

# The five NIHR rapid evaluation teams

## Background to each Centre

### [BRACE](#)

### [DECIDE](#)

### [REVAL](#)

### [RSET](#)

### [SOCRATES](#)

## BRACE

### 1. Centre overview

- **Centre name:** NIHR BRACE Centre
- **Funding period:** April 2018 to March 2023; October 2023 – 30 September 2028
- **Centre focus / remit:**  
The Birmingham, RAND and Cambridge Evaluation (BRACE) Centre is funded by the National Institute for Health and Care Research (NIHR) to conduct rapid evaluations of promising new services and innovations in health and social care. Our approach is both rapid and thorough, and we aim to produce rigorous, timely and useful evidence which can inform the transformation of services and outcomes across the NHS. Our completed evaluations have examined : [primary care networks](#), [women's health hubs](#), [mental health support in schools](#), [digital weight management](#), [smoking cessation for severe mental illness](#), [hospital-led GP services](#), and [AI/home sensors in social care](#).

BRACE applies **five guiding principles**:

1. **Rapidity** – Deliver real-time learning through faster processes, smaller scope, and adapted methods.
2. **Rigour** – Ensure robust design, credible evidence, and theoretical grounding.
3. **Relevance** – Align with stakeholder needs; collaborate with communities.
4. **Responsiveness** – Adapt to evolving priorities and maintain regular engagement.
5. **Representation** – Include underserved groups and address health inequalities.

The Video [BRACE: Providing evidence to improve health and care services](#) gives an overview of how the Centre operates with its partners and carries out evaluations.

### 2. Centre leadership and partners

- **Centre leadership team:**
- Manni Sidhu and Judith Smith (Co-Directors), Jon Sussex, Jenny Newbould, Sophie Spitters, Alisi Mekatoa, Cathy Dakin, Helen Dent
- **Core delivery partners:**  
[RAND Europe](#), [National Voices](#), [Thiscovery](#), [Graham Martin](#) (THIS Institute), Richard Kirby

([Birmingham Community Healthcare NHS Foundation Trust](#)), [Justin Waring](#) (University of Loughborough), [Katherine Cowan](#) (independent facilitator), Tina Coldham (PPIE Co-Lead)

### 3. Key completed projects

- **Project title:** Tobacco dependency treatment services in severe mental illness
- **Time period:** November 2024 - April 2025
- **Policy or service context:** NHS England pilot
- **Aim and key evaluation questions:** describe the service delivery model, explore how success is defined and measured locally, understand referral pathways and how these have changed over time, how services are resourced and at what cost
- **Headline outputs or impacts:** 1. services adapted their approach to meet the local needs of individual service users, 2. most sites had adapted their referral pathways to reach more service users, but face barriers in doing so, 3. the 28-day quit rate, the measure widely used by tobacco dependency services, was considered less appropriate for this service for people with severe mental illness.
- **Links:** Webpage: [Tobacco dependency treatment services in severe mental illness - University of Birmingham](#) Infographic: [Tobacco dependency treatment services for people with serious mental illness](#)
  
- **Project title:** General Practice Quality Improvement Evaluation
- **Time period:** July 2024- September 2025
- **Policy or service context:** NHSE development of quality improvement programmes
- **Aim and key evaluation questions:** To develop insights about the organisation, commissioning and delivery of quality improvement programmes targeted at improving access to general practice in a way that meets diverse local priorities and population needs.
- **Headline outputs or impacts:** 1. Quality improvement is complex, time-consuming and resource intensiveresulting in small and disparate organisations such as general practices and PCNs requires place-based nuanced thinking and solutions 2. ICB role in population health management, including reducing unwarranted variation is critical 3. ICBs have a key role in funding and providing support, guiding priorities, establishing and sustaining peer-learning networks at the local level
- **Links:** Webpage: [General Practice Quality Improvement Evaluation - University of Birmingham](#) Workshop slides on evaluation findings: [A rapid evaluation of the commissioning and delivery of quality improvement programmes across general practice in England](#)

