Public values, Universal Basic Income and health Protocol v 2

This protocol has regard for the HRA guidance and order of content

FULL/LONG TITLE OF THE STUDY

Public values, Universal Basic Income and health: developing a mixed-methods study to elicit and deliberate public values for Universal Basic Income and comparator policies in relation to their impact on population health and health inequalities

SHORT STUDY TITLE / ACRONYM

Public values, Universal Basic Income and health: developing a mixed-methods study to elicit public values

PROTOCOL VERSION NUMBER AND DATE

Version 2 28/02/23

RESEARCH REFERENCE NUMBERS

IRAS Number:	n/a
SPONSORS Number:	RIO 22-003
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SIGNATURE PAGE

The undersigned confirm that the following protocol has been agreed and accepted and that the Chief Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any other purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor

I also confirm that I will make the findings of the study publically available through publication or other dissemination tools without any unnecessary delay and that an honest accurate and transparent account of the study will be given; and that any discrepancies from the study as planned in this protocol will be explained.

For and on behalf of the Study Sponsor:

Signature: Date:

..../...../.....

Name (please print):

.....

Position:

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Chief Investigator:

Signature: Date:

..../...../.....

Name: (please print):

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KEY STUDY CONTACTS

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Committees	Study Steering Committee (SSC) tbc (contact via project administrator as above)

STUDY SUMMARY

Study Title	Public values, Universal Basic Income and health: developing a mixed-methods study to elicit and deliberate public values for Universal Basic Income and comparator policies in relation to their impact on population health and health inequalities
Internal ref. no. (or short title)	Public values, Universal Basic Income and health: developing a mixed-methods study to elicit public values
Study Design	Mixed-methods, stated preference techniques and qualitative methods
Study Participants	Approximately: • 10 stakeholder scoping interviews • 15 General Public Panel participants • 16 focus group participants • 50 participants for stated preference questions and corresponding qualitative interviews (i.e. think-aloud and semi-structured interviews)
Planned Size of Sample (if applicable)	As above
Follow up duration (if applicable)	n/a
Planned Study Period	12 months
Research Question/Aim(s)	Research Questions (RQs): RQ1a. Which Universal Basic Income (UBI) models and comparator policies are proposed for valuation and deliberation and how are they best-described in terms of policy-relevant attributes? RQ1b. What theories, questions and considerations should guide the design of stated preference questions to elicit public values for different UBI models and comparator policies in relation to their impact on population health and health inequalities? RQ2. How and which stated preference methods are best used to elicit public values for different UBI models and comparator policies in relation to their impact on population health and health inequalities?

FUNDING AND SUPPORT IN KIND

FUNDER(S)	**FINANCIAL AND NON FINANCIALSUPPORT GIVEN**

(Names and contact details of ALL organisations providing funding and/or support in kind for this study)	
Dr. Victoria McGowan Research Fellow, Population Health Sciences Institute, Newcastle University, victoria.mcgowan@newcastle.ac.uk, 0191 208 8251	FTE 3% for 12 months in kind.

ROLE OF STUDY SPONSOR AND FUNDER

The study sponsor is Glasgow Caledonian University. The sponsor has no role in the design, conduct or reporting of the study.

Study funder NIHR are responsible for monitoring progress against key milestones and for approving the Study Steering Committee (SSC) composition.

The final report will be produced to the NIHR template and peer reviewed through NIHR processes before sign off. Once approved, NIHR will publish the final report as part of the NIHR Journal Library in Public Health Research.

ROLES AND RESPONSIBILITIES OF STUDY MANAGEMENT COMMITEES/GROUPS & INDIVIDUALS

Project Management Team (PMT)

The project will be coordinated by the Project Management Team (PMT). The PMT will consist of the principal investigator (PI-McHugh), GCU co-investigators (CIs-Baker, Donaldson and Lightbody), the GCU-based research associate and the project administrator (Buckley).

The role of the PMT is to plan and monitor all aspects of the conduct and progress of the study, ensure that the protocol is adhered to and take appropriate action to safeguard participants and the quality of the study itself. The PMT will report to the Study Steering Committee (SSC) and seek advice from the SSC as required.

The role of the PMT is to oversee the day-to-day management of the project including:

- Project planning and start up tasks, agreeing timelines and deliverables
- Managing budgets and administration of the project
- Reporting to NIHR and SSC
- The recruitment, training, support and career development of the research associate
- The recruitment and relationships with participants (stakeholders, members of the general public)
- Relationships with Collaborators (Neil Craig, Prof. Graeme Roy, Prof. Evelyn Forget, Dr. Jurgen De Wispelaere, Prof. Chris Taylor) and research partners (Scottish Community Development Centre, Equal England Public Network)
- The monitoring of progress against project deliverables and milestones (as per study objectives and the project Gantt chart)
- The generation, storage, access to, and analysis of data in accordance with ethical good practice and data protection regulations
- Identification of risks and other issues affecting the project and development of strategies to mitigate these in timely fashion

- Involvement of the General Pubic Panel in planning, design and interpretation of study findings
- Production of briefing papers, non-academic articles, social media presence, roundtable workshop
- Timely publication and dissemination of study findings according to publication policy

Study Steering Committee (SSC)

The role of the SSC is to provide overall supervision of the study and ensure that it is being conducted in accordance to the rigorous standards set out in the Department of Health's Research Governance Framework. The SSC will:

- Advise on amendments to the study protocol
- Provide advice to the investigators on all aspects of the study
- Include an independent chairperson, at least 2 other independent members
- Include at least one representative of the General Public Panel
- Meet twice during the project
- Receive quarterly updates from the Research team.

