NIHR | National Institute for Health and Care Research

NIHR Manchester Biomedical Research Centre

NIHR Manchester Clinical Research Facility

Inclusive Research Strategy
2022-2027

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Foreword

Research Inclusivity is vital to the success of the National Institute for Health and Care Research (NIHR) Manchester Biomedical Research Centre (BRC) and NIHR Manchester Clinical Research Facility (CRF) with the aim of maximising patient benefit for different populations. Research Inclusion encompasses inclusive research methods (IRM), equality, diversity and inclusion (EDI), and patient and public involvement, engagement and participation (PPIEP). We believe Inclusive Research (IR) should be at the heart of everything we do across both the BRC and CRF because it is so important in supporting us to deliver our vision to provide personalised health and care for all.

Our new joint IR Strategy is our commitment to building a more inclusive and effective research environment, which will drive forward even more improvements in health and care for patients.

Inclusive Research involves two elements:

1. Taking deliberate action to meet the health research needs of different people, to address barriers to inclusion and to promote environments where everyone feels included, respected and valued. IR seeks to make the invisible, visible and build methodologies throughout the research process, ensuring good science and that research outcomes are relevant and meaningful;
2. Using methods underpinned from various disciplines that take account of the importance of understanding the impact of healthcare and social care interventions on all sectors of society.

At Manchester BRC / CRF we aim to:

- Use identified patterns of inequality and diversity will help identify priorities for and improve inclusion in research the BRC / CRF undertakes and disseminates;
- Develop IR training, support and resources to facilitate proactive implementation of IR principles from the earliest stages of research;
- Progress our ambition to raise the profile of IR across the BRC / CRF and its external partners and communities within which we work, to embed proactive inclusion across workplace culture and in prioritisation, design and delivery of our research;
- Utilise available resources to create a culture that values and fosters inclusive thinking and collaboration, where all team members are able to apply the lens of inclusivity to their research portfolios;
- Identify potential research methods to employ for the purpose of understanding the impact of low inclusivity, inequalities, inequity in healthcare and social care interventions;

This is our shared vision and will be delivered through this IR Strategy, which has been developed alongside our PPIEP and EDI Strategies. Collectively these will help us in creating a more equal, diverse, and inclusive research environment.

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Abbreviations

BRAG	Black Asian and Minority Research Advisory Group
BRC	NIHR Manchester Biomedical Research Centre
CRF	NIHR Manchester Clinical Research Facility
EDI	Equality, Diversity, and Inclusion
GM	Greater Manchester
IRM	Inclusive Research Methods
IROB	Inclusive Research Oversight Board
MFT	Manchester University NHS Foundation Trust
NIHR	National Institute for Health and Care Research
PPIE	Patient and Public Involvement and Engagement
PPIEP	Patient and Public Involvement, Engagement and Participation

Introduction

This document outlines a joint strategy between the NIHR Manchester Biomedical Research Centre and NIHR Manchester Clinical Research Facility (referred to as 'BRC' and 'CRF', respectively, in this document) and their partner organisations to embed Inclusive Research within our infrastructures.

"Taking deliberate action to meet the health research needs of different people, to address barriers to inclusion and promote inclusive environments"

The Inclusive Research Oversight Board (IROB) will **act as the bridge** between researchers and the public to improve how representative our research is. We include Patient and Public Involvement and Engagement (PPIE), Equality, Diversity and Inclusion (EDI), Training and Capacity Building and the Digital Infrastructure teams across Greater Manchester (GM), Blackpool and Preston.

The Inclusive Research Methods Team within IROB will focus on making the "invisible, visible" through inclusive methodologies, evaluation, creating and collating the evidence base. The EDI team will bring expertise across the workforce and students, and the PPIE team will bring in the lived experience. All our activities will be underpinned by the valuable input of our public contributors.

Inclusive Research Definition and Mission

Patient and public voices from across our diverse region co-produced our BRC and CRF visions and aims. Our public contributors are embedded into our scientific and governance structures. Our definition of Inclusive Research was co-created with researchers, the Black Asian & Minority Ethnic Research Advisory Group (BRAG) and Vocal (our not-for-profit organisation hosted by Manchester Foundation Trust in partnership with the University of Manchester) during the first BRC 2017-2022:

"Inclusive translational research takes deliberate action to meet the health research needs of different people, to address barriers to inclusion and to promote environments where everyone feels included, respected and valued."

Inclusive Research involves two elements:

Inclusive Research takes deliberate action to meet the health research needs of different people, to address barriers to inclusion and to promote environments where everyone feels included, respected and valued. It means including in your research, all types of people who might use your services and treatments. Some groups of people are subject to biases which means they are excluded from, or do not have equitable experience of participating in medical research. Inclusive Research seeks to make the invisible, visible and build methodologies throughout the research process, ensuring good science and that research outcomes are relevant and meaningful.

Inclusive Research also involves using methods underpinned from various disciplines that take account of the importance of understanding the impact of healthcare and social care interventions on all sectors of society. These can include methods such as, but not limited to, 'hot and cold' spot analysis, economic methods to understand the value and distribution of costs and health benefits across society, and survey methods to explore the views, opinions, preferences for sub-groups in society.

The mission of IROB is to embed the principles of Inclusive Research into all aspects of the strategies and work programmes across the Manchester BRC and CRF.