### 4. Current live projects

- **Project title:** Rapid evaluation of the death certification reforms and statutory medical examiner system
- **Brief description:** The aim of this study is to evaluate the implementation, delivery and early outcomes of the death certification reforms and statutory medical examiner system. It explores the experiences of medical examiners, attending practitioners, registrars, and bereaved people to understand whether the reforms are meeting their intended aims, and to generate learning that can support improvement of the death certification process.
- **Stage of delivery:** Data collection from in-depth qualitative research in four purposively selected case study sites, two national surveys of the medical examiner system workforce and coroner areas and analysis of activity data for the medical examiner service
- **Link:** [Death certification reforms and statutory medical examiner system - University of Birmingham](#)

## 5. Key Publications and outputs

- An article in BMC Primary Care, December 2025 [Community Women's Health Hub models in England: a mixed methods evaluation](#)
- An article in Journal of Integrated Care, July 2025 [A rapid evaluation of staff and patient experiences of care delivery as part of a vertically integrated model of care](#) seeks to understand the impact vertical integration between primary and secondary care providers has on the patient journey regarding access to and overall experience of care.
- An article in Journal of Health Services Research & Policy, May 2025 [We can evaluate rapidly, but should we? Researchers' and research funders' perspectives on the uses, challenges and limitations of rapid health care evaluation](#)
- An animation of findings from the BRACE evaluation on Children and Young People's Mental Health Trailblazer programme [What happens when we put mental health support teams in schools?](#)
- National Institute for Health Research Services and Delivery Research stream (NIHR HSDR) Rapid Evaluation Centre Topic Report: [Early evaluation of the Children and Young People's Mental Health Trailblazer programme: a rapid mixed-methods study](#); January 2023

## 6. Further information

- Centre website: [NIHR BRACE Rapid Evaluation Centre - University of Birmingham](#)
- Contact details: [m.s.sidhu@bham.ac.uk](mailto:m.s.sidhu@bham.ac.uk)

# DECIDE

## 1. Centre overview

- **Centre name:** NIHR DECIDE Centre
- **Funding period:** June 2023-March 2027
- **Centre focus / remit:**

The Digitally Enabled Care in Diverse Environments (DECIDE) rapid evaluation centre is a partnership between the University of Oxford and RAND Europe, funded by the National Institute for Health and Care Research (NIHR) to conduct rapid evaluations of technology-enabled remote monitoring in the context of health and social care.

We have a focus on inclusion and digital equality and our audiences are policy makers, practitioners and patients/ publics, as well as other researchers in this field and organisations including non-governmental organisations.

The DECIDE team aims to generate a strong evidence base on the potential and limitations of technology-enabled remote monitoring in health and care, facilitate knowledge sharing across stakeholders, and inform the development, implementation and mainstreaming of technology-enabled remote monitoring where relevant and helpful in health and care.

Our completed evaluations have explored technology-enabled remote monitoring in the context of [COPD](#), [home sensors and social care](#), [remote blood pressure monitoring](#), [managing heart failure at home](#).

This [website](#) provides an overview of how the Centre works and links to key outputs.

## 2. Centre leadership and partners

- **Centre leadership team:**  
Sara Shaw and Sonja Marjanovic (Co-Directors), Chrysanthi Papoutsi and Stephanie Stockwell (Co-Deputies), Nikki Newhouse, Joseph Wherton, Jackie van Dael, Caroline Potter, Stavros Petrou, Stuart Redding, Callum Gunn, Rob Romanelli
- **Core delivery partners:**  
[RAND Europe](#), [National Voices](#), [People Street](#), [Pumping Marvellous](#), [Gemma Hughes](#) (University of Leicester), [Design Science](#), Anica Alvarez Nishio (PPIE Lead), Bried O'Brien