The SSC will advise the sponsor and study team with respect to decisions about continuation or termination of the study or substantial amendments to the protocol. The SSC will meet during the second and last quarter of the project. The SSC will have its own terms of reference outlining the role and responsibilities of its members. The SSC may invite other attendees from the study team to present or participate in discussions on particular topics. These attendees will be non-voting members.

General Public Panel (GPP)

A General Public Panel (GPP) comprised of members of a diverse group of the general public, in terms of experiences, perspectives and characteristics, will meet online four times during the life of project. As set out in the PPI sections of this form, the GPP will inform the design, conduct and interpretation of this project, make recommendations for a future larger-scale study and members of the GPP will participate in its governance. The GPP will feed into the PMT through CI-Lightbody (GCU).

PROTOCOL CONTRIBUTORS

The funder and sponsor have not been directly involved in the study design and will not be directly involved in study delivery. The funder will approve the protocol before the project starts.

The general public have indirect involvement in the development of the protocol through CI-McGowan who leads and coordinates the Equal England Public Network. Participants for the study and for the General Public Panel will be recruited through the Network and other sources (see Section 7). As outlined in Section 8.4, two members of the General Public Panel will be invited to join the Study Steering Committee (SSC). A role of the SSC is to advise on protocol amendments.

KEY WORDS: Universal Basic Income
Public values
Stated preferences
Income-based policies
Population health and health inequalities
Social determinants of health

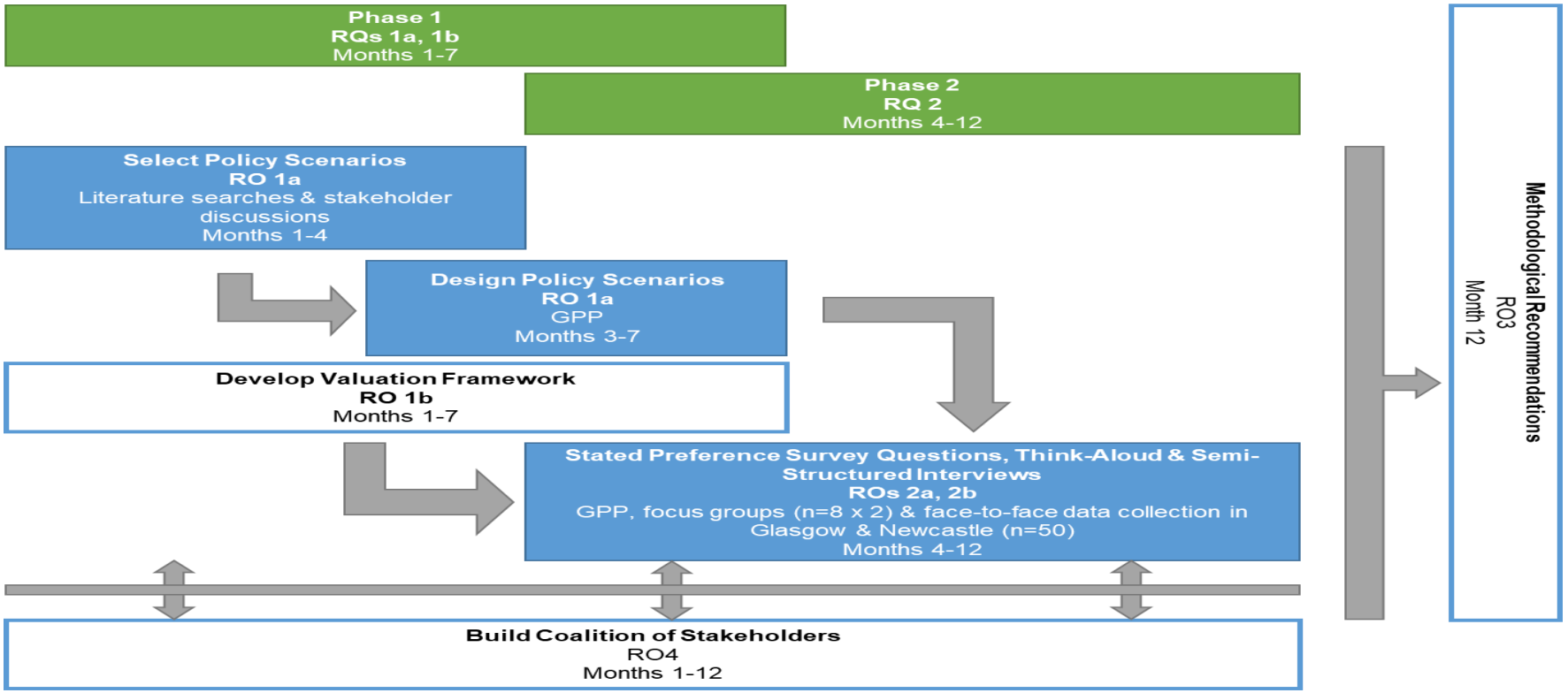
STUDY FLOW CHART

Figure 1 below is a study diagram presenting an overview of the study.

A Gantt Chart follows in Figure 2 setting out the key tasks and milestones and their timing.

