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Neoliberal rationality and the age friendly cities and communities program: Reflections on the Toronto case

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A R T I C L E   I N F O

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A B S T R A C T

This article examines how neoliberalism works through the Age Friendly Cities and Communities (AFCCs) program through reflections on the Toronto case. While AFCCs appear to expand the social contract between senior citizens and the state, research illustrates discrepancies between program aims and implementation, relating gaps to cost cutting associated with neoliberal austerity. Drawing on Brown’s (2015) work, I posit instead that neoliberalism does not just affect the implementation of AFCCs through economic policies of austerity but operates as a governing rationality that can economize the very design of the program. Specifically, I examine how the neoliberal techniques of benchmarking, governance, devolution and responsibilization operate through the AFCC program in Toronto. This analysis offers insight into the problems that plague AFCCs in Toronto and more broadly, including how neoliberalism works to more fundamentally change the social contract. At the same time, this analysis highlights tensions, forms of discontent and even dissent with neoliberalism that can create openings for alternative governing rationalities that expand the social contract to take root.

1. Introduction

In a context of unprecedented population aging in Canada, a new ‘place-based’ policy program – Age Friendly Cities and Communities (AFCCs) – has become popular among the federal, provincial, and local governments. Developed by the World Health Organization (WHO), the AFCC program focuses on the specific social and physical infrastructure needs of senior citizens in local places. The program consists of an ‘active aging’ framework or checklist of actions to combat ageism, enhance the social and civic participation of senior citizens, as well as improve access to affordable and accessible housing, transit, social and health services, and physical infrastructure (Golant, 2014; WHO, 2007). In Canada, the AFCC program has been enthusiastically embraced by both the federal and provincial governments. Through the development of how-to guides and grants, these governments encourage actors from local government and non-profit organizations to adopt and implement AFCCs. The intention is that these actors will work with senior citizens to identify needs, pass a municipal council resolution to commit to age-friendly work, develop and implement an action plan, and measure their progress (Public Health Agency of Canada, 2016). By focusing on seniors as a diverse population group and their social and physical infrastructure needs in local environments, there is considerable hope and expectation that the AFCC program can expand the social contract between senior citizens and the state beyond income supports and health care.

Research on AFCC practice, however, has identified gaps in program design and implementation. Common problems include initiatives that are small scale, short term, heavily reliant on voluntary labour, lacking in clear leadership and responsibility, poorly funded, inequitably distributed both within cities and between cities, and that target only particular sub-groups of seniors (Scharlach, 2012; Golant, 2014; Ball & Lawler, 2014; Winterton, 2016; Lehning, 2014; Kendig et al., 2014; Neal et al., 2014; Buffel et al., 2012; Buffel et al., 2014; Joy, 2018; Joy, Marier, & Séguin, 2020). Buffel and Phillipson (2016) argue that thus far, the AFCC program has had minimal material benefit to senior citizens. Biggs and Carr (2015) highlight that the program does not incorporate a rights-based framework of universal norms and institutional supports. Ball and Lawler (2014) have gone so far as to argue that AFCCs are an example of symbolic policy. While welcoming the public policy focus on population aging, this research indicates that thus far, AFCCs are not expanding the social contract for senior citizens in the way we might have hoped.

Gaps in AFCC programs have been generally attributed to a lack of policy and resource support for municipal and non-profit actors from
central governments, exacerbated by policies of cost cutting associated with neoliberal austerity (Modlich, 2011; Scharlach, 2012). In a recent article in this journal, Buffel and Phillipson (2016) highlight how welfare state restructuring and austerity cost cutting in cities have limited the implementation of AFCCs worldwide. These authors call for a wider research agenda rooted in critical urban studies that examines neoliberal austerity empirically in especially global city urban contexts, with the core purpose to link the program to “wider debates about rights and citizenship within the urban environment” (Buffel et al., 2014, 68). This paper contributes to this research agenda.

The critical literature on AFCCs tends to understand neoliberalism as a suite of economic policies – cost cutting in social welfare, the marketization and privatization of public goods and services, and a reduction in progressive taxation – that prevent the implementation of an otherwise progressive policy program. Yet, many of the lingering problems with AFCCs cited in the literature do not just speak to insufficient implementation but also to fundamental inadequacies and inconsistencies in the underlying values, design, and governance of the program. This suggests that a critical urban policy study of AFCCs is needed. Yet, Sancton (2015) argues that policy analysis is rare in the field of urban studies, perhaps because local governments have been considered as implementers of central government policy rather than policy makers themselves. Furthermore, literature in critical urban studies tends to see a transfer of policy responsibility to local governments as a cost cutting strategy by central governments that facilitates austerity budgeting and the privatization of formerly public services (Peck, 2012). While this perspective offers important critical insight into the policy capacities of local actors, there is a risk that “materially hollow” initiatives (Peck, 2012, 649) get dismissed as purely symbolic gestures not worthy of study or analysis. I posit instead that place-based policies like AFCCs can offer considerable insight into how neoliberalism actually works, going “far beyond fiscal book balancing” (Clarke & Newman, 2012, 304) to achieve consent among political actors and citizens alike to fundamentally reshape the social contract.

