Our approach to evidence
Introduction

Evidence drives everything we do. We use evidence to inform what we do, how we do it, what we say and how we measure our impact. As part of the What Works Network, we ensure that the evidence for what works to improve later life is better understood and more widely applied.

We do this by:

- Using evidence to help determine the topics that Ageing Better works on
- Commissioning high-quality synthesis of existing evidence on what works, and sharing this in an accessible and useful way
- Strengthening evidence with evaluation and research
The aims of our evidence work

In our evidence work, we want to:

- Synthesise what is known about what works to improve later life
- Identify gaps in the evidence base and encourage research funders to fund research to fill these gaps
- Identify promising ideas and interventions which could be further tested by us or others
- Identify tested and proven interventions which could be scaled by us or others
- Strengthen the evidence base by promoting the robust evaluation of interventions
- Help users of evidence access, understand and act on the evidence for what works to improve later life

Good evidence goes beyond published research evidence

There are four broad sources of evidence of interest to us:

i. Published research evidence
ii. Practitioner evidence and knowledge
iii. Evidence and knowledge from people with lived experience
iv. Secondary data sources such as routine administrative data

Throughout our work, we will involve people with expertise in all these areas to advise us.

For example, we will commission systematic and other forms of literature review to synthesise published evidence from academic research and grey literature. We will gather and synthesise practitioner evidence and knowledge through consultations and through primary research such as focus groups, interviews and case study research with practitioners. We will gather and synthesise evidence and knowledge from people with lived experiences through primary research and other approaches designed to involve them and ensure that the research meets their needs and is usable. And we will gather evidence from secondary data, data already collected and publicly available (such as information collected by Government departments) through commissioning or conducting secondary data analyses on specific topics.
Good evidence is useful and supports practical change

Before we undertake any evidence work, such as commissioning a systematic review, we engage a wide range of stakeholders to ensure that our work will ask the questions that people need answers to.

We will involve stakeholders throughout our projects as advisors. We will conduct careful work with stakeholders at the end of any project to fully consider the practical implications and recommendations emerging from our findings. We want to best help people apply and act on what we have found.

Understanding ‘what works’ is complex

Finding the evidence for ‘what works’ to improve later life, and making change happen, involves understanding an immensely broad range of complex social, real-world, phenomena. This means we will need to understand:

- not simply the comparative effectiveness of different interventions (does ‘x’ intervention increase wellbeing in later life more or less than ‘y’ intervention), but also for whom they work, at what cost, and in what context (so as to judge wider applicability/feasibility)?

- the theories of change in any area (based on an understanding of why and how interventions may work), so that we can properly understand what different interventions are doing or could do, and what the active ingredients of their success are that could be replicated elsewhere.

- what the enablers and barriers are to wider adoption (for example in terms of public sector interventions that might include service delivery models, funding flows, and the practice and policy context, and for individual level interventions it might include how older people think about the issue, their motivation, access to information, and the nature of the market).

This broad range of questions is also important for us because of the wide range of potential people in any area who could use evidence to improve later life. Different audiences for our work may have different questions or different areas of interest. For example, public sector commissioners might be interested in value for money, social investors in social return on investment and private enterprises in people’s motivations and choices.
We will assess and report on the quality and strength of evidence

One core part of our evidence work will be to assess the strength of the evidence, that is, the confidence that we have that the evidence is robust (so that new studies would be unlikely to change the conclusions). This is important so that users of evidence can understand how confident or certain they can be when acting on evidence.

Some other organisations use a single ‘standard of evidence’ to rate evidence quality. Commonly these scales have evidence from multiple randomised controlled trials at the top, as the ‘gold standard’ of research evidence, through to evidence from other forms of research (such as before and after evaluation studies which have no control group), down to no current evidence or evidence that something doesn’t work at the bottom of the scale.

A single rating system such as this will not be appropriate for all our evidence work, since it only applies to the effectiveness of interventions, and, as discussed above, our questions range more broadly than that. Indeed, even in the specific case of assessing effectiveness, this approach is increasingly acknowledged to have weaknesses. For example, it risks underrating the strength of evidence in areas where RCTs are not feasible. And it can confuse: a given intervention could be rated at a roughly ‘medium’ level on a scale for very different reasons. It could be innovative and developing, with a need to grow the evidence base, or it could be static and not very effective with little hope of improvement.

For these reasons, Ageing Better will assess the strength of evidence in a way that is fit-for-purpose for the evidence it is reviewing. Alongside commissioning our first reviews, will we be drawing on external expertise and advice to further our thinking about how we can develop a simple and clear summary of the potentially complex assessments of the strength of evidence (for example through carefully applied use of the terms ‘strong’, ‘moderate’, ‘limited’ and ‘weak’).
A typical evidence process for Ageing Better

Below we set out an example of a typical Ageing Better evidence process – the key stages in our approach to commissioning a synthesis of published evidence. It has been developed with the help of extensive consultation with other organisations who conduct similar work.

1. **Create a draft scope and publish (optional)**

Where we are not clear on the most useful questions or scope of a systematic review, we will publish the draft scope and consult with a wide group of stakeholders.

2. **Publish the full Invitation to Tender (ITT)**

Once the scope is finalised we will publish and promote the full ITT widely, including via the Ageing Better website and amongst key academic experts and research organisations.

3. **Follow a procurement process**

Bidders responding to our ITTs must demonstrate (as a minimum) their experience and expertise; their approach to involving stakeholders; proposed methodology; timetable, costs and main risks. We will decide on a case by case basis whether or not to set budgets in the ITT. We will typically set a timescale.

4. **Bids are assessed and scored**

Bids that are complete and compliant with the procurement policies and requirements set out in the ITT are assessed and scored by the Ageing Better team and by independent expert reviewers paid a fee to conduct this work for us.

5. **A Review Advisory Group (RAG) is appointed**

A RAG is appointed with a remit to advise on the ITT, assess bids; and provide advice at key stages of the synthesis process. Membership will comprise academic experts, policy and practice experts, people with lived experience and representatives from Ageing Better.

6. **The review team is then appointed and the review undertaken**

The successful review team’s first task is to submit a full protocol for the review to be approved by the RAG and Ageing Better team. A typical protocol will include the methodology and approach; quality assurance processes and planned outputs.

7. **Gather further non-published evidence from practice and lived experiences**

Alongside and separate from the commissioned evidence review of published evidence Ageing Better may gather practice evidence and/or evidence from people with lived experience. Methodologies for this work will vary.

8. **Integration of evidence and the ‘so what’ process**

Ageing Better will then work with the RAG, the review team and other stakeholders to discuss the findings and implications of the published evidence review and compare and integrate these findings with any other evidence gathered by Ageing Better from practice and/or lived experience. This process will involve developing messages, recommendations and appropriate evidence products.