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A logic of choice: Problematizing the documentary reality of Canadian aging in place policies

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ABSTRACT

The home environment is pivotal in the lives of older people, intimately intertwined with one's sense of self and belonging. Aging in place (AIP), continuing to live in the same or familiar place or community for as long as possible not only fulfills a neoliberal and economic imperative but aligns with the wishes of a majority of older Canadians, who prefer to age in place. Despite policies' contributions to differing experiences of aging, the potential bearing of the narratives embedded within AIP or age-friendly policies remains unexamined.

Within an institutional ethnography method of inquiry, this study applied Bacchi's "What's the Problem Represented to be?" (WPR) approach to structure the discovery of governing narratives about familial care work embedded within seven Canadian aging in place policies at the municipal, provincial, and federal level. I analyzed these policies for their role in coordinating the experiences of caring for an older adult who is aging in place in London, Canada's first age-friendly city. Of particular interest for this study is uncovering whether these texts recognize the work, and in particular the information work, of providing care to an older adult who is AIP.

The policies' overall focus on self-reliance, independence, and resourcefulness frames aging in place as a process that can and should be responsibly managed. Information is introduced as a helpful tool to secure and preserve older adults' independence and usefulness to their community. The policies' problematizations frame successful aging in place as governed through a logic of choice, where a complex problem is framed as a matter of choice. Ultimately, however, while the policies offer a number of different "choices" for older adults to AIP, a critical unpacking of the problematizations reveals the choice to AIP to be illusory. There is only one option presented in the policies and that is to AIP.

Introduction

Ninety-two percent of the five million older adults over the age of 65 recorded in the 2011 Canadian census lived in a private home. The home environment plays a central role in mediating individuals' physical, mental, and social wellbeing throughout the life course (Tanner, De Jonge, & April, 2012; WHO, 2007). As older adults are estimated to spend 80% of their time at home (Oswald & Wahl, 2005), the home is especially pivotal in the lives of older people, intimately intertwined with one's sense of self and belonging (Wahl & Oswald, 2010). A sense of control in choosing one's home environment is not only helpful for continuity in social connectedness, identity, and emotional attachments (De Jonge, Jones, Phillips, & Chung, 2011; Tanner, Tilse, & De Jonge, 2008), but is also crucial for older adults' social, mental, and emotional wellbeing (Bailey, Foran, Scanaill, & Dromey, 2011).

Supporting older people to continue living at home "benefit[s] the [ir] quality of life and also provide[s] a cost-effective solution to the problems of an expanding population of very old people" (Sixsmith & Sixsmith, 2008, p. 219). Aging in place (AIP) means continuing to live in the same or a familiar place or community for as long as possible (Pynoos, 1990), "without relocating to a living environment designated for aging, such as a continuing care retirement community, assisted-living facility, or skilled nursing facility" (Cicero, 2012, p. 17). AIP also means remaining in one's residence despite changing needs, including death of a spouse, loss of income, or declining health (Pastalan, 1990). I argue that aging in place joins the intensifying, often seductive, imperatives to age actively, successfully, productively, and independently (Asquith, 2009; Mendes, 2013; Timonen, 2016). Aging in place is framed as an intuitive and "natural" global policy response to the rising number of older adults (Caro & Fitzgerald, 2016; Vasunilashorn, Steinman, Liebig, & Pynoos, 2012). Nationally, in addition to fulfilling an economic imperative, AIP aligns with the wishes of 85% of older Canadians, who prefer to age in place (Canada Mortgage and Housing Corporation, 2015).

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In 2007, the World Health Organization (WHO) launched its guide for age-friendly cities, asserting that making cities more age-friendly is "a necessary and logical response to promote the wellbeing and contributions of older urban residents and keep cities thriving" (2007, p. 4). In 2010, the city of London, Ontario became the first Canadian city to join the WHO's Global Network of Age Friendly Cities. Age-friendly communities are spaces that value and actively involve older adults, providing opportunities, services, and supports that enable aging in place and enhance older adults' quality of life (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007; WHO, 2007). Recognizing the impact of the local environment on older adults' quality of life (Hodge, 2008), Canadian municipal, provincial, territorial, and federal governments are increasingly supporting AIP and the development of age-friendly cities and communities (Sinha et al., 2016). The government of Ontario, for example, adopted AIP as an ideal with the 2007 *Aging at Home Strategy* and then set out to make the province the healthiest place in North America to grow up and grow old in the 2012 *Action Plan for Health Care*. Such policy texts that plan and promote AIP or age-friendly communities contribute to unique experiences of aging and caring for those who are aging. Despite policies' contributions to differing experiences of aging, the potential bearing of the narratives embedded within AIP or age-friendly policies remains unexamined. One specific narrative this article explores is the work needed to care for older family members who are aging in place.

As government agencies champion deinstitutionalization, families are increasingly held responsible for the care, health, and wellbeing of their aging family members.[1] Canadian families and friends provide between 70 to 80% of care needed by older adults (Chappell, 2011; Keefe, 2011; Sadler & McKevitt, 2013). While availability of family support is known to influence older adults' decision to age in place (or not) (Silverstone & Horowitz, 1992), Chappell (2011) argues that a key policy challenge associated with an aging Canadian population is to recognize family caregivers in the process of establishing a comprehensive AIP, community care system. In response, this study applied Bacchi's "What's the Problem Represented to be?" (WPR) approach as an analytical tool to structure the discovery of governing narratives about familial care work embedded within Canadian AIP policies at the municipal, provincial, and federal level. Within an institutional ethnography method of inquiry, I critically analyzed these policies for their role in coordinating the experiences of caring for an older adult who is aging in place in London, Ontario – Canada's first WHO-designated age-friendly city. Of particular interest for this study is uncovering whether these texts recognize the work (time, energy, resources, etc.), and in particular the information work, of providing care to an older adult who is AIP. A critical appraisal of these assumptions can help to question and document how these texts problematize different facets of AIP.

