

BRACE roadmap for Equality, Diversity, and Inclusion (EDI) in rapid evaluations

Introduction

The Birmingham, RAND and Cambridge Evaluation (BRACE) team aims to produce timely evidence that informs the design and delivery of health and care services. Within BRACE, we are committed to equality, diversity, and inclusion within our partnership and across our portfolio of rapid evaluation studies.

As part of this commitment, we aim to address inequalities in health and care by designing and delivering inclusive health and care service evaluations. This document outlines a roadmap, guidance and resources to support BRACE in designing and delivering inclusive rapid evaluations.

Suggested citation: Spitters, S.J.I.M., Sidhu, M.S., Brennan, S., Dent, H. on behalf of NIHR BRACE (2025). The Birmingham, RAND, and Cambridge Evaluation (BRACE) roadmap for equality, diversity and inclusion in rapid evaluations (v1.0 08 OCT 2025). Available at: [BRACE EDI Project road map](#)

Contents

Evaluation scope: why focus on inequalities?	2
Evaluation output: equality impact assessments	2
Evaluation design: prompts for inclusive research	3
Evaluation monitoring: learning in and across projects.....	5
Definitions of key terms	7
Further information	9

Evaluation scope: why focus on inequalities?

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There are various factors that contribute to health inequalities. Some of these include other inequalities or differences in:

- access to care (e.g. availability of services across regions, or service exclusion criteria);
- quality and/or experience of care (e.g. poor pain management for sickle cell in the Emergency Department);
- behavioural risks (e.g. smoking or disease screening behaviours); and
- wider determinants of health (e.g. living and working conditions, and education).

Health and care services, policies, and interventions can exacerbate or mitigate health inequalities depending on how they are designed and delivered. In evaluations, we aim to investigate this by exploring whether there are differences in impact, implementation, utilisation and experience of health services across different groups. If such differences are identified, it is important to investigate, where feasible, the underlying reasons to be able to make practical recommendations to policymakers and practitioners about equitable service delivery.

Please note that since December 2024, the NIHR has launched a new requirement for all funded research to address existing inequalities in health and social care¹.

Evaluation output: equality impact assessments

In BRACE, we are piloting the inclusion of a brief Equality Impact Assessment (EIA) of the service, policy or intervention being evaluated as one of the rapid evaluation outputs. An EIA explores the impact of a health service, policy, or intervention on different groups, and offers recommendations accordingly. By including EIA in our project outputs, we aim to encourage BRACE project teams to think about health and care inequalities and inclusion from the outset as well as supporting policymakers and practitioners to consider equality, diversity and inclusion in their decision-making. An EIA addresses the following questions:

¹ <https://www.nihr.ac.uk/inclusive-research-design-become-nihr-condition-funding>

1. What are the aims and objectives of the health and care service, policy, or intervention?
2. What stakeholder involvement and consultation has there been during scoping and as part of the evaluation methodology?
3. Who is affected by the service, policy, or intervention?
4. Is there a potential for positive or negative impact on these groups? Please explain and give examples of any evidence/data used
5. What actions can be taken to address negative impact?
6. What are the recommendations and why? – *proceed (with caution), change or adapt, stop*

Within the rapid evaluation context, we do not expect the EIA output to reflect a comprehensive equality impact assessment, nor do we expect it to be a distinct output per se. The purpose is to capture the learning that developed throughout the scoping and evaluation. This includes highlighting important gaps in understanding that decision-makers should be aware of. As such, an EIA can be a short distinct output or it can be embedded within other project outputs.

Evaluation design: prompts for inclusive research

Evaluations need to be designed carefully to be able to explore if and how new health services, policies or interventions affect inequalities. More specifically, if evaluations do not include participants from diverse and/or underserved groups, the perspectives and needs of these groups will remain invisible and unknown; interventions and policies could be implemented without knowing the effectiveness and safety implications for these groups; and health inequalities might be exacerbated consequently.

