



Now and Tomorrow
Excellence in Everything We Do



August 2010

Summative Evaluation New Horizons for Seniors Program Community Participation and Leadership Component

Final Report
August 2010

***Summative Evaluation
New Horizons for Seniors Program
Community Participation and
Leadership Component***

Final Report

***Evaluation Directorate
Strategic Policy and Research Branch
Human Resources and Skills Development Canada***

August 2010

**SP-988-03-11E
(également disponible en français)**

Note: the departmental catalogue number is placed on the front cover, bottom left hand side.

You can order this publication by contacting:

Publications Services
Human Resources and Skills Development Canada
140, Promenade du Portage
Phase IV, 12th Floor
Gatineau (Quebec)
K1A 0J9

Fax: 819-953-7260

Online: <http://www12.hrsdc.gc.ca>

This document is available on demand in alternate formats (Large Print, Braille, Audio Cassette, Audio CD, e-Text Diskette, e-Text CD, or DAISY), by contacting 1 800 O-Canada (1-800-622-6232). If you have a hearing or speech impairment and use a teletypewriter (TTY), call 1-800-926-9105.

© Her Majesty the Queen in right of Canada, 2011

Paper

ISBN: 978-1-100-18185-1

Cat. No.: HS28-162/3-2011E

PDF

ISBN: 978-1-100-18186-8

Cat. No.: HS28-162/3-2011E-PDF

Table of Contents

List of abbreviations	i
Executive Summary	iii
Management Response	xi
1. Introduction.....	1
1.1 Overview of the Community Participation and Leadership Component.....	1
1.1.1 NHSP Program Structure and Objectives	1
1.1.2 Rationale for the CPL Component.....	2
1.1.3 Eligible Recipients and Activities	2
1.1.4 Management Structure	3
1.1.5 Application Process.....	3
1.2 CPL Resources.....	4
1.3 Evaluation context	4
1.4 Evaluation Objectives, Issues and Questions.....	4
2. Evaluation Methods.....	7
2.1 Overview of Methods	7
2.2 Literature Review.....	7
2.3 Document Review.....	7
2.4 Administrative Data and File Review.....	7
2.5 Key Informant Interviews	8
2.5.1 Purpose of Interviews and Key Informant Population	8
2.5.2 Selection Process for Experts' Group	10
2.5.3 Interview Process	10
2.5.4 Analysis.....	10
2.6 Survey of Funding Applicants	10
2.6.1 Survey Purpose and Design.....	10
2.6.2 Analysis.....	12
2.6.3 Profile of Survey Respondents.....	13
2.7 Project Case Studies.....	13
2.7.1 Purpose of Case Studies and Selection Process	13
2.7.2 Organizing and Conducting Case Studies	15
2.8 Interpretation of Findings	16
2.9 Challenges and Limitations.....	16
3. Relevance	19
3.1 Consistency of CPL with Government-Wide and Departmental Priorities	19
3.2 Consistency of CPL with the needs Identified in the Literature.....	20
3.3 Consistency with Needs and Focus Identified by Organizations.....	22
4. Success Related to the Achievement of CPL's Intended "Immediate" Outcomes	31
5. Success Related to the Achievement of CPL's Intended "Intermediate" Outcomes.....	43

6. Operational Costs.....	51
7. Progress Made in Implementing Formative Evaluation Recommendations.....	53
Bibliography	55
Appendix A – NHSP Logic Model.....	57
Appendix B – CPL Evaluation Matrix.....	59

List of Tables

Table 1.1	CPL Component Resources	4
Table 2.1	CPL Component – Survey Population and Responses	11
Table 2.2	Characteristics of Case Study Projects	15
Table 3.1	Needs Addressed through CPL Project (multiple response).....	23
Table 3.2	Organization’s Need for CPL versus CA Funding	25
Table 3.3	Total CPL Applications by Year.....	26
Table 3.4	Total CPL Applications Calls 1 to 4 by Region	27
Table 3.5	CPL Application Status by Call.....	28
Table 3.6	CPL Application Status by Call by Region	28
Table 3.7	CPL Funded Requested and Approved Calls 1 to 4 in Total by Region	29
Table 3.8	CPL Grant Allocation and Total Utilized by Year	30
Table 4.1	Seniors’ Responsibilities in CPL Projects (multiple responses).....	32
Table 4.2	How Many Seniors Were Involved in Managing and/or Delivering the Project?	33
Table 4.3	Activities / Services Implemented by Percentage of Projects (multiple responses)	38
Table 4.4	Impact of CPL Funding on Organizations (open-ended question, multiple answers)	39
Table 5.1	Average Number of Project Participants Reported.....	44
Table 5.2	Target Groups that Project Specifically Focused on (multiple response).....	46
Table 5.3	Success in Engaging Target Group(s) in the Project	46

List of abbreviations

CA	Capital Assistance
CPL	Community Participation and Leadership
CSGC	Common System for Grants and Contributions
EAA	Elder Abuse Awareness
Gs & Cs	Grants and Contributions
HRSDC	Human Resources and Skills Development Canada
NHQ	National Headquarters
NHSP	New Horizons for Seniors Program
RRC	Regional Review Committee

Executive Summary

This report presents the findings from the summative evaluation of Community Participation and Leadership (CPL) component of the New Horizons for Seniors Program (NHSP). The evaluation was conducted from June 2009 to October 2009 and covers the first four years of the NHSP program (2004-05 to 2007-08).

Overview of the CPL Component

The NHSP was announced in the 2004 Budget. The program supports a wide range of community-based projects across Canada that encourage seniors to contribute their skills and experience in support of the social well-being of their communities and to reduce the risk of social isolation of seniors. The NHSP was expanded in 2007 with the introduction of two additional components – CA and EAA. At that time, the existing NHSP was renamed the CPL component.

CPL is delivered regionally by Service Canada under functional direction from Human Resources and Skills Development Canada (HRSDC). Regional Service Canada staff screen and review applications for basic eligibility and refer those meeting CPL eligibility criteria to Regional Review Committees (RRCs). RRCs, comprised of representatives from the federal and provincial/territorial governments, seniors' serving organizations (both private and non-profit), community organizations and seniors, set regional funding priorities and recommend project applications for approval. Over the 2004-05 to 2007-08 period, \$68.2M was allocated for the CPL component in grant and operating funds.

Evaluation Scope and Methodology

The goal of the evaluation is to provide decision makers with evidence related to the relevance and performance of the CPL component. The evaluation covered the first four annual calls for CPL funding applications over the 2004-05 to 2007-08 period.

Six sources of information were used to conduct the summative evaluation: a literature review, a review of documents, a review of administrative data and project files, key informant interviews, a survey of funded and unfunded applicants, and project case studies. This report summarizes the findings for these lines of evidence.

Key Findings

Relevance and Need

The literature review identified many positive impacts relating to the social participation of seniors which makes the CPL objective of encouraging seniors to contribute their skills, experience and wisdom in support of social well-being relevant. The modest CPL

funding for time-limited projects does not enable the capacity required to reduce the risk of social isolation of seniors, which is a secondary objective of the CPL.

The literature reviewed also indicated that one-third of Canadian seniors are active volunteers but that this proportion is lower than for younger age groups. This suggests that there is potential to expand on current participation levels through initiatives like the CPL.

The CPL component matches well with the needs that are being addressed by seniors' organizations. Almost all funded and unfunded applicants surveyed were trying to address needs that matched most of the CPL intended outcomes.

There was a significant increase in the national rate of eligible applications from Call 1 to Call 4 (53% to 82%). The approval rate of eligible applications increased steadily over the first three years of the CPL, with a slight decline in Call 4. The high percentage (55%) of total applications that did not receive funding over Calls 1 to 4 indicates a need to ensure organizations fully understand and are able to respond to CPL priorities and other project assessment criteria.

British Columbia had a consistently lower rate than the national average (in all four calls) for eligible applications and a consistently lower rate in Calls 1 to 3 than the national average on the approval rate of eligible applications. In light of these results, and subsequent to the evaluation, the program conducted an analysis in which it was discovered that BC was very strategic during the first four calls for proposals which translated into a higher than (national) average rate at which applications were screened out as ineligible.

In terms of the amount of funding requested that was approved, on a national basis, 43% was approved over the first four calls for applications. There was considerable variation in the overall amount of funding approved by region. Ontario had the highest funding approval rating at 58%. British Columbia had the lowest funding approval rating at 26%.

The utilization of grant funding declined over the first four years of the program from 100% to 83%. NHSP program respondents indicated that due to a high demand for CA funding when that component was introduced in 2007, and a simultaneous decrease in demand for CPL funding, CPL component funding was used to offset CA activities.

The CPL component is not the only source of grant funding for community engagement activities for seniors. Two provincial grant programs, in Quebec and Nova Scotia, exist with similar objectives to the CPL. There is no evidence that CPL duplicates these programs. While Quebec and HRSDC have a formal mechanism to avoid duplication, there is room to strengthen linkages with Nova Scotia to improve on complementarity (e.g. joint promotion of programs, efforts to coordinate funding), as there is currently no formal mechanism with that province to avoid duplication. The existence of these provincial programs may question the need for a federal role for this type of program. Key informants identified programs in four other provinces and territories that may fund community-based activities but as part of aging or wellness strategies for the general population.

Few funded organizations accessed other government funding for their projects. Most continued their project activities after CPL funding ended. Forty-three percent of the unfunded projects surveyed went ahead without CPL funding, primarily with volunteer resources (60%).

Need for CPL versus Capital Assistance Funding

The CA and CPL components are seen as contributing in complementary ways to the achievement of CPL intended outcomes. The majority of all key informant respondent groups felt that the CPL and CA components contribute equally to the achievement of intended program outcomes. Respondents noted that while the components differ in focus they are equally needed in the community and complement one another. It was believed that organizations require safe buildings and up-to-date equipment to run programs and activities for seniors.

Consistency with Government of Canada Priorities

The CPL component is consistent with Government-wide priorities (identified in the Speech from the Throne and federal Budget) for enabling seniors to remain active and engaged in community life, and that they are enabled to share their skills, experience and knowledge with each other and the wider community. The review of national programs of four other countries indicates that the CPL component is unique in focusing on seniors' social participation and engagement as leaders in communities.

Performance

Intended Immediate Program Outcomes

Seniors utilizing and sharing their experience, skills and wisdom

A requirement of the CPL component is that seniors be involved in managing and/or delivering projects. Based on all lines of evidence, seniors were involved in leading almost all CPL projects to some extent. As project leaders, seniors advised on, planned, organized, and promoted activities and also were involved in delivering activities or supporting delivery in the implementation phase. The evidence therefore indicates that seniors are utilizing and sharing their experience, skills and wisdom as both project leaders and participants. The reported average number of seniors playing a leadership role in projects varies by source. Respondents to the survey of applicants indicated that the majority of funded projects (54%) had up to 10 seniors involved in managing or delivering projects. The case study project representatives reported fewer numbers of seniors as project leaders wherein the median number was five.

Some constraints were noted via the case study interviews to utilizing seniors' skills, wisdom and knowledge in some CPL projects. Some challenges noted included engaging 'younger' seniors as project leaders due to factors such as their reluctance to be considered seniors or being too busy to take on this volunteer work. The types of funded activities

could be factors (e.g. some projects focus on seniors sharing their knowledge with others, while in other project, seniors were the recipients of information or education). Some seniors do not want to be leaders, as age and health can limit their involvement. In some rural communities, seniors are untapped as leaders.

Seniors are being connected through networks and partnerships

Most projects that focus on linking seniors with resources in the community are achieving this result. The partnerships formed by funded organizations with others in the community to collaborate on activities and services for seniors and to make referrals are seen as raising seniors' awareness of these resources and improving seniors' access to these resources. Most case study focus groups with project participants identified that the CPL component is also helping seniors to form/strengthen connections and engage in formal and informal social and support networks, primarily with their peers. The evidence indicates that some of these connections may endure beyond the life of the projects.

Some constraints were noted by a few Service Canada and Regional Review Committees key informants that pose challenges to maintaining some networks in the longer term, the main ones being the limited human and financial capacity of community-based organizations to maintain networks and limited access to transportation in rural areas for participants and for isolated seniors in urban areas. Transportation is an eligible CPL project expense.

Organizational Capacity

CPL funding has enabled organizations to address seniors' needs through varied activities. The funding has enabled organizations to offer new activities for seniors on a larger scale than they would have otherwise. The sustainability of enhanced capacity is more evident in organizations that have developed resources or acquired infrastructure. Based on the survey of funded applicants, CPL funding had the most impact on organizations' capacities to provide new or improved services or activities and/or to offer these more frequently. A combination of factors appears to have positively influenced capacity building in case study projects, including access to a bigger volunteer complement which offsets "volunteer fatigue," formation of partnerships which bring in-kind and financial resources and enable networking among organizations, and the development of resources and/or strengthened linkages for seniors through project activities. In addition, from the case studies it is apparent that in projects where resources were developed (e.g. workshop materials, information guide, training manual), facilities created (e.g. a new facility for Aboriginal Elders) and/or infrastructure acquired (e.g. kitchen equipment, boat shed) there is more likely to be a longer lasting positive impact on funded organizations' capacity to continue to offer these activities.

Capacity to serve broader community

CPL funding has had lesser impact on organizations' capacity to address community needs. However, fewer projects had this focus. In the case studies, projects that focused on intergenerational activities and cross-cultural awareness in ethno-cultural communities were seen by some key informants and focus group participants to have served broader

community needs. The review of project files indicates that 35% of CPL projects included intergenerational activities and 9% focused on addressing a broader social issue in the community (mainly issues for First Nations and multicultural awareness).

Intended Intermediate Program Outcomes

While the intended “immediate” program outcomes addressed the utilization of seniors’ skills, knowledge and wisdom as project leaders, the intended “intermediate” outcomes go a step further by assessing participation in CPL funded projects that other seniors led and organized.

Social participation and inclusion of seniors

CPL projects are providing opportunities for seniors, primarily those who are already involved with sponsoring organizations to participate in new activities. This helps keep them engaged in the community and reduces their risk of social isolation. Projects appear to be engaging few ‘new’ seniors who are not already involved with the funded organizations – either as participants or project leaders. CPL projects have also been successful to a lesser degree in increasing the social participation and inclusion of more isolated and vulnerable seniors which is a secondary program objective. The case study evidence indicates that a longer term effort is needed to reach, and then engage, those who are more vulnerable and isolated. In rural communities, transportation can pose a significant barrier to include isolated or vulnerable seniors. While the case study evidence shows that only a small number of seniors, including both younger seniors and older isolated seniors, were “new” to activities and the sponsoring organizations, seniors participated in “new activities.” In the majority of case study focus groups with participants, it was noted that most who had played a leadership role had been similarly active before the projects, and the CPL funding provided them with opportunities to continue volunteering in new activities. In addition, approximately 20% of case study focus group participants were already involved in leading or organizing the project. Almost all (92%) of the surveyed funded organizations felt seniors were less isolated as a result of the projects.

Overall the level of participation of both seniors and non-seniors in projects is reasonable for the scope of projects. There was considerable variation in the estimated number of participants depending on the source of evidence. The evidence indicates that organizations overestimated the numbers of participants, and volunteers they could engage, in the project proposals. The original estimations were much higher than the actual number of participants. The evidence indicates that organizations do not fully anticipate the challenges involved in recruitment and need help with planning this process. The mean estimated number of participants in project proposals was 354. The actual mean obtained from the survey of funded applicants was 60 participants. In the survey of funded applicants, one-third (36%) indicated they had difficulties recruiting participants, staff and/or volunteers. Most case study projects reported having between 20 to 100 participants (seniors). Reasons given by project representatives for the discrepancy between projected and actual numbers included difficulties recruiting the number of seniors desired or a change of project focus which resulted in fewer participants.

Engagement of seniors in the community

Projects had less impact on seniors' contribution to the broader community, as most projects focused on serving seniors, not addressing broader community needs. The review of project files indicated that the majority of CPL projects involved social (53%) or recreational (38%) activities for seniors (these figures are not mutually exclusive). Few case study project focus group participants indicated that the CPL project activity had led to them being more involved as volunteers in the broader community.

Incrementality of CPL Funding

The CPL component had an incremental impact on funded organizations in terms of their capacity to implement projects on the planned scale, and to continue with these projects following the end of CPL funding. The CPL component is intended to encourage and support organizations to undertake new activities to engage seniors in the community and to continue these activities using volunteer resources and the support of partners once the one-year CPL funded project is completed. Has CPL funding made a difference? According to the evidence from the survey of funded applicants and case studies CPL had these incremental impacts. Most funded survey respondents (88%) indicated that the project had continued after CPL funding ended, 45% on the same or a larger scale and 43% on a smaller scale. Of the sixteen case study organizations, 63% continue to deliver the activities that were funded through CPL, 38% on the same scale and 25% on a smaller scale.