Literature review

Aging in place

While no one definition exists, aging in place was initially and remains predominantly defined by avoiding institutional relocation (Bookman, 2008; Pynoos, 1993). Perhaps most simply, aging in place is "aging *at home* rather than *in a home*" (McDermott, Linahan, & Squires, 2009, p. 246, italics in original). AIP discourse is positively positioned, idealizing the home and surrounding community as privileged sites in which to grow old. Embraced as a social objective, AIP is also positioned as respecting older adults' wishes and is "presented as a necessary way of restraining the increase of expenses in a financing crisis of publicly funded care services related to the rising dependency ratio" (Vasara, 2015, p. 56). This framing enables government agencies and other support services to withdraw programming and support structures, placing this work on family members, friends, and older adults themselves. Indeed, while the proportion of Canadian older adults in long term facilities has declined over the past thirty years, the Canadian Council on Social Development (2015) notes that this is primarily a result of governments' desire to reduce health spending and not a reduction in older adults' needs.

Existing AIP-focused research centers around four topics: gauging a region's preparedness for an aging population (Hartt & Biglieri, 2017; Wilson, Osei-Waree, Hewitt, & Broad, 2012), features of community environments that enable AIP (Menec et al., 2015; Spina & Menec, 2015), the lived experiences of those aging in place (Brittain, Corner, Robinson, & Bond, 2010; Heatwole Shank & Cutchin, 2010; Novek & Menec, 2014), and the deployment of technologies to support AIP (Luijkx, Peek, & Wouters, 2015; Peek, Wouters, Luijkx, & Vrijhoef, 2016). Studies have shown that factors influencing an older person's desire and/or ability to age in place include: economic power to purchase in-home assistance or make home modifications (Scharlach, 2012), government planning and market conditions (Warner, Homsy, & Morken, 2017), community characteristics (Alley et al., 2007), and availability of assistive technologies and smart homes (Brittain et al., 2010). Negative experiences associated with AIP, including isolation and loneliness and a lack of continuity of relationships and roles, receive less attention, with a few exceptions (Sixsmith & Sixsmith, 2008; Vasunilashorn et al., 2012).

Recent studies begin to point to the more complex facets of and considerations regarding AIP, including: maintaining autonomy and independence in one's place of living (Kaup, 2009) and staying in a place with physical, social, emotional, and psychological dimensions that resonate with the older adult (Knapp, 2009). Bookman (2008), however, points out that few (if any) of these AIP facets are possible unless older adults are in active connection with family members and community organizations and services. While availability of family support and assistance prevents institutional living (Canadian Mortgage and Housing Association, 2013), few AIP studies or policies focus on the family and friend care networks who are (often invisibly) implicated in AIP. In light of this gap, I take up a series of municipal, provincial, and federal-level AIP and age-friendly community policies to examine their construction of family's care work (and more specifically, the information work) needed to support an older adult who is aging in place.

The home as a site of care and information work

Home environments are intertwined with family and care. In later life, the home can become the site for higher levels of care. Care work, "the work of looking after the physical, psychological, emotional, and developmental needs of one or more other people" (Standing, 2001, p. 17) is a complex practice, demanding a complex balance of "love and labour, both identity and activity, with the nature of demands being shaped by the social relations of the wider society" (Graham, 1983, p. 14).

One facet of care work that I take up in this study is information work. The term information work first appeared in Corbin and Strauss' articulation of their illness trajectory theory (1985; 1988). Corbin and Strauss (1985) outline different information work activities, such as networking, scouting out, coaching and training, providing and clarifying instructions, searching for people, places, and necessary things. Within Library and Information Science schools of thought, Hogan and Palmer (2005), Souden (2008), and Kaziunas, Ackerman, and Veinot (2013) have all examined information work in the context of chronic

[1] Throughout this article, I highlight the work families do to support and care for an older adult who is aging in place. This is not to suggest or imply that all older adults may or will require intensive or ongoing care to age in place. That said, I take up the concept of care broadly for the purposes of this investigation and am mindful that majority of Canadians indicate that they have provided care to an older adult – the type, intensity, and longevity of this care will, of course, vary.

illnesses. These existing conceptualizations of information are, however, patient-focused and do not consider or account for the information work done by caregivers on behalf of an individual who may require care or support.

Characterizing caregivers' information practices as *work* brings attention to the complexities of searching and using information on behalf of another as well as the time, effort, affect, and resources that are needed to seek, filter, interpret, organize, and deal with the implications of information found; work that is often made invisible in practice, literature, and in policy, owing to the construction of caregiving as a gendered concept of social and familial responsibility. Gordon, Benner, and Noddings (1996) discuss the utility of investigating the dichotomy of public and private spheres that maintain the discourse of care work as non-work: "only through disclosing and naming the practices that constitute human life can we create an expanded public discourse that integrates our private lives and our public policies and preoccupations" (p. xv). Information work is one such practice that constitutes human life, but has yet to be fully disclosed and named, a gap this study will begin to remedy.

Just as women are often regarded as "natural" caregivers (Baines, Evans, & Neysmith, 1998; Glazer, 1993; Hooyman & Gonyea, 1995), so too have they internalized and assumed a major responsibility for guarding and gatekeeping their family's information (Warner & Procaccino, 2004). Harris (2009) is one of few scholars who illuminates the hidden information work women do, pointing to the gendered nature of this specific type of work and its invisibility: "regardless of where it takes place, the health-informing support women provide to others is work, although it is a form of work that is seldom acknowledged" (p. 80). The site of care, often the home, is also a contributing factor to this invisibility: "at home, information management, self-care, and health maintenance remain largely invisible and underarticulated" (Harris, 2009, p. 80). The site of information work (the home) and the fact that women typically self-identify as "health information managers" (Harris, 2009, p. 74) collectively contribute to the overall culture of invisible information work.

