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Ageing Better Inclusive travel approaches and active travel research: Methods Note

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Introduction

Introduction

Purpose of the Methods Note

This paper sets out the methods used by the Ageing Better national evaluation team to conduct research on travel-related approaches. The paper accompanies a research report exploring the transport-related barriers affecting the over 50s leaving home and travelling in and beyond their communities, and sets out how Ageing Better partnerships have sought to overcome these barriers through actions to promote inclusive and active travel. The report explores the benefits of these approaches in supporting social connections, and physical and mental health and wellbeing.

Following an introduction to the programme, this Methods Note summarises the research approach, details the data collection methods used, and presents the full data tables referenced in the report. It also provides a statement on research ethics and data protection, and concludes with a glossary of terms associated with the report. This paper was written by Ecorys, the independent national evaluator of the Ageing Better programme.

The Ageing Better programme

Ageing Better is a seven-year programme worth £87 million funded by The National Lottery Community Fund (TNLCF). It started in 2015 and will run until 2022, following a twelve-month extension from its initial six-year term due to the impact of COVID-19. The programme funds voluntary sector-led partnerships in 14 areas across England.

The partnerships are:

- Ageing Better Birmingham
- Bristol Ageing Better
- Ageing Better in Camden
- Brightlife (Cheshire)
- Talk, Eat, Drink (T.E.D) (East Lindsey)
- Ambition for Ageing (Greater Manchester)
- Connect Hackney

- Age Friendly Island (Isle of Wight)
- Time to Shine (Leeds)
- Leicester Ageing Together
- Ageing Better Middleborough
- Age Better in Sheffield
- Ageless Thanet
- Ageing Well Torbay

TNLCF commissioned Ecorys UK, Bryson Purdon Social Research LLP, and Professor Christina Victor from Brunel University's Institute for Ageing Studies to carry out a national evaluation of the programme.

Research Process

Research process

Research aims

The over-arching aim for the research report was to inform external policy and practice about *how to make travel more inclusive and to encourage active travel among people over 50,* by sharing findings from Ageing Better travel-related projects.

Rationale for approach

The research on travel-related approaches primarily draws on evidence collected through qualitative research with Ageing Better stakeholders. Qualitative evidence provides insights into a cross-section of stakeholders' views and experiences. The qualitative research considered the extent to which Ageing Better brings about the intended outcomes in the programme's Theory of Change. The Theory of Change was updated for years 6 and 7 as the pandemic took hold, to reflect the programme response and associated changes to project activities and potential outcomes. The qualitative evidence also explored both the processes involved in designing and developing activities, and the outcomes achieved from 'test and learn' approaches, including the co-production of activities with people over 50.

It also draws on quantitative data about who took part in Ageing Better's travel-related projects, and how outcomes changed over time. Although a counterfactual study was conducted at a programme level, it is not possible to use this evidence specifically for travel-related projects, so any change in outcomes that we see for participants in travel-related projects cannot be attributed to Ageing Better.

The qualitative evidence is used to explain possible reasons for the changes observed in the quantitative survey data. By triangulating the evidence from these different sources, we consider how the programme may have supported participants to experience change.

Qualitative evidence gathering

The following methodology was used to construct the research report on travel-related approaches:

Desk Research

- A call for evidence exercise was undertaken, which invited partnerships to supply relevant evidence on travel-related activities to the national evaluation team. This activity was voluntary and was complemented by information shared by TNLCF's learning team.
- An evidence review was then undertaken, exploring evidence on travel-related approaches produced by individual Ageing Better partnerships. The review of evidence from Ageing Better partnerships' local evaluations, website content, and other materials assimilated programme-level learning to inform the primary research.
- A review of the wider evidence base on travel-related approaches was undertaken, to situate Ageing Better evidence within broader policy and practice. This review identified key policy developments, initiatives and stakeholders working on the travel-related theme. The findings of this review helped identify ways in which the Ageing Better national evaluation could augment the wider evidence.
- The desk research above was used to identify key lines of enquiry for further investigation through the primary research. This approach ensured effective deployment of resources by honing-in on key areas of emerging evidence.
- A team briefing was held to reflect on key learning from the evidence review. The team briefing also introduced the semi-structured topic guides to be used for the primary research, to ensure question validity and consistency across the consultation process.