We have developed the following set of questions to support the design and delivery of rapid evaluation projects that embed equality, diversity and inclusion throughout all stages of the evaluation, from scoping to dissemination. The questions are designed to prompt researchers to think critically about the design and delivery of their evaluation. Within the context and constraints of rapid evaluations, it is understood that trade-offs will be necessary and there is no expectation that evaluation designs will be fully inclusive. Understanding the types of trade-offs that are made in rapid evaluations, however, will help to further define the scope and boundaries of rapid evaluations as a methodological approach.

Reflective questions for EDI in rapid evaluations

Scoping

1. What is the policy/service/intervention you are evaluating and what is its aim?
2. Who is affected by the policy, service, or intervention?
 - a. Are you aware of specific groups of patients and/or staff who are more likely to be underserved by the policy, service, or intervention?
3. Do you explore the perspectives of people with lived experience during scoping? *E.g. through literature review, involvement of people with lived experience through the BRACE PPIE panel or National Voices*
 - a. What did you learn, and how did this influence the evaluation?

Evaluation design

4. Do your research aims, objectives or questions focus health or care inequalities? How? *E.g. Did you set out to identify and describe potential inequalities or explore the experiences of groups that are underserved in care or research?*
5. Do your selected methods capture the voices and experiences of underserved groups? How?
 - a. Did you tailor recruitment strategies to certain groups? (e.g. tailor recruitment materials to their priorities and motivations for participating)
 - b. Did you remove barriers to participation for certain groups (e.g. financial, digital, physical, language)?
 - c. Did you have an appropriate consent process? (e.g. verbal consent, capacity)
 - d. Have you considered recruitment challenges and how you might adapt? (e.g. challenges to recruit within time constraints or through gatekeepers)
6. Do you capture diversity data of research participants? Which ones?
7. Do you involve people with lived experience throughout the evaluation stages? (design, data collection, data analysis, dissemination, and review)? Whom? How? *E.g. through lived experience partners in your project advisory group*
 - a. Were there any key challenges or benefits doing so?
 - b. Were you able to implement changes based on the insights you gained?

Outputs

8. Do your final outputs include or consider issues related to equality, diversity and inclusion? How? *E.g. policy recommendations, descriptive statistics, patient/staff experiences, methodological challenges*

9. Did you develop outputs or disseminate findings in an accessible format?

Which format?

- a. Did you share outputs with your project contributors with lived experience?
- b. How did you make your outputs widely available to patients and the public?

Reflections

10. Reflecting back on the project – what learning would you share with others aiming to embed equality, diversity and inclusion in future rapid evaluation projects?

- a. What would you do differently if you could start the evaluation project again?

The above questions were based on the following resources:

- Cordis Bright, 2024, EDI in the research project cycle toolkit
<https://www.cordisbright.co.uk/admin/resources/edi-within-the-project-cycle-toolkit-external-nov-24.pdf>
- National Institute for Health and Care Research (NIHR) Applied Research Collaboration West Midlands (ARC WM) EDI project audit

Evaluation monitoring: learning in and across projects

Key milestones to reflect on issues related to equality, diversity and inclusion and support organisational learning within the BRACE team across rapid evaluation projects are:

- **Start of project:** At the start of a BRACE project, the BRACE EDI team (see below) will attend one of the project meetings to introduce themselves to the project team, and to support a short brainstorming discussion reflecting research objectives, potentially underserved groups, and methodological considerations that might be relevant to the evaluation project and could be further explored during scoping.
- **Protocol review:** BRACE teams are asked to include detail throughout the main body of the protocol describing how EDI considerations are embedded in the evaluation design. This includes methodological considerations as well as risks and risk mitigation strategies.

- **Monthly monitoring:** BRACE project teams are asked to submit monthly feedback about progress, challenges and next steps. This feedback is presented to the BRACE Executive team, so they can keep oversight and offer support when needed. Included in the monthly feedback is a question about challenges and learning related to issues of equality, diversity and inclusion.
- **End of project review:** Once a BRACE project is completed, we will organise a review meeting to reflect upon the learning that has developed over the course of the project about embedding equality, diversity and inclusion principles and practices within the rapid evaluation project. This includes discussing key strengths of the project, challenges that were experienced and how these were managed, trade-off decisions that were made, as well as opportunities to do things differently in another project.