## 3. Key completed projects

- **Project title:** Implementation and use of technology-enabled remote monitoring for chronic obstructive pulmonary disease
- **Time period:** March-Sept 2024 (+ 12 months to publication)
- **Policy or service context:** NHS England
- **Aim and key evaluation questions:** To understand what supports good practice in the implementation and use of technology-enabled remote monitoring in the chronic obstructive pulmonary disease care pathway and draw transferable lessons that can inform spread and scale up; how, where, why and by whom is TERM being used in the COPD care pathway, who is it for and how does it help to provide care to patients; what can we learn from implementation and use of existing TERM (by patients and clinicians) that can inform potential rapid take up and use in the context of winter planning, and beyond.
- **Headline outputs or impacts:** (1) Technology-enabled remote monitoring for chronic obstructive pulmonary disease occurs along a continuum of scope and scale; (2) Technology-enabled care pathways have some common overarching features, but variation is seen across contexts and patient cohorts; (3) Patients value technology-enabled remote monitoring services that help

them feel more connected to healthcare providers and provide timely information and support. Healthcare staff value high quality patient care, services value affordability and sustainable workload impact.

- **Link:** [Project webpage](#), including scoping review, final report, blog post and patient-facing resources.
- **Project title:** Adopting and embedding home sensors in social care
- **Time period:** August 2024-April 2025
- **Policy or service context:** Adult social care in England
- **Aim and key evaluation questions:** Define good practices in the implementation and use of home sensors for proactive care within adult social care services in England; what constitutes in-home sensing in the context of supporting social care, who is it for, and how does it help provide care to service users; what impact and value does this have across the care system and how could this be locally evaluated and monitored in the future; what does sustained adoption at scale look like; what structures and resources (financial, organizational, technical, and human) are needed to achieve this goal?
- **Headline outputs or impacts:** (1) Perceived value and impact included an increase in service user independence and safety, family/informal caregiver reassurance, identifying healthcare needs, providing more holistic and objective assessments, and supporting dialogue regarding care needs; (2) Evidence of the impact across these areas was limited, and we were unable to obtain the data required to undertake an economic analysis; (3) the process of embedding and adapting the use of home sensors for proactive care is labour-intensive and decision makers need to focus on how to support and resource incremental and system wide-changes.
- **Links:** [Project webpage](#) and [final report](#).

#### 4. Current live projects

- **Project title:** Rapid evaluation of NHS Online Health Checks
- **Brief description:** The aim of the rapid evaluation is to examine the development, implementation and use of the NHS Online Health Check during the initial testing phase in three local authorities. The aim is to draw timely, transferable lessons that can inform and support wider roll-out and potential future evaluation. It will provide an in-depth understanding of staff and service user experiences, including in comparison with in-person health checks and will examine uptake rates and explore economic costs and assessments of value of digital NHSHCs for services and service users.
- **Stage of delivery:** Quantitative and qualitative data collection from a selection of implementation case sites.
- **Link:** [Project webpage](#)
- **Project title:** AI and Triage
- **Brief description:** AI-enabled tools, including symptom checkers, chatbots and decision-support algorithms, have been proposed as mechanisms to improve patient access and support triage. A range of tools and platforms that advertise themselves as AI-enabled are beginning to be used in practice. However, the evidence base is limited on the actual and potential use and impact of these applications, and it is imperative that this be strengthened to ensure any tools integrated into usual practice are reliable and robust. More clarity is needed around understanding 'what good looks like' from the perspective of patients, the NHS workforce and suppliers (and including e.g. issue of equity and candidacy) and understanding the potential for AI-enabled navigation to be embedded at scale via the NHS App as planned key infrastructure that can be deployed for

triage use cases and how the risks of inequity, safety concerns, or unintended consequences can be mitigated/managed.

- **Stage of delivery:** Currently conducting scoping conversations to support protocol development.

