

BRACE Equality, Diversity, and Inclusion strategy 2025-2028

Introduction

The Birmingham, RAND and Cambridge Evaluation (BRACE) Centre aims to produce timely evidence that informs decisions about the commissioning and delivery of innovative health and social care services and policies. Through the evidence we produce, we strive to contribute to health and social care services that are more inclusive and equitable, supporting all people to live healthier lives and reducing health inequalities.

This ambition is realised by conducting rapid evaluations that produce insights for policymakers, health and care staff, patients and the public about the impacts of policies and health and social care services on different communities and groups. This includes, investigating health inequalities, exploring access inequalities, and highlighting how the needs and perspectives of different groups relate to the services and policies being evaluated.

The knowledge from rapid evaluation is developed through an inclusive research approach that involves diverse research participants and advisors. The research is conducted and supported by the BRACE team, who are committed to equality, diversity and inclusion both within their research practice and within the workplace across partner organisations. Key terms are explained at the end of the document.

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About us

The BRACE Centre is funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research (HSDR) Programme to conduct rapid evaluations of promising new services and innovations in health and social care. It was launched in June 2018 and commissioned for a further five years in October 2023 following the award of £3million funding from NIHR HSDR. The BRACE Centre is a collaborative partnership between the University of Birmingham, RAND Europe, THIS Labs, THIS Institute, and National Voices. It is supported by the following advisory groups:

- **The Steering Group** of 18 members, who provide overall supervision and oversight of the BRACE Centre. They are responsible for overseeing and advising on strategic and operational plans, helping to ensure independence and robustness of the BRACE rapid evaluations and advising on dissemination strategies. The Steering Group also oversees the role of Patient and Public Engagement and Involvement (PPIE) and ensures consideration of equality, diversity and inclusion is integral to BRACE activities.
- **Three Rapid Advisory Panels** of maximum 8 members each, who provide responsive and dynamic input into BRACE decision-making. The Rapid Advisory Panels include a patient and public panel, a research and methodological panel, and a health and social care service leaders' panel. The Panels operate in a responsive way to provide time critical advice, especially to the BRACE rapid evaluation teams.
- **The Equality, Diversity and Inclusion (EDI) Strategy Group** of 10 members, including EDI experts from National Voices, academic institutions, NHS Trusts, and the BRACE patient and public panel. The EDI Strategy Group informs and advises on the development and implementation of organisational practices and processes that foster equality, diversity and inclusion within the BRACE Centre and across its portfolio of evaluation studies. The EDI Strategy Group shares learning from their own experience and expertise regarding equality, diversity and inclusion in research, and they provide critical challenge to support the BRACE team in their approach.

The BRACE governance structure (visualised in Figure 1) aims to encourage inclusion by bringing together people with a range of experiences and

backgrounds across multiple partner organisations and advisory groups to support and strengthen the design, delivery and dissemination of BRACE rapid evaluation projects and other BRACE activities.

Moreover, the BRACE Centre has a diverse and inclusive leadership model. It operates with a cross-functional Executive team, who share expertise and leadership responsibilities across BRACE activities and functions like quality assurance, project scoping, patient and public engagement and involvement, and equality diversity and inclusion. The BRACE Centre also encourages co-leadership at a project level to enable and support the development of early career researchers.