I argue that AFCC challenges can be more fully understood through a broader conceptualization of neoliberalism not only as economic policy but also as a governing rationality that, according to Brown (2015), “extends a specific formulation of economic values, practices, and metrics to every dimension of human life” (9–10). For instance, in the neoliberal political project, the state itself has been ‘reinvented’ (Osborne & Guebler, 1992) through New Public Management (NPM) reforms where its legislative and administrative institutions are reorientated to operate like a firm and govern on behalf of the market, with the core aim to ensure economic competitiveness and growth (Evans & Shields, 2018). This has required the construction of a new ideal state subject that serves the market by governing or reponsiblening themselves as independent and self-investing forms of human capital (Harvey, 2005; Clarke et al., 2014). The social contract is reversed as the citizen regulates themselves to limit their risk to the state and the market (Brown, 2015). Brown (2015) identifies four techniques through which neoliberal rationality is practiced to narrow, and even reverse, the social contract: benchmarking, governance, devolution, and responsibilization.

I use Brown’s (2015) techniques of neoliberal rationality as a framework to explore how neoliberalism manifests, causes tensions, and is contested in AFCC policy practice in Toronto. Buffel and Phillipson (2016) note that much of the writing on AFCCs remains decontextualized to the political economy of the cities in which the program is applied; a major problem given that this is a place-based policy expected to be designed and implemented in local places by local policy actors. Cities, and especially big cities, are complex places where multiple values, institutions, and agents co-exist, and this diversity offers a potential for dominant projects to be challenged and for alternative projects to take root. The purpose of this urban policy study is to present an approach to research on AFCCs that can assist in better understanding lingering challenges and in so doing, inform a more substantive rights-based alternative. More broadly, I argue that it is through this type of deeply contextual urban policy study that Brown’s (2015) more theoretical approach can offer the potential to identify opportunities for alternative techniques that serve to expand the social contract between citizens and the state.

While it might be assumed that Toronto’s size, status as global city, and considerable policy responsibility set it up to be Canada’s AFCC success case, it is facing difficult political economy conditions that can be revealed, and challenged, through an urban policy study. Toronto is like other large cities experiencing complex challenges associated with economic restructuring and growing inequality, inaccessible and deteriorating physical infrastructure, and the need to support a growing and diverse aging population (Joy & Vogel, 2015). Like many municipalities over the last 30 years, Toronto has experienced a devolution of social and physical infrastructure responsibility from central governments without commensurate resource enhancements. Here, Toronto is unique among Canada’s largest cities in having some responsibility for health care and social services (i.e. public health, long term care, home care, ambulance services, social housing) (Sancton, 2015), making for a potentially more substantive AFCC program. These growing service responsibilities were accompanied by a provincially enforced amalgamation which merged the old city with its surrounding municipalities. Since amalgamation, governance in Toronto has been plagued by challenges such as coordinating a massive administrative structure, managing a complex social service landscape of government and non-profit providers, and doing so with an increasingly polarized city council (Joy & Vogel, 2015). Puzzlingly, in this context and particularly while under the leadership of late Mayor Rob Ford’s austerity regime, city council adopted the Toronto Seniors Strategy (TSS) which is informed by the WHO AFCC checklist (City of Toronto, 2013). Data for this paper has been extracted from a larger study on the role and capacity of local policy actors in Toronto to support age-friendly environments.1 The research was undertaken in 2014, one year after the TSS had been released and the city was in the process of implementation. A total of 77 qualitative semi-structured interviews were undertaken with 82 policy actors, including city councillors (n = 4) and city bureaucrats (n = 24), staff from service and policy-oriented non-profit organizations (n = 35), senior citizen members of the city’s advisory group on aging (n = 4), provincial and federal bureaucrats (n = 7), and academics and policy experts (n = 8). Participants were selected because they had intimate knowledge of TSS development and/or implementation, delivered age-friendly supports to seniors in Toronto, or had more general knowledge about Canada’s AFCC approach. I asked participants about the challenges and opportunities associated with population aging broadly and in their work, the importance of place-based approaches to population aging (more broadly as well as the TSS), the role of different local municipal and non-profit actors to support senior citizens, and the capacities and challenges of these actors. Through my analysis of these interviews,2 I found that neoliberal rationality works, creates tensions, and is contested in intricate ways through the AFCC program and this paper presents this component of the analysis.

