

Meeting 1 Behavioural Science WG – agenda and minutes

Date: 30 July 2018

Time: 11:30-13:00

Location: Clive House or T/C

Attending: Julie Hill (Chair), Susan Michie, Seda Erdem, Spencer Henson, John McTernan, Helen Atkinson (Secretary), Alice Rayner

Apologies: George Gaskill, Michelle Patel

Agenda

- Welcome
- Background
- Terms of Reference
- Update on activities since May 2018
- Objective 2
 - Aims
 - Actions
 - Timeline
 - Next steps
- Workplan objective 1 and 3
- Next steps
- AoB

Minutes

Welcome and Terms

1. Julie welcomed all to the first working group meeting for the application of behavioural science, and noted apologies.
2. The group agreed working group terms with two edits including the addition of a drafting date and note cautioning that the specific nature of tasks would evolve.

ACTION: Helen to update terms and publish on the ACSS website

Background and Update

3. Helen explained that the FSA has been using Behavioural Science (BS) to deliver work including introductory training and projects, and is now looking at what else they could do, and the priorities. There has been some training on BASIC¹, which Michelle has selected as the framework to use to frame

¹ <https://www.pelleonline.org/behaviour/basic-a-new-framework-for-applying-behavioural-insights.html?lang=en>

questions. The team has been co-ordinating workshops with groups including regulatory, nutrition (NI), food policy, and operations, to work through BASIC to gauge key priorities and which might benefit from BS approach. The final workshop is in November, and then hope to prioritise issues by Christmas. FSA will then look at what interventions might be applicable.

4. Helen shared an initial list of ideas for topics, from the five workshops already conducted.

Objectives

5. The working group then discussed objectives 2 (c) and (d)² i.e. prioritising issues to take forward, and agreed that:
 - a. We need a methodology for the process of prioritisation of topics. This could be a matrix with a number of criteria: acceptability, practicability, standard of evidence available, affordability, equity etc. We should also consider how big a difference we as FSA could make, how easy it might be for our organisation to make a change, and how central the topic is to our mission.
 - b. Part of this multi-criteria decision-making approach would be looking at the strength of evidence on each intervention, and considering different perspectives on this e.g. policy makers and consumers. Consumers might have a different perspective on 'acceptability' to that of decision-makers, and might weight that criterion differently, and key was transparency in this decision-making process.
 - c. We confirmed that we are interested in business behaviour as well as individual behaviour, indeed all actors, as the interventions likely to be successful will be multi-factorial.
 - d. We also need to consider spill-over effects from one actor to another – intervening in a system can have positive or negative effects.
 - e. The group agreed that a matrix should be developed iteratively engaging the Committee and trialled with users, and that a decision on whether an intervention will have an impact should be light touch in the first instance, backed up by a formal review of what does/ does not work after prioritisation – aiding the design of interventions.

ACTION: FSA team to share emerging topics from workshops

ACTION: FSA team to draft the matrix and criteria, for comment/ development by the working group

6. The working group moved on to discussing 2(b) - helping with the methodology for an evidence review. We agreed that the FSA team could start with a rapid evidence review, using the BASIC steer, and previous reviews.
7. We talked about the role of case studies such as those from OECD. They have a role in giving ideas for interesting areas to pursue, but they are biased in that they only present 'successful' initiatives, rather than reviewing all

² See Terms of Reference for Working Group

available evidence and learning. This caveat should be highlighted in any work drawing on such evidence.

8. We talked about available frameworks for research. The Department of Health has asked this question before. In 2011, 19 frameworks were identified. All were partial in terms of what they covered, several were overlapping, and none ticked all three boxes of being comprehensive, coherent, and linked to a model of behaviour (these three characterise the interventions most likely to be effective). However, the synthesis of these 19 frameworks led to a model developed by Susan and colleagues to categorise interventions – a ‘Behaviour Change Taxonomy’ of 93 interventions.
9. Our work should be as cumulative as possible and build on what is there, so we recommended the following actions:
 - a. Susan to email the slides from her talk to the FSA in early August,
 - b. FSA team to identify frameworks that have been published since 2011 using the search strategy that identified 19 frameworks in 2011, and consider whether the new frameworks can be integrated within the Behaviour Change Wheel and/or extend it and/or are more useful.
 - c. The working group to comment on and develop the review methodology currently used within the FSA with a view to having a well articulated method to conduct a literature review to inform the priority areas/questions identified.

ACTION: FSA team to collate existing approaches and circulate to the group

ACTION: Susan to email slides, Helen to explore option for UCL/FSA Fellow to commence update of 2011 framework review and confirm scope

10. We moved on to 2 (a) – how to document FSA research. This could take place through a series of headings – what is the problem, what is the background, what is aim of the work, what are the research questions, what is the methodology, what are the results and implications for policy, practice, future research; and what are the applications. It is an elaboration of a ‘structured abstracts’ approach. It should be possible to embed key words to enable searching.
11. Seda drew attention to the York Centre for Reviews and Dissemination – a database that includes other review databases, and York has also done its own summaries of work. It includes assessment of study quality.
12. Spencer raised issues of implementation – ideas about using behavioural interventions having to be compatible with the agencies using them – the relevance to the organisation is an important issue. For instance, does an agency have to be ‘seen to be’ regulating as well as using BIs. Looking at the behaviours of the FSA itself is a logical next step to consider as part of any decision-making process from prioritisation to intervention.
13. We agreed this strand of work would not be a priority at the moment given other work.

ACTION: FSA team to draft a suggested list of headings to record work based on discussion for comment by the working group.

14. We agreed that each of the three activities above would need a dedicated work plan (protocol).

ACTION: Helen to collate plans for comment

Dates:

15. The next BASIC workshops are 5th September (location tbc) and 8th November, possibly in York.

16. We agreed to try to coincide the next sub-group meeting with the next main ACSS meeting, in November.

ACTION: Secretary to recirculate meeting polls with timeframe for replies