Primary Research

- Interviews and focus groups were undertaken with 45 stakeholders in total. This included the following:
  - 10 partnership leads and 5 learning leads from 10 Ageing Better partnerships
  - 15 people involved in delivering projects
  - 10 volunteers and 5 participants.

- The sampling framework used a snowballing approach to reach projects and volunteers through the partnership lead organisations.
- The primary research was mainly undertaken remotely, through Teams video and audio consultations and telephone interviews. Case study research took place face-to-face in two Ageing Better partnership areas before the first national lockdown.
- Team debriefs were held at a mid-point and following completion of the primary research, to reflect on immediate learning and inform the analysis.

How we defined a travel-related project

Ageing Better uses a broad classification for travel-related projects, including active travel and inclusive transport activities. We identified travel-related projects by two methods. The starting point was a typology of loneliness interventions that was developed by researchers commissioned by TNLCF which categorised transport related interventions or projects being undertaken by Ageing Better local partnerships (Table 1)[7].

The category 'Transport' was used to identify an initial list of travel-related projects. This list was then cross-referenced and amended using information from the call for evidence and evidence review outlined above, to identify projects that involved any of the following:

- Active travel (e.g. walking and cycling)
- Inclusive travel (e.g. befriending or buddying schemes to help people leave their front door and/or travel further afield)
- Community transport (including carpooling initiatives, projects providing transport or free bus passes to enable people to access an activity who would not be able to participate otherwise, and trips involving travel and travel planning)
- Research and resource development projects focused on transport (including infrastructure considerations and asset mapping local areas) and strategic development projects/travel-related travel planning (Age Friendly Cities etc.)

This approach identified 63 projects which had collected survey data (for 9143 participants, Table 1).

Table 1 Travel-related and whole programme CMF projects and participants

	Travel-related projects	Ageing Better programme	Travel-related proportion of Ageing Better programme (%)
Number of projects	63	366	17
Number of participants	9,143	35,290	25

Participant survey data

This report draws on data from the Ageing Better Common Measurement Framework (CMF). During the first year of the Ageing Better national evaluation in 2014, the national evaluation team worked with the National Lottery Community Fund and the 14 partnerships to agree a set of common outcome measures for the programme[2]. This set of outcomes measures formed the basis for a Common Measurement Framework, which was designed for two purposes:

- To monitor the Ageing Better Programme during delivery
- To build up a dataset on participant outcomes for a final evaluation

Data was collected using paper questionnaires, as Ageing Better partnerships felt this approach was most suitable for their projects and participants rather than using online or other approaches. Questionnaires were adapted to suit local preferences and administered by the partnerships. The questionnaires were designed for self-completion by participants, with staff helping participants as/if required. Partnerships then entered participant data into a centralised online platform. Each participant was assigned a Unique Reference Number to track their participation, allowing us to link together CMFs that had been completed by the same person at different times. Partnerships were asked to collect data at the following times:

- **Entry:** As soon as possible on entry to their first project to provide a baseline against which to measure later change.
- **Exit or follow-up:** On exiting their first project, or on entry and exit of any additional projects.

- **Long-term follow-up:** 6 and/or 12 months after exiting the programme, to investigate any further change in outcome for participants over this extended period.

This data captures changes experienced by Ageing Better participants using a number of measures. For this report we have looked at:

