"THE POLITICS OF EVIDENCE-BASED POLICYMAKING"

A conversation with Paul Cairney and Brett Davidson

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ANNOUNCER:

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BRETT DAVIDSON:

I'm Brett Davidson from the public health program. And I guess part of the work that I've been doing in the PHP around narrative change, and researching narrative change, and how it might relate to how we try to impact policy. I wrote a paper. And one of the-- people I quoted was Paul Cairney 'cause he has a great blog which looks at-- different kinds of-- policy processes and theories of policy processes.

And-- I put kind of a blog up on-- on a couple of websites. One of them is on think tanks. And then I got an email from Paul Cairney saying-- he saw I'd referenced his work, and he was interested in talking. So we ended up making contact that way. And find out that he has actually done a lot of work on-- understanding policy process but then looking at this idea of evidence-based policymaking, which I think resonates with what we're always calling for.

There's one great photo I saw, which is a guy at a protest saying, "What do we want? Evidence-- evidence-based policy. When we do want it? After peer review." (LAUGHTER) But we all are I think also I think sometimes disbelieving at why aren't these politicians-- here is the evidence. Why don't they just adopt it? What's wrong with them, right? It's so clear.

So I think it's about a lot more than that obviously. And, you know, I think what-- the kind of writing Paul has done-- around-- around this really reflects some of the

thinking that we have looked at around, you know, cognitive biases-- you know, the think-- the Daniel Kahneman type of thinking about slow and fast thinking. And, you know, we-- we use shortcuts for our thinking. And, of course, politicians do, too, because they're people like all of us. And so I thought it'd be really interesting. He has-- a new book up on-- is it out? Is it actually--

(OVERTALK)

PAUL CAIRNEY:

Yeah. Yep.

BRETT DAVIDSON:

Okay. On this very topic. And I thought-- we're having a two-day seminar tomorrow on storytelling in politics, which Paul Cairney's going to participate in. And I thought while he's here, we might as well grab him to do a brown bag for us as well. So-- he's a professor of politics and public policy at Sterling University in Scotland. And, yeah, it'll be great to have him here to talk a bit about his work. So with that, over-- over to you.

PAUL CAIRNEY:

Okay, thank you. Yeah. So, I mean, my usual party piece is to say-- I think it's-- it's important to recognize in policymaking that you can only tell policymakers what they will remember. You know? And so I want to do that with you. I-- I-- I only want to tell you what you'll remember.

So-- and it was interesting. I saw this-- interview recently with two proponents of evidence-based medicine, which is a big kind of reference point in health. At least-- at least the methods and hierarchy (UNINTEL). And-- they-- they asked him, "Why-- how do you get people to adopt this in their curriculum?" That sort of thing.

And he said-- "You-- you tell simple, effective stories. And you inspire people on the assumption that they won't remember anything else you'll say. They'll just-- they'll just remember it was good." (LAUGHTER) So I thought-- I thought, "If it's good enough for them, it's good enough for me."

So-- so I also want to talk about five things but-- only-- only because I have five fingers. So I do this-- I think it's a great visual thing. So I want to remember five things. And we can round them off with-- with the digits. So, I mean, the first thing ties into what we said at the start.

It's a great phase. I think evidence-based policymaking is just a brilliant phrase. And, you know, lots of people will get behind it. I get an amazing amount of attention just using that phrase. Evidence-based policy-- aw, that sounds good. But it doesn't mean

anything. I mean, that's-- that's the only-- the only problem with-- the-- the aim of evidence-based policymaking is that it's impossible to define.

And I think that's partly the point. It's-- it's not there really to define. It's there as a political slogan. It's there to demonstrate what you want. And, you know, if people aren't quite what sure what you want, well, that's-- I mean, that's just-- it's just a small drawback. Okay. I think you can demonstrate that with looking into many of each of the four words that make up evidence-based policymaking.

So evidence. So-- although in-- in the post, I'm trying to portray this as a series of choices you have to make if you want to pursue evidence-based policymaking. So the first is to work out what you think it means. How do you operationalize it? So first is, you know, what do you think evidence is?