Figure 1

Flow Diagram: Public values, Universal Basic Income and health – research questions and objectives, methods, timelines and sample size



RQ = Research Questions; **RO** = Research Objectives; **Green boxes** are the phases of the project; **Blue boxes** involve data collection; **Unshaded boxes** do not involve data collection; **Months** refer to months of the study; **n** refers to sample size; **GPP** = General Public Panel

Figure 2 Gantt Chart: project timetable, research tasks and milestones

Research Objectives	Key Tasks			Project & Calendar Mths											
		-2	-1	1	2	3	4	5	6	7	8	9	10	11	12
		Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
	Ethical approval														
	Researcher staff recruitment														
	GPP														
	Study Steering Committee														
	Roundtable workshop														*
	Phase 1														
1a	Literature searches														
1a	Stakeholder scoping interviews (n=10)														
1a	Design policy scenarios									*					
1b	Develop valuation framework									*					
	Phase 2														
2a	Design SP questions														
2a	Focus groups (n=8 x 2): pilot SP questions														
2a; 2b	Test SP questions with qualitative interviews (n=50)													*	
	Data analysis														*
	Overarching Goals														
3	Make methodological recommendations														
4	Build coalition of stakeholders														

Key: SP = stated preference; * = key milestone

STUDY PROTOCOL

Public values, Universal Basic Income and health: developing a mixed-methods study to elicit and deliberate public values for Universal Basic Income and comparator policies in relation to their impact on population health and health inequalities

1 BACKGROUND

Universal Basic Income (UBI) is proposed as a means of redistributing resources to reduce the UK's health divide (1). UBI has never been implemented in a high-income country (2) but available evidence – theoretical (3), scoping (2), piloting (4), and modelling work (5,6) – suggests that UBI would positively impact on population health and health inequalities. But UBI is not the only policy that would redistribute income and lead to health effects. Systematic reviews (e.g. 7,8) and modelling (e.g. 2,3) also suggest positive effects of other income-based policies (e.g. a Real Living Wage) on improving population health outcomes and/or narrowing health inequalities.

Although systematic review evidence suggests the UK public are averse to inequalities in health between socioeconomic groups (9), the scenarios assessed are abstracted from real policy proposals. Evidence is lacking on the trade-offs the public are willing to make with respect to differing magnitudes (and distributions) of costs and benefits across a range of income-based policies (10). Few studies elicit or deliberate public values in relation to UBI. A literature review of social attitude and public opinion surveys reveals positive support for UBI in the UK and Europe (11) and recent research suggests this has increased during the COVID-19 pandemic (12). However, these surveys typically do not specify, nor do they test support for, different UBI models. Results suggest public support decreases when policy costs (and tax increases) are explicit or inferred and the potential health impacts of UBI are not explicitly stated. Generally, surveys use Likert, or continuous rating scales, and do not compare preferences between different income-based policies, nor elicit what people would give-up for these policies. Thus, respondents may express support for a particular policy but be unwilling to sacrifice anything to see it enacted.

Only two European-based studies have explored public values using stated preference methods - Discrete Choice Experiments (13,14). However, neither study asks participants to make trade-offs to finance UBI through new or additional taxes, willingness to pay for different models of UBI is not elicited, the impact of UBI on health is not made explicit and preferences for UBI are not elicited in the context of competing policies. As Rincon (14, p20) acknowledges "a key question that has been overlooked by previous work is whether individuals (…) actually *prefer* a UBI over other policy alternatives". This is crucial: the attributes of income-based policies, such as conditionality or universality, could affect public support and the viability of policies, and the costs and impact on health they might offer.

Different ideological principles are invoked by UBI campaigners with appeal across the political spectrum, drawing on libertarian and social justice arguments (15,16). Support from the political Left and Right appears to depend on how UBI is funded or interacts with other welfare benefits (17–20). However, there is a recognised need for research exploring what specific attributes of UBI align with different ideological beliefs (17). Deliberative research exploring public reasoning for UBI is limited (21–23) and has not explored ideological support for UBI in the context of comparator policies, nor how ideological stances interact with the potential health impacts of these policies.

Research combining quantitative data from stated preference methods with qualitative data from deliberative methods is needed. This would assess a) whether the costs of UBI are justifiable in terms of the value placed on improving population health (outcomes) and on reducing health inequalities (distribution) in the context of comparator income-based policies (e.g. a Minimum Income Guarantee, increasing Universal Credit, Real Living Wage, targeted basic income), and b) whether policies are supported in ideological terms. Stated preference methods, importantly, present respondents with trade-offs, permit the elicitation of monetary values, provide insight on the direction and intensity of public support and can inform a full cost-benefit analysis (CBA) (24,25). Policies can operate in different ways, however. For example: targeting the worst-off versus universal payments, or unconditional versus conditional payments, and public support for various policy attributes is likely to rest on fundamental

ideological stances. So, in addition to measuring public values through stated preference methods, facilitated public deliberation between citizens with different views is needed to engage in reasoning and reach policy recommendations (26,27).

2 RATIONALE

In spite of world-class research on health inequalities and policy recognition of the problem, the UK's health divide is widening (28–30). Action is required *upstream* to address the underlying causes of poor health (30,31). Positive findings are emerging from modelling work, but without knowledge of public values to provide a public mandate and inform a Cost Benefit Analysis, transformative policies such as UBI, are unlikely to be implemented by policymakers (10,24,32,33).

