex needs of senior citizens in local environments, some fail because they cannot cover their costs as they are getting different grants from a fragmented variety of funders. This is despite the fact that they are just trying to meet needs in one place rather than linking the senior to several different agencies across the City that requires different appointments and excessive travel. Managing these multiple services requires a large backroom office and professionalized staff.

The way in which government fragmentation affects the non-profit sector is completely ignored in the AFC discourse. Several non-profit participants express frustration around having to adapt to the needs of Provincial funders while “their policy doesn’t necessarily fit the perspectives of what is happening in the community” (D27). Different levels of government and funders are not moving to integrate their funding to the non-profit sector based on grounded needs and problems with fragmentation, illustrating an overt power imbalance (Evans & Shields, 2010; Milbourne, 2013). A City staff admits that sometimes all three levels of government are not in sync and have a different focus and that this is difficult for the non-profit sector. Non-profits are subject to multiple state contractual regimes where no one seems to be able to grasp the whole picture of population needs for seniors holistically. At the same time, agencies are expected to meet the distinct needs of communities innovatively and staff may have to work overtime to search for grants, prepare reports, deliver services, engage seniors, and now prove

their worth through evaluation. They operate in an incessant state of temporariness and instability (Shields, 2014). Reflecting on this exhausting work, one executive director exclaims: “why don’t they just give me the core funding to provide social services?” (D35). Rather than a real partnership to improve policy, non-profits feel that they send “we send all of these reports in and we never quite know what happens with them, we just hope to get them in by the deadline and it goes into this big beast and we don’t get any feedback. We are starting to see this now though in some areas” (D31B).

Some larger agencies have seen their funding increase and believe that there is now a more equal partnership with funders, illustrating again the need to understand the power dimensions and diversity within the sector rather than painting it with one brush. Thus government is starting to listen to ‘community’, but to a particular segment of it, on which it is becoming increasingly dependent to address a ‘crisis’ of risky seniors. This is reflected in the following story:

we were sitting in a room like this with all of the service providers for the catchment area and [the LHIN] said...why don’t we mutually design the decision criteria to evaluate your business case for funding to us.’...we sat around and worked it up together. They had input from us, it was a collaborative process and at the end of the day, we know exactly what they are looking for. Either you provide what they are looking for or you don’t get funding. We have some colleagues who are constantly saying ‘well we didn’t get funded.’ But we made the decision criteria, figure it out. We are not going to help you with that because we are actually going after the same dollars (D12).

This is illustrative of changes in contracting where government is increasingly picking the winners with the type of expertise that they desire (McGooley, 2015; Bar Nir & Gal, 2011).

Another agency staff illustrates tensions with this shift:

It is not just about throwing funding out there but it has got to be targeted, meaningful, and fixing the gaps in the system. Not just throwing out the money and everyone is scrambling because they want to build their, well I guess we are quite a large organization now so we don’t have to do that to exist. So when you are a smaller

organization, I understand that. The LHINs are working hard to make it more targeted and to make sure that it is the people who have proven experience in certain areas (D7).

These are not small organizations that are mainly volunteer-led but highly professionalized and sophisticated entities with permanent staff for delivery and management.

Some agencies laud having business professionals on their board to provide accountability in a context where there is an assumption that non-profits are not businesslike enough:

Rotman [Business School] has a whole school of governance for nonprofit board members. If you really want to see policy change, throw all non-profit board members through this course...All of the non-profits have boards and boards have a fiduciary responsibility of making sure that this non-profit does what it is supposed to do and grows where it is supposed to grow. And if those board members are mom and pop who are just there to say they sit on a board, you have got a stalemate (D4A).

Professionalized and marketized boards are valued for their capacity to evoke positive change to the sector, enhancing their competitive advantage over government and private sector service provision. Decisions as to who has access to public services is increasingly being made by unelected boards who are spending public money. At the same time, a senior citizen advocate notes that “if they are really going to drive the agenda they have to have people who are there from in the community. There are barriers and pushback from the rest of the board who don’t think that the person can contribute. What we need is a mix of people” (F6). However, several interviews illustrate that financial expertise is valued above experiential expertise in the making of policy decisions because they have to survive in a competitive funding environment (Milbourne, 2013). This reality exists in tension with the current valorization of civic engagement in AFCs. This is not about community members debating whether to apply for funding but a management team who can make quick decisions about service grants.

Non-profit staff feel the squeeze of these changes in the sector (Shields, 2014; Baines et al, 2014; Hardil & Baines, 2011; Chouinard & Crooks, 2008). The sector is valued as a cheaper option to the state and often this is on the backs of its labour:

People are doing multiple jobs and are taking work home to make sure it works or are trying to create free-ish type things, relying on volunteer led initiatives, which is difficult to ask volunteers to give up so much energy and time. It is definitely a struggle and this is an issue. I work at another non-profit, so I am here 4 days a week and I am in Hamilton one day a week and yes, we are constantly on the paper line. We have only got three paid employees and they do multiple different things (D33).

This can result in high staff turnover and burnout, which is particularly problematic for seniors because having the same person there is familiar and reassuring. Non-profits are pressured to hire professionalized staff but cannot afford to pay people at a rate similar to public and private providers:

Unfortunately, my workers, including myself, are getting a fraction of the salary. I tried to hire a social worker in a management position to manage the social services here. I interviewed someone that was working for a local hospital and she was fairly young, about 3 or 4 years' experience and she would have loved to come here but she was getting paid more than I am. I can't do it. I am the Executive Director. I cannot hire someone to do what she would have been ideal for. And this is quite typical of the non-profit sector. We are being starved of resources. There is a gap between the public sector, the government sector or the health services and the community agencies (D35).

This participant advises that “if we cautiously were to privatize certain things, we could save a lot of money. If we cautiously slim down public services, we could save money” (D35), thus the solution is to reduce public services because public sector salaries are so high rather than bringing the salaries of the non-profit sector in line with public sector workers. A senior citizen advocate disagrees, pointing out that we need “adequate salaries, full time work, not exploiting your staff so that you can take benefits, health-benefits...And definitely pensions, access to a pension” (D54). With the professionalization of the sector, many agencies hire personal support workers who are a highly exploited labour force (Aronson & Neysmith 1996) but many agencies

decry a recent Provincial move to increase the salaries of these workers without enhancing funding for the non-profits hiring them and who are pressured to cut costs. The reliance on precarious labour with meagre wages, job security, and pensions to care for the most vulnerable seniors as part of a public aging strategy fails to reflect an intergenerational AFC that boasts being age friendly for everyone.

Showing Results through Research

Several participants talk about the importance of non-profits engaging in research on their client needs. I found that predominantly, research was valued for helping to build a case to prove non-profit worth to government: “at the end of the day, research buys money, it gets you the money, it brings in the money. You need to have evidence to make a case and without the research and the resources to conduct the research, it is challenging” (D8). There is a politics to measurement and I have found a valuation of the non-profit sector as a cheap and efficient delivery agent over and above its role as a voice to improve public policy (Evans & Shields, 2014).

Rather than engendering more trust between government and the non-profit sector, the current context illustrates more pressure on non-profits to prove their worth, particularly as they take on more and more public service delivery work (Dowling & Harvie, 2014). It is the larger agencies that I talked to that illustrated this importance. One agency explains that the non-profit sector is “getting a lot more pressure to do it in a way that is efficient and effective. Not just because it feels good or there is a nice story but you have got to back it up with metrics. And I think that the whole accountability, deliverables, milestones, those are all really good things” (D7). This is a feature of managerialism meant to keep delivery agents in line and tackle accountability challenges resulting from ideologies of anti-statism (Newman & Clarke, 2009).

Government meets its needs to show accountability, as is explained by one non-profit participant:

This is the money I am giving you, this is what you said you needed it for and I need you to show me that this is what you used it for. Not only in terms of how many dollars you spent but what is the outcome that has come from this work and this money? For the local government to provide the accountability by ensuring that NPOs show not only that they made good use of the money but show what the outcome was. How did you improve the lives of the people that you are serving? (D4A).

As such, “the level of scrutiny and demands on the non-profit sector have gone up exponentially”, which also reflects anti-statist pressure on government to “have internal audits” (D31B).

Accountability is understood as efficiency and in particular, the non-profit sector is getting increasing pressure to prove that their programming achieves results and that they offer a good return on investment (Dowling & Harvie, 2014); and in the social investment state for seniors, this is very much about saving money in the health care sector. Increasingly, the emphasis is on quantitatively proving that programing reduces health care costs and some agencies like this because it means that government is finally acknowledging their worth to ‘the system’. Accountability of the sector is thus directed to funders over and above the community served (Shields, 2014; Wells, 2008). Non-profits are busy surviving as organizations, constantly having to prove their value and research is used less and less to advocate for policy change.

However, one non-profit staff questions whether we are using the right metrics:

One of our outcomes as an example is the percent of people that go home. This is a wonderful outcome but this is where the funders and the providers have to get more granular because I can send someone home who is isolated and not thriving who will be back in the system in six weeks. The funders and the non-profits and any provider have to get together and say ‘this is not good enough, this is not a good enough metric.’ How do you know that the outcome is one that you are as happy and healthy as you can be given your situation, that you are thriving to the extent that you can? Not only that we sent you home and we can now tick off the box (D4A).

Local governments and non-profits could together develop more granular outcome measures and this might begin to highlight the gaps in the social determinants of health at the local level that need policy work and investment at other levels of government. Such a strategy serves to call other levels of government to account for decades of disinvestment. While several non-profits agree that evaluating the outcomes of their work is important, they want measures to be devised in partnership and resources to do this (Lum et al, 2016). An agency staff echoes this concern: “all of us in the community support services are desperately lacking the resources and time to do that and that would go a long way, it really would” (D8). However, this staff also sees non-profits at fault: “we are so bad at telling our stories. We get caught up in the day to day, as we need to be and as our focus should be in caregiving for the clients that we have, but there is never an opportunity to step back and say ‘this is what we are doing and these are the impacts that we are making’” (D8). Another staff admits that “this is one of the weaknesses with non-profits. We are caregivers but we are not necessarily the right brain, doing research, and yet, it is much needed” (D37). Agencies are not supported through core funding to produce research that can inform broader redistributive policy to develop a more caring society as they are providing more and more essential care services to individuals. AFCs require that government support this research work in partnership with local agencies.

Systems Change

The changes occurring in the non-profit sector uncovered through my interviews illustrate a major paradox around localism. While localism is being lauded, the fragmentation that ensues from a subsidiarity based strategy when universal needs are required is presenting a problem for government in a context where narrow political projects of cost cutting are dominant. Service provision by non-profits has historically been fragmented because it was

designed to meet highly local needs, fill gaps and not be the core service provider. As non-profit provision becomes more necessary to address core needs, fragmentation and inequitable access becomes a problem (Milbourne, 2013; Laforest, 2013a).

as much as we have got all these programs, it is really about how to keep track of somebody. In Toronto, I am now of the opinion that we will soon need a navigator to navigate all the navigators. Each community service agency puts out a navigator to help you and by the by you are going to have 7 navigators so who are you going to call? (D4A).

Overwhelmingly, non-profit participants feel responsible to understand and address this fragmentation and differentiation in neighbourhood access:

I am trying to work with different agencies across different neighbourhoods to look at: what are the barriers to access? How do we ensure that there is equity and accessibility in delivering services? So at a local level, whether it is an individual senior needing personal support services, those personal support services should be available to them whether they live in the old East York or whether they are in the west end. So it is very important, if there are going to be any opportunities to do new policies, that we break down the neighbourhood barriers (D47A).

The Rescaling Redistribution Chapter discussed how non-profits are increasingly taking on core essential service and coordination roles in the realm of special transportation, health care, and housing. Here the domain of the non-profit sector is to come together as partners to create a coordinated localized response that may bring in municipal government only if necessary. This is a residual care strategy (Antonnen et al, 2012a) as government becomes a provider of last resort. At the same time, this may present opportunities for non-profits to work with local governments to enhance access (DeSantis, 2013), and I will move to study this relationship later in this Chapter.