It is the aim of this study to privilege and make visible family caregivers' every day information work as they care for an older adult who is AIP. To critically appraise AIP policies' coordination of caregivers' work and to address the lack of understanding of caregivers' contributions to experiences of place (Kearns, 1993; Williams, 2002), in this study I take the home and surrounding community as sites of power, where social, political, economic, and cultural values and perspectives comingle and organize family caregivers' every day and every night work and experiences.

Method of inquiry

Institutional ethnography

This article is one part of a larger institutional ethnography (IE) study that explores how family caregivers' information work becomes shaped by institutional texts, structures, and processes (Dalmer, 2018). Institutional ethnography is an especially useful method of inquiry from which to structure the close reading of AIP policies given its focus on texts and on work. Originating in the 1970s by Canadian sociologist Dorothy Smith, institutional ethnography is a method of inquiry that maps how people's every day experiences and work are "put together by relations that extend vastly beyond the everyday" (Smith, 2005, p. 1). Institutional ethnography makes visible the work that enables every day life to happen. Smith (2005) purposefully defines work generously, as anything that people do that requires time and effort. While starting with and privileging the work done by individuals in local settings, IE simultaneously acknowledges that people's work is coordinated by broader sites of governance and translocal institutions. Texts are one way to make this coordination visible, serving as an important bridge between local and translocal contexts.

Texts are fundamental to institutional ethnography studies (Smith, 2006; Smith & Turner, 2014). Described as material objects that carry messages (Smith & Turner, 2014), texts are replicable and can be read in identical form across time and place. These characteristics enable texts to be influential translocally and to coordinate people's actions locally (Smith, 2005). Smith's term, "textually-mediated social organization" (1990) is in recognition that texts can acquire the capacity to coordinate the actions and experiences of people, even if people are not in direct contact or engagement with them. In this article, I use IE to draw attention to the role that texts (AIP policies) play in organizing family caregivers' information work. To critically examine the underlying assumptions in AIP policies, I investigate the documentary reality of AIP:

> *Our knowledge of contemporary society is to a large extent mediated to us by documents of various kinds. Very little of our knowledge of people, events, social relations and powers arises directly in our immediate experience. Socially organized practices of reporting and recording work upon what actually happens or has happened to create a reality in documentary form … A documentary reality is fundamental to the practices of governing, managing and administration of this form of society.* (Smith, 1974, p. 257).

This study investigates higher-order texts: "texts likely not visible in actual settings, but [that] coordinate other texts that become active in actual settings of people's work" (Prodinger & Turner, 2013, p. 359). These texts establish "the concepts and categories in terms of which what is done can be recognized as an instance or expression of the textually authorized procedure" (Smith, 2006, p. 83). To structure my process of teasing out the shape and character of the concepts and categories in the AIP policies, I integrated Bacchi's (2009) "What's the Problem Represented to Be?" (WPR) approach, described in the next section. To my knowledge, this is the first institutional ethnography study to structure the discovery and reading of policy texts using the WPR analytical tool.

Selection of texts

Internationally, the 2002 *Political Declaration and Madrid International Plan of Action on Ageing* and the 2002 World Health Organization's (WHO) *Active Ageing: A Policy Framework* have guided population aging-related policy development. The WHO's inaugural *World Report on Ageing and Health* recommends changes in the way policies for aging populations are created, asserting that "with the right policies and services in place, population ageing can be viewed as a rich new opportunity for both individuals and societies" (2015, p. vii). This *Report* acknowledges that the development of policies about aging populations faces four challenges: diversity in older age, the influence of inequity, outdated stereotypes, and broad social and cultural change (WHO, 2015).

I selected London, Ontario as the starting point of this study as its designation as the oldest Canadian WHO age friendly city allows for the most time for programs, committees, texts, etc. to be created and to take effect. In order to locate publicly available age-friendly and AIP policies, I first started a search on the Age Friendly London Network website, from which I selected the most recently published text. I then searched the Ontario's Ministry of Seniors Affairs' website, the Federal/Provincial/Territorial Ministers Responsible for Seniors Forum, the Public Health Agency of Canada, and the Canada Mortgage and Housing Corporation's websites. On each of these sites, I searched for any policy related to age-friendly communities or aging in place. Finally, I conducted an advanced Google search to identify any texts not affiliated with these different governments' sites. After reading through the texts identified through these multiple searches, I then made note of any additional policies mentioned for potential inclusion. A majority of the policies listed the WHO's *Global Age-Friendly Cities: A Guide* as a central, guiding text to their own creation and I therefore included it for

Table 1
Aging in place and age-friendly policy texts under analysis.