2. Technique 1: benchmarking

Benchmarking is an administrative technique originating in the private sector where a firm adopts a series of reforms to its internal processes based on its comparison with the best practices of successful competing organizations. Larner and Le Heron (2004) argue that “what

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1 The majority of the interviews were recorded and transcribed.
2 The interview data was analyzed inductively and manually. Analysis began with line by line coding to locate keywords and discourses, followed by the development of memos around key themes, and finally the advancement and refinement of these themes (Maxwell, 2012).
is novel about the current period is that international comparisons now extend beyond the firm into economic and social life more generally” (212). Brown (2015) examines how this has occurred through the pervasiveness of benchmarking in the public sector. Primarily, she explains how benchmarking separates administrative practice from the nature of ‘the product’ being produced as well as the context of its production. This means that ‘best’ practices from the private sector are increasingly seen as appropriate in the public and non-profit sectors (Evans & Shields, 2018), and that best practices from organizations located in one place can be quickly and easily transferred elsewhere (Peck & Theodore, 2015) through a process of ‘global comparisons’ (Larner & Le Heron, 2004). These ‘best’ practices are assumed to be generic and neutral, proven to work through empirical evidence, as opposed to alternative political processes based on not only “tradition or mandate, but partisanship and contestation over purposes, values, ends” (Brown, 2015, 139). The history of an organization, in terms of its more normative organizational mission as well as administrative practices based on centralized directives and legal enforcement become passé. In this way, benchmarking lauds a post-political “scientific basis for administrative practices” (Yanow, 2007, 117) that is focused on ‘doing what works’ and ‘getting things done’. Second, what is determined to be ‘best’ is grounded in a valuation of economic competitiveness, growth, and cost efficiency (Brown, 2015; Larner & Le Heron, 2004). These economic values are assumed to be top priority for all competing private, public, and non-profit organizations (Peck & Theodore, 2015), hence creating ‘new economic spaces’ (Larner & Le Heron, 2004). Third, this can result in the withering away of public organizational values such as political participation and debate and equalizing access to goods and services (Brown, 2015). While there may remain calls to develop practices that enhance participatory democracy and social inclusion, they risk becoming valued only insofar as they solve problems to enhance economic competitiveness (Joy, Shields, & Cheng, 2019).

Benchmarking techniques are central to the AFCC approach. The WHO’s ‘active aging’ framework was developed in partnership with several national health departments who undertook research to identify best age-friendly practices in particular cities. The WHO guide is to be used by organizations and actors to identify best aging practices in successful places and emulating them. In the Toronto case, the TSS process required coordinating different city divisions and special purpose bodies (SPBs) to identify practices they were already undertaking to support seniors and could implement in the future. These benchmarking processes sound neutral, yet have produced problems in practice.

The focus on identifying practices that can be quickly implemented to ‘solve problems’ can distract from broader discussions as to the challenges seniors face in the contexts of actual cities. These challenges relate to issues such as a lack of affordable and appropriate housing and public transportation, inadequate income support to meet everyday needs, the unavailability of different health care services, and infrastructure that is in disrepair and is not accessible. While the TSS report highlights statistics illustrating that seniors of diverse social location are struggling to get by in Toronto, it does not delve into how experiences of inadequate access stem from a context of policy devolution, service cuts, and gentrification that leads to soaring costs of living in the ‘global city’. Related to this, the emphasis on identifying practices diverts AFCCs from focusing on the actual capacities of organizations and actors, especially in the public and non-profit sectors, to support seniors. Again, other than a vague statement that all levels of government are experiencing financial constraints, the TSS says nothing of the everyday struggles of local government organizations and actors expected to address the growing needs of senior citizens in a context of service cuts and devolution and where they are expected to attract and retain young workers, tourists, and private investment. In this context, the practices identified in the TSS that are most concrete are those that are already being undertaken and there are vague promises about examining broader program changes, such as free transit for seniors. Several city staff complain that the AFCC approach is too focused on small-scale service provision and argue that it should be used to understand systemic problems. For instance, one city participant talks about their struggle in trying to make their work with vulnerable seniors 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.’