I have found that the Provincial Government is encouraging this systems work on the part of the non-profit sector, “trying to correct somehow the fact that community agencies grew out of very localized needs” (D31A). Instead of spending money through a broader redistributive

response, governments are trying to fill gaps by responsabilizing the nonprofit sector and reorganizing how they function by encouraging partnerships and mergers. My interviews suggest that the pressure to merge is a major theme with the non-profit sector serving seniors in multiple AFC policy domains. Non-profits are taking on service provision at larger scales, requiring larger agencies and in a continually competitive funding environment smaller organizations feel pressure to merge. This is also in a context where non-profits are competing with private sector players in these service domains who have the resources and staff to more quickly make a bid where there is a competitive call for a service proposal. Again we see how marketized service provision begins to blur the boundaries between the non-profit and private sectors (Zimmer, 2011). Interestingly, several agency staff advise that this is a stealth manoeuvre on the part of the Province:

they say 'we won't tell you how to run your business' but at the same time, when you apply for your grant, they will suggest that you work with other agencies (D31A).

[the Province] won't say it out loud. So instead of saying 'amalgamate or die' they are saying 'integrate services' because they know that is a political hot potato (D35).

This is a 'hot potato' because the Province claims to value local expertise and voice. This representative explains that "smaller agencies have a choice right now...we stay as we are, treading water, or we should seriously consider a merger" (D35). Small organizations are framed as unable to achieve "economies of scale" (E19). One agency explains that integration "gets cast as a reduction in funding...To a degree. Why do you fund 15 organizations to buy office supplies?...if you centralize the purchasing you will get a bigger bang for your buck" (D31B). This statement illustrates that mergers are about cheap service delivery. This is seen by some participants in the sector as a way to deal with new demands from government, such as the AODA legislation and calls for them to engage in more service provision to acute seniors as well

as a way to enhance their capacity to provide multiple services to clients. They see the need for universal service provision and a larger role for their sector in this regard and some agencies, particularly the larger ones, believe that mergers improve client centeredness.

My findings suggest that there are different definitions of client-centeredness at play, reflecting different needs for universal and more aspatial policy as well as personalized service supports that meet niche needs. As government steps away, the non-profit sector is expected to provide both but one size fits all provision is valued more despite the rhetoric of diversity and personalization. However, as organizations get bigger and provide more one size fits all services they risk getting further away from this distinct nature (Smith, 2013). This risk is elaborated by an agency staff:

it is hard because these organizations and ours as well have grown up from the ground. They were defined by the population needs at the time...every organization has their own history and they have grown up from communities and they have a sense of obligation to their community, which continues to this day, so it is tricky (D31B).

It is this sense of obligation to the community that narrow political projects seeks to exploit at the same time as making it difficult to maintain. A policy expert advises that “there is an opportunity for more consolidation within the sector but it is also about being respectful to local fundraising, considerations and expertise” (E19). However, many non-profits and other policy experts see this as devastating for the local non-profit sector serving senior citizens. One Executive Director complains that “the non-profit sector right now is being massacred. The funders aim to reduce their work and fund fewer agencies. The LHIN basically doesn’t want to fund as many community agencies as they do now. They are funding 64 different entities and they want only about 10” (D35). These agencies feel forced to merge to survive and feel they have no choice but to merge and thus would rather do it on their own terms than being forced by the government. AFCs are based on the community-centric work of these organizations to

engage citizens, inform policy and deliver personalized services in the different policy domains. As such, the challenges that mergers present to the capacity of the sector to engage in age-friendly policy and service work should be a crucial area of research focus, as should an analysis of the rights of the non-profit sector; which forced mergers directly contravene.

C. Intersectoral Governance Mechanisms

Informal Advisors

While the City engaged in partnerships with non-state actors to design the TSS – specifically the TSS Expert Panel, consisting of a group of invited non-profit and academic leaders, and the Toronto Seniors Forum (TSF), a group of senior citizens representing diverse identity and geographic communities – there is confusion around the role of these groups in the implementation of the age-friendly strategy. While many of the Expert Panel members interviewed claim that their presence as a group provides accountability in the implementation of the TSS, this is not a formalized group and only met in person three times to inform the strategy. Many members appeared unaware that the TSS lacked a formal budget and staff support. The City is critiqued by some members for letting the process stall, but there is confusion as to what is needed on the part of the City administratively and what the role of outside experts such as the Panel should be in an institutional design to move the TSS forward. Several Panel members did not know who within the City was driving and leading the TSS, indicating that they had no contact or point person within the bureaucracy. Despite a desire by many Panel members to be involved in TSS follow-up and to get back together, one member explains that “I remember that there was a discussion about that but I just can’t recall whether we settled on anything definitive” (D8).

City Staff leading TSS implementation were also unclear on the role of the Expert Panel moving forward, pointing to vague language in the TSS report about maintaining an advisory body (City of Toronto, 2013). One Panel member relayed to me that when they contacted Councillor Josh Matlow about their involvement in the advisory committee he had never heard of the concept. As I probed this further with City representatives, I learned that some of these non-profits may be involved on the smaller thematic tables through TSS implementation but some may not as they don't have the capacity to implement. A member of a small advocacy organization involved on the Panel voiced concerns about this: "I have now heard through the grapevine that there was a meeting with some sort of advisory group, some of whom had nothing to do with the original group... I have to get back to the person at the City... we should be on this advisory committee" (D49). This illustrates a discrepancy between large service agencies that have implementation capacity and the development of an independent body that provides accountability to push the strategy forward in its entirety. Again, the emphasis is on service provision above policy work. The TSS Expert Panel was a group that the City convened for its expertise, is more ad hoc and advisory in nature, and was never a coordinated grassroots movement advocating for senior citizens.

A member of an advocacy organization expresses frustration with the advisory concept:

There are many organizations, including many branches of the city, that want to reach out to seniors groups... But they want to do it in some kind of an advisory capacity. And one of the huge angst of those of us who are members of [organization name] is that we don't want to just be advisors, we want to be actors. We want to be at the decision-making table around what form these take. You have been asking us for advice for years, it doesn't seem to go anywhere, and it is not that you don't put it forward but you need to have somebody who is at the table that is going to kick you in the ass in terms of actually doing it because otherwise other priorities come up.... an advocacy organization literally has to tell people that consultation and advising is not what we are about, we want to be where the decisions are being made and we were not invited to the decision-making table. So several times, we have just said 'sorry, waste of time' (D29).

My interviews with the Toronto Seniors Forum (TSF) reflected similar frustration around their lack of power and voice and designated role in TSS implementation. The TSF status as an advisory body means that their mandate is as a volunteer advisor to Council rather than a direct link to the bureaucracy. Council has granted the TSF permission to check in on City Divisions to encourage them to carry out TSS recommendations but they are unsure how to do this. One member clarified that the TSF process to follow up on implementation is poor and that a significant amount of work must be done to improve their approach. There is a tension around the role of the TSF where some Councillors and members believe that their role as advisors is not to advise but to learn or to be kept up to date, let alone advocating for TSS implementation. At the time of my interviews, the TSF was organizing an event to celebrate senior's month and I noted a particular rift within the organization. Some members wanted the event to be overtly political in nature: "I said 'what we need is some political stuff, to tell the public what is going on politically with respect to the City'. They said 'no, no, we have to entertain'. So the emphasis is on ethnic groups who come in to do dances. They will have booths with information" (C20). Like the Expert Panel, the TSF is not a grassroots organization and does not appear to speak with one voice.

I have also found that TSF political activism is challenged during monthly meetings as the time to develop an advocacy position is taken up by two to three Councillor presentations. This was protested by a member who advised that "we cannot cope with this and do our other business" (C20). The use of information provided by the Councillors is not being used strategically by the TSF to take to communities to encourage advocacy and it is suggested that the TSF needs a new structure. The TSF also struggles to engage the bureaucratic elements of the City's administrative structure substantively. As one member explains, "occasionally we meet

with the head of a department and get some information but we figured that we have to do that in a more consolidated fashion” (C6). Another member expresses their frustration: “there is not a lot of talk about what we should know, how we should be up to date, and how we should be the ones asking them ‘how come you do this?’ (C2). In addition, the TSF has no fixed office at City Hall that acts as a place to convene work and where Councillors and bureaucrats can go to for insight on a regular and as needed basis. Several interview participants saw the role of the TSF as ineffective because they are not at the policy decision making table. A representative of an advocacy organization explains that “I do know that some of the City Councillors don’t think much of them. Because they have gone to meetings and say ‘no, that’s not really a relevant group’...they are not always thought of as having a voice” (D49). This policy reality reflects Graefe’s (2007) warning that groups questioning dominant political projects may be offered a symbolic position that in reality provides little power to shape policy decision-making.

My findings suggest that the TSF role is not being ignored but is being used by the City through a co-production framework (Martinson & Minkler, 2006; Newman & Clarke, 2009; Klein & Millar, 1995; Mette Kjaer, 2009) as a way to advertise the TSS to Toronto via regular PowerPoint presentations. Again, I learned from some members that there is no formal political process or meaningful two-way engagement for this work that includes obtaining specific feedback from seniors in neighbourhoods to take back to the City. Further illustrating the co-production agenda, one member explains a recent project where they obtained Federal funding to train a diverse seniors group in a poor Toronto neighbourhood to volunteer, to learn about the City, and to govern themselves as an organization. Another member critiques this work, noting that it is not systematic or clearly structured into the mandate of the TSF. The TSF is asked to outreach to vulnerable seniors, recruit seniors, advertise City policy and services, and inform

City policy to ensure that City services meet the needs of older adults by sitting on working group committees that can meet up to four times a month. This includes a lot of travel all over the City, which is expensive and physically draining. It is no wonder that TSF members advise that potential applicants not have a full time job and require basic internet skills. This is a problem given that this group is supposed to represent more vulnerable seniors who may still be working, providing child care, and do not have access to a computer. This begs the question whether we are taking active aging too far and expecting too much from voluntary groups of seniors if the ask is to replace government through both policy work and service co-production (Minkler & Martinson, 2007).

As was outlined in the Case Chapter, the post-amalgamation Toronto Seniors Assembly was a much more activist and politicized seniors group that had a designated Councillor Advocate. However, this group was declawed during the reign of Mayor Miller, who preferred a professionalized approach. The activities of the TSF lack a political framework. There is thus an element of symbolic politics here because this group allows the City to say that they have senior representation particularly from diverse identity groups and it gets them free publicity. However, several members of the TSF seek to solidify a more direct role for the TSF and have designated a placement committee to re-politicize the group. A member explains that they want to “be assigned to Committees of Council or Councillors and follow their work and push our agenda and bring reports back and build our agenda or our activities around this and take it out to the communities” (C20). However, some members have indicated that while many TSF members agree, they are not yet able to carry out the development of a whole new structure of program. Again, this is a significant task for a voluntary organization of senior citizens which requires a lot of time, energy, and travel. Furthermore, there is a question as to how activist the TSF can be

given their organizational role within the City and receipt of City administrative support. The advocacy role will likely require that the TSF work in partnership with other social movement organizations in the field of aging if they want to develop the capacity to organize community in order to influence Council and the City Divisions as in Clavel's (2010) 'progressive city' model. The TSF involvement with other senior citizen advocacy groups to organize a Mayoral Forum in Fall 2014 may be indicative that this is starting to happen.

My findings suggest that informal governance networks such as the TSS Expert Panel and TSF are inadequate in and of themselves to sanction (Lowndes, 2009) high level policy strategies. The TSF cannot replace having a formal Council advocate for senior's issues, seniors specific staff within the bureaucracy, and an intersectional aging lens to policy and this governance infrastructure must also be advocated for. In order for governance partnerships to function, clear institutional mechanisms are required (Mette Kjaer, 2009). My research indicates that more formalized institutional rules clarifying the place of advisory groups and expert panels at the policy decision making table are needed. A more formal accountability process for these groups should be built into a TSS action plan that is implemented through a municipal senior's office that has enforcement capacity.