Working at the intersection of public health, (health) economics, political science, and social policy this research will undertake the developmental work necessary to inform a large-scale study on public values for UBI and competing policy options. Stated preference and deliberative methods both require policy scenarios of the *good* being valued and deliberated. This entails describing different UBI models and comparator policies in terms of outcomes (e.g., population health, health inequality and income) and attributes (e.g., conditionality, targeting, cost). Use of stated preference methods in this area presents methodological complexities (e.g., identifying winners and losers, self- versus other-regarding preferences, use of a money-metric). Development work is needed to: identify the range of relevant policy options and cover the range of policy attributes; set out a valuation framework to guide the design of stated preference survey methods and analysis; design and pilot-test stated preference methods.

3 THEORETICAL FRAMEWORK

This project will utilise stated preference methods, such as Contingent Valuation (CV) and Discrete Choice Experiments (DCEs), commonly used in valuing non-market goods, often as part of Cost Benefit Analyses (24,25,34). CV is grounded in welfare economics and utilises willingness to pay (WTP) and willingness to accept (WTA) techniques to elicit monetary values for the gains (WTP) and losses (WTA) of a non-market good. DCE is an attribute-based approach that enables analysis of the relative overall value of discrete scenarios and estimates trade-offs between attributes of goods or services (35). By including a money or price attribute, DCEs can be used to elicit WTP or WTA. Common to these methods is the notion of sacrifice: what would you be willing to give-up to achieve a particular policy or (set of) outcome(s). The maximum trade-off represents the *value* placed on that (those) outcome(s). A key outcome (see Section 4.2) of this project is the development of a valuation framework accounting for the three key, overlapping, methodological complexities specified in Section 2 and in more detail in Section 5.2.3 to aid the design and interpretation of using such stated preference methods in this area. This will be based on O'Brien and Gafni's (36) framework for eliciting monetary values in health care.

4 RESEARCH QUESTION/AIM(S)

Research Questions (RQs):

RQ1a. Which Universal Basic Income (UBI) models and comparator policies are proposed for valuation and deliberation and how are they best-described in terms of policy-relevant attributes?
RQ1b. What theories, questions and considerations should guide the design of stated preference questions to elicit public values for different UBI models and comparator policies in relation to their impact on population health and health inequalities?
RQ2. How and which stated preference methods are best used to elicit public values for different UBI models and comparator policies in relation to their impact on population health and health inequalities?

4.1 Objectives

Research Objectives (ROs):

RO1a. To select and develop policy scenarios to present different Universal Basic Income (UBI) models and comparator policies for valuation and deliberation.
RO1b. To develop a valuation framework for different UBI models and comparator policies in relation to their impact on population health and health inequalities.
RO2a. To design and test stated preference questions to elicit public values for different UBI models and comparator policies in relation to their impact on population health and health inequalities.
RO2b. To explore the reasons underlying public values.
RO3. To make methodological recommendations for future valuation research.
RO4. To build a coalition of stakeholders to inform the development of methods for, and the policy impact of, the proposed work and future valuation and deliberative research.

4.2 Outcome

The two broad outcomes of this proof-of-concept study will inform the design of a future large-scale valuation study. First, it will inform what policies should be valued (the scope of a future study). This includes identifying a range of policy options (e.g. different Universal Basic Income (UBI) and non-universal basic income models, Minimum Income Guarantee, increasing Universal Credit, Real Living Wage) for valuation that are relevant to stakeholders and cover a range of different attributes and developing policy scenarios to test how best to present information to the public for valuation. Second, it will inform how best to elicit public values for policies (the methods that should be used). This will involve developing a valuation framework that accounts for the methodological complexities (e.g., identifying winners and losers, self- versus other-regarding preferences, use of a money-metric) of using stated preference methods in this context. Stated preference methods identified as plausible with the developed valuation framework will be designed and pilot-tested using quantitative and qualitative methods. This will provide insight into the feasibility, validity and reliability of using stated preference methods in this area.

5 STUDY DESIGN and METHODS of DATA COLLECTION AND DATA ANALYSIS

5.1 Project Overview

This is a development project to design and test methods. The study is set-up in two overlapping phases summarised below (and in Figure 1), with detailed descriptions to follow.

Phase 1 (months 1-7, RQs1a-b, ROs1a-b) focuses on selecting, and developing policy scenarios and developing a valuation framework. The three main components of Phase 1 include:

- Literature searches and stakeholder scoping interviews to identify a range of relevant policies
- Designing policy scenarios
- Developing a valuation framework to aid the design and interpretation of using stated preference methods in this context.

Phase 2 (months 4-12, RQ2, ROs2a-b) involves testing how best to elicit public values using stated preference methods. Phase 2 focuses on testing stated preference questions with a sample of the general public.

There are also two overarching goals (months 1-12, ROs3-4). First, to make methodological recommendations for future valuation research based on this proof-of-concept study. Second, to build a coalition of stakeholders to inform the empirical work and policy impact of the proposed, and a large-scale future, study. Such a coalition is necessary given the methodological complexity, live policy interest in Scotland and Wales (22,37) and the UK Government having ultimate jurisdiction for policy implementation.

