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A Case Study: The Toronto Seniors' Strategy

Policy Development Processes and Outcomes

Supervised Research Project
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Abstract

The proportion of the population living in the Toronto census metropolitan area (CMA) ages 65 and over was nearly 13% in 2011 (Statistics Canada, 2011: 17). It is estimated that by 2031, this proportion will be over 20% (City of Toronto, 2013: 4). In order to help the elderly to age in place and ensure their quality of life is sustained, the City of Toronto adopted the *Toronto Seniors' Strategy: Towards an Age-Friendly City*, following the criteria outlined in the World Health Organization's (WHO) *Global Age Friendly Cities: A Guide* (2007). This Supervised Research Project (SRP) first examines the WHO guide as well as federal (Canada), provincial (Ontario) and municipal (Toronto) elderly-focused policies. Provincially, the documents that have been studied are *Living Longer, Living Well* and *Ontario's Action Plan for Seniors.* Secondly, this work is specifically interested in the development processes and resulting outcomes of the *Toronto Seniors' Strategy.* Two theories that have been proposed to assess policy-making and planning processes that involve multiple stakeholders were used to perform a procedural evaluation. These theories are Arnstein's (1969) "Ladder of citizen participation" and Innes and Booher's (2007) *Consensus Building Criteria.* The evaluation determined that stakeholder involvement corresponds to step 4 on Arnstein's ladder, Consultation, which Arnstein considers a form of tokenism. The analysis also showed that the strategy's development processes partially achieved five objectives defined by Innes and Booher and fully achieved three. The evaluation of the contents of the Strategy confirmed that the Strategy does indeed align with the WHO's objectives and those of the Government of Ontario. The research concludes with a summary of transferable best practices that other cities can emulate when developing public policies, regardless of their focus.

Résumé

La proportion de la population de 65 ans et plus vivant dans la région métropolitaine de Toronto était de presque 13% en 2011 (Statistiques Canada, 2011: 17); elle pourrait atteindre 20% en 2031 (Ville de Toronto, 2013: 4). Afin de soutenir les personnes âgées qui souhaitent vieillir sur place et maintenir leur qualité de vie, La Ville de Toronto a adopté une politique intitulée *Toronto Seniors' Strategy: Towards an Age-Friendly city*, selon les balises établies par l'Organisation Mondiale de la Santé (OMS) dans son rapport *Global Age Friendly Cities: A Guide* (2007). Dans un premier temps, cette recherche a examiné le guide publié par l'OMS ainsi que les politiques en matière de vieillesse au niveau fédéral, provincial (Ontario) et municipal (Toronto). Au niveau provincial, les documents qui ont été étudiés sont *Living Longer, Living Well* et *Ontario's Action Plan for Seniors*. Dans un deuxième temps, ce travail s'est spécifiquement intéressé au processus de développement de la *Seniors' Strategy* de Toronto ainsi qu'aux résultats qui en découlent. Ce processus a été évalué en utilisant deux théories des processus d'élaboration de politiques et de planification impliquant de multiples acteurs. Ces deux théories sont issues des travaux d'Arnstein (1969), *« A ladder of citizen participation »* et des travaux d'Innes et Booher (2007), *Consensus Building Criteria*. Cette évaluation a montré que l'implication des différents acteurs correspond à la quatrième marche de l'échelle d'Arnstein, c'est-à-dire la consultation, qui équivaut à une coopération symbolique du public selon Arnstein. L'analyse a aussi montré que le processus de développement de la *Stratégie* a atteint partiellement cinq des objectifs définis par Innes et Booher et en a atteint trois entièrement. L'évaluation du contenu de la *Stratégie* a confirmé que cette politique répond aux objectifs de l'OMS et à ceux du gouvernement de l'Ontario. Le travail de recherche se conclut par un bref sommaire des meilleures pratiques que d'autres municipalités pourraient utiliser lors de l'élaboration leurs propres politiques publiques dans différents domaines.

Chapter One: Introduction and Study Design

The proportion of the world's elderly population, particularly those residing in more developed regions of the world, will continue to increase, especially as baby boomers age. By 2050, 22 per cent of the global population will be over 60 years old, and for the first time in human history, there will be more elderly people than children (WHO, 2007). In Canada, the age group of 60 to 64 year olds experienced the fastest increase nationwide, at 29.1 per cent, between 2006 and 2011, suggesting that population aging will accelerate in the coming years (Statistics Canada, 2011). Yet, older individuals too often fall between the cracks of policy-making as they are viewed as burdensome rather than a valuable part of society (Beard et. al., 2011). This has created an epidemic of loneliness and isolation among seniors, drastically reducing their quality of life and preventing them from ageing with dignity and respect. Cities around the world must continue to prepare for the intricate needs of the elderly, by providing adequate, multifaceted support systems that will ensure the integration of elderly people into the social fabric. This challenge must therefore be seen not as a crisis, but as an opportunity to use the expertise and potential of all generations through an integrative approach.

To seize this opportunity, the World Health Organization (WHO) developed *Global Age Friendly Cities: A Guide* (2007), a comprehensive report that uses two interlinked universal approaches to integrate the elderly, Aging in Place and Active Aging. These approaches can be achieved through the adoption and implementation of standards that fall under eight categories: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, community and health services, and communication and information sharing.

Many countries, regions and cities have taken it upon themselves to create action plans and strategies targeting the elderly population, following the criteria outlined in the WHO guide. One of them is the City of Toronto, which developed *the Toronto Seniors Strategy: Towards an Age-Friendly City* in 2013. The strategy contains a set of recommendations to engage and integrate the elderly population into their communities following the principles of equity, inclusion, respect, and quality of life. It also explicitly states that the recommended actions are

practical, achievable, measureable and linked to specific outcomes. There was a focus on developing recommendations that are within the city's authority, therefore improving the likelihood for successful implementation.

Research Objectives

This Supervised Research Project examines the genesis of *The Toronto Seniors Strategy: Towards an Age-Friendly City* and the processes in which it was developed. The research aims to contribute to better policy and planning practices for seniors in Canadian Cities. More specifically, the objective is to examine the processes in which the strategy was established, who the key players were, the power dynamics in determining what went into the strategy, issues that may have arisen during the development of the strategy and if and how the process of development impacted the strategy's outcome. Understanding the strategy and its development will help to assess how Canadian municipalities can take proactive measures to create age-friendly cities. The case of the City of Toronto, with its positive and negative aspects, can serve as a learning experience for other cities in developing policies to help all people, regardless of age, live with very limited hindrances.

More specifically the questions asked in this research were:

- What was the event or series of events that were a catalyst for action in Toronto, pushing the needs of the elderly higher up on the political agendas?
- Who was involved in developing the strategy? Who was not involved but should have been?
- What influence did the WHO's Guide have in the development of the Strategy? What best practices were looked at and used to inform the content of the strategy?
- What different perspectives and arguments were presented during the development of the strategy? Which were rejected and why?
- What conflicts arose during the development of the strategy? Why did they come up and how were they resolved?
- Where does the strategy stand in its implementation? What issues are affecting implementation and what is being done about them?

Outline

Chapter two is a review of trends, key concepts and theories and key seniors policies. The demographic shift that is occurring at the global, national and provincial scales is discussed to provide some context in regards to population aging. Key concepts were defined including Age-Friendly Cities, Active Aging, Aging in Place and Healthy Aging. Policies at the global, national, provincial and municipal levels are discussed. Focus is placed on scanning The Toronto Seniors Strategy. The content of the Strategy is discussed so that the reader has a better understanding of the policy framework prior to delving into the interview findings and analysis of the Strategy.

Chapter three is a presentation of interview findings. The chapter is divided into 12 sections to provide a thorough discussion of the key themes that emerged.

Chapter four consists of an analysis of findings using communicative and deliberative planning theory as well as the conclusion about how the case of the Toronto Seniors Strategy, with its positive and negative aspects, can serve as a learning experience for other cities in developing policies to help all people.

Study Design

The research methodology included a targeted literature and policy review as well as key-informant interviews, which unfolded in three phases. First, the demographic shift that accounts for the aging of the population in Canada at the national, provincial and municipal scales were investigated. This investigation helped to paint a picture of current demographic trends, setting the context for the research. It also indicated the urgency of integrating the elderly into their communities. Next, a focused review of scholarly literature was completed, with a focus on two things. First, key concepts were investigated including Active Aging, Aging in Place and Healthy Aging. These are critical because they are the underlying ideas behind most, if not all, policies developed that cater to the elderly population.

Second, policy documents that were geared to Canadian seniors were sought on government websites at the federal, provincial and local levels. The World Health Organization's (WHO) *Age-Friendly Cities Guide* as well as the provincial strategy *Living Longer, Living Well* and

Ontario's Action Plan for Seniors were reviewed. These policy documents shed light on the progress so far in policy-making and implementation. No federal policy was reviewed because to date there is no comprehensive national seniors' policy. That said, the federal government does provide financial support to seniors after retirement through the Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) (Government of Canada, 2015). Lastly, a preliminary review of *The Toronto Seniors Strategy* was completed.

Third, five interviews were conducted with individuals who were actively involved in the design, adoption and implementation of the Toronto Seniors Strategy. Individuals who were solicited for an interview via e-mail were involved in the design and development of the Toronto Seniors Strategy. They were identified and selected using the list of participants mentioned in the Toronto Seniors Strategy's Acknowledgements section. Interviewees included municipal staff for their role in research and development and external experts for their role as key policy advisors. Interviews were conducted to understand the genesis of the strategy and the processes in which it was developed. They were between 30 and 45 minutes in length and took place over the telephone. Thirteen questions were asked, divided into three categories: interviewee background, key players involved and understanding the strategy. Appendix II lists the questions used during the key-informant interviews. Interviewee responses were coded using open coding to identify areas of agreement and disagreement in responses to substantive questions.

The findings were then assessed using communicative and deliberative planning theories to determine how well the processes in which the Strategy was developed meets the criteria of good communicative and deliberative practice. These theories were chosen because they provide a picture of ideal policy-making and planning processes and a set of criteria to assess real-life processes against that ideal. At the heart of communicative and deliberative theory is the idea that even when policy development processes are conflictual, and consensus is hard to achieve, parties manage to find agreement when they are able to follow certain guidelines for productive consensus building. Arnstein's ladder of citizen participation and Innes and Booher's Consensus-Building Criteria were used to determine to what extent the development processes of the Toronto Seniors Strategy meets the criteria for ideal consensus building processes. Additionally, the Toronto Seniors' Strategy was analyzed to see how well it aligns with the WHO

Age-Friendly Cities framework and the provincial strategy Living Longer, Living Well. Moreover, a comparative analysis was conducted to find out the strengths and weaknesses of the provincial and municipal strategies. These assessments were done to see what substantive issues found in the analysis would be of interest to other cities, and what aspect of the Strategy's development process and content other cities may want to emulate to help improve the quality of life of elderly people.

The Study's Limits

Individuals who were interviewed in this research played rather similar roles in the policy's development and consultation processes as members of the City of Toronto team or as expert advisors. Therefore, the interviews did not provide the points of views of other participants in the Strategy's consultation process or of the community of older people in Toronto. As creators of the Strategy, respondents are more likely to believe that consultation was genuine and that the Strategy is a success. As a result, possible biases in interviewee responses pose as a limit to the study.

Chapter Two: A focused Review: Current Trends, Key Concepts and Policies

Much research focused on the needs of the elderly population has been done in order to create elderly-friendly spaces that integrate them into their place of residence (Alley et al., 2007; Plouffe and Kalache, 2010; Buffel et al., 2012; Garvin et al., 2012; Song et al., 2012). This has resulted in the development of the Age-Friendly Cities and Communities framework which is based on the concepts of Active Aging, Aging in Place and Healthy Aging. It is important to define these concepts in order to better understand the objectives of policies pertaining to seniors. This chapter discusses Canada's demographic shift and the foundations of the age-friendly city/community framework and then provides a focused review of policies that are in place globally, nationally, provincially and locally.

Canada's Demographic Shift

A United Nations (2013) report has shown that the growth of the older adult population has been driven by two main factors. First, life expectancy has increased drastically. In 2009, Canadian life expectancy stood at 80.8 years, up from 70.1 years in 1960 (United Nations, 2013). Second, members of the baby boom generation (individuals born between 1946 and 1964), which makes up 12 percent of Toronto's population, have now started to reach the age of 65 (City of Toronto, 2013).

Nationwide, Canada has seen a drastic increase in the number of seniors ages 65 and over. According to statistics Canada (2011: 5), between 2006 and 2011 the age group of 60 to 64 year olds experienced the fastest growth at 29.1 percent, with the first baby boomers reaching 65 years of age in 2011. This is indicative of the fact that population aging will accelerate in the years to come. Between 2006 and 2011 the number of individuals aged 65 and over increased by 14.1 percent to nearly 5 million nationwide, accounting for a record high of 14.8 percent of Canada's population in 2011 (Statistics Canada, 2011: 3-4).

In Ontario alone, there were 1.9 million seniors in 2012, with a projected increase to 4.1 million by 2036 (The Ontario Seniors Secretariat, 2013). This indicates that the number of seniors in Ontario will more than double by 2036. Additionally, the Ontario Seniors' Secretariat (ibid.)

states that by 2036 the 75+ age group is projected to increase by nearly 144 percent, to 2.2 million people, and the 90+ age group will triple in size to 286 000 persons.

Zooming in even more, at the local scale, the City of Toronto is experiencing growth in the number of seniors living there. The proportion of the population living in the Toronto census metropolitan area (CMA) ages 65 and over was nearly 13 percent in 2011 (Statistics Canada, 2011: 17). It is estimated that by 2031, this proportion will be over 20 percent (City of Toronto, 2013: 4). *Figure 1* shows the population forecast of Toronto's older adult population between 2011 and 2041. The most significant increases in the senior population are found in the 75+ age group. Forecasts indicate the 85+ age group will more than double in size by 2041. Additionally, the number of individuals ages 75 years to 84 years will almost double in size in the next 30 years.