Junior Partners

Despite the critical importance of the partnership between local government and non-profit organizations in understanding and responding to the needs of senior citizens highlighted in the Role of Place Chapter, the majority of non-profit participants expressed frustration that there is no coordinated and institutionalized relationship with the City in the policy field of aging. City staff admit that while there are multiple partnership arrangements with the non-profit sector in the field of aging that take place through separate City Divisions, they are not well

understood or articulated in the TSS. A City representative admits that the TSS is lacking in this area and advises that “there could be a layer to the TSS that we add on in the future about more clearly articulating how the City engages with non-profit organizations because it is in and of itself very important” (B6). Staff suggest that a future project might include a more comprehensive mapping of the non-profit sector in Toronto as has been highlighted in the Rescaling Redistribution Chapter. Here, City staff appear to be referring to a document that attempts to map the service work of the sector in neighbourhoods rather than a more formalized and institutionalized policy relationship. The implementation tables proposed by the City as part of a larger strategy for the non-profit sector may provide clarity and a strategic voice for how non-profits fit into City planning, which several agencies complain is lacking. Again, this appears to be happening more in the realm of service provision, though it could form a base for a more institutionalized policy partnership.

Several of the smaller non-profits I interviewed were involved only tangentially on TSS development as they completed a City survey with their seniors and attended larger open meetings on the TSS in the context of its development. The representative of one agency notes that “we get invited to some [City] meetings...but I am not sure how we fit into their planning. We do get consulted but there are so many people that go to those meetings, and there are so many players, and it is very complex (D12). Interviews suggest that invitations to City-led open consultation processes occur haphazardly if an agency gets on the right mailing list and are felt to be more about the City informing agencies rather than asking them for their input. Some agencies feel like their invitations to policy tables are merely window dressing and that the City does not actively outreach to non-profits: “it says it does by putting out documents and leaflets but does it really? No. And to inform policy, even less... We’re the junior, junior, junior partners.

We are the sub-junior partner” (D49). Several agencies indicated what a struggle it was to know what is going on at the City because there is no overriding City strategy to provide this knowledge. It is thus up to non-profits to insert themselves into these processes, and I find that those non-profits that retain an understanding of the local state as undifferentiated and seek out its progressive elements have had some most success in ensuring that their voice is heard in decision-making (Graefe, 2002). In effect, this is what occurred with the TSS Expert Panel as the City had originally envisioned a panel of large service providers rather than advocacy organizations. Several smaller advocacy-based organizations pushed to have a seat at the TSS Expert Panel table, including the Toronto Seniors Forum, who was not initially invited. This illustrates the way that expertise is defined as professional service providers rather than citizens with everyday experience of policy and the smaller advocacy organizations that represent them. A representative of a small advocacy organization explains that if they did not insert themselves into the process, “it wouldn’t have happened. No one was thinking about us. No one reached out to us and said ‘would you like to be a part of this?’” (D49). The overarching finding is that agencies feel that they are always the ones having to go to the City rather than the other way around. Several agencies noted how exhausting this can be while others simply gave up.

Another advocacy strategy on the part of the non-profit sector is to bypass the bureaucracy and go to City Councillors on an as needed basis. The representative of an advocacy oriented agency explains that in a context where there is no formal relationship between the City bureaucracy and the non-profit sector “we’ve been lucky in some ways because there have been some Councillors on committees that are open to us. The fact that we ended up with an active seniors group on the TSS Expert Panel didn’t have to happen, it wasn’t in the mandate. So that had to be Councillors who gave a damn and were willing to have seniors groups be a part of this.

That happens but is it a policy? Not really” (D49). Several agencies spoke about their efforts taking place between the Executive Directors of organizations and ward politicians rather than through the institutional channels of the City administration. This local connection is important but it depends on whether the agency is lucky enough to be located in a ward where the Councillor is receptive to recognizing the needs of seniors. Again, this ‘local’ strategy can result in spatialized fragmentation and inequity. Furthermore, this personal form of advocacy is not a substitute for institutionalized relationships where non-profits can inform policy because politicians and bureaucrats can leave their post and the relationship is lost.

Several non-profit participants warned that they had to limit advocacy because they received public funding. A senior citizens advocate explains this: “if I am nasty to you, or I get sarcastic, I can wind up losing that particular line of funding...Or I won’t be approached if some new opportunities comes up, I won’t be thought of favourably. So I watch my Ps and Qs” (D29). Those non-profit participants who had been in the field for a long time noted a change in the past few decades from a norm of advocacy to being seen by government as a complainer, reflecting a general shift away from respecting the ‘voice’ function of the non-profit sector (Evans & Shields, 2010; 2014). These power imbalances place the government’s rhetoric of partnership into question (Shields, 2014; Zimmer, 2011). The policy advocacy or voice function of non-profits is crucial and is often left out of the rhetoric on civic engagement, which emphasizes individual volunteerism and community participation rather than political change work (Martinson & Minkler, 2006; Minkler & Martinson, 2007). My findings suggest that there is a need to broaden rather than narrow the role of the non-profit sector so that it can act as a real partner through its voice and service functions and engage seniors in a variety of ways, that may be overtly political in nature. If AFCs are to be effective, innovative, and enhance access and

equity, then the right of the non-profit sector to have a policy voice and the institutionalized structures to support this is imperative.

A way to manage the incessant time, energy, and risk involved in advocating for a single agency is to create an umbrella organization that acts as a social movement base (Clavel, 2010; Tsasis, 2008). While some participants are enthusiastic that such an organization could “push the entire municipal agenda forward” (E19), other participants note that in Toronto “there have been attempts to create super-agencies or super-organizations and they never seem to work” (D49). While the need for a formal Toronto Community Advisory Board was mentioned briefly by a participant at the Toronto Mayoral Forum I attended, there appears to be no organization with the capacity to bring these various non-profit actors together to push the City to implement the TSS as an overarching strategy. While the TSS Expert Panel could perhaps form the base for such an organization, they are not working together to put tension on the City. My interviews suggest that what is needed is a broader coalition of non-profit agencies doing advocacy and service provision rallying behind the AFC concept as an expansive right to the city for senior citizens. Based on their differing expertise, these actors need to work together to design an AFC policy platform for seniors that redefines urban policy and the urban agenda at all levels of government. This must include the changes that are needed to support the rights of the city and the rights of the non-profit sector, changes that involve other levels of government.

D. Intergovernmental Governance Mechanisms

Upside-down Federalism

An academic policy expert argues that intergovernmentalism presents a particular challenge in Canada around realizing AFCs as major policy projects because the system of federalism is “basically upside down” (E16). The institutional tools and resources are not

available at the local level of government where they are needed to actualize effective and innovative AFCs. Lauding AFCs without altering these institutional tools and resources is a form of ‘shallow decentralization’ (Banting, 2010) and there is a need to call other levels of government to account. In particular, Toronto’s revenue generating capacity is administratively restricted by the Province. There are systemic financing problems around using the property tax for redistribution as the Province has engaged in restructuring projects that have transferred social and physical infrastructure responsibility onto municipal governments (Golden & Slack, 2006; Horak, 2012). The property tax was intended to fund property related services like road construction and garbage collection and cannot support redistributive social infrastructure, as has been highlighted in other Chapters. Toronto’s fiscal challenges are hugely problematic as one City staff warns because in a context of public sector restructuring “anything going forward with our drinking water and with age friendly cities is going to come down to responsible governance and municipal finance that supports smart growth” (B23). While people do not want to have their property taxes raised, the City has few choices in a context where it has to fill expanding gaps in services that are needed for citizens.

The City’s reliance on the property tax as its main source of revenue creates the political conundrum that municipal politicians do not want to commit to raising property taxes to fund the TSS. This creates a particular paradox for AFCs as seniors on a fixed income who are house rich and cash poor do not want to see property taxes increased. This is especially problematic in a big city like Toronto where real estate prices have ballooned. Seniors get a property tax discount in Toronto, however a municipal policy expert asks: “how does this balance out if we have an aging population who are property owners and have their property taxes halved to help support them to stay in their homes? Then municipalities are reducing their bottom line to help plough the snow

in front of people's homes or run the transit at off peak hours to accommodate their needs" (D53). In effect, some seniors vote against their own interests in investment in local social and physical infrastructure improvements in part because of the institutional rules of municipal finance. An AFC strategy that ignores municipal finance has no chance of being effective, let alone revolutionary.

Toronto was given more taxing authority, greater rights of the city (Isin, 2008), through the *City of Toronto Act* and has taxing room that it does not use, such as a vehicle registration tax and taxes on alcohol, entertainment, and tobacco (Joy & Vogel, 2015). As such, Toronto could raise revenue to fund some components of the TSS through other forms of taxation but narrow projects of anti-statism and divided City politics, and particularly the tax on anything automobile-related, present a challenge. Speaking to the dissolution of the Vehicle Registration Tax during the mayoral reign of Rob Ford, a senior citizens advocate notes that Toronto "has a few other taxes, but so few. It has taken away one of the taxes that could have brought in revenue. \$65 million a year they have lost and notice that none of the mayoralty candidates is mentioning it" (D49). We see here that the notion that Toronto is a 'dependent city' (Eidelman & Taylor, 2010) in its relations with the Province is both true and also appears to be used as an excuse by some City politicians to not enhance their power to redistribute public goods and even to cut service provision. The *City of Toronto Act* did not grant the City substantive taxing power such as income and sales taxation (Slack & Bird, 2013; Boudreau et al, 2009) and a City staff explains to me that the taxes at Toronto's disposal through the *Act* that are so politicized would barely cover the research needed on the innovations to support population aging and accessibility. This staff warns that if this politics continues, City services will continue to deteriorate.

As need for both improved and new types of social and physical infrastructure is increasing, especially in municipal health providing areas such as emergency medical services and Long Term Care, and public responsibility in these domains is transferred to the City, staff complain of an anti-statist politics where they are asked to cut their budgets and freeze hiring. As their workload is increasing through new demands and public sector restructuring, staff are constantly asked to do more with less and many complain that they are unable to meet existing need let alone develop new redistributive programming for senior citizens. The big ticket items required to tangibly build an expansive AFC, such as substantive investment in housing, transportation, and health care require intergovernmental financial support as Toronto is unable to run a deficit and struggles to pay for large infrastructure items. A municipal policy expert explains that:

There is a greater role for the other levels of government to play when we start talking about how we are going to pay for all of this. Both the Provincial and Federal levels of government have talked about the need for age friendly communities but when you look at the list of what an age friendly community needs to be, 90 percent of responsibilities fall onto municipalities but again the funding formula has not changed in decades and municipalities are primarily funding things through property taxes (D53).

A meaningful AFC requires “a larger vision for figuring out how cities can operate better” (D53). This means that other levels of government must step in to support AFCs either by enhancing the rights of the city to greater taxing authority to pay for the items that seniors need in their day to day lives or via funding transfers for infrastructure supports. A City representative suggests that what is really needed are long-term age friendly community infrastructure programs supported by the Federal and Provincial Governments, with an emphasis on increasing corporate taxes as private companies are benefiting from infrastructure development in cities. However, several City and non-profit participants reiterate that while there is a need for Federal and Provincial strategies for housing, home care, and transportation infrastructure for instance,

trusting relationships must be established between levels of government and funding should not amount to professional managerialism or meddling in local affairs.

Limited Intergovernmental Alignment

As was highlighted in the Rescaling Redistribution Chapter, there is contention around the substance and jurisdictional responsibilities for the eight dimensions of AFCs. While Provincial representatives advise that the TSS focuses on what is within the municipal jurisdiction, these policy domains have become more and more substantive through restructuring and this context of past political choice is ignored by the Province. The majority of interview participants from the municipal government and non-profit sector agreed that the resources and capacities of the City and non-profits are not taken into account by other levels of government in their promotion of AFCs. A senior citizens advocate provided the following response:

I am laughing because no it is not taken into account. You may hear the rhetoric that 'they know the local needs.' And they may indeed know the local needs but the issue is that they don't have the resources and you are not going to move on that so either at the Provincial level try to meet the needs or put the money into the local level. But the responsibility and the resources fall in two different places (D29).