The majority (55%) of unfunded respondents did not go ahead with their project as a result of not receiving CPL funding. Some (43%) went ahead without CPL funding. Of those that went ahead, 33% did so as planned and 67% did so on a smaller scale.

In terms of overall success, both funded and unfunded survey respondents rated the overall success of their projects very positively, with a significantly greater proportion of funded projects (86%) considering their projects to be very successful compared to unfunded projects (63%).

Operational Costs

Program documents indicate that operational costs for the CPL component represent 22.5% of the total allocation for the component, which is in line with the original forecasted amount. This is high but it should be noted that CPL operational funds are used to offset CA operational costs. The CPL component is delivered regionally by Service Canada. This delivery model is considered by NHSP NHQ as appropriate to optimize efficiency in program delivery. Determining the exact ratio of operational costs in the regions for each component is challenging as Service Canada does not differentiate between CA and CPL when reporting on operational costs.

Progress Made in Implementing Formative Evaluation Recommendations

The summative evaluation revealed that there are challenges in making improvements with respect to the following three recommendations of the formative evaluation:

- Review and update the program's performance indicators for outputs, immediate outcomes, intermediate outcomes, and long-term outcomes.
- Improve the capture and collation of information about the short-term outcomes of the program in the Common System for Grants and Contributions (CSGC).
- Ensure that CSGC data are complete for any fields that will be used for tracking performance or for the summative evaluation.

The program contains intended program outcomes that overlap, terms which are not defined in program documentation (e.g. isolated" and "vulnerable" seniors) and outcomes which may be difficult to measure and achieve (e.g. impacts at the community level. It also uses similar, but rephrased, wording for each level of outcome, wording which is not defined in program documentation.

All of the above-noted points created challenges when designing the methodology for this evaluation. Not having access to definitions of terms contained in the logic model made it difficult to operationalize these items. It was also determined that it would be difficult to measure the achievement of the intended intermediate and longer-term outcomes related to impacts at the community level, and in turn, attribute any achievement that could be measured to the CPL component given the amount of funding, and scope, of CPL individual projects. The project application and final report forms which funded recipients are required to complete do not collect information specifically related to each of the CPL intended outcomes.

Recommendations

- 1) *Examine the design of the CPL component to identify program design changes which would facilitate or support greater involvement of seniors who have not previously led or participated in funded projects.*

Evidence from the case studies, the survey of funded applicants and key informant interviews indicate that the one-year duration of projects and the \$25,000 funding limit are factors that impede organizations in addressing and achieving the full range of CPL objectives. Although an eligible NHSP project expense, transportation was found to be an impediment to engaging seniors in rural areas and more vulnerable seniors in urban centres.

- 2) *To increase volunteerism among seniors who are not already volunteering, assist funded organizations to develop approaches to encourage the engagement of younger or isolated seniors.*
- 3) *Clarify program outcomes to reflect what the program is specifically trying to achieve and develop a system to collect, monitor and report on program results.*

Management Response

Introduction

The New Horizons for Seniors Program (NHSP) helps to ensure that seniors are able to benefit from and contribute to the quality of life in their community through their social participation and active living. The Community Participation and Leadership (CPL) component, one of three components within NHSP, provides grant funding up to \$25,000 to NFP organizations for projects that encourage seniors to contribute to their communities by sharing their skills and experience and helping to reduce isolation.

A summative evaluation of the NHSP's CPL component was undertaken concurrently with formative evaluations of the other two NHSP components (Capital Assistance and Elder Abuse Awareness). While some areas for review and improvement were identified, generally, the key findings outlined in the summative evaluation are positive and indicate the program is meeting its objectives.

Three recommendations were provided in the CPL evaluation report which the program area provides a response to below. The program area is currently responding to the Budget 2010 commitment of an additional \$5 million per year of ongoing funding to support projects that focus on volunteering and mentoring among seniors and that focus on raising awareness of financial abuse of seniors. Consequently, the Program management is examining the overall program design and delivery to respond to this commitment and will also use this opportunity to make any necessary adjustments, stemming from NHSP program evaluations.

Recommendations

1. *Examine the design of the CPL component to identify program design changes which would facilitate or support greater involvement of seniors who have not previously led or participated in funded projects. Evidence from the case studies, the survey of funded applicants and key informant interviews indicate that the one-year duration of projects and the \$25,000 funding limit are factors that impede organizations in addressing and achieving the full range of CPL objectives. Although an eligible NHSP project expense, transportation was found to be an impediment to engaging seniors in rural areas and more vulnerable seniors in urban centres.*

- The Department agrees with this recommendation.
- A review of program design has been undertaken to identify potential improvements including how to facilitate greater involvement of seniors. Implications of potential changes to project duration, eligible costs and funding limits are being considered in context of NHSP's success in acting as a catalyst for leadership in communities and sustainability of the those initiatives over time.

- Inadequate transportation services for seniors were identified by some regions as a barrier for projects to meet the NHSP's objectives, particularly for isolated seniors who required transportation to participate. Transportation costs are an eligible expense, if they are supporting the participation in activities not the activity itself.
- In addition to program design changes, Human Resources and Skills Development Canada believes that program delivery changes will support increased and expanded involvement of seniors and others with communities.

Actions proposed

- The department has recently reviewed and recommended Program design changes to respond to the Budget 2010 commitments related to volunteerism and financial abuse and the evaluation findings.
 - Actions to strengthen program delivery will contribute to strengthening the outcomes of the program. Internal discussions are underway to identify specific actions to improve community engagement, partnership development, priority setting and marketing of the program at the local level to achieve greater involvement of seniors (particularly rural, vulnerable and emerging cohorts of seniors), who have not previously led or participated in funded projects. The roles and responsibilities of the regional senior development officers and the regional committee members in supporting this work will be reaffirmed through knowledge sharing and training (starting Winter/Spring 2011); and supported by modifications to program management tools including communications products.
 - In addition, the current applicant guidelines will be reviewed (over the next year) to ensure clear understanding of the conditions under which transportation is funded.
- 2. *To increase volunteerism among seniors who are not already volunteering, assist funded organizations to develop approaches to encourage the engagement of younger or isolated seniors.***
- The Department agrees with this recommendation.
 - Evidence from the evaluation case studies and the perspectives from program officials indicate that projects which involve seniors as volunteers are more likely to be sustained beyond the ending of the funding period.
 - The data suggests (Canada Survey of Giving, Volunteering and Participating, 2008) that early engagement of those who are moving into retirement (baby boomers) will serve to replenish volunteers. However, it is important to consider the different socio-demographic and interest patterns of these "emerging" seniors. For example, baby boomers are more highly educated and skilled than the current generation of seniors and are motivated by engaging in meaningful experiences where they can contribute their skills and expertise.

Actions taken

- The importance of volunteerism is reiterated in the Program’s application materials and the Web site. Regional staff involved in community engagement activities and grant writing workshops encourage organizations to involve senior and other volunteers in their projects.

Actions proposed

- The proposed program design and delivery changes will respond to this evaluation recommendation as well as Budget 2010 commitments. These changes will support projects that encourage senior volunteers to mentor peers and other generations; attract a younger cohort of seniors to volunteer and encourage “new” seniors to participate in activities.
 - Over the next two years, additional work will be undertaken to identify motivations and disincentives for volunteerism across age cohorts in order to inform program delivery efforts. The roles and responsibilities of senior development officers and regional committee members in community engagement and in harnessing voluntary contribution of seniors will be reinforced. This will be supported by direction and training (starting Winter/Spring 2011) on focused priorities, changes to supporting tools and resources, expansion of networks, revisions to committee membership, and fostering community linkages that facilitate the desired outcomes.
 - In addition and in order to focus attention on the engagement of volunteers, NHSP now includes the following direct outcome: *Recipient organizations adopt approaches to engage volunteers.*
- 3. Clarify program outcomes to reflect what the program is specifically trying to achieve and develop a system to collect, monitor and report on program results.**
- The Department agrees with this recommendation.
 - This recommendation applies to all components. NHSP has evolved since its inception in 2004, adding the two components in 2007. An analysis of the Program’s current logic model, which contains the outcomes for the three components, indicates that some “direct” outcomes overlap and outcomes at the “shared” (or intermediate) level, such as community capacity may be difficult to measure. A further challenge is to ensure clarity of the dual purpose of the overall Program; that is, to support the involvement of seniors as contributors and beneficiaries.

Actions taken

- Program officials began revising the program logic model to remove overlap and improve the output and outcome statements to ensure the logic around each component would be clear. This work will continue through the development of a Performance Management Strategy.

- To counter the limitations in capturing, extracting and managing program-specific performance data, Program officials have developed an interim results reporting data collection tool to capture success indicators from final reports for CPL projects. However, gaps with respect to effective reporting on results remain.

Actions proposed

- By December 31, 2010, a new Performance Measurement (PM) strategy will be developed to represent the updated outcomes of the NHSP, which stem from the changes related to the Budget 2010 commitments. This strategy will include program outcomes that are consistent with the program's intent, appropriate performance indicators, and clear roles/responsibilities in regards to data collection and analysis.
- By March 31, 2011, the program's tools and templates will be reviewed and modified to ensure that the appropriate data is being collected to meet the requirements of the new PM Strategy. It is also a program delivery goal to ensure that all forms/tools are client-focused and in plain language.
- Appropriate training (starting Winter/Spring 2011); will be provided to delivery staff to ensure they understand the program's desired outcomes and what requirements will evolve from the PM Strategy.
- Before, during and after the next CFP, the revised Program outcomes and objectives will be articulated to stakeholders through clear communications materials and the Program's Web site.

1. Introduction

This report presents the findings from the summative evaluation of Community Participation and Leadership (CPL) component of the New Horizons for Seniors Program (NHSP). The evaluation was conducted from June 2009 to October 2009 and covers the first four years of the NHSP program (2004-05 to 2007-08). Using similar methods and sources, the evaluation was conducted concurrently with the formative evaluations of the Capital Assistance (CA) and the Elder Abuse Awareness (EAA) components of the NHSP.

1.1 Overview of the Community Participation and Leadership Component

1.1.1 NHSP Program Structure and Objectives

The NHSP was announced in the 2004 Budget. The program focused on supporting a wide range of community-based projects across Canada that encourage seniors to contribute their skills and experience in support of the social well-being of their communities, and by extension, to reduce the risk of social isolation of seniors. The NHSP was expanded in 2007 with the introduction of two additional components - Capital Assistance (CA) and Elder Abuse Awareness (EAA). At that time, the original NHSP was renamed the Community Participation and Leadership (CPL) component.

The overall objective of the NHSP is to help to ensure that seniors are able to both contribute to, and benefit from, the quality of life in their community through their social participation and active living.

The main objective of the CPL component is to encourage seniors to contribute their skills, experience and wisdom in support of social well-being in their communities. Seniors are not a homogeneous group. Therefore, by engaging in this process, a secondary objective of the program is to promote the on-going involvement of seniors in their communities to reduce the risk of social isolation of seniors who may not be in a position to contribute their skills and experience.

The objective of the CA component is to help non-profit organizations maintain their capital infrastructure to support existing community programs and activities that promote active living and social inclusion for seniors.

The objective of the EAA component is to help non-profit organizations develop national or provincial/territorial/regional educational and awareness activities to help reduce the incidence of elder abuse.

It is the view of program officials that the three components, although supporting different project activities, are interrelated and reinforce program objectives.

1.1.2 Rationale for the CPL Component

Program documents identify that the NHSP (i.e. the current CPL component) supports the Government of Canada's overarching social goals to enhance the quality of life and promote the full participation of individuals in all aspects of Canadian Society. The NHSP, recognizing that complex social issues are best addressed by multiple players, works in partnership with communities as the focal point because communities are where people live and where they access and contribute to supports and services. The NHSP, therefore, seeks to strengthen the capacity of communities by investing in seniors, knowledge, technology, structures, leadership and organizations from all sectors of the community, inclusive of voluntary and non-profit sectors. NHSP documents also note that "many older Canadians are engaged and contributing to their community and broader society through their giving, volunteering and participation activities. However, for some seniors, isolation and loneliness remain a concern." The rationale for the NHSP is that, by empowering seniors, and by encouraging them to contribute their skills, wisdom and experience through social participation and improved networking, they will not only enhance their ability to help themselves, and to support those dealing with the isolation of aging, but they can also strengthen their communities; noting that for many older Canadians, social participation is fundamental to maintaining dignity and a high quality of life.

1.1.3 Eligible Recipients and Activities

Eligible organizations include non-profit organizations, community-based coalitions, networks, or ad hoc committees; municipal governments; and Band/tribal councils or other Aboriginal organizations. Post-secondary institutions, as well as social service and public health institutions are eligible with the agreement of the provincial or territorial government.

There are a number of criteria regarding eligible activities to ensure that projects respond to the intended outcomes of the CPL component. Projects must involve the active engagement of seniors in the social well-being of their communities and must involve seniors in a leadership role, by engaging seniors in project development and implementation. Activities must also not be part of the regular, on-going responsibilities or service offerings of a sponsor. They must not duplicate activities that currently exist in the community. They must address local community priorities and interests, be consistent with NHSP objectives, and respond to regional CPL priorities. Examples of eligible activities include:

- establishing or strengthening networks and associations that promote the empowerment and inclusion of seniors throughout their life course within their communities
- outreach to vulnerable seniors
- development and enhancement of social, active living, or life skills programming
- volunteer, mentorship and leadership training and skill matching
- intergenerational activities involving learning and relationship building

- conference/learning forum organization, promotion and participation
- research and knowledge development, mapping community assets, development of tools and resource materials and sharing best practices

Also consistent with the intent of the NHSP, the CPL component is designed to fund modest, time limited projects. Maximum funding per project is \$25,000 for new project activities that are a maximum of one year in duration. Of this amount, capital assistance of up to \$10,000 is available for the purchase of equipment or minor renovations required to support the project activities.

1.1.4 Management Structure

HRSDC NHSP National Headquarters (NHQ) is responsible for management of the CPL component including overarching planning, communications with the regions, maintaining the NHSP website, staff training, monitoring, and continuous program improvement. Regional Service Canada staff are responsible for the delivery of this component under the functional direction of NHSP NHQ. Regional responsibilities include community engagement and liaison, establishing and supporting the operations of their Regional Review Committees (RRCs), setting regional priorities for funding in conjunction with the RRCs, and establishing and maintaining partnerships with provincial and territorial officials on NHSP matters. RRCs are comprised of representatives from the federal and provincial/territorial governments, seniors' serving organizations (both private and non-profit), community organizations and seniors. This approach helps ensure that CPL activities complement and do not duplicate existing programs and activities in each region.

The NHSP uses a community engagement approach to program delivery. Through its program criteria and delivery model, the NHSP aims to facilitate broad community involvement in the development of projects. It encourages community partners to work together to design and implement projects that promote the active participation of seniors. Appendix A includes the logic model for the NHSP.

1.1.5 Application Process

A call for CPL applications is issued annually on a national basis for all regions using a standard application guide and form. Service Canada staff promote the call for applications using various media and direct methods and, on request, provide advice to applicants. Regional Service Canada staff screen and review applications for basic eligibility and refer those meeting the CPL eligibility criteria to RRCs. RRCs assess applications using standard criteria to determine the benefits of the project to seniors, the community and the organization and either reject applications or recommend applications for Departmental approval.

1.2 CPL Resources

Table 1.1 depicts the amount of funding approved by Parliament for the CPL component of the NHSP. When the other two new components were introduced in 2007-08, funding for the CPL also increased to \$25M per year.

Table 1.1 CPL Component Resources							
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	Total
CPL Grant Funding	\$5,000,000	\$11,700,000	\$15,600,000	\$19,500,000	\$19,500,000	\$19,500,000	\$90,800,000
Operations & Salary	\$3,000,000	\$3,300,000	\$4,400,000	\$5,500,000	\$5,500,000	\$5,500,000	\$27,200,000
Total Funds	\$ 8,000,000	\$15,000,000	\$20,000,000	\$25,000,000	\$25,000,000	\$25,000,000	\$118,000,000

1.3 Evaluation context

The summative evaluation of the CPL component was conducted in the fourth year of implementation of the NHSP. It followed on the formative evaluation of the CPL that was conducted in 2008-2009.