#### **5. Key Publications and outputs**

- An article in NIHR Open Research, Sept 2025 [Enabling scale and spread of technology-enabled remote monitoring of blood pressure at home: findings from a rapid qualitative evaluation](#)
- An article in HSJ, December 2025 [Effective remote monitoring requires much more than choosing the right tech](#)
- An article in NIHR Open Research, Oct 2025 [Adopting and embedding home sensors in social care: findings from a mixed methods, rapid evaluation](#)
- An article in Health and Social Care Delivery Research, November 2025 [Implementation and use of technology-enabled remote monitoring for chronic obstructive pulmonary disease: a rapid qualitative evaluation](#)
- A [blog](#) and [patient-facing resources](#) developed as part of the COPD rapid evaluation.

#### **6. Further information**

- Centre website: [DECIDE centre – University of Oxford](#)
- Contact details: [sara.shaw@phc.ox.ac.uk](mailto:sara.shaw@phc.ox.ac.uk)

## REVAL

### 1. Programme overview

- **Programme name:** REVAL
- **Funding period:** October 2022 – July 2027
- **Programme focus / remit :**

REVAL is a Rapid Service Evaluation Team funded by the National Institute of Health and Care Research. We are commissioned to produce rapid and rigorous evaluations of innovation in health and care services. Innovation can involve re-organising NHS services, bringing in new types of staff, or trying new treatments and technologies. Our evaluations ask important questions such as:

- Does this innovation improve the way we work?
- Does this innovation offer value for money compared with alternatives?
- Is this innovation acceptable to the people who use it?
- Which elements of the innovation are crucial to its success?
- Does this innovation improve access for those in most need?

Co-production at the heart of everything we do. To ensure our evaluations are relevant, we listen to and work with the people most affected by the innovations we are asked to evaluate. This includes members of the public, health professionals, frontline workers, policymakers, and service commissioners. Knowledge mobilisation is embedded throughout our work - we provide timely feedback loops to support real-time policy and service decision making, providing insights from the evaluation as they emerge.

Our evaluations have examined: [Type 1 diabetes disordered eating services](#), [the Enhanced Midwifery Continuity of Carer model](#), [the Recovery Support Programme \(RSP\)](#), [the Urgent Emergency Care Recovery Plan](#), [Emergency care bypass units for sickle cell](#)

This video gives an overview of how we work [What is rapid service evaluation](#)

### 2. Programme leadership and partners

- **Programme leadership team:**
- [Co-leads: Jo Dumville, Paul Wilson](#),
- [Co-investigators: Penny Bee \(PIIE Lead\), Peter Bower, Nicky Cullum, Evangelos Kontopantelis, Luke Munford, Caroline Sanders, Sabine Van Der Veer, William Whittaker.](#)
- [PIIE Partners: Manoj Mistry, Angela Ruddock, Pat Walkington](#)
- **Core delivery partners:**  
Wide ranging, including DHSC, NHSE, OLS, Innovate UK and several VCFSE partners

### 3. Key completed projects

- **Project title:** Enhanced Model of Midwifery Continuity of Carer (EMCoC)
- **Time period:** February 2023 - July 2024
- **Policy or service context:** The Enhanced Midwifery Continuity of Carer (eMCoC) pilot programme aimed to provide additional support to those at greatest risk of poor maternal health outcomes. Target populations included women living in the most deprived areas, and may include Black, Asian, and Mixed ethnic groups.
- **Aim and key evaluation questions:** REVAL conducted a formative evaluation of its implementation to understand delivery and to assess the impact on and experiences of those receiving enhanced care.
- **Headline outputs or impacts:** eMCoC services successfully targeted women living in the most deprived areas. Service users reported being well supported by the enhanced teams,

including receiving relational and well-being support and personalised health advice. The flexibility of the initial funding specification guidance from NHS England was a key driver of local ownership and permitted services to be organically built from the ground up. The evaluation findings are featured in the Health Select Committee Report *First 1000 Days: a renewed focus*.