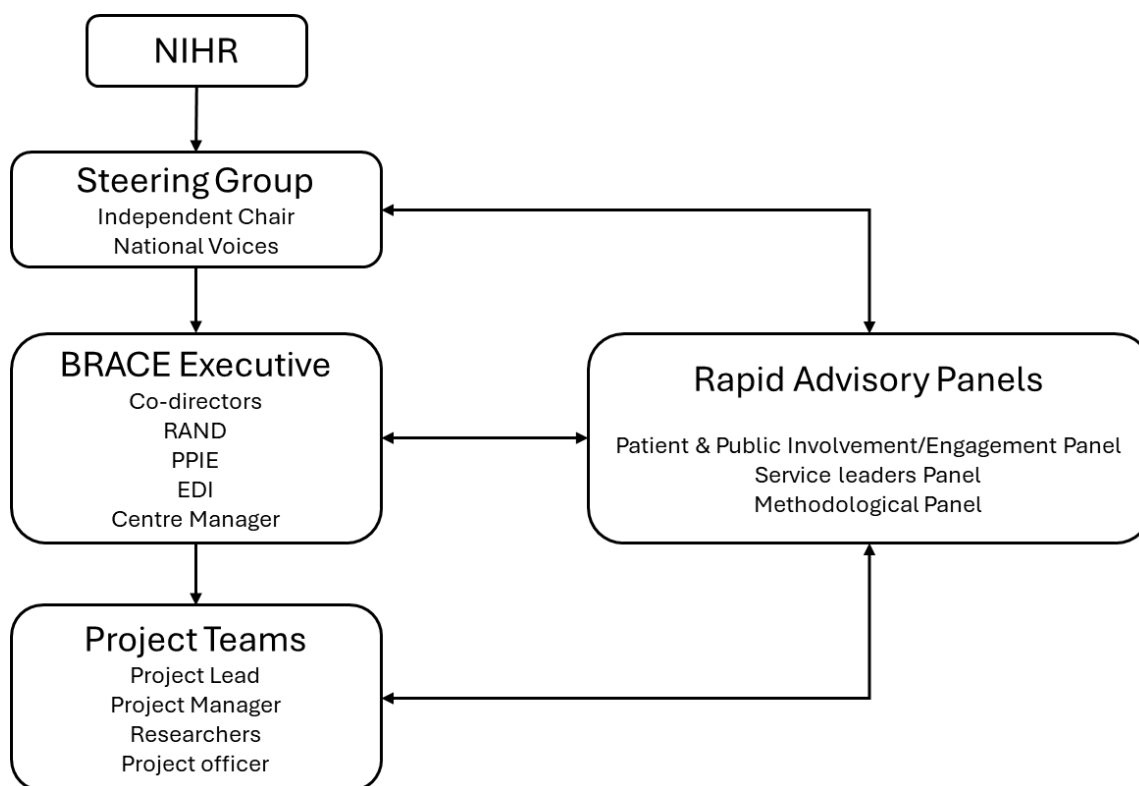


Figure 1. Overview of the BRACE governance structure.

Our context

Our Equality, Diversity and Inclusion (EDI) Strategy is aligned with the [NIHR Research Inclusion Strategy 2022-2027](#)^{1,2}. The NIHR strategy adopts five themes for implementation:

- **Become a more inclusive funder of research:** to reduce disparities in research that have resulted in inequitable health outcomes for populations with the greatest needs
- **Widen access and participation for greater diversity and inclusion:** to enable people from all backgrounds to join and engage with the NIHR
- **Improve and invest in the NIHR talent pipeline:** to address under-representation in research
- **Embed evidence-led diversity and inclusion approaches:** to design the strategies and practices required to improve diversity and inclusion across our people framework, our policies, processes and our culture
- **Collaborate with partners for impact and sustainability:** to learn from strategic partners – nationally and globally – who may be further into their inclusion journey and develop and share key insights with them

Our partnership organisations have existing EDI policies and initiatives as employers that are underpinned by the Equality Act 2010³ and which have informed the BRACE Strategy for Equality, Diversity, and Inclusion.

We also learn from the EDI strategies and resources from other NIHR infrastructures hosted by the University of Birmingham (and beyond), including the Midlands Patient Safety Research Centre (PSRC), the Applied Research Collaboration (ARC) West Midlands and the Birmingham Biomedical Research Centre (BRC). Specifically, we have taken inspiration from the Midlands PSRC EDI Strategy, so that we can coordinate our efforts towards equality, diversity and inclusion and accelerate change collaboratively.