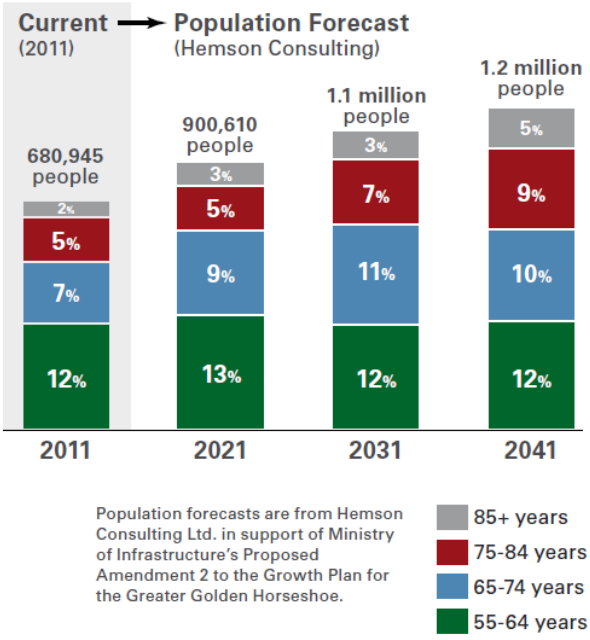

Figure 1: Forecasted growth in Toronto's older adult population, 2011-2041.
Source: Statistics Canada 2011, Hemson Consulting Ltd. 2012

While the proportion of seniors varies from province to province and city to city, there is no question that planning for seniors is necessary at the national, regional and local scales. Aging is an increasingly expensive process, so providing a variety of support systems (social, mental,

physical and environmental) will be more convenient and efficient for both elderly individuals and local governments.

Focused Literature Review

Scholars (Alley et al., 2007; Menec et al., 2011; Garvin et al., 2012; Plouffe and Kalache, 2010; Stokols, 1996) unanimously state that the idea of age-friendly communities originates from Lawton and Nahemow's (1973) ecological theory which articulates the dynamic interplay between individual adaptation and environmental alteration to maintain optimal functioning in older age. Also known as the "person-environment fit" perspective, it suggests that older adults need to augment their capabilities when their individual levels of competence are challenged by their social, environmental and/or psychological environment (Alley et al., 2007: 4). Menec et al. (2011: 482) state that ecological theory provides a useful framework to conceptualize age-friendly communities because it clearly emphasizes the interrelationships between the environment and people living within in.

Plouffe and Kalache (2010: 734) suggest that while the elderly friendly community movement is rooted in the ecological perspective, it emerged from several related but distinct trends and concepts in urban design and service planning, including Universal Design, Healthy Cities, Livable Communities, Walkable Communities and Aging in Place. The age-friendly cities and communities framework and corresponding policies and initiatives made a dramatic resurgence over the past two decades to respond to what Isaacs et al. (2007) termed the 'demographic tsunami' or 'grey tsunami'. This resurgence can be attributed not merely to the increase in the number of older adults per se, but also to the fact that a growing proportion of older adults see their health beginning to fail and their mobility increasingly being impaired, and may therefore require very specific interventions.

While there is no universally accepted definition of what constitutes an age-friendly community the different conceptualizations specify that factors spanning the physical and social environment have an impact on the lives of the elderly and must therefore be considered (Menec et al., 2011). Alley et al (2007: 4) state that an age-friendly community generally refers to a place where older people are actively involved, valued and supported with infrastructure

and services that effectively accommodate their needs. A key tenet of elderly-friendly community models is their multi-sectoral nature. They incorporate all aspects of the natural, built and social environment, moderating the environment(s) to bring them in line with older individuals' strengths and weaknesses (Plouffe and Kalache, 2010; Alley et al., 2007).

The AdvantAge Initiative launched in the 1990's defined an elderly-friendly community as one that satisfies four objectives: (a) addresses basic needs (eg., housing, safety and information about services), (b) promotes social and civic engagement, (c) optimizes physical and mental health and well-being, and (d) maximizes independence for frail and disabled individuals (eg., accessible transportation and offering support to caregivers), as outlined in *Figure 2* (Feldman, 2003: 269).

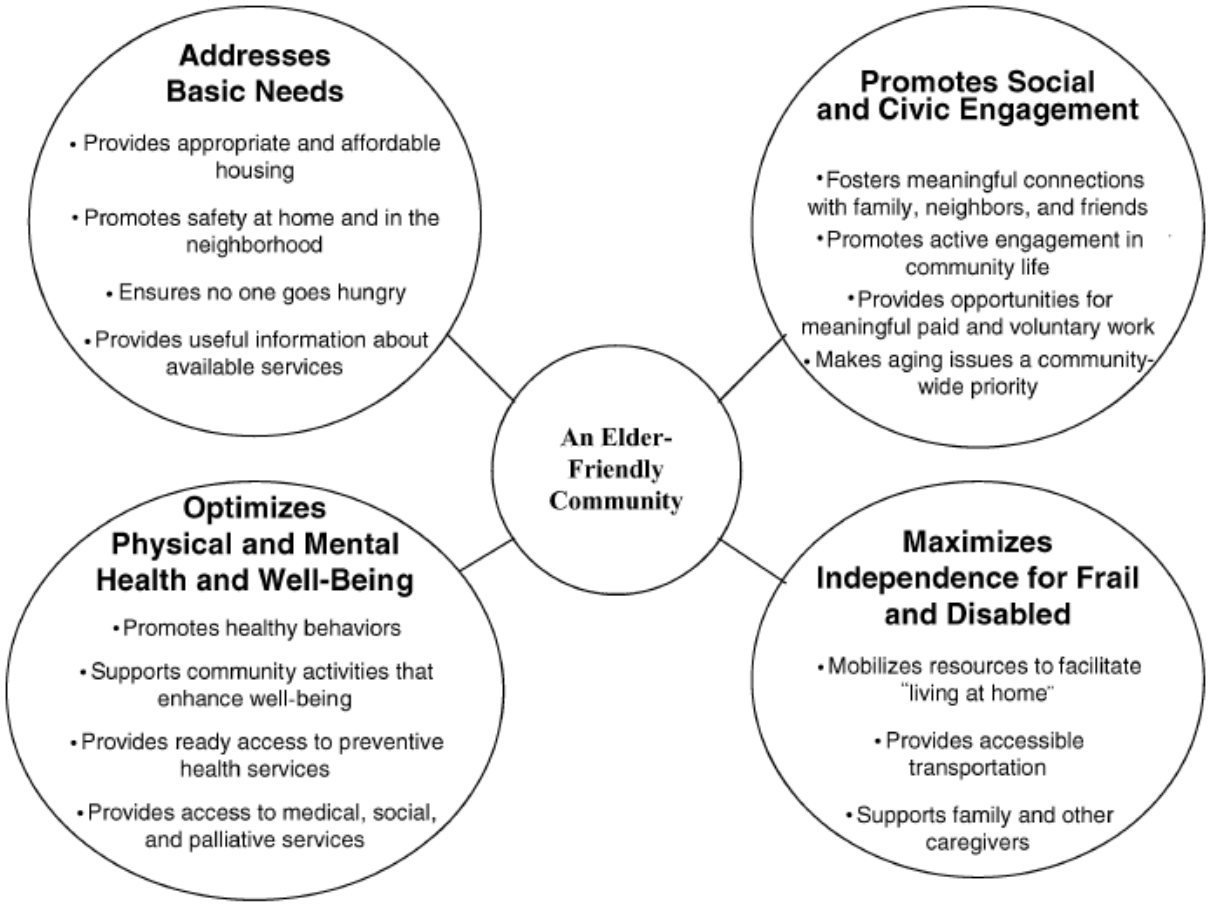

Figure 2: Qualities of an Age-Friendly Community.
Source: Feldman, 2003 p.269

In 2007, the WHO published *Global Age-Friendly Cities: A Guide*, with eight key themes established that are said to make up an age-friendly city. Today, the WHO's guide is used globally to guide most, if not all, local, regional and/or national efforts to develop age-friendly cities. The WHO's framework builds on the concepts of Active Aging, Aging in Place and Healthy Aging.

Advocates of age-friendly cities argue that if a city can accommodate and integrate the elderly then it inevitably accommodates people of all other ages. Therefore, if you plan for seniors, you plan for everyone. According to the WHO's Guide (2007: 1), "An age-friendly city encourages active aging by adapting its structures and services to be accessible to and inclusive of older people with varying needs and capacities." Dr. Samir Sinha (2013: 27) stipulates that an elderly friendly community is one that "Recognizes the great diversity among older persons, promotes their inclusion and contributions in all areas of community life, respects their decisions and lifestyle choices and anticipates and responds flexibly to aging-related needs and preferences." Active Aging, Aging in Place and Healthy Aging are therefore synonymous with that of Age-Friendly Cities as you cannot have the latter without the former.

Active Aging is defined as "The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO, 2007:5)." Active Aging is dependent on six determinants: physical environment, health and social services, as well as social, economic, personal and behavioural determinants (WHO, 2007: 5). These determinants are not weighed equally, as the impact of each is different for every individual. City structures and institutions are crucial in enabling active aging. The WHO states that in order to support active aging the capacities and resources of older people need to be recognized, their needs need to be anticipated and responded to, the decisions and lifestyle choices of the elderly need to be respected, the most vulnerable individuals need to be protected and should be included in all areas of community life (WHO, 2007: 5).

Aging in Place refers to living where an individual has lived for years, using products, services and conveniences which allows that individual to remain home even when that individual's circumstances change (Aging in Place, 2015). More concretely, the U.S Center for Disease Control (2009) defines Aging in Place as "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

The concept of Aging in Place emerged after it was recognized that some communities, New York City's Penn South in particular, had residents that not only lived their adult lives there, but also retired and aged there as well. Penn South and other like communities are now recognized as naturally occurring retirement communities (NORCs). NORCs are buildings, apartment complexes, or neighbourhoods not originally planned for older people, but where, over time, the majority of residents have become elderly (Ball, 2012: 212). Ball (2012) argues that NORCs provided a model for thinking of the aging population as a specific community based in place. This also bought to light the issue of accommodating the elderly while they live at home to maintain their independence as opposed to institutionalizing them due to the lack of supports.

Lastly, Healthy Aging is described as the "Process of optimizing opportunities for physical, social, and mental health, to enable older adults to take an active part in our society without discrimination and to enjoy independence and quality of life (Government of Canada, 2006)." This concept therefore, refers to having individuals live longer lives and be as healthy as possible, with few if any barriers.

Review of Key Global, National, Provincial and Local Policies

This section will briefly discuss existing policies at multiple policy levels. The WHO guide, though already touched upon in previous sections, will be discussed first because it played a significant role at the international scale. While Canada does not have a national policy for seniors, it does have several programs focused on seniors, which will be looked at second. Provincial policies for seniors will be discussed third, followed by a review Toronto's existing local policy, *the Toronto Seniors Strategy*.

WHO *Age-Friendly Cities: A Guide*

The Global Age-Friendly Cities Guide was developed as part of an age-friendly cities project introduced at the 2005 IAGG World Congress of Gerontology and Geriatrics. Research was conducted in 33 cities, with government officials, NGOs and academic institutions working together to develop an age-friendly city model. People ages 60 years old and older and elderly caregivers were the main source of information, with 1485 elderly individuals and 750 caregivers participating in a total 158 focus groups (WHO, 2007: 7). Questions asked in the focus groups

were to learn about what age-friendly features are present in the city participants live in, what problems they encounter regularly, and what would enhance elderly peoples' health, participation and security (WHO, 2007: 7). The guide's main approach to creating age-friendly cities is to establish principles that support and encourage active aging, based on focus group feedback. According to the WHO Guide (2007: 72), the physical, social and institutional attributes of a city contribute to confident mobility, healthy behaviour, social participation and self-determination of the elderly or, conversely, to fearful isolation, inactivity and social exclusion. *Figure 3* looks at the changes in people's functional capacity over their life course. The blue line towards the right indicates slower decline in people's functional capacities in age-friendly cities, compared to the orange line which is a fast decline, below the disability threshold, in cities that do not emphasize the provision of supports and services to elderly individuals. The WHO's Age-Friendly Cities Guide (2007: 6) notes that this rate of decline is largely determined by factors related to lifestyle, as well as external social, environmental and economic factors, with potential reversal in decline at any age through individual and public policy measures such as the

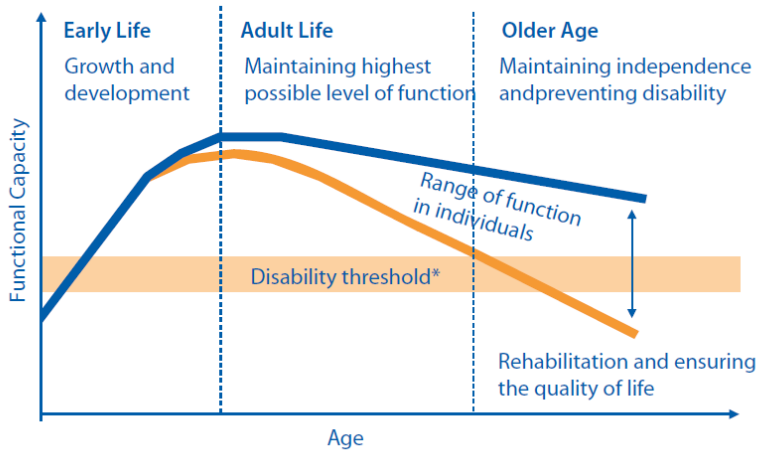

Figure 3: Potential changes in the functional capacity of individuals over their life course, in regular cities (orange) and in age-friendly cities (blue).
Source: Kalache & Kickbusch

promotion of an age-friendly living environment. Therefore, the purpose of the guide is to help cities see themselves from the perspective of older people, in order to identify where and how

they can become more age-friendly, by understanding the advantages and barriers older people experience in cities (WHO, 2007:11). In doing so, the guide establishes a set of criteria that fall under eight themes, shown in *Figure 4*.

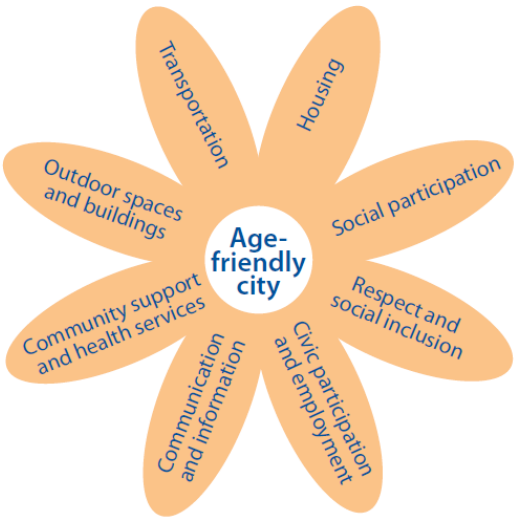

Figure 4: The eight themes of Age-Friendly City Policy.
Source: Age-Friendly Cities Guide, WHO, 2009

The WHO's project and resulting guide have proven successful because nations and cities have not only developed policies and programs, but also implemented them, following the WHO guide. This is indicative of the universal nature of the guide, as it can be adapted to fit very different places. In keeping with that notion, elderly individuals that participated in the research phase of the WHO's project said that in an age-friendly city, the natural and built environment should be designed and maintained in a way to accommodate users with different capacities instead of designing for the average (young) person (WHO, 2007: 73). The elderly are a diverse heterogeneous group, with different desires, aspirations, likes and dislikes. Therefore designing a policy that addresses their varied needs can be quite complicated. However, age-friendly city policies tend to be generic, addressing basic and uncontroversial factors that are beneficial to all people, as outlined in the WHO guide.