Jurisdiction	Title	Abbreviation	Creator(s)	Year	Number of pages	Aging in place/age friendly community definitions
Global	Global Age-friendly Cities: A Guide	GAFC-G	World Health Organization *(government-endorsed)*	2007	82	An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age (p. 1).
Federal	Thinking About Your Future? Plan Now to Age in Place	TAYF-F	Federal/Provincial/Territorial Ministers Responsible for Seniors Forum *(government-authored)*	2015	20	Aging in place means having access to services and the health and social supports you need to live safely and independently in your home or your community for as long as you wish or are able (p. 1).
Federal	Age-Friendly Communities in Canada: Community Implementation Guide	AFCC-F	Nova Scotia Centre on Aging, Mount Saint Vincent University, Public Health Agency of Canada *(government-authored)*	2012	26	Making communities age-friendly holds promise as an effective way to help seniors remain healthy, active and independent, and contribute to their families and communities (p. 5).
Federal	Canada's Aging Population	CAP-F	Co-operative Housing Federation of Canada *(non-governmental agency)*	2011	40	More and more seniors would like to remain in their own homes as long as possible without having to move into facilities for assisted living (p. 1).
Provincial	Aging in Place in Social Housing	APSH-P	Ontario Non-Profit Housing Association *(non-governmental agency)*	2016	28	Aging in place has seniors stay in their homes as they age, instead of living in hospitals or long-term care facilities (p. 3).
Provincial	Finding the Right Fit: Age-Friendly Community Planning	FRF-P	Ontario Seniors' Secretariat (OSS), the Accessibility Directorate of Ontario (ADO), the University of Waterloo, and McMaster University *(government-authored)*	2013	119	An age-friendly community responds to both the opportunities and challenges of an aging population by creating physical and social environments that support independent and active living and enable older people to continue contributing to all aspects of community life (p. 5).
Municipal	Age Friendly London Action Plan 2017–2020	AFL-M	Age Friendly London Network *(government-endorsed)*	2017	36	Most older adults want to live in the residence of their choice, usually an existing home or within an existing neighbourhood, for as long as they are able, as they age. This is called 'aging in place" and includes being able to access services or other supports as their needs change over time (p. 25).

analysis.

One characteristic of the texts selected for inclusion in a WPR analysis is that they must be prescriptive, "as a *form of proposal* and a guide to conduct" (Bacchi & Goodwin, 2016, p. 18). In addition to this inclusion criterion, included texts had to have AIP or age-friendly communities as their central focus and had to have relevance to AIP or age-friendly community contexts in London, Ontario. These inclusion criteria excluded, for example, the Federal/Provincial/Territorial Ministers Responsible for Seniors' *Age-Friendly Rural and Remote Communities: A Guide*. As listed in Table 1, I identified a total of seven policy texts, a total of 351 pages, from the municipal, provincial, and federal level for inclusion in this policy analysis. For ease of reading, I have assigned an acronym to each policy and have followed the acronym with a designation of -M, −P, −F, or -G, to denote whether policies are from a municipal, provincial, federal, or global, respectively, creator. These seven texts are from two non-governmental agencies (Ontario Non-Profit Housing Association [APSH-P] and Co-operative Housing Federation of Canada [CAP−F]), four government or government-endorsed committees or organizations (AFL-M, FRF−P, AFCC-F, and TAYF-F), and one global organization (WHO [GAFC-G]). I read these policy texts numerous times, making notes of similarities and differences between policy texts and of quotations and facts appearing in more than one text.

Analytical framework

To analyze the texts, I used Carol Bacchi's (1999, 2009) Foucauldian-inspired, poststructural analytical tool, WPR, or, "What's the Problem Represented to Be?". If, according to Bacchi, policies propose to change or fix issues, they begin with an assumption that there must be a problem that requires fixing or solving. Within a framework of six interrelated questions, WPR focuses on problematizations, bringing attention to "how the 'problem' is *made to be* a particular kind of problem" (Bacchi & Goodwin, 2016, p. 17) within a policy.

I used Bacchi's six questions (Bacchi, 2009, p. 2) to identify and unpack the shape and character of problematizations in the seven AIP policies:

1. What's the problem represented to be in specific policy?
2. What presuppositions or assumptions underlie this representation of the 'problem'?
3. How has this representation of the 'problem' come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the 'problem'?
6. How/where has this representation of the 'problem' been produced, disseminated and defended? How could it be questioned, disrupted and replaced?

Bacchi's WPR analytical tool shifts the focus of analysis from the conventional understanding that policies address problems to the ways that policies productively or creatively give shape and meaning to problems (Bacchi, 2016). The WPR approach, therefore, does not focus on the language used in a policy but instead uses policies as levers to "open up reflections on the forms of governing, and associated effects, instituted through a particular way of constituting a 'problem'" (Bacchi & Goodwin, 2016, p. 18). Working backwards from the policy solution, the analytic task becomes "teasing out the conceptual premises underpinning problem representations, tracing their genealogy, reflecting on the practices that sustain them and considering their effects" (Bacchi & Goodwin, 2016, p. 17). In using Bacchi's framework, my objective was not to place a value on or gauge the policies' effectiveness, but rather to adopt a critical practice of "problem-questioning" (Bacchi, 2012, p. 23) in order to critically analyze the underlying assumptions and the hidden narratives woven through each of these policies.

Bacchi's (2009) articulation of WPR suggests that WPR analysis is

designed to be selective, uncovering the problem representations related to the topical concern or question of interest. Choosing policies, she states, "is itself an interpretive exercise" (Bacchi, 2009, p. 20). My WPR analysis was attuned to uncovering problematizations in AIP policies, and in particular, problematizations related to families' information work. That said, given that WPR analysis includes "a search for deep-seated cultural values – a kind of social unconscious – that underpin a problem representation" (Bacchi, 2009, p. 5), I took on an iterative reading of the policies, looking for my specific topic of interest as well as for broader epistemological and ontological assumptions that contextualize my particular area of concern.