1.4 Evaluation Objectives, Issues and Questions

The summative evaluation of the CPL component meets Treasury Board Secretariat Evaluation Policy by addressing relevance and performance. The evaluation also assessed progress towards implementation of the action plan in response to the recommendations from the formative evaluation of this NHSP component. Seven evaluation questions were developed to address these issues:

Relevance

- Is the CPL consistent with departmental and government-wide priorities?
- Is the focus of the CPL consistent with the needs expressed by organizations that serve seniors?
- Is the CPL duplicating or complementing existing programs or initiatives and if duplicating, what mechanisms are in place to avoid duplication?

Performance

- To what extent has the CPL reached its expected immediate outcomes:
 - seniors' experience, skills and wisdom are utilized
 - seniors are connected through networks and partnerships
 - funded organizations have increased capacity to serve community needs

- To what extent has the CPL reached its expected intermediate outcomes:*
- Social participation and inclusion of seniors
- Seniors' engagement in and contribution to the community

Operational Costs¹

- What is the percentage of operational costs (operation and maintenance) relative to the total annual budget of this component (at the national and regional level) and is this in line with the departmental standards for Grants and Contributions (Gs & Cs)?

Other

- What progress has been made on the implementation of the action plan to address the recommendations of the NHSP formative evaluation?

* *These success factors are outlined in the program's logic model (in Appendix A). Note that community level outcomes included in the logic model were not assessed. In developing the methodology for the summative evaluation of CPL, it was recognized that it would be difficult to measure the impact of CPL funding at this level, since there are many other contributing factors that influence the impact on communities.*

¹ This evaluation issue emanates from the new Government of Canada Evaluation Policy (effective April 1, 2009) which states that economy and efficiency must be now addressed in all evaluations. This was examined in this evaluation by assessing the proportion of program funding expended on operational costs and was intended to be exploratory in nature.

2. Evaluation Methods

2.1 Overview of Methods

The summative evaluation was structured to collect information on each of the evaluation issues using multiple lines of evidence. Where possible, there was a balance between quantitative and qualitative methods, with qualitative methods providing further description and explanation for quantitative information. Both primary and secondary data sources were used.

The methods used included a literature review, document review, administrative data and file review, key informant interviews, a telephone survey of funding applicants, and project case studies. Appendix B sets out the evaluation matrix showing the evaluation issues and questions addressed by each method.

2.2 Literature Review

The literature review contributed to developing the context to situate the findings from the evaluation of CPL. The purpose of the review was also to determine if evidence from research and reports existed in support of the relevance of the program, to assess program duplication with other similar programs in Canada and to report on related research and programming practices in international jurisdictions. The review also sought out evaluations of the effectiveness of programs or government interventions in other countries to identify transferable lessons learned on good practices in programming focused on the social inclusion of seniors. However, no such evaluations of the effectiveness of programs in other jurisdictions were found through the literature review or through follow up with the lead departments in other countries where programs were identified.

2.3 Document Review

A wide range of program documents provided information for evaluation questions related to the relevance of CPL. These documents included Treasury Board submissions, Departmental plans and annual reports, Results-Based Management and Accountability Framework (RMAF) and Risk-Based Audit Framework (RBAF) for the NHSP, Resource Allocation Model, formative evaluation of the NHSP, and NHSP annual and periodic reports on program performance.

2.4 Administrative Data and File Review

The administrative data and file review was designed to obtain information to address the evaluation issues of relevance (in particular the need for the program as evidenced by the demand) and performance (effectiveness) as documented in final reports. The administrative

data also contributed to assessing the progress made in implementing actions recommended in the formative evaluation. Two tasks were involved:

Administrative data review – Relevant data from the Common System for Grants and Contributions (CSGC) database² was extracted and analyzed using a Statistical Package for the Social Sciences (SPSS).

Project file review – A 10% sample (265) was selected from the 2,646 CPL projects approved over the 2004-05 to 2007-08 period. Files were stratified by region and year of approval and then the sample was randomly selected. Of the project files requested, 247 were received from the regions. The funding application and final reports in these project files were reviewed. Relevant data was extracted, recorded in a review template and analyzed using SPSS. Qualitative information was coded prior to being entered in the template.

2.5 Key Informant Interviews

2.5.1 Purpose of Interviews and Key Informant Population

The purpose of the key informant interviews was to gather in-depth information, including views, explanations, examples and factual information to address most evaluation questions. The key informant interviews complemented the quantitative evidence gathered as part of this evaluation by providing supporting information from informants with varied roles and involvement with the program and seniors issues. In the methodology design phase, it was decided that a total of 60 key informants, allocated across differing respondent groups (e.g. government officials, RRC members), would provide an appropriate range of input for all three evaluations. The key informant interviews addressed the relevance and performance of the CPL component, as well as progress towards implementation of the action plan in response to the recommendations from the formative evaluation of the NHSP.

Interviews were conducted with 57 individuals regarding the CPL component of which 17 were government officials directly involved in managing or delivering the NHSP. Most of these interviews also gathered information for the evaluation of the two other components of the NHSP. All interviews but one were conducted by telephone. The numbers completed by respondent group and the purpose for interviewing each group are as follows:

Senior government officials (2 interviews): This group was comprised of two representatives of senior HRSDC management. They were asked selected questions to obtain their strategic-level (versus operational) perspective on the relevance and success of the NHSP.

² The CSGC is the database that contains most of the pertinent information related to the grants funded projects, contribution agreements, and payments. It follows a project from the submission of an application/proposal to the close-out of the grant or agreement. For CPL and CA applications, regional project and financial officers are responsible for ongoing input into the CSGC, and for EAA applications, national project and financial officers are responsible for ongoing input into the CSGC. The hard copy project file contains more details, such as supporting documents for the application package and the detailed final report and/or deliverables.

NHSP staff and managers (National Headquarters) (6 interviews): The purpose was to obtain the perspectives of those who have varied responsibilities for program administration at the national level regarding the relevance and performance of the CPL component. One respondent was asked only the questions related to the NHSP formative evaluation recommendations on performance measurement and monitoring.

NHSP managers (Service Canada Regional Offices) (9 interviews): The purpose was to obtain the perspectives of those who had program management responsibilities at the regional level on relevance, performance and operational costs of the CPL component.³

Regional Review Committee members (23 interviews): The purpose was to obtain the perspective of individuals outside of Service Canada who are involved in the review of applications. There are 13 RRCs, with representation from all three orders of government, seniors' organizations, seniors themselves, and other individuals involved in seniors' issues (e.g. academics involved in seniors or population health, representatives of organizations serving groups such as Francophones, Aboriginal people). Two interviews were planned per region,⁴ with the exception of Quebec where one provincial key informant was identified.⁵ The focus was on interviewing non-government members who are representatives of seniors' organizations or seniors themselves in order to obtain input through this methodology from the target group for the program. To do this, the chair of each RRC was interviewed if they were either a representative of a seniors' organization or a senior themselves. If not, an alternate member who was a representative of a seniors' group or a senior was selected. One other RRC member from the community was also selected for each committee from the membership list provided.

Representatives from the stakeholder groups (14 interviews, including 3 national groups, 7 regional groups and 4 provincial government representatives): The purpose was to obtain the perspectives of non-government organizations on the CPL component rather than on specific CPL projects. The stakeholders were selected to ensure representation from both national and regional organizations with an involvement in seniors' issues and services and with perspectives on the specific issues addressed by, and the objectives of, the NHSP, as well as provincial government departments with a mandate for seniors' issues. Stakeholders were also selected to ensure the gathering of perspectives from specific populations of seniors (i.e. organizations serving Aboriginal Elders, Official Language Minority Communities, ethnocultural seniors).

Experts (3 interviews): Experts are defined as individuals in Canada who have done significant research related to seniors' issues or who have worked extensively on seniors' issues, in particular regarding social inclusion and community engagement. They were asked questions related to the strategic aspects of NHSP and of each program component.

³ Thirteen interviews (one per province and territory) were targeted, but four could not be arranged and completed within the timeframe for this task.

⁴ Two of these interviews could not be completed within the timeframe for this task.

⁵ HRSDC has a Memorandum of Understanding with the Province of Quebec for coordination of the NHSP with that province's seniors' program and a Joint Management Committee fills the role of the RRC.

2.5.2 Selection Process for Experts' Group

Experts were identified through a search of organizations conducting research on seniors' issues and by requesting recommendations from individuals in this field.

2.5.3 Interview Process

The interview guide was sent to key informants in advance of the interview. It was recognized that this approach might present the risk of bias (respondents saying what they felt the interviewer wanted to hear). However, as the interview guides were lengthy (covering the three NHSP components) it was felt that the interviews would gather more informed opinions if key informants had the opportunity to review the questions in advance and that the benefit of this approach outweighed the risk.

2.5.4 Analysis

Interview notes were captured in an electronic database for analysis. The responses to questions were matched to specific evaluation indicators and synthesized by respondent group. Key informants were asked to indicate their level of awareness of the CPL component and of the results of CPL projects using a 0-10 scale and this rating was taken into consideration in the analysis of key informant opinions.

The relative weight of responses within each group was recorded using a rating scale (see section 2.8). The evidence was then analyzed and summarized for each evaluation indicator, then rolled up to analyze and summarize the evidence for each evaluation question, noting differences or similarities in the opinions across key informant groups.

2.6 Survey of Funding Applicants

2.6.1 Survey Purpose and Design

The survey of CPL funding applicants was designed to address the evaluation issues of relevance and performance. For funded applicants, the survey attempted to obtain estimates of the effects and impacts of the projects in relation to the intended CPL outcomes and of the extent to which these effects could be directly attributed to this component. Unfunded applicants (ineligible and rejected) were used as a comparison group to address issues related to relevance and to assess the incremental impacts (success) of the CPL component. The survey included a representative sample of funded and unfunded applicants who applied for funding in Calls 1 through 4.

As some organizations submitted multiple applications, it was decided that organizations would be surveyed about one application only. This involved retaining the “best and most recent” application and deleting all other applications from the survey frame. Specifically,

- Where an organization had submitted several applications and one or more of those were approved for funding, only the most recent approved application was retained and all others were ineligible for the survey.
- Where an organization submitted several applications and none of these were funded, the most recent rejected application was retained. In cases where all of an organization’s applications were ineligible, the most recent ineligible application was retained.

Specific response quotas were identified in advance for each Service Canada region⁶ by call. Where a particular sample quota was unachievable,⁷ a substitute interview was conducted with another organization regarding an application from the same status category from a neighbouring province in the same funding call (first choice) or from the same province in an adjacent funding call (second choice).

Table 2.1 sets out the survey population and responses. A total of 1070 interviews were completed, including 655 interviews with funded recipients and 415 with unfunded applicants of which 208 did not receive funding and the remaining 207 were deemed ineligible for funding. The approximate margin of error for a sample of this size is ± 3.3 percentage points for the funded sample, ± 6.2 percentage points for the rejected sample and ± 6.4 percentage points for the ineligible sample at the 95% confidence level. The quotas were exceeded in aggregate for each of the three survey populations.

Table 2.1					
CPL Component – Survey Population and Responses					
Survey Population	Total Applications	Survey Frame (after duplicates removed)	Quota	Total Respondents	95% Confidence Interval
Approved Applicants	2672	2291	600	655	± 3.3
Ineligible Applicants	1933	1361	200	207	± 6.4
Rejected Applicants	1179	782	200	208	± 6.2
Total	5754	4434	1000	1070	

The survey was conducted by telephone, using Computer Assisted Telephone Interviewer (CATI) software. The survey started on July 30, 2009 and concluded on September 21, 2009.

⁶ Service Canada has 13 regions, one per province and territory.

⁷ A very rare occurrence.

The survey questionnaire was developed based on the specific evaluation questions to be addressed for the NHSP- CPL component. Separate questionnaires (using mainly similar questions) were developed for funded applicants and unfunded applicants. Unfunded applicants included both those for projects that were ineligible (did not meet program criteria) and rejected (met program criteria but not recommended for funding following further assessment by the RRC). The individual respondents were those identified on the CSGC as the contact person for the organization.

Several strategies were used to improve response rates including; sending pre-notification letters on HRSDC letterhead to encourage voluntary participation in the survey and to explain the process that would be followed to ensure confidentiality; call back procedures to ensure the response rate was as high as possible; identification of replacement contacts where needed; a disciplined approach to questionnaire design to keep the length of the interviews to the minimum while allowing time to address all the evaluation issues; and using plain language to ensure the interview was appropriate for respondents, many of whom were seniors themselves and who were assumed to have had varied levels of involvement with government funding programs.

The data were extracted to a Statistical Package for the Social Sciences (SPSS) for analysis. Prior to analysis, data were cleaned and coded. Coding was completed for open-ended questions including “other” categories.

2.6.2 Analysis

Much of the analysis compares the survey responses of funded applicants and unfunded projects. Responses of funded and unfunded applicants were compared for all questions. The unfunded applicants were further analyzed to compare the responses of ineligible and rejected applicants.

Statistical significance of observed differences was tested using the chi-squared goodness of fit test and test statistics are provided with each table of survey results. Where differences were identified, these are noted in the narrative analysis for each table. This test examines whether the observed differences between the two populations are extreme enough to contradict the null hypothesis of statistical independence. All tests were conducted at the 5% level of significance which means that there is a 5% risk that a statistically significant difference will be found when, in fact, the two populations are statistically independent. A small number of tables had some very small cell sizes which potentially distorts significance testing. Analysis and testing was redone on these tables after collapsing cells and the observed differences were found to still be significant and reported as such in the text.

2.6.3 Profile of Survey Respondents

The profile of funded and unfunded survey respondents was developed and compared for the following characteristics:

- *Area served:* Respondents were similar in terms of the area served. The majority of funded respondents (64%) and unfunded respondents (62%) carried out activities only in one location, followed by some funded (29%) and unfunded (29%) respondents who carried out activities elsewhere in their province/territory.⁸
- *Population served:* Respondents were similar in terms of the population served. The majority of funded respondents and unfunded respondents (68% and 69% respectively) served both seniors and non-seniors, followed by some funded and unfunded respondents (27% and 25% respectively) who served only seniors.⁹
- *Staffing:* Both funded and unfunded respondents had diverse numbers of employees, with funded organizations having slightly larger numbers. Funded respondents were most likely (38%) to have from 1 to 4 employees, followed by 33% with more than five employees, and 29% with no employees. Unfunded respondents were most likely (37%) to have no employees, followed by 33% with more than five employees and 30% with from 1 to 4 employees.¹⁰
- *Volunteer base:* Funded survey respondents had a slightly larger volunteer base than unfunded respondents. Forty-two percent of funded respondents had 50 or more regular volunteers, followed by 30% with 20-49 regular volunteers and 26% with less than 20 regular volunteers. A few unfunded respondents (36%) reported that they had less than 20 regular volunteers, followed by some (32%) with 50 or more regular employees, and some (29%) with 20-49 regular volunteers.¹¹

2.7 Project Case Studies

2.7.1 Purpose of Case Studies and Selection Process

The case studies of funded CPL projects were designed to provide an in-depth examination of the relevance and success of the CPL component of the NHSP in meeting program outcomes.

⁸ This difference is not statistically significant ($\chi^2 = 0.61, p > .05$).

⁹ This difference is not statistically significant ($\chi^2 = 0.090, p > .05$).

¹⁰ This difference is statistically significant ($\chi^2 = 13.87, p < .05$).

¹¹ This difference is statistically significant ($\chi^2 = 16.3, p < .05$).

A total of 16 case studies was determined to be an appropriate number to provide coverage of all regions, participant demographics and the types of activities funded by this component. The selection of case studies was made using several criteria, described below.

Project Timeframe: The summative evaluation of the CPL covers projects in Calls 1 to Call 4. However, the case studies were selected from projects funded in the two most recent Calls 3 (2006-07) and 4 (2007-08), in order to ensure contact with key informants and participants who would have better recall of project activities and results.

Project characteristics: Various project characteristics captured on the CSGC were used to select projects to ensure: representation of all regions, a mix of rural and urban projects, projects focused on specific target groups (aboriginals and immigrants/multicultural groups), official language minority communities (OLMC) (2 projects selected), large and small projects (in terms of funding level), and projects with sufficient participants to ensure at least eight to 12 would attend a focus group.

NHSP project categories: Projects were selected to ensure projects from each of the three project categories below developed by the NHSP NHQ:

A: Projects that engaged seniors as leaders in activities that reach out and benefit the broader community

B: Projects that focused on ‘seniors for seniors’ in addressing seniors social issues

C: Projects that were primarily social or recreational

Overall selection

Lists of all projects from Calls 3 and 4 for each region were developed to reflect the above characteristics. From this, sixteen projects were selected, along with 16 back-up projects, to ensure that, overall, the various criteria of interest were covered.