This advocate goes on to explain that “I kind of see cities at the bottom of the food chain in terms of Local, Provincial, and National governments. They have far less resources” (D29). Though, they are increasingly expected to maintain both operating and capital costs for social and physical infrastructure and with AFCs, undertake research and policy development.

What is glaringly obvious in my interviews, is that the Provincial and Federal representatives do not once mention the infrastructure crisis in cities. This reflects a troubling lack of acknowledgement and understanding of local capacities to initiate and sustain meaningful AFCs, indicating that the AFC project is mostly symbolic and indicative of offloading and distracting from larger problems municipalities and non-profits face every day on the ground.

The Province seems to be speaking to a subtler form of offloading in their understanding that the TSS in Toronto was motivated by an interest in meeting the needs of seniors in a context where public funding support is running out due to population aging and the smaller tax base. Current efforts to cut public costs are blamed on the crisis of population aging, while the last three decades of narrow projects of public sector restructuring and tax cuts are ignored. This crisis is framed as an opportunity for municipalities and non-profits to shine and show their important preventative work in the area of the social determinants of health, while other levels of government act as enablers by convening partners and sharing information. However, a City staff reflects doubt as to whether this is a meaningful partnership:

You would have thought that the Feds and Province would be much more interested because they have so many more dollars and so many more issues, for example, health and aging. That they would be doing more, but they are not (B2).

Both the Federal and Provincial Governments claim to be supporting municipalities and non-profits to develop AFCs, though this is primarily through small one-time project-based grant programs to target risky seniors, address gaps in coordination of transportation, for instance, and reduce the social isolation of senior citizens through active aging endeavours. A municipal expert explains that “it is a very surface approach to addressing some of those needs by saying that the municipalities should be doing x, y and z and that they have grants of up to \$10,000 to help you organize that. It is not realistic. Maybe it is a starting point to do that” (D53). This ad hoc form of support is insufficient to create and sustain effective and innovative AFCs. This reflects a debate about the very nature of the AFC model, specifically whether it is about tinkering around the edges symbolically through small pilot projects or whether “we are talking about a major adaptation of infrastructure and planning, we are talking about trying to link the social to the physical in a new sort of way. These are major policy projects” (E16).

The local jurisdictional focus of the TSS has led to the critique that the strategy is parochial or only addresses low hanging fruit such as park benches and tree canopies rather than big ticket items such as income support, housing, transportation, and health care. Inadequate investment in these areas creates gaps that can manifest into social isolation, homelessness, falls and traffic accidents, and elder abuse that create the need for emergency service response. Meeting this acute demand for emergency services makes it even harder financially and administratively for local government and non-profit organizations to undertake social planning, especially around preventative quality of life supports that keep seniors healthy. If the AFC approach is really about health promotion and prevention, then the social determinants of health and health care delivery must be invested in by all levels of government; meaning that an AFC must be intergovernmental in nature: “I recognize that it is different [jurisdictional] responsibilities but we are all in the business of creating better places for people who will be healthier. I don’t see that” (E24).

Instead, the Federal Government as well as the Province have developed how-to guides and encourage municipalities and non-profits to voluntarily adopt AFCs but a City representative complains that “they are just giving us reading. I didn’t find that terribly helpful” (B2). This raises a bigger question as to whether AFCs should be voluntary, as was highlighted by Scharlach (2012). However, my interviews with Federal officials reflect their position that AFCs are a local and Provincial issue and their role is to coordinate best practices and provide advice. Similarly, the Province is reluctant to formalize AFCs through legislation, preferring to put the onus on municipalities and non-profits to deliver services, devise age-friendly policy, and create new administrative infrastructures to see this through. My interviews with representatives at other levels of government reflect a finding that they are hoping that partnerships between

municipalities and non-profits as well as local businesses and universities will replace the need for funding on their part. I noticed that small cities like Peterborough and Waterloo, places which have much different senior populations and social and physical infrastructure needs and systems than Toronto, were used as examples where partners and coordination have successfully replaced the need for funding. There is a lack of concern about capacity issues in big cities in particular, on the basis that they have more non-governmental partners to help them meet the needs of seniors. If local governments fail to develop and action AFCs, then they are blamed by other levels of government for not undertaking their role to know and meet local needs. The municipality is shamed for not staying on top of population data, servicing accordingly, and measuring outcomes.

In the absence of sustainable and substantive support from other levels of government to action AFCs, the TSS focuses only on those items within the institutional jurisdiction of the municipality. While this reflects a concern on the part of the City to align their age-friendly work internally, as has already been discussed, it is also a response to past efforts to develop aging strategies that focused on advocating to the Province on big ticket items like housing. Past strategies were deemed a failure because those recommendations that extended beyond the City's jurisdictional boundaries were never implemented and there was little monitoring and accountability. As Councillor Josh Matlow explains:

the main challenge or reason that a lot of the ideas and recommendations in the past had not been seen to fruition was that, believe it or not, governments don't always get along. The city of Toronto might say 'we want to do a) b) and c)' but they need permission from the province. But the province doesn't want to focus on that at the time or doesn't want to cut a check for that, and it just doesn't happen (A1).

An Expert Panel participant noted that “unless the Provincial or Federal governments have a brain wave or impulse to make that change, nothing is done. Really, change at the broader level is out of their control” (E19). As such, a City representative explains that a strong premise of the

TSS was to focus on what the City can do and be held responsible for and thus did not strive to inform other levels of government.

Furthermore, several participants in the TSS development process advise that the recommendations that came forward from older adults themselves had to do with areas of jurisdiction that the City has little direct control over. As such, in the context of public consultations, staff “have to say sometimes ‘we are not responsible for that’, and, as much as we don’t want to say, ‘we are not responsible, so we won’t talk about it’, the exercise is putting it in a parking lot or something so we can focus on what we can do” (B6). It is difficult for outsiders to understand who is ultimately charged with coordinating the various elements of the AFC checklist and where to direct their policy advocacy efforts, which is ironic given the AFC emphasis on civic engagement. In an anti-statist context where government faces pressure to prove results, they have stopped engaging in the advocacy work that is needed to actually realize substantive results for citizens. This highly localized strategy is in opposition to the recommendations in Toronto’s original post-amalgamation seniors report, in which seniors demanded that their Councillor Advocate work with City staff to develop actions within the municipal jurisdiction and lead Council in its advocacy efforts to other levels of government to invest in the social determinants of health in local places based on the rights of senior citizens (City of Toronto, 2002).

My findings suggest that if governments at all levels want to improve the quality of life of seniors, then they need to explore the development of an intergovernmental AFC body that develops and implements an age friendly urban lens to policy at all levels of government and pools funding to support big ticket infrastructure items as well as smaller niche projects to address diverse needs in place. An academic policy expert explains that AFCs offer the

“potential for one of these intergovernmental frameworks that would identify a very clear policy division of labour” (E16). This participant sees the development of a systematic intergovernmental policy framework as a natural evolution in this policy field as current cataloguing and research work across governments and organizations on AFCs will eventually result in greater commitment from the Federal and Provincial levels of government. However, other participants worry that an evolved federalism will never occur if governments are “acting strapped” (E20) and refuse to take responsibility to work together to recognize the needs and improve the lives of senior citizens through meaningful investment. In this environment, municipalities and non-profits are expected to support both prevention and emergency services, provide core social and physical infrastructure and address gaps through niche programming, undertake the governance work to bring the fragmented service landscape together, conduct research on diverse senior citizens, and engage in AFC policy development. My findings suggest that municipalities and non-profits frustrated by unrealistic demands and inadequate resource support must be willing to call to account governments claiming to support AFCs. Here, these local policy actors could together do the work to fully estimate the long-term costs of a meaningful AFC plan that includes accessible transit, supportive housing, and home care for instance and advocate to other levels of government on this basis.

Conclusion

Examining the Toronto case of AFCs through a ‘seeing like a city’ (Magnussen, 2011) lens indicates a ‘landscape of antagonism’ (Newman, 2014) where significant governance and institutional challenges to realizing a meaningful AFC are present. Rather than an effective and innovative major policy project that includes the institutional norms, sanctions, and incentives (Lowndes, 2009) necessary to embed a right to the city (Isin, 2008) for senior citizens, I find

small scale and symbolic organizational changes instead. The TSS is not funded or adequately structured into the bureaucratic infrastructure of the City. This challenges those progressive agents operating within the local state who really do care, seek to find meaning in their work, and want to embed the intent to consider the needs and desires of diverse seniors into urban policymaking. Enhanced need for services and amenities in local environments in a context where the City has been transferred responsibility for an increasing number of AFC policy domains without commensurate revenue tools challenges an already thin policy level and reduces the administrative capacity to implement and enforce policy strategies that require significant coordination (Horak, 2012). Restructuring through amalgamation has also divided politics in the City, with the anti-statist politics supported by the right-wing Councillors challenging the ability to obtain the funding necessary to begin to invest in public services for seniors (Joy & Vogel, 2015; Sancton, 2008). At the same time, the left on Council are not working together as a coalition to offer a vision for what a substantive AFC might look like. Furthermore, the left does not appear to be working in coalition with senior citizen advocates to push for a right to the city through the AFC program.

There is limited organized advocacy on the part of the non-profit sector in the field of aging in Toronto to act in coalition to design an urban agenda for a progressive AFC for senior citizens. This relates to institutional changes in which the sector is morphing into a small number of highly professionalized health care service providers contracted to meet the needs of the Provincial health care delivery system and working less and less with the City. This challenges the ability of the sector to act as a social movement base in partnership with the City (Clavel, 2010). Furthermore, my findings suggest that integration work is fundamentally reshaping the character and role of the non-profit sector. The local is both valorized and seen as a problem to

be corrected because subsidiarity (Antonnen et al, 2012a) is resulting in a highly fragmented service landscape. Thus, while local small scale provision and community are valorized, I am seeing opposing trends towards the centralization and professionalization of the non-profit sector in their service roles which challenges accountability to community. Personalized service provision that meets diverse needs provides non-profits with accountability, particularly in a context where anti-statist politics is dominant (Newman & Clarke, 2009). However, as non-profits increasingly take on the role of core service providers, demands for accountability have changed to data driven outcomes proving their worth to ‘the system’, or their ability to show value for money (Laforest, 2013a). Servicing narrows the relations between citizens and institutions (Clarke et al, 2014) as it becomes more about targeting vulnerable or risky people who are costlier to society rather than advocating to change the system in order to support the social determinants of health and health care delivery. The precarity of the sector, in which both programs and labour are increasingly temporary (Shields, 2014; Baines et al, 2014), is challenging the extent to which the TSS acts as an opportunity to incorporate the voices from the field who have different types of expertise on the needs of senior citizens.

My research suggests that AFCs should be built on institutions that respect the ‘rights of the non-profit sector’, including its diversity by supporting organizations to be community oriented, enhance wages and benefits of workers, cover core costs, use evergreen contracts, resource niche projects, support redistribution between communities, and formalize a place for these organizations at the policy decision-making table at all levels of government (Shields, 2014; Janes, 2008; Phillips & Smith, 2010; Graefe, 2002).

In the Toronto case, the City is not working with non-profit organizations to advocate to other levels of government to provide the resources and tools necessary to achieve a meaningful

AFC. Limitations on the ‘rights of the city’ (Isin, 2008), such as rescaled policy responsibility in the absence of enhanced resource and policy capacity, has resulted in resistance by some City Divisions to push for the rights to the city, or to recognize the needs of senior citizens and redistribute on this basis. Restructuring has resulted in resistance as inaction rather than fueling the City to act as a pragmatic problem solver, as the new localism literature suggests (Katz & Bradley, 2013; Barber, 2013). Public sector restructuring has exacerbated bureaucratic fragmentation internally, intersectorally, and intergovernmentally. As such, no one seems to know who is responsible for coordinating aging strategies. There is a lot of finger pointing, resistances to act, and non-profits and citizens who do not know where to direct their advocacy.