¹ <https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/strategy-2022-27>

² <https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/research-inclusion-strategy-2022-2027-update>

³ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

Values and principles

Our vision for equality is grounded in a set of core values and principles that we strive to realise through our culture and the work we do in the BRACE Centre. We strive to maintain a culture that is based on shared values of fairness, justice, innovation, and collaboration. We prioritise the respect and wellbeing of our stakeholders aiming to create a supportive and safe environment that builds trust. We encourage our stakeholders to explore new ideas and opportunities to co-produce rapid evaluations that improve care and reduce inequity of healthcare experience.

We are committed to embedding equality, diversity and inclusion in the running of the Centre and across our rapid evaluation portfolio. This involves building capability both within BRACE and our wider partnerships, sharing responsibility for EDI across the team, and ensuring learning from and with others. We have critical questions of fairness and justice at heart when considering the development, implementation and evaluation of innovations and improvements in the organisation and delivery of care. We ask these questions in all aspects of our work, through taking an inclusive approach that welcomes the views and experiences of diverse stakeholders. We are transparent about our methods and actively seek critical challenge with the shared commitment of promoting fairness.

Strategic objectives

We have set three strategic objectives for equality, diversity and inclusion in the BRACE Centre.

1. Demonstrate a commitment to equality, diversity and inclusion, underpinned by a culture of monitoring and evaluation; continuous learning and development; and sharing learning with others involved in health and care research and improvement.
2. Foster an inclusive environment within the BRACE Centre and our networks – including BRACE researchers and support staff across all collaborating organisations, and the advisory groups – where diversity is welcomed, encouraged and supported.
3. Commit to addressing inequalities in health and care in the design and delivery of rapid evaluations and other activities conducted as part of BRACE. Challenges will be monitored and communicated with relevant stakeholders, including the NIHR HSDR team who are responsible for commissioning rapid evaluations conducted by BRACE.

In the next sections, we explain each strategic objective and describe what activities we commit to advance equality, diversity and inclusion within the BRACE Centre and its rapid evaluation portfolio.

Objective 1. Demonstrate a commitment to equality, diversity and inclusion, underpinned by a culture of monitoring and evaluation; continuous learning and development; and sharing learning with others involved in health and care research and improvement.

We are committed to developing competences, practices, and culture that foster equality, diversity and inclusion in the BRACE rapid evaluation portfolio and to support inclusive working across the BRACE Centre. We recognise this involves a continuous process of learning and development based on a culture of learning and collaboration, leadership commitment, measurement and evaluation as well as adaptation based on new insights and external conditions.

We will embed multiple mechanisms to support ongoing learning and development for progress towards our strategic objectives. These include regular review of research and working practices with the BRACE team to understand what is working well, what has been challenging, and what could be improved. It also includes self-assessment of processes, practices, competences and experiences within BRACE that are known indicators of EDI maturity. Derived insights will be fed back during the BRACE Core Team meeting to inform research and working practices moving forward. Further details about mechanisms for continuous learning and development are described as part of the following two strategic objectives.

Objective 2: Foster an inclusive environment within the BRACE Centre and across our networks – including BRACE researchers and support staff across all collaborating organisations, and the advisory groups – where diversity is welcomed, encouraged and supported.

We aim to achieve an inclusive environment through organisational structures, practices and culture that support collaborative working between people with diverse experiences, expertise and backgrounds. We strive to realise the strengths and benefits of working with diverse organisations and advisory groups by fostering an inclusive environment where different perspectives are invited, listened to, and acted upon.

We aim to enable and support an inclusive work environment within the BRACE Centre through the following actions:

2.1. Policies and processes

Members of the BRACE team work across different partner organisations with their own policies and initiatives for equality, diversity, and inclusion. We will identify and raise awareness of these policies and initiatives across BRACE partner organisations to enable members of the BRACE team in accessing the support and opportunities available to them. We will also identify and raise awareness of their organisational processes to raise concerns and complaints about discriminatory attitudes, behaviours, practices or processes.