- **Loneliness:** Measured by the UCLA loneliness scale[3]. The UCLA scale was developed to measure relational connectedness, social connectedness and self-perceived isolation. There are several versions including a short 3-item scale. The questions are all negatively worded. It has been widely cited, and forms part of the English Longitudinal Study of Ageing (ELSA). Since 2018, the UCLA is the government's recommended indirect measure for loneliness. It is used as a measure of overall loneliness, providing one overall score between three and nine, with a score of nine representing the loneliest. Lonely is defined as scoring six or more on a scale from three to nine.
- **Wellbeing:** Measured by the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) scale. This focuses on both mental and emotional wellbeing (how 'good' somebody feels) and psychological functioning (how well somebody thinks they are functioning). A higher score represents higher wellbeing. Low wellbeing is defined as a score of less than 20 on a scale from seven to 35.
- **Social contact with children, family, and friends:** This measure evaluated the impact of activities on social contact within existing social circles. Evidence shows lacking social contact is a distinct element of social isolation. An increase in the average score indicates greater social contact. To reduce the research burden on participants, this question is an adaptation of three questions used in the English Longitudinal Study of Ageing (ELSA) (ELSA asks this question separately for children, for family and for friends).
- **Social contact with non-family members:** This measures social contact outside of the family and with neighbours and the community, a lack of which is a potential precursor to social isolation. An increase in the average score indicates greater social contact.
- **Health:** Measured by the EQ-VAS scale[4]. This reports participants' self-rated health, from 'best imaginable health state' (100) to 'worst imaginable health state' (0).

Analysis and reporting

The qualitative data was written up into an analysis table, and contained detailed notes and verbatim comments, which were recorded (with appropriate permissions) to ensure data accuracy.

The quantitative data analysed in the travel-related research report includes participants that took part in at least one project that was identified as travel-related. For this report we analysed the change in CMF outcome measures (listed above) from baseline to most recent follow-up[5]. Just over a quarter (27%) of travel-related participants had follow-up data.

Of those with follow-up data, the average time between baseline and follow-up was just over 12 months (369 days). Figure 1 shows the distribution of the time between participants baseline and most recent follow-up. At the time of their most recent follow-up 51% of participants were still engaged with the programme (Table 2 'During' and 'Entry').

Figure 1 Time from baseline to most recent follow-up (n = 2508)

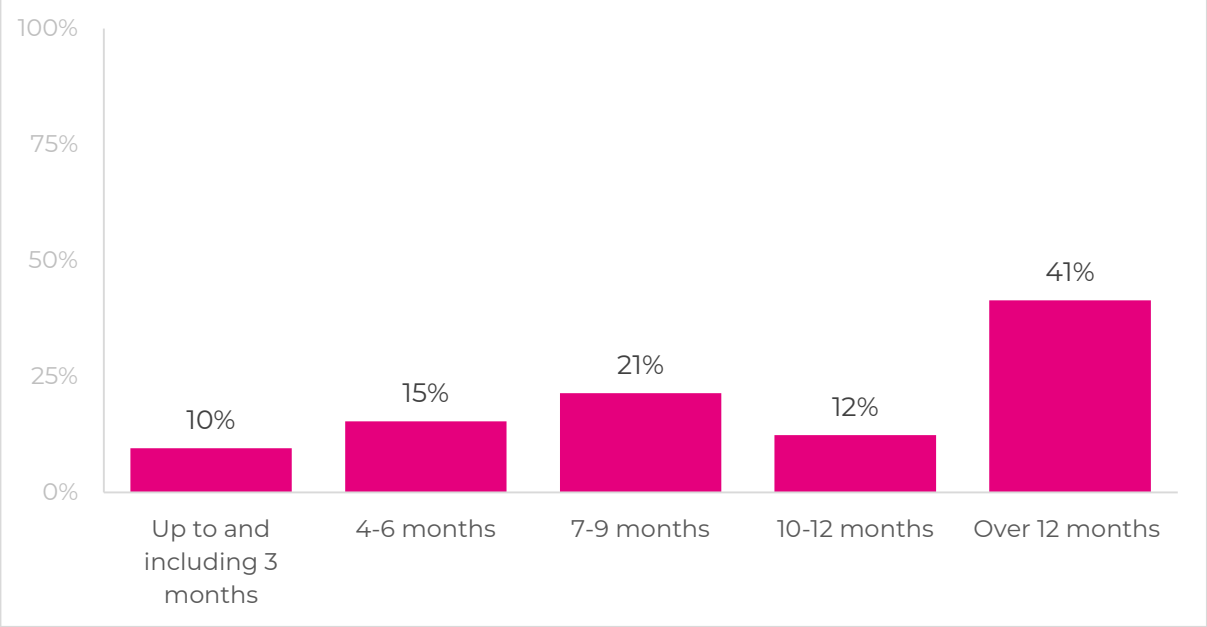

Table 2 Stage of engagement at most recent follow-up

Follow-up stage of engagement	Proportion of travel-related participants with follow-up data (%)
During existing project	44
Entry to another project	8
Exit	29
Long-term follow-up	20
Base size	2,508