- Webpage: [the enhanced midwifery continuity of carer model evaluation](#)
- **Project title:** Evaluating the implementation of the Recovery Support Programme (RSP)
- **Time period:** December 2022- October 2023
- **Policy or service context:** Launched in 2021, the Recovery Support Programme (RSP) provides mandated intensive improvement support to NHS healthcare providers and systems experiencing significant financial, quality or safety failings.
- **Aim and key evaluation questions:** REVAL evaluated the early implementation of the RSP to understand initial impact and identify further developments which could improve its delivery.
- **Headline outputs or impacts:** The RSP is generally perceived as more supportive and less punitive than the special measures regime it replaced, but there are areas where its delivery could be enhanced. There is variation in how the programme is delivered across regions and several core processes could be standardised to enable more structured assessment of system capability and development of capacity to support change. The presence of cross system collective leadership and external facilitation may be the core-enabling features necessary to embed improvement and enable sustained stabilisation in NHS organisations.
- Webpage: [Evaluation of the Recovery Support Programme \(RSP\)](#)

#### 4. Current live projects

- **Project title:** Evaluation of pilot emergency bypass units for acute sickle cell care
- **Time period:** October 2023- March 2026
- **Policy or service context:** The All-Party Parliamentary Group inquiry into avoidable deaths and failures of care for people with sickle cell recommended that NHS England should prioritise taking urgent action in emergency care. In response, NHS England is piloting seven emergency bypass units in London and the North of England.
- **Brief description:** REVAL are evaluating the feasibility, acceptability and impact of the new bypass units, both to staff and the people using the services. The evaluation aims to understand the elements of the new services that have worked well, not so well and where further improvement can be made both within the Units and emergency care more generally. An outcome analysis exploring timely provision of pain relief, lengths of stay and readmission rates is being conducted. Interim findings that show that people using the Units are generally reporting positive care experiences were highlighted in evidence to the Health Select Committee in February 2026.
- Webpage: [Evaluation of pilot emergency bypass units for sickle cell care](#)

#### 5. Key Publications and outputs

- Insights report: Kletter, M., Gillibrand, S., Dumville, J., & Wilson, P. (2023). [Rapid Evaluation of the Implementation of the Recovery Support Programme](#)
- An article in Health Policy: Kletter, M., Gillibrand, S., Harkness, E., Dumville, J., & Wilson, P., (2025). [Rapid evaluation of the NHS Recovery Support Programme \(RSP\) in England: Implementing intensive national improvement support for challenged healthcare providers and systems](#)

- Insights report: Gillibrand, S (2024). [Evaluation of the Enhanced Model of Midwifery Continuity of Carer Insights report](#)
- An article in BMJ Open: Gillibrand, S., Parkyn, K., Hall, C., Kletter, M., & Harkness, E., Munford L, A., Wilson, P., Dumville, J., (2025). [Releasing time to deliver care: a mixed methods evaluation of the implementation of enhanced midwifery continuity of carer](#)
- Infographic of findings: Gillibrand, S (2025). [Evaluation of the Enhanced Model of Midwifery Continuity of Carer – infographic of the findings](#)

#### **6. Further information**

- REVAL website: [REVAL | The University of Manchester](#)
- Contact details: [REVAL@manchester.ac.uk](mailto:REVAL@manchester.ac.uk)

## RSET

### 1. Centre overview

- **Centre name:** NIHR RSET
- **Funding period:** Apr 2018 – Sept 2023; Oct 2023 – Sept 2028
- **Centre focus / remit:**

The NIHR Rapid Service Evaluation Team (RSET) delivers timely, policy-relevant evaluations of new and emerging models of care across the NHS and wider health and care system in England. Led by UCL in partnership with the Nuffield Trust and the University of Cambridge, RSET was established to respond to the need for robust, independent evidence delivered at pace, often in fast-moving policy contexts.