Finally, I found an emphasis on practices that sought to target those seniors who were the highest users of emergency health care services. While this is framed by some city staff as illustrative that the TSS is equity-focused, I found other staff framing this as a cost-efficient strategy. Here, ‘what works’ in terms of practices is oriented around reducing the service demands of seniors to preserve the economic health of the nation and cities (Joy, 2018). This may be illustrative of a whittling away of public organizational norms of equity.

3. Technique 2: governance

Governance claims to describe a neutral reality where traditional centralized public administration as well as service delivery though marketized procurement brought about by NPM have been replaced by a pluralist process of governing through networks of public, private, and non-profit organizations. These networks are guided not by central legal dictates but consensus and collaboration in policy design, management, and service delivery (Craft & Howlett, 2012; Osborne, 2006). Consensus and collaboration are facilitated by relations of respect and trust where the various missions and expertise of all network actors are recognized and celebrated (Brock, 2019). In the field of urban policy, it is the task of local government bureaucracy to initiate and facilitate this governance by network (Mette Kjaer, 2009). Brown (2015) notes that while governance is “not identical with or exclusive to neoliberalism” (122), it has proceeded NPM reforms which have hollowed out and reduced the capacity of the state in policy design and service delivery (Evans & Shields, 2018). Governance literature tends not to problematize this reduction in state capacity and in fact celebrates it, with normative anti-statist undertones that governance is a good thing for democracy and efficient policymaking.

As with benchmarking, governance is a process characterized by neutrality, pragmatism, and technical expertise in problem-solving that reconfigures “the political as a field of management and administration and reconceives the public realm as a domain of strategies, techniques, procedures through which different forces and groups attempt to render their programs operable” (Brown, 2015, 127). With governance, the focus of public governing shifts away from the specific actors, institutions and programs delivered to the management of processes and instruments that can achieve certain ends in problem-solving, with fiscal responsibility and economic competitiveness remaining primary concerns (ibid.; Peck et al., 2012). As such, the state procures and looks to partner with agencies that can deliver value for money services. Governance minimizes the fact that market-based procurement through a competitive contract culture has been retained in a way that creates power imbalances that challenge partnerships (Evans & Shields, 2018; Mette Kjaer, 2009). Political discussions about the more structural roots of problems in the economy and society that extend beyond technical solutions as well as debates about common goods and values on which policy strategies are based risk being dismissed as inefficient. This thus affects who is even invited to the partnership table.

AFCCs reflect a policy movement rooted in the concept of governance as the program is about activating groups of seniors, non-profit
organizations, and local governments to solve specific problems associated with population aging in local environments. These actors are expected to partner to design and implement AFCC strategies on a voluntary basis through teamwork and consensus on problem-solving. However, I find AFCC policymaking challenged by the lack of more traditional forms of public administration and by the fact that the program is being designed and implemented in contexts affected by decades of NPM.

Toronto’s AFCC model is based on an internal process of governance. The TSS is an unfunded program that was developed and initially implemented by line staff with no power to force other divisions and SPBs to come to the table. Staff were asked to identify best practices in their departments that they could action which would be funding neutral. The practices were thus fairly minimal in nature and some city divisions and SPBs were reluctant to admit that they ‘served’ seniors for fear of additional program demands they did not have the capacity to take on. At the same time, I found other staff going the extra mile, sometimes working overtime, to implement the strategy and especially to meet the needs of seniors that were particularly vulnerable. This created tensions between divisions and SPBs in TSS design and implementation, though it also created new opportunities for staff to come together and coordinate their programs better. Again, the latter relates mostly to coordination to deliver services for seniors struggling with mental health, addiction, and insecure housing issues in the city.

In this context, there were attempts to harness external actors to engage in problem solving with a professional advisory group of non-profit organizations and policy experts who informed the TSS strategy. This was a relatively ad hoc group and several non-profit participants I interviewed were not invited and had not heard of it. Local government actors were so consumed in their effort to understand the city’s role in supporting seniors that they did not have the capacity to develop a solid sense of the extensive work of the non-profit sector. These actors also appeared more interested in partnering with large agencies that could help them engage in service delivery as opposed to smaller and more critical policy advocacy organizations. However, in a context where care for seniors was being devolved from hospitals and long term care homes to ‘the community’, non-profit organizations were busy competing for provincial home care contracts and related less and less to local government. The non-profit sector was scrambling to fill gaps in emergency needs and this challenged the extent to which they could engage in partnerships to design age-friendly policy, as one non-profit participant explained:

*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.*

This contract culture also created fundamental inequities within the non-profit sector. As these agencies operate more like firms, competing with each other and with private providers, they are encouraged to adopt ‘lean methods’ in their backroom processes and even merge into large multi-service organizations to achieve cost efficiencies. Small organizations were situated by several participants as too traditional in their mandates and cultures to adapt to this new competitive environment.