We use significance tests to understand if the difference between baseline and follow-up CMF outcome measures are statistically significant (or likely due to chance). The p-values we refer to in tables A8 and A9 below is the probability of an observed difference being due to chance, rather than being a real underlying difference between the baseline and follow-up measures. We follow the conventional approach to reporting on p-values, reporting on data as showing a change, with a p-value of less than 0.05 being taken to indicate a statistically significant difference.

We used the paired McNamar's test for categorical data and paired t-test for continuous data.

Data limitations

As with any study, there are certain limitations to the data being presented. The CMF was not intended to cover all Ageing Better participants, so the findings are not fully representative of all the people that took part in the programme or in travel-related projects. Participants were asked to complete a CMF question if it was feasible, if their engagement was expected to be more than a one-off event, and if they were able to provide informed consent. Where quantitative data is reported (for example, one in five projects, 68% of participants) it refers only to projects/participants that took part in the CMF survey. The qualitative data is based on interviews with a small number of people involved in the projects, and used a snowballing approach to identify key stakeholders with learning to share. The snowballing approach does not attempt to be representative of all people who took part in relevant projects.

Whilst a counterfactual study was run for the whole programme evaluation, the data from the counterfactual study is not suitable for analysing programme sub-themes such as travel-related approaches. No counterfactual data has been used in this analysis meaning any change in outcomes cannot be directly attributed to participation in travel-related projects. Additionally, travel-related participants in this report may have taken part in non-travel-related projects, which may have contributed to any change in outcomes observed.

Please see the forthcoming Impact Evaluation Report for an analysis of programme level impact on key participant outcomes.

Annex A: Data Tables

Annex A: Data tables

This annex contains data tables based on the typologies exercise and CMF survey data provided by Ageing Better participants.

An overview of Ageing Better projects based on Intervention Type

Table A1 Overview of types of interventions in the Ageing Better programme

Type of Intervention	Participants (%)	Projects (%)
Social interventions	59	55
Physical health interventions	47	29
Creative activity projects	42	32
Knowledge sharing or building	29	16
Asset based community development	28	26
Social prescribing	26	11
IT interventions	24	16
Mental health interventions	22	20
Culture change	15	9
Transport related projects	12	6
Other	3	3
Base size	*27382*	*297*

An overview of travel-related projects

Table A2 Number of travel-related projects and participants in Ageing Better partnerships

Partnership	Number of travel-related projects	Number of travel-related project participants
Birmingham	2	167
Bristol	2	415
Camden	10	3483
Cheshire	7	710
Greater Manchester	3	139
Hackney	7	409
Isle of Wight	9	1017
Leeds	7	245
Leicester	4	568
Sheffield	9	1630
Torbay	3	1189
Total	**63**	**9972**

Table A3 Scale of travel-related projects, overall and in each Ageing Better partnership

	Scale of project (number of participants)											
	1-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400	401-450	451-500	>501	Total
Birmingham	1	0	0	1	0	0	0	0	0	0	0	**2**
Bristol	0	0	1	0	0	1	0	0	0	0	0	**2**
Camden	1	2	1	0	0	1	0	0	0	4	1	**10**
Cheshire	3	2	0	1	0	0	0	1	0	0	0	**7**
Greater Manchester	2	0	1	0	0	0	0	0	0	0	0	**3**
Hackney	4	1	2	0	0	0	0	0	0	0	0	**7**
Isle of Wight	3	1	4	0	0	0	0	1	0	0	0	**9**
Leeds	6	0	1		0	0	0	0	0	0	0	**7**
Leicester	1	0	0	2	1	0	0	0	0	0	0	**4**
Sheffield	5	0	0	1	0	1	0	0	0	1	1	**9**
Torbay	0	1	0		0	0	0	0	0	0	2	**3**
Total	**26**	**7**	**10**	**5**	**1**	**3**	**0**	**2**	**0**	**5**	**4**	**63**