National Level: Canada's Efforts

The Government of Canada has not put in place a unified nationwide policy at the federal level to address the needs of seniors and integrate them into their communities. That said, the federal government created the Office of the Minister of State for Seniors in 2006, to work with ministers, departments and agencies involved in developing policies and programs affecting seniors (Government of Canada, 2014). In 2014 a document titled *Government of Canada Action for Seniors* was published by the Minister of State for Seniors. The document provides an overview of the different programs and initiatives the federal government has in place to support seniors and their caregivers. It acts more as a directory for people to look at to learn about programs and services. However, beyond stating what exists, it does not examine seniors' priorities and does not propose or discuss recommendations or actions to meet these priorities.

Several programs exist to ensure the financial security of seniors. According to the Minister of State for Seniors' report (2014: 5), there are three pillars of financial aid for retired Canadians– the Old Age Security (OAS) program, the Canada Pension Plan (CPP) and personal pensions or investments – help ensure Canadians maintain a basic standard of living in retirement. These programs provide approximately $76 billion every year in retirement payments, thus reducing the number of low-income seniors nationwide to 5.2 percent in 2011 (Government of Canada, 2014: 6). In addition to financial support, the federal government established educational programs focused on improving the financial literacy of the elderly.

The Canadian government also created programs and provided funding for initiatives that enable the active participation of the elderly in the labour force and in their communities. Programs focus on helping older workers develop their skills to secure jobs, providing funding for local community projects and recognizing the volunteer efforts of the elderly (Government of Canada, 2014: 11 – 14). Federal programs that do exist to help seniors age in place are not exclusively focused on the elderly, but rather on providing affordable and supportive housing for all age groups, as well as creating a homelessness strategy that targets the population at large in addition to seniors (government of Canada, 2014: 15-16). According to the report, there are currently 900 age-friendly communities nationwide. However, these are not driven or led by a nationwide program, but by local initiatives spearheaded by local authorities. To promote

healthy and active aging, government funding is provided to different service delivery programs in addition to raising awareness of mental health issues Canadian seniors suffer from (Government of Canada, 2014). Additionally, the government provides funding to different organizations focused on raising awareness about elder abuse. Lastly, the government wants to ensure seniors have access to information, services and benefits through Service Canada, a centralized information sharing platform (Government of Canada, 2014).

The *Government of Canada Action for Seniors* document is not so much an action plan with an identified mandate, but rather a look at what the federal government has in place to assist seniors. Most of the support provided by the federal government is financial and is directed at seniors individually as well as at provincial and local programs that cater to their needs.

Provincial Level: Ontario's Efforts

The province of Ontario has taken an active role in addressing the needs of seniors. Ontario has a Seniors' Secretariat, which is responsible for promoting and supporting policy and program development focused on addressing the needs of the elderly. Additionally, the secretariat's website is a resource hub, providing information on existing programs and services for seniors. Areas the secretariat focuses on include driving and transportation; government pensions tax credits and benefits; health and wellness; home and community; and safety, security and legal matters (Ontario Seniors' Secretariat, 2015).

The Secretariat also has two publications and has taken an information-sharing and advisory role. The first is the *Age-friendly Communities Planning Guide* (2013). Greatly influenced by the WHO's Guide, the provincial guide provides a comprehensive overview and thorough advice to municipalities on how to develop, implement and evaluate their plans for elderly-friendly communities. It has proven to be a successful approach because many Ontarian municipalities have developed age-friendly strategies and have already implemented or are currently implementing them. A case in point is the City of Toronto, which used the resources developed and provided by the provincial government to guide the creation of the Toronto Seniors Strategy.

The second provincial publication is *Ontario's Action Plan for Seniors* (2013). Three main goals are identified in the plan. The first is to help seniors find and access needed healthcare services. The second is to promote the development of age-friendly communities. The third is to ensure the safety and security of seniors. Past programs and services offered to seniors are briefly discussed because these paved the way for present and future actions proposed by the province. The Action Plan not only outlines the proposed programs and their intended objectives, but provides a very comprehensive discussion containing best practices, proven results and anticipated benefits.

A third document that played a key role in addressing the needs of the elderly at the provincial scale is the report written by Dr. Samir Sinha, *Living Longer, Living Well* (2012). Dr. Samir Sinha was commissioned by the province to lead the development of a provincial seniors' strategy (Ontario, 2013). Key to his report was the exhaustive research phase to learn and understand exactly what the needs of the elderly are, therefore establishing a set of core priorities that should be addressed. The outcome was a very comprehensive report with 166 concrete recommendations concentrated on all facets affecting the lives of the elderly including housing, transportation, social and supportive services as well as healthcare. Dr. Sinha emphasized that in order to improve the quality of life of seniors as they age, a seniors strategy must go beyond healthcare provision and "Should prioritize healthy aging by supporting older Ontarians in living healthy and productive lives (Sinha, 2013: 13)." The report played a vital role in shaping Ontario's action plan for seniors and in addressing the needs of the elderly. At an even smaller scale, municipalities have looked to Dr. Sinha's report to establish a local seniors' strategy, as is the case of the City of Toronto.

Local Level: *The Toronto Seniors Strategy: Towards an Age-Friendly City*

In April 2011 City Council unanimously approved Councilor Josh Matlow's motion to develop a Seniors Strategy. Much of the supports and services provided to Toronto's elderly population are provided by higher orders of government. In addition to these, it was seen as necessary to create a seniors strategy that builds on the existing work of the City and its partners, as well as implement actions that are within the City's authority to plan and implement

(City of Toronto, 2013: 5). During the development process it was established that it would be most effective to have a Strategy that follows the WHO's framework for Age-Friendly Cities. The eight key themes of the framework were used to establish the Strategy's priorities, broader recommendations and specific actions.

The creators of the Strategy relied heavily on stakeholder consultations in order to establish recommendations. Seventeen City agencies, boards, corporations and divisions (ABCDs) sat on either the Senior Management Steering Committee or the Staff Technical Working Group (City of Toronto, 2013). This is indicative of the comprehensiveness of the Strategy, as each of the 17 ABCDs focus on different, but overlapping, service areas. Moreover, there was a five-month long public consultation period which was kick-started with a public event in May 2012 (City of Toronto, 2013). During this time, a Consultation Workbook was made available electronically on the City of Toronto website as well as in hardcopy at various locations frequented by the elderly population, in eleven languages as well as in English and French. City staff also held private consultation events for specific segments of the senior population, particularly 'vulnerable' groups including ethnic minorities, low-income people and the LGBTQ community. The Toronto Seniors Forum, a 30-person volunteer group that functions as a conduit for communication between the City and its senior residents (City of Toronto, 2015), held an event, open to everyone, where Toronto seniors had the opportunity to voice their opinions. Moreover, a Seniors Expert Panel was put together, with a total of 33 external members, and met three times. They used their expertise to act in an advisory capacity, ensuring the Strategy was heading in the right direction. It is very clear that the Strategy was built following an inclusive approach that very heavily emphasized the importance of collaborating with, and listening to the feedback of, a diverse group of stakeholders. Rather than create a hierarchy and separation between City staff, external partners and the public were each given equal value and treated as repositories of information and knowledge that is of equal value. Each group of individuals added a new layer and depth of knowledge, contributing to the resulting comprehensiveness of facts and recommendations.

According to the Strategy (2013: 17), a total of 524 Consultation Workbooks were completed, individually and in groups, with a third of responses being in a language other than

English. Consultations were conducted to learn about seniors' priorities and needs. The results of the consultations were said to be most influential in establishing recommendations, superseding proven and successful best practices. Among other things the Workbook asked respondents to identify their top three priorities out of a list of seven themes, as shown in *Table 1*. While the WHO framework identifies 8 themes, the seven themes used by the City are relevant to and fall under at least one of the WHO themes. Respondents identified overlapping concerns and priorities for each of the seven themes, also shown in *Table 1*. *Figure 5* shows the proportion of respondents who identified each of the seven themes as a priority. Three quarters of respondents identified health, transportation and housing as one of their top three priorities (City of Toronto, 2013: 19).

Theme	Primary Concerns
Health	• Mental health & isolation • Health promotion & disease prevention • Affordable dental, eye care, prescription medications
Housing	• Aging in place, staying independent at home • Developing more home and community care services • Supporting long-term care homes
Transportation	• Transit accessibility • Cost of transportation • Transportation safety
Recreation & Community Programs (including Libraries)	• Costs of programs • Opportunities to network and socialize • Education and classes for seniors
Safety & Security	• Elder abuse • Fear of crime • Physical safety
Accessibility	• Physical accessibility • Language accessibility
Civic Engagement	• Promoting greater consultation and inclusion in the process • Avoiding the segregation of older residents

Table 1: Concerns raised by respondents for seven themes in public consultations on the Toronto Seniors Strategy.
Source: The Toronto Seniors Strategy, City of Toronto, 2013

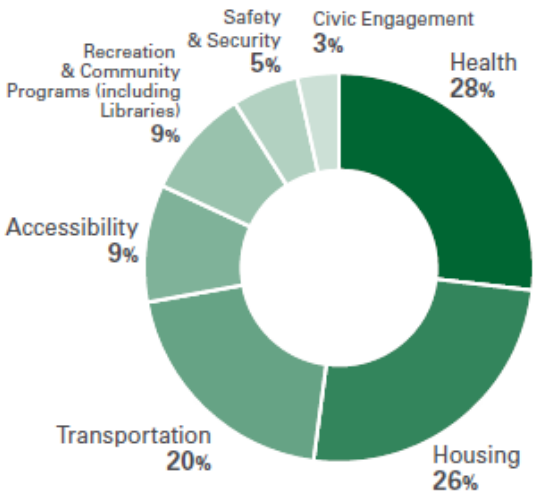

Figure 5: Percent of respondents who identified each of the seven themes as one of their top three priorities.
Source: The Toronto Seniors Strategy, City of Toronto, 2013

So as not to prevent respondents from providing their complete opinion, they were also given the opportunity to discuss concerns beyond the seven themes. Upon analysis of the Workbooks, City staff identified concerns that fall under three broader themes: communications and information, service levels, and diversity and respect. More specifically, seniors felt there was a lack of knowledge about existing services and attributed this to the lack of advertising, no single point of contact for information, little use of languages other than English for promotional material, and lack of outreach outside of online platforms (City of Toronto, 2013: 22). Seniors felt that there were not enough public spaces for them to join programs, not enough meeting spaces to engage with one another, and high costs associated with accessing programs (City of Toronto, 2013: 22). Lastly, seniors thought it was important to recognize and respect the diversity of the senior population and provide programs that are welcoming to all seniors (City of Toronto, 2013: 23). These findings articulate very clear concerns that seniors want to be considered in the development of recommendations.

The input regarding seniors' needs that was provided by members of the Seniors Expert Panel and the Toronto Seniors Forum corroborated concerns and priorities established by the elderly and their caregivers during public consultations (City of Toronto, 2013). Also, decisions made by City Staff were influenced by feedback they were provided on drafts. The idea to frame the Strategy using the WHO Age-Friendly framework emerged from the Seniors Expert Panel. Additionally, incorporating accountability into the Strategy as well as having very specific,

detailed and clear recommendations was strongly pushed forward by both groups. Lastly, they too suggested aligning the Strategy with other existing initiatives, and highlighted community partnerships with other levels of government, the private sector, non-governmental organizations (NGOs) and community organizations, as an important element in implementing the Strategy's goals (City of Toronto, 2013: 24).

Accountability and monitoring were a crucial aspect of the Strategy, with different stakeholders repeatedly emphasizing their importance. Stakeholders stated that "making recommendations is the easy part, but producing real improvements in the lives of Torontonians is what matters" (City of Toronto, 2013: 29). To achieve actions that produce real improvements, the City developed an accountability model, as shown in *Figure 6*. The cyclical nature of the

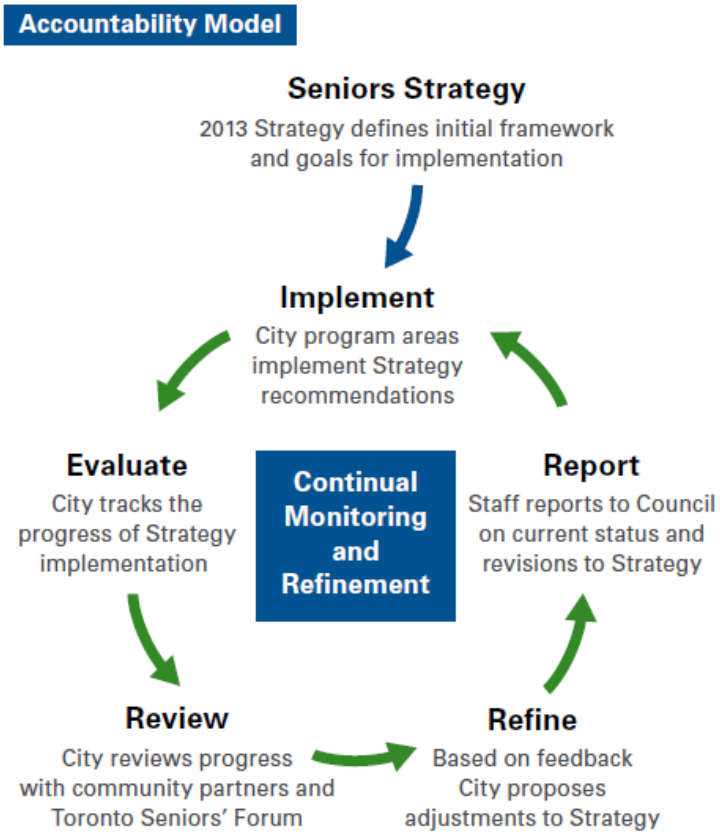

Figure 6: Accountability Model used to develop and implement the Toronto Seniors Strategy.
Source: The Toronto Seniors Strategy, City of Toronto, 2013

model indicates there is a commitment to maintain the continuity of the Strategy, ensuring it evolves in a direction that consistently meets the needs and addresses the concerns of Toronto seniors.