More critical policy agencies and groups of senior citizens had to push their way onto the TSS advisory group because they were not initially considered ‘natural partners’ in efficient service delivery. Several members of this advisory group critiqued the group’s process for failing to push to have the TSS funded properly, to be more ambitious in its actions, and to have a clear timeline for medium and long term goals. This ‘watering down’ of the strategy was deemed essential to have all partners, and especially a divided and non-partisan city council, agree to the strategy moving forward.

4. Technique 3: devolution

Devolution is a governing practice based on the principle of subsidiarity, in which the administrative unit understood as physically ‘closest’ to people is considered most appropriate for policymaking and service delivery. Brown (2015) argues that neoliberal rationality draws on devolution to reduce central state authority over policy, sending “decision making and resource provision down the pipeline of power and authority” (133). Local governments are understood, in a reform tradition, as purely administrative and apolitical delivery agents. Non-profit organizations and private business step in to address ‘problems’ because local governments are, in the current conjuncture, “small and weak units unable to cope with them technically, politically or financially” (Brown, 2015, 131). This downplays and fragments large-scale structural problems that merit universal programs of support into small local matters through targeted service programs (Peck, 2012), undertaken by the local state but also by communities, neighbours and families.

Different political rationalities draw on the principle of subsidiarity to narrow or expand relations between citizens and the state (Clarke et al., 2014, 148–149), making it important to query the discourses and practices driving and accompanying devolution; an exercise undertaken through the concept of rescaling (Mahon & Keil, 2009). While Brown is relatively silent on the transformational potential of devolution, a rescaling perspective opens up the possibility for subsidiarity to be used to bring the personal and everyday problems associated with decades of neoliberal policymaking to light. In this way, local places can become central to rights-based demands founded on new notions of citizenship that call for an expanded social contract (Clarke et al., 2014; Purcell, 2003). Here, devolution may present new opportunities for local government and non-profit actors to resist the offloading of policy responsibility and push for new powers and investments. This would require local units to not “receive as given both the resource constraints and the aims they are handed” (Brown, 2015, 128). Local policies emphasizing inclusion and participation could also create openings, or spaces of contest and struggle (Newman & Clarke, 2009), for citizen activists to themselves identify the problems that they face and to call different political actors to account for failing to address them. The key question for researchers is to decipher which political rationalities underlie these principles in practice through empirical research.

AFCCs are fundamentally oriented to the principle of subsidiarity as they hone the focus on problem-solving for seniors to local places and actors. When asking participants about the importance of local approaches to aging, I found non-profit organizations and local governments situated as ideal problem solvers because, as opposed to central governments, they are considered less ideological and get the job done because they have fewer resources to waste. The physical proximity of these actors to seniors also supported an understanding that needs are diverse and often result from inadequate investments by central governments in policy domains such as income support, health care, affordable housing, and public transportation. Local actors were thus also understood as important advocates for and with senior citizens. There are thus different rationalities present that are underlying devolution and these are in tension in practice.

AFCCs have brought attention to problems in the local environment and participants talked at length about physically and cognitively inaccessible infrastructures and services, amenities and programs that are unaffordable, and the administrative and spatial fragmentation of supports that are available in the city. Yet, only some participants, and mainly city staff and non-profit policy advocates, understood that AFCCs are being designed and implemented in local contexts where neoliberal devolution has been dominant for decades. Several city staff reflected upon devolution in the realms of infrastructure, transportation, and affordable housing that has left them with massive gaps in their ability to provide services for the population at large, let alone meet the specific needs of seniors. When asked about what motivated
the TSS, a provincial representative explained that the local government was interested in doing its part to meet the needs of seniors in a context where public funding support is running out due to population aging and the smaller tax base. This illustrates how senior citizens can be themselves blamed for the crisis in social welfare. To distract from this, the crisis is reframed as an opportunity for local governments and non-profit organizations to innovate in the realm of preventative policy work that targets ‘problems’ in place. Participants from other levels of government encourage local actors to raise funds privately and to develop partnerships to meet growing service needs. These are ad hoc and informal ways to fill gaps in social welfare, yet they may make it look like something is being done to assist seniors while substantive and necessary improvements remain unaddressed.