I took up Bacchi's first and second question in tandem, as I began to look at how each policy problematizes AIP or certain facets of AIP. By examining the solution(s) each policy presents, I was able to move backwards to trace, deconstruct, and then question the implied problem behind these solutions. For example, if a policy presents a series of checklists as a helpful and necessary tool for older adults to ensure their ability to age in place, the underlying problem is older adults' insufficient planning and preparation. For question three, I began to identify demographic, social, economic, and related contextual elements that have contributed to the representation of each problem in a specific way. The fourth question was especially important in helping me attune to the ways that omissions or silences in each policy contributes to the overall problem representation. Institutional ethnography's attention to often-invisible, local experiences of every day work was especially helpful in navigating this fourth question. Using the fifth analytical question, I considered the impact of the problematizations on housing-related policy creation and Canadians' experiences of older age, more broadly. The sixth question was bolstered by institutional ethnography's focus on textually-mediated social organization and documentary reality. I considered how the problematizations of AIP occurred throughout and between the texts I analyzed. As I scrutinized each policy, I traced its impact on subsequent policy creation and examined the degree to which policy texts take up the documentary reality established by previously written policies. In the following section, I draw on specific examples and quotations from the seven policies to demonstrate how the texts construct or reproduce problematizations.

Findings

Common to all policies was an introductory paragraph or section that conveyed an unease regarding the rising number of older Canadians. While not in and of itself a problematization, the reoccurring alarmist demography (Katz, 1992) framing of this demographic trend as somehow overwhelming or unmanageable contextualized the remainder of the policies and the problem representations contained within. While the texts expressed this apprehension in different ways, policy creators deftly applied current and projected statistics to corroborate their statements. Described as an "important turning point in our society" (AFL-M, p. 5), the Ontario Non-Profit Housing Association (2016) speaks of the "alarming rate" (p. 27) of Ontario's changing demographics, explaining that "by 2041, over 4.5 million seniors will live in Ontario, each with their own aging needs and challenges" (p. 27). FRF-P mentions the doubling of the older adult population by 2036, indicating that "this major change affects every jurisdiction in Canada and in Ontario" (p. 1). These projections and statistics imbued an overall sense of urgency throughout the texts, making it more important than ever "to support older Canadians in the places where they live … [this] holds promise as an effective way to help seniors remain healthy, active and independent, and contribute to their families and communities" (AFCC-F, p. 5).

Policies are complex texts; they combine a number of strategies and solutions and are nested within a network of other, interconnected policies. As a result, Bacchi (2009) argues that a single policy likely contains more than one problem representation. My analysis identified two main "solutions" (and accompanying "problems") in the policy texts:

> *Solution one: "Plan for the future today to help you live the life you want tomorrow".*

A "solution" common to a majority of the policies was an unquestioned impetus for older adults to judiciously prepare and plan to age in place. Whether through a series of checklists, a toolbox, the very title of the policy ("Plan" or "Action Plan"), or an itemized flow chart, this solution represented the problem as an insufficient amount or a complete "absence of long-term planning" (CAP—F, p. iii). The catchphrase "plan for the future today to help you live the life you want tomorrow" (TAYF-F, p. 1) is indicative of this attitude that older adults are responsible for proactively choosing to plan to age in place by controlling their life, decisions, and ultimately, their future. Having a plan is said to "help you to make the most of your later years and have more control over your decisions … giv[ing] you the best chance to have a satisfying and positive experience as you age" (TAYF-F, p. 1). This advocacy of self-reliance and self-management encroaches on other age categories, with the TAYF-F policy encouraging "near seniors" (p. 1) to start planning now. Presenting aging in place solely in terms of planning or a lack thereof presents AIP as an individual imperative and places the enormity of an older adult's housing situation completely on the older adult. The underlying assumption is that if an older adult plans and is sufficiently prepared, they can age in place. Using this assumption, if an older adult is unable to age in place, it then follows that they must have not sufficiently planned or prepared. As the site of the problem, older adults become the targeted site for a solution (Huot, Bobadilla, Bailliard, & Rudman, 2016). With an estimated one third of older adults facing functional limitations that jeopardize their ability to age in place (Fuller-Thomson, Yu, Nuru-Jeter, Guralnik, & Minkler, 2009), this reasoning highlights a troubling assumption about the type of person who is able to plan to age in place. This focus on individual choice and responsibility reflects a consumerist, neoliberal discourse of choice that "encourages and reflects an atomised, individualised view of social life, a society in which private citizens are presumed to act alone and only in their best interests" (Lippman, 1999, p. 283) and overlooks the complex network of paid and unpaid care partners that support older adults to age in place.

Solution two: Continue to contribute

The second reoccurring "solution" in the three government-authored (AFCC-F, FRF—P, and TAYF-F) and the two government-endorsed (AFL-M and GAFC-G) texts was for older adults to be a resource and be resourceful for their community. This is most explicitly articulated in WHO's policy: "Older people are a resource for their families, communities and economies in supportive and enabling living environments" (p. 1). Policies convey aging in place as being able to "support independent and active living and enable older people to continue contributing to all aspects of community life" (FRF—P, p. 5). The WHO policy (later repeated in FRF—F) explains that enabling older adults to AIP allows them "to continue to contribute to their communities" (FRF—P, p. 24; GAFC-G, p. 51) and engages and empowers older adults to be "leaders in the community" (AFL-M, p. 14). These five texts direct "solutions" away from social factors or more formal institutions or infrastructures and towards individuals. This is counter to Rottier and Jackson's (2003) argument that responses to aging populations "will not be found in individual responses, especially those aimed only at the elderly" (p. 170). To continue to age in place "successfully" and to be a resource for their communities, older adults are expected to live healthfully, independently, and actively in their own homes. As other contemporary constructions of older age centre on youthfulness, productivity, and staying active in what Katz (2000) calls the "wider political assault on the risk of dependency" (p. 148), it is dependency that is problematized in these policies. Interestingly and importantly, it is

only dependency on federal, provincial, or municipal-level supports or interventions that is problematized. Dependency on families remains encouraged, if not expected. The framing of the rising number of older Canadians as a concern lends itself to this solution of productivity and resourcefulness; if older adults are actively contributing to their communities, their increasing numbers will be less of a burden to manage.