Participants in travel-related projects

Table A4 Characteristics (demographics) of travel-related project participants and peer group comparator where relevant

Characteristic	Percentage of travel-related project participants (%)	Percentage of over 50s in Ageing Better Areas ([a]), England ([b]), or the UK ([c]) (%)
Gender		
Male	32	48[a]
Female	68	52[a]
Base size	*8475*	
Ethnicity		
Asian/Asian UK	16	6[a]
Black/African/Caribbean/Black UK	5	3[a]
White	75	89[a]
Mixed ethnic	1	1[a]
Other ethnic groups	2	1[a]
Base size	*7934*	
Sexual Identity		
Heterosexual	98	99[b]
Gay/Lesbian	1	<1[b]
Bisexual	1	<1[b]
Other sexuality	<1	<1[b]
Base size	*6402*	

Characteristic	Percentage of travel-related project participants (%)	Percentage of over 50s in Ageing Better Areas ([a]), England ([b]), or the UK ([c]) (%)
Age		
Under 50	1	-
50-59	14	36[a]
60-69	26	30[a]
Over 70	59	34[a]
Base size	*6959*	
Living arrangement		
Living alone	56	27[a]
With spouse/partner	26	
With family	14	
In residential accommodation	2	
Other living arrangement	2	
Base size	*6465*	
Longstanding illness / Disability		
Has longstanding illness / disability	64	54[c]
No longstanding illness / disability	36	46[c]
Base size	*6495*	
Carer status		
Carer	18	17[a]
Not Carer	82	83[a]
Base size	*6085*	

Table A5 Characteristics (baseline outcomes) of travel-related project participants

Characteristic	Percentage of travel-related project participants (%)	*Base size*
Social contact with family and friends (meet once a week or more)	71	*4325*
Social contact locally (speak 3 times a week or more)	62	*5072*
Lonely (score of 6 or more)	51	*4065*
Low wellbeing (score of 19 or less)	25	*4725*

Changes in outcomes for participants in travel-related projects: Overall

We looked at key outcomes, such as social contact with family and friends, social contact with people locally, health, wellbeing, and loneliness amongst participants in travel-related projects.

When they started the programme, seven out of 10 participants (71%) reported that they saw a family member or friend at least once a week. This increased to almost eight in 10 participants (77%) at the time of their most recent follow-up. Similarly, 65% of participants said they spoke with someone locally at least three times a week when they joined the programme. This increased to 70% by the time of the participants' most recent follow-up (Table A6).

Table A6 Change in social contact of travel-related project participants. Significant changes, with p value <0.05, are marked with *

Measure[6]	At entry (%)	At most recent follow-up (%)	Change (pp[7])	*P* value	*Base size*
Proportion of participants who saw family/friends once a week or more	71	77	5	<.001*	*1723*
Proportion of participants who spoke to someone locally 3 times a week or more	65	70	5	<.001*	*2180*

Participants were asked to rate their health on a scale from one to 100, with one being the 'worst imaginable health' and 100 being the 'best imaginable health'. When they started the programme, on average participants rated their health as 61.49 out of 100. This increased to an average of 65.98 out of 100 at the time of their most recent follow-up (Table A7).

Table A7 Change in perceived health of travel-related project participants. Significant changes, with p value <0.05, are marked with *

Measure[8]	At entry	At most recent follow-up	Change	*P* value	*Base size*
Mean perceived health score	61.49	65.98	4.49	<.001*	*1670*

One in four participants (24%) reported having low wellbeing when they joined the programme. By the time of their most recent follow-up, this had reduced to around one in six participants (16%) (Table A8).

When they started the programme, about half of all participants (51%) reported being lonely. By the time of their most recent follow-up, this had reduced to 44% (Table A9).