5.2 Phase 1 (months 1-7)

5.2.1 Identifying policies

Different UBI models and comparator policies (e.g., a Minimum Income Guarantee, increasing Universal Credit, Real Living Wage, targeted basic income), will be selected in two ways: first, via iterative searches of grey and academic literature to identify a range of relevant policies for consideration (e.g. 7,8,22,38); and, second, through scoping interviews with different stakeholders (e.g. UBI Lab, Joseph Rowntree Foundation, Greater Manchester Combined Authority, Welsh Government, Public Health Scotland). Stakeholder scoping interviews (approx. n=10) will occur face-to-face or remotely (via telephone, MS Teams) to maximise reach. The GCU-based researcher and PI-McHugh will conduct these interviews that will last approx. 1 hour. Scoping interviews will follow a semi-structured topic guide designed to explore what income-based policies, and features of these policies, stakeholders think are most likely to impact on population health and health inequalities and to identify where evidence exists for these claims. Interviewees will take notes during the discussions and they will be recorded to aid recall. A formal, qualitative thematic analysis will not be conducted on these data. Rather the purpose is elicit policy suggestions and a rationale for these suggestions. A summary of each interview will be written-up by the interviewer.

5.2.2 Designing policy scenarios

Policy scenarios, describing impact (on population health, health inequality and income outcomes) and attributes (such as, conditionality, targeting, cost), will be developed from the data gathered from 5.2.1. A reference case UBI policy will act as the basis to make comparisons with other policy scenarios. All policy scenarios will be developed with the General Public Panel (GPP) (see Section 8.4).

5.2.3 Developing a valuation framework

As outlined in Section 3, a valuation framework accounting for three key, overlapping, methodological complexities (see below) will be developed, building on O'Brien and Gafni's (36) framework for eliciting monetary values in health care, to aid the design and interpretation of using stated preference methods, such as Contingent Valuation (CV) and Discrete Choice Experiments (DCEs), in this area.

The first complexity is that introducing UBI will create winners and losers, impacting positively or negatively on the income and health of almost everyone in society through a combination of the UBI payment, increased tax payments and/or loss of specific welfare benefits (5,6,22). Thus individuals may value (or oppose) its introduction based on personal and/or societal outcomes. A key question becomes whether those losing (financially) perceive benefits not only to gainers but also from an alternative distribution of income and health. Second, it is unclear from which perspective (e.g., self- or other-regarding) public values should be elicited. Conventional Cost Benefit Analysis utilises self-regarding preferences to avoid double-counting. But, due to the redistributive impact of UBI, individuals may express different values if acting as citizens. Lastly, using a money-metric to express value is challenging when the benefits of the policy evaluated are manifested, at least partly, in terms of money. For example, some of the poorest in society who stand to benefit the most from UBI do not pay income tax, and may state they could not afford to pay for its introduction. This would require comparison (and perhaps weighting) against data on costs and benefits from other groups. Accounting for these complexities, those stated preference methods identified as plausibly working with the developed valuation framework will be tested with the policy scenarios in Phase 2. PI-McHugh will lead on the design of the valuation framework with assistance from CIs-Baker, Donaldson and Watson and the GCU-based researcher.

5.2 Phase 2 (months 4-12)

5.2.1 Testing stated preference questions

Stated preference survey questions, featuring concurrent think-aloud interviews and followed by semi-structured interviews, will be tested face-to-face with the general public (n=50). Stated preference questions will feature data quality checks (e.g., dominance questions, repeated choices) to test validity and reliability. Stated preference questions will first be discussed and developed with the General Public

Panel (see Section 8.4) and piloted in general public focus groups (approx. n=8 x 2 groups). A participant questionnaire will be developed to capture respondents' socio-economic and -demographic data and include political and ideological questions on for example, voting preferences and social psychological measures, such as Social Dominance Orientation which measures attitudes to inequalities between social groups (39).

Concurrent think-aloud interviews (40) will explore the feasibility and validity of the stated preference questions in terms of participants' understanding, acceptance/plausibility of the questions and the information used to construct their values. These interviews will feature a warm-up task to familiarise participants with the technique and prompts to encourage participants to verbalise their thoughts. Semi-structured interviews, featuring a topic guide, will also assess validity by exploring the reasons used to explain their expressed values.

Stated preference questions, qualitative interviews and focus groups will be designed for face-to-face data collection. The duration of participant involvement will vary: stated preference questions and qualitative interviews will be undertaken at the same time lasting approximately 1 hour and focus groups will last approximately 2 hours. The GCU-based researcher and PI-McHugh will lead on data collection.

Stated preference data and quantitative data quality checks will be analysed using descriptive statistics (e.g., measures of central tendency, frequencies and variation). Analysis will be undertaken using quantitative software packages (SPSS and R). Thematic analysis will be conducted on qualitative data and themes related to participants' choice patterns to understand the reasoning behind choices (41). Audio recordings will be transcribed, checked, anonymised and imported into qualitative analysis software (QSR NVivo) to assist with analysis. The GCU-based researcher and PI-McHugh will lead on data analysis with assistance from CIs-Baker, Donaldson, Watson, Bambra and McGowan.

Plans for data storage, de-identification and archiving are outlined in Sections 8.6 and 9.1.1.

6 STUDY SETTING

The project will take place in Glasgow and Newcastle and online. It is thus a multi-centre study. The stated preference questions with corresponding qualitative interviews and will be conducted in Glasgow and Newcastle with members of the general public; focus groups will take place in Glasgow. The General Public Panel and stakeholder scoping interviews will feature individuals from across the UK and occur online (although some stakeholder scoping interviews may take place face-to-face if feasible). As this is a development project to test methods, sites for face-to-face data collection were selected for convenience. Recruitment (as outlined below) will aim for a diverse sample of participants from these sites.