The role of information in the construction of problematizations

Policies introduced information as a helpful tool to secure and preserve older adults' independence and usefulness to their community. Information is qualified as "vital for active aging" (AFL-M, p. 32) and the WHO policy suggests that "relevant information in appropriate formats … contributes to personal empowerment" (p. 72). A majority of policies (AFCC-F, AFL-M, FRF—P, GAFC-G, and TAYF-F) explicitly established a connection between information and the ability to be a resource: "getting timely, practical information to manage life and personal needs is vital for active aging" (FRF—P, p. 24; GAFC-G, p. 1). Not one of the texts account for the work (including the time, resources, emotional outputs, etc.) necessary to locate this timely, practical, or relevant information nor the work needed to apply and make sense of that information within each older person's unique contexts. Furthermore, these statements assume a rational individual who is able to responsibly self-govern and rest on a speculative supposition that "if people are provided with 'good' information, they will be 'empowered' to make 'good' choices" (Harris, Wathen, & Wyatt, 2010, p. 212). The policies also place a great deal of information-related responsibility onto the older adult aiming to age actively in order to age in place. For example, the TAYF-F policy outlines the following "nine areas of your life" to consider when determining whether an older adult is sufficiently prepared to age in place: health, home, transportation, finances, connections, safety, supports and services, community, and my partner and me. Under the area of health, older adults need to ensure that "I am aware of electronic tools, such as medication reminders and health management systems that will allow me to remain healthy" (TAYF-F, p. 3). Under the area of transportation, older adults are encouraged to consider that "If I am able to continue driving, I plan to take a refresher course to maintain my skills and knowledge of the rules and regulations" (TAYF-F, p. 5). Under each of these nine areas, information is mobilized to task older adults to do the work to ensure their ability to AIP.

What is left unproblematic?

As I considered WPR's fourth question, I identified a number of silences within and across policies. An overall focus on an independent, autonomous older adult who is well, able, and empowered to age in place means that care networks, in particular family and friend care partners, were largely absent. Family care networks are crucial for community-dwelling older adults living with a chronic illness (Williams et al., 2016), and especially so for the 33% of Canadian community-dwelling older adults living with multiple chronic conditions (Gilmour & Park, 2006). However, the policies seldom mentioned or acknowledged family care partners as active participants. When families did appear, it was for their ability to foster social connections with the older adult. Policies framed these social connections pragmatically, for their ability to allow an older adult to age in place for a longer time: "the ability to draw on social networks of friends or family is known to make an important contribution to general well-being and quality of life" (TAYF-F, p. 9). The affective or caring components of familial relationships were secondary to the primacy of the connections and social participation that families could provide an older person. This focus on the older adult creates policies where family members are acknowledged only for what they are able to provide the older adult: "Interacting with family and friends is an important part of positive mental health and community awareness" (FRF—P, p. 7). Similarly, these texts conceptualized families as a resource for information, as WHO states (GAFC-G, p. 38) and FRF-P (p. 22) subsequently cites:

> *Social participation and social support are strongly connected to good health and well-being throughout life. Participating in leisure, social, cultural and spiritual activities in the community, as well as with the family, allows older people to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships. It fosters social integration and is the key to staying informed.*

Perhaps most glaring was a lack of recognition of older adults who may be unwell and yet wish or need to age in place. The majority of texts assumed, unproblematically, that all older adults are "living longer, healthier lives than ever before" (FRF—P, 2013, p. 1). Indeed, polices largely assumed older adults to be "well" in all aspects of their lives – financially, cognitively, physically, spiritually, emotionally, etc. And so, while a majority of the texts champion AIP and the development and proliferation of age-friendly communities, there was, for example, no indication of whether different supports or accommodations might be required for or desired by older adults living with dementia who choose to or are needing to age in place. This silence is especially notable given that 402,000 older Canadians are currently living with dementia and 76,000 new cases of dementia are diagnosed each year (CIHI, 2018). Over the next 20 years, it is estimated that the number of Canadians living with dementia will almost double due to the aging population and population growth (Public Health Agency of Canada, 2014).

Paralleling this unidimensional understanding of wellness in older age, policies exhibited a narrow understanding of the concept of home. While there were nods to the home as "essential to health and quality of life … a place that is familiar and loved" (AFL-M, p. 25), policies primarily focused on the home as a built environment. Home was conceived as a piece of physical infrastructure that needs to be adapted and modified to avoid safety risks and to prolong the home's use as a place for an older adult to age (AFL-M; CAP—F; FRF—P; GAFC-G; TAYF-F). Checklist items about the home include: "I will make changes as needed to my home to help me to age in place (e.g. night lights in the stair areas, solid handrails on both sides of the staircase and a grab bar in the tub area)" or "If my health changes and I need to use a wheelchair or another mobility device, I am prepared to modify my home to accommodate my needs (e.g. widen doorways, build a ramp, or install a walk-in bathtub)" (TAYF-F, p. 4). Both checklist items assume older adults can acquire the information needed to make such changes and possess the time, labour, and financial resources to make these modifications. These statements obstruct the variability in homes, materially and culturally (Procter et al., 2014), as well as the intertwined complex of identity, memory, affect, and support that a home can symbolize or represent.

In both understandings of older age and the home, policies fail to address the complex entanglement of factors and conditions that influence experiences of older age and home, such as class, gender, ethnicity, economics, and cultural values (Estes, 2001). As the texts exhibit interpretations of older age and home as static, monolithic processes, instead of moment-to-moment, tenuous and managed work, these texts make it difficult to fully contemplate the multiplicity of meanings of what is home and what it means to age in Canada.