Table A8 Change in wellbeing of travel-related project participants. Significant changes, with p-value <0.05, are marked with *

Measure	At entry	At most recent follow-up	Change	*P* value	*Base size*
Mean wellbeing score	21.61	22.70	1.09	<.001*	*1976*
Proportion of participants with low wellbeing (%)	24	16	-4 pp	<.001*	*1976*

Table A9 Change in loneliness of travel-related project participants. Significant changes, with p-value <0.05, are marked with *

Measure	At entry	At most recent follow-up	Change	*P* value	*Base size*
Mean loneliness score	5.57	5.21	-0.36	<.001*	*1645*
Proportion of participants who are lonely (%)	51	44	-7 pp	<.001*	*1645*

Research ethics and data protection

Research ethics and data protection

Ecorys and our partners strictly adhere to academic and industry standard procedures to ensure the ethical underpinning of all our work. Specifically, we follow the Social Research Association Ethical Guidelines (SRA), the Government Social Research Unit Code of Practice (GSRU) and the Market Research Society Guidelines (MRS). We also ensure all our staff undertaking research or wider work with vulnerable adults over 18 are DBS checked and cleared[9] and complete external training on research ethics and working with vulnerable adults. All research is conducted within Ecorys' safeguarding policies for vulnerable adults. Ecorys' statement on effectively involving older people in research is adhered to by our partners.

All individuals who took part in an interview or focus group provided their informed consent after we shared information with them on how their data would be processed and reassured them that their views would be confidential. Stakeholders were asked to provide consent for anonymised quotes to be used in reporting. All data used in the report was anonymised and individuals were not named. However, projects and partnerships were named.

Glossary

Glossary

Active travel – Making every-day journeys by walking or cycling as an alternative to motorised transport (including cars and motorbikes/mopeds)[10].

Asset Based Community Development (ABCD) – An approach based on the principle of identifying and mobilising individual and community 'assets', rather than focusing on problems and needs (i.e. 'deficits')[11].

Age friendly business – Businesses that are accessible and navigable for older people[12].

Community – This can refer to a geographical area or a community of interest. This group might be geographically related, such as a retirement community, or a community of interest dispersed across a wider area (in the context of Ageing Better this includes a range of marginalised groups: Black, Asian and minority ethnic, LGBTQ+, carers, those living alone, and men).

Community connectors - Any mechanism that works to identify isolated people over 50 and works with them to facilitate a transition from isolated to less isolated through person-centred, structured support. This includes community navigators, social prescribing, and approaches that involve people overcoming a specific barrier (mental health issues, for example)[13].

Community transport – The development of flexible and accessible community-led solutions to address local transport needs. This represents the only means of transport for many vulnerable and isolated people, including older people or people with disabilities[14].

Inclusive travel – Recognising what needs to be in place to enable people to feel safe travelling locally, including pavements that are well maintained and lit, bus stops that have reliable information and somewhere to sit, and bus drivers who are aware of mobility issues.

Integrated transport - Combining different modes of public transport (bus, train, tram, etc.) to create an efficient, safe, and convenient customer journey.

LGBTQ+ - Lesbian, gay, bisexual, transgender, and queer (or questioning)[15].

Local (context) – There is no agreed definition, although this refers to a geographic area. It can range from hyperlocal (a group of houses, a street, or village), to a

neighbourhood or ward level, and local authority (LA) area. This would not extend to a whole 'region'. The English regions, formerly known as the government office regions, are the highest tier of sub-national division in the country. Between 1994 and 2011, nine regions had officially devolved functions within government. Although they no longer fulfil this role, they continue to be used for statistical (and some administrative) purposes[16].

Participant volunteers - People who support project design and delivery, but also take part in its activities.

Partnership - Partnership refers to the individuals and organisations (partners) that oversee and support the delivery of Ageing Better in each of the 14 programme areas. Each partnership selects a variety of projects that best meet local needs.

Project lead – Paid staff from local organisations who coordinate larger micro-funded projects. Project activities are led by micro-funded group leads/volunteers/participant volunteers.