In these ways, AFCCs can represent the ‘problem’ of aging being passed down the pipeline from a larger scale issue to a fragmentation of small problems hived off to local policy actors who have less capacity to provide supports. Major policy challenges were rarely mentioned in the TSS report and consultations did not seek to talk about issues beyond local jurisdiction, especially in the domains of income and health care. A strong premise of the TSS was to focus on what local government can do and be held responsible for legislatively and not to inform and advocate to central government actors for money and policy tools to support local age-friendly work. The rationale given for this was that, in the past, local government had made recommendations to central governments based on the needs of local senior citizen residents that were unheeded. In other words, this advocacy was inefficient and did not produce adequate outputs. While this is an understandable strategy for burnt-out city staff, it is indicative that there are major challenges in Toronto that are not being addressed through the AFCC strategy.

Despite the need for significant improvements to local environments, the changes presented through Toronto’s AFCC program are relatively small in scale. For instance, the public library is hoping to invest in non-profit transportation to bring seniors to attend programs while Toronto’s accessible Wheel Trans services were barely mentioned in its AFCC strategy. While the intention on the part of local government is to manage increased service demand for accessible transportation brought about by population aging by transitioning seniors to regular transit services, I learn from city staff that money is not available to make the substantial accessibility improvements that are in fact required by the province. The province’s legislative requirements do not come with funding support, despite Ontario’s enthusiasm about AFCCs.

Furthermore, participants explained that public transit, once funded required by the province. The province’s legislative requirements do not produce adequate outputs. While this is an understandable strategy for burnt-out city staff, it is indicative that there are major challenges in Toronto that are not being addressed through the AFCC strategy.

The AFCC program is driven by the principle of ‘active aging’. To understand how responsibilization operates through the program, there is a need to study the discourses and practices of active aging in appear willing to take it over completely with minimal funding support.

In this context, other levels of government are only providing ad hoc support for AFCCs and not fundamental empowerment through new policy tools and resources. On the topic of best-practice guides offered by central governments, a city representative explained that “they are just giving us reading. I didn’t find that terribly helpful”. On the topic of funding offered to develop and test best practices, a municipal policy 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”. The emphasis on highly localized best practices fragments the AFCC program and keeps improvements small in scale and minimal in material impact.

5. Technique 4: responsibilization

McGuigan (2014) explains that neoliberalism operates as “a principle of civilisation that shapes the socio-cultural makeup of people through socialisation in the broadest sense” (224). Brown (2015) is particularly concerned with how this occurs through responsibilization, which reconstitutes the citizen as a modicum of human capital required to be independent, not burdening the state with their needs, and self-investing, in order to ensure an independent future. Colloquial expressions of this ‘neoliberal self’ include McGuigan’s (2014) ‘successful entrepreneur’, ‘sovereign consumer’ and ‘hardworking taxpayer’ (225). Individuals who fail to self invest, or who did not engage in wise investment, entrepreneurial, or consumption decisions, are blamed for their failure. In this case, “subjects are made to feel as thieving dependents operating in an old world of entitlement, rather than self care, and they are blamed for sinking states into debt, thwarting growth, and bringing the global economy to the state of ruin” (Brown, 2015, 133). This is illustrative of Clarke and Newman’s (2012) observation that crises are increasingly understood as produced by immoral behaviour on the part of the individual, encouraged by too much investment in public welfare programs, and not political economy conditions. As citizens are reconfigured from intrinsic ends in themselves to instrumental forms of human capital and the state is reconfigured to uphold the health of the economy above all else, there is less and less of a public safety net to fall back on in times of economic upheaval (Brown, 2015). Instead, citizens are asked to sacrifice through austerity in public goods and services. In this way, responsibilization works to turn the social contract inside out and the “the status of human rights grows unclear and incoherent” (Brown, 2015, 37–38). As such, neoliberal governance requires a return to, and in fact a dependency on, residual, informal and often invisible forms of care “for all developing, mature, dependent operating in an old world of entitlement, rather than self care, and they are blamed for sinking states into debt, thwarting growth, and bringing the global economy to the state of ruin” (Brown, 2015, 133).

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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.