Project representatives for each of the 16 selected case study projects were sent a letter signed by senior officials of HRSDC inviting their participation on a voluntary basis and explaining the assistance required from them. A follow-up telephone call was made to each organization to answer any questions, confirm the organization’s interest in participating and agree on a date for the site visit.

Table 2.2 below illustrates the characteristics of the projects selected for case studies.

Table 2.2 Characteristics of Case Study Projects	
Feature	Number of projects
Total Regions included	11 ¹²
Call	
Call 3	6
Call 4	10
Size (CPL Funding)	
Small (less than \$10K)	1
Medium (\$10K to \$14.9K)	3
Large (greater than \$15K)	12
Rural versus Urban	
Rural	6
Urban	10
Target Population	
Seniors	12
Aboriginal Seniors	2
Immigrant Seniors	2
Organization Type	
Not-for-profit sector	14
Public Sector (municipal)	2
Organization Category	
Local community, charitable voluntary organization	11
Aboriginal not-for-profit	1
Aboriginal government	1
Municipal government and agencies	2
Health Agency (Provincial Government)	1
CPL Project Category	
Category A (Projects that engaged seniors as leaders in activities that reach out and benefit the broader community)	12
Category B (Projects that focused on 'seniors for seniors' in addressing seniors social issues)	2
Category C (Projects that were primarily social or recreational)	2

2.7.2 Organizing and Conducting Case Studies

The case studies were conducted through site visits to each project. Several pre-visit contacts were made with the project representatives as their assistance was needed in identifying key informants and project participants for the focus group. They were provided with a script to use in contacting these individuals and obtaining their consent to share their contact information with the evaluation team. Letters signed by HRSDC senior officials were prepared for the key informants and focus groups and given to each individual. These explained the purpose of the case study and reiterated the confidentiality of the information collection and reporting.

¹² No projects in the Northwest Territories and Nunavut were included as, due to the small number of projects in these regions, none were identified in Calls 3 and 4 that would assure sufficient participants for focus groups.

Each case study was conducted through a review of project documents and interviews with one or two project representatives, one to two project partners and/or community stakeholders. As well, a focus group was held with seniors and non-seniors who had participated in the projects. A Service Canada representative familiar with the project was interviewed by telephone. In total, 62 key informants were interviewed and 164 seniors and non-seniors who had participated in the projects attended focus groups. On-site observation was conducted for four projects where the funded activities were still being delivered.

2.8 Interpretation of Findings

Throughout the text, finding from qualitative and quantitative methods are presented using the following “scale” which corresponds to the proportion of key informants and survey respondents that held similar views.

- **“All/almost all”** – findings reflect the views and opinions of 90% or more of the respondents in the group.
- **“Large majority/most”** – findings reflect the views and opinions of at least 75% but less than 90% of respondents in the group.
- **“Majority”** – findings reflect the views and opinions of 51 % but less than 75% of respondents in the group.
- **“Half”** – findings reflect the views and opinions of 50% of the respondents in the group.
- **“Some”** – findings reflect the views and opinions of at least 25% but less than 50% of the respondents in the group.
- **“A few”** – findings reflect the views and opinions of at least two respondents but less than 25% of respondents in the group.

2.9 Challenges and Limitations

The following summarizes the main challenges encountered in the evaluation.

Conducting simultaneous formative and summative evaluations: Since the summative evaluation of the CPL component was conducted concurrently with the formative evaluations of the CA and EAA components, most key informants were asked questions about all three components. While this resulted in collecting opinions on a wide range of questions, it also meant that most interviews were lengthy and there was limited time to probe for more in-depth responses.

Balance of key informants: Given that there are three NHSP program components and both NHQ and regional staff are involved, it was necessary to include a sufficient number of departmental key informants to provide coverage of the evaluation issues and questions. It was recognized that key informants from an organization responsible for a program may be reluctant to provide opinions that are critical of the program. The methodology

controlled for this potential bias by including more external key informants (40) than departmental key informants (17) for the CPL component interviews.

Program awareness of respondents: The assessment of individual CPL project outcomes was a key source of information for the evaluation of CPL success. Key informants had varied levels of awareness of the funded CPL projects and their impacts on seniors. In the case studies, the project representatives proved to be more informed about the projects than the project partner, community stakeholder, and Service Canada key informants. As the project representatives were funding recipients, this may have introduced some level of bias in the information and perspectives provided to the evaluation team. The overall direction of this bias is likely towards a more positive reflection of the results of the CPL component. The methodology controlled for this potential bias by including a survey of unfunded applicants and focus groups with participants in the case study projects.

Perspectives of CPL project participants: The NHSP does not receive any contact information on the seniors and non-seniors who participate in funded projects i.e. the end-users. Consequently it was not possible to conduct a survey of the full population of participants for their opinions on the impacts of CPL projects. Rather, the input of the beneficiaries/end-users of the CPL projects regarding the CPL impacts was gathered through the focus groups for each of the project case studies. Consequently, the evaluation findings are based on the input of very few (142) CPL project participants. This number includes 34 individuals who were both project leaders and participants.

Qualitative data: Given the nature of CPL objectives and the variety of activities that are funded, the evidence on outcomes is based on the opinions of the CPL project participants on the impacts of CPL on them as individuals, as well as the perceptions of key informants on the impacts of projects on seniors.

Lack of baseline information: There is some limited data from Statistics Canada on seniors' volunteer activities, but no baseline information has been generated by the NHSP on seniors' participation in the communities against which the achievement of the CPL intended outcomes can be assessed.

Survey of funding applicants

The evaluation includes surveys of both funded and unfunded CPL Projects (both ineligible and rejected). In this report, the responses from funded projects are frequently compared to those from unfunded projects. However, there is no suggestion that the unfunded projects represent a valid comparison sample. Such an approach requires that the two populations are as similar as possible and that a mechanism exists to adjust for biases resulting from differences in the two populations.

Dissimilarity of the two populations: Rejected and ineligible projects are different than funded projects. This is clearly the case with ineligible projects which are deemed by Service Canada to not be worthy of consideration for funding. This may be due to inadequacies in the proposal or because the proposed project does not match with CPL objectives. Rejected projects are those which are referred to RRCs but do not receive funding.

Because RRCs have well-defined methodologies to assess project proposals, there is every reason to expect that rejected projects differ from funded projects. There is also some evidence that CPL funds have been under-utilized in at least some regions which suggests that many of the rejected projects were deemed unworthy of support in the form they were presented.

Adjusting for Biases: Strategies to adjust for bias (such as propensity score matching) can be effective in some situations. These strategies are not able to adjust for biases that exist in this case as the funding decision is based on the proposals received rather than on the characteristics of the organization.

Reaching respondents: Many of the organizations that sponsored CPL projects are fully or partially staffed by volunteers and many of these volunteers are seniors. Some challenges were experienced in reaching the individual who sponsored the CPL project due to turnover of staff or volunteers. A protocol was used to try to reach the individual at another number or to identify an alternate individual knowledgeable of the project. Some of the organizations involved in the survey had limited infrastructure and phone calls were not always answered. Strategies employed to address this situation included a comprehensive call-back strategy and extension of the survey period. Also, some organizations reacted proactively and contacted the Evaluation Team in response to the advance letter sent out and provided alternate contact information.

Quality and availability of administrative data: There were challenges encountered in determining which projects were rejected and ineligible from the project status field in the CSGC database. NHSP personnel provided an algorithm by which a derived variable could be created which – assuming that all status fields were up-to-date with status information – determined whether an application was rejected or ineligible. This derived variable was used for survey stratification with both populations represented proportionally. However, the derived variable produced results which were inconsistent with program statistics based on reports provided directly by the regions. Consultation with program officials determined that the program statistics were correct (the overall variance was approximately 20%). Consequently, reporting of responses from rejected and ineligible applicants should be viewed with caution as some of the unfunded applicants have been misclassified. Data comparing funded and unfunded applicants are not affected by this difficulty.

Developing the survey frame: As explained above in the section 2.6.1, a challenge for the survey was addressing the fact that some organizations had submitted multiple CPL applications. An approach was developed to minimize response burden and potential confusion among respondents. The approach used to address this challenge is described in section 2.6.

3. Relevance

3.1 Consistency of CPL with Government-Wide and Departmental Priorities

The CPL component is consistent with Government-wide priorities for enabling seniors to remain active and engaged in community life, to protect vulnerable¹³ seniors, and to ensure that seniors have a good quality of life as they age and are enabled to share their skills, experience and knowledge with each other and the wider community. The CPL component is also consistent with departmental priorities of helping the most vulnerable groups to improve their well-being and participation in communities and to fund projects that empower and engage Canadians.

The documents reviewed identify the Government's commitments to enabling seniors to remain socially active, to continue to be engaged in communities, and for communities to benefit from their contributions. The 2004 Speech from the Throne, in which the NHSP was announced, stated that "Canada's seniors are healthier and living longer and that many want to remain active and engaged in community life."¹⁴ The 2007 Budget set out the Government's commitment to ensuring that seniors continue to have a good quality of life as they age and to enable them to share their richness of skills, experience and knowledge with each other and the wider community in which they live.¹⁵ The Federal 2010 Budget increased funding to NHSP in the amount of \$5 million per year (from \$35M). It states "The enhanced funding will support projects which focus on volunteering among seniors and ensuring that today's seniors can mentor the next generation of volunteers, passing on their valuable skills."

The HRSDC 2007-2008 Report on Plans and Priorities states that the Department is focused on "helping the most vulnerable groups improve their well-being and participation in communities".¹⁶ The report states that the Social Development Program (which includes NHSP) activity provides these groups with the support, knowledge, information, and opportunities to move forward with their own solutions to social and economic challenges. This report also stated that HRSDC "will continue to work with other federal government departments and with provinces, territories and partners, including various stakeholders, on the policy, program development and coordination of the Government's approach to seniors' issues in Canada. In this role, it will also support the work of the newly appointed Secretary of State (Seniors) and the National Seniors Council."¹⁷

¹³ The term "vulnerable" is not defined in Government of Canada or program documentation.

¹⁴ Government of Canada. "Speech from the Throne" (2004) Retrieved July 15, 2009.

¹⁵ Government of Canada, "Canada's Economic Action Plan: Budget 2007" Retrieved July 15, 2009. (<http://www.budget.gc.ca/2007/plan/bpc3-eng.html#new>).

¹⁶ Government of Canada, Human Resources and Skills Development Canada formerly Human Resources and Social Development Canada "2007-2008 Reports on Plans and Priorities" (<http://www.tbs-sct.gc.ca/dpr-rmr/2007-2008/inst/csd/csd01-eng.asp>).

¹⁷ Ibid.

Various documents describe how the NHSP, and thus the CPL component, aligns with these Government-wide and Departmental priorities:

- Program documents state that the NHSP supports the Government of Canada's overarching social goals to enhance the quality of life and promote the full participation of individuals in all aspects of Canadian society through empowering seniors and harnessing their skills, wisdom and experience.¹⁸
- Documents further identify that the NHSP represented a shift in policy focus from previous programs for seniors in line with current Government priorities. Specifically, while earlier federal policies and programs for seniors, administered by Health Canada from 1972 to 1997, generally focused on increasing the participation of seniors-at-risk (i.e. vulnerable, marginalized, isolated), the NHSP reflects a shift in emphasis from promoting the concept of "seniors helping seniors" to promoting the idea of "seniors helping communities". Seniors, as the largest growing sector of the population, [were being] increasingly viewed as a valuable force, which could be mobilized to enrich the life of their communities.¹⁹

Departmental key informants²⁰ agreed that the focus of the CPL component on improving the quality of life of seniors aligns well with the Government priorities and the Departmental focus on helping seniors improve their well-being and participation in communities. Some noted that positive aging has become a policy framework of various governments and that the NHSP contributes to this policy focus. It was also felt that the NHSP is consistent with and supportive of the World Health Organization's concept of an "age-friendly community" which is designed to support and enable older people to "age actively".

3.2 Consistency of CPL with the needs Identified in the Literature

Seniors and Volunteering

The literature reviewed indicates that one-third of Canadian seniors are active volunteers but that this proportion is lower than for younger age groups. This suggests that there is potential to expand on current participation levels through initiatives like the CPL which encourages the growing seniors' population to remain active and engaged as project leaders and enables communities to capitalize on their skills and knowledge.

The literature reviewed indicates a significant proportion of Canadian seniors are active volunteers. Thirty-two percent of seniors aged 65 or older reported being volunteers in the 2004 Canada Survey of Giving, Volunteering and Participating as compared to 47% and 42% of Canadians between the ages of 45-54 and 55-64 respectively. While the

¹⁸ Government of Canada, The Treasury Board.

¹⁹ Developing Strategic Direction for the New Horizons for Seniors Program - *Backgrounder for NL Regional Review Committee*, January 10, 2006.

²⁰ Other key informant groups were not asked this question.

percentage of seniors volunteering is smaller than some of the other age groups, the number of hours being contributed by senior volunteers is, in comparison to the 45-54 year old group, higher. For example, 32% of seniors aged 65 or older in Canada contribute on average 245 volunteer hours per year, accounting for 16% of the total number of hours volunteered by all Canadians in 2004. In comparison, 42% of Canadians age 55-64 contributed another 15% of the total volunteer hours.²¹

Just over half of Canadian seniors are formally involved in their communities through belonging to community organizations.²²

The literature also indicates that a majority of volunteer work in Canada was being completed by a small number of “super volunteers”. For example, in 2004, it was estimated that 77% of total volunteer hours completed in Canada was done by 25% of volunteers. The literature indicates that this finding is of particular concern to the volunteer sector because the majority of these “super volunteers” are now in their 70’s and will soon be reaching a time when they may be forced to decrease their volunteer activities due to health concerns. In order to make up for this potential decrease in volunteerism in the near future, organizations are being encouraged to re-structure their volunteer programs to better fit the needs of baby boomers. For example, instead of long-term volunteer commitments, surveys show that an increasing number of volunteers are showing a preference for “episodic volunteer positions”.²³ This suggests that the CPL approach of funding projects for up to one year would be supportive of the interests of this group.

Seniors involvement as volunteers has been found to benefit their families, neighbours, and community. Examples from the literature include their assuming leadership roles, intergenerational interactions, transference of traditional knowledge to future generations, and providing assistance to other seniors.²⁴ Again, this indicates that the CPL focus on building the capacity of organizations to serve community needs through volunteers who are seniors is appropriate.

Impacts of the Social Participation of Seniors

The literature review identified many positive impacts relating to the social participation of seniors which makes the CPL objective of encouraging seniors to contribute their skills, experience and wisdom in support of social well-being relevant. While reducing the risk of social isolation is a secondary program objective, the evaluation evidence indicates that the CPL is not designed to enable it to meet this objective. The modest CPL funding

²¹ Connors, D. E. (2008). Transforming 50+ Volunteering: a literature review and strategy. Volunteer Canada.

²² Turcotte, M. & Schellenberg, G. (2006). A portrait of seniors in Canada. Statistics Canada, Social and Aboriginal Statistics Division.

²³ Connors, D. E. (2008). Transforming 50+ Volunteering: a literature review and strategy. Volunteer Canada.

²⁴ Literature that documents the impacts of senior volunteering on their families, neighbours and communities include: Ohmer, M.L. (2007). Citizen participation in neighbourhood organizations and its relationship to volunteers' self- and collective efficacy and sense of community. *Social Work Research*, 31(2), 109-120.; Claros, K. C., Ladd, A., & Sylvestre, G. (2008). Investigating the social capital and capacity of older adults in rural Manitoba. Institute of Urban Studies, University of Winnipeg.; Butler, S. S. & Eckart, D. (2007). Civic Engagement Among Older Adults in a Rural Community: A Case Study of the Senior Companion Program. *Journal of Community Practice*, 15(3), 77-98.

for time-limited projects does not enable the capacity that may be required to carry out the engagement work required to reach this group.

The literature reviewed identifies many positive impacts of social participation by seniors on their health, wellness, life satisfaction, and feelings of self-efficacy – all indicating the relevance of the CPL objective of reducing the social isolation of seniors.²⁵ Based on the project file review and the survey of applicants, almost all CPL projects focus on the social participation of seniors but the evidence from some NHSP NHQ, Service Canada and RRC key informants, most expert key informants and the case studies is that the CPL component is not as effective in enabling organizations to reach more vulnerable seniors and reduce their social isolation. The modest funding level for time-limited projects (no support for sustainability) and no funding for transportation were cited as limitations in the CPL design. The expert key informants also felt the component does not help the growing population in institutions or nursing homes, and that it likely serves people who are already inclined to get involved (i.e. those engaged in voluntary activity and/or newly retired with energy to invest). It must be noted that the CPL was not intended or designed to complement the mandates of institutions or nursing homes.