Heavily based on stakeholder consultations and research, 91 specific actions were developed, falling under 25 broader recommendations, shown in Appendix III. Recommendations were categorized following the WHO's Age-friendly Cities' eight themes, and were developed based on the concerns and issues stakeholders raised. To improve the chances of success of recommended actions, two-thirds (61 of 91) of actions developed are short-term actions (for which implementation can begin immediately), 18 are medium-term actions (for which implementation can start within two years) and only 12 are long-term actions (for which implementation would begin in 2015 and beyond). Each of the 91 actions contain three key elements to warrant accountability: a clearly identified program area with a lead responsible for implementation, a timeframe for implementation, and a unique identified measure per action by which the status of each action will be reported to the public through City Council (City of Toronto, 2013: 29). The City held a meeting in June 2015, where the implementation of each recommended action was evaluated. The findings from the meeting will be put into a progress report to be submitted to Council in the fall of 2015. In addition to providing measures for evaluation, the Social Development, Finance and Administration (SDFA) is building a place-based monitoring framework using the Wellbeing Toronto tool, with indicators developed that reflect key issues and themes being regularly updated (City of Toronto, 2013: 30). The following chapter will take an even closer look at the Toronto Seniors Strategy to examine the policy's development processes, and the impact they had on the resulting Strategy.

Chapter Three: Interview Findings

A total of five interviews were conducted with municipal staff and external experts who were deeply involved in the design and development of The Toronto Seniors Strategy. According to the Toronto Seniors Strategy document, the Strategy was developed in six phases. First, the Seniors Strategy Subcommittee of the Community Development and Recreation Committee of City Council was established. This was followed by an exhaustive review of previous work the City completed on issues related to seniors, a demographic analysis of the Toronto population, and a round of research on best practices in elderly policy, all of which were undertaken by the Project Management Team. The third phase included the establishment of the Senior Management Steering Committee and Staff Technical Working Group with a total of 48 members representing 17 City ABCDs (City of Toronto, 2013: 110-111). The forth phase saw the formation of the 33-member Seniors Expert Panel. Stakeholder engagement using the Consultation Workbook and events took place in the fifth phase. The last phase saw the development of recommendations that reflected the feedback gathered from the consultation process. *Figure 7* presents a timeline of the consultations that took place with the different groups of stakeholders.

Figure 7: Toronto Seniors Strategy consultation timeline.
Source: City of Toronto, 2013

This chapter discusses interviewee responses and uses open coding to analyse findings. Open coding, used to analyze qualitative data, includes labeling concepts, defining and developing categories based on the feedback provided by research participants (University of Calgary, n.d). The data was analyzed line by line to build concepts and categories so as to establish overlaps and differences among responses to each question. Key themes that emerged as a result of overlapping responses are highlighted throughout the sections. This chapter is divided into thirteen sections, one for each interview question asked (interview questions can also be found in Appendix II). Respondents' professional characteristics and their role in the development of the Strategy is discussed first. Questions three to seven focus on the key players and stakeholders involved in the Strategy and/or affected by the Strategy. Lastly, questions eight to thirteen examine how the content of the Strategy was developed, what the dynamic between stakeholders is and what issues and opportunities the Strategy faces.

What is your position and how long have you held it for? What role did you play in the development of the Strategy?

Four of five respondents are policy development officers that work for the City of Toronto and one respondent sat on the Expert Panel as an external expert. Each participant played a different role in the development of the Strategy. One interviewee was part of the Staff Technical Working Group as a divisional representative, helping prioritize and finalize the recommendations for the Strategy. Two participants were part of the Project Management Team. The fourth participant oversaw the Seniors Expert Panel, sending out invites and facilitating Panel meetings. The fifth participant was on the Seniors Expert Panel as a geriatric medical specialist and helped connect the different parties involved in the Strategy as well as develop and finalize recommendations.

Among those involved in the development of the strategy as part of either the Steering Committee or the Working Group, who were the most influential people and what were their respective roles?

While the question asked *who* was influential, participants suggested that there were three significant factors in the development of the Strategy, two of which were not individuals –

political support of Councillor Josh Matlow, provincial initiatives and Dr. Samir Sinha. Rather than measuring influence as how much one individual or a specific group can sway the direction of the Strategy, the idea of being influential was viewed in a positive light by all respondents and was more or less discussed in terms of who was most involved and active in the development and rolling out of the Strategy. Participants stated that above all, political backing and unanimous Council support was most influential because it ensured the Strategy will be developed. The politicization of the needs of the elderly due to the presence of strong political will, particularly Councillor Matlow's persistence, led to not only the prioritization of seniors' needs in the City agenda, but also meant those involved were accountable for developing the Strategy. Second, participants also stated that having the Provincial Strategy *Living Longer, Living Well* was influential because of its comprehensiveness in stating issues and discussing recommendations. The provincial strategy dovetailed nicely into focusing on the creation of a Municipal Strategy due to the presence of a provincial-scale effort.

Lastly, Dr. Samir Sinha, a geriatric medical expert on the Seniors Expert Panel, was deemed a very influential figure in the development of the Strategy for several reasons. His position as an expert outside the bureaucracy of the City meant his contributions in establishing elderly priorities were not based on political clout. One participant stated that Dr. Sinha could get away with providing expert advice that others involved could not because of his role as an independent expert. Additionally, because Dr. Sinha led the development of *Living Longer, Living Well* for the Ministry of Health and Long-Term Care he is well versed in what Ontario's elderly require. Due to his prior work, he is well connected to individuals and groups who were necessary for the development of the municipal Strategy. Dr. Sinha played a pivotal role in bringing in different groups to participate in the Strategy. Several research participants stated that representatives from different City ABCDs attended meetings and were more actively involved when Dr. Samir Sinha was present.

Who was not involved but maybe should have been? Why were they not involved?

Responses indicated that in terms of outreach, the process was inclusive, and actively included all necessary parties, including the public. Participants repeatedly stated that the policy development process was a very inclusive one. It is important to note that interviewees had a vested interest in making this claim because they were closely involved with the policy's development and implementation. Still, based on the Panel's member list, one can conclude that the expert panel had good representation from different groups that are serving seniors. The public consultations consisted of both public meetings as well as multi-language workbooks that were made available in electronic and hardcopy formats. Extensive outreach was conducted to involve as many seniors and seniors' organizations as possible. Question six discusses the involvement of vulnerable and isolated individuals in the strategy's development.

Rather than being excluded, some key individuals, organizations, ABCDs and other levels of government chose not to be involved. Participants repeatedly stated that federal and provincial levels of government were either not involved or very tangentially involved. One participant stated that the federal level of government and the MP responsible for seniors ignored all invitations to be involved with the strategy's development. It was made clear that politicians only want to deal with other politicians and not City staff. At the Municipal level, not all Divisions that the project management team (PMT) thought should be involved were involved because they did not have any services catering to seniors and therefore felt no need to be involved. From the PMT's perspective they wanted these divisions involved because they had the potential to serve seniors. For instance, it was stated that Toronto Employment and Social Services felt there is nothing they could add to the Strategy because they do not provide any programming or services specifically for seniors. Additionally, all attempts to involve the Ontario Seniors' Secretariat and provincial ministries yielded marginal success. This brought to light the issue of lack of engagement as opposed to lack of involvement.

One participant stated that the issue of who could have been involved *better* was more important than who was not involved. Another participant stated:

> Sometimes you can have the right institutions at the table and the right agencies being represented… But the representatives are virtually mute in terms of developing the Strategy.

For instance, the PMT was able to get representatives from the Ontario Seniors' Secretariat to attend meetings, but they were not engaged. Representatives present at meetings did not speak, exchange ideas or take notes. Additionally, one participant thought that the Toronto Seniors Forum could have been more actively involved. The Forum is a volunteer group that is made of approximately 30 volunteers, who are 60 years of age or older and reside in Toronto (City of Toronto, 2015). It was a challenge to continuously coordinate work with them and for Forum members to see the Strategy as theirs as well. Other parties involved but not engaged included the Toronto District School Board (TDSB), the Toronto Catholic District School Board (TCDSB), Toronto Transit Commission (TTC) and Transportation Services.

How many public consultations were conducted and was the turnout sufficient?

Many avenues were created for people to be involved. Public engagement was a critical part of the Strategy early on. There was one big event that took place in June 2012, with over 100 attendees. In addition to the general public, attendees included high-profile politicians, City staff and geriatric experts. The event consisted of a keynote address, a presentation to inform the public of the intended Strategy, and workshops at which attendees participated in small-table conversations to discuss what they think priorities should be. While the event targeted seniors, it was unclear if attendees consisted exclusively of Toronto's elderly residents. There was a second public event held by the Toronto Seniors' Forum, where seniors voiced their opinions on the elderly's needs. Once again, while this event targeted seniors as well, it was unclear who attendees were.

Moreover, a Consultation Workbook was written in the ten most spoken languages in addition to English and French. Upon reading through the Consultation Workbook, it is apparent that it was meant for older Toronto residents as well as seniors service providers to complete. However, from reading the Toronto Seniors' Strategy's section on the consultation process, the language was general referring to those who completed the Workbook as "Toronto's residents".

It was created to help individuals and community groups share their thoughts and opinions to inform what should go into the Seniors Strategy. An educational element was included in the Workbook to inform respondents what a Seniors Strategy is, how it can improve services for seniors and what role the City can play in servicing seniors. The workbook was made available electronically so that anyone could access the questions, answer them individually or in group discussions, and send in their responses, without City staff having to be present. Beyond discussing their availability in general, respondents did not make it clear how the Workbooks were advertised to garner as many responses as possible.

All respondents heavily emphasized the City's efforts to conduct extensive outreach to receive as many completed Consultation Workbooks as possible. One respondent stated that the "City really engaged expert stakeholders who then engaged with their constituencies." Additionally, the networks of various City divisions providing services or programming for seniors were used, with a particular interest in Long-Term Care Homes and Services (LTCHS) as well as Toronto Community Housing (TCH).

Consultation Workbooks were a success with over 600 workbooks completed. It is important to note that these were not only 600 individual responses. Rather, individuals and organizations servicing seniors held one or several group discussions with their elderly clients. Thus, one workbook represented the voice of a group of elderly which completed it together. Also key was the fact that one third of responses were in a language other than English. This finding was significant because it highlighted the ethnic diversity of Toronto seniors and their varying needs. It also showcased the need for a culturally sensitive and inclusive Strategy that takes Toronto's diverse senior population into account.

Among others, LTCHS resident and non-resident clients as well as TCH residents also completed the Workbook. Their clients and residents were of interest because they were either one or a combination of the following: in frail condition, low-income and/or an ethnic minority, making them vulnerable, with very specific needs that the City did not want to overlook. This is important to note because as a larger number of old people grow to an older age their needs multiply, with vulnerable seniors being more susceptible to not having their needs met. That said, while the Consultation Workbooks were considered a success, the next section will discuss

the involvement of vulnerable populations, how they were accessed and challenges that emerged. The following section addresses the City's push to involve and engage vulnerable seniors in the Strategy's development.

How were isolated and thus presumably vulnerable seniors involved in the consultations?

As stated in the previous section, the City made the Strategy development process more accessible to vulnerable seniors by making the Consultation Workbooks available in ten languages in addition to English and French. Around one third of responses were in one of the ten languages. However, while the City did try its best to access vulnerable populations through their networks several issues became apparent based on participant responses. Respondents repeatedly stated that one key issue that emerged was how vulnerable folk can be accessed in general. One respondent stated that front-line caregivers were important individuals to speak to as well. However, seniors caregivers were less likely to attend consultation processes due to their responsibilities. To try to overcome this obstacle, caregivers were contacted individually and organizations they worked with held Consultation Workbook discussions that catered to caregivers' schedules. Another respondent stated that this was done to add yet another layer of information about seniors' realities and better understand the perspective of vulnerable seniors.

Another issue that emerged once vulnerable groups were contacted, was trying to learn and understand what communication and consultation approaches worked for them. It was confirmed as expected, that what works for the general population did not work for vulnerable groups. One respondent stated that policy development teams learned a lot about this very point after going through the consultations for the City's Poverty Reduction Strategy. One of the important realizations was the need for resources to draw vulnerable groups, especially food and public transit fares, to ensure consultations were accessible. Unfortunately, for the TSS consultations, refreshments and public transit fares were not provided due to financial constraints, which is why the decision was made to have internal and external partners take the lead on completing the Consultation Workbooks. Another issue working with vulnerable populations was trust. It was noted that people were more reluctant to participate due to the assumption consultations were tokenistic in nature, with seniors' input not actually being

considered. There was shared sentiment among study respondents that while extensive efforts were made to involve vulnerable seniors in consultations, there is a high likelihood that a lot of people were still missed.

One of the problems that was most challenging to address was the fact that vulnerable seniors often are home-bound and are not involved even in agency or community outreach programs, as one respondent stated:

> TCH was a big player at the table and the leadership at the time was very focused on senior and vulnerable people. TCH had just gone through their own review of housing at risk so there was a lot of appetite. We were able to work with them to engage a lot of seniors from TCH, but on the other hand, a lot of vulnerable seniors are home-bound. That is part of what vulnerability is, the isolation factor. So it is hard to answer this question, because we provided opportunities, but there is still a lot to learn and improve upon in terms of how to engage seniors and what works.

To try to overcome such barriers, another respondent stated the Strategy development teams had to start with some trusted sources. As mentioned in previous sections, the main way of doing so was to conduct outreach to a number of community agencies that had relationships with vulnerable groups, where they then had their own sessions using the workbooks provided.

Where the City had relationships with community organizations serving (vulnerable) elderly people, including the organizations St-Christopher's House, 519 Toronto and several LGBTQ-focused organizations, among others, they went and gave agency staff a tailored session to support the organizations clients' ability to work with the Workbook. One respondent stated:

> We don't often have existing relationships with those individuals and they don't trust us and don't want to talk to us, so we had to go around the backend to try and get them involved. We have to look at the latest research and best practice about how to consult vulnerable populations. We learned a bit about what that takes in the process. For one thing it takes a lot more time. You have to work your relationships and networks, as opposed to just saying 'we are going to have an open house, come learn.'