For policies and procedures that are specific to the BRACE Centre, we will assess the implications for equality, diversity and inclusion and make adjustments

where appropriate. Specific attention will be given to policies and initiatives that are relevant to the BRACE PPIE advisory panel members, who are not employed by BRACE partner organisations. We will also work with other NIHR-funded teams (e.g. other rapid evaluation teams in England; other research teams at the University of Birmingham) to co-produce policies and procedures where appropriate.

2.2. Knowledge and competences

An inclusive environment relies on knowledge and competences around equality, diversity and inclusion. By investing in ongoing learning, we aim to support members of the BRACE team and the BRACE advisory groups in developing the skills and confidence to recognise equality, diversity and inclusion concerns and act inclusively to support a culture where differences are valued and where people support each other to thrive.

We will review the equality, diversity and inclusion training and development needs within the BRACE team. This involves identifying what training has been received and how confident people feel in areas such as their knowledge of the Equality Act 2010³ – which protects people from discrimination and harassment based on nine protected characteristics; structural discrimination; unconscious bias; cultural competency; health and care inequalities; and inclusive research methods.

We will develop a training offer aiming to address equality, diversity and inclusion training and development needs within the BRACE Centre. This involves identifying relevant resources and training opportunities that are offered across the BRACE partner organisations as well as the wider NIHR Infrastructure. We will work with the BRACE PPIE advisory panel and relevant colleagues from BRACE partner organisations to ensure the offer includes appropriate resources for patients and the public working with BRACE. In addition to a repository of general training and development opportunities, we will work with National Voices to offer bespoke training opportunities for specific BRACE rapid evaluation projects.

The BRACE EDI lead will act as a point of contact to support members of the BRACE team and the BRACE advisory panels with advice and guidance on questions and issues related to equality, diversity and inclusion in rapid evaluation projects or other BRACE activities.

2.3. Professional development

The BRACE Centre, as part of the wider NIHR Research Infrastructure, aims to contribute to capacity building within health and care research, specifically focusing on rapid evaluations of health and social care innovations. We aim to build capability both within the BRACE team and across the wider research community by leveraging and elaborating the rapid evaluation expertise and infrastructure that has been developed within the BRACE Centre since it was first funded in 2018.

We will support individual capability building through involvement in rapid evaluation projects and through external training and development opportunities. Each rapid evaluation project within the BRACE Centre is led by a Principal Investigator, with overall responsibility for the scientific and ethical conduct, and supported by a Project Manager, research team, and the rapid advisory panels. Within these project teams, members are encouraged to support and learn from one another and to take on further leadership roles based on their professional skills and leadership developments. Moreover, we will explore and consider external training and development opportunities where these will benefit both individuals within the BRACE team and the BRACE Centre as a whole. Consideration will be given to members of the BRACE PPIE advisory panel, who may not have access to training and development opportunities through an employer.

We will also support capability building beyond the BRACE team by sharing learning developed within the BRACE Centre, including learning from projects, with the wider research and evaluation community. This involves sharing learning through conferences, seminars, and publications. In addition, we aim to extend opportunities for experiential learning and capability building beyond the BRACE team through placements and/or fellowship positions, such as those supported through the NIHR Academy.

2.4. Continuous learning and improvement

We understand that the development of an inclusive environment is an ongoing effort with different priorities depending on the personal circumstances of the people within the BRACE Centre, developments in team dynamics and organisational culture, and external pressures and demands. We aim for a culture of continuous learning and development, and to understand whether people feel able and supported to contribute and thrive within the BRACE Centre

and to identify areas for improvement that are most relevant and important to the team.

Accordingly, we will discuss and review our working practices annually at the BRACE Core Team meeting with support from an independent facilitator, creating a space for people to reflect and share what has been going well and how they could be better supported or involved. We will also discuss working practices annually with the BRACE advisory groups. Lessons we have implemented following our first annual review include the involvement of National Voices and THIS Labs at the start of rapid evaluation projects, and ensuring that rapid advisory panel members are provided with a short rapid evaluation project update prior to their involvement.