7 SAMPLE AND RECRUITMENT

Different sampling approaches are required for each component of the study, with broad eligibility criteria to apply across methods.

7.1 Eligibility Criteria

7.1.1 Inclusion criteria

- Aged 18 and over
- Having the capacity to consent
- English speaker
- For general public participants only:
    - based in the UK
- For general public participants involved in the stated preference questions and corresponding qualitative interviews only:
    - based in and around Glasgow and Newcastle

7.1.2 Exclusion criteria

- For the General Public Panel only:
    - cannot commit to participating in all four meetings

7.2 Sampling

As this is a development project, the focus is on recruiting a diverse array of participants rather than a representative sample of the population. The proposed sample sizes and sampling techniques reflect this approach.

7.2.1 Size of sample

Anticipated total sample size for each study component approximately:

- 10 stakeholder scoping interviews
- 15 General Public Panel participants
- 16 focus group participants
- 50 participants for stated preference questions and corresponding qualitative interviews (i.e. think-aloud and semi-structured interviews)

7.2.2 Sampling technique

Purposive qualitative sampling methods will be used to select stakeholders for the stakeholder scoping interviews in Phase 1 and participants for the General Public Panel (GPP). A range of different voices and perspectives are sought by identifying people with different experiences and characteristics. Stakeholders will be targeted with expertise and knowledge of different income-based policies, such as UBI, Minimum Income Guarantee, Universal Credit or Real Living Wage. Members of the general public will be targeted for the GPP who have diverse experiences of, and perspectives on, different income-based policies and have different socio-economic and -demographic characteristics.

Quota sampling on socio-economic and -demographic characteristics will be used to sample a diverse general public sample from two sites – Glasgow and Newcastle – for the focus groups, stated preference questions and corresponding qualitative interviews (i.e. think-aloud and semi-structured interviews) in Phase 2.

Snowball sampling methods will also be used across all data collection methods. All participants identified will be screened against sampling criteria.

7.3 Recruitment

7.3.1 Sample identification

PI-McHugh, the GCU-based researcher and CI-McGowan will lead on participant recruitment. Different recruitment methods will be utilised. Stakeholders will be identified via their role/organisation and approached directly via email. A reminder email will be sent after 2 weeks to those who have not responded. Participants for the General Public Panel, focus groups and stated preference questions and corresponding qualitative interviews will be recruited through a combination of the Equal England Public Network (EEPN), Scottish Community Development Centre (SCDC) and/or a market research company. Participants will learn about the study through these organisations.

EEPN is a network of the public who are interested in, or have lived experience of, inequalities in health who support the development of, or participate in, research activities. The Network initially focused on the North East of England but has expanded to other areas of England and Wales and has connections to other public networks across England. SCDC is the lead body for community development in Scotland who, through their Community Health Exchange (CHEX) programme, promote community-led health as

a means for tackling health inequalities. SCDC work directly with community groups and organisations, community development practitioners, government and other policy makers and local partnerships and agencies across Scotland.

EEPN and SCDC will advertise the project through, for example, their mailing lists and social media. The advert will contain information about the project and contact details for the project team. Interested participants will either contact the project team directly for further information on the project or their contact details will be passed on by EEPN and SCDC if the participant agrees to be contacted. The market research company will recruit from their existing database and/or recruit new people through, for example, street recruitment. The market research company will only pass on the contact details to the research team of those participants interested in participating in the project. CI-McGowan leads and coordinates the EEPN and resources are built-in to recognise SCDC's time and to contract a market research company to help with recruitment.

7.3.2 Payment of participants

Participants will be compensated in different ways to reflect different levels of involvement. Payments will be made via cash, bank transfer or gift card.

In Phase 1, stakeholders taking part in scoping interviews will not receive an incentive payment. In Phase 2, participants recruited for the stated preference questions and corresponding qualitative interviews will receive an incentive payment of £30 to cover travel and subsistence/ recognise their time for attendance at the point of data collection. Similarly, participants attending a focus group will receive an incentive payment of £50 for the same reasons and distributed in the same way.

General Public Panel participants will each receive a payment of £150 per meeting for attendance. Costs are also included to recognise caring responsibilities that could create barriers to participation. Two additional payments of £150 per meeting will be provided to the two members of the GPP who also attend the two Study Steering Committee (SSC) meetings. Costs are also included to recognise caring responsibilities that could prevent panel members attending the SSC.

Following NIHR guidance, we will advise that anyone who receives welfare benefits to seek expert, personalised advice before accepting payment for involvement. We will consider each participants needs regarding how they receive payments on an individual basis. It is the responsibility of participants to declare payment to the appropriate authority.

7.3.3 Consent

All participants will be provided with an information sheet describing the study and the nature of their participation should they agree to take part. Stakeholders will learn about the study directly from the project team. A project information sheet, corresponding to the approach used, will be sent alongside the recruitment email. Participants for the General Public Panel, focus groups and stated preference questions and corresponding qualitative interviews will learn about the study via the Equal England Public Network (EEPN), Scottish Community Development Centre (SCDC) or a market research company. Interested participants from EEPN and SCDC will be provided with the participant information sheet from the project team. The market research company will provide the information sheet to interested participants.

Before taking part in data collection, all participants will have the opportunity to ask any questions they might have to a member of the research team before signing a consent form. Members of the research team are responsible for securing informed consent. All participants will be told they can withdraw at any time.