Rather than take the easier route and only focus on having as many workbooks completed as possible, the Strategy development team worked diligently to reach out to and accommodate underrepresented and overlooked sectors of the senior population. The quality of participation was just as important, if not more important, than the quantity of participants. It was about undertaking consultation processes that will give the public, especially vulnerable groups, agency

and about providing the opportunity for meaningful participation where feedback plays an instrumental role in the development of the Strategy's actions and recommendations.

What was the process for selecting the members of the Seniors Expert Panel?

Interview respondents that worked on putting together the Expert Panel consistently stated it was a tedious and difficult process to create a short list of people who should be on the Panel. They also wanted to ensure sufficient representation of experts on the Panel. It appears that the formation of the Expert Panel took place in two steps. The first step was to put together a list of organizations that should be considered by identifying different networks, agencies and individuals that work with seniors and/or address seniors' issues. Initial sources of data included the list of grant recipients from the SDFA division, which provides leadership in the City to develop and implement a social inclusion and community safety agenda, foster safe and strong communities and promote community engagement (City of Toronto, 2015), as well as 211 Toronto, a guide to social services in Toronto (211 Toronto, 2015). Once a list was established, the second step was to send out invitation letters on behalf of Councillor Josh Matlow, inviting identified individuals and organizations to sit on the Panel to provide input into the development of the Strategy. The result was a 33 member Expert Panel consisting of mental and physical healthcare professionals, organization leaders, researchers, educators, advocates and policy advisors. While it was said that having 33 members was in fact a little high, complicating processes, but to ensure representation of various sectors it was necessary.

In answering this question, the role Panel members played in the Strategy's development was discussed. Respondents emphasized that members of the Panel had a certain advisory capacity, not a decision making capacity. One respondent succinctly put it:

> Panel members brought forth data and facilitated the dialogue so the City could hear what should be done and what resonated. . . . We were given a chance to influence the Strategy.

For instance, it was the Expert Panel's idea to have the Strategy follow the WHO's Age-Friendly City framework, which is something the City did not initially want to do. Also, Panel members brought up the issue of accountability and proposed to the City Manager to have an annual

reporting mechanism. Moreover, some Panel members worked on finalizing the Strategy and testified on behalf of the City why the stated recommendations and actions are necessary. Panel members also tapped into their networks to give stakeholders an opportunity to share their thoughts. One respondent stated, "If someone wanted to contribute anything, I said 'Write it down, put it all down and submit it to be discussed'."

Several issues were experienced with the Expert Panel. As previously mentioned and will also be discussed in a later section, some Panel members, while present were not engaged. One respondent stated:

> Sometimes you can have the right institutions at the table and the right agencies represented, but the representatives at the table are not the best in terms of developing the Strategy. . . . They had very little to say and were virtually mute.

On the other end of the spectrum, two individuals were highlighted as having played an influential role on the Expert Panel. The first is Dr. Samir Sinha, who was involved in many aspects of the Strategy, as discussed in a previous section. The second is Mary Hynes, the Chair of the Older Women's Network, who was an incredible resource because "She knew housing policies, transportation policies, recreation policies inside out. In public meetings she would really go after people and ask 'Why aren't you doing this?', she would really take staff to task on addressing service and programming gaps."

How does the *Toronto Seniors' Strategy* differ from past reports and recommendations?

Over the past 16 years, there were seven reports written that focused on or touched on seniors' issues. One might think that because there were seven prior reports, there is no reason to have yet another one. However, interview responses clearly highlight why the City of Toronto was in need of the Toronto Seniors Strategy and how the newest Strategy differs from past efforts. One of the first steps in developing the Strategy was reviewing all past reports and work, which taught the Strategy development team a lot on how to proceed. The past reports had a total of 246 recommendations. One interview respondent stated that they went through each recommendation to determine whether they were partly, fully, or not at all implemented. It was found that implementation was very low as stated by a respondent:

> Around 65 percent of recommendations that went to City Council were implemented. When City Council passed recommendations directed at City arms-length organizations (Agencies, Boards and Corporations), implementation went down to 35 percent. For recommendations directed to the province, 17 percent were implemented and for any recommendations involving the federal government, implementation was between 4 percent and 5 percent.

A combination of leads responsible for, and the quality of, recommendations greatly influenced implementation. Respondents repeatedly stated that most of the 246 prior recommendations were too broad and not structured in a way that warrants implementation. As a result of having recommendations that are not effective the farther away they were from the City's authority and control, respondents emphasized the decision to focus solely on what is within the municipality's authority to implement, as one respondent notes, "The Strategy focused on things that are within the City of Toronto domain and that can be influenced to improve conditions for seniors." Additionally, the recommendations developed in the Strategy were more specific and detailed to accommodate implementation.

Another way the Strategy differs from past City of Toronto efforts is in the inclusion of an accountability clause. The Strategy includes very specific actions, implementation leads for every action, and the timeframe by which the action should be implemented. These allow for implementation of recommendations to be measured to evaluate effectiveness and progress of the Strategy. One respondent spoke of the challenges of prior efforts saying "They (TCH) wouldn't even acknowledge there was anything they were responsible for," when the respondent wanted to see how many of the 246 recommendations were completed. The same respondent stated that including the specific details per action makes it harder later on for responsible parties to say 'I didn't know about this,' which highlights the accountability aspect of the Strategy that was lacking in all prior work. Additionally, upon development of the Strategy, an annual reporting schedule was established to consistently monitor progress. One respondent explained the nature of the progress report meetings as follows:

> On one side of the table are the major heads of Divisions and on the other side is the Expert Panel, who will all grade the progress of the Strategy. Each action will be evaluated with an 'A', 'B', 'C', 'D'. Setting up like that puts pressure on staff because they know they have to answer.

Aside from measuring implementation in accordance to the allotted timeline, implementation Leads are responsible for ensuring that continuous support is provided to maintain the adopted actions. This is a stark difference from the majority of strategies and initiatives that only focus on completing the outlined tasks, with minimal consideration for maintaining the implementation of recommendations into the future, long after the initial adoption. While interview respondents stated that continued support will be provided for implemented actions, the question remains how the implementation Leads will provide continuous support in the implementation of actions over time.

Another factor was the political drive present from the onset. The Strategy was able to proceed at the pace that it did, with minimal delays due to political backing. The TSS was pushed forward by Councillor Josh Matlow, who was the catalyst for action, and in turn it received unanimous Council support. This is highlighted in one respondent's comment:

> It wasn't on our City agenda that I am aware of before Councillor Matlow bought forward a motion at Council that City staff be directed to develop a Strategy. It would not have been done had he not come forward and push[ed] it. It was politically driven. He would not let it to until something was done.

Moreover, unlike previous work, the TSS stressed the importance of public consultations and input. The development team wanted the community at large to feel that they were a part of the Strategy. Not only was the public able to be involved through the Consultation workbooks, but they were also given an opportunity to share their thoughts, both positively and negatively. One respondent said "we did not want to bring the Toronto Seniors Strategy to City Council and have the public say it is awful, so we had them (seniors and caregivers) involved (in consultations)." It is very clear that the Strategy development team took very proactive measures to ensure to the best of their abilities that the Strategy development process was an inclusive and open one. Additionally, the resulting Strategy was designed in a way to accommodate successful implementation and monitoring. There is a clear move away from tokenistic approaches to policy development and implementation, towards more open, inclusive and responsible practices that recognize the importance of effective adoption.

What best practices were looked at to inform the content of the Strategy?

Literature, policy and program scans were conducted to see what works and does not work when creating age-friendly communities. First, the framework of the Strategy was based on the WHO's Age-Friendly Cities framework. This helped guide the Strategy's recommendations and actions, as well as policy development processes. Best practices from other cities were looked at to inspire the recommendations, but when trying to adapt them for Toronto, the recommendations were not implementable due to structural differences between cities. One respondent stated:

> We found good ideas and good programs in cities like New York, Chicago and Melbourne, but the way each city is set up, their authorities and what they can do is so different from Toronto that the ideas really broke down. We could not get started because it was so fundamentally different.

Ultimately, it was responses from the consultation workbooks and the input from the Expert Panel that were most influential in determining the Strategy's recommendations and actions. There was a focus on establishing what the priorities were for Toronto seniors via stakeholder engagement, then trying to think about what is practical and doable in addressing these priorities.

What conflicts or disagreements emerged during the design of the Strategy? How were they resolved?

It was found that those in coordinating and leading positions had different experiences than those in the operational aspect of the Strategy's development. It is crucial to keep in mind possible biases and omissions in answering this question. As stated earlier, those interviewed were very closely involved with the Strategy's development, which may have influenced the manner in which they responded to this question. Their responses do not capture a wide range of opinions since they had similar roles, with similar levels of influence, in the Strategy's development. Two respondents who were part of the operational end do not recall any disagreements. One stated: "We didn't have room for debating, we just did the work given to us." It is noted that one of the biggest challenges felt across the board was that there were so

many competing priorities that were present due to having a large Strategy development team. However, because the Strategy was intended to be comprehensive, the different interests and priorities of all divisions were taken into consideration when creating the Strategy's recommendations.

The nature of the conflicts that emerged during the Strategy's development were unique. The issues respondents discussed were not conflicts, but more so challenges. The main conflict discussed was about the unwillingness of various stakeholders to be more involved and be responsible for larger share of recommendations. Not all divisions and levels of government that the PMT thought were necessary to the Strategy wanted to be involved in the Strategy. For instance, one respondent stated that they really wanted Toronto Employment and Social Services (TESS) to be involved, but TESS said there is nothing they can add to the Strategy because they do not provide services specifically for seniors. Fast forward two years, TESS is now being brought in during the implementation phase of the Strategy. However, the PMT learned a lot about ageism in the workplace towards older individuals, and heard many complaints from seniors about difficulties finding employment. This is why it would have been beneficial to have TESS at the table to look into new programming options that can be included in the Strategy. Rather than expand their focus to accommodate seniors into their service, they opted out completely. There was also a failure to engage between different levels of government, which was not an issue that was easy to address or work around. One respondent said "We couldn't get them, they were too busy and didn't have time for it. The way the political structure is, they weren't forced to be involved." It was important for the TSS to link to and align with the provincial seniors strategy, *Living Longer, Living Well,* which required liaising and partnering with the province. The respondent went on to state that political figures at the provincial and federal level refused to speak to City staff and would only work with and collaborate with other politicians. This was a clear indication that intergovernmental relations between all orders of government were rife with issues from service coordination to communication. To overcome this obstacle, at least at the provincial level, Dr. Samir Sinha was brought on board, to fill the void left due to the dismissal of the province of the Toronto Seniors Strategy. Dr. Sinha also played a

significant role in using his network to connect and engage less active divisions. One example mentioned by a respondent is of trying to engage Toronto Police Services (TPS):

> We would have meetings and they would not show up and did not respond to any emails. So while problem solving, he (Dr. Sinha) would take me to his meetings with the Deputy Police Chief. We ended up with recommendations that were watered down, but it is better than before when we had nothing from them.

Along with creating opportunities to engage less active divisions, and include members of the PMT in meetings with divisions that were minimally involved, Dr. Sinha also provided his expertise on the provincial strategy for seniors, and the pressing concerns Ontario and Toronto seniors face.

Additionally, divisions including Transportation Services as well as Toronto Transit Commission (TTC) were very tangentially involved, even with persistent outreach, but for varying reasons. Transportation Services, while a crucial part of addressing seniors issues, refused to add or alter any services to accommodate seniors, or even discuss service options. One respondent stated that what they currently have in the Transportation Master Plan for seniors is the only thing seniors will get. They were not open to doing anymore beyond that and were not obligated to do so either. On the other hand, TTC's Wheel-Trans services, also a very important service provider for seniors, could not be actively involved because they did not have enough staff to support TSS. One respondent stated, "The Strategy could have more Wheel-Trans content, but there isn't because they were not involved, so recommendations could not be directed at them." Moreover, from public consultations, it was found that seniors really wanted free TTC during off peak hours. TTC said they would be happy to do so if the City allocated the appropriate funding to run such a program, which was not a possibility. All these examples highlight that different divisions have their own mandates and priorities that they need to address, therefore making them reluctant to adding more to their plate. By signing on to the Strategy, some of their resources would have to be diverted away from their current services in order to roll-out recommendations set out in the Strategy, which becomes a very detracting factor for fiscally and staff constrained divisions.

What do you think should have been included in the Strategy that was not included? Why?

While some ABCDs and other levels of government were not involved, and therefore recommendations geared for them were not developed, all respondents stated that given these constraints, everything they wanted included in the Strategy was included. There was great emphasis throughout the policy development process that actions and recommendations need to be feasible, so as not to end up with yet another policy that does not move forward in terms of implementation. One respondent stated "we may have wished certain departments to push further, but we were realistic about what could be done. There was more we could have done of course, but it also depended on resources." This leads to the one things all respondents mentioned was missing from the Strategy: commitment to financial resources. The Strategy would not have moved forward or have unanimous Council approval if additional resources were necessary for implementation. Had there been a pool of funds dedicated to the Strategy, more drastic and large scale interventions would have been a part of the recommended actions. However, recommendations were developed to complement the different City Divisions' programming and service offerings that are within their defined operating budgets.

How well was the Strategy designed in terms of implementation? Where do you see potential for actual problems?

This question was difficult to answer because the Strategy is still being implemented. When interviews took place the first progress meeting had still not taken place, and the City has yet to submit to Council the Progress Report due in the Fall of 2015. Therefore, respondents answered this question of what to expect based on their experiences in the Strategy's development process, and from having completed other work similar in nature to the Strategy.

The strengths of the Strategy are its clarity and specificity. To prepare for implementation with limited hindrances, recommendations were drafted to make them measurable, such that 'fully, partially, or not at all implemented' will be the implementation evaluation standard. The decision to have very concrete and measurable recommendations was a result of bad recommendations and even worse implementation in the past. According to one respondent:

> Past failures speak a lot to how "we need to renew, revitalize and fundamentally change intergovernmental relations. There is no one telling us that we have to cooperate and work together, which poses a very big challenge when trying to implement anything at the local scale because the higher levels of government and some ABCDs don't want to be a part of it and we can't do anything about it."

In keeping with that, a divisional representative said that all three recommendations their division is responsible for have been implemented, each implementation either being complete or currently in progress. Also, Para-Medicine, another divisional recommendation lead, is said to be exceeding their goals. Respondents felt it was important to note that contrary to past work, recommendations in the Strategy are not just one-time deliverables. Continuous support will be provided to ensure they are maintained beyond implementation. That said, it is only once the progress report is completed that the Strategy can be evaluated for its preparedness for implementation and effectiveness.