Although the AFC model offers a holistic checklist aimed at enhancing the quality of life for seniors, the program is ignorant to the governance challenges policy actors in big cities are facing and assumes that they will make changes to enhance access. Other levels of government appear to be using this naiveté to their advantage, ignoring the needs of local actors and blaming them if they fail to action an AFC. If the WHO claims that the AFC program is about enhancing access in local environments, then it must incorporate tangible advice for how to actually action a substantive AFC through institutional change. Otherwise, AFCs risk being used as a program of ‘shallow decentralization’ (Banting, 2010) that offloads responsibility for managing population aging onto those with the least capacity to act, as appears to be occurring in the Toronto case.

The struggles and resistances that I have encountered and documented through my research as well as evidence that expansive concepts of recognition and redistribution are also operating provide insight into potential alternatives and implications for the development of a transformative AFC. Agency exists and the focus moving forward must be to engage in coalition

building that forces honest conversations about how to design and develop substantive AFCs. There is a desire and room for more coalition building among both service providing and advocacy oriented non-profits. A broader coalition of non-profit agencies rallying behind the AFC concept as an effort to enhance everyday access to services and amenities for senior citizens in cities no matter what level of government has jurisdiction would be beneficial. This group can work with academics and other policy experts to begin to design a platform for what a substantive AFC would look like, including a proposed budget that can then be contrasted to measly and unsustainable seed funding on the part of other levels of government. This coalition would need to advocate and organize the left on City Council as well as push progressive elements in the City bureaucracy to make the TSS a living document that is implemented and has a plan for the future that involves institutional change and investment.

AFCs based on a model of universal inclusion (Antonnen et al, 2012a) require intergovernmental policy frameworks where each level of government recognizes the place-based nature of its policy work and decides who is responsible for enhancing universal programs and who supports niche provision. A City representative calls on the Federal and Provincial Governments to develop the capacity to think at a municipal level and advises that cities need to move beyond getting caught up in their own coordination troubles to begin to engage in more systems-wide discussions with other levels of government. This institutional work should be the focus of further research on AFCs, perhaps meriting an analysis of new institutional and funding arrangements that involve place-based policymaking and shared funding like urban development agreements. Research on what intergovernmental AFC frameworks could look like in the Canadian case would aid those pushing for meaningful AFC programs and assist them in calling out meagre actions on the part of governments when they claim to care about senior citizens.

Advocates need assistance developing a political, policy, and institutional vision in a context of governmental fragmentation.

Conclusion

Learning from a Contextual and Critical Analysis of AFCs

Research Approach

My research interest in AFCs originated at the most micro and personal scale, consisting of observations of the struggles experienced by loved ones and neighbours aging in place with chronic and then acute health challenges. I became increasingly aware of the barriers limiting access to essential services and amenities for senior citizens in the City of Toronto; a physical manifestation of our collective inadequacy to recognize the needs of those that are aging. These seemingly private and insignificant everyday struggles to access material needs became increasingly politicized in my eyes and I began to search for a public response to population aging. I soon learned that while such a public response had been undertaken through the *Toronto Seniors Strategy* (TSS), it had been the subject of initial critique for being mainly symbolic and inadequate to improve quality of life for senior citizens (Goar, 2013). I set out to learn more about this policy response and to understand its apparent inadequacies.

The TSS is based on the AFC approach and I, like many others concerned about the wellbeing of senior citizens, was drawn to the concept. A holistic place-based policy approach claiming to tackle societal ageism by improving social, physical, and institutional environments that ignore the needs of those who are aging through democratic planning processes that empower senior citizens, non-profit organizations, and local governments seemed to me an excellent antidote. By focusing on the fit between a person and their environment, AFCs are situated as a progressive alternative to a narrow rhetoric that focuses on the cost impact of a more vulnerable and supposedly unproductive population. The bulk of the literature on AFCs praises the program as an effective, revolutionary, and equity-oriented approach to population aging that improves local environments for everyone using them (WHO, 2007; Plouffe & Kalache, 2010; Barusch, 2013; Gonzoles & Morrow-Howell, 2009; Halvorsen & Emerman,

2013). However, while supporting AFCs in theory, the preliminary literature on the program raised concerns about its inadequacies as it is translated to practice (Scharlach, 2012; Buffel et al, 2012). Similar to the critiques levelled against the TSS in Toronto, AFC programs elsewhere seemed to promote only minimal changes rather than substantive improvements to local environments (Scharlach, 2012). A meaningful public response was lacking and this needed to be better understood. This literature identified gaps in our understanding of the actual policy actors working every day to realize age-friendly environments, particularly in big city contexts where narrow projects of neoliberalism that envision a reduced role for the public sector are dominant (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011).

The original AFC guide, developed by the WHO, is based on an underlying assumption that local policy actors will effectively action age-friendly policy and service provision and says very little about the urban agents, policies, and institutions necessary to actualize the program in practice (Modlich, 2011; Canadian Urban Institute, 2011). Furthermore, the program is decontextualized from narrow projects of public sector restructuring that transfer greater policy and service responsibility to local policy actors without commensurate resource capacity (Miller, 2009; Banting, 2010). I study the policy actors engaged in age-friendly work in Toronto in a context of public sector restructuring to simultaneously address gaps in our understanding of AFC theory and practice. I move beyond a traditional political science analysis of nation-state institutions and adopt a ‘seeing like a city’ (Magnussen, 2011) approach to explore the everyday work of local policy actors from the local state as well as the non-profit sector. Understanding the everyday work of these actors is crucial for political science analysis as they are increasingly situated in the ‘new localism’ discourse as key agents in the delivery of public goods and the design of policy solutions to pressing social, political, economic and environmental problems

(Katz & Bradley, 2013; Barber, 2013). As such, this remains an institutional analysis but one that is more interpretive (Lowndes, 2002; 2009) by nature as I study the ideological discourses – the policy rhetorics – as well as the tangible policy work, enforcement mechanisms and inducements – the governance practices – that solidify AFCs in their actualization. My research approach on how policy actually works in place has broader relevance for understanding the ideologies and practices of other place-based policy projects in the current historical moment where the local has become an increasingly important site for social, political, and economic regulation (Mahon & Keil, 2009; Magnussen, 2011; 2009; Mahon et al, 2007; Mahon, 2009; Stone, 2009; Keil and Kipfer, 2003).

I examine AFCs from the perspective that the program is not a neutral policy challenged in actualization by narrow projects of public sector restructuring but a political object translated in rhetoric and practice by different agents who have very different ideas about the rights and responsibilities of individual citizens, the family, neighbours, non-profit organizations, government at all levels, and the private sector. I operate from the perspective that there are multiple political projects (Newman & Clarke, 2009; Clarke et al, 2014; Newman, 2014) working simultaneously to restructure the public sector and the roles of these different actors that are translated through AFCs as a policy approach. The different motivations behind AFC are expected to result in tensions and contradictions in real life ‘landscapes of antagonism’ (Newman, 2014) that create significant conflict on the ground for local policy actors that must be understood if we want to tangibly improve the lives of senior citizens now and in the future. This form of critical deconstructive policy analysis (Fischer, 2007; Hodgson & Irving, 2007; Orsini & Smith, 2007) adds to the literature on AFCs as it provides insight into both the ideological and

institutional changes that are needed to make this a truly effective and revolutionary program in practice.

More broadly, a critical policy study of the real life rhetorics and practices of AFCs can tell us much about our morals and capacities as a society to take care of each other in the current era. In this way, AFCs are about changing notions of citizenship, or how we recognize needs based on our similarities and differences and redistribute on this basis (Clarke et al, 2014; Isin et al, 2008). I adopt an approach that examines the different political projects that work through AFCs that seek to expand or narrow the citizenship relations between people, people and their environment, and people and institutions through both rhetorical and practical strategies (Clarke et al, 2014). This is inherently a politics of scale (Clarke et al, 2014; Mahon & Keil, 2009) analysis as I explore the expansive and narrow projects that drive the transfer of responsibility for the regulation of social activity to the scale of the local. I add to the literature on citizenship through an empirical application of this framework to an identity group and place-based policy program and to the literature on urban policy and politics that rarely looks at citizenship because it is naturalized as a national legal status rather than an embodied, lived and spatialized relation (Clarke et al, 2014).

Examining the work of political projects translated through a policy program in place provides insight into how these projects actually exist, and particularly their inherently contradictory and unstable nature (Newman & Clarke, 2009; Clarke et al, 2014; Newman, 2014). The study of AFCs thus assists in developing understanding of both narrow and expansive projects in the current era. Of particular interest is the claim in the literature that AFCs are a progressive policy program and my research has sought to provide deep insight into this assertion through a study of AFC rhetoric and practice. My research is inherently normative as I

am interested in how AFCs can enhance access and equity for senior citizens and be truly transformative. Since embarking on this project, new literature adopting a more critical approach to AFCs that envisions a more substantive rights based project has emerged (Buffel et al, 2014; Ball & Lawler, 2014; Biggs & Carr, 2015) and my work is part of this movement to understand what a truly revolutionary AFC might look like both rhetorically and practically.

I build on Buffel et al's (2012) call to study AFCs through a 'right to the city' frame and draw on and build on literature that examines the transformative potential of the urban as a space for making new citizenship demands (Isin, 2008; Soja, 2010; Lefebvre, 2003; Purcell, 2003; Clarke et al, 2014; Sassen, 2005; Mahon & Macdonald, 2010). Here, I am guided by Isin's (2008) conceptualization of the city as a fundamentally social setting where we learn to become citizens through our relations with others and our everyday experiences of access (or inaccess) to services and amenities. A 'right to the city' has an expansive form of recognition and redistribution that enhances equity through democratic decision-making and requires complimentary 'rights of the city', or the institutional mechanisms to actualize this role (Isin, 2008). I use Anttonen et al's (2012a) notion of 'universal inclusion' as a guide for what a right to and of the city might look like. Conceptually, universal inclusion recognizes both difference and similarity among citizens and this then forms the basis for wide-scale redistribution through universal programs at once complimented through niche programs of positive discrimination to ensure that all citizens have access to services and amenities (Anttonen et al, 2012a). I am particularly interested in the potential role of local government and non-profit organizations in a model of universal inclusion and add to Anttonen et al's (2012) work through my research. I argue that the rights of the city must also incorporate rights of the non-profit sector and I adopt Clavel's (2010) understanding of a progressive city that has an independent social movement

base of non-profit organizations who also work with a capable urban administration. This requires that non-profit organizations adopt a differentiated understanding of the state and seek out its progressive elements (Graefe, 2002). This also necessitates a democratization of the state where institutions become more permeable to the needs and demands of diverse citizens and their advocacy groups (Graefe, 2002; Sossin, 2002), which may be more likely at the scale of the local given the proximity of the everyday needs of citizens (Stout, 2010). At the same time, the rights of the city and the rights of the non-profit sector requires policy action and institution building at all levels of the state and perhaps new authorities that transfer resources to local policy actors to enhance their capacity to recognize and redistribute (Isin, 2008).

Toronto has presented an ideal case to study the anatomy of AFCs qualitatively, critically and contextually (Merriam, 1988; Flyvbjerg, 2006). Toronto is a big and diverse city with respect to its geography, social service landscape and infrastructure responsibility. These features have been intensified through public sector restructuring, which has included a provincially mandated amalgamation and local service realignment (Joy & Vogel, 2015). Toronto is also diverse in its demographics, which is being augmented through population growth, immigration, and aging. Finally, as has already been established, Toronto had recently adopted the *Toronto Seniors Strategy* (TSS), which is based on the WHO AFC framework and has been critiqued for being more symbolic than substantive (Goar, 2013). The TSS has served as an embedded case in my broader case of AFCs in Toronto. I spoke to 82 different policy actors, including City Councillors, City staff, TSS advisory committee members, non-profit staff, and other specialized policy experts with an understanding of AFCs in Toronto as well as more broadly. My research goal was to assist in improving the public response to population aging by understanding the

grounded challenges and opportunities presented by AFCs through the lens of the actors undertaking this work on an everyday basis in Toronto.