RSET's purpose is to assess whether innovations and service changes achieve their intended impact, represent good value for money, and can be implemented equitably and sustainably at scale. The team specialises in mixed-methods rapid evaluations that combine quantitative analysis of large-scale routine data with qualitative research on implementation, experience and context. This allows RSET not only to assess outcomes and costs, but also to understand how and why interventions work (or do not), for whom, and under what conditions.

The work to date has spanned digital and technological innovation, new workforce roles, service redesign, and models of care that cut across organisational boundaries. As a generalist team, RSET is not confined to a single clinical specialty, care setting or professional group. This breadth enables the team to move quickly into new policy areas, apply transferable methodological approaches across different contexts, and identify common implementation challenges that cut across the system.

Key areas of strength include close working relationships with policymakers and NHS leaders; methodological breadth across health economics, statistics, implementation science and qualitative research; strong public and patient involvement and engagement (PPIE), including dedicated funds for two PPIE leads, of whom one is a public representative co-investigator; and a track record of producing accessible outputs alongside peer-reviewed publications, with active dissemination facilitated by the Nuffield Trust Comms team.

RSET is funded by NIHR Health Services and Delivery Research. Since its inception in 2018 it has completed 14 evaluation projects and published 36 peer review journal articles.

### 2. Centre leadership and partners

- **Centre leadership team:**  
Jenny Shand (Director), Angus Ramsay (Deputy Director), Naomi Fulop, Steve Morris, Chris Sherlaw-Johnson, Theo Georghiou, Holly Walton, Nadia Crellin, Raj Mehta, Pei Li Ng, Holly Elphinstone
- **Core delivery partners:**  
UCL, University of Cambridge, Nuffield Trust, Raj Mehta (independent PPIE Co-Lead)

### 3. Key completed projects

- **Project title: (1) Rapid evaluation of the Maternity & Neonatal Independent Senior Advocate (MNISA) role.**
- **Time period:** Apr 2024 – Jun 2025

- **Policy or service context:** Following a series of high-profile maternity reviews (Ockenden), the MNISA role was being piloted across England. This national evaluation was commissioned to provide evidence to inform future policy decisions.
- **Aim and key evaluation questions:** To assess the implementation, impact, and value of the role.
- **Headline outputs or impacts (2-3 bullet points):** Findings indicate the MNISA service is uniquely placed to ensure families' voices are heard and their concerns acted upon. It addresses a critical gap, particularly by supporting families following adverse outcomes. Future iterations of the service would benefit from clearer national standards around access, role definition, service design, and mechanisms for embedding and sustaining change.
- **Links:** [Project webpage](#), [One-page summary](#)
- **Project title: (2)** [Mixed-methods evaluation of remote home monitoring models during COVID-19 pandemic in England. \(joint project with BRACE\)](#)
- **Time period:** Phase 1 July-August 2020; Phase 2 Jan-June 2021
- **Policy or service context:** Remote home monitoring services were developed and implemented for patients with COVID-19 during the pandemic. This large-scale, multisite study directly informed the national response to the pandemic and future policy.
- **Aim and key evaluation questions:** To evaluate effectiveness, costs, implementation, and staff and patient experiences (including disparities and mode) of COVID-19 remote home monitoring services in England during the COVID-19 pandemic (waves 1 and 2).
- **Headline outputs or impacts:**  
Findings used by NHSE to develop implementation guidance for NHS sites to prepare winter 2020-21 and the national roll-out of the remote monitoring programme. Findings also informed Scottish oximetry guidance and French National Authority for health guidance. Study referenced in a House of Commons select committee evaluation of government commitments on digitisation of the NHS. Wider learning for expanding virtual triage and monitoring to other conditions.
- **Links:** [Explainer](#), [final report](#), [slideset](#), [project webpage](#) with list of publications & outputs