And I think particularly in public health, this is-- I think this is-- particularly relevant. Because in public health, it's often scientific evidence that counts. And scientific evidence is something that is-- based on a hierarchy at the top, is evidence from randomized control trials and their systematic review.

And everything else is just about rubbish. And that includes expertise. And it includes service user and particularly practitioner feedback. So you can decide, "Well, evidence just means-- you know, the top quality evidence." Then the second word is which metaphor you want to go for.

So do you want to go for "based," which suggests we start with scientific evidence and then everything else comes next? Or "informed" because you're more pragmatic about what that means? Or something else? Evidence-something policymaking. And there's-- again, there's a choice there.

I think any science advisor I've spoken to prefers "informed." And they prefer to say "informed" 'cause-- 'cause it-- it displays that they've thought about this and they know how-- you know, far it can go. But really-- it's-- it's still not particularly meaningful. Any type of word you choose, it's-- it's not-- it doesn't really take you that far.

Then "policy" is my favorite. I don't know if-- if anyone's done-- like-- a course in policy studies. You s-- you start off, "What is policy?" And you come up with some definitions. And you think like-- you-- you end up no better off than you started. (LAUGHTER) But I think what we're talking about here is-- I think what we call policy is a collection of actions and instruments by lots of people that we try and analytically turn into a description of policy.

And it's-- I mean, that-- that's no mean feat. So, I mean, I think that's coun-- it's counterintuitive, I think, when you come to policy for the first time. You think this, "This is a straightforward thing you can point to." You know, decisions made by, you know, k-- a small number of key actors at the heart of government produce what they want. And then something happens.

But-- right? But-- but if you want, I mean, that's a good advert for a master's in public policy. And we'll-- we'll spend a year telling-- telling people that-- that doesn't

happen. And then finally I think policymaking or-- or policymakers-- I mean, again, intuitively you think, "Well, these are elected policymakers or these are people that you can clearly point to at the heart of government."

If they're not elected, they're senior bureaucrats, senior civil servants. But-- I think-- a key part of policy analysis-- is to point out that there are many types of policymakers. And there-- there is this very blurry distinction between policymaker and-- and policy influencer.

So a lot of the literature talks about the idea of-- policy collectivities, or networks, or something like that to capture this idea that if you want to work out who's making policy, you don't st-- you don't stop at who's elected or-- or who you can-- who-- whose name is written down on-- an organogram. Okay. So first choice is to try and make sense and display what you mean by evidence-based policymaking.

And I think you can tell a lot about people's political positions by how they define those terms. The second thing is to work out how to deal with-- the psychology of policymaking. So I think a lot of-- baseline discussions of policymaking are kinda based on the hope that you have a sense of what we call comprehensive rationality.

So governments or policymakers are-- are in the position to gather the information they need to make decisions in-- in-- in a comprehensive way. They can gather all the information they need in a systematic way, and consider all, and then make decisions in-- in a fairly reasoned or rational way.

But instead, we talk about bounded rationality, which is-- you know, points to limits on the extent to which they can produce information and-- consider it. And policymakers deal with that in two ways. If you're bein' opti-- optimistic, you say, well, they primarily deal with it in-- in a goal-orientated way.

So they work out what they want. And then they-- they use s-- simple rules to work out how they're gonna get reliable information from particular sources. You know, written sources in particular. People that can provide them reliable information. But they also this s-- second shortcut, (COUGH) which is, you know, described in, you know, various ways of fast thinking or system-- I always forget the number. System one or system two. One of those. The fast one.

Or it's-- you know, moral reasoning or emotional decision making, or intuitive, gut-level thinking based on-- very quick decisions and a sense that people make these decisions almost instantly and then f-- trying to frame evidence that back up their decisions. So I think-- I mean, that's another political slogan, is the idea of policy-based evidence, (LAUGHTER) which is people make decisions first, then try and back them up.