Research Assertions

Unfortunately, my findings do reflect initial critiques levelled against the TSS (Goar, 2013) and AFCs more broadly (Scharlach, 2012; Buffel et al, 2012) that the approach is lacking substance in practice. I have found significant evidence to counter the claim that AFCs represent an effective, revolutionary, and equity-oriented approach to population aging in their translation in the City of Toronto. Projects that narrow citizenship appear dominant and work to assemble seemingly progressive language around active aging and localism to legitimate further cuts to the public sector by responsibilizing senior citizens and local policy actors to reduce short-term costs, particularly to the health care system. Thus, AFCs are not simply a progressive policy program challenged in practice by neoliberal politics and policy but are also being used to extend this narrow project through rhetoric and practice. After decades of narrow projects of public sector restructuring, more and more responsibility for public services and amenities has been transferred to local governments, non-profits, neighbours, families, and individuals themselves. This has led to a crisis in the availability of social service provision and the maintenance of physical infrastructure which is particularly acute for seniors who struggle to care for themselves and who do not have access to informal family care.

Governments are at once worried about a fiscal crisis associated with population aging because of reduced labour and greater need as well as a moral and social reproduction crisis where individuals are inadequately caring for themselves and families, neighbours, and communities are not filling the gap. In this way, AFCs are used to activate individuals, families, neighbours and communities as natural care providers and harness non-profits and cities as

providers of emergency last resort to address what Dowling and Harvie (2014) label a three-prong fiscal, moral, and social reproduction crisis. The aging as crisis metaphor illustrates how AFCs do not necessarily promote a positive aging identity as underlying the program are quite ageist assumptions that aging is a bad thing and that seniors must be activated to prevent them from becoming a burden on themselves, their families and society. In this way, AFCs do not fundamentally combat societal ageism and consider vulnerability, need, and ultimately care as a drain on society rather than a human right as well as a job creator.

In practice, AFCs in Toronto do not come close to substantively improving access in local environments. I have found that big ticket needs in the local environment, such as appropriate and affordable housing, accessible transportation, and home care, are overlooked in favour of unsustainable pilot projects serving to activate seniors, volunteers, the community sector, and local government to fill gaps in social and physical infrastructures. However, these bigger social determinants of health programs are crucial and in their absence, local policy actors from the City and the non-profit sector are scrambling to meet increasingly complex, acute, and emergency need. While local policy actors from the government and the non-profit sector may have a unique vantage point through which to recognize these needs, they currently have the least policy and administrative capacity to redistribute universal services and engage in substantive policy programs. My findings suggest a paradox that AFCs claim to broaden the role of local policy actors while narrowing them in practice by burdening them with more and more unrealistic demands. AFCs fail to actualize both the rights of the city (Isin, 2008) and the rights of the non-profit sector and the vague, decontextualized and depoliticized WHO checklist allows this. Identifying these tensions and contradictions in the policy practice of this program is the first step in searching for openings for alternative, more expansive rhetorics and practices. I have

found that more expansive understandings of senior citizens as rights bearers and the role of the public and non-profit sector to work in partnership to recognize and redistribute on this basis are also in operation. I highlight these alternative understandings through my research in order to begin to weave together what is needed both rhetorically and practically to craft a more effective and revolutionary alternative AFC model based on universal inclusion (Antonnen et al, 2012a).

Evidence of Assertions

The purpose of the Case Chapter was to scope the practice of age-friendly work in Toronto from a ‘seeing like a city’ perspective that broadens political analysis to include new sites and actors involved in the governance of everyday life (Magnussen, 2011; 2009; Mahon et al, 2007; Mahon, 2009; Stone, 2009; Keil and Kipfer, 2003). The Chapter illustrates the complexity of AFCs in the space of a big city as there are multiple political actors undertaking and influencing work in the eight domains of the program. While local government in Toronto does not have full jurisdiction over all of the items in the AFC checklist, it does play a substantial and growing role in supporting access to services and amenities for senior citizens in their environment. Much of this work has been oriented towards local community development and immediate service provision to enhance quality of life and fill gaps in services provided by other levels of government to meet the needs of particular population groups. However, we learn in this Chapter that some of this work has been either discontinued or downsized over the last few decades as the City has been transferred more responsibility to manage and fund additional service and infrastructure areas from other levels of government. Similarly, the non-profit sector has a rich history of providing social supports to senior citizens in Toronto. This work also cannot be examined in a vacuum as many of these agencies are increasingly contracted by the Provincial Government to deliver more medicalized home care to seniors as a core component of

health care restructuring to the community. We see immediately the importance of adopting a multi-scalar analysis (Mahon et al, 2007) to the study of AFCs rather than a single scale analysis on either the national or the local in order to outline the various constraints and opportunities to the program in practice.

The Case Chapter also highlights that the City has a history of policy work on age-friendly, which appears to have become more professionalized and service-oriented and less politicized and advocacy-oriented over the past decade as the City has sought to manage its new service role. Particularly absent in new strategies are the voices of seniors making recommendations based on their everyday needs and struggles in local spaces and challenging cuts to services that result from narrow projects of public sector restructuring instigated by governments operating at multiple scales. Instead, the TSS illustrates a single-scale analysis of the jurisdictional role of the City to support age-friendly environments. Unlike previous aging strategies, the TSS represents a first attempt to understand and establish the age-friendly role of the City itself and coordinate the bureaucracy using the AFC checklist as a guide. In this regard, the TSS serves to establish what the City already does in the eight AFC domains based on its jurisdictional responsibilities and includes recommendations, actions to be undertaken by specific divisions, outcomes, and a timeline for completion (City of Toronto, 2013). This is about coordinating a large and complex bureaucracy. However, I note that some of the supposedly new actions in the TSS simply restate what the City is already doing and many of the actions, outcomes, and timelines in the report are vague and unambitious. We learn that the TSS was passed by City Council without a corresponding budget and human resource strategy. At the time of my interviews, a year after the TSS was passed by Council, I found that action had yet to be undertaken on several recommendations, including designing an internal process to coordinate

implementation. As had been highlighted by previous literature on AFCs (Scharlach et al, 2012; Buffel et al, 2012), the City of Toronto was struggling to actualize this policy approach. My research sought to dig deeper into the rhetorics and practices of AFCs in Toronto to understand these struggles and tensions in greater depth.

In the Recognizing Seniors Chapter, I sought to understand how AFCs support a positive aging identity by examining how seniors are recognized as worthy citizens by local policy actors. There was a general concern among participants, as is highlighted by Anttonen et al (2012a), that increased diversity brought about by population aging will result in a crisis to our universal welfare systems, particularly in the realm of health care. Rhetorically, I found the claims that the AFC approach moves away from a negative aging identity wanting as participants continued to understand aging as a problem of costly health deficits and a growing non-contributing population. The cost-effective solution is to prevent or slow the aging process by encouraging active aging by individual seniors. AFCs enhance environments to enable active aging but overwhelmingly this was understood by participants as important not because it is right and just but because it would prevent seniors from being a burden on the public health care system. Participants talked about programs that emphasized changing seniors to make them more like the young through individualistic behavioural, therapeutic, or informational intervention (Biggs, 2008). The purpose here is to activate seniors so that they engage in self-care that prevents their aging bodies from becoming a risk to society at large, illustrating that AFCs are about the politics of risk (Kemshall, 2002). The active senior is also encouraged to keep contributing through employment as well as care provision to spouses, children, grandchildren, and their community. In this way, AFCs represent a project of social investment (Saint-Martin, 2007; Chen, 2008) where the dominant value is to save money in present and future public programs.

Rather than focusing on the social rights of senior citizens in place, the active aging approach on which AFCs are based also claims that seniors are no different than everyone else and thus do not need special treatment (Biggs & Carr, 2015). My interviews illustrate considerable emphasis on aging as an opportunity to make environmental improvements for all population groups and not just seniors; however, this understanding risks ignoring the distinct needs of senior citizens aging in place. My research illustrates tensions around difference where aging as a form of difference is being disappeared by narrow political projects that seek to distract from more substantive redistribution.

At the same time as the language of prevention through activation was prevalent, I found a great anxiety among participants about those seniors with the most acute needs who use or are at risk of using emergency services, particularly in the realm of health care. Here, the solution was presented as the need to target the most vulnerable seniors. Seniors are divvied up (Newman & Clarke, 2009) according to the degree of risk that they present to society and those that are the most burdensome, or costly, are targeted. In a context where more and more seniors are vulnerable, I have found that the local state and non-profit sector are understood as emergency providers of last resort. This residual approach narrows the relations between citizens as it blames and shames seniors for having needs as the worthiest senior is a healthy able-bodied contributor. This targeting based on individual behaviouralism contains needs to a local scale and envisions very little role for a collective public response aimed at listening to the desires and needs of seniors and understanding how public policies that fail to heed these needs creates greater vulnerability. The social is seen to prevent medical problems and burdens; it is about investing in individuals through therapeutic and informational pursuits and not in collective investments to improve the social determinants of health (Orsini, 2007).

AFCs illustrate a broader problem with the negative recognition of vulnerability. My findings indicate that the dominant rhetoric sees ageism as the assumption that seniors are dependent and vulnerable. Public programs based on this assumption are believed to segregate seniors and encourage their dependency and passivity while limiting their voice and empowerment; hence public programs such as Long Term Care and other forms of supportive housing are left out of the AFC program. While powerlessness and voicelessness of diverse identity groups were problems during the welfare state (Clarke, 2004), the problem is not with vulnerability inherently but its continuous equation as representing a negative human state. The fundamental problem is seeing vulnerability as bad and unnatural and care as a burden or a drain on worthy citizens who work hard and contribute rather than as a right of citizenship (Dannefer et al, 2008). Ageism is the consideration of dependence and vulnerability as a bad thing, as an unnatural state, whereas independence, self-care and economic contribution is considered normal. Abrahamson (2015) explains that as we age, we are faced with new vulnerabilities such as health challenges and the deaths of loved ones but that how we manage this depends very much on our identity characteristics and how they are linked to systems of inequity such as class, race and gender. Here, vulnerability on the basis of old age is a complex intermingling of biological and social characteristics that must be more fully understood in order to design adequate policy responses. The recognition of vulnerability can be empowering as it can spark citizenship claims based on a right to access essential services and amenities in place. My research illustrates Buffel et al's (2014, 68) warning that "the idea of age-friendliness itself carries limitations unless linked to wider debates about rights and citizenship with the urban environment."

AFCs are lauded as a revolutionary and positive approach to population aging because they represent a place-based focus on environments (Golant, 2014). In the Role of the Local Chapter, I endeavoured to understand the politics of scale (Clarke et al, 2014) behind this ‘new localism’ by examining how the local is understood as a crucial focal point for population aging with respect to both its spatial and social geography. The majority of participants understood spatial environments as important because they dictate access to essential services and amenities for senior citizens, illustrating an increasingly popular understanding that geography matters for quality of life. Participants identified environmental problems such as a lack of accessible and affordable services and amenities in the realms of housing, transportation, and health care as well as fragmentation and inequities in access to these services and amenities within the boundaries of the big city. Several participants understood the local focus as important on the basis of spatial justice (Soja, 2010; Clarke et al, 2014), advising that it is unfair to ignore the needs of senior citizens as this is exclusionary and infringes upon their human rights. The dominant understanding, however, was again a narrower social investment framing (Saint-Martin, 2007; Chen, 2008) in which the social isolation of seniors in environments is a concern primarily because it risks creating costly health problems. Again, there is a need to call out this rhetoric for its underlying ageism.