Social isolation or loneliness - There is no single agreed definition of social isolation or loneliness. In general, social isolation refers to the number and frequency of contacts with other people that a person has, and loneliness refers to the way that a person views this contact (for example, whether it is a fulfilling connection). Social isolation is an objective state, whereas loneliness is subjective.

Systems change – Seeking to address the root causes of social problems. Refers to an intentional process which seeks to alter the components and structures that cause systems to behave in a particular way[17]. Operationally, systems change is associated with creating a new power dynamic between individuals and organisations, which aims to empower people to help create solutions to local problems.

Test and learn - Test and learn gives partnerships the flexibility to try out a range of approaches. It also means recognising and sharing when things haven't gone as intended, as well as when they have been successful, to create practical learning for others. Using this learning, the programme aims to improve how services and interventions to tackle loneliness are delivered, and ultimately contribute to an evidence base to influence future service development'[18].

Transport - A system of vehicles, such as buses, trains, or aircraft, for getting people or goods from one place to another[19].

Travel - To move or go from one place to another[20].

Volunteering – Any activity that involves spending time doing something unpaid that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each person[21].

Endnotes

[1] Typologies report. Gibson S, Hotham S, Wigfield, A (2020), Categorisations of Ageing Better Programme interventions designed to reduce loneliness and/or social isolation, A report for the National Lottery Community Fund (unpublished)

[2] Guidance on the participant survey and outcome measures was available online https://ageingbetter.ecorys.org.uk/Information

[3] Loneliness is measured using the UCLA loneliness scale. See: https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys.

[4] EQ-VAS scale. See: https://euroqol.org/eq-5d-instruments/eq-5d-3l-about.

[5] There was no minimum length of involvement

[6] We have not calculated average scores for social contact, as this question asked respondents to give categories and not numbers (e.g. 'once a week', 'once a month', 'once a year').

[7] Percentage points (pp)

[8] We have not reported the proportion of participants with below average/average/above average health as there are no standardly used categories for this measure.

[9] A Disclosure and Barring Service (DBS) check enables employers to check the criminal record of someone applying for a role. Enhanced checks are available for people intending to work with vulnerable individuals or groups. See: https://www.gov.uk/dbs-check-applicant-criminal-record.

[10] Public Health England, 2016k Working Together to Promote Active Travel A briefing for local authorities. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523460/Working_Together_to_Promote_Active_Travel_A_briefing_for_local_authorities.pdf.

[11] Frost, S., Learning Network Development Manager for the Altogether Better Learning Network, 2011, Asset Based Community Development (ABCD). Available at: http://www.altogetherbetter.org.uk/Data/Sites/1/5-assetbasedcommunitydevelopment.pdf.

[12] Age UK, 2017, Travel-related business: valuing and including older consumers in supermarkets and service companies. Available from: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_feb17_age_friendly_business.pdf.

[13] Definition developed by Ageing Better partnerships with facilitation from Hall Aitken, Support and Development Contractor for the Ageing Better programme.

[14] Community Transport Association. See: https://ctauk.org/about-cta/what-is-community-transport/

[15] Definition from the Cambridge dictionary, see: https://dictionary.cambridge.org/dictionary/english/lgbtq.

[16] See: https://digimarconuk.co.uk/england-regions/.

[17] London Funders, Systems change: what it is and how to do it. Available at: https://londonfunders.org.uk/systems-change-what-it-and-how-do-it

[18] Ageing Better and the Big Lottery Fund, May 2018, Knowledge and Learning Programme Briefing, p.2.

[19] Definition from the Cambridge dictionary. See: https://dictionary.cambridge.org/dictionary/english/transport

[20] Definition from the Cambridge dictionary . See: https://dictionary.cambridge.org/dictionary/english/transport

[21] NCVO definition. See: https://www.ncvo.org.uk/policy-and-research/volunteering-policy.

Website: tnlcommunityfund.org.uk/funding/strategic-investments/ageing-better

Twitter: @TNLComFund

Facebook: TNLCommunityFund

Instagram: tnlcommunityfund

LinkedIn: the-national-lottery-community-fund

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