Not all policies were created equal, however. The two policies created by independent organizations (the Ontario Non-Profit Housing Association and the Co-operative Housing Federation of Canada) were quick to call upon all levels of governments for increased support for older adults who are aging in place. Interestingly, these were the two texts that did not draw upon or quote the WHO policy. These two texts recognized and drew attention to the potential difficulties of AIP and the inequalities that occur across individuals that might contribute to different (and even unpleasant) experiences of AIP. The Ontario Non-Profit Housing Association, for example, demonstrates a nuanced

understanding of the prevailing myopic AIP perspective: "while aging in place approaches offer a vision of old age that is appealing to seniors and governments alike, they offer little insight into what happens when seniors' aging needs are not met" (p. 17). These two policies also were unique for their attribution of responsibility. Neither policy blamed older adults for failing to plan for long-term options, but instead positioned the planning responsibility as belonging to broader organizations and agencies, including federal and provincial governments.

Discussion

The policies' overall focus on self-reliance, independence, and resourcefulness frames aging in place as a process that can and should be responsibly managed. This construction mirrors recent trends in the construction of retirement (Rudman, 2006) and is nested in broader shifts towards positive aging (Katz, 2001), productive aging (Holstein, 1999), successful aging (Katz & Calasanti, 2014), and active aging (Boudiny, 2013; Mendes, 2013). These shifts collectively reflect a rise in neoliberalism, where an emphasis on individualism means that "people who are dependent on the state for financial support become the targets of policies and rhetoric that foster self-reliance and engagement in economically useful activity" (Rudman, 2006, p. 185). This focus on an active, rational, responsible community-dwelling older adult may also explain why policies infrequently recognized or included families and friends. Framing families merely as a resource to be called upon to support the older adult to actively age in place is counter to Procter et al.'s (2014) findings that AIP is socially and collaboratively accomplished through bricolage and customization. These authors bring attention to "the efforts of a range of informal carers" (p. 256) needed to co-produce aging in place. The invisibility of family members in these policies may also be explained by the policies' implicit reliance on familism, or a family ethic, centered on "traditional" family values (Leitner, 2003).

The policies' problematizations and related solutions reflect a healthy living imperative (Henwood, Harris, & Spoel, 2011), which frames and understands healthy living (and aging) as governed through a logic of choice. A logic of choice "carries a whole world within it: a specific mode of organising action and interaction; of understanding bodies, people and daily lives; of dealing with knowledge and technologies; of distinguishing between good and bad and so on" (Mol, 2008, p. 8). In a logic of choice, complex problems are framed as simple matters of choice. Mol contrasts logic of choice with a logic of care, an alternative logic that more intricately captures how care might be practiced. These two logics exist in dynamic tension. Beckmann (2013) explains Mol's logic of care in the following way:

> *Good care means providing emotional support in the context of uncertainty and anxiety and disentangling the practicalities the patient has to deal with in finding ways to make life more bearable. Rather than moralising and judging the patient, the logic of care aims to mutually adjust technology, everyday habits and constraints, people's skills and propensities, and their social environments* (p. 172).

Constructing AIP as both an ideal and as a choice casts older adults as the site of both the problem and the solution. This individualization of the problems implicit in the AIP policies "enables governments to absolve themselves of responsibility for addressing issues" (Huot et al., 2016, p. 140). While the policies offer a number of different "solutions" or "choices" for older adults to plan for or to maintain their status as aging in place, a critical unpacking of the problematizations reveals the choice to AIP to be illusory. There is only one option presented in the policies and that is to age in place. This "choice" to age in place is therefore "regulated through a new set of social obligations bounded by neo-liberal rationality" (Rudman, 2006, p. 197).

As I examined the relationship between information and choice within a logic of choice framework, I detected that a majority of the AIP polices use information within a framework of informed choice. Informed choice parallels the emergence of an informed patient discourse, which equates information provision with patient empowerment (Henwood, Wyatt, Hart, & Smith, 2003). The texts in this study conceptualized information as that which provides older adults the ability to make rational, informed choices to age in place and to be independent, actively aging individuals. Richard Gwyn explains that informed choice, in opposition to paternalism, occurs when "the doctor lays out the pros and cons of each and every possible course of action without prejudice, and allows the patient to make a choice based on this information" (2002, p. 79). While analyses of informed choice often focus on formal care settings, given that the home is intimately interwoven with experiences of care, informed choice became a helpful lens through which to interpret my findings.

Informed choice can be a valuable technique, allowing individuals to question medical authority and participate and shape their care. As Spoel (2006) elaborates, however, in the more problematic dimensions of informed choice, the "dominant consumerist, neo-liberal ideologies of health care" (p. 197) that focus on individual freedom and choice obstruct contributions of gender, class, age, ethnicity, etc., to experiences of choice. Indeed, the AIP policies privilege the role of information for its ability to inform older adults. If older adults are informed, policies operate under the assumption that older adults can choose to age in place and remain independent and empowered contributors to their community. Where the information is found and the work needed to become informed, including "sifting through, interpreting and dealing with the implications of the information one finds" (Harris, 2009, p. 78) is inconsequential in the policies. There is no acknowledgement of the work of managing the information needed to be or become informed. The framing of informed choice makes assumptions about the type of person who is able to become or be informed as a means to successfully age in place. This overriding language of autonomy risks "hid[ing] the workings of privilege and mask[ing] the barriers of oppression" (Sherwin, 1998, p. 25) that can influence where information is found, how it is interpreted, with whom it is shared, and how that information might be put into action or practice.

