

Understanding the prospective public health impact and social feasibility of Universal Basic Income schemes in the UK: Developing microsimulation of impact on self-rated health and QALYs and public engagement with 'left behind' communities to understand 'willingness to pay'

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Conjoint survey experiments

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Description

This protocol is for part of the public acceptability component of NIHR grant NIHR154451 'Understanding the health impact and social feasibility of Universal Basic Income'. It deals with conjoint experiments and related surveys used to establish the public acceptability model.

Background

Little is currently known about how members of the public evaluate public health benefits of welfare interventions relative to, say, perceived distributive fairness, tax burden, or maintenance of incentives. Yet, these features are important for designing public health policies acceptable to the electorate. We will conduct conjoint experiments where participants choose between schemes with different attributes, including different levels of targeting, overall cost and magnitudes of health benefit. Within schemes of the same cost, we will similarly examine preferences for alternative methods of funding.

The study will involve UK-wide nationally representative panel members of Prolific.co. The schemes tested will be those already modelled for health impact as part of the team's previous phase of research, which will be published in an article which is in press (Reed et al. 2022). Costs will be framed in terms of overall budgetary cost to the Exchequer as well as prospective funding mechanisms through tax reform. The attributes of the schemes will be co-designed with participants of citizen engagement work with young people in Bradford as well as three waves of surveys conducted within England. The results will allow us to create a 'public acceptability model' through which different upstream intervention policy proposals, or framings of proposals, can be examined.

Resembling Graham Stark's economic simulation tools (<https://bit.ly/3S4IPg8>), we will create an online tool hosted at Northumbria to predict public acceptability of policy within different groups with customisable demographic options.

Method

Participants and recruitment

Participants will be UK healthy adult volunteers (18+, no other exclusions) recruited via prolific.co or similar sources; these are online crowdsourcing sites where interested members of the public can

take part in research studies. Participants will be recompensed at a rate equivalent to at least the national living wage via Prolific's inbuilt system.

All studies will receive ethical approval from Newcastle University or Northumbria University's research ethics committee prior to commencement of data collection. Participants will be anonymous to the research team.

Conjoint experiments

In a conjoint experiment, participants repeatedly choose which they believe to be better, in this case of two hypothetical welfare systems. The systems are presented in terms of 5-12 attributes (e.g. the cost, who is covered, the eligibility criteria, the post-transfer level of health inequality). Each attribute has two or three possible levels. Participants make a binary choice but may also rate each system on a continuous scale.

The choices are made up randomly from all possible combinations of the levels of the attributes.

Participants typically make around 24 choices. In addition, they provide basic demographic and socioeconomic information (age, gender, homeownership, income, education, previous voting, etc.).

We will conduct a series of conjoint experiments. The exact attributes and levels for the first one will be determined after qualitative engagement work, and taking into account initial theoretical ideas. For subsequent studies, the attributes and levels will be changed depending on initial findings.

Data analysis

The main analyses will use linear probability models or logit models to predict the choice of a scheme. The partial coefficients for each attribute can be interpreted as reflecting the value that participants assign to that attribute. These can be compared to provide an overall model of the relative values the public assigns to different features of a system, including estimates of willingness to pay.

Of interest is often the different values assigned to attributes by different demographic or socioeconomic groups. To estimate this, participant characteristics are interacted with the attributes of the choices, to provide predicted values for different participant groups.

Surveys

We may as part of this package carry out more standard (i.e. non-conjoint) surveys to establish how particular groups respond to particular welfare proposals, or narrative framings thereof.

Open science

Each study will be pre-registered using the Open Science Framework (www.osf.io). All (anonymous) data and code will be made publicly available using the same platform.

Funding details

This work is supported by the NIHR under Grant NIHR154451.

Ethics

This study has been approved by the Faculty of Medical Sciences ethics committee, Newcastle University (28027/2022).

Citizen Engagement

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Description

This protocol is for part of the public acceptability component of NIHR grant NIHR154451 'Understanding the health impact and social feasibility of Universal Basic Income'. It deals with citizen engagement elements and related surveys used to develop conjoint experiments and establish the public acceptability model.

Background

While there is a body of evidence on general perception of Universal Basic Income as a policy, there is a need for understanding of public and community-level concerns about implementation of such a major innovation. People may have recurrent concerns about the implications or implementation of the policy. Through a series of qualitative workshops in Jarrow – an archetypal target for Levelling Up in England and Wales (see Wilkinson 2019) – we will explore and categorise these concerns, which are critical to successful framings of policy proposals. Building on our model of Citizen Engagement (see Johnson E et al. 2022) and schemes for pilots (Howard 2022), Johnson, Pickett and Johnson will work with our organisational PPI partner, Compass, and Big Local Central Jarrow (<https://bit.ly/3RNCwxb>), a community organisation served by Northumbria University's civic agreements and a site of current participatory research on community implementation of UBI schemes.

We will deploy our existing model of workshops to explore and categorise community-level concerns that are critical to successful framings of health policy proposals. This places members of Big Local at the heart of co-designing and co-deploying community workshops capable of codifying issues of importance. The four members will spend 4 hours training, designing and organising the workshops and 4 hours analysing the findings. We will partner with Compass, who already work with the community, to organise the workshops and will hold 2 x 2 hour workshops with four groups with five community members in each.