3.3 Consistency with Needs and Focus Identified by Organizations

The survey of applicants and the administrative data provide corroborating evidence regarding the extent to which CPL matches the needs identified by seniors' organizations. Table 3.1 indicates that almost all funded and unfunded applicants surveyed were trying to address needs that matched four of the CPL intended outcomes. A majority were trying to partially meet needs related to the fifth CPL outcome of serving community needs (by addressing social issues related to seniors).

²⁵ Literature that documents the impacts of senior volunteering on various outcomes for seniors include: Kavanaugh, A. L., Reese, D. D., Carroll, J. M., & Rosson, M. B. (2005). Weak ties in Networked Communities. *The Information Society*, 21, 119-131.; Kaskie, B., Imhof, S., Cavanaugh, J., & Culp, K. (2008). Civic engagement as a retirement role for aging Americans. *The Gerontologist*, 48(3), 368-377.; Flood, M. & Phillips, K. D. (2007). Creativity in older adults: a plethora of possibilities. *Issues in Mental Health Nursing*, 28, 389-411.; Morrow-Howell, N., Hinterlong, J., Rozario, P. A., & Tang, F. (2003). Effects of volunteering on the well-being of older adults. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 58B(3), S137-S145.; Greenfield, E. A. & Marks, N. F. (2007). Continuous participation in voluntary groups as a protective factor for the psychological well-being of adults who develop functional limitations: evidence from the national survey of families and households. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 62B(1), S60-S68.; Berry, H. L., Rodgers, B., & Dear, K. B. G. (2007). Preliminary development and validation of an Australian community participation questionnaire: types of participation and associations with distress in a coastal community. *Social Science & Medicine*, 64(8), 1719-1737.

Table 3.1 Needs Addressed through CPL Project (multiple response)		
	Funded Projects	Unfunded Projects
Helping seniors be more active or involved in the community	96%	97%
Improving the overall well-being of seniors	95%	96%
Reducing the isolation of seniors	96%	95%
Building connections for seniors in the community	95%	93%
Encouraging seniors to use and share their knowledge and skill	96%	91%
Seniors supporting other seniors	91%	87%
Encouraging seniors to volunteer	90%	84%
Bridging the intergenerational gap between seniors and others	77%	75%
Addressing a specific social issue affecting seniors	62%	68%
Other: Cultural connections/Bridging the cultural gap	4%	4%
Other: Addressing a specific health issue affecting seniors	4%	5%
Other: Not specified	1%	0%
Total number of respondents	655	415
Source: Survey of funded applicants; Survey of unfunded applicants		

Other Similar Programs

The CPL component is not the only source of grant funding for community engagement activities for seniors. Two provincial grant programs exist, in Quebec and Nova Scotia, with similar objectives to the CPL. There is no evidence that CPL duplicates these programs. While Quebec and HRSDC have a formal mechanism to avoid duplication, there is currently no formal mechanism with Nova Scotia to avoid duplication. Therefore, there is room to strengthen linkages with that province to improve on complementarity. The existence of these two other programs may question the need for a federal role for this type of program. Key informants identified programs in four other provinces and territories that may fund community-based activities as part of aging or wellness strategies for the general population.

The literature review and the key informant interviews provide corroborating evidence regarding the need for CPL funding and that it does not duplicate other funding sources. In terms of provincial programs, Quebec and Nova Scotia have grant funding programs for seniors with similar objectives to the CPL component. There is a formal Memorandum of Understanding between HRSDC and the Quebec government that enables coordination of the NHSP funding process with that province's Du coeur à l'action pour les aînés du Québec / Heartfelt Action for Québec's Seniors Program. While there is no formal coordination protocol between HRSDC and the Government of Nova Scotia, in practice information is shared on priorities and project applications to ensure complementarity of project approvals.

Programs were also identified by at least one key informant in each group in various provinces, including in British Columbia, Manitoba, Ontario and the Yukon that may fund community-based activities as part of aging or wellness strategies for the general

population. Key informants felt these offered more limited funding than CPL or focused more specifically on recreational, social or wellness needs. They were considered to be potential complementary sources of funding for CPL projects. Several non-government sources such as the United Way and the Ontario Trillium Foundation were also cited as complementary funding sources.

The majority of key informants in all groups felt that there is a need for a national program to increase the community engagement and social participation of seniors. Some NHSP NHQ key informants and one stakeholder key informant noted that the NHSP was introduced in 2004 to fill the funding gap that was created when the previous federal New Horizons program was cancelled. Reasons given to support a national program were that it enables a broad reach across regions and to various target populations most in need of this assistance. NHSP NHQ key informants felt the program achieves this reach and is flexible in responding to the needs of regions. A national program was also seen as providing the opportunity for wide exchange of ideas on effective practices in projects, including how to strategically engage seniors in the community.

No key informants identified other federal programs similar to the CPL component. However, the World Health Organization's (WHO) Age Friendly Communities Initiative, in which Canada is a partner, may be complementary. This international initiative provides a framework and acts as a catalyst to engage older Canadians and their communities in making their communities better, healthier and safer places for seniors to live and thrive. While the Age Friendly Communities Initiative provides only resource materials (not funding) to community-based organizations, the learning that occurs in participating communities may benefit organizations as they develop their proposals for CPL funding.

Based on the literature review, it would appear that the structure of the CPL component of the NHSP is unique in terms of its focus on the seniors' participation and leadership role in their communities when compared to national programs of other countries. The initiatives being implemented in Western Australia (Western Australia Generations Together Strategy), the UK (UK Opportunity Age Strategy), and in New Zealand (New Zealand Positive Aging Strategy) focus more broadly on the concept of positive aging. Consequently, funded projects do not necessarily focus only on seniors' community participation and leadership, but also address other aging issues such as the health, security, or housing needs of seniors.

Other Sources of Funding

The administrative data and survey of applicants provide corroborating evidence that few organizations access other government funding for projects. The administrative data shows that few funded and unfunded CPL applications identified other government funding for the proposed project (7% municipal, 5% provincial and 2% federal). Most funded organizations (88%) continued the project activities after CPL funding ended and 14% of them accessed other government funding to continue their projects. A number of them accessed multiple sources, with the percentage of organizations accessing each source being 9% municipal, 9% provincial and 5% federal funding. The funding accessed appears to be highly related to the target group served or the activity matching the mandates of these

funding sources (e.g. projects of Aboriginal organizations were funded by Indian and Northern Affairs Canada and seniors' wellness-related projects were funded by provincial wellness programs). One case study project accessed provincial and municipal funding for their CPL project, with several others receiving in-kind support from the municipality.

Some (43%) of the unfunded projects surveyed went ahead without CPL funding, primarily with volunteer resources (60%). Of the unfunded organizations that went ahead with their project, a number of them accessed municipal funding (10%), provincial funding (17%) and federal funding (5%). Overall, the evidence indicates that there is potential to strengthen the linkages of the CPL component with these other programs to at least inform potential CPL applicants about these other complementary sources and/or to coordinate approvals of applications.

Need for CPL versus CA funding

One topic of interest for the evaluation was the relative need among organizations for the CPL and CA funding. The question was whether the introduction of the CA component in 2007 had resulted in a lower level of demand for CPL, given that trend analysis conducted by NHSP NHQ had shown a steady decline in the utilization of CPL funds, and a drop of 25% in the year after the CA component was introduced. (The question of the trend in utilization is discussed separately below).

To help address the question of the relative need among organizations for the two types of funding, the survey of funding applicants asked respondents how significant their organization's need was (at the time of the survey) for CPL and CA funding (Table 3.2). Most funded applicants (80%) and a majority of unfunded applicants (74%) rated their need for CPL funding as significant.²⁶

Table 3.2 Organization's Need for CPL versus CA Funding				
	Funded		Unfunded	
	CPL	CA	CPL	CA
Significant need	80%	56%	74%	53%
Moderate need	14%	18%	19%	20%
Limited need	4%	11%	3%	11%
No need	1%	12%	3%	14%
Do not know/No response	0%	2%	1%	3%
Total number of respondents	655	655	415	415
Source: Survey of funded applicants; Survey of unfunded applicants				

Survey respondents were also asked to compare their need for funding of projects for seniors (CPL) versus their funding needs related to furniture, equipment and renovations (CA component). Both funded (49%) and unfunded (46%) applicants most commonly

²⁶ This difference is statistically significant ($\chi^2 = 13.5, p < .05$).

indicated that, at the time of the survey, they had an equal need for these two types of funding. The second highest proportion of both funded and unfunded respondents indicated that they had a greater need for projects for seniors as opposed to facilities, furniture and equipment.

In the case study projects, the organizations had varied levels of needs for CPL and CA funding. The majority of organizations had a greater need for CPL funding, while some had an equal or greater need for CA funding. The majority of case study organizations intended to make future applications for CPL funding, while few planned to apply for CA funding.

In the concurrent formative evaluation of NHSP's CA component, the survey of CA funding applicants asked the same question on relative need for CA and CPL funding. The majority of respondents identified a continuing high need for both CA and CPL funding, but a somewhat greater need for CA funding.

Overall, the evidence from the surveys and case studies indicates that, among CPL applicants, there is a continuing strong need for CPL and CA funding, but that there is a somewhat greater need for CPL than for CA funding.

CPL Applications

The evidence from the surveys of applicants is that the need for CPL funding continues to be high. The number of CPL applications fluctuated by year (Table 3.3), with a sharp increase of 16% in 2007-08 over 2006-07. NHSP trend analysis conducted following the evaluation period indicates that the number of applications then declined by 25% (to 1246) from 2007-08 to 2008-09, the year in which CA funding was introduced.

Table 3.3			
Total CPL Applications by Year			
Year	Number of Applications	Number Approved	% Approved
2004-05	1452	336	23%
2005-06	1268	614	48%
2006-07	1426	780	54%
2007-08	1667	917	55%
Total	5813	2646	45%
Source: CSGC			

While organizations have a continuing significant need for CPL funding, the evidence suggests that they may have focused more on applying for CA funding when it was introduced as it was the first opportunity to meet their needs for more significant capital improvements for ongoing activities. This shift in focus may have contributed to the decline in the utilization of CPL funding in the most recent call for applications.

Approval Rates

Table 3.4 shows the total applications over the first four calls by region. Forty-five percent of total applications were approved on a national basis over the first four calls for applications. There is considerable variation in the approval rate by region (based on total applications, including ineligible applications). Manitoba had the highest approval rate at 63%. British Columbia had the lowest approval rate at 29%.

Table 3.4 Total CPL Applications Calls 1 to 4 by Region			
	Total Applications	Total Approved	% of Regional Applications Approved
Manitoba	246	156	63%
Northwest Territories	38	24	63%
Prince Edward Island	84	49	58%
Nova Scotia	253	145	57%
Ontario	1381	778	56%
Nunavut	29	16	55%
Alberta	325	165	51%
New Brunswick	274	128	47%
Yukon Territory	39	18	46%
Quebec	1604	670	42%
Saskatchewan	289	118	41%
Newfoundland and Labrador	203	77	38%
British Columbia	1048	302	29%
Total	5813	2646	45%
Source: CSGC (as at May 2010)			

Eligible Applications

The administrative data (Table 3.5) shows that there was a significant increase in the percentage of eligible applications (from 53% in Call 1 to 82% in Call 4), illustrating that an increasing majority of applications match CPL objectives. There was also a steady increase in the approval rate of eligible applications from 43% in Call 1 to 72% in Call 3. However, the approval rate declined to 67% in Call 4. This suggests that the community engagement work done by Service Canada regions to identify regional needs and priorities, inform community organizations about CPL and facilitate the development of applications was effective.

Table 3.5 CPL Application Status by Call										
	Call 1	%	Call 2	%	Call 3	%	Call 4	%	Total	%
Total Approved	336	23%	613	48%	775	54%	917	55%	2641	45%
Total Ineligible	675	46%	407	35%	338	23%	297	19%	1717	30%
Total Eligible	777	53%	861	68%	1088	76%	1371	82%	4096	70%
Total Not Approved	1116	77%	655	52%	651	46%	751	45%	3173	55%
Approved Eligible Applications	336	43%	613	71%	775	72%	917	67%	2641	64%
Eligible Rejected applications	441	57%	248	29%	313	29%	454	33%	1456	36%
Total Applications	1452	25%	1268	22%	1426	24%	1668	29%	5813	100%

In terms of the regional breakdown of eligible applications over the first four calls for applications (Table 3.6), all provinces/territories, with the exception of one, had similar eligibility rates to the national average. British Columbia was consistently lower (in all four calls) ranging from 49% in Call 1 to 59% in Call 4. In terms of the approval rating of eligible applications, British Columbia was also consistently lower in Calls 1 to 3 than the national average and to all other provinces/territories.

In light of these results, and subsequent to the evaluation, the program conducted an analysis in which it was discovered that BC was very strategic during the first four calls for proposals in their community engagement for project proposals and application development. This translated into a higher than (national) average rate at which applications were screened out wherein projects that did not meet basic eligibility criteria were screened out. This is not necessarily viewed negatively by the program since the projects that were screened in by Service Canada, and ultimately recommended and approved by the BC Regional Review Committee, were high quality projects which met regional priorities. NHSP officials will monitor trends and work with all regions to address anomalies in the volume of applications received and approved.

Table 3.6 CPL Application Status by Call by Region								
Province or Territory	% of Total Applications Eligible				% of Eligible Applications Approved			
	Call 1	Call 2	Call 3	Call 4	Call 1	Call 2	Call 3	Call 4
B.C.	49%	59%	64%	59%	26%	53%	57%	59%
Y.T.	100%	75%	86%	80%	40%	78%	50%	50%
Alta.	70%	61%	84%	81%	41%	87%	68%	80%
N.W.T.	100%	89%	86%	89%	83%	75%	50%	88%
Nun.	100%	63%	71%	80%	100%	90%	60%	75%
Sask.	53%	63%	65%	79%	35%	64%	68%	69%
Man.	57%	91%	85%	84%	61%	78%	91%	83%
Ont.	38%	62%	77%	84%	75%	85%	83%	85%
Que.	62%	71%	79%	92%	37%	63%	67%	53%
N.B.	47%	84%	85%	87%	50%	89%	60%	54%
N.S.	43%	78%	82%	85%	60%	87%	82%	85%
P.E.I.	80%	82%	78%	96%	30%	79%	86%	87%
N.L.	50%	89%	92%	80%	35%	55%	71%	46%
Canada	54%	68%	76%	82%	43%	71%	72%	67%

On a national basis, 43% of funding requested was approved over the first four calls for applications. There was considerable variation in the funding approval rate by region. Ontario had the highest funding approval rating at 58%. British Columbia had the lowest funding approval rating at 26%. As explained earlier, this is due to the enhanced screening conducted in the BC Region.

Table 3.7 shows the CPL funding requested and approved by region. This shows that eight regions are below the national average funding approval rate while five are above this rate. The regions with the highest percentage of funds requested and approved were Ontario (58%) Nunavut (54%) and Manitoba (49%). The regions with the lowest percentage of funds requested and approved were British Columbia (26%), Yukon (30%) and Saskatchewan (36%).

Table 3.7 CPL Funded Requested and Approved Calls 1 to 4 in Total by Region			
Region	Funding Requested	Funding Approved	Percent of Regional Funding Requested Approved
Ontario	\$29,032,785	\$16,816,904	58%
Nunavut	\$582,025	\$314,253	54%
Manitoba	\$4,144,477	\$2,028,020	49%
Alberta	\$6,520,022	\$3,016,538	46%
Nova Scotia	\$3,906,956	\$1,779,818	46%
Northwest Territories	\$836,760	\$349,214	42%
Prince Edward Island	\$1,353,019	\$523,895	39%
Quebec	\$29,628,008	\$11,130,932	38%
Newfoundland and Labrador	\$3,264,247	\$1,237,195	38%
New Brunswick	\$4,679,101	\$1,714,701	37%
Saskatchewan	\$4,738,321	\$1,708,996	36%
Yukon Territory	\$641,537	\$193,686	30%
British Columbia	\$21,613,824	\$5,634,877	26%
Total	\$108,317,877	\$46,069,020	43%
Source: CSGC (as at May 2010)			

Utilization of Grant Funding

Table 3.8 sets out data on the CPL funds allocation and utilization by call. The data show that the annual allocation of CPL grant funding increased each year. Also, apart from one year (2005-06), the total amount of funding requested also increased. However, there has been a steady decline in the utilization of CPL funding from 100% in 2004-05 to 83% in 2007-08. NHSP trend analysis conducted following the evaluation period indicates that this further decreased to 79% in 2008-09 when the grant allocation remained at \$19.5 million. NHSP program respondents indicated that due to a high demand for CA funding when that component was introduced in 2007, and a simultaneous decrease in demand for CPL funding, unused CPL component funding was used to offset CA activities.