#### 4. Current live projects

- **Project title(s): (1)** [Mixed-methods Evaluation of AI in Chest Diagnostics \(Phase 2\)](#)
- **Brief description:** This study aims to explore the implementation, experiences, impact, and cost of AI tools in chest diagnostics. One of the first studies to analyse real-world implementation of AI in healthcare.
- **Stage of delivery:** Analysis & dissemination (as of Feb 2026)
- **Links:** [Project webpage](#), [Phase 1 report](#)
- **Project title(s): (2)** [Evaluation of Ambient Voice Technology \(AVT\) in the NHS \(Phase 2\)](#)
- **Brief description:** AVT is becoming more widely used across the NHS, but most existing studies have been small and often run by the companies that make the technology. This independent evaluation will look at how AVT is used, what benefits and challenges it brings, and whether it offers good value for money.
- **Stage of delivery:** Scoping (as of Feb 2026)
- **Link:** [Project webpage](#) with links to outputs

#### 5. Key Publications and outputs

1. [Paper] [Procurement and early deployment of AI tools in chest diagnostics in NHS](#) (Nov 2025)

2. [Blog] [Curb your enthusiasm: what does the evidence tell us about using AI in radiology diagnostics?](#) (May 2025)
3. [Animation] [Budding support systems in prisons: how do they work, and what could be improved?](#) (May 2024)
4. [Report] [Prehospital video triage of potential stroke patients: rapid mixed-methods service evaluation.](#) (September 2022)
5. [RSET Tools & Resources webpage](#) (e.g. EDI assessment tool, Sustainability assessment tool)

#### **6. Further information**

- [RSET website](#), [LinkedIn](#), [Subscribe to newsletter](#)
- Contact details: [peili.ng@ucl.ac.uk](mailto:peili.ng@ucl.ac.uk)

# SOCRATES

## 1. Centre overview



- **Centre name:** SOCRATES (The Social Care Rapid Evaluation Team)
- **Funding period:** 01 May 2023 – 30 Apr 2028
- **Centre focus / remit:**

The team's purpose is to develop and share evidence about effective, scalable innovations and service developments in social care. This involves

  - Rapid research - taking place during relevant moments of innovation, service development or implementation.
  - Using a flexible approach, drawing on many types of evaluations e.g. formative, theory-based, rapid cycle, etc. Broadly this comprises six steps: *scope; prepare* (including ethical review); *investigate; analyse; action & follow-up; review, reflect & learn.*
  - Sense checking and feeding back findings early, through discussion with public advisors, services and commissioners and sharing the findings in multiple forms to ensure these meet needs of audiences and informs further service improvements.
- **Strengths are:** developing evaluation plans in collaboration with evidence users and public advisors to make sure our studies deliver evidence that can help to make a difference on the issues that people care about; our commitment to learn together – meeting regularly, cocreating spaces of reflection and knowledge exchange, building skills and capabilities in the team and when we share findings; and working with diverse networks and using our understanding of diverse, intersecting and entrenched inequalities to guide our work.

## 2. Centre leadership and partners

- **Centre leadership team:**
- Juliette Malley and Cath Larkins (Co-PIs), Mary Baginsky, Helen Beckett, Jennifer Bostock and Jo Ward (Management Group)
- **Core delivery partners:** London School of Economic and Political Science, University of Lancashire and King's College London

## 3. Key completed projects

### **Project title: Digital Social Care Records Evaluation (DiSCRE)**

- **Time period:** October 2023 – March 2025
- **Policy or service context:** Adult Social Care
- **Aim and key evaluation questions:** To generate timely evidence to help local areas and organisations to implement digital social care records within adult social care provider organisations, in a way that delivers the greatest benefit for the most people. Key questions: why organisations have/have not started to digitise; people's expectations and experiences; changes that have resulted; how experience differs and economic impacts.

### **Headline outputs or impacts:**

- Peer-reviewed publication: Snow M .... Malley J. (2025) Rapid Scoping Review. *JMIR Aging*.
- Briefing papers (aimed at policymakers, technology suppliers, care provider managers, and people drawing on care and their family members) and advice taken up by evidence users
- Presentation at one international and two national conferences.
- **Link:** <https://aging.jmir.org/2025/1/e60107>

### **Project title: Agencies Working Together To Keep Children Safe And Share The Right Information: Working With Men (SRIM)**

- **Time period:** July 2024 – June 2025
- **Policy or service context:** Children's Social Care

- **Aim and key evaluation questions:** To evaluate the effectiveness of models of information sharing in order to provide guidance to local authorities and other agencies. Key questions: whether specific service configurations across early help and family support contribute to improved information sharing about men; lessons learned; transfer of the initiatives; and factors that improve the awareness and confidence to share information.

**Headline outputs or impacts:**

- Publication of a peer-reviewed journal article 'No quick fixes' (Purcell et al., 2025)
- Publication of a report on findings from a roundtable with stakeholders
- **Link:**<https://academic.oup.com/bjsw/advance-article/doi/10.1093/bjsw/bcaf249/8324434>

**Project title: Rapid Evaluation of Young People's Independent Domestic Violence Advisors (YPIDVA)**

- **Time period:** July 2024 – August 2025
- **Policy or service context:** Children's Social Care
- **Aim and key evaluation questions:** To generate timely evidence to inform the development of more effective IDVA services for all young people in England and Wales experiencing abuse in their own intimate relationships. The project was delivered in partnership with the national charity Safelives (<https://safelives.org.uk>). Co-production was a core component: we worked closely with young people from the PAG and Changemakers from Safelives to determine the research questions, data collection tools, analysis and write up of outputs.
- **Headline outputs or impacts:**
- One co-produced paper on young people's experiences and views of YPIDVA support has been submitted to the Journal of Gender Based Violence (under review)
- Presentation of findings at the European Conference on Domestic Violence (ECDV) Sept 2025, Barcelona.
- Currently writing second co-produced paper for peer reviewed journal

**4. Current live projects**

**Project title: Rapid Evaluation of Data Led Housing Innovations for Young People Leaving Care (Hi4YPLC)**

- **Brief description:** How data collected about the views and experiences of care experienced young people is being gathered and used to coproduce local improvements in housing for care leavers, and analysis of any outcomes.
- **Stage of delivery:** We have coproduced an analysis framework and conducted interviews in six sites; now doing deeper investigation in fewer sites with peer researchers.

**Project title: A Rapid Evaluability Assessment of the Future of Prevention Programme in adult social care services (REAP)**

- **Brief description:** This is an evaluability assessment of a technology enabled proactive prevention model for older people at risk of falls that will provide guidance on options for a future evaluation of the Programme/similar platforms
- **Stage of delivery:** We are currently doing initial stakeholder and public engagement, identification and review of literature and potential data sources.

**Project title: Transfer and Implementation of New Beginnings - Stockport to Tameside TRANSIT)**

- **Brief description:** The study evaluates the transfer between two LAs of the New Beginnings model of trauma-informed working with families, exploring how it is implemented and adapted to the new context and its potential for wider transfer.

- **Stage of delivery:** Ethical approval for engaging professionals secured. Seeking approval for work with participants. Conducting scoping interviews. Co-producing a ToC.

**Project title: Exploring impacts of co-located anti-poverty and social care prevention services for older people: a theory-based rapid evaluation (Co-CARE)**

- **Brief description:** The project builds evidence for policy and practice on co-located anti-poverty and social care services for older people, who different models of are for, and how they operate and bring about improvements in different contexts.
- **Stage of delivery:** Preparatory phase complete (research ethics, public advisory groups, research materials prepared. Sites secured). We will begin data collection shortly.

**5. Key Publications and outputs**

- <https://aging.jmir.org/2025/1/e60107>
- <https://academic.oup.com/bjsw/advance-article/doi/10.1093/bjsw/bcaf249/8324434>

**6. Further information**

- Centre website: <https://www.lse.ac.uk/cpec/research/projects/SOCRATES>
- Contact details: (optional): [cpec.socrates@lse.ac.uk](mailto:cpec.socrates@lse.ac.uk)