In this context, I found non-profit organizations scrambling to fill systemic gaps and increasingly providing core public services in the realms of transportation, supportive housing, and home health care for seniors. Using accessible transit again as an example, Wheel Trans inadequacies have led large non-profits to begin coordinating trips through an electronic ride-sharing program funded on a pilot basis by the province. A non-profit staff advises that “our ultimate goal in the next few years is to work that into one big system. We will turn it into one good transportation system”. This rescaling illustrates a reconfiguration of the role of the state and non-profit organizations: these agencies are not only filling gaps in an essential public service but
particular contexts and the ways that they work to reconstitute senior citizens as neoliberal subject or as *Homo Politicus*. Specifically, do AFCCs devolve responsibility for aging onto individual seniors, their families, and local communities or are they rooted in claiming aging as a collective responsibility in which senior citizens participate politically to identify their needs and wants and receive public supports on this basis as a matter of right? While there are certainly claims and hopes for the latter, I found the former framing dominant in my interviews with local policy actors.

In neoliberal rationality, senior citizens would be classified as ‘mature or worn-out’ human capital, as one non-profit participant explains:

*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.*

Aging is understood as a fundamentally negative social reality because the aging body is not only no longer a ‘useful’ form of human capital due to more limited economic contribution through the labour market but also presents a ‘risk’ to fragile public programs due to new needs. A major concern among participants is the potential ‘burden’ senior citizens present to the public health care system, and especially because of costly needs in hospital and long term care (Joy, 2018). There is a dominant understanding that the state, and particularly the social welfare state, is and will continue to be unable to pay for the needs brought about by population aging. Here, population aging, and particularly ‘passive’ aging associated with dependency, is understood as producing current and future austerity. This is an understanding where the aging body is considered a risk to society rather than the structural contributors to poor health and isolation such as inadequate employment, housing, transportation, and social service provision. Thus, the social contract between senior citizens and the state must change. AFCCs are implicated in this change and should be studied as such.

AFCCs can be understood as a local response that serves to prevent the ‘demographic crisis’ by encouraging active aging to produce more ‘ideal’ citizens who do not burden the health care system and who remain economically useful (Joy, 2018). Participants use images of senior citizens in their framing that divvy the population (Newman & Clarke, 2009) into risk categories: the ideal senior who is 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 public care facility, is acutely ill, and extremely poor. The ideal active senior becomes a symbol for individuals to strive for as participants share images of the ‘boomer with zoom’ who lives and consumes independently in the local community while the passive senior is isolated in their private residence or in long term care. AFCCs are intended to focus on targeting the in-between group of at-risk seniors in specific communities to prevent them from falling into the third category. Public investment in prevention is considered a positive move by participants because it regulates senior citizens to save money in future health care systems.

Prevention-oriented AFCC programs, the TSS included, consist of small-scale changes to urban design, such as benches with handles on them, as well as social and behavioural change programs such as falls and elder abuse prevention classes and advertising campaigns and sessions on healthy eating and financial planning. AFCCs are also illustrative of a moral concern that big cities are home to large numbers of seniors isolated from the informal care of family, friends and neighbours. There is thus a major communitarian concern about who is going to care for people in the big city. The AFCC program is in many ways about facilitating this kind of informal support network in cities and there are elements of this in the TSS. This includes the emphasis on campaigns informing people about the needs of the elderly, the desire to support intergenerational programming, and a volunteer program where younger seniors watch out for older seniors. While having volunteers and neighbours checking in on seniors are lovely ideas, they are compliments and not replacements for a public AFCC program that offers coordinated social and physical infrastructure investments provided on a rights-basis. Several participants also noted that the increased familiarization of care is falling on women, who will be the next generation of marginalized seniors because of the time they have to take off work to provide this care. Both the AFCC checklist designed by the WHO and the TSS remain silent on the issue and realities of family caregiving (Golant, 2014).

Population aging is also reframed as an opportunity to have more citizens contributing in their local communities through volunteerism, addressing a growing gap between social service needs and public investment in local places (Minkler & Holstein, 2008). Volunteerism is also valued because it keeps seniors active and engaged and reduces their ‘health burden’. There is a moral undertone here that seniors must make sacrifices to take on more individual, familial and community responsibility in a context of growing need and less public money; that their aging bodies are considered responsible for. Several senior citizen activist and non-profit participants also reflect concern that governments lauding volunteerism are not providing enough supports to encourage those who want to volunteer. This includes affordable and accessible public transit access for seniors as well as core funding for non-profit organizations to train volunteers. Challenges to volunteering also include a context where seniors are having to continue working to make ends meet and are providing informal care to family members, such as spouses and/or grandchildren.