Table 3.8 CPL Grant Allocation and Total Utilized by Year						
Call	Total Grant Allocation	Percent that Allocation is of Funds Requested	Total Funding Requested	Total Allocation Utilized	Allocation Utilized as a Percent of Funds Requested	Percentage of Allocation Utilized
2004-05	\$5,000,000	18%	\$27,333,708	\$5,000,000	18%	100%
2005-06	\$11,700,000	50%	\$23,607,587	\$10,788,182	46%	92%
2006-07	\$15,600,000	57%	\$27,368,957	\$14,032,272	51%	90%
2007-08	\$19,500,000	65%	\$30,007,625	\$16,248,566	54%	83%
Source: CSGC (as at May 2010)						

The decline in the utilization of CPL funding preceded the introduction of the CA component so this decline cannot be linked exclusively to the introduction of the CA component. However, the evidence suggests that organizations may have focused more on applying for CA funding when it was introduced as it was the first opportunity to meet their needs for more significant capital improvements for ongoing activities for seniors.

Key informants were asked whether they felt the CPL and CA components contribute equally or differently to the achievement of intended program outcomes. The majority of all respondent groups felt that the CPL and CA components contribute equally to the achievement of intended program outcomes. Respondents noted that while the components differ in focus²⁷ they are equally needed in the community and complement one another. Organizations require safe buildings and up to date equipment to run programs and activities for seniors. A smaller portion of respondents in all groups felt that the CPL and CA components contribute differently to the achievement of intended program outcomes. Of these respondents the large majority felt that the CPL component contributes more because it has the potential to reach more seniors by encouraging them to play an active role in the community and to, therefore, have longer term impacts in the community.

²⁷ Up to \$10,000 in CPL grants can be used for capital costs.

4. Success Related to the Achievement of CPL's Intended "Immediate" Outcomes

Sections 4 and 5 of this report are organized based on the program's intended immediate and intermediate outcomes respectively (Appendix A contains a visual representation of these outcomes). As there is overlap among these levels of outcomes, there is an associated degree of duplication in reporting the evaluation results within these two sections.

The evaluation examined the extent to which the three CPL component intended immediate outcomes were achieved:

- a) seniors' experience, skills and wisdom are utilized
- b) seniors are connected through networks and partnerships
- c) funded organizations have increased capacity to serve community needs

a) Utilizing seniors' experience, skills and wisdom

Achievements

Based on all lines of evidence, seniors were involved in leading almost all CPL projects. As project leaders, seniors advised on, planned, organized, and promoted activities and also were involved in delivering activities or supporting delivery in the implementation phase. The majority of key informants in most groups felt that CPL facilitates seniors playing a leadership role in organizing and implementing projects. It was noted that CPL requires evidence of this in proposals, and, while the degree of active involvement varies across organizations, they felt that progress is being made on this program objective.

Seniors are utilizing and sharing their experience, skills and wisdom as both project leaders and participants in most CPL projects to a considerable extent. There is conflicting data depending on the line of evidence on the average number of seniors playing a leadership role in projects, but overall the evidence indicates a reasonable level of involvement, given the modest scope of most projects.

In response to an open-ended question in the survey of funded applicants, respondents most commonly reported that seniors were involved in leading activities (40%), with one-quarter indicating they were involved in promoting activities, scheduling activities, inviting seniors to come to activities, and organizing volunteers. Fewer (16%) indicated they served on an advisory committee (Table 4.1).

Table 4.1
Seniors' Responsibilities in CPL Projects (multiple responses)

	Funded Projects
Leading activities	40%
Promoting activities	27%
Scheduling of activities	24%
Inviting seniors to participate in activities	23%
Organizing volunteers	22%
Arranging space for activities	18%
Serving on an advisory committee	16%
Helping with transportation to and from activities	10%
Working with other partner organizations	10%
Do not know/No response	1%
Total number of respondents	634
Source: Survey of funded applicants	

Final project reports completed by funded organizations and reviewed for this evaluation indicate that in the majority (64%) of the projects seniors delivered project activities and in half (50%) of the projects, seniors helped organize activities.

In most case study projects, key informants and focus group participants reported, and the document review confirmed, that seniors experience and skills were well utilized in CPL projects in leadership roles for either design or delivery, including :

- Planning: Serving on committees to plan the project focus, activities, locations where it should be offered, who should participate and how to promote the project.
- Delivery: Delivering groups sessions and workshops, as well as implementing and monitoring activities.
- Support for delivery - promoting the project to other seniors, setting up space and arranging refreshments.
- Writing – writing or helping to edit reports on projects and information guides.

The survey of applicants and the case studies provide conflicting evidence on the numbers of seniors leading projects. Respondents to the survey of applicants indicated that the majority of funded projects (54%) had up to 10 seniors involved in managing or delivering projects, with the remaining 44% having more than 10 seniors involved in this role (Table 4.2). Unfunded applicants that proceeded without CPL funding had just slightly smaller numbers of seniors involved as leaders. The majority (60%) had up to 10 seniors as project leaders with the remaining 35% having more than 10.

The case study project representatives reported fewer numbers of seniors as project leaders – the range was 2 to 25 (the latter case including the board of the organization) and the median number was five. One possible explanation for the differences in the numbers provided by these two sources is that the case studies involved in-person interviews with project representatives, which may have provided more opportunity for reflection on the actual numbers. While the actual numbers by source vary, the evidence indicates that all projects had seniors involved in a leadership role. The case study estimates are likely more accurate and these reflect a reasonable level of involvement for seniors given the scope of projects and the survey evidence on the size of the funded organizations (volunteer and staff complements).

Table 4.2 How Many Seniors Were Involved in Managing and/or Delivering the Project?		
	Funded Projects	Unfunded Projects That Went Ahead Without CPL Funding²⁸
5 to 10	36%	36%
11 to 30	33%	29%
Less than 5	18%	24%
More than 30	11%	6%
Do not know	3%	5%
Total number of respondents	655	165
Source: Survey of funded applicants; Survey of unfunded applicants		

Seniors as participants in projects

Evidence on how seniors shared their skills and wisdom as project participants comes from the case study focus groups, where project end-users elaborated on project activities. In most case study projects, seniors shared their skills and knowledge – either with their peers or the broader community – through the following types of activities:

- Intergenerational activities such as mentoring youth in traditional teachings and skills, passing on practical knowledge for day to day living and sharing community history, and through on-site activities with project partners (e.g. in Francophone schools) and rural communities.
- In some projects, seniors shared their traditional skills and knowledge through physical activities with a cultural theme, including constructing a museum shelter for a heritage boat, and leading land-based camps for Aboriginal Elders.
- In other projects, they developed and delivered health and wellness related activities, elder abuse awareness workshops and caregiver workshops.
- One project strengthened an existing network for senior parents of children with disabilities to provide peer support and influence government policy.

²⁸ The unfunded survey respondents for this and other questions on project outcomes include only those respondents who went ahead with their projects without CPL funding.

- In several projects the focus was on the social inclusion of isolated seniors through social activities, community meals combined with cultural activities, or home visitations to make connections. One project involved visitations to orient seniors on a personal safety device which also provided the opportunity for them to socialize.

In some projects, seniors shared their knowledge of the culture of the community and its traditions, either with youth or the broader community. This included projects in Aboriginal and Official Language Minority Communities, as well as communities with no specific target population.

In terms of the impact of the utilization of seniors' experience, skills and wisdom, almost all surveyed (93%) funded applicants and a large majority (88%) of unfunded applicants that went ahead with their project felt that seniors' skills and wisdom were used more in their organization as a result of their project.²⁹ There was no difference found in the ratings of the achievement of this outcome by ineligible and rejected applicants that went ahead with the project without CPL funding.³⁰ Similarly, in almost all case study projects the activities led to seniors sharing their skills and wisdom. A large majority of funded respondents also gave a positive rating across regions.

In the project final reports reviewed, 24% of funded projects reported, in an open-ended question on project results, that seniors had shared their skills and wisdom through the project. This response rate is likely lower than the survey and case study results because the project form does not ask specifically about this outcome.

Challenges

Although the evidence from most sources is that CPL projects are enabling seniors' skills, wisdom and experience to be utilized, there were concerns expressed by some key informants in all groups and those interviewed for the case studies that there are constraints to fully achieving this.

A few RRC key informants felt that some organizations are experiencing challenges in engaging the younger cohort of seniors as leaders and those who are not already involved in organizations. There was some uptake in case study projects by seniors who previously had not been active in organizations and/or their communities. However, a few case study project representatives, as well as participants in some case study focus groups, stated that engaging younger seniors is a significant challenge. As a consequence, CPL projects are not viewed as fully utilizing the skills and wisdom of this younger and more educated sub-group of seniors. This reinforces the findings from the literature on the need to find innovative ways of engaging young seniors in the community as volunteers.

The type of project activity was also identified through the case studies as a factor influencing this outcome. One case study project taught seniors computer skills and another involved them in fitness classes. In both cases, the nature of the activity did not lend itself to the participants sharing their knowledge, and in neither case was there an

²⁹ This difference is statistically significant ($\chi^2 = 23.1$, $p < .05$).

³⁰ This difference is not statistically significant ($\chi^2 = 1.03$, $p > .05$).

opportunity for them to lead the project. Some case study projects only required low level skills and this limited the extent that seniors could share their knowledge and skills. For example, in the project focused on fitness, project representatives and seniors in the focus group stated that seniors were mainly responsible for setting up space and counting and recording the number of participants.

Some RRC key informants and those interviewed in the case studies observed that not all seniors want to or have the capacity to be leaders. For example, in a case study project focused on social outings for isolated seniors, the seniors who participated were content to be on the receiving end of activities and to have had the opportunity to socialize. The group's advanced age and ill health were seen as factors contributing to this finding.

In the survey of funded applicants, organizations that primarily serve non-seniors rated the overall success of their projects somewhat lower than organizations that serve only seniors, or serve both seniors and non-seniors.

A few RRC key informants observed that in some rural communities seniors are untapped as leaders and that there is a potential role for the NHSP to do more outreach to help organizations overcome this challenge. This was not raised as an issue in the case studies in rural communities.

b) Connected seniors through networks and partnerships

The CPL component is intended to strengthen networks and associations among community members, organizations, and governments. Organizations are encouraged to form partnerships which will support projects by contributing financial and in-kind resources. The networks formed through these partnerships are intended to benefit seniors by linking them with community resources. Projects are also intended to help seniors form informal networks with their peers.

Achievements

Seniors connected to resources, their peers and others in the community

Evidence from all lines of evidence, but mainly the case studies, indicates that projects have resulted in seniors being connected to resources, their peers and others in the community. This was achieved through the partnerships formed or strengthened by the CPL sponsoring organization which created networks to link seniors with resources and other community members. The evidence indicates that some of these connections may endure beyond the life of the projects.

Evidence from the case studies (primarily the project representatives) shows that most funded organizations formed or strengthened partnerships and/or linked with other organizations and institutions during their projects. These linkages were reported by the project representatives and in project documents as having enabled them to access resources to support seniors' engagement. Examples include municipalities providing space for events, the RCMP providing in-kind support for a home safety program and an Official

Languages Minority Community project that linked with schools, museums, and community committees across Manitoba to carry out intergenerational activities. Linkages were also made among seniors clubs in rural New Brunswick to offer wellness workshops for seniors and among First Nations communities in a northern region for a multi-site, intergenerational project. Some projects developed information guides that helped link seniors with resources in the community for such groups as ethnocultural seniors and senior parents of children with developmental disabilities. Project representatives felt these partnerships often contributed to raising seniors' awareness of available resources and access to them. However, the case studies also indicate that some projects only needed the in-kind support of partners to fund activities for seniors and that these partnerships were not intended to link seniors with other organizations and resources.

There is mixed evidence from the survey of applicants and the administrative data on the extent to which partnerships were formed and seniors were connected with resources. Of the project files reviewed, the majority (64%) reported having formed new partnerships during the planning and implementation of the project. These partnerships were reported to have resulted in networking among organizations (57% of respondents), collaboration on joint activities (37%) and, to a lesser extent, in-kind or financial support (18%). In response to an open-ended question on results, few (21%) of the project final reports stated that seniors were connected with services or resources in the community. However, very few funded organizations surveyed (7%) reported the projects had led to new partnerships. Nevertheless, the large majority of funded applicants (88%) in all regions felt that seniors were connected with resources and organizations in the community through their CPL projects. This is significantly more than the majority (74%) of unfunded CPL applicants who felt this outcome had been achieved.³¹

The response from funded applicants suggests that the increased networking among organizations has helped seniors connect with other resources in the community. This outcome was also evidenced in some case studies. Examples include collaboration among rural francophone seniors' organizations on wellness/elder abuse workshops that resulted in some cross-referrals of seniors for services; a municipality sponsored project in a rural community that led to the formation of several community-based committees focused on specific issues such as bereavement and wellness; and another rural project that brought in guest speakers who increased seniors' awareness of services available.

The majority of key informants felt that seniors are being connected with resources in the community through networks and partnerships or that progress is being made towards this objective.

Seniors forming and strengthening connections, and engaging in formal and informal social and support networks, primarily with their peers

The evidence from key informant interviews, case studies and the survey of applicants provide corroborating evidence that CPL projects are having a positive impact on support networks for seniors. The majority of key informants in most groups, some RRC key informants, and most case study focus groups with project participants identified that the

³¹ This difference is statistically significant ($\chi^2 = 28.2, p < .05$).

CPL component is helping seniors to form and strengthen connections and engage in formal and informal social and support networks, primarily with their peers. At least some of these networks have been sustained.

In the case study projects, seniors in the focus groups identified that social connections were facilitated in diverse ways. For example, connections resulted from seniors having opportunities to be involved with organizations, either as leaders of their projects or as participants. They engaged in group activities such as knowledge transfer workshops, retreats and networking sessions in which they often met others with similar interests and facing similar issues. The connections and networks made by seniors were primarily reported to have been with their peers, and to a lesser extent with other adults and youth.

Based on the survey of funding applicants, seniors made new connections through most projects. Almost all funded applicants (94%) in all regions and unfunded applicants who had gone ahead with their projects (91%) reported seniors met new people, with a greater proportion of funded respondents strongly agreeing that this outcome had been achieved (57% funded and 43% unfunded).³²

The administrative data indicates a lower level of achievement of this intended outcome. In response to an open-ended question on results, few (18%) of the project final reports stated that seniors were connected to support networks. This lower reported impact is likely due to the question not being asked directly in the project report form.

The case studies provide evidence that at least some of these social connections and networks have been sustained. For example, one case study project in which seniors in the community were involved in the creation of a shelter for a heritage boat at the community museum was described by focus group participants as “galvanizing” the seniors’ community. Strong networks were said to have formed during the project and the seniors continued to meet after the project and went on to plan the restoration of this boat as a main attraction at the museum. In another project, an existing seniors’ peer support group designed to enhance the lives of senior parents of adult children with disabilities strengthened over the course of the project. It was expected to be a continued source of support for its members into the future.

Challenges

A few Service Canada and RRC key informants identified some constraints to maintaining networks, including the difficulty of sustaining some networks without adequate human and financial resources. Some noted that in rural areas it is more challenging to both create networks and then maintain them once the project funding ends due to the distances involved for volunteers and the lack of transportation for participants. It was suggested by a few RRC informants that more programs, increased outreach and more leadership training for seniors is needed to support this objective. A few RRC key informants felt that this outcome was not being sufficiently achieved and, as a result, their committees have put a priority on projects that focus on developing networks.

³² This difference is statistically significant ($\chi^2 = 23.9, p < .05$).

c) Increased capacity to serve community needs

Achievements

The summative evaluation methodology recognized that the amount of CPL funding is too small to expect changes at the community level. Therefore, it focused on assessing impacts related to the organizational capacity of funding recipients to provide activities for seniors, given that seniors were the focus of most projects. It nonetheless included questions on community impact. However, these questions were considered treated as exploratory.

Capacity to provide activities for seniors

The review of project files (Table 4.3) indicates that the majority of CPL projects were focused on social (53%) or recreational (38%) activities for seniors.