Howard, Johnson E and Compass will work directly with the Jarrow Local Task Force, which includes representatives of the Big Local, councillors, local organisations and community members. The group collectively will co-design workshops to examine issues to be examined and organisation of the workshops. This design will be submitted for ethics approval at Northumbria University.

Methods

Data collection

These workshops will consist of four groups of five participants organised into the four main adult generations (baby boomers, Generation X, Y and Z). Places will be purposefully allocated to people from as wide a range of backgrounds as is possible and we will ensure that places in each group are reserved for disabled people to ensure that the specific challenges of supporting additional needs health are examined.

We will facilitate workshops with one member each of the academic and Citizen Engagement team. The non-academic facilitator will be provided with facilitation training in line with our existing Citizen Engagement method. There will be 2 x 2-hour workshops. The first workshop will examine the implications of running a pilot in the local community, while the second will examine the implications of implementing of a national scheme in the same place. The workshops will be recorded, transcribed and anonymised.

All participation by community members, either by participation in the Citizen Engagement Team and/or workshops, will be remunerated commensurate to the hourly rate of pay for research assistance at Northumbria University. All participants will go through full informed consent procedures. Members of the Citizen Engagement Team will be recognised as authors of publications. The training provided will enhance skill-sets and participation overall will increase community involvement in significant discussion of a sensitive public health policy. This will be of long-term benefit to participants and the organisations involved.

Data analysis

The transcripts will be analysed thematically by the academic researchers and the Citizen Engagement Team. The Team will be consulted on drafts of the write up in both the academic article and the end of project report.

Workshop 1: What Should A UBI Pilot Look Like in Our Area?

This workshop will use [Convergent Facilitation](#), which is an approach to facilitation of collective decision-making that supports communities and organisations to identify the core, underlying principles of even conflictual decisions that all can embrace. Through translating concerns or desires into non-controversial shared principles, the facilitator supports the development of a kind of 'constitution' that then serves as the basis for shared decision-making This:

- Ensures that the broadest possible range of perspectives is present in the room, which requires preliminary meetings and the pre-identification of concerned participants.
- Explains both the context and the process.
- Distils a shared list of core, shared principles completing the phrase, 'If we were to have a UBI pilot here, it would need to...'

Workshop Summary

Workshop 1: Local schemes

Ethical concerns

- How should schemes manage the lifestyle impacts of sudden increases and decreases in income as schemes start and end?
- Should younger people be prioritised for receipt?
- Are people's preferences guided by their view of fairness or concern for outcomes?

Community cohesion

- Should anyone be eligible for inclusion in randomised allocation of receipt?
- How should concerns about community discord and disputes regarding the choice of recipients be addressed?
- How can recipients be protected against physical or verbal attack by those who resent their receiving the payment?

Practical concerns

- What is the minimum and maximum size of the sample?

- How should a scheme address DWP and HMRC rules on receipt of income?

Structure

| Activity | Time |
|---|---------|
| Welcome and Introductions | 5 mins |
| Background – What is UBI and what is a pilot? | 5 mins |
| Harvesting Concerns/Desires into Principles | 20 mins |
| Finalising Shared Principle List | 10 mins |
| Ethical concerns | 20 |
| Community cohesion | 20 |
| Practical concerns | 20 |
| Plenary Proposal Discussion | 10 mins |
| Next Steps and Close | 10 mins |

Workshop notes will be shared subsequently with all participants. A distillation of the principles and proposals will also be shared with key local stakeholders for further feedback.

Workshop 2: How should the local implications of national schemes be addressed?

This workshop will use more traditional forms of participatory research to surface community perspectives on the potential 'pros' and 'cons' of a nationally introduced basic income. Participants will be divided into mixed breakout groups for an initial discussion and then will relay their conclusions to the plenary. This will be done once for pros and once for cons.

Ethical concerns

- Should older people receive less money than younger people?
- Are people's preferences guided by their view of fairness or concern for outcomes?
- Are there any situations in which people should have their payments withdrawn? Criminal activity, etc.?

Community cohesion

- How would a national scheme affect different community members?
- Would people feel it more or less fair for everyone to receive payments than for people to be paid according to the present system (Universal Credit)?

Practical concerns

- How should additional needs for disability be supported? Additional payments as in PIP or through services?
- How should disability needs be assessed?
- How should UBI be funded? Tax on passively earned income (dividends on investments, etc.)? wealth tax on the wealthiest individuals? land tax? income tax?
- How should schemes manage anti-social behaviour?

Structure

| Activity | Time |
|--|--------|
| Welcome and Introductions | 5 mins |
| Background – What is UBI and what is this? | 5 mins |
| Ethical concerns | 20 |
| Community cohesion | 20 |
| Practical concerns | 20 |
| Codification of ideas | 40 |

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|---------|---------|
| Summary | 10 mins |
|---------|---------|

Ethics

This study has been approved by the Faculty of Medical Sciences ethics committee, Newcastle University (28027/2022).