BRC and CRF Inclusive Research Infrastructure

We have established IROB that includes patients, citizens, public health, methodologists, Greater Manchester and Lancashire Integrated Care System. IROB will:

- Develop evidence for where research is most needed to allow targeting of inequalities related to particular places and/or patient health outcomes;
- Develop ways to capture and understand the diversity of the people shaping, informing, attracted to, engaging with, and recruited to BRC and CRF research;
- Rigorously assess what works and what does not to help us improve inclusion throughout the research cycle;
- Oversee the use of Inclusive Research methods across the BRC and CRF to enable the robust production of evidence for healthcare and social care interventions;
- Work to collectively address inclusivity in the research that BRC and the CRF prioritises, designs, undertakes and disseminates.

Figure 1 (below) shows the Inclusive Research infrastructure for the BRC / CRF, which includes the IROB, EDI and Patient and Public Involvement, Engagement and Participation (PPIEP). This shows how each of the functions (IROB, supported by the Inclusive Research Methods, EDI and PPIE Teams) have different roles but overlap to work towards the same main goal of encouraging the BRC / CRF and partner organisations to be more inclusive in all research undertaken, in co-production activities with the public and patients, and in encouraging diversity of staff and students working and advancing their careers in these organisations.
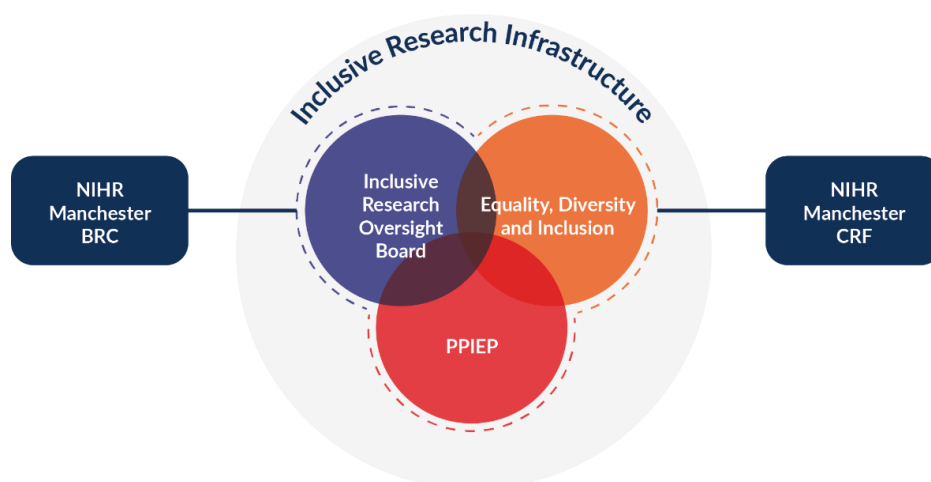

Figure 1: BRC and CRF Inclusive Research Infrastructure

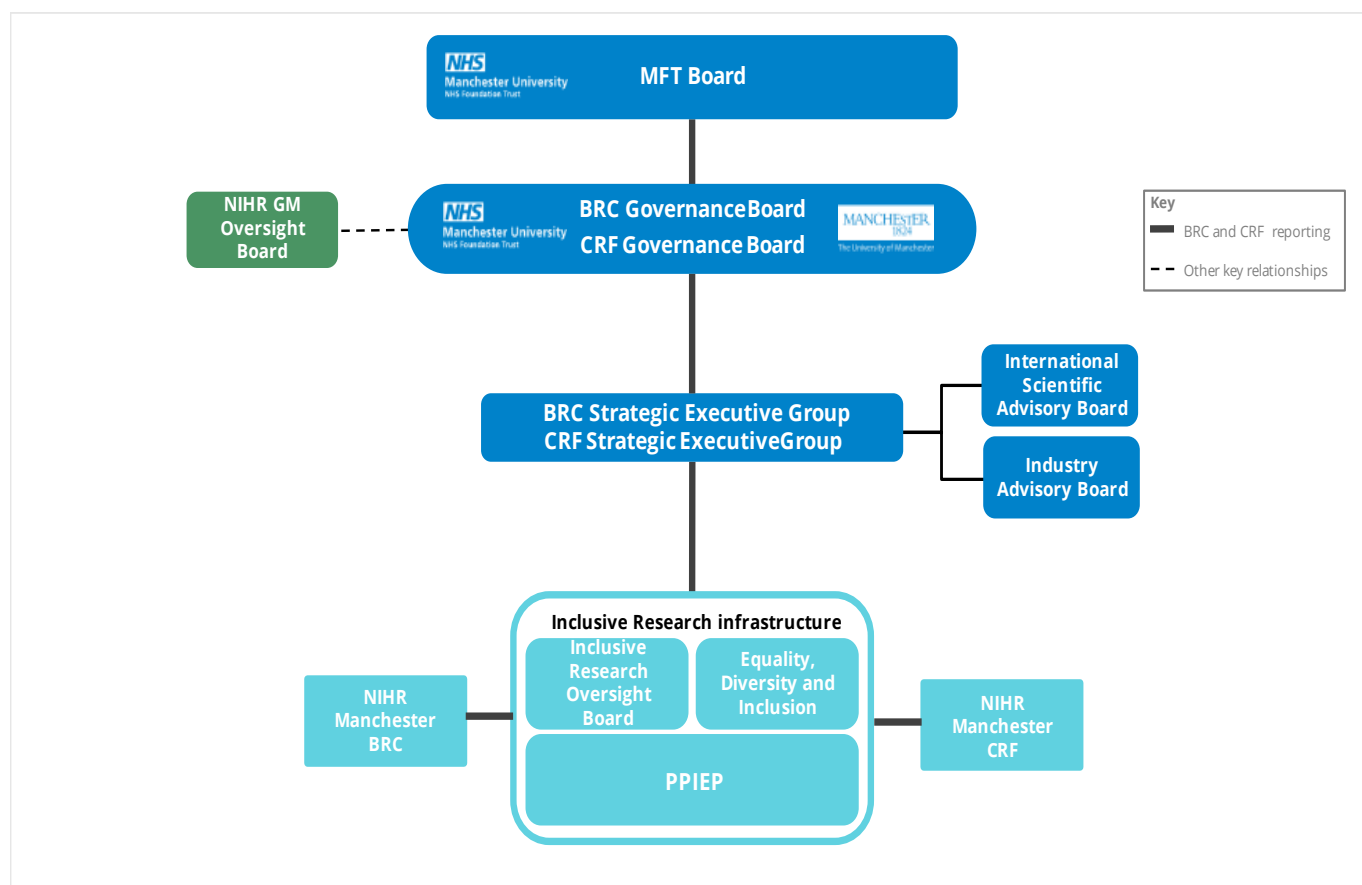Our BRC and CRF Governance Structures (Figure 2) monitor the delivery of our objectives and joint strategies.

Figure 2: NIHR Manchester BRC and NIHR Manchester CRF Governance Structures

What we did

Our public contributors highlighted the need for an overarching strategy that brought together the three published strategies for the BRC and CRF namely:

- PPIEP (2022);
- EDI (2022);
- Training and Capacity Building (NIHR BRC 2022).

We spoke to over 60 staff and public contributors through workshops, one to one interviews / conversations and electronic interactions to ensure comprehensive feedback of opinions and experiences. Through prioritisation, iteration, and pragmatic evidence synthesis, we built our Inclusive Research Strategy on four essential elements:

Co-creation

We used active listening, facilitated workshops and interviews with all our stakeholders with a focus on our public contributors throughout the process.

Context

The population, CRF sites and BRC Clusters and Themes all have unique contexts, perspectives, and needs. By valuing each stakeholder's opinions, priorities and aims for Inclusive Research equally, we created a matrix of needs.

Creating Equity

We utilised web-based prioritisation tools to create equity between all stakeholders.

Crafting an Inclusive Research Culture

Through all the co-creation activities, we were able to craft recurring themes.

What we found

Co-creation

The workshop with our BRC and CRF contributors highlighted the following prioritised themes that we have called our *Inclusive Research Strategic Principles*:

1. Mapping of inequalities and protected characteristics.
2. Training and capacity building.
3. Working with communities, in wider partnerships and co-production.
4. Resources and practicalities – available resources alongside internal systems and supporting structures within our partner organisations.
5. Using and creating Inclusive Research methods.

Context

These principles were identified as important by participants and are described below.

Mapping of inequalities and protected characteristics
- Many participants discussed designing and adapting data-driven inclusive recruitment and retention strategies for research (e.g. considering demographics, geographical spread, culture, heat maps of disease etc.).

- Participants raised the issue of data in terms of identifying data needs, data sources (baseline figures, data set development, dashboards, patient lists etc.), potential methodologies for data collection and how to utilise data to inform better practice and future research whilst considering Inclusive Research.
- Participants spoke about identifying factors that make recruitment of the widest range of participants more difficult and gaining help to overcome these. Factors included rigid inclusion criteria (e.g. age ranges, ability to attend clinic within working hours, ability to take blood etc.), aiding a wider participation (translation services, payment for volunteer travel / attendance) in our research and avoiding recruiting healthy volunteers from an easily accessible pool (e.g. students).

Training and capacity development
- Participants discussed their need to better understand Inclusive Research and the structures in the BRC / CRF that facilitate this. This included a clear 'menu of support' that could be provided from the Inclusive Research Methods team (and wider Inclusive Research infrastructure: EDI and PPIEP) and IROB on which those undertaking research for the BRC / CRF could draw.
- Being able to share information across BRC / CRF / wider researchers was seen to be important to respondents. Fora to discuss issues raised and how they can be mitigated in future were a popular request.
- Many participants highlighted a need for the development of standard information sources to which they could refer in relation to Inclusive Research, such as case studies, good practice etc.
- Provision of training specifically around Inclusive Research and being able to measure the difference this makes across the BRC / CRF was seen to be important by participants. Delivery of training was also raised by respondents, this included holding events at regular intervals, across the BRC / CRF but also for specific Clusters / Themes and several respondents suggested the idea of training 'Inclusive Research Champions' who could also help support and promote Inclusive Research across research Clusters and Themes.
- Requests for specific support and training included: help with grant applications (to ensure inclusivity), research methodologies, sampling, equity impact assessments and reaching different populations.
- The provision of support and resources (including funding) to enable better Inclusive Research was also mentioned.

Working with communities, in wider partnerships and co-production
- Respondents spoke about explaining the research being undertaken better, what benefits there are for a wider participation, and how to sign up to studies to the targeted populations. For example, improving the image and profile of our research, gaining trust of potential participants, using social media and other conduits (e.g. campaigns) to share information and making links with and utilising community champions.
- Making sure results of research are shared and communicated in appropriate ways to participants and the wider community e.g. using accessible methods, infographics, working with Vocal (PPIEP) etc.
- Practical issues raised included the potential for taking research out into communities e.g. research bus or having access to community researchers.
- The importance of joining up with PPIEP was raised to ensure the right people are consulted at the right times before, during and after projects and where appropriate to ensure co-production methods are used.
- Respondents thought it important to demonstrate the value and benefits of Inclusive Research practices with a broader range of stakeholders (e.g. commercial partners, policy makers). For example, ways to engage for study site selection, engaging with decision-makers, organising stakeholder events periodically etc.

Practicalities and resources
- Promoting the roles and accessibility of the Inclusive Research Methods team was suggested. This included introductory meetings with Clusters and Themes, drop-in sessions, and regular updates with different modes of communication.
- Participants spoke generally about procedures within the wider research process that slowed them down. This included systems that had slow, complex, delayed or multiple sign off points and issues relating to finances.
- Participants raised the importance of capturing learning, using this to inform the future direction of travel for Inclusive Research and the importance of keeping Inclusive Research central to the research agenda.

- Respondents also spoke about a wish to be able to influence research bodies (e.g. during funding process) or commercial partners at various stages in the research process.
- CRF participants spoke about a lack of control over and engagement with research projects before they were implemented and, in many cases, not having enough willing Principal Investigators (workloads, lack of incentives, lack of research time etc.) locally to run research projects.

Creating Equity

Our discussions, especially with our public contributors highlighted that the strategy itself needs to be:
- simple and understandable to all readers,
- have targets and action points against which progress is assessed regularly,
- include both short and long term aims and objectives,
- build on previous research,
- be clear who is responsible for what activity / target,
- reviewed and if something is not working, stopped and continue with activities that are making a difference,
- strengthened with accountability and honesty about what is / is not working.

Crafting a Creative Inclusive Research Culture

Cultural change within the organisations, partnerships and individuals were highlighted as important.

- Being honest and bold – try new things but be willing to share what has worked / what has not. Feedback to participants of research was seen as essential.
- Providing training for researchers that includes information about diverse communities, and the importance of health services needing to join up and an understanding that illnesses are complex and can interact.
- Considering how best to roll out initiatives that work to the wider population and follow up to check things are working as they should, being aware that something that works for one set of people may not work in same way for others.
- Avoiding speaking to the same communities / groups (lived experience) just because it is easy or there is a lack of time – they may become experts and do not represent whole populations.
- Challenging us to change attitudes. Change is happening but it is slow. Inclusive Research needs to be a key consideration but currently for many "*it is just words but not action*".
- Diverse communication strategies to "get the message across" to all audiences.

Our Inclusive Research Strategy

From our workshops and wider discussions, we have focused our strategy around the five key strategic principles identified:

Map Inequalities & Protected Characteristics

Training & Capacity Building

Work with Communities & Partners

Routes to Delivery

Create Inclusive Research Methods

Working with these five principles allows us to create processes and practice which will ultimately enable Inclusive Research to become normalised and thrive at all levels within both the BRC and CRF. Working alongside EDI, PPIE, training and capacity building and digital infrastructure colleagues will encourage change to our working culture across the BRC, CRF and partner organisations based on the commitment to proactive inclusion in our research. It also ensures that training and development opportunities relating to Inclusive Research are accessible and attractive to our whole research community (work and study) workforce, including students. Finally, it will bring evidence-led Inclusive Research into focus throughout our BRC and CRF infrastructure; resulting in changes to allow positive and impactful change for our workforce, research participants and wider communities.

For each of the five strategic perspectives, a series of objectives have been developed that will be delivered in the short, medium and long term. Each objective has an outcome(s) and delivery date (shown in the Tables below). Progress against these objectives will be monitored through our governance structures and using annual rapid cycle evaluation. The latter utilises methods to test programmes in real time, generating quick evidence and actionable outcomes to enable the integration of improvements into the developing programme.

Resource will be allocated to oversee delivery of the strategy and associated objectives working within our governance structures.

Aims and Strategic Priorities

Our aim is to promote a people-in-place approach and make our research as '*inclusive and responsive as is possible and feasible, with agility to respond to changing needs*'. Our specific objectives can be found in the tables below.

NIHR Manchester BRC and NIHR Manchester CRF Inclusive Research Strategy 2022 – 2027

The following priorities were identified by participants:

Short term
- Embed the Inclusive Research Methods Team into the BRC and CRF structures.
- Create tables, figures and maps of key health conditions within the BRC and CRF that describes the needs of the local population.
- Create a baseline of BRC and CRF projects to monitor Inclusive Research.
- Understand the potential for using research methods to improve inclusivity, create new research methods to help inclusivity and be able to communicate its impact.
- Increasing training and capacity for Inclusive Research and inequalities.
- Enhance communication and publicity championing Inclusive Research and demonstrate its value;
- Provide Inclusive Research resources to support all people working within the BRC and CRF.

Longer term
- Engage with participatory research methods for communities.
- Iterate the indicators of measuring Inclusive Research.
- Improve recruitment and engagement throughout the research cycle.
- Implement and evaluate Inclusive Research training programme for the BRC / CRF workforce.

Note: **Appendix A** shows the alignment between this strategy and other BRC and CRF Strategies

Principle 1a	Objectives and outcomes		
Mapping inequalities and protected characteristics	*Mapping and monitoring protected characteristics to demonstrate an increase in diversity of participants recruited to BRC and CRF research studies.*		
	Short term	**Medium Term**	**Long term**
	Objective: Document and map the diversity data routinely captured across BRC and CRF partner Trusts: • Outcome: Identify gaps in current data collection (by 1/12/24)	**Objective: Supplement routinely collected data with data obtained from clinical audit and data modelling, where needed, to create a baseline comparator data set:** • Outcome: Creation of baseline comparator data set per theme area (by 1/12/25)	
		Objective: Provide recommended diversity dataset questions in a range of formats including Word and Qualtrics for BRC themes and CRF sites to implement locally: • Outcome: At least three BRC projects across three themes delivered in an MCRF site(s) collecting recommended diversity data (by 1/12/25)	• Outcome: Year-on-year increase in the number of projects collecting NIHR-recommended diversity data demonstrated during the active recruitment phase of BRC (ongoing).
		Objective: Compare baseline dataset of protected characteristic data at Host Trust and HEI (within 24 months) and Partner Trusts (within 36 months) with the clinical and/or Host/Partner Trust's populations as appropriate: • Outcome: Benchmark EM research across our region against measures of deprivation and protected characteristics (by 1/12/25) • Outcome: Roadmap developed and disseminated which informs researchers on areas to consider to accelerate effective recruitment and	**Objective: Repeat core dataset analysis annually to monitor diversity in research participation:** • Outcome: Demonstrate improved diversity in research participation across life-course of BRC/CRF (31/3/28) • Outcome: Roadmap to be reviewed and updated regularly to incorporate developments e.g. in recruitment strategies (ongoing)

	inclusivity based on findings via rapid cycle analysis (by 31/3/26)	
Objective: Identify and share learning on key barriers and enablers for inclusive research participation: • Outcome: Use rapid cycle analysis to identify key barriers and enablers (by 1/12/24)		
	Objective: Rapid Cycle Reviews have informed development of new projects: • Outcome: One project in one cluster using learning from rapid cycle analysis to improve diversity of research participants (by 1/6/25) • Outcome: At least one new external grant application per Cluster informed by rapid cycle review (by 1/12/27)	• Outcome: One project per cluster implementing learning to improve diversity of research participants
		Objective: Repeat the rapid cycle analysis annually to identify initiatives which are not producing the required results so these can be discontinued and to identify initiatives which are working well so these can be replicated: • Outcome: Develop guidelines to share and implement across the BRC and CRF (by 1/12/27)
		Objective: Inclusive Research is considered in research proposals: Outcome: New grant applications will embed inclusion as a key consideration in study design (by 1/12/27)

Principle 1b	Objectives and outcomes		
Mapping inequalities and protected characteristics	*Map inequalities across the BRC and CRF partnership and use Inclusive Research methods to inform research priorities and delivery plans*		
	Short term	**Medium Term**	**Long term**
	Objective: Identify disease prevalence and health inequalities in populations covered by the BRC and CRF compared to clinical and/or Partner Trust's populations; These heat maps will demonstrate areas of highest need and inform theme priorities aligned to one or more CRF sites: • Outcome: Heat maps produced showing inequalities and rates of disease for BRC and CRF teams; uploaded to resource repository (by 1/12/23)		**Objective: Disseminate this data to all BRC and CRF teams and partners and make available via resource repository:** • Outcome: Heat maps disseminated across BRC themes and CRF sites (by 21/3/27)
			Objective: Annual heat map of inequalities produced aligned with BRC theme priority areas and CRF sites (ongoing)
		Objective: Use inequality data to inform research: • Outcome: By Year 3 at least 3 projects across the clusters and aligned with the CRF have used information from heat maps of inequalities and rates of disease to inform study design/recruitment strategies with evidence of at least one project recruiting from a new community with high deprivation in at least 2 clusters (by 1/12/25)	• Outcome: At least 2 projects in at least 6 themes will have used information to inform study design / recruitment strategies and recruiting from areas of high deprivation (by 31/3/27) • Outcome: Data used to inform a change in delivery method/environment for at least 2 CRF projects (31/3/27)

	In depth heat map analysis after SAB mid-term review to inform priority setting for next BRC and CRF applications: • Plans for next BRC and CRF applications informed by health inequity mapping (by 1/12/26)	
What will be different in year 5	• We will have a more diverse workforce and student cohorts. • We will have increased the diversity of our participants where and when appropriate.	

Principle 2	Objectives and outcomes	
Training and capacity building	*Training, capacity building and awareness raising to enable research teams to feel confident to apply the lens of inclusivity to their research portfolios and increase inclusivity through study design, recruitment, retention and analysis.*	

	Short term	Medium Term	Long term
	Objective: Create and disseminate a hub of Inclusive Research Methods resources accessible to all across the BRC and CRF. Resources to include: - Inclusive Research key information and FAQs - Roadmap and decision tree - An inclusive research checklist - Hot and cold spot analysis - Inequalities toolkit - Case studies - NIHR-specific training on Inclusive Research • Outcome: Resource available and accessible to MBRC/CRF staff, students across all partners (by 1/12/24)		**Objective: Develop open access Inclusive Research training courses to include:** - Introduction to Inclusive Research - Inequalities Toolkit - NIHR-specific training on Inclusive Research • Outcome: At least one training seminar per annum delivered; at least 75% of BRC-funded staff and students and 90% CRF staff completed induction programme including inclusive research specific-training (ongoing)
	Objective: Provide inclusive research methodology expertise across BRC and CRF teams by embedding methodologists and training Inclusive Research /participation		

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<td>champions embedded throughout the BRC/CRF infrastructure:
• Outcome: IRM key point of contact identified per Cluster (by 1/12/24)
• Outcome: Inclusive Research participation champions identified (by 1/12/24)</td>
<td>• Outcome: IR methodologists consulted for at least one new grant application per theme (by 1/12/25)</td>
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<td>Objective: Provide 'drop in' advice clinics to provide support to researchers across BRC and CRF:
• Outcome: At least four drop-in clinics offered per annum with evidence of impact on study design (by 1/12/25)</td>
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<td>Objective: Raise awareness in BRC and CRF communities to promote inclusive research practice:
• Outcome: Webpages on BRC / CRF platform created with contacts and summary of IRM (by 1/12/24)</td>
<td>• Outcome: Spotlight on' series/newsletters disseminated across BRC and CRF partnership with a focus on Inclusive Research practice and case studies at least once per annum (by 1/12/25)</td>
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<td>Objective: BRCs and CRFs to lead training around Inclusive Research across national BRC and CRF network and other stakeholders, eg TRCs:
• Outcome: Develop and host national Inclusive Research conference evidencing Manchester BRC and CRF as leading in IR methods and practice (by 1/12/26)
• Share training opportunities with key stakeholders (ongoing)</td>
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<td>What will be different in year 5</td>
<td colspan="3">• We will have a training package to suit the needs of our workforce, students, other stakeholders and public contributors.
• We will have our first Inclusive Research doctorates graduate.</td>
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Principle 3	Objectives and outcomes		
Working with communities, in wider partnerships and co-production	*Engage with communities and wider partners to co-produce research*		
	Short term	**Medium Term**	**Long term**
	Disseminate NIHR recommended diversity dataset i.e. in screening, recruitment, participation, completion and withdrawal from research across all research themes and make available via resource repository: • Resource repository created and used by research teams/staff (1/12/24) • Two projects in one theme area collecting recommended diversity data (1/12/24)		
	Objective: Support engagement with external partners (e.g. industrial stakeholders, policy makers, funders etc.) around the importance of Inclusive Research: • Outcome: Engage industry advisory board to showcase importance of inclusivity (by 1/12/24)	• Outcome: Provide advice to at least 2 industry partners / stakeholders / funders on study design to promote inclusivity (by 1/12/25) • Outcome: Develop industry-targeted communications to showcase benefits of inclusive research designs (by 1/12/25)	• Outcome: One new project with industry partner targeting population at increased need based on IRM findings (by 1/12/26).
What will be different in year 5	• More co-production (throughout the research cycle) will have been undertaken with our public contributors • We will build capacity in participatory research methods. • We will have increased awareness across the BRC, CRF and our partners of the importance of Inclusive Research. • More support to engage with external partners		

Principle 4	Objectives and outcomes		
Routes to delivery	*Bring evidence led Inclusive Research into the spotlight across the BRC / CRF structure to leave a footprint of positive and impactful change for research participation, communities and workforce*		
	Short term	**Medium Term**	**Long term**
		Objective: External dissemination of good practice using Inclusive Research Methods: Outcome: ≥2 peer-reviewed, co-produced journal publications on inclusive research methods and > 2 conference presentations (by 1/12/25)	
		Objective: Impact of our inclusive research on mitigation of research waste and reduced inequities demonstrated: • Outcome: ≥2 peer-reviewed, co-produced journal publications demonstrating improved inclusion (by 1/12/25)	• Outcome: At least five projects being considered for regional/national adoption and/or for external funding (by 1/12/27)
	Objective: Leverage external grant income to drive inclusive research: • Outcome: IROB included in aligned NIHR infrastructure e .g. HRC (by 1/12/24)		
		Develop and disseminate examples of inclusive research impact cases: • Outcome: At least one NIHR impact case submitted via NIHR annual reporting will have an IR focus per year (by 1/12/25)	
What will be different in year 5	• We will have increased the visibility of Inclusive Research within the BRC and CRF on all media to a range of audiences including the academic, lay, policy-makers and clinical teams.		

Principle 5	Objectives and outcomes		
Using and creating inclusive research methods.	*Engage with researchers and public contributors to co-produce research methodologies*		
	Short term	**Medium Term**	**Long term**
	Objective: Incorporate consideration of health equity into economic analysis of healthcare interventions : • Outcome: Literature review to determine whether equity-informative methods of economic evaluation have been applied in areas relevant to themes in the MBRC (by 1/12/24)	• Outcome: Equity-informative cost-effectiveness analysis that measures the impact of equity in a population for a cost-effectiveness analysis of an exemplar healthcare intervention relevant to a theme in MBRC undertaken (by 1/12/25) • Outcome: Identify factors that influence recruitment to an exemplar registry to inform how to influence diverse recruitment strategies (by 1/12/26) • Outcome: Use health economic analysis to identify positioning of intervention for maximal impact in at least one theme (by 1/12/26)	• Outcome: Apply the use of equity-informative cost-effectiveness analysis in an emerging new healthcare intervention relevant to the MBRC /CRF (by 1/12/27)
	Objective: Co-produce new methodologies for Inclusive Research (ongoing)		
What will be different in year 5	• We will have increased the input of Inclusive Research methodologists into each of the BRC Themes and Clusters, and the CRF, as well as devising and utilising new methodologies.		

Next Steps

To deliver our Inclusive Research Strategy, we will embed our researchers within the BRC Clusters and ensure representation of each Cluster and the CRF within IROB. We will commence the rapid cycle evaluation throughout the BRC and CRF. We will complete the latest hot and cold spot analyses, baseline data for the current portfolio of studies within the BRC and CRF, recommend the questions to be used for monitoring the protected characteristics for participants, work with the ethics committees and partners to ensure monitoring of protected characteristics can occur and start our programme of training and capacity building. We will do this in partnership within the IROB, BRC and CRF.

Our Impact

 ### Mapping Inequalities and Protected Characteristics

Using identified patterns of inequality and diversity we will help Clusters and Themes to help identify priorities for and improve inclusion in research the BRC/CRF undertakes and disseminates. Alongside the EDI and PPIEP teams we will collect data, identify gaps and barriers, develop action plans, and review progress to improve equity and inclusion for all our workforce, student population and research participants.

 ### Training and Capacity Building

We will develop Inclusive Research training, support and resources to facilitate proactive implementation of Inclusive Research principles at the earliest stages of research. We will offer fair and equitable training and support, proactively considering specific workforce needs aligned with the BRC capacity-building strategy and CRF award objectives. The provision of guidance / training from the Inclusive Research Methods team will help promote Inclusive Research across all our research.

 ### Working with Communities and Wider Partners

We expect to have progressed our ambition to raise the profile of Inclusive Research across the BRC / CRF and its external partners and communities within which we work, to embed proactive inclusion across workplace culture and in prioritisation, design and delivery of our research. This will help to increase recruitment to and diversity in participation within the research undertaken and help to feedback results of research in the most effective ways.

 ### Routes to Delivery

We will utilise available resources to create a culture that values and fosters inclusive thinking and collaboration, where all team members are able to apply the lens of inclusivity to their research portfolios. We will monitor BRC / CRF culture and individual projects for inclusivity, widely disseminate our learning and build on existing experience and knowledge to establish a positive legacy of impactful change for Inclusive Research.

We will continue to identify potential research methods to employ for the purpose of understanding the impact of low inclusivity, inequalities, inequity in healthcare and social care interventions.

Successful implementation of this strategy, alongside the EDI and PPIEP Strategies for the BRC and CRF and training and Capacity building Strategy for the BRC, will drive significant progress towards creating an Inclusive Research culture across our BRC, CRF and partner's infrastructures that values proactive inclusion, fosters diversity and promotes equity across its workforce and within research. The BRC and CRF infrastructures are committed to the delivery, iteration and evolution of this strategy to ensure Inclusive Research is embedded into everything we do and to create a more Inclusive Research environment for the benefit of our populations ensuring we leave no-one behind.

Glossary

Co-production - refers to a collaborative approach in which service providers and service users, or members of the public, work together to design, develop, deliver, and evaluate public services or projects. It involves a partnership between professionals and the people who utilise or are affected by those services, with both parties actively contributing their knowledge, expertise, and experiences.

Experimental Medicine - also known as early phase clinical research, is undertaken in people to better understand the cause of disease and/or test new treatments.

Health inequality is the generic term used to designate differences, variations, and disparities in the health achievements of individuals and groups.

Explanations for the existence of health inequalities:
- **The material interpretation of health inequalities** emphasises the graded relation between socioeconomic position and access to tangible material conditions, from basics such as food, shelter, and access to services and amenities, as well as car and home ownership, access to telephones and the internet etc.
- **The psychosocial interpretation** ascribes the existence of health inequalities to the direct or indirect effects of stress stemming from either being lower on the socioeconomic hierarchy or living under conditions of relative socioeconomic disadvantage.

Approaches for measuring health inequalities:
- **Measuring social group differences in health** is characterised by defining certain social groups a priori (for example, social class, race) and then examining the health differentials between them.
- **Measuring the distribution of health status across individuals in a population** is analogous to measures of income distribution in a population.

Inclusive Research: Research that takes deliberate action to meet the health research needs of different people, to address barriers to inclusion and to promote environments where everyone feels included, respected, and valued.

Inclusive Research Oversight Board (IROB) - includes patients, citizens, public health, methodologists, and Greater Manchester Integrated Care System. Working with the IROB and informed by NIHR, we will develop ways to capture and understand the demographic diversity of people recruited to BRC and CRF research. This data will inform patient recruitment strategies and priorities.

Participation where people take part in a research study. This can include recruitment to a trial and participatory research, whereby participation is reflected by being actively part of research design and development.

Patient and Public Involvement and Engagement (PPIE) is research being carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them'.

Protected Characteristics - in the United Kingdom, the concept of "protected characteristics" refers to a set of personal attributes and characteristics that are protected under the Equality Act 2010. The Act provides legal protection against discrimination and promotes equal opportunities in various areas of society, including employment, education, housing, and the provision of goods and services. The protected characteristics recognised under the Equality Act 2010 are as follows:

1. Age: Protection against discrimination based on a person's age, whether they are younger or older.
2. Disability: Protection against discrimination based on physical or mental disabilities.
3. Gender reassignment: Protection for individuals who have undergone or are undergoing gender reassignment.
4. Marriage and civil partnership: Protection for individuals who are married or in a civil partnership.
5. Pregnancy and maternity: Protection against discrimination based on pregnancy or maternity leave.
6. Race: Protection against discrimination based on race, ethnicity, nationality, or national origin.
7. Religion or belief: Protection against discrimination based on religious or philosophical beliefs.
8. Sex: Protection against discrimination based on biological sex.

9. Sexual orientation: Protection against discrimination based on sexual orientation.

These protected characteristics are designed to ensure equal treatment and prevent discrimination in various aspects of life. It is important to note that these protections apply to both direct and indirect discrimination, harassment, and victimisation based on any of the listed characteristics.

Public Engagement (PE) describes the myriad of ways in which the activity and benefits of higher education and research can be shared with the public. Engagement is by definition a two-way process, involving interacting and listening, with the goal of generating mutual benefit'.

Rapid Cycle Evaluation (RCE) use interim data in an iterative manner allowing for progress to be tracked. Improvement interventions are identified and applied in real time and ineffective interventions are removed.

Team Research - the GM Team Research community defines Team Research as "a *collaborative effort to address a common goal using the strengths and expertise of a diverse team where contributions of all team members are encouraged, acknowledged, recognised and valued."* Key features of a team research approach can include multi-disciplinary working, removing hierarchy, and recognising contributions beyond traditional academic roles: Research is enhanced by contributions from researchers, students, skilled specialists, such as project managers and software engineers, the public, academics, and many other stakeholders depending on the research area.

Vocal - by bringing together patients, carers, artists, researchers, scientists and others health professionals to share their views, expertise and lived experiences, Vocal has pioneered a joined-up approach to PPIEP across GM NIHR infrastructure ensuring a collaborative community of practice, economies of scale, and tailored approaches. Vocal's vision is to bring people and health research together for mutual benefit.

Appendix A: Alignment with BRC and CRF Strategies

This Inclusive Research Strategy is a critical aspect of our approach. It is part of several powerful and aligned strategies to drive change, including Patient and Public Involvement, Engagement and Participation, Equality Diversity and Inclusion, and Training and Capacity Building (NIHR BRC 2022). While each strategy has a specific focus, together, they form the foundations for a roadmap towards creating a more equal, diverse, and Inclusive Research environment.

This strategy focuses on the inclusivity of staff, students, patients, and the public and therefore is closely aligned with the joint BRC and CRF PPIEP and EDI Strategies which focus on our work with patients, research participants, communities, students, and staff. Vocal, the EDI and the IRM Teams will drive the delivery of these strategies working closely with our BRC and CRF teams. The IROB will provide oversight into all our activities.

Our BRC and CRF also have an ambitious programme of training and education and so our capacity building strategy aligns and integrates with our Inclusive Research, EDI, and PPIEP strategies to mutually support our aims and objectives.

Each of these strategies has a vision that centres on Inclusive Research, reflecting a collective overarching ambition and mission to embed the principles of Inclusive Research into the Experimental Medicine programmes and strategies of BRC and CRF. This close alignment with the Inclusive Research strategy is demonstrated through the following visions of each of these strategies:

Inclusive Research Vision: *To create, disseminate and stimulate evidence based Inclusive Research principles and research methods in all activities across the BRC and CRF. We will highlight areas of greatest need and inequality to create opportunities for Inclusive Research to have the highest impact, leaving no-one behind making the invisible, visible.*

EDI Vision: *To inspire evidence-led EDI practice, supporting a diverse and inclusive workforce across the BRC / CRF and partner organisations to drive improvements in health and care for all.*

PPIEP Vision: *To deliver in close collaboration with Vocal, bringing people and health research together for mutual benefit and has pioneered a joined-up approach to PPIEP across GM NIHR infrastructure, ensuring a collaborative community of practice, economies of scale, and tailored approaches. Ultimately, we want to improve the health and lives of people through relevant and Inclusive Research that includes the voices of everyone, equitably. Through meaningful engagement, we will understand the complex and diverse experience and perspectives of our communities, promoting a more health research confident population.*

Training and Capacity Vision: *To bring together and upskill the BRC community of biomedical researchers, healthcare and hybrid professionals who will contribute to and conduct Experimental Medicine research. To accelerate and grow a modern workforce, we must reduce fragmentation in the career pathway that negatively impacts less represented groups and contributes to a lack of demographic and experiential diversity.*

Our strategy also closely aligns to the NIHR EDI Strategy (2022) and the NIHR Inclusive Research targets (2021). These targets were developed from a major study building on literature reviews, surveys and workshops; as part of the Innovations in Clinical Trial Design and Delivery for the Under-served (INCLUDE) project. The project produced a roadmap and made recommendations for improving access to clinical research.

The table below demonstrates the alignment of these strategies and targets. Framed around the five themes that the NIHR BRC / CRF EDI Strategy (2022) centres on, the strategies all embed and reflect ambitions and goals of the Inclusive Research strategy.

	NIHR EDI Strategy (NIHR 2022)	NIHR Inclusive Research Targets (NIHR 2021)	Training and Capacity (NIHR BRC 2022)	PPIEP (NIHR BRC / CRF 2022)	EDI (NIHR BRC / CRF 2022)
Funding 1	Become a more inclusive funder.	Educating funders to understand and address the barriers to research.	Signposting local and national funding opportunities.		Represent and inspire our communities to encourage engagement, enabling us to provide a more inclusive service.
Access and participation 2	Widening access and participation for greater diversity and inclusion.	Building long-term relationships between researchers and under-served groups placing patients at the centre of the research process.	Developing an inclusive research environment - promote the diverse roles and career pathways involved in our research.	Involve patients and the public in the Co-production of systems to facilitate engagement and widen opportunities to access our studies focussing on underserved populations.	Our EDI ambitions to represent and inspire our communities will encourage engagement resulting in greater access and participation to enhance the delivery of research.
Pipeline and Training Activities 3	Improve and invest in the NIHR talent pipeline.	Providing resources and training to build capacity and increase engagement.	Promote the diverse roles and career pathways involved in our research.	Increasing capacity and confidence amongst researchers, research staff and public partners – through training, learning initiatives and peer support.	Our ambitions around inclusive cultures and processes are key to improving the talent pipeline to enhance diverse recruitment, retention and career progression within the BRC and CRF.
Diversity and inclusion Methodologies 4	Embed evidence-led diversity and inclusion approaches.	Establishing a baseline to help better understand and address the situation.	Embed our Inclusive Research practice resources into our training programmes.	Marry data-driven approaches and lived experience to understand how BRC and CRF research can better address inequalities and inclusive methods for prioritisation of research activities.	Our central pillars of co-production, value and behavioural equality will support an evidence-led approach.
Collaboration 5	Collaborate with partners for impact and sustainability.	Creating a nationwide publicity drive about clinical trials and why they matter.	Working with extensive GM infrastructures and collaborating with regional and national organisations to deliver training.	Raising awareness of health research through our large-scale engagement campaigns. Influencing strategy and governance of large-scale programmes of research.	Delivery of the strategy is built around co-production and collaboration across our partner organisations, building on existing good practice and promoting delivery of new initiatives. Promoting such culture change will underpin sustainable practice and further advances.