Now, again, you know, (UNINTEL PHRASE). If you want-- (THROAT CLEARING) excuse me, cheap interest in a talk-- you see-- there's so much policy-based evidence. But-- I mean, I think this is the-- the second choice one would make. It's either to simply bemoan the fact that policymakers act this way.

It's to try and be more pragmatic and adapt to these processes. Or, something I'm

interested in more and more, is to try and see these heuristics that policymakers use in a more positive sense. To see that they make sense to policymakers. You know, th-- so from there it's science that looks emotional. It looks biased. It looks based on ideology.

But I think from the inside it looks consistent. And it looks sensible. And I think for me the-- the interesting part for researchers is to try to work out why policymakers use particular heuristics and the extent to which you can influence that process. You know, instead of just saying, "Well, this is-- this is a bad thing"-- try and work out how to make inevitable heuristic decision making a good thing.

So I think-- I mean, a lot of that I think comes down to the way in which we describe fast thinking. So I think sometimes it can be described as-- particularly in-- in-- perhaps in evidence-based medicine th-- this idea that-- you know, practitioners rely on these kinda un-- unthinking mechanisms that-- that makes them produce bad choices 'cause they're not systematic.

I think another approach associated with people like I think Gig-- Gigraneza (PH) is to say, well, a lot of these heuristics are-- are so-called fast and frugal. You know, they're-- they're very efficient. And they're-- they're very effective in the environment in which people operate.

I could give you some exam-- I can give you some U.K. examples of that if you insisted, but we-- I'll-- I'll wait until you've had your lunch before we (UNINTEL). (LAUGHTER) So that-- I mean, that's your second decision. How-- how-- how do you adapt to this inevitability of-- of policymakers using heuristics?

The third thing is to work out how to adapt to sort of complex policymaking systems or environments. So another reference point that's kinda popular in policy studies (COUGH) is this idea of-- a policy cycle. And I think it describes what perhaps we would like policymaking to be like. If you designed policymaking, I think this is what you'd come up with.

So a simple cycle which involves a series of stages in which you start with defining a problem, making a decision to solve it, legitimizing, implementing, evaluating, and then working out if it worked and-- and go around the cycle again. Now, instead, I mean-- I think almost all policy theory is devoted to coming up with a much more realistic description of what happens.

And there are some nice metaphors, I guess, around that. So instead of thinking it was one cycle, you think of it in-- in-- in terms of-- I don't know-- 10,000 interlocking cycles. In fact-- this is when a good picture would do. I mean, I don't know if you're the kinda generation that knew Spirograph, (LAUGHTER) right?

So I think this is what I'm tryin' to put in your mind, is this-- this complex series of shapes that would describe a policymaking system rather than-- a discrete cycle. So I think a lot of the-- if you boil down a lot of the literature, you would say it consists of five or six parts. So you're tryin' to identify an environment in which there are many actors interacting at many levels and types of government.

Each of those levels or types of government might have a particular set of rules or norms associated with what they do. There are networks that develop within these environments. And those are networks between people who make policy and people who influence it. And they trade things, like, you know, access for information and advice.

Then there are-- your so-called ideas or the sort of dominant ways of thinking about policy problems that are often taken for granted and-- and shape the way in which we describe any solution. And there's a sort of catch-all term-- for contexts or events. You know, so events can be routine like elections. Or they can be crises.

Conditions can refer to anything from, you know, demographic conditions to, you know, socioeconomic. And-- and these-- these underpin any decisions that take place. And there-- there are discussions within policy studies about the extent to which policymakers are actually in control of what they do or if they're, you know, simply responding to these big conditions and events.

So you put those things together, and you have-- discussions of, you know, things like-- systems in which policy emerges despite central control. Or, you know, things seem too complicated to work out who's actually making decisions. And the thing that produces your third choice, which is to my mind-- you know, say it's-- it's an organization with limited resources.

How many of your resources do you want to put into trying to understand that process and to try and influence that on many levels? And I think you would quickly decide, "Well, there's no point in us acting as if there is only one authoritative decision maker at the heart of government that we can simply lobby."

But then it's not easy to move from that to say, "Well, who specifically will we speak to on a regular basis?" