

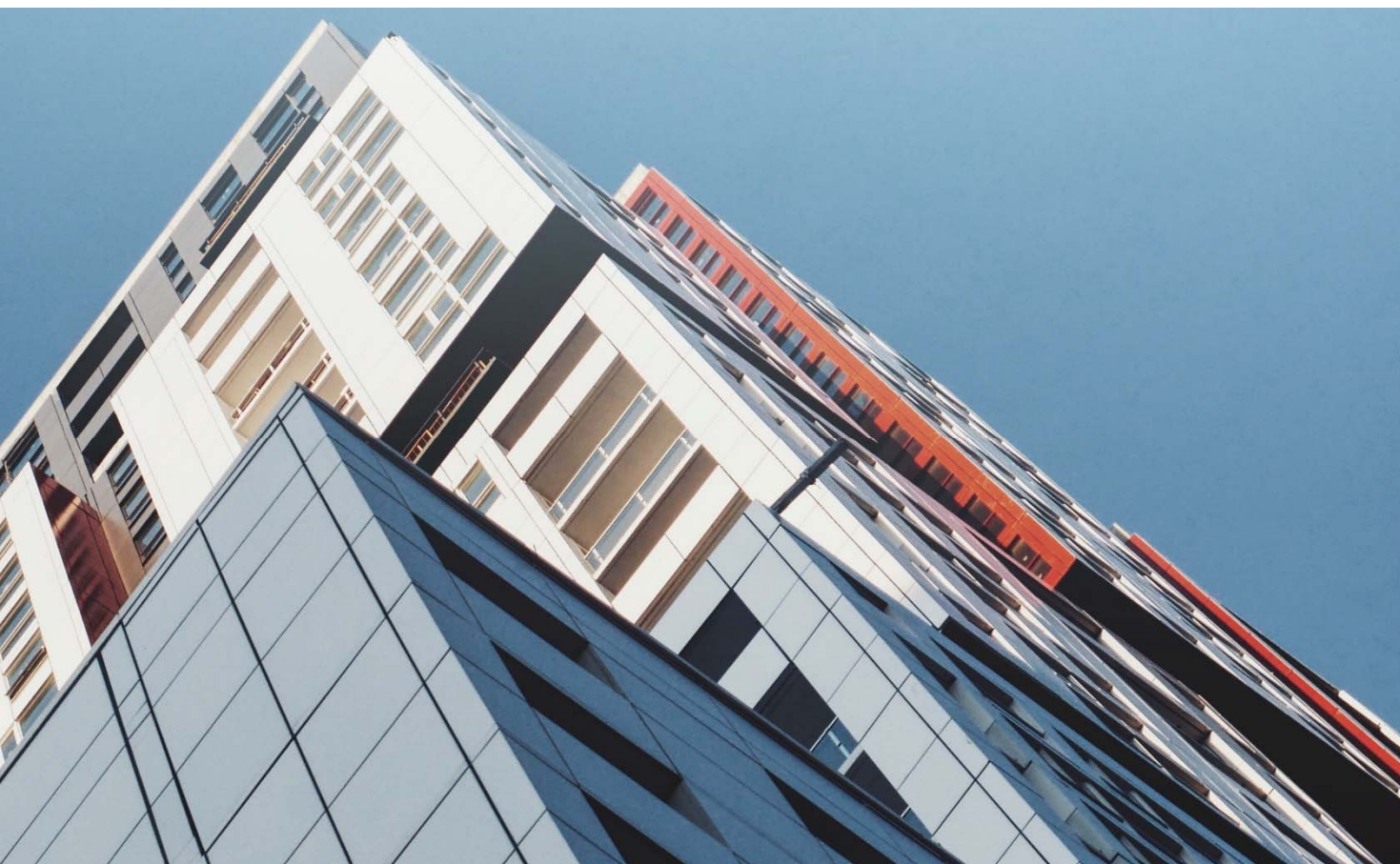


# Age Friendly Communities or Austerity Friendly Communities?

The Case of Toronto

Meghan Joy  
Concordia University, Canada

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### About the Authors

**Dr. Meghan Joy** ([meghan.joy@concordia.ca](mailto:meghan.joy@concordia.ca))

Dr. Joy is an assistant professor at Concordia University in Montreal, Canada.

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## Introduction

The Age Friendly Communities (AFCs) program is a place-based policy approach intended to manage new societal needs associated with population aging. The concept was developed by the World Health Organization (WHO) in 2007 with the active participation of the Public Health Agency of Canada. AFCs have been enthusiastically embraced by the Government of Ontario, who encourages municipalities and non-profits to voluntarily adopt the program. The WHO has produced a best practices checklist for these local actors that incorporates efforts to enhance the social and civic participation of senior citizens as well as improve their access to housing, transit, social and health services, and physical infrastructure (WHO, 2007). In this way, the AFC approach is hyped as a progressive strategy that promotes a positive aging identity, improves local environments for everyone, and empowers local policy actors.

Preliminary research on AFCs has dampened this excitement by illustrating discrepancies between program aims and implementation, relating gaps to a context of fiscal restraint associated with austerity (Scharlach, 2012; Buffel et al, 2012). I further this research by examining austerity as a political project (Newman & Clarke, 2009) that does not just prevent the implementation of an otherwise progressive policy program due to cost cutting but in fact works through the ideas and practices of AFCs as a policy, particularly through new moral appeals (Clarke & Newman, 2012). This political work includes coopting the ideas of progressive projects to prevent more transformational change. Thus, AFCs are a policy experiment that can be used to enhance democracy and equity or to extend austerity more deeply into urban governance (Peck, 2012; Keil, 2009) and are plagued by contradictions that must be studied in practice (Brenner & Theodore, 2002).

I study the meanings, hopes, and struggles of local policy actors working on AFCs in the City of Toronto to better understand austerity politics and to offer policy implications for the development of a transformative alternative for senior citizens. Toronto is an interesting case because Council adopted its AFC approach, the Toronto Seniors Strategy, in 2013 while it was being governed by an austerity regime under Mayor Rob Ford. I sought to understand AFCs in Toronto through 77 qualitative interviews with politicians, bureaucrats, citizen advocates, non-profit staff, and other policy experts. I highlight my findings along the three core claims that AFCs promote a positive aging identity, improve local environments, and empower local policy actors.

## How are AFCs in Toronto promoting a positive aging identity?



The AFC movement has brought new attention among a variety of policy actors to the everyday needs of senior citizens. However, this consideration does not necessarily encourage the development of a positive aging identity. Most participants understood population aging as a pending crisis to welfare systems because of increased needs and reduced economic contribution. The narrative about a future wave of dependency legitimates the drive for system change, particularly in the realm of health care, a last vestige of Canada's welfare state. Seniors are increasingly scapegoated in the media for unfairly bankrupting younger generations and harming economic competitiveness, re-directing attention away from decades of neoliberal policy decisions and the ensuing financial crisis that has spurred austerity anew. The ideal citizen is young, does not burden others with their needs, and proves their worth through economic contribution (Biggs, 2001). Old age is subtly understood as a negative human state, a social burden, and a moral failure of the individual. These fundamentally ageist assumptions are crucial to the functioning of this phase of austerity that uses aging to legitimate further retrenchment.

AFCs are positioned as a response that serves to prevent the demographic crisis, or contain the problem of aging to local spaces, by encouraging active aging to produce more ideal citizens. Ageism is reframed strategically as an assumption that all seniors are vulnerable, or frail and voiceless. Instead, the new anti-ageism rhetoric places emphasis on seniors as healthy and engaged consumers (Biggs, 2008). Participants share images of the modern senior who lives independently and actively in the community while the passive senior is isolated in their private residence or in long-term care. There is an undertone that public institutions like long-term care promote passivity, and thus wasteful excessive spending, and that using these facilities constitutes a moral failure as a good citizen (Clarke & Newman, 2012), hence they are overlooked in the WHO AFC approach. The active senior becomes a symbol to live up to that helps to justify austerity cuts. The older adult population is divided (Newman & Clarke, 2009) into the ideal senior who is the active, wealthy and healthy; the in-between senior who is socially isolated, chronically ill and lower income; and the invisible senior who lives in a care facility, is acutely ill, and extremely poor. AFCs are supposed to focus on targeting the in-between group to prevent further risky behaviour. Social investment in programs for seniors is considered a positive move but is justified primarily because it regulates senior citizens to save money in future health care systems, allowing for immediate cuts to public provisioning. The aging body is a risk to society rather than the structural contributors to poor health and isolation such as inadequate employment, housing, transportation, and social service provision throughout the life course. Other understandings are present and a few participants, mainly senior citizen advocates, talk about active aging as activism for expanded social rights and access to infrastructures.

Population aging is reframed by many participants as an opportunity to have more citizens contributing through volunteerism, addressing the gap between social service needs and public investment. Seniors are also encouraged to contribute



through continued work, consumption, and the provision of informal care to spouses and grandchildren. There is a moral undertone here that seniors must make sacrifices to take on more individual and societal responsibility, which is re-worked as empowering and anti-ageist. These expectations assume a universal privileged senior and are more burdensome to low income seniors who cannot afford to retire or purchase private care. The family acts as the invisible support network, the future health and income consequences of which is ignored in the AFC discourse. Participants emphasize the need for neighbours and community checking in on seniors, which in a context of increased inequality and job precarity is an unreliable policy strategy.

## How are AFCs in Toronto improving local environments?

Participants identify significant problems of access to services and amenities for senior citizens in Toronto based on accessibility, affordability, and geographic fragmentation, which they frame as fundamentally unjust. However, despite the need for significant public investment, the changes presented through Toronto's AFC program are small in scale. While participants value local policy actors for providing personalized care, I find city staff struggling to fund basic programs like training and translation for frontline workers. Local actors are also situated as ideal to activate individuals, families and communities to provide care for senior citizens informally as an alternative to the public sector. Thus, I find more movement in the realms of social participation and civic engagement than the big-ticket domains of housing, transportation, and health care. For instance, Toronto's special Wheel Trans services was barely mentioned in its AFC strategy. While staff intend to manage increased service demand by transitioning seniors to regular transit services, money is not available to make substantial accessibility improvements. Transit is under-supported by the provincial and federal governments, valued on a cost efficiency basis that conflicts with equity, and Councillors do not want to raise property taxes to finance improvements.

Local government and non-profit participants are particularly concerned about the growing group of poor and marginalized seniors. As such, their actual age-friendly work has become increasingly targeted emergency provision in the realms of shelter, long-term care, home health care and paramedic services. In a climate of cost cutting and rising need, public provision is subject to means-testing where seniors are evaluated on their potential cost burden. Some participants see this as an efficient use of resources while others find it deeply dehumanizing and work extra hours to fill gaps in care.



I find non-profits scrambling to meet needs and increasingly providing core public services in the realms of transportation, supportive housing, and home health care for senior citizens. Again using accessible transit as an example, Wheel Trans inadequacies has led large non-profits to begin coordinating trips through an electronic ride-sharing program funded on a pilot basis by the province. My interviews suggest that this new core provision role is challenging the ability of the sector to work with community and provide more personalized care due to increasingly marketized and disciplinary delivery, pressure to merge, and the bankruptcy of smaller agencies.

## How are AFCs in Toronto empowering local policy actors?

While some participants outside the city understand inaction on AFCs in Toronto through a lens of anti-governmentalism, I find that most city staff want to implement substantive age-friendly actions but cannot do this without adequate political leadership, policy tools, and funding support. The Toronto Seniors Strategy is an unfunded policy, meaning that there are no resources for a full-time staff to coordinate the program across a massive bureaucracy nor to support the substance of its implementation. Thus, city staff were asked to commit to recommendations in a context where they are already demanded to do more with less due to a history of provincial offloading, chronically underfunded infrastructure, and hiring freezes (Joy & Vogel, 2015). Although city staff advise that there is a cultural shift underway to think about seniors, this has not resulted in the development of an age-based policy lens enforced through city divisions. The city faces serious problems funding AFC work through the property tax, a challenge where property values have ballooned through speculation and where seniors rely more on housing as a welfare asset. Property tax deductions for seniors reduce revenues needed to engage in age-friendly work.

The city is enthusiastic about working with non-profits that can help fill service gaps for vulnerable seniors but is more resistant to the demands of activists who seek a more fulsome role for the public sector to prevent those gaps in the first place. These activists have had to insert themselves into AFC policy development, and there has been some success in this regard with a mixed coalition of external experts. However, I did not find a cohesive agenda to re-appropriate the concept of AFCs as a transformative project. Large service agencies that act as core health providers relate less and less to the city and as provincial contractors competing with private businesses, are disciplined in their advocacy. In a context of dwindled public policy capacity, policy-oriented non-profits engage in core research, staff training, and policy advertising work that is more informational than advocacy-oriented. For



instance, Toronto's formal advisory group of senior citizens is being recruited by the city to advertise the Toronto Seniors Strategy city-wide. Coalition-building is also challenged by new forms of anti-ageism where organizing based on needs associated with aging may be considered ageist.

Most participants from the city and non-profit sector feel that their everyday challenges are not considered by other levels of government that encourage AFCs. How-to guides and small one-off grants are inadequate on their own to address the scale of needs. Other levels of government encourage local actors to raise funds privately through foundations or business ventures and frame partnerships as a replacement for material resources. Rather than illustrating the inadequacy of such a symbolic approach, the city has given up advocating to other levels of government for money and policy tools to support their age-friendly work because their past recommendations have been left unanswered.

## Discussion

The current practice of AFCs in Toronto leaves much to be desired in the effort to promote a positive aging identity, improve local environments, and empower local actors. AFCs are more transformative in the way that they are assembled to support austerity by drawing on moral appeals to responsabilize individuals, families, communities, non-profit organizations, and local government to provide care to senior citizens as an alternative to universal public provision. This is not a sustainable or moral strategy as more seniors are falling through the gaping holes of our social welfare and physical infrastructure systems and require emergency supports in place. I have found that local policy actors are beginning to resist the impossible demands being placed on them but that this resistance is taking the form of inaction rather than political organizing for a transformative policy alternative. AFCs should prevent not contribute to a future crisis of population aging and this requires that they act as an anti-austerity vision and action plan. Citizens, communities, non-profits, governments and academics supporting AFCs must not normalize austerity but identify power and how it works through the program if we want to enhance quality of life for senior citizens.

My research suggests that AFCs must consider senior citizens in all their diversity as rights bearers who deserve to have their needs met collectively and not as either economically burdensome or useful individuals who need to be changed. There is strength in identifying vulnerability that comes with age as a shared human experience. This recognition forms the basis for opposing political projects that attempt to make these challenges individual, invisible and shameful, which prevents needed investments in services and amenities. Solidarity based on vulnerability creates the impetus for a collective response that can generate new high quality jobs in various fields of care as well as in the domains of accessible infrastructure design



and construction. This is a future city that is age-friendly for everyone. AFCs can be expanded to include other domains, such as support for informal caregiving, long-term care, as well as the complimentary policy tools needed for cities and non-profits to engage in this work.

Truly age-friendly environments require large and small scale action at multiple scales. Municipal aging offices that are funded, staffed, conduct research, and coordinate partnerships with citizen advocates and non-profits can help to ensure that this is a coordinated approach and not a series of small pilot projects. Cities must not give up advocating to other levels of government as there is a need for local actors to call federal and provincial claims to support AFCs to account. Broader AFC coalitions that incorporate all levels of government are necessary, such as intergovernmental bodies that establish a clear policy and funding role for the local, provincial, and federal governments to support age-friendly environments. This can also go beyond the nation state to incorporate advocacy for an international treaty on the rights of senior citizens that includes positive rights to access social services and physical amenities.





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