Respondents mentioned several problems that may arise during implementation. First, there has been quite a bit of staff turnover over in the last two years. Individuals involved in the Strategy's development as part of the Expert Panel, Working Groups or Steering Committee have moved on. One respondent stated that having a lot of new people who were not involved in the beginning means constant transition and renewal issues, with people having to start from scratch to catch up on everything that has occurred. A second potential problem that has been consistently mentioned in the interview is lack of resources. One respondent stated that people wanted to do things that they were not able to do because of the lack of resources. For instance, TCH wanted to develop more services for seniors, but faced monetary and staff resource constraints. Additionally, some recommendations could not be implemented because the annual budget was already approved. On that same point, another respondent stated: "I think the approach was very strong in that the action, lead and timeline was identified, so in terms of implementation, the ability to track is strong, but we cannot do something if we do not have the resources". For divisions such as LTCHS that receives provincial funding, delayed implementation due to fiscal constraints was not likely. The division was fortunate because the recommendations in the Strategy were in line with what they were already working on. An LTCHS representative stated:

> Once we saw that stakeholders needed those things, we bought the actions that were already on our radar higher up on the priority list. We were lucky because our funding comes from different streams, not just the City, so we were able to complete the recommendations we were responsible for.

Actions that tend to be put on hold are the longer-term ones. One respondent explained that to implement a longer-term action a business case must be developed and submitted first. Respondents in general stated that the problem with a long-term approach is that a division would have to prioritize the specific action and present a business case for that action during the budget year to secure additional funding. One respondent went on to say:

> The first priority of any division is to simply maintain their budget, not to enhance it with new objectives. So by creating the impetus that the divisions would have to ask for more resources outside the current budget is very challenging.

The combination of coordination and resource challenges creates a potential risk in delaying the implementation of all actions, especially longer-term ones. This is why the Strategy's short-term actions far outnumber the medium-term and long-term actions, standing at 61, 18 and 12, respectively. They are not resource intensive and also act as natural progressions or additions to existing services.

What changes, if any, would you recommend be made to the Strategy? Why?

Respondents mentioned two key changes they would make to the Strategy development process, but not the Strategy itself. Seeing the challenges stakeholders experienced regarding the lack of involvement of necessary groups, respondents felt the end result was still a comprehensive Strategy that touched on all senior priorities that were established in the consultations. In terms of governmental involvement, respondents stated that it would have been very beneficial to the Strategy if provincial ministries that have programs and services for seniors had been part of the Strategy's development and implementation. This raised the issue of intergovernmental relations between the municipal, provincial and federal levels of government. Criticism was abundant towards the current silo-approach to service delivery for each level of government. For instance, one respondent stated: "We (the City) cannot do

anything about hospital wait times, but it is something that seniors are really interested in." It was suggested that if municipal-scale initiatives were to be more effective and have a higher rate of realization, the restructuring of intergovernmental relations would be necessary. Moreover, it was suggested at the municipal scale, to see the re-emergence of Councillors that each advocate for different things, including seniors, on Council. This way, there would be a representative on Council that brings forth all issues and concerns relevant to seniors. One respondent stated:

> We have very strong staff who did a wonderful job with the Strategy, but it would be nice to have an advocate for different issues to generate political clout, who can act as a resource about that specialized issue and the media representative.

While it is a far too big a suggestion to make changes in how Council operates, there is some hope, as respondents mentioned the slow move to having advocates on Council, with Councillor Josh Matlow being a strong choice as the seniors advocate.

The second change all respondents suggested is the increase in available resources, primarily financial resources. This is to enable things to actually get done, especially longer-term actions that do require funding. Otherwise, to have a successful Strategy, one respondent said: "You sometimes cannot do everything you want to do; It would be hard to get through Council if you said the Strategy needs $5 million." That said, the same respondent made mention of an initiative at the City of Ottawa. Ottawa put in place a Council on Aging, which holds a competition where different City departments have to come up with ideas for initiatives, and the winning department receives $50,000 to roll out their initiative. This idea is a very effective one because departmental budgets are left untouched. Also, having the additional funding motivates departments to come up with ideas that can be 'bigger and better'.

Now that interview findings were presented, the following chapter will delve into a discussion about key findings that were uncovered. Processes will be looked at on the one hand, and the content of the Strategy will be looked at on the other hand. This is to establish whether the Strategy's stated focus on inclusivity, stakeholder participation, feasibility and accountability in developing and implementing it were actually realized. It is crucial to understand these linkages because many policies are sound on paper, but the process to develop them was not adequate, and/or their implementation was not successful.

Chapter Four: Discussion and Conclusion

Interview findings highlight several key points that are very telling of the policy development phase of the Toronto Seniors Strategy. The Strategy, with its positive and negative features, can serve as a learning experience for policy development practitioners so they can better prepare for unexpected circumstances and drawbacks resembling those experienced in the development and outcome of the Toronto Seniors Strategy. This chapter evaluates the Strategy in terms of processes and in terms of contents, using principles of communicative and deliberative planning theory. A number of frameworks that have been proposed to assess policy-making or planning processes that involve multiple stakeholders, including citizens, were used to perform a procedural evaluation. These frameworks are Arnstein's (1969) ladder of citizen participation and Innes and Booher's (2007) Consensus Building Criteria; the first helps to evaluate where the stakeholder engagement practices carried out in developing the Toronto Seniors Strategy land on Arnstein's ladder of citizen participation, while the second helps to determine if the Strategy development processes met the criteria of good consensus building. Also useful is Innes' discussion of group processes, for an added criterion. The chapter also assess the content of the Strategy, and how well it aligns with the WHO Age-Friendly Cities framework and with the Ontario Strategy *Living Longer, Living Well.*

Evaluation of Policy Development Processes

Jürgen Habermas' communicative rationality is a set of ideal conditions for discourse that can result in emancipatory knowledge (Forester, 1980). The basic idea of Habermas' theory is that:

> Emancipatory knowledge can be achieved through dialogue that engages all those with differing interests around a task or problem. For dialogue to produce emancipatory knowledge, the stakeholders must be equally informed, listened to, and respected, and none can be accorded more power than others (Innes and Booher, 1999: 418).

Harbermas' argues that using dialogue for knowledge production indicates that knowledge is not pre-formulated and tasks to be completed are not predefined, but are created through communicative processes of exchanging perceptions and knowledge gained through

participants' experiences (Healy, 1992: 153). Looking at the processes of developing the Toronto Seniors Strategy, it is clear that it followed a communicative approach. There was a lot of back-and-forth discussions between 17 City divisions that formed the PMT and Technical Working Group, as well as the external Expert Panel. Also, there was the input of the public through the Consultation Workbooks, all of which informed decisions the PMT made. The Expert Panel's perceptions, understanding and knowledge as well as seniors' experiences were learned about and understood through communicative processes, which then informed the set of actions established in the Strategy. This form of dialogue-based planning, or what Healy (1992: 156) calls "planning through debate," has an underlying focus on deliberately changing situations, where transformation is intended. The Seniors Strategy followed such an approach, as there was a focus on communication, dialogue and exchange of ideas and information between stakeholders, but there was no mention of debating per se. In other words, the process seems to have started with a high level of agreement on problems, goals and solutions. Consensus existed from the start and did not have to be created through an arduous process of deliberation. Also, the communicative processes that took place were undertaken with the intention of transforming the quality of life of seniors through the development and implementation of the Seniors Strategy.

Arnstein's Ladder of Citizen Participation (1969), a classic text, was looked at to examine the nature of the stakeholder engagement that took place while developing the Toronto Seniors Strategy. Before going into a discussion of the Strategy's consultation processes, citizen participation should be defined. According to Arnstein (1969: 216) citizen participation is the redistribution of power that enables the have-not citizens to be deliberately included in political and economic processes to induce significant social reform which all citizens can benefit from regardless of socioeconomic status. Arnstein discusses eight types of participation and non-participation, shown in *Figure 8*.

It was determined that the Strategy's consultations fell under type 4, consultation, which Arnstein (1969: 217) considers a degree of tokenism. The Strategy itself is somewhat tokenistic particularly because few if any resources were made available to implement it, despite the evident good faith and effort put into developing it. Arnstein (1969: 219) states the most

frequent methods for consulting people are surveys, neighbourhood meetings and public hearings. These types of consultations were used for the Strategy.

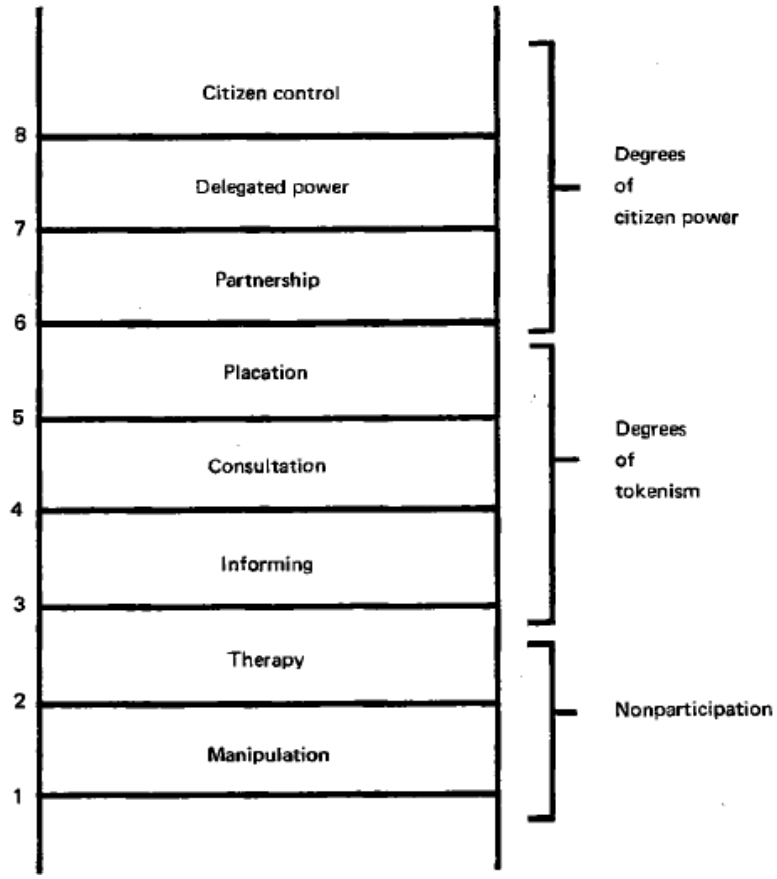

Figure 8: Arnstein's eight levels of citizen participation.
Source: Arnstein, 1969

Consultation Workbooks were filled out and sent to the City either individually or in small group meetings held in different communities across Toronto. What truly differentiates the Strategy's design is the emphasis on inclusivity. While it required resources, the Consultation Workbook's translation into ten languages – Chinese, Farsi, French, Italian, Korean, Portuguese, Russian, Spanish, Tagalog, Tamil and Urdu – allowed a very diverse group of seniors to provide feedback. This was very significant as one third of responses were in one of the translated languages, meaning these ethnically diverse senior participants may not have been involved otherwise, due to possible language barriers. Another factor unique to the Strategy's consultation process is the focus on conducting outreach through the different networks of members of the policy development team. Rather than just conduct outreach to the general

population, specific vulnerable groups were targeted as well, to ensure feedback received was well-rounded. Moreover, Arnstein (1969:19) states that when citizens' input is restricted to consultation, participation remains a window-dressing ritual, measured by how many people attend meetings or answer a questionnaire. Arnstein critiques this level of participation for providing no assurance that citizen input will be taken into account, while providing evidence that power-holders 'involved' the public. However, even though the Seniors' Strategy left decision making capacities with the PMT, interview findings determined that citizens' concerns and feedback greatly influenced the recommendations and actions that were developed. Therefore, while the consultations conducted were not the most sound type of citizen participation, they were effective because citizen feedback was provided and was actually the most influential factor in shaping the Strategy's content. However, the effectiveness of the Strategy itself comes into question because of the lack of resources to support implementation and the lack of commitment to ensure cross-divisional coordination. Getting people to participate in a Strategy that has no resources can be interpreted as tokenism. Still, it is a little premature to decisively make such a claim, as the Strategy is still in the process of being implemented, with the progress Report due in the fall of 2015. Additionally, keeping the above-mentioned obstacles in mind, interview respondents have stated that some actions their division is responsible for have been implemented, with some exceeding targets.

Grounded on Habermas' communicative rationality approach is Innes and Booher's (1999) consensus building framework, developed as an evaluative criteria for consensus building processes. They note that even though not all consensus building processes can meet all seven criteria, failing to meet any one of them can sabotage effectiveness of the process and the resulting outcomes (Innes and Booher, 1999: 419). Each of their criteria will be discussed and used to evaluate the policy development process of the Seniors Strategy. The first criterion is that the process should Include representatives of all relevant and significantly different interests (Innes and Booher, 1999: 419). The Strategy's development process achieved this first requirement. There was a large multi-sectoral policy development team composed of different groups. Actors involved included 17 City ABCDs as part of the PMT or technical working group, 33-member Expert Panel, the Toronto Seniors Forum, public event attendees, and consultation

workbook respondents. The second criterion Innes and Booher (1999: 419) mention is that the consensus building process is driven by a purpose and task that is real, practical and shared by the group. The Strategy's development process partially meets this criterion, as the unified goal of all actors was to develop a comprehensive Strategy to improve the quality of life of seniors through 91 specified actions. That said, because the Strategy is not backed by resources nor by any commitment to cut across silos, it cannot be said to meet this second criterion well. While the Strategy is valuable and well thought-out, it is ultimately limited in scope to the recommendations that can be proposed. The third criterion is that the consensus building process allows participants to decide on ground rules, objectives, tasks, working groups and discussion topics (Innes and Booher, 1999: 419). This criterion was partially achieved in the Strategy's development process because while all participants were encouraged and enabled to be completely engaged, they only held an advisory capacity, relaying their knowledge and expertise to the PMT, who then consider the input at their discretion. The decision making capacity was only given to the PMT. That said, while decision making capacities rested with the PMT, they did not dismiss input from other actors involved. Rather, they took all input into consideration, and even shaped the Strategy based on the feedback of others.