While the AFCC focus is in theory on prevention, there are challenges to this in practice. I found that in the absence of adequate collective investments in health care and supportive housing, so called prevention-oriented social services and service providers in the local government and non-profit sector become increasingly medicalized and emergency-oriented in the realms of paramedics and ambulances, dental services, long term care, and home health care for seniors living in social housing and shelters. Local programming is increasingly directed to the growing group of seniors struggling with issues of poverty, mental and physical health, and addiction issues because they are using emergency services and end up in the hospital, provoking increasing interest on the part of governments. In a difficult climate of cost cutting and rising need in cities, several participants reflect on public provision provided by the local state and by non-profit organizations as subject to means-testing where seniors are evaluated on their potential cost burden. A staff from a large agency complains that they are increasingly asked to operate like a factory, treating ‘clients’ like widgets passing on a conveyor belt. These examples are illustrative of mission drift away from altruistic and public values towards economic efficiency and competitiveness.

6. Conclusion

Brown (2015) presents a holistic conceptualization of neoliberalism as a political project that is not just a series of economic policies meant to propagate capitalism but also a governing rationality that works through policy to economize all aspects of human life. Applying this conceptualization of neoliberalism to AFCC policy and practice through the techniques of benchmarking, governance, devolution, and re-sponsibilization assists in developing a deeper understanding of the lingering problems associated with the program that extend beyond and are intertwined with cost cutting policies. The study also highlights how urban policy should not be dismissed as symbolic and unworthy of study as it can reveal the intricate ways in which neoliberalism actually works to achieve consent among political actors and citizens alike to narrow the social contract. While the neoliberal project is dominant, it creates tensions, conflicts, and dissent in practice rooted in alternative values, resource constraints, and institutional configurations, which will be both similar and different in each urban policy case. Brown's (2015) emphasis on the techniques of neoliberal rationality presents a
My research in Toronto reveals that AFCCs must be re-conceptualised as an anti-neoliberal vision, agenda and action plan that revises the very purpose of the state, away from the maintenance of economic growth and competitiveness and towards democracy, social justice, and citizenship-building that promotes individual and collective sovereignty for senior citizens. Here, AFCCs are about rehumanizing our cultural understandings of citizenship and putting politics, or *Homo Politicus*, back at the centre of citizenship. This requires that AFCCs be founded on an understanding of senior citizens in all their diversity as rights-bearers deserving of collective entitlements on the basis of need and not on the condition of potential human capital burden or usefulness. Rather than disparaging or ignoring the vulnerability that comes with aging, there is strength in recognizing the shared human experiences of the aging process and the ways in which these social and physical experiences differ according to social location. Building solidarity based on vulnerability creates the impetus for a collective response to aging that can generate new jobs in various fields of care for senior citizens and in the fields of accessible urban design and construction. Age-friendly environments, and especially in big cities, require policy fields, programs and instruments able to meet both large-scale and universal needs as well as needs that are more distinct and intimate. These services must be designed with seniors as political actors and the end goals of these programs must be deeply political, they must be about justice, rights and citizenship-building, not about saving money. There is an opportunity here for AFCC researchers and activists to more clearly link a rights-based AFCC approach to the current movement to fight for a United Nations Convention on the Rights of Older Adults. It is at the local scale that gaps in rights protection are experienced by seniors and local policy actors alike, as has been made evident by the deaths and mistreatment of seniors in long-term care facilities across Canada in the context of the COVID-19 pandemic. AFCCs can and should be used to reveal these collective problems and call all governments to account.

Assembling age-friendly policy change in particular places requires new forms of coordination and investment across organizations and geographies. Municipal aging offices that are funded and staffed could design and implement an intersectional age-friendly policy lens through city divisions, conduct research on social service and design needs in partnership with universities and non-profit organizations, and coordinate partnerships with senior citizens to inform policy. These partners require an ongoing seat at the table and decision-making power. This institutionalization would help to ensure that AFCCs are a centralized and coordinated public approach and not a series of small pilot projects. Enhancing the breadth of these programs requires that local government and non-governmental actors hold provincial and federal governmental actors who claim to support AFCCs accountable. These governments require their own AFCC strategies to decipher how the work of their various ministries affects the quality of life of diverse senior citizens in local places. The institutionalization of broader AFCC coalitions that bring these governmental actors together is needed in the Canadian case. This might include intergovernmental bodies that establish a clear policy and funding role for different governmental actors in each domain of the AFCC checklist. This requires a better understanding of the role of the non-profit sector in different local environments delivering supports to senior citizens and working with senior citizens to inform policy based on local needs. More research is needed to inform the design of such a deeply politicized, institutionalized, and rights-based AFCC program moving forward. Additional single and comparative case study research on AFCCs using Brown’s (2015) framework can further identify the guiding values, material investments, and institutional supports more broadly and in specific places that can support and challenge a more substantive AFCC approach.

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