The Role of the Local Chapter outlines a disconcerting mismatch between how most participants understand the scale of the problem of access and affordability to services and amenities in local environments and the role of local actors seemingly empowered through the AFC approach to make the revolutionary positive changes necessary. In fact, I learned from an academic policy expert that the original intent of the AFC approach was to activate grassroots community groups of seniors to improve their local environments, illustrating a co-production

agenda (Minkler & Martinson, 2007; Newman & Clarke, 2009) rather than a public response from conceptualization. Many participants adopted a subsidiarity based understanding of the individual, family, and community as the most natural care providers (Antonnen et al, 2012a). The non-profit sector and the local state are seen as residual providers of last resort if a senior with needs does not have access to family and private market care. There is also a nostalgic notion of local actors being closer to ‘ordinary people’ (Newman & Clarke, 2009) than other levels of government and thus better able to serve them. While this is about addressing bureaucratic professionalism by humanizing service provision, it is also understood as an ideal site for social investment approaches that pilot individualized programs that either responsabilize seniors that can be activated or target the most vulnerable seniors. The local is understood by many in opposition to or as a replacement for the role of other levels of government that can serve to reduce the role of the state and enhance the role of individuals, families, communities and the non-profit sector to care for seniors as a residual strategy.

At the same time, I did uncover expansive understandings at play in which participants envisioned a role for local policy actors as important policy advocates based on their day to day recognition of access and equity for senior citizens. In this way, non-profits and local government were understood as actors that can enhance the redistributive project through improvements to universal policy at other levels of government and niche policy at the local level to address difference. While there are rhetorical understandings of the importance of local government and non-profit organizations in a model of universal inclusion (Antonnen et al, 2012a), the policy and administrative structures needed to facilitate this were not well understood. This illustrates a need within the discipline of political science to ‘scale government

to politics' (Magnussen, 2009) in order to enhance its practical relevance (Stone, 2009; Eidelman & Taylor, 2010).

The rhetorical incongruity between participant understanding of the scale and solution to the challenges associated with population aging in big city environments is dissected further as I delve into the practices of AFCs in Toronto in the Rescaling Redistribution Chapter. The AFC program is decontextualized from past and current projects of public sector restructuring that have increased the policy and service responsibilities of local governments and non-profits without commensurate revenue supports (Scharlach, 2012; Buffel et al, 2012; Modlich, 2011). The purpose of the Rescaling Redistribution Chapter was to situate AFC practice within this restructuring context through an examination of how local policy actors understood their capacities to undertake age-friendly policy and service work in the eight AFC domains. I found that in Toronto, AFCs are about small scale targeted programs rather than large scale environmental improvements that can address the access and affordability challenges participants highlight as a problem. Most TSS actions being initiated were those that were already on the books prior to the strategy's passing while new actions had yet to be implemented or even considered. Furthermore, in some policy domains such as public health and elder abuse, the City's more active community development role had been discontinued in a context where the City was transferred more social and physical infrastructure responsibility. However, more and more seniors are placing demands on the City's emergency services and as such, the City is increasingly concerned about targeting those with the most acute needs who end up in shelters and use paramedic services.

Similarly, the non-profit sector is contracted by the Province to target seniors with acute health challenges to prevent them from entering hospitals and Long Term Care and increasingly,

to care for them when they are released back into the community. Both the City and non-profit staff admit that they are struggling to invest in prevention-oriented programming and these programs are increasingly subject to user fees and means testing. Furthermore, the City struggles to maintain its aging infrastructure, let alone make investments to improve accessibility and affordability. The of the absence of Wheel Trans services in the TSS and the acknowledgement by City staff that senior citizens will have to transfer to conventional transit, which does not have the funds to make accessibility improvements, illustrates the depth of the problem in Toronto. Several City staff illustrate a tension between what they understand as efficiency and equity in a context where they are measured on short-term cost effectiveness foremost. Where competition for money is fierce and the social investment framing is dominant, programming for youth and newcomers provides more value for money.

I found that where need is growing and public investment is waning, non-profit organizations are taking on more essential social and physical infrastructure in the big ticket AFC domains of housing, transit and health care for those whose needs are most acute. Targeted small scale pilot programs, often focused on behavioural change, act as a replacement for universal redistribution at other levels of government. However, my findings suggest that this is impossible to support aging in place as needs are increasing and a larger crisis in care and more social isolation will likely occur as a result. Ball and Lawler (2014, 20) agree, arguing that the “exclusive focus on pilots, forums, and toolkit resources is potentially a new form of disengagement, trading the denial of the 20th century for procrastination in the 21st.” The authors critique both the literature and practice of AFCs for its fleeting and faddish nature and unambitious incrementalism and argue that large-scale paradigmatic change or creative destruction is needed in order to truly achieve age-friendly places (Ball & Lawler, 2014). Here

Ball and Lawler (2014) advise that this scale of change requires a public response that can only be undertaken via leadership on the part of the state. AFCs will never be effective or revolutionary if they are only about the do it yourself urbanism of local groups of seniors. Furthermore, a major problem with AFCs is the extent of anti-statism by both narrow and expansive political projects in the current conjuncture. In fact, several participants blamed inadequacies in actioning AFCs to an essentialism about the insincerity of politicians and the powerlessness and even redundancy of bureaucrats. It is especially important for progressive movements to let go of this homogeneous and undifferentiated rhetoric of the state in order to seek out and broaden its more expansive agents, rhetorics and institutional elements (Graefe, 2002).

There is very little reference in mainstream AFC reports and literature to urban policy, politics and administration (Modlich, 2011). As such, the final Restructuring Governance Chapter examines how local policy actors understand the institutional mechanisms at their disposal to design and action effective AFCs. The TSS does represent an effort to understand the municipal role to support age-friendly work in Toronto and to embed the intent to support senior citizens across the vast bureaucracy. Thus, there is an effort to devise a persuasive institutional discourse (Lowndes, 2009) to recognize and redistribute to senior citizens. However, this form of ‘positive discrimination’ is challenged by an ideology of procedural universalism (Antonnen et al, 2012b) where some Divisions understand special treatment for senior citizens as ageist, thus emphasizing a focus on improvements that are ‘age friendly for all’. Furthermore, staff are reluctant to admit that they serve seniors because they are provided with no institutional incentives (Lowndes, 2009) to action their recommendations as the TSS itself is unfunded. There is a fear that admitting that they serve seniors will see their already unsustainable service

demands increase in a context where they have been transferred more responsibility without adequate policy and funding support from other levels of government. In this case, senior citizens as an identity group are understood as health problems that are foremost under Provincial jurisdiction. Here, narrow practices of restructuring solidify the rhetoric that seniors are a health burden.

The TSS has no power of institutional sanction (Lowndes, 2009) as it is unfunded to the point that there is no staff person whose sole role it is to coordinate implementation and the staff who is charged to support implementation has no power to enforce the strategy. The governance challenges presented by the City's already thin policy level (Yates, 1977) are exacerbated in a big city context of public sector restructuring where service responsibility and demand has increased (Horak, 2012). In the Toronto case, there is no political leader working to develop the coalition necessary to move the strategy forward with respect to funding, policy, and administrative tools. This is perhaps made more difficult in a big city context where the political wards are massive post-amalgamation and where there is no political party system to build the coalition necessary to action age-friendly, observations which merit further comparative research.

My research indicates significant institutional changes in the non-profit sector serving seniors that challenges their capacity to advocate for AFC policy and to deliver AFC services. There is pressure on the sector to become bigger, more marketized, and more professionalized as it is contracted by the Province to take on more of a support role for increasingly acute 'patients' (O'Connor, 2004; DeSantis, 2013). As such, non-profits relate in their policy focus more to the Provincial health care sector and less to the social service and community development work of the City, despite the rhetoric around health promotion. Several agencies spoke to me about the

pressure to merge to address increasing needs and the fragmentation of services for seniors as more public responsibility is being taken on by non-profit agencies, particularly in the domains of health care, housing and transportation. Several agencies, and particularly those that are smaller, are concerned about their ability to continue to provide personalized services to seniors and to inform AFC policy as they are bombarded with service demands from senior citizens with increasingly acute health challenges. This has led to staff burnout and turnover (Shields, 2014; Baines et al, 2014; Hardil & Baines, 2011; Chouinard & Crooks, 2008), a precariousness that is particularly problematic for seniors who need familiarity. My findings illustrate that the diversity of the non-profit sector is not being respected and, paradoxically given the localized nature of AFCs, it is the smaller agencies most at risk. This challenges the ability of these agencies to develop innovative niche programs and to inform wider more universal policy domains such as health, housing and transportation. The role of local actors is residual as they become emergency providers of last resort while at the same time, are expected to fill gaps in universal provision to the extent that they are now becoming core public service providers. Large unelected agencies are now becoming the new public service providers, making decisions about who is worthy of recognition and redistribution. This raises a larger question about democracy in the current era and, as the sector is asked to prove positive health outcomes, whether value for money should be the sole guide for accountability. State retreat in the realm of redistribution is legitimized via localization, but actually the state is becoming increasingly controlling and coercive and this limits the role of local actors to provide personalized service provision that addresses difference, enhances access, improves self worth, and promotes democracy (Evans & Shields, 2010; Shields, 2014; Wells, 2008).

The landscape of antagonism (Newman, 2014) that characterizes the AFC policy domain also challenges the relationship between the City and the non-profit sector. I have found no formal governance structure to incorporate advice from the non-profit sector in the City of Toronto, though there does appear to be an interest among some local agents and this should be explored further. While there is a desire to engage in coalition-building within the non-profit sector, ad hoc advisory committees of experts appear too busy to actively push for TSS implementation as they are faced with increasing service demands. The City's formal advisory committee of senior citizens is struggling to check in on strategy implementation in a confusing bureaucratic landscape and where much of their organizing time is being used to legitimate the City's own AFC work. The group's struggles have led to some effort to organize more politically to establish a coherent advocacy orientation within the political and bureaucratic structures of the local state and to engage in coalition-building with other senior citizen advocates. Similarly, small agencies want to be active in AFC development, but don't know how to advocate in such a fragmented administrative system. Overall, I found that non-profits are valued more as service agencies than critical policy voices by City staff in a context where the city is struggling to meet increasing senior citizen needs. However, some advocates have been able to insert themselves into participatory processes and reorient policy discussions. This work on the part of senior citizen advocates to democratize the local state through the AFC program should be the subject of further research.

I find that other levels of government laud municipalities and non-profits as key actors partnering to action AFCs without designating and solidifying rights of the city (Isin, 2008) and rights of the non-profit sector, illustrating either a troubling naiveté or a lack of sincerity in encouraging AFCs. The information guides designed by the Federal and Ontario Governments to

encourage local AFCs provide advice to local policy actors while the human resource and financial capacities of local government and non-profit organizations supposedly empowered through the AFC program are ignored. There are very few resources to support the development and implementation of AFC strategies locally other than small scale funding grants and information guides for local actors voluntarily adopting the AFC framework. Cities and non-profits are expected to engage in both service delivery and policy work while other levels of government steward this process and blame local actors when their capacity is limited. Although there is rhetoric about health prevention, the real motivation appears to be to save money in hospital and Long Term Care rather than focus on wellbeing through the social determinants of health that require investment in supportive housing, home care, and public transportation. Ball & Lawler (2014, 25) argue that “without a strategic framework that provides broader context for local initiatives and helps to clear the way at the federal and state levels, pilot programs will rely too heavily on the ingenuity, energy, and bureaucratic acrobatics of highly motivated individuals and organizations willing to swim upstream against policies that do not provide the options people need throughout their lifetimes.” For other levels of government, AFCs are more about do it yourself urbanism than real policy openings, illustrating a form of ‘shallow decentralization’ (Banting, 2010). My research suggests that the local is meant to replace high level redistribution but this is impossible and local policy actors are beginning to resist. Here, the City focuses on only those items within its mandated jurisdiction despite growing need and the non-profit sector is increasingly refusing to meet unrealistic demands to squeeze more out of less. Rather than a crisis creating an opportunity for these actors to innovate to meet increasingly diverse need, as is posited in the new localism literature (Katz & Bradley, 2013; Barber, 2013), they are becoming more rigid in their behaviours because innovation requires the rights of the city and the rights of

the non-profit sector. This is a serious problem because need for social services and amenities will only grow with the aging population.