The fourth criterion established by Innes and Booher (1999: 419) is that the process engages participants, keeping them at the table, interested and learning. This criterion was also partially achieved due to factors outside the control of the actors involved. One of the bigger challenges interview respondents mentioned was that higher orders of government and governmental arms-length organizations chose not to be involved even with ongoing outreach efforts to try to bring them on board with the Strategy. To address this issue of intergovernmental relations, the PMT sought out individuals who are heavily involved in provincial scale seniors' initiatives. This is where Dr. Samir Sinha was brought in; he led the provincial Strategy and was an expert in geriatrics, and he also had a network of ministries, organizations and City ABCDs he had liaised with. This was significant to fill in the gaps regarding initiatives by higher orders of government as well as to address the issue of lack of engagement. This led into the second part of the issue of engagement: some ABCDs that were stakeholders in the Strategy were very marginally involved, even after repeated attempts to have them be

active. To address this issue, the PMT once again took proactive measures, by having very active members of their policy development team – Dr. Samir Sinha in particular – to reach out and connect with unengaged ABCDs. Results were fruitful, with some ABCDs becoming more involved. Using the networks of different members of the policy development team was pivotal in pushing things forward and garnering more engagement from otherwise silent and uninterested stakeholders. The key factor here was that the PMT treated each team member as a repository of knowledge, resources and networks, and eliminated any hierarchy between the different individuals and groups that made up the entire policy development team.

The fifth criterion is that the consensus building process encourages challenges to the status quo and fosters creative thinking. This criterion was met in the Strategy's development process. Interview responses articulated that critical thought was pervasive when examining past reports and strategies that City had pertaining to seniors. The policy development team made conscious efforts to look at what worked in the past and what didn't so that past mistakes are avoided. In terms of creative thinking, the policy was confined to specific limits due to the focus on developing recommendations that are within the City's authority to implement. The freedom for creative thinking was also hindered because of the lack of resources. It was seen as more important to develop effective strategies as opposed to creative strategies. The actions developed were not entirely novel ideas. Rather, they focused on the existing work of City ABCDs, and either focused on increasing the targets of existing programs and services, expanding the reach of existing programs and services, or adding initiatives that do not require additional resources. Moreover, the weight placed on the feasibility, accountability and monitoring of recommended actions differentiate the Strategy from other policies. To ensure these three aspects, recommendations were within the authority of the City and consisted of targeted actions under the responsibility of specific ABCDs, with measureable progress indicators. Additionally, it is expected that the implementation levels of recommendations will be high due to being short-term. Moreover, the PMT was very proactive in evaluating the progress of the Strategy's implementation to meet the Fall 2015 deadline.

The sixth criterion developed by Innes and Booher (1999: 419) is that the consensus building process should incorporate high-quality information of many types and assure

agreement on its meaning. This criterion was also met in the Strategy's development process. High-quality information was collected from many sources. A review was completed of all prior and current work related to seniors, at the municipal, provincial and federal levels. Consultation Workbooks captured crucial information regarding seniors priorities and also uncovered three additional priorities – communication and information, service levels, and diversity and respect – that otherwise would not have been covered if not for the consultations. Lastly, the seventh criteria developed by Innes and Booher (1999:419) is that a good consensus building process seeks consensus only after discussions have fully explored the issues and interests, and significant effort has been made to find creative responses to differences. The Strategy's development process undertook an extensive research phase prior to setting the recommendations and actions for the Strategy itself. One issue mentioned during interviews was that there were many competing priorities due to having many actors involved, but that this also meant that a more comprehensive strategy would be created to meet the different interests of all divisions. That said, there was no mention of any creative ways to respond to differences. This does not mean they did not take place, they just were not reflected in the interview responses. Even when trying to engage uninterested actors that were deemed relevant to the Strategy, if they still showed no interest in being involved even after persistent outreach, nothing could be done. After evaluating the Strategy's consensus building process using Innes and Booher's framework, it was established that three criterion were achieved, and four were partially achieved. The degree of tokenism present in the Strategy's development and consultation processes appear to be not a deliberate choice, but rather a result of municipal processes that are beyond the control of those involved in the Strategy's development.

Another piece of work in communicative and deliberative approaches to planning is the consensual group process developed by Innes. There is much overlap between three of the four principles of this approach with Innes and Booher's consensus building framework. That said, the fourth principle was added to this discussion as the eighth criterion used to evaluate the policy development processes of the Toronto Seniors Strategy. The condition outlined by Innes (2007: 441) is that those managing the process should assure all members that they have an equal voice, even if they do not have equal power outside the group, and should prevent a single

voice from dominating. This condition is also relevant to the discussion on the quality of stakeholder participation, namely with seniors, which is more specifically discussed below. More generally, the PMT, the managing body of the process, did assure all members that they have an equal voice in two ways. First, while there were three factors discussed in the previous chapter that interview respondents thought were most influential in developing the Strategy, there was no mention of dominating voices that imposed their agendas on the Strategy's focus. Rather, the three influential factors – Councillor Josh Matlow's and Council's support, provincial level efforts, and Dr. Samir Sinha – were instrumental in pushing the Strategy forward to kick-start implementation. Political support and action were key to the Strategy's timely development. Having the catalyst for action be a motion put forth by a Councillor pushed the Strategy's approval and progress forward. Moreover, aligning the new policy with other existing work such as another strategy and/or a global framework led to more widespread support, politically and publicly, and aided in the development of a holistic policy. This was the case with the Strategy which was aligned with both the WHO Age-Friendly Cities framework, and provincial efforts. Second, interview respondents repeatedly stated that process members' feedback was most influential in developing the recommendations, indicating they were treated as equally valuable members of the overall strategy development team. That said, the Strategy does not meet this condition in its entirety, because even though all members were given equal voice in that their opinions and expertise were considered, the decision making resided only in the hands of the PMT. Other members were either sources of information (seniors, Expert Panel), were the ones responsible for actually putting together the document following given instructions (Technical Working Group) or were given an advisory capacity based on their expertise (Expert Panel).

Evaluation of the Toronto Seniors' Strategy's Content

Based on interview responses, the Toronto Seniors' Strategy was said to be framed by the principles outlined in the WHO Age-Friendly Cities guide. It was also said that the City wanted to consciously align the municipal Seniors Strategy with provincial efforts. Moreover, Interview respondents stated that the most influential factor in setting the recommendations was the responses received from the Consultation Workbooks. Lastly, recommendations were deemed

unique by interview respondents because they each have a specific set of actions, with divisions responsible for implementation identified, and goals established for each action that are measurable to evaluate progress. Keeping all these stated responses in mind, this section will first evaluate respondents' claims to see whether the content of the Strategy corroborates their claims. This is followed with a comparison of the Ontario level efforts, Living Longer, Living Well and Ontario's Action Plan for Seniors, to learn what a comprehensive elderly policy looks like when it is tailored to the municipal level, and what the advantages and disadvantages of each are.

As discussed in chapter two, the WHO Age-Friendly Cities framework is organized into eight key themes: outdoor spaces and buildings, housing, transportation, social participation, respect and social inclusion, communication and information, community support and health services, and civic participation and employment. The 25 recommendations with their more specific 91 actions, in the Toronto Seniors' Strategy are grouped into the 8 themes discussed in the WHO framework. A summary table of the Strategy's recommendations and actions is provided in Appendix III.

Theme one, outdoor spaces and buildings, has a checklist that identifies what age-friendly outdoor spaces and buildings should be like. First, it is said that the environment should be clean and pleasant, green spaces and walkways are well-maintained and obstacle free, outdoor seating is available and spaced at regular intervals, pavement is smooth and wide, roads have frequent signaled pedestrian crossings, traffic calming measures are in place, cycle paths are separated, community services are clustered, physical and social safety measures implemented, buildings have accessibility features installed, and public toilets are available and clean (WHO, 2007: 18-19). Keeping these in mind, the Seniors Strategy contains two recommendations with 14 actions focused on improving outdoor spaces and buildings. Actions include installing street benches, increasing tree canopy, implementing a wayfinding system, increase larger-print street signs, enhancing the conditions of existing multi-use trails, developing Official Plan policies to create accessible and multi-modal transportation infrastructure, expanding snow shoveling services, promoting the completion of community safety audits, maintaining police presence, upgrading condition of seniors buildings, and lastly

developing a safety guidebook for seniors (City of Toronto, 2013: 91-96). While the Strategy does not include everything mentioned in the WHO checklist, it still contains very comprehensive actions that are focused on addressing the most pressing needs the City faces in terms of creating adequate outdoor spaces and buildings.

Theme two identified in the WHO guide is transportation (WHO, 2007: 28 – 29) which also has a checklist that identifies how to creative an age-friendly transportation system. Public transit should have affordable fares and should be reliable and frequent, reaching key travel destinations. There should also be specialized services for people with disabilities, priority seating for older people on public transit, with public transit operators driving passenger vehicles responsibly. Public transit stations should be designed to be accessible to all people, and should be located within close proximity to where the elderly live. Other modes of transportation including community transport vehicles and taxis should be available. Roads should be well maintained with traffic calming measures installed. Lastly, affordable parking should be provided, with sufficient priority parking bays made available. The Toronto Seniors' Strategy has four transportation recommendations, with 16 specific actions. Recommendations are focused on increasing affordable transportation options, improving the accessibility of the public transit network, sidewalks and crossings, improving the safety of pedestrians and reducing the number of pedestrian-vehicular collisions (City of Toronto, 2007: 82). Again these recommendations are well aligned with the WHO's thorough checklist.

Theme three in the WHO guide is housing (WHO, 2007: 37-38), which should be affordable, well maintained with affordable maintenance services, and modified to accommodate older people with disabilities. The location of housing should also be located close to supports and services so that seniors can age in place, and there should be a range of clean, safe and spacious housing options available to older people locally. The Seniors Strategy has three recommendations with 15 actions directed towards housing (WHO, 2007: 69). Recommendations are focused on increasing seniors' access to affordable housing options, enabling seniors to live independently at home by assisting in the modification or renovation of their homes, and providing a continuum of long-term care services to seniors in both LTC homes

and the community at large. The recommendations outlined in the Strategy also address the issue of housing affordability, design and location, just as the WHO guide does.

The fourth theme discussed in the WHO guide is social participation (WHO, 2007: 44). To accommodate and increase social participation, events and activities should be accessible and located at convenient location during convenient times of the day. Also, events, activities and local attractions should be affordable and diverse to accommodate different interests. Promotional material should be made available to make people aware of activities, with isolated people sent personal invitations to events to address the isolation problem seniors face. The Seniors' Strategy has three recommendations with six actions to address social participation (City of Toronto, 2013: 52). Recommendations are intended to increase opportunities and spaces for social participation, reduce financial barriers of accessing programming, and ensure seniors have equitable access to social and cultural programming. All of the Strategy's recommendations touch on the checklist provided in the WHO guide, therefore aligning with the theme.

The fifth theme discussed in the WHO guide is respect and social inclusion (WHO, 2007: 50). The checklist suggests that services need to be respectful and inclusive of older people, consulting with seniors on how they can be served better, and adapting public and commercial services to older peoples' needs. Also, the public should be educated about aging and the needs of older people, and the media should include positive depictions of seniors. Moreover, intergenerational interactions should be encouraged by including older people in community activities for 'families', and making activities available that can be enjoyed by people of all ages. Lastly, seniors should be included in their community decisions making processes, and be provided access to services and events, even if they cannot afford them. The Toronto Seniors' Strategy (City of Toronto, 2013: 34) has four recommendations established, with 15 actions to address the theme of respect an social inclusion. The recommendations include meeting internationally recognized standards of age-friendliness, address elder abuse, effectively serve older adults, and develop intergenerational programming. Interestingly, the Strategy included two additional focus areas that are not discussed in the WHO guide. The City's focus on addressing elder's abuse stems from the findings of the Strategy's consultations. The second difference still aligns with the WHO guide, because even though it is not discussed to fall under

the stated thee, it is still pushing for the creation of age-friendly cities, which is the focus of the entire WHO guide.

The sixth theme is civic participation and employment (WHO, 2007: 58-59). The focus of this theme is to provide skills training to seniors, provide a range of employment and volunteering opportunities, create opportunities for seniors to be civically engaged, make all opportunities for participation accessible for seniors, provide adequate pay or reimbursement for seniors work, and respect and value seniors' contributions. The Toronto Seniors' Strategy has three recommendations and seven actions dedicated to this theme (City of Toronto, 2007: 45). Recommendations include ensuring seniors are fully involved in the design and development of programming and engaged in consultations held by the City, and facilitating employment and volunteering opportunities. While the Strategy is aligned with the WHO guide, it focuses more on programming that will lead to direct tangible results for seniors, as opposed to raising awareness and educating the public on seniors issues, as discussed in the WHO guide.

The seventh theme is communication and information (WHO, 2007: 64-65). It includes multi-media and printed information dissemination, in-person and over the phone oral communication, accessibility to computers and the Internet, and the use of plain language in communication material. Completely aligned with the WHO guide, the Toronto Seniors Strategy has three recommendations and five actions established to better promote City programs and services available to seniors, ensures that communication materials is widely understood, and reducing the technological barriers to information (City of Toronto, 2013: 98).

The last theme is community support and health services (WHO. 2007: 71), which focuses on ensuring physical, economic and language accessibility to community and health services. Also, a variety of in and out of home services should be offered to seniors, with volunteers of all ages being encouraged to assist older people. The Toronto Seniors' Strategy goes a bit beyond the WHO guide, outlining three recommendations with 11 actions (City of Toronto, 2013: 60). The Strategy aims to promote healthy lifestyle and reduce injury and illness among seniors. Additionally, it states the City should take steps to eliminate economic barriers to services, and should address the specific needs of vulnerable seniors. Actions are targeted in that they focus

on expanding specific healthcare and education programs that were mentioned in the consultations.

It is very clear that there is quite substantial overlap between the Toronto and WHO recommendations. The Strategy was in fact developed and organized following the WHO's guide. Of course, not surprisingly, while all eight themes were in the Strategy, there were a few differences in the content of each theme. This is attributed to the fact that each theme was personalized to address priority issues seniors face in the City of Toronto. The Consultation Workbook results showed that seniors' top three priorities were issues related to health, housing and transportation themes. More specifically, primary concerns included mental health and isolation, affordable dental/eye care and medication, health promotion and disease prevention, aging in place, developing more home and community care services, supporting LTC homes, transit accessibility, cost of transportation and transportation safety. All of these concerns were addressed in the actions developed for each of the three themes, thus proving that seniors' feedback was in fact most influential in deciding which recommendations went into the Strategy.