In addition, we have developed a self-assessment questionnaire⁴ that we will distribute every two years within the BRACE team to help understand and inform developments in the practices and experiences of equality, diversity, and inclusion. The questionnaire is based on established maturity models⁵, which provide a structured framework for evaluating current practices and progress in creating an equitable, diverse, and inclusive workplace. It also provides an opportunity for people to share feedback and comments in confidence, that they might not feel safe or comfortable to share in a group setting.

Objective 3. Commit to addressing inequalities in health and care in the design and delivery of rapid evaluations and other activities conducted as part of BRACE. Challenges will be monitored and communicated with relevant stakeholders, including the NIHR HSDR team who are responsible for commissioning rapid evaluations conducted by BRACE.

Beyond equality, diversity and inclusion within the BRACE Centre, we aim to support the delivery of more inclusive and equitable health and social care services through our BRACE rapid evaluation portfolio. To achieve this aim, we

⁴ 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) self-assessment questionnaire for equality, diversity and inclusion maturity (v1.0 08 OCT 2025). Available at: [BRACE maturity self assessment](#)

⁵ Cartwright, 2023; Drew Harris et al., 2021; Faluyi et al., 2024; Jansen et al., 2014; Nishii, 2013; SafetyNet, 2024. See Appendix D for full references.

will explore and investigate existing inequalities in health and care as part of BRACE rapid evaluation projects and apply, where appropriate, inclusive research methodologies and evaluation designs. Being intentional about the design and delivery of inclusive rapid evaluations also aligns with NIHR principles and funding conditions⁶.

By 'health and care inequalities' we mean avoidable, unfair and systematic differences in health and care between different groups of people. There are various factors that contribute to health and care inequalities. This includes differences in access to care, in quality and/or experience of care, in behavioural risks (e.g. smoking or disease screening behaviours), and wider determinants of health (e.g. living conditions). Health and care services, policies, and interventions can exacerbate or mitigate such inequalities depending on how they are designed and delivered. In our rapid evaluations, we aim to investigate and explore whether innovations in health and social care services are associated with differences in impact, implementation, utilisation and experience of health and care services across different groups. If such differences are identified, we will investigate the underlying reasons, where feasible, to be able to make practical recommendations to policymakers and practitioners about equitable service delivery. We will design our rapid evaluations to appropriately address such issues. This involves including people from diverse and/or underserved groups in the design and delivery of BRACE rapid evaluations, both as advisors and evaluation participants.

We strive to work inclusively with patients and communities to design and delivery rapid evaluations that help us to critically assess the impact and delivery of innovations in health and social care across different groups.

We aim to conduct inclusive rapid evaluation projects that address health inequalities through the following actions:

3.1. Inclusive rapid evaluation design and delivery

Within BRACE rapid evaluation projects, we aim to learn about the experiences of diverse and/or underserved groups to get a better understanding of the implications of innovations in health and social care for health and care inequalities. To achieve this aim, we will work inclusively with patients and

⁶ <https://www.nihr.ac.uk/inclusive-research-design-become-nihr-condition-funding>

communities to inform the design and focus of rapid evaluation projects, and we will strive to provide equitable opportunities for people from diverse and/or underserved groups to contribute as evaluation participants. This involves, where feasible, removing long-standing and structural barriers experienced by certain groups to participate in research – e.g. we might work with translators and interpreters to remove language and communication barriers. It also involves pro-actively reaching out to different groups and making sure that participation opportunities are communicated in a culturally competent way – e.g. working with National Voices to offer opportunities for people to ask questions and discuss concerns about evaluation projects prior to participation independently from the research team.