Table 4.3 Activities / Services Implemented by Percentage of Projects (multiple responses)	
Activities	Percentage of Projects (n=247)
Social (social activities, meals, where seniors were passive participants)	53%
Recreational (physical activities, making crafts)	38%
Intergenerational	35%
Supports/services provided to seniors	34%
Workshop	27%
Supports/services provided by seniors	19%
Addressing a social issue considered to be particular to seniors	11%
Addressing a social issue affecting the broader community	9%
Conference	4%
Source: CPL Project Files	

The majority of the case study projects focused on seniors' needs and issues, although a few had focused on intergenerational activities which were seen as being an effective way for youth to learn values and skills from seniors.

To cover this CPL outcome, the survey of funded applicants asked an open-ended question on the impact of CPL on the organization. Table 4.4 sets out the responses. CPL funding had the most impact on organizations' capacities to provide new or improved services or activities and/or to offer these more frequently (35% of responses).

Table 4.4 Impact of CPL Funding on Organizations (open-ended question, multiple answers)	
	Funded Projects
Provide more frequent/improved services/activities/resources	35%
Engaged seniors/Increased volunteerism	33%
Increased recognition within the community	22%
Allowed them to run programs	19%
Bridging inter-generational/inter-cultural gap	11%
Developed partnerships	7%
Other	6%
Do not know/No response	4%
Total number of respondents	655
Source: Survey of funded applicants	

The survey of funded applicants also indicates that CPL funding enabled organizations to start new activities for seniors on a larger scale than they would have otherwise. Very few (2%) of funded applicants surveyed felt that they would have gone ahead as planned with the project without CPL funding and few (21%) felt they would have gone ahead on a smaller scale. Similarly, the large majority of case study projects felt that the CPL funding was essential to their proceeding as planned. Only one case study project (6%) felt they would have continued as planned without CPL funding, while half would have cancelled the project and few (32%) would have continued on a smaller scale.

Capacity to serve broader community

The evidence was mixed across sources regarding the impact of CPL funding on the capacity of organizations to meet community needs. While the funding enabled organizations to offer new activities for seniors on a larger scale than they would have otherwise, it had a lesser impact on organizations' capacity to address community needs. However, fewer projects had this focus. Projects that have a specific community focus may be better suited to having a broader community impact.

Some key informants felt that the impact on organizations' capacity to serve the community was not as significant as the impacts on seniors. Others could not give an opinion as they considered this outcome difficult to measure. A few noted that building organizational capacity is a work in progress. As the NHSP promotes the objective of addressing community needs, they felt the number of CPL projects focused on community issues should increase, creating over time a critical mass of effort. In the survey of funded applicants, 22% of the respondents indicated that the CPL funding has increased the organizations' recognition in the community, which may impact on their capacity to network and serve the community.

The review of project files (Table 4.6) indicates that some funded CPL projects had a broader community focus, such as those doing intergenerational activities (35%) and those (9%) that focused on addressing a broader social issue in the community (mainly issues for First Nations and multicultural awareness). Similarly, in the case studies, projects that focused on broader community needs were those that consisted of intergenerational activities and cross-cultural awareness in ethnocultural communities. In some of these case study

projects, key informants, focus groups and project documents identified that the funded organizations had increased their capacity to serve broader community needs as a result of these CPL projects. One project which focused on caregivers' needs in multicultural communities was considered very effective in raising awareness of care-giving issues. The caregiver workshop text was made available in Arabic which was described as "significant", and in Mandarin which was considered "an extraordinary achievement" because the Mandarin-speaking population had been very insular. Another project started as a community kitchen to provide meals for seniors combined with cultural activities. This has continued and the volunteers have formed a number of volunteer committees that are serving a multitude of social needs including support for those who have suffered personal loss, fundraising to help persons in financial crisis, and offering group based physical activity. The seniors in the focus group noted that these various committees have brought life back to the town.

A combination of factors appears to have positively influenced capacity building in case study projects, including access to a bigger volunteer complement which offsets "volunteer fatigue," formation of partnerships which bring in-kind and financial resources and enable networking among organizations, and the development of resources and/or strengthened linkages for seniors through project activities.

Project sustainability

The majority of projects continued following the end of CPL funding – mainly with volunteer effort, in-kind support and donations and some limited funding from all three levels orders of government. The sustainability of enhanced capacity is more evident in organizations that have developed resources (e.g. workshop materials) or acquired infrastructure (e.g. kitchen equipment).

The survey of applicants and case studies provide corroborating evidence on the sustainability of CPL projects. Some funded applicants had continued the project activities on the same scale (33%) and some on a smaller scale (43%) after CPL funding ended, using mainly volunteers and to a lesser extent other funding. Similarly, a majority of the case study projects (10 of 16 or 63%) continued on the same or a smaller scale. The project file review indicates that the majority (70%) of the activities funded had continued after the CPL funding ended. This indicates that the CPL funding has had a significant impact on helping organizations to start new activities and to leverage other supports to maintain these activities.

From the case studies it is apparent that in projects where resources were developed (e.g. workshop materials, information guide, training manual), facilities created (such as a new facility for Aboriginal Elders) and/or capital acquired (e.g. boat shed, kitchen equipment) there is more likely to be a longer lasting positive impact on funded organizations' capacity to continue to offer these activities. Some of those interviewed in case studies were concerned about the longer-term capacity to continue with activities given the heavy reliance on volunteers.

Challenges

Key informant interviews and the case studies provide corroborating evidence on the limitation of CPL design in enhancing the capacity of organizations. Some NHSP NHQ and stakeholder key informants observed that because CPL funds relatively small, time-limited projects for specific new activities rather than ongoing operations and program delivery it has limited impact on organizations' overall capacity. A few felt that an unintended impact of the CPL component is that organizations may not recognize the potential to capitalize on the seniors who they engage in projects to take on other initiatives. Rather, they may be too narrowly focused on obtaining CPL funding for projects and "getting them done."

Project representatives interviewed in the case study projects cited various challenges to building their capacity including the lack of funding to continue to engage and train volunteers needed to deliver the project activities, an inability to engage all participants (both seniors and non-seniors) who wish to participate in project activities, and a lack of funding to support transportation for participants which was often cited as important to enabling organizations to include isolated seniors in their activities.

5. Success Related to the Achievement of CPL's Intended "Intermediate" Outcomes

The evaluation addressed the following two CPL intended intermediate outcomes:

- a) Social participation and inclusion of seniors
- b) Seniors' engagement in and contribution to the community

a) Social participation and inclusion of seniors

The intended immediate program outcomes addressed the utilization of seniors' skills, knowledge and wisdom as project leaders. This intended outcome goes as step further by assessing participation in the CPL funded project that other seniors led and organized.

Achievements

All lines of evidence indicate that the social participation of seniors has been enhanced – although to varying degrees – across projects. CPL projects are providing opportunities for seniors, primarily those who are already involved with sponsoring organizations, to participate in new activities. Projects appear to be engaging few 'new' seniors who are not already involved with the funded organizations – either as participants or project leaders. While reducing the social isolation of seniors is a secondary CPL objective, CPL projects have been successful, although to a lesser degree, in increasing the social participation and inclusion of more isolated and vulnerable seniors.

Social Participation

The majority of survey respondents and the majority of NHSP NHQ, Service Canada, RRC and half the stakeholder key informants perceived that seniors' social participation and inclusion increased through CPL projects.

The project final reports, survey of funded applicants and case studies (funding application and information provided by the project representative on actual numbers) provide varied evidence on the number of participants in CPL projects. Table 5.1 sets out the average numbers of senior and non-senior participants from these sources.

Table 5.1 Average Number of Project Participants Reported		
Source	Participants – Seniors (mean)	Participants – Non-seniors (mean)
CSGC – Unfunded Applicants	513	506
CSGC – Funded Applicants	354	220
Case Study Projects – (from Funding Application)	226	100
Project Final Reports	166	62
Case Study Projects - From project representative	104	38
Survey of Funded Applicants	60	15
Survey of Unfunded Projects	40	10

Note that although the CSGC is the source for the CPL indicator on the number of senior and other participants in projects, the analysis of the administrative data showed this was not a reliable source. There were very wide variations in the numbers of seniors recorded for projects (a range of 0 to 35,000 seniors and 1 to 250,000 non-seniors served per CPL project). It appears that organizations overestimated the numbers of participants in their applications. The data was not updated to record final numbers from the project final reports.

The case studies provided some additional information on the range and types of participants. Most case study projects reported having from 20 up to 100 senior participants. The remaining projects reported having up to 200+ senior participants. The majority of case study projects also had non-senior participants. The range was from five to just over 200, including youth, family members and service providers.

Case study evidence showed that the majority of projects overestimated the numbers of participants they would attract wherein the actual number was less than half those estimated in the applications (see Table 5.1). Reasons given by project representatives for the discrepancy between projected and actual numbers included difficulties recruiting the number of seniors desired or a change of project focus which resulted in fewer participants. These examples indicate that not all sponsoring organizations fully understand the challenges they may face in identifying and engaging seniors in projects – and the approaches that could help deal with this.

The evidence on numbers of participants points to two outcomes of the CPL component:

- Projects were modest in scope, and serve communities with varied populations. Based on the participant numbers from the case studies, which appear to be the most accurate, the number of participants appears to be reasonable for the size and scope of the projects.
- The survey of applicants shows that funded projects on average had higher numbers of seniors and non-seniors participating in projects than unfunded projects, an indication that CPL funding has enabled larger scale activities that engage more seniors and non-seniors than would have occurred without funding.

Inclusion of Seniors (reducing social isolation)

The survey results show that almost all (92%) of funded respondents felt seniors were less isolated as a result of the projects. Almost all funded respondents in all regions gave positive ratings for this outcome. Of note, a large majority (87%) of unfunded respondents who went ahead with their projects also gave similar ratings.

In case study projects, seniors were engaged in various ways – through social events, workshops, physical activity (e.g. construction, fitness classes) and community gatherings. The evidence from key informants, focus groups and on-site observation is that these activities, to varied degrees, connected them with their peers as well as non-seniors, reduced their isolation, and created networks that enabled them to make connections with others and with resources in the community.

The extent to which social inclusion was sustained also varied across case study projects and was more evident in projects which levered resources that continue to be available to sustain activities (e.g. funding for resource materials for future workshops, access to facilities and, in one case, building a new aboriginal facility). The case study information also shows that a longer term effort is needed to reach and then engage those who are more vulnerable and isolated.

A number of case study projects did outreach to engage seniors isolated due to ill health, lack of transportation, and/or living in rural and remote areas. While these activities did not always result in drawing all the isolated seniors out into the community, the efforts were seen by project representatives as making a difference in the degree of support available to them and reducing their isolation.

Focus group participants identified a number of ways in which the CPL projects had helped them participate. The formation of a new Aboriginal organization for seniors in an urban area was said to have brought out many isolated elders to participate in activities. Participants in a group held in a northern community that focused on isolated seniors saw project activities as an opportunity to get out in winter, get out of the house, meet people, remain informed and renew old acquaintances. When polled for their attendance at nine of the various events, half of these otherwise isolated seniors had attended four or more of the scheduled activities. The provision of free transportation in this project was seen as important to this outcome. In another focus group in a rural area, participants described the municipality prior to the CPL project as ‘deserted’ for over a decade due to out-migration and lack of community facilities. The project resulted in re-use of the community hall as a gathering place for all ages. The project activities, which have continued and expanded, were seen as having enabled seniors to make new friends, renew friendships, and on a broader level have restored a sense of self-worth in the community.

Diversity of participants

The survey of applicants indicates that the majority of projects (64%) served seniors in general with some funded projects (36%) targeted to specific seniors groups. Table 5.2 shows the percentage of funded projects and whether or not they targeted a specific group. Specific groups included Aboriginal seniors, immigrant seniors, seniors in ethno-

cultural groups and seniors with disabilities. Figures were similar for CPL funded applicants and unfunded applicants. Case study projects reached seniors across the age spectrum from 55 to those in their 90s.

Table 5.2 Target Groups that Project Specifically Focused on (multiple response)		
Target Group	Funded Projects	Unfunded Projects (that went ahead without CPL funding)
No target group	64%	65%
Aboriginal seniors	10%	13%
Immigrant seniors	10%	7%
Seniors belonging to specific cultural groups	6%	6%
Seniors with specific social needs	6%	5%
Seniors with disabilities	4%	7%
Other	2%	4%
Total number of respondents	655	165
Source: Survey of funded applicants; Survey of unfunded applicants		

While almost all funded respondents and unfunded respondents that went ahead without CPL funding reported that they had been successful or very successful in reaching the target group, the data in Table 5.3 indicates that funded respondents were more successful than the unfunded respondents.³³

Table 5.3 Success in Engaging Target Group(s) in the Project		
	Funded Projects	Unfunded Projects (that went ahead without CPL funding)
Very successful	78%	59%
Somewhat successful	18%	36%
Do not know/No response	4%	2%
Not successful	0%	3%
Total	254	58
Source: Survey of funded applicants; Survey of unfunded applicants		

The case study projects that targeted specific groups, including Aboriginal Elders, ethno-cultural and Francophone seniors, reported that they were successful in reaching their intended participants. Most representatives of projects that had no specific target group reported they had also achieved some diversity in participants. Only one focus group specifically referenced inclusion of a wide range of seniors. This project provided safety services for seniors throughout rural areas of PEI, and the seniors who volunteered in this project and attended the focus group said they had connected with seniors of all ages

³³ This difference is statistically significant ($\chi^2 = 14.6, p < .05$).

(younger to older seniors) and met many seniors and non-seniors who had disabilities, Francophone seniors and those from different ethnic backgrounds.

Challenges

Case study evidence indicated that only a small number of seniors were “new” to activities and the sponsoring organizations. These included both younger seniors who could potentially take on volunteer roles and older, more isolated seniors. In the majority of focus groups with participants (end-users), it was noted that most of those who had played a leadership role in the projects had been similarly active before the projects, and the CPL funding provided them with opportunities to continue volunteering in new activities. As noted earlier, 21% of focus group participants were involved in organizing CPL projects. In the survey of funded applicants, 36% of respondents indicated they had difficulties recruiting participants, staff and/or volunteers.

Some key informants cited a number of difficulties faced by organizations in reaching isolated seniors:

- A lack of understanding of who is vulnerable and isolated.
- Lack of capacity to do outreach to some rural /remote communities and populations (e.g. Aboriginal Elders) as well as insufficient opportunity to undertake outreach within time-limited projects.
- Lack of funding for transportation under CPL – considered critical to some seniors’ inclusion (e.g. rural seniors, Aboriginal elders in urban areas).
- The need for longer-term funding to carry out the more complex work required in engaging and supporting this more vulnerable group.

b) Seniors’ engagement in and contribution to the community

Achievements

The evidence from the case studies and the survey of applicants was mixed on this outcome. One question addressed in the case studies (but not in other lines of evidence) was whether the contribution of seniors through CPL projects was recognized by the broader community. The evidence from key informants and focus groups indicates that this varies by project and community. Factors include the level of profile the project has in the community, the nature of the project (most projects focus on the seniors and non-seniors who participate and not on community issues), and community attitudes towards seniors. In some case study projects, focus group participants indicated that seniors contributed to the preservation of their communities’ history and heritage, language, culture and traditions. In the process they felt they had helped develop a greater sense of community among both youth and adults. Few case study focus group participants indicated that the CPL project activity had led to them being more involved as volunteers in the broader community.

On the other hand, respondents to the survey of funding applicants indicated that seniors were more active in their communities as a result of CPL projects. Almost all funded respondents (90%) felt that seniors were more active or involved in their community as a result of their project. Of note is that the majority of unfunded respondents who went ahead with their projects without CPL funding (81%) also felt that seniors were more active or involved in their community as a result of their project. In response to an open-ended question on results in CPL project final report forms, 43% of projects reported that seniors volunteered more as a result of the project.

Challenges

The majority of CPL projects are not focused on broader community issues so there are limits to how far the CPL component can go in engaging seniors to address broader social issues. The review of project files indicated that the majority of CPL projects were focused on social (53%) or recreational (38%) activities for seniors (these figures are not mutually exclusive). Some had a broader community focus, such as intergenerational activities (35%) and those (9%) that focused on addressing a broader social issue in the community (mainly issues for First Nations and multicultural awareness). In the case studies, projects that focused on intergenerational activities and cross-cultural awareness in ethno-cultural communities were seen by some key informants and focus group participants to have served broader community needs.

Overall Success of CPL Component

Funded projects report a high level of overall success. The degree of success varies by project characteristics

The survey of funding applicants asked respondents to rate the overall level of success of their project in achieving what they set out to do. Both funded respondents and respondents that went ahead with their project without CPL funding rated the overall success of their projects very positively, with a significantly greater proportion of funded respondents (86%) considering their projects to be very successful compared to unfunded respondents (63%).³⁴

There were also variations in the success ratings based on other characteristics of survey respondents.