Updating the Case

While some participants posited that the lack of action and funding for the TSS was a feature of the era of austerity that characterized the reign of Mayor Rob Ford, the TSS remains an unfunded strategy under new Mayor John Tory and is more indicative of a series of broader crises facing the City (Joy & Vogel, 2015; Fanelli, 2016). According to a TSS progress report released in Fall 2015, 86 out of the 91 recommendations have been either partially or fully implemented (City of Toronto, 2015b); a surprising and encouraging announcement given my findings about significant inadequacies. However, the report goes on to clarify that 56 percent of the recommendations have been partially implemented and I find the definition of ‘partial’ to be generous as in several instances it appears that nothing has been done in the absence of dedicated resources (City of Toronto, 2015b). While there is reason to celebrate the action that is being undertaken and the fact that the City is reporting on progress, the actions are small in scale as they are meant to be accomplished within existing funding constraints.

Watering down policy actions in the name of implementation is a concern if it distracts from engaging in advocacy on what would be needed to make the action more meaningful and capable of substantively improving the quality of life of senior citizens. For instance, while it is wonderful that the City has committed to budget \$150,000 for a seniors community transportation pilot project in Scarborough, this fully satisfies the action to fund community groups to increase non-medical transportation options for older adults (City of Toronto, 2015b). This is one project, meagrely funded, on a pilot basis and nowhere does the TSS talk about improving Wheel Trans services or the Community Bus routes provided through the TTC

publicly. That said, the progress report makes reference to more substantive issues supporting ‘deeper change’ (City of Toronto, 2015b, 4) being addressed in a future TSS 2.0. Here, the TSS progress report does indicate that there is a need for an intersectional policy lens and that the City plans to integrate a senior’s lens into other City strategies on systemic issues, including poverty reduction, neighbourhood poverty, and immigrant integration. However, it remains unclear as to what this would look like substantively for AFCs in a context where the City cannot even afford to support non-profit agencies to transport seniors to a library or shovel the snow in front of a seniors’ home let alone invest publicly in Wheel Trans and snow removal. Furthermore, Mayor Tory has recently asked all City Divisions to reduce their budgets by 2.6 percent to meet the City’s operating budget shortfall in a context where Council refuses to increase property taxes above the rate of inflation. City staff are again asked to do more with less. By voting for these cuts, City Council is directly contradicting its policy direction to support Toronto seniors.

In addition to these funding and governance crises, several recent events illustrate significant social and physical infrastructure crises facing the City. As I write this conclusion, there is controversy about city shelters operating at over capacity; housing prices skyrocketing; nine year waitlists for public housing; the death of three senior citizen residents due to a fire in a seniors public housing building; public transit fares increasing; the subway air conditioning system chronically malfunctioning during a hot and muggy summer; library workers threatening to go on strike due to job precarity; and a yearly increase in pedestrian fatalities with seniors most at risk. Despite all of these problems, in 2016 the City of Toronto was successful in its application to receive status from the WHO as a City committed to becoming more age-friendly. While in this regard action should be applauded, it is troubling that this status can be achieved

without the adequate devotion of funds which challenges the substance of the AFC program and leaves chronic challenges invisible. The very concept of AFCs risks being brushed aside as mere symbolism by skeptics rather than an idea that should be the subject of both political research and activism. At the same time, the TSS progress report indicates that an Accountability Table that includes the City staff and some of the non-profits and policy experts from the Expert Panel involved in TSS development was struck in June 2015 to support the implementation of the strategy (City of Toronto, 2015b). There are also three members of the Seniors Forum on the Table and apparently more policy support is being given to the Forum to enhance their role in checking in on the strategy. Further research to update this case should assess whether this Accountability Table equates to a real voice in decision making for non-profits and senior citizens and the impact of this voice on the substance of the TSS moving forward.

Implications for Policy and Research

The local resistance around supporting age-friendly services and physical infrastructure that is mounting by the City and non-profit sector must be politicized and this requires envisioning an alternative model for a truly effective and revolutionary AFC based on a model of universal inclusion that supports a right to the city for senior citizens. In essence, there is a need for progressives to re-politicize the local and this requires the state, but a new kind of state.

My research suggests that substantive AFCs require a rights-based approach that recognizes senior citizens as fundamentally worthy of recognition and redistribution (Buffel et al, 2014). Vulnerability that comes with age must be recognized as both normal and socially created. Biggs and Carr (2015) argue that AFCs could create new channels to make more substantive claims on urban space based on citizenship rights but that there is a need to better understand and theorize citizenship beyond economic contribution that involves emotion, play,

solidarity, and creativity that occurs among and between generations. AFCs must be based on a positive aging identity that: justifies investment on the basis of human rights; considers vulnerability that comes with age normal and worthy of a public care response tailored to unique needs that also creates good jobs; and understands and addresses socialized vulnerability resulting from a past failure to recognize the needs of senior citizens in all their diverse identities. Adequate recognition requires community-based research capacity on the part of the City and the non-profit sector as well as the development and enforcement of intersectional aging lenses to all policy. More research is needed on intersectionality and aging (Cruickshank, 2008) and the development of policy lenses to support senior citizens in all their diversity.

Municipal governments require institutional support to action AFCs. This could include a municipal aging office that is funded and staffed to engage in research, coordination, training, and the enforcement of intersectional lenses across City policy. This office could be linked to a Councillor Advocate who represents senior citizens, policy advocacy organizations, and service providers who are perhaps organized by neighbourhood and linked to local planning offices as well as the city-wide office. A Councillor Advocate would help to link the bureaucracy, senior citizens, and non-profit organizations to local politicians to encourage coalition building around AFCs. Here, the office would also create a clear space for non-profits to direct their advocacy, working both in partnership with and to push the City. These actors have a history of working together in partnership to support health prevention and community development in Toronto and my research suggests that this should be resumed. Further research on these types of institutional innovations is needed.

At the same time, the non-profit sector itself must organize around the AFC concept, challenging fundamentally the assumption of vulnerability as a burden but as a normal feature of

life deserving of a collective response that is also a job creator. The non-profit sector must recognize the need for a more fundamental partnership with the institutions of the state (Graefe, 2002) that allow it to play its niche role to support senior citizens through personalized care, innovative community development activities, engaging volunteers, community based research, as well as policy advocacy based on local expertise. This also requires that the sector advocate for public investment in the social determinants of health such as supportive housing, hospital and Long Term Care, and accessible public transit rather than attempting to take over these service domains. However, we cannot rely on voluntary initiatives that are poorly funded, reliant on only a few leaders, and fragmented across geographies as this will not create lasting change that enhances quality of life for older adults. AFCs must promote the rights of the non-profit sector that respect its ability to represent and service diverse seniors and advocate for policy. This includes financial and legislated support to enhance the wages and benefits of workers, the coverage of core costs and innovative projects, evergreen contracts to enhance stability, and the formal institutional structures for the sector to inform policy decision-making at all levels of government (Shields, 2014; Janes, 2008; Phillips & Smith, 2010; Graefe, 2002).

If governments at all levels want to improve the fit between seniors and their environment, then they need to explore the development of an intergovernmental AFC body that develops and enforces an intersectional age-based lens to policy at all levels of government and coordinates funding to support age friendly improvements to universal policy realms and for more local and niche age-friendly projects. The City is multiscalar and alternative institutions require all levels of government to understand their role in supporting AFCs, including understanding the everyday influence of their own policies on senior citizens and local policy actors. Given the Federal and Provincial dependence on the work of the City and the non-profit

sector to deliver supports to seniors, more formal coalition building and advocacy strategy between cities and local non-profits could make a real difference. Municipalities and non-profits could call other levels of government to account in their claims to support AFCs by estimating the costs of a substantive AFC program plan that includes accessible and affordable transportation, appropriate and affordable housing, home care, and infrastructure improvements and advocate together on this basis. Ball and Lawler (2014) recommend designing AFC indicators that measure how local projects have informed and shifted specific higher level policy that causes problems on the ground. This requires ways to measure intra and inter-governmental cooperation, such as the breaking down of silos within departments, across departments, and between levels of government (Ball & Lawler, 2014). A group of mainly health researchers has begun to advocate for a National Seniors Strategy in Canada and this can be more clearly linked, with the help of political science and policy studies researchers, to the policy and administrative challenges of local governments and non-profits doing this work in local places.

APPENDIX

Interview Guide

The interview guide below is comprehensive and in practice differed slightly in length and depth depending on the population group in question to reflect their level of involvement in AFCs in Toronto specifically and as experts more broadly and to reflect their level of involvement in the embedded case of the TSS development and implementation.

Interview Guide

A. Policy Issue

- 1) How have you been involved in the area of population aging?
- 2) How important is it to understand population aging from a local perspective?
 - a) Is there anything unique about population aging in big cities?
- 3) How is population aging a challenge and an opportunity for cities?

B. Policy Response

- 4) Have you noticed a general trend towards more local responses to population aging, such as Age-Friendly Cities or Communities (AFCs)?
 - a) Based on your experiences working with seniors, are there any challenges and opportunities associated with this trend?
- 5) How does local policy action in response to population aging fit within the broader field of aging policy at other levels of government?
- 6) How was your (Division, Organization) involved in the development of the *Toronto Seniors Strategy*?
 - a) Has your work changed with the development of the *Toronto Seniors Strategy*?
- 7) What do you think motivated the development of the *Toronto Seniors Strategy*? (or local aging strategies more broadly)

- 8) What would you say is the core purpose of the *Toronto Seniors Strategy*? (or local aging strategies more broadly)
- 9) Do you think that the policy actions contained in the *Toronto Senior Strategy* can address the opportunities and challenges of local population aging?
- 10) How will the policy actions contained in the *Toronto Seniors Strategy* be implemented?
- 11) How will the *Toronto Seniors Strategy* be sustained in future political contexts?

C. Policy Actors

- 12) What is the role of local government to respond to population aging?
 - a) Did you find that there was a real opening for city staff to be creative in their role in developing the *Toronto Seniors Strategy*?
 - b) How do different city departments work together to address population aging through the *Toronto Seniors Strategy*?
- 13) What is the role of the non-profit sector to respond to population aging?
- 14) What is the relationship between local government and the non-profit sector in responding to population aging?
 - a) Is there anything unique about the relationship between local government and the non-profit sector?
 - i) Does the city actively outreach to and support non-profits to engage in service delivery and to inform policy in the field of aging?
 - b) How was the non-profit sector involved in the development of the *Toronto Seniors Strategy*?
 - c) Does the *Toronto Seniors Strategy* support and strengthen the role of the non-profit sector in the field of population aging?

- 15) What is the role of local residents in developing policy responses to population aging?
- a) How were local residents involved in the development of the *Toronto Seniors Strategy*?
 - b) How does the city ensure that a diversity of resident voices are heard?
- 16) What is the role of other levels of government to support the development of local aging strategies?

D. Policy Capacity

- 17) Does local government have the adequate resources and capacity to address the opportunities and challenges of local population aging?
- 18) Has the city encountered any political challenges developing and implementing the *Toronto Seniors Strategy*?
- 19) Has the city encountered any administrative challenges developing and implementing the *Toronto Seniors Strategy*?
- 20) Do non-profit organizations have the adequate resources and capacity to meet the needs of local seniors?
- 21) Are the resources and capacities of local government and non-profit organizations taken into account by other levels of government that promote aging-in-place and age-friendly communities?
- a) Are there efforts at other levels of government to support cities and non-profit agencies struggling to serve aging populations?
 - b) Are local government and non-profit policy actors able to inform and influence aging policy at other levels of government?

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