We will work with different patient groups and communities to design and deliver inclusive evaluations within project constraints. National Voices will support rapid evaluation teams from the outset to identify and engage with relevant groups in a culturally competent way. We have developed a guidance document⁷ for BRACE project teams, which introduces our approach to equality, diversity and inclusion within rapid evaluation projects and which sign-posts teams to relevant resources. It includes a set of questions to prompt researchers to think critically about the design and delivery of their evaluation, and explore considerations for equality, diversity and inclusion throughout all rapid evaluation stages – from scoping to dissemination. At the start of each rapid evaluation project, the BRACE EDI lead and National Voices representative will meet with the project team to initiate thinking about equality, diversity and inclusion within the context of their rapid evaluation and to offer ongoing support.

3.2. Equality impact of health and social care innovations

The BRACE Centre is commissioned by the NIHR to conduct rapid evaluations that are responsive to the emerging developments and challenges in health and social care and to inform policy and practice decisions. We aim for such decisions about the delivery of health and social care to be informed by insights about the potential implications for health and care equity. To achieve this aim, we propose to include an equality impact assessment as part of the BRACE rapid evaluation project outputs⁷. Equality impact assessments explore how health

⁷ 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](#)

and social care innovations impact diverse groups differently with the aim to address potential inequalities or unintended discrimination and to promote equality and fairness.

We will pilot equality impact assessments across BRACE rapid evaluation projects to understand if and how they can be meaningfully applied or appropriately adapted within the context of rapid evaluation projects. Through this process, we aim to encourage and support BRACE project teams to focus on health and care inequalities from the outset and to capture the learning they developed and weaknesses they identified clearly and accessible to health and social care decision-makers.

3.3. Continuous learning and improvement

Best practices for conducting inclusive rapid evaluations are still emerging. Within the BRACE Centre, we aim to iteratively improve our inclusive rapid evaluation practices by continuously learning about the strategies and challenges that enable or hinder inclusive rapid evaluations. We will implement a rapid evaluation roadmap to support this process of continuous learning and improvement with the following key milestones to capture and share insights:

- **Start of project:** BRACE project teams, BRACE EDI lead, and National Voices representative will discuss EDI within the rapid evaluation context – including relevant lessons from previous projects and what issues should be further explored during scoping.
- **Protocol development:** BRACE project teams are asked to include detail throughout the main body of the protocol describing how EDI considerations are embedded in the evaluation design.
- **Monthly monitoring:** BRACE project teams are asked to submit challenges and learning related to issues of equality, diversity and inclusion in their monthly feedback report to the BRACE Executive team.
- **End of project review:** BRACE project teams, BRACE EDI lead, and National Voices representative will reflect upon the learning that has developed over the course of the rapid evaluation project about equality, diversity and inclusion principles and practices.

We will capture and share learning about good practice and challenges with carrying out inclusive rapid evaluations within the BRACE Centre, across rapid evaluation project teams. We will also use our insights about inclusive practices to inform and challenge decisions about the scope and timelines of rapid evaluation projects. By engaging with policymakers and research commissioners about the requirements for good inclusive research and evaluation practices, we aim co-produce and shape appropriate expectations for rapid evaluations in health and social care.

We will share our learning about good inclusive practices and challenges with the wider research and rapid evaluation community to contribute to important methodological developments in this field. This may involve organising and contributing to events where learning about equality, diversity and inclusion is shared; contributing to a rapid evaluation community of practice for equality, diversity and inclusion; or publishing blog posts or research articles regarding best practice inclusive rapid evaluation practices.

For more information about the BRACE Equality, Diversity, and Inclusion strategy 2025-2028 and its implementation, please contact the BRACE EDI lead:

Sophie Spitters at 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 2022-2027⁸

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](https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/strategy-2022-27)⁹ 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

⁸ <https://www.nihr.ac.uk/about-us/who-we-are/research-inclusion/strategy-2022-27>

⁹ <https://www.nihr.ac.uk/documents/improving-inclusion-of-under-served-groups-in-clinical-research-guidance-from-include-project/25435>

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.