Survey respondents in Newfoundland and Labrador, Prince Edward Island, Quebec, the Northwest Territories and Nunavut were more likely to consider their projects to be very successful compared to others.³⁵

³⁴ This difference is statistically significant $\chi^2 = 51.0, p < .05$.

³⁵ The difference is statistically significant ($\chi^2 = 79.7, p < .05$).

Most activities (77%) were ongoing throughout the year, with the majority of activities (55%) occurring at least once a week. Only a few (13%) were offered one time only or a few times throughout the year. There were no differences found in ratings of how successful the project was and how frequently the activities were offered.³⁶

Respondents from organizations that serve only seniors, or both seniors and non-seniors, were more likely to consider their projects as very successful compared to organizations that serve primarily people who are not seniors.³⁷

Organizations that operate internationally felt their success was lower than organizations that operate locally, provincially, or nationally.³⁸ This may be indicative of the types of organizations where CPL funding should be focused in order to achieve the greatest impact.

Incremental Impacts of the CPL Component

The CPL component is intended to encourage and support organizations to undertake new activities to engage seniors in the community and to continue these activities using volunteer resources and the support of partners once the one-year CPL project is completed. The evidence from the survey of applicants and case studies indicates that CPL has had this incremental impact:

The survey responses indicate that CPL was important to the start-up of new activities and programs for seniors and that the funding resulted in sustainable projects in a majority of cases. Few funded respondents (2%) felt that they would have gone ahead as planned and a few (21%) felt they would have gone ahead with the project on a smaller scale, while 76% indicated they would have cancelled or postponed the project until other funding was found. Similarly, project representatives for the large majority of case study projects felt that the CPL funding was essential to their proceeding as planned. Half the case study project representatives indicated they would have cancelled the project and a few (32%) would have implemented the project on a smaller scale.

Examples given by case study organizations of the impact if funding had not been received included having to do computer classes with outdated equipment, not having the construction materials to allow the participants to build the standard of heritage structure needed, not having the funds to train volunteers, and not having the capacity to do follow up with seniors once new safety equipment had been distributed. One project commented that the incremental impact of CPL was not so much in the level of funding as in giving them the capacity to bring in resource people to deliver the project. Another observed that they would have found the volunteer resources somehow as the project had been promised to seniors.

³⁶ The difference is not statistically significant ($\chi^2 = 35.6, p > .05$).

³⁷ The difference is statistically significant ($\chi^2 = 32.9, p < .05$).

³⁸ The difference is statistically significant ($\chi^2 = 21.9, p < .05$).

Most funded survey respondents (88%) indicated that the project had continued after CPL funding ended, 45% on the same or a larger scale and 43% on a smaller scale. Of the sixteen case study organizations, 63% continue to deliver the activities that were funded through CPL, 60% of these on the same scale and 40% on a smaller scale.

As a check on the level of incrementality, unfunded survey respondents were asked what had happened to their project as a result of not receiving funding. The majority (55%) of unfunded respondents cancelled their project as a result of not receiving CPL funding. Some (43%) went ahead without CPL funding. Of those that went ahead, 33% did so as planned and 67% did so on a smaller scale. This evidence somewhat discounts the level of incrementality identified by funded projects.

CPL is designed to encourage organizations to implement projects through partnerships that help to ensure the sustainability of the funded activities. The administrative data indicates that CPL has had this desired ‘leveraging’ impact. Applicants over the first four calls for CPL funding requested 60% of the total value of projects (\$103M requested versus \$173M total value of projects). The remainder came from other community-based and government funding sources, including the applicant organizations. This evidence also suggests that the process of applying for CPL funding may have created some momentum and capacity among unfunded applicants to proceed with their projects once they had identified partners and sources of support.

Another important incremental impact of the CPL funding is that organizations were able to devote more of their volunteer effort to implementing projects rather than seeking funding. For community-based organizations that often have limited volunteer or staff resources this is a significant positive impact. Case study projects identified that an important impact of CPL funding was in complementing their volunteer resources.

Unintended Impacts

Some key informants identified unintended impacts from the CPL component. These examples, although not empirically substantiated, include: savings to health care as a result of seniors’ participation in the community, greater sense of community pride for projects that had a heritage focus, a heightened profile for seniors and seniors’ issues, potential for organizations to become too dependent on solely CPL funding, and potential risk for CPL-funded organizations becoming too focused on doing individual projects rather than capitalizing on the resources to build a volunteer base for other activities over a longer period of time.

6. Operational Costs

Program documents indicate that operational costs for the CPL component represent 22.5% of the total allocation for the component, which is in line with the original forecasted amount. This is high but it should be noted that CPL operational funds are used to offset CA operational costs.

This evaluation issue emanates from the new Government of Canada Evaluation Policy³⁹ which states that economy and efficiency must be now addressed in all evaluations. This was examined by assessing the proportion of program funding expended on operational costs and was intended to be exploratory in nature.

The CPL component is delivered regionally by Service Canada. This delivery model is considered by NHSP NHQ as appropriate to optimize efficiency in program delivery.

The document review indicates that 22.5% of total CPL component funds is allocated to operational costs (salary and non-salary costs) directed to both NHSP NHQ and Service Canada. NHSP key informants explained that this portion is allocated to both the CPL and Capital Assistance components. Determining the exact ratio of operational costs for each component is challenging as Service Canada does not differentiate between CA and CPL when reporting on operational costs. Investments in community engagement and partnership development, and in administration to ensure integrity and accountability, were cited by key informants as cost components contributing to this level of allocation.

Based on key informant interviews with NHSP NHQ, the operating budget for most federal programs is 12 to 15%.

³⁹ Effective April 1, 2009.

7. Progress Made in Implementing Formative Evaluation Recommendations

NHSP Management has taken action on three of the five recommendations from the formative evaluation of NHSP. Action on a fourth recommendation was planned for the fall 2009, and the fifth was agreed to in principle but not actioned due to an anticipated barrier to implementation.

The recommendations and management response are summarized below. The evaluation assessed progress towards planned action identified in the management response.

Program Implementation and Delivery

1. Improve the transparency of the decision making process by providing clear and detailed written explanations for projects that are not awarded funding.

The CPL evaluation did not address program delivery questions (including transparency of the decision making process). However, these were addressed in the formative evaluation of CA and EAA and the findings have relevance for CPL. In both cases, the evidence indicates that the decision letters could be improved by providing more specific reasons for projects that were not approved.

2. Put measures in place to decrease the amount of time required to make decisions regarding funding and streamline the Departmental approval process, including an ongoing application process. For example, allowing ongoing submission of applications.

Timelines for approval of CPL projects was not addressed in the summative evaluation. However the formative evaluations of the CA and EAA concluded that in both cases the timeframes for approval of projects are lengthy and a concern of applicants and key informants.

Performance Measurement and Monitoring

3. Review and update the program's performance indicators for outputs, immediate outcomes, intermediate outcomes, and long-term outcomes.

There continues to be considerable duplication and overlap with the program's stated intended immediate, intermediate and long-term program outcomes, and it would be difficult to attribute some outcomes to the program. This has an impact on performance information and data collected to report on program results. Also, the terms "isolated" and "vulnerable" seniors are not defined in program documentation. Any clarifications made to program objectives should be accompanied by changes to data collection and results reporting.

4. Improve the capture and collation of information about the short-term outcomes of the program in the Common System for Grants and Contributions (CSGC).

The CPL project final report form does not ask specific questions on the achievement of intended CPL outcomes. Rather the form asks open-ended questions on the project results in relation to the project's objectives. The administrative data review found that coding this information to relate it to each of the five intended outcomes was challenging. For most outcomes, approximately one-quarter of the reports included information that indicated they had achieved results related to each intended CPL outcome. However, the majority of the respondents to the survey of applicants, in response to closed-ended questions, stated that they had achieved each of the intended CPL outcomes. In short, this indicates that existing final report form does not completely and accurately capture the achievement of CPL outcomes because the form does not ask this question directly.

NHSP NHQ developed a methodology for coding this information by regional staff, and has produced a report for the coding of CPL Call 3 projects. A review of this report shows that the process requires considerable interpretation by regions of the narrative information using a relatively complex coding structure (due to the wording of questions on the report form). As the information in the reports is not complete and accurate, this exercise may result in a labour intensive process and poor quality data. It is suggested that the CPL final project report form be revised to include questions on the extent of achievement of CPL intended outcomes, similar to those used in the survey of applicants for this summative evaluation. This would facilitate more efficient and accurate coding of the data in an electronic database.

5. Ensure that CSGC data are complete for any fields that will be used for tracking performance or for the summative evaluation.

The evaluation covered CPL Calls 1 to 4 (up to 2007-08). It was not evident that there were improvements to the CSGC database in the time elapsed since the management response in April 2009 up to the completion of the summative evaluation field work in Fall 2009.

Bibliography

Berry, H. L., Rodgers, B., & Dear, K. B. G. (2007). Preliminary development and validation of an Australian community participation questionnaire: types of participation and associations with distress in a coastal community. *Social Science & Medicine*, 64(8), 1719-1737.

Butler, S. S. & Eckart, D. (2007). Civic Engagement Among Older Adults in a Rural Community: A Case Study of the Senior Companion Program. *Journal of Community Practice*, 15(3), 77-98.

Connors, D. E. (2008). Transforming 50+ Volunteering: a literature review and strategy. Volunteer Canada.

Claros, K. C., Ladd, A., & Sylvestre, G. (2008). Investigating the social capital and capacity of older adults in rural Manitoba. Institute of Urban Studies, University of Winnipeg.

Flood, M. & Phillips, K. D. (2007). Creativity in older adults: a plethora of possibilities. *Issues in Mental Health Nursing*, 28, 389-411.

Greenfield, E. A. & Marks, N. F. (2007). Continuous participation in voluntary groups as a protective factor for the psychological well-being of adults who develop functional limitations: evidence from the national survey of families and households. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 62B(1), S60-S68.

Kaskie, B., Imhof, S., Cavanaugh, J., & Culp, K. (2008). Civic engagement as a retirement role for aging Americans. *The Gerontologist*, 48(3), 368-377.

Kavanaugh, A. L., Reese, D. D., Carroll, J. M., & Rosson, M. B. (2005). Weak ties in Networked Communities. *The Information Society*, 21, 119-131.

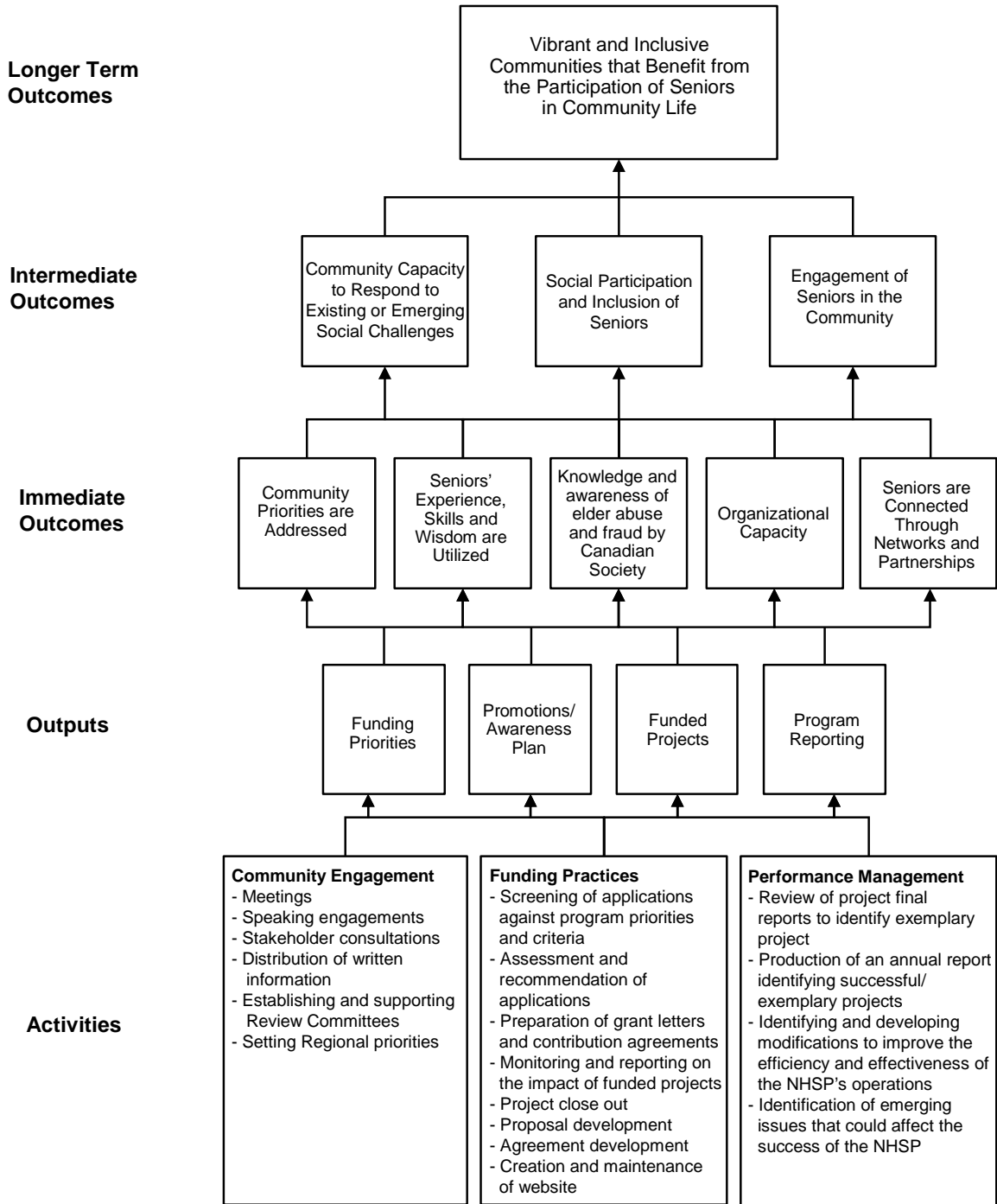
Morrow-Howell, N., Hinterlong, J., Rozario, P. A., & Tang, F. (2003). Effects of volunteering on the well-being of older adults. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 58B(3), S137-S145.

Ohmer, M.L. (2007). Citizen participation in neighbourhood organizations and its relationship to volunteers' self- and collective efficacy and sense of community. *Social Work Research*, 31(2), 109-120.

Turcotte, M. & Schellenberg, G. (2006). A portrait of seniors in Canada. Statistics Canada, Social and Aboriginal Statistics Division.

Appendix A – NHSP Logic Model

New Horizons for Seniors Program – Logic Model



Appendix B – CPL Evaluation Matrix

Evaluation Issues and Questions	Methods					
	Document Review	Admin Data and File Review	Literature Review	KI Interviews	Survey of Applicants	Case Studies
1. Relevance						
1.1 Is the CPL consistent with departmental and government-wide priorities?	✓			✓		
1.2 Is the focus of the CPL consistent with the needs expressed by organizations that serve seniors?		✓	✓	✓	✓	✓
1.3 Is the CPL duplicating or complementing existing programs/initiatives? If duplicating, what mechanisms are in place to avoid duplication? ⁴⁰	✓		✓	✓	✓	✓
2. Performance						
2.1 To what extent has the CPL reached its expected immediate outcomes: <ul style="list-style-type: none"> seniors' experience, skills and wisdom are utilized seniors are connected through networks and partnerships funded organizations have increased capacity to serve community needs⁴¹ 		✓		✓	✓	✓
2.2 To what extent has the CPL reached its intermediate outcomes ⁴² <ul style="list-style-type: none"> Social participation and inclusion of seniors Seniors' engagement in and contribution to the community 		✓		✓	✓	✓
2.3 Have there been any unintended impacts - positive or negative?				✓		

⁴⁰ The CPL formative evaluation identified there were similar programs in Nova Scotia and Quebec.

⁴¹ This will address the capacity of organization to some extent but focus should be on seniors' involvement.

⁴² This will address the capacity of funded organizations in an exploratory manner.

Evaluation Issues and Questions	Methods					
	Document Review	Admin Data and File Review	Literature Review	KI Interviews	Survey of Applicants	Case Studies
3. Operational costs						
3.1 What is the percentage of operational costs (i.e. operations and maintenance costs) at the national and regional level relative to the program total annual budget and is this in line with the departmental standards for Gs&Cs?	✓	✓			✓	
4. Other						
4.1 What progress has been made on the implementation of the action plan to address the recommendations of the NHSP formative evaluation?	✓	✓		✓		