8 ETHICAL AND REGULATORY CONSIDERATIONS

8.1 Assessment and management of risk

A risk register, with mitigating procedures, has been completed for the project using GCU standard forms. This will be re-visited with recruitment partners (i.e. the Equal England Public Network (EEPN), Scottish Community Development Centre) to identify potential risks to participants and researchers and procedures that might be required to mitigate and/or report potential risks. There is a small risk that participants with pre-existing vulnerabilities (e.g. financial or health problems) might become upset when discussing their views on how to improve population health and health inequalities through income-based policies. All members of the research team collecting data will be trained for interviews and how to respond if an interviewee becomes distressed. They will provide participants with contact details for local and national support as part of a thank you pack. Participants will be reminded that the study is voluntary, and that they can withdraw at any time. The project team will work with the Equal England Public Network and Scottish Community Development Centre to manage recruitment and study participation in a way that is sensitive to their communities of interest.

The risk to members of the research team collecting data is low. Most data collection will be in a quiet area on site at GCU or Newcastle University with other university staff nearby, or else remotely by telephone or online. Should data collection take place in more isolated settings, we have a lone researcher policy at GCU and will adapt it for this study. The lone worker policy includes instructions about how to keep colleagues informed of locations and times of interviews, checking in when data collection is complete and escalation if researchers have not checked in and are not contactable**.** Debriefing will be a regular part of the support offered to the GCU-based researcher by the senior staff.

There is a health risk to the research team and participants from planned in-person data collection from COVID-19. This will be mitigated in three main ways. First, facemasks, hand sanitizer and social distancing will be offered to members of the research team and participants during face-to-face data collection. Second, if a new variant of COVID-19 prevents face-to-face data collection, remote data collection through, for example, MS Teams or telephone will be utilised. Third, the project will respond to the latest Government guidance on COVID-19 about face-to-face interactions.

8.2 Research Ethics Committee (REC) and other Regulatory review & reports

Regulatory Review & Compliance

This project does not involve any NHS sites, staff or patients. Using the NHS Health Research Authority decision tool confirmed that IRAS and NHS REC are not needed.

Before recruitment begins, university ethics committee approval is required. An application was approved by Glasgow Caledonian University School of Health and Life Sciences Ethics Committee on 20/01/2023 (HLS/NCH/22/011). This ethical approval was sent to the ethics committees at Newcastle University for approval in lieu of a new application. This was approved on 26/01/2023 (ref: 28699/2022). Ethical approval is not required from the University of Aberdeen as no data will be collected on site.

Amendments

Amendments to this protocol will require agreement of the funder, a revised protocol with a new version number, and an approved amendment to ethics applications at both sites.

8.3 Peer review

This project's detailed project design has been peer reviewed by the Public Health Research Committee as part of the funding process.

This protocol has been reviewed by the research team and submitted to NIHR as part of the start up requirements.

8.4 Patient & Public Involvement

A General Public Panel (GPP) will be formed to inform and shape the research plan and activities of this development project and a subsequent larger-scale study (see GPP meetings below). Underpinning the GPP are the principles of access to information and deliberation. To aid the informed exchange of views, citizen-training on the social model of health and health inequalities will be delivered during the first meeting by the Scottish Community Development Centre (SCDC). The training will utilise material and techniques from a range of SCDC's work in participation and engagement, including the Community Health Exchange (CHEX) programme and training on health inequalities previously developed for Public Health Scotland. Delivery will include a mixture of lecture style presentations, participatory exercises and discussion. Organisation and facilitation of the GPP will be led by CI-Lightbody and supported by PI-McHugh, CI-McGowan and the GCU-based researcher.

The panel will be formed of 15 members recruited to achieve a diverse range of experiences, perspectives and characteristics (see Section 7 for details).

The GPP will meet four times, online (via MS Teams), during the year-long project. Meetings will run for 3 hours. The focus of the four GPP meetings are:

1. Role of GPP, introduction to the project and citizen-training on the social model of health and health inequalities delivered via the SCDC;
2. Development and presentation of Phase 1 policy scenarios, discussion of arguments for and against policies;
3. Discussion, development and communication of Phase 2 stated preference questions;
4. Discussion of Phase 2 results, recommendations for a future large-scale study, including how to ask the stated preference survey questions.

Two members of the GPP will also be invited to attend the Study Steering Committee (SSC). PI-McHugh, CI-Lightbody and CI-McGowan will assist these individuals with their role on the SSC.

Detail of payments to GPP members is outlined in Section 7.3.2.

8.5 Protocol compliance

This is a multi-site study and while different locations might have different requirements with respect to recruitment and data management systems, the same data collection instruments will be employed in each site. Compliance with protocol will be monitored by the Project Management Team (PMT) and overseen by the Study Steering Committee (SSC). The PMT will meet monthly and this will be a standing item. Deviations from the protocol will be discussed by the PMT (which includes the GCU-Based researcher) and where necessary additional systems will be adapted to prevent accidental deviations. In the case of serious breaches of the protocol by members of the project team we would consider the following i) whether to terminate the project relationship with that party ii) whether to report to the university authorities or professional bodies iii) whether to report to NIHR.

8.6 Data protection and patient confidentiality

All electronic data will be stored on a secure folder using MS Teams and Sharepoint, which is the platform recommended and supported by the information services technical team at GCU. Only members of the project research team will be given access to the MS Teams folder, and this will be setup, monitored and backed up regularly by the project administrator (Buckley).