The Toronto Seniors' Strategy was also developed to align with Living Longer, Living Well, the provincial strategy. A comparative analysis will take place to see the similarities, advantages and disadvantages of each. First and foremost, it is no surprise that the provincial strategy is far more comprehensive than the municipal strategy. This wider reach can be attributed to the fact that the province has more staff and financial resources than the City of Toronto. It can also be attributed to the fact that social policy is primarily a provincial responsibility in Canada. Moreover, the processes in which the Toronto Seniors Strategy was developed resembles that of the provincial strategy. Nine ministries and 95 stakeholder groups across 19 communities were involved in the Strategy's development (Sinha, 2012). Additionally, there were approximately 8,500 survey and interview respondents across Ontario who shared their input, to inform the provincial strategy. This approach, while far larger in scale, resembles what took place in the development of the Toronto Seniors' Strategy, where there were five groups of stakeholders, 20 City ABCDs, and 600 Consultation Workbook respondents. Thus, the Toronto Seniors' Strategy followed the approach used to gather data at the provincial level. The advantage of the provincial strategy over the municipal one is the sheer amount of data gathered, and the

involvement of a very large group of people. This too was emulated at a smaller scale, but with many challenges due to the lack of engagement of necessary groups, where it was viewed that the more stakeholders there were the better it was for the accuracy of recommendations developed.

In terms of recommendations, the structure of themes between both strategies varied quite a bit. The provincial strategy has 166 recommendations for 12 broader subject areas, one of which was to support the development of elderly-friendly communities. At the municipal scale, the entire strategy is framed within the larger goal of creating an elderly-friendly community, with each recommendation developed to work towards achieving that goal. While the Toronto Seniors' Strategy's focused on what was within the authority of the City of implement it does have its drawbacks. By focusing on only what is within the City's power, many other recommendations that address many issues relevant to seniors become overlooked. This was reflected in the interviews conducted, with one respondent stating they had no way of making a recommendation to alleviate hospital wait times or breakdown the silos in healthcare service delivery because that required provincial involvement as well. While some of the recommendations set in the provincial strategy can be implemented at the local level including in the City of Toronto, no recommendations in the Toronto Seniors' Strategy are directly linked to any provincial recommendations. This may be because as of yet, there were no documents or progress reports found on where the provincial policy stands in terms of implementation or moving forward, whereas the Toronto Seniors' Strategy is well on its way. Thus, it becomes apparent that the provincial strategy was used a template for how to proceed with data collection and research approaches for the Toronto Seniors' Strategy, while using the WHO framework as the backbone of the municipal Strategy.

Most important is the fact that both strategies very clearly state that recommendations can be implemented within existing budgets and resources. Due to resource constraints and factors regarding authority over implementation, the majority of actions in the Toronto Seniors' Strategy are short-term. Looking through a positive lens, this is advantageous because it means these actions will be implemented sooner rather than later. However, this also means that recommendations that require additional resources and may call for longer-term actions are

overlooked, even though they may possibly have a greater positive impact on the target population. The disadvantage of the provincial strategy is that no timeline is provided that states which recommendations are short, medium or long-term. Moreover, another feature that should be discussed is the presence or lack of an accountability clause. The Toronto Seniors' Strategy's accountability and evaluative framework is far more concrete, with specific targets and measurable performance indicators for each action already decided in the Strategy itself. However, the provincial strategy states that once the Government of Ontario provides support to implement the strategy, only then will an implementation timeline and monitoring system be developed. Thus, accountability and the push towards implementation is weaker in the provincial strategy as opposed to the municipal one. Nonetheless, the development of two very comprehensive strategies at two different scales is a step in the right direction towards making the Province of Ontario and the City of Toronto elderly-friendly communities.

Concluding Remarks

The design and development processes that took place to create the Toronto Seniors Strategy serves as a learning experience for future policies, both for seniors policies elsewhere and policies in general. The successes of the Strategy can be adapted to fit different local contexts. Additionally and more importantly, the challenges that emerged in the development of the Strategy can pave the way to expanding the literature on how to create sound policies using best practices. Since the policy is only two years old and not yet entirely implemented, the next step of this research would be to evaluate implementation levels. This can contribute to the pool of research on whether policy development processes not only impact the resulting policy, as this research covered, but also if it impacts implementation.

Several transferable best practices were found in the policy development processes and resulting Strategy, that cities may want to emulate when developing their own strategies. First, and foremost, in terms of effectiveness, the most important lesson for policy practitioners is to develop recommendations within their authority to implement, with clear targets, focused on addressing actual needs established through stakeholder input. Since the focus of the Toronto Seniors' Strategy was on what is within municipal jurisdiction, it led to the development of

feasible, implementable actions, with no dependence whatsoever on higher orders of government to assist in the implementation of the Strategy. Every action proposed was within the power of the municipality and its ABCDs to implement, monitor and evaluate. This does not mean that the City should not also try to work with the Province to achieve other longer-term aims. In this specific case, it is because of the current disconnect between the City and the Province, that the ideal route to go was to develop a Strategy within the municipality's jurisdiction. Related to this point is the accountability clause attached to the Strategy, which other policy development practitioners should consider. The evaluative framework attached to each action allows the City to study the effectiveness of the Strategy, and also puts pressure on the City to reach the specific targets they set for themselves. Having to report to Council places further pressure on the City to follow through with implementation in a timely manner as well. Thus, to push a Strategy's development and implementation forward, policy development practitioners should consider trying to attain political backing to bring the issue at hand to the forefront of discussions.

Another best practice is the collaborative nature of the Strategy. In order to develop a comprehensive Strategy, a large policy development team consisting of five smaller, yet still large multi-divisional, multi-sectoral groups, were involved: the PMT, Technical Working Group, Toronto Seniors Forum, Seniors Expert Panel and Toronto senior residents. Moreover, ethnically sensitive consultation processes, with translated Consultation Workbooks minimized unintentional exclusion and consciously worked towards trying to represent vulnerable and underrepresented groups, which also made up the larger policy development team. Having the workbooks available in print across the city and electronically, to be filled at ones' own convenience, also removed barriers because people did not have to be at a specific place at a specific time to have the opportunity to participate. The extensive consultation process resulted in the Strategy's focus on real as opposed to perceived needs of seniors. These best practices are all intertwined, with the presence of one factor influencing the emergence of another, therefore reinforcing progressive policy development practices that result in policies made for residents, with residents.

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Appendix I: List of Acronyms

ABCDs – Agencies, Boards, Corporations, Divisions
CMA – Census Metropolitan Area
CPP – Canada Pension Plan
IAGG – International Association of Gerontology and Geriatrics
LGBTQ – Lesbian, gay, bisexual and transgender
LTC – Long Term Care
LTCHS – Long-Term Care Homes and Services division
NGO – Non-governmental organization
NORC – Naturally occurring retirement community
OAS – Old Age Security
PMT – Project Management Team
QPP – Quebec Pension Plan
SDFA – Social Development, Finance and Administration division
TCH – Toronto Community Housing
TESS – Toronto Employment and Social Services division
TPL – Toronto Public Library
TPS – Toronto Police Service
TSS – Toronto Seniors Strategy
TTC – Toronto Transit Commission
WHO – World Health Organization

Appendix II : Interview Questions

Part A: Introduction

1) What is your position and how long have you held it?
2) What role did you play in the development of the Toronto Seniors Strategy?

Part B: Key Players

3) From those involved in the development of the strategy as part of either the Steering Committee or Working Group, who was most influential and what were their respective roles?
4) Who was not involved but maybe should have been? Why were they not involved?
5) How many public consultations were conducted and was the turn out sufficient?
6) Were isolated and thus presumably more vulnerable seniors involved in the consultations?
7) How were the 33 individuals in the expert panel selected?

Part C: The Strategy

8) How did the idea of a senior's policy become an objective of the City? What was the catalyst for action?
9) How does the Toronto Seniors Strategy differ from past reports and recommendations?
10) Which best practices in other cities were looked at to inform the content of the strategy?
11) What conflicts or disagreements emerged during the design of the strategy? How were they resolved?
12) What do you think should have been included in the strategy that was not included? Why?
13) How well was the strategy designed in terms of implementation? Where do you see potential or actual problems in terms of implementation?
14) What changes would you recommend be made to the strategy, if any? Why?

Appendix III: Toronto Seniors Strategy Recommendations and Actions

Respect and Social Inclusion	
Recommendation	**Action**
Meet internationally recognized standards of age-friendliness.	• Develop 3-year action plan and apply to join WHO age-friendly cities and communities network. • Develop and implement expedited data-sharing to support ongoing analysis of safety and quality of life of elders. • Seek funding to create awareness campaign on ageism and existing programs for seniors.
Address elder abuse.	• Existing committees to address safety issues of older adults. • Compile internal guides for TPS staff to access resources related to seniors. • Develop campaign to increase public awareness on elder abuse. • Gather victimization data annually. • Establish Seniors Committee focused on addressing seniors' issues. • Develop and implement Officer training on recognition and reporting of elder abuse.
Train city of Toronto staff to effectively serve all older adults.	• Review staff training programs and materials. • Develop and implement eLearning tutorial for City staff on providing equitable services to people of all abilities.
Facilitate and promote intergenerational programming.	• Connect City's advisory bodies for youth and older adults to collaborate. • Publicize existing and develop new programming. • Develop new programming. • Increase funding for community group to develop programing.
Civic Engagement, Volunteering and Employment	
Recommendation	**Action**
Include and ensure older adults' involvement in the design and development of programs, and engaged in all consultations.	• Toronto Seniors' Forum to also monitor and evaluate progress of Seniors Strategy implementation. • Develop consultation mechanism that includes seniors input on existing TPL and SSHA programs and services.
Facilitate meaningful	• Create volunteer management system that maintains information on

volunteering opportunities.	volunteer opportunities. • Develop peer-leadership training programs so older adults can assist each other to navigate programs and service.
Facilitate employment opportunities.	• Ensure older workers can access City Workforce initiatives.
Social Participation	
Recommendation	**Action**
Increase opportunities and spaces for social participation of older adults.	• Develop Capital Renewal Strategy and include community spaces in LTCHS homes. • Undertake Community Services and Facilities Strategies/Reviews. • Investigate co-location of seniors' services in TCH and other city-owned facilities.
Reduce financial barriers to City programming for seniors	• Expand financial support to Elderly Persons Centres and improve their visibility.
Ensure older adults have equitable access to social and cultural programs	• Develop age-based plan for elderly that ensures provision of consistent recreational programming. • Purchase large print books, audio books and electronic media that appeal to elderly.
Community Support and Health Services	
Recommendation	**Action**
Promote healthy lifestyles and reduce major illness and injury among older Torontonians.	• Increase number of referrals. • Create Health Care Worker Influenza Immunization Group. • Improve access to healthy affordable and culturally diverse food. • Provide lifelong learning and skills development programs. • Increase access to fall prevention training for health care staff. • Increase awareness of fall prevention strategies • Increase Community Paramedics home visits. • Expand Community Paramedicine program.
Elimination of barriers for older adults to health, social and community services.	• Explore partnerships to enhance Vulnerable Populations Protocol. • Expand access to dental care for eligible seniors.
Address specific needs of	• ABCDs to collaborate on a suicide prevention initiative targeting

vulnerable older adults.	elderly and other vulnerable groups.
Housing	
Recommendation	**Action**
Take steps to increase older Torontonian's access to affordable housing.	• Create and maintain affordable housing for low-income seniors. • Participate in the federal-provincial Investment in Affordable Housing funding program. • Provide senior-friendly public education sessions on existing housing programs and services. • Official Plan amendment to allow Secondary Suites. • Enhance awareness and access of senior property tax and utility relief programs. • Increase supply of affordable rental and ownership housing for low-income households, including seniors. • Improve demographic data collection on homeless and at-risk older adults. • Update *Housing Opportunities Toronto*.
Enable older Torontonians to live independently in their own homes.	• Deliver the Toronto Renovates Program. • Promote accessibility and Aging in Place design. • Expand Homemakers and Nurses Services program.
Provide a continuum of high quality long-term care services to eligible elderly.	• Improve access of homeless and at-risk older adults to LTC programs and other supports. • Increase models of Long-Term Care, supportive housing, assisted living and housing supports. • Hire and train new Personal Support Workers and Nurses in LTC homes. • Create more supportive housing in TCH buildings.
Transportation	
Recommendation	**Action**
Increase affordable transportation options for seniors.	• Pursue discounted or free fares for seniors during non-peak hours. • Facilitate increased access to library branches. • Fund community groups to increase non-medical transportation options for elderly.
Improve accessibility of public transportation network.	• Change current "courtesy seating" to "priority seating". • Introduce accessible streetcars. • Improve clarity of announcements in TTC subway stations. • Publicize TTC repair/maintenance telephone line. • Post elevator/escalator outrage notices at TTC station entrance.

	• Increase number of accessible bus stops.
Improve accessibility of sidewalks and crossings.	• Provide longer walk times at intersection crossings. • Ensure City by-laws recognize personal mobility devices.
Improve safety of pedestrians and reduce pedestrian-vehicle collisions.	• Conduct reviews of pedestrian fatalities to understand cause and respond to cause. • Identify and implement active transportation demonstration projects. • Amend Highway Traffic Act to strengthen rules of the road regarding pedestrian safety. • Include safety reviews for roadway projects.
Outdoor Spaces and Buildings	
Recommendation	Action
Make it easier for the elderly to find their way around and access public spaces and buildings.	• Accelerate installation of street benches and benches and shelters at bus stops. • Ensure street furniture bench design address accessibility needs of elderly. • Increase tree canopy. • Implement the Toronto Wayfinding Strategy. • Increase the number of larger-print street names at traffic lights. • Enhance multi-use trails and pathways. • Develop Official Plan policies to create comprehensive and universally transport system. • Develop policies to use tactile walking surface indicators for the visually impaired. • Increase shaded seating areas in parks. • Expand snow-shovelling services for elderly.
Improve the safety of community facilities and public spaces.	• Promote crime prevention through environmental design safety audits. • Continue visible police presence. • Implement a safety, maintenance and livability upgrades of all TCH Seniors Buildings. • Develop guidebook for elderly to promote safe community living.
Communications and Information	
Recommendation	Action
Better promote programs and services to diverse older	• Develop communications plan focused on raising awareness of programming for elderly.

adults.	• Better publicize to the elderly the services offered by 211 and 311. • Ensure front-line service staff are aware of services for seniors. • Connect vulnerable, victimized older adults to appropriate health, social and community support services. • Identify Aging Improvement Areas.
Ensure that as wide an audience as possible has a clear understanding of City communications.	• Develop an accessible communications policy and guidelines.
Reduce technological barriers to information.	• Develop and implement electronic information literacy programs for seniors.