The policies' framing of information reflects the WHO policy's conceptualization of information. The WHO policy is a defining text, demarcating and legitimatizing particular ways the four government-authored or -endorsed policies (AFCC-F, AFL-M, FRF—P, and TAYF-F) consider information, in addition to older age and housing options and contexts. As a result, I take up the WHO policy as a boss text (Smith, 2006), as its categories and concepts establish the frameworks for subsequently-published policies. Smith calls this phenomenon intertextual hierarchy (2006), where boss texts "regulate and standardize texts that enter directly into the organization of work in multiple local settings" (p. 79). The WHO policy lists "Communication and Information" (GAFC-G, p. 60) as one of its eight domains to enhance the age-friendliness of cities. Despite this display of the importance of information and the communication of information in age-friendly communities, this policy mobilizes information in a very particular way. For example, within the WHO policy, the "Communication and Information" domain recognizes the need for widespread distribution of information (GAFC-G, p. 60), the importance of formatting and design GAFC-G, (p. 63), using plain language (GAFC-G, p. 65), and the need for public access to computers and the Internet (GAFC-G, p. 65). According to this text, "older people have a personal responsibility to keep abreast of new information by staying involved in community activities, and to make an effort to adapt to change and take the risk to learn" (GAFC-G, p. 64). Keeping abreast of new information is framed as a benefit to the older adult as a means to age in place in their age-friendly community for a longer period of time, and not necessarily as a benefit for the older adult themselves. The actual content of information or information topics are not discussed. Information is treated as a "thing" (Buckland, 1991) that enables an older adult to successfully and responsibly age in place. In this way, information carries little weight in these texts, as information itself nor the value of information are discussed. There is

no differentiation between “good” or “bad” information, of information that is more or less trustworthy, or of information that can mislead or overwhelm. It is ultimately the act of becoming informed that is beneficial to being able to successfully age in place, with being informed as a key activity to promote AIP, akin to going for walks or being connected with community.

Conclusions

This article adds to a small but growing number of critically-minded AIP-based studies that grapple with the predominantly positive positioning of AIP (Buffel & Phillipson, 2018; Golant, 2008; Kenner, 2002; Plouffe, Kalache, & Voelcker, 2016; Procter et al., 2014). My analysis reveals that problematizations in the AIP policies relevant to the first age-friendly city in Canada's most populous province echo broader, discursive trends towards individualism and active, productive, and successful aging. The policies reflect a larger trend towards expanding self-determination into older age as individuals are increasingly called upon to be responsible for their own wellbeing and care throughout the life course. In these policies, being informed is conveyed as a tool through which older adults who are or who wish to AIP can and should take responsibility to actively and successfully age in place.

This study demonstrates the utility of using WPR as an analytical tool to extricate the assumptions embedded within policy texts. Furthermore, institutional ethnography's understanding of documentary reality was instrumental in my analysis in that it “provide[d] for the standardized recognisability of people's doing as organizational or institutional” (Smith, 2001, p. 160). The policies examined in this study overlook the work (including the information work) performed by the complex network of family and friend caregivers to support an older Canadian to age in place. By its very name, AIP fixates on the built environment (the private home), paying little attention to the different people doing work in the home to enable oneself or another to age at home. I suggest that this static focus on place, the physical infrastructure that makes up a house, within the policies makes invisible the many different kinds of work done by different people to enable age in place. This suggestion draws parallels to the arguments of feminists in the 1970s who fought to have housework recognized as legitimate work. The home has traditionally been a gendered space, where women's altruistic, collective work in the household has remained sequestered in the private (domestic) sphere, upholding their invisible care work in the home (Gordon et al., 1996; Hooyman & Gonyea, 1995). Building on Hochschild's (1989) mothering-focused “second shift”, given that current demographics of care make it increasingly likely that women will be caring for an older family member at some point in their lives (Chappell, 2011), this “second wave of nurturing” (Sheehy, 1995) demands this “new” form of house-focused work to be recognized as such. Shifting the construction of AIP policies from a logic of choice to a logic of care might be a way to bring attention to families' work in aging in place and to recognize their work as more than adjuncts to or enablers of older adults' autonomy and empowerment.

Procter et al. (2014) found that “successful support for ageing in place depends on making better use of the contributions of all participants” (p. 260), moving beyond the allocation of responsibility for houseing to the individual (Thokle Martens, 2018), including formal and informal networks of carers and older people themselves. To support the beneficial aspects of AIP, policies must question who benefits from the suggestions, checklists, and frameworks published. Policies must also acknowledge and support the non-government-funded work, including information work, required to sustain it. An acknowledgement of the limitations of current conceptualizations of AIP is also needed to be able to move beyond supporting older adults who are “well” or “able” to AIP. To provide supportive care for the entire population, policies must acknowledge that there are situations when older adults are better supported outside of home environments. Homes are not necessarily places of harmony or tranquility but can be sites of conflict (Wiles, Leibing, Guberman, Reeve, & Allen, 2012), including those experiencing abuse or migrant populations who may never feel at “home”. Also of consideration are the increasing number of older adults experiencing homelessness (Grenier, Barken, & McGrath, 2016). Accordingly, an intersectional approach is needed to more responsively and equitably identify and make careful and sensitive recommendations on the conditions under which the demands of AIP exceed the capacities of the care team in the home environment and provide supports and solutions, both at home and in a home.

Returning to Pynoos' (1990) early-articulated understanding of AIP is a helpful starting point, as he highlighted the complexity and fluidity inherent within aging in place, not only connoting the changing needs of an aging person but the dynamic changes and tensions associated with the one's lived environment. This articulation is a means to move beyond the existing unidimensional understandings of older age and housing implicit in the analyzed policies, to a multidimensional conceptualization that acknowledges the complex interactions and continual changes between community, home, family, work, identity, and later life.

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