Data will include contact information, consent forms, audio recordings, transcripts from qualitative interviews and focus groups, responses to stated preference and survey questions, meeting agenda/minutes, and project management information such as protocols, presentations, and event information.

Electronic data will be stored securely and backed up on secure network drives at GCU. Hard copies (e.g. signed consent forms) will be stored in a locked filing cabinet at GCU with access to the project team only.

Data will be pseudonymised/anonymised and identifiable data such as names and personal details such as addresses will be stored separately. Databases and reports will use unique identification numbers and/or pseudonyms for participants. Identifiers will only be accessible by the study Data Administrator (Project Administrator-Buckley) and Data Management Lead (PI-McHugh). All data management and access will be compliant with GCU data policies, GDPR and Data Protection regulations and ethical research best practice and will be detailed in the data management plan https://www.gcu.ac.uk/dataprotection/. Personal data will be destroyed 5 years after the end of the study. Electronic data will be permanently deleted and any hard copies will be shredded and disposed securely.

8.7 Indemnity

GCU as sponsor has full Professional Indemnity Insurance in place to cover any claim made by participants as to the design or management of the research study. Full Indemnity is provided by collaborators for Data Protection against any and all liabilities, losses, costs, charges and expenses incurred (either directly or indirectly) as result of any claims, demands, actions and proceedings made or brought against the Lead Party by the Authority in respect of any loss or distress suffered by the loss or unauthorised disclosure of Personal Data or medical records by the Collaborating Parties, or any of their sub-contractors, employees, agents or personal within its control and third party Intellectual Property rights that the advice or information given by any of its employees, students, agents or appointees who work on the Project, or the content or use of any materials, works or information provided in connection with the Project, will not constitute or result in infringement of third-party rights. This carries the same level of indemnity to GCU is providing to NIHR.

A limitation in liability is capped at the value of the contract but in no way affects losses due to personal injury or death.

Due to the nature of the study there will be no arrangement for payment of compensation to participants where no legal liability arises.

There is no provision of equipment in this study.

Within the collaboration agreement GCU seeks from partners a full indemnity for Data Protection against any and all liabilities, losses, costs, charges and expenses incurred (either directly or indirectly) as result of any claims, demands, actions and proceedings made or brought against the Lead Party by the Authority in respect of any loss or distress suffered by the loss or unauthorised disclosure of Personal Data or medical records by the Collaborating Parties, or any of their sub-contractors, employees, agents or personal within its control and third party Intellectual Property rights that the advice or information given by any of its employees, students, agents or appointees who work on the Project, or the content or use of any materials, works or information provided in connection with the Project, will not constitute or result in infringement of third-party rights. This carries the same level of indemnity to GCU is providing to NIHR.

8.8 Access to the final study dataset

Members of the project team will have access to the dataset. There are no issues of blinding data in this study. Data storage, access and security are detailed in 8.6.

9 DISSEMINIATION POLICY

9.1 Dissemination policy

9.1.1 Ownership of data

All Background Intellectual Property used in connection with the Project shall remain the property of the Party introducing the same. Any improvements or modifications to a Party's Background Intellectual Property arising from the Project which are not severable from that Background Intellectual Property will be deemed to form part of that Party's Background Intellectual Property. Each Party grants the others a royalty-free, non-exclusive licence for the duration of the Project to use its Background Intellectual Property for the sole purpose of carrying out the Project.

The Parties acknowledge that, pursuant to condition 15 of the Main Contract, Arising Intellectual Property is to vest in the Lead so that the Lead may in turn grant a licence to the Authority. For this reason, all Arising Intellectual Property created, developed or otherwise resulting from the Project shall be owned by and vest in the Lead and, to the extent that it is legally able, each of the Parties hereby assigns, and agrees to assign on demand, its whole right, title and interest in and to the Arising Intellectual Property to the Lead.

In accordance with condition 11 of the Main Contract, each Party shall, at the request of the Authority, disclose or transfer any Research Data (as defined in the Main Contract) to the Authority or deposit both qualitative and quantitative Research Data in a nominated data archive.

9.1.2 Outputs and publications

On completion of the study, data will be analysed and a Final Study Report prepared. The final report will be peer reviewed and published in Public Health Research as part of the NIHR Journals Library.

Participating investigators and researchers will publish journal articles relating to components of the study according to an agreed publication policy, which will set guidelines for early communication around publications, allow all researchers to get involved in writing and avoid overlap.

NIHR will be acknowledged in all publications, citing the grant number for the project, and including the following statement:

This study is funded by the National Institute for Health Research (NIHR) Public Health Research programme (NIHR 153096]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Participants will be able to access findings and project outputs, such as policy briefing papers and open-access media publications from the project page on the Yunus Centre for Social Business for Health website and/or through links distributed via a twitter profile for the study (the project page and twitter profile are not yet developed).

9.2 Authorship eligibility guidelines and any intended use of professional writers

Authorship will be according to standard academic authorship criteria (e.g. The International Committee of Medical Journal Editors criteria) and each output will detail input from each contributing author. As a starting point, the project team will aim to be inclusive and team members will be invited to contribute to each output if they can. A key consideration is the career development of earlier career researchers.

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11. APPENDICIES

11.1 Appendix 1- Required documentation

- Information sheet and consent forms adapted as required
- Recruitment advert adapted as required

11.1 Appendix 2 – Amendment History

Amendment No.	Protocol version no.	Date issued	Author(s) of changes	Details of changes made