If at any other point you would like to get further input and discuss questions or issues, please reach out to the BRACE EDI lead.

Sophie Spitters – s.j.i.m.spitters@bham.ac.uk

Definitions of key terms

The NIHR outlines the following definitions for key terms in their Research Inclusion Strategy 2022-2027

Equality: ensuring that everyone is given equal access to resources and opportunities to utilise their skills and talents.

Equity: trying to understand and give people what they need to achieve their potential; promoting notions of fairness, justice, entitlements and rights.

Diversity: being reflective of the wider community. Having a diverse community, with people from a broad range of backgrounds represented in all areas and at all levels.

Inclusion: an approach where groups or individuals with different backgrounds are welcomed, culturally and socially accepted, and treated equally. Engaging with each person as an individual. A sense of belonging that is respectful of people for who they are.

Research inclusion: taking a whole systems approach to what we do and how we do it; identifying and removing long standing, structural barriers to success across our people, policies, processes and practices (the synergistic totality of our inclusion endeavours).

Intersectionality: a framework that acknowledges that all people have unique experiences of discrimination and disadvantage exacerbated by the overlap of multiple social identities.

Under-served groups in research: the [NIHR INCLUDE project](#) identified the term 'under-served' by diverse stakeholders including patients and the public as the most appropriate term through a consensus workshop. The term has subsequently been adopted by the NIHR and more widely. The term reflects the perspective that the research community needs to provide a better service for people in these groups – the lack of inclusion is not due to any fault of the members of these groups. The term 'under-served' reminds us of this perspective in a way that alternative terms such as 'under-represented' do not. The work of the NIHR INCLUDE project shows that there is no single

definition for an under-served group. Some key characteristics that are common to several under-served groups are:

- lower inclusion in research than one would expect from population estimates
- high healthcare burden that is not matched by the volume of research designed for the group
- important differences in how a group responds to or engages with healthcare interventions compared to other groups, with research neglecting to address these factors

The key idea here is that the definition of ‘under-served’ is highly context-specific; it will depend on the population, the condition under study, the question being asked by research teams, and the intervention being tested. No single, simple definition can encompass all under-served groups.

Further information

Please find here suggested resources for further information on:

Health inequalities

- King's Fund, 2022. What are health inequalities.
<https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities>
- The Health Foundation, 2022. Quantifying health inequalities in England.
<https://www.health.org.uk/reports-and-analysis/analysis/quantifying-health-inequalities-in-england>

NIHR research requirements for equality, diversity and inclusion

- NIHR, 2025. Research Inclusion Strategy 2022-2027 update.
<https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/research-inclusion-strategy-2022-2027-update>
- NIHR, 2024. Inclusive research funding application guidance.
<https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/funding-application-guidance>

Equality Impact Assessments (EIA)

- UK Research and innovation, 2021. Equality Impact Assessment Guidance and Template. <https://www.ukri.org/wp-content/uploads/2021/02/nerc-110221-Funding-Opp-PreparingForFutureCleanAir-EIA.pdf>

Diversity data monitoring

- NIHR, 2022. Diversity data FAQs (useful answers to questions participants might raise). <https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/diversity-data>
- NIHR, 2023. User guidance for the diversity data questions.
<https://bham.sharepoint.com/sites/BRACE2RapidEvaluationCentre-Research/Shared%20Documents/Equality%20Diversity%20Inclusion%20EDI/BRACE%20EDI%20Project%20resources/NIHR%20diversity%20data%20collection%20questions.pdf?csf=1&web=1&e=bAVUd0>

Inclusive research approaches

- NIHR Research Design Service (RDS) East Midlands, 2024. Research Support Service equality, diversity and inclusion (RSS, EDI) toolkit.
<https://www.rssleicesterresources.org.uk/edi-toolkit>

- NIHR Applied Research Collaboration (ARC) East Midlands, 2023. Toolkit for: Increasing Participation of Black Asian and Minority Ethnic Groups in Health and Social Care Research. <https://arc-em.nihr.ac.uk/arc-store-resources/increasing-participation-black-asian-and-minority-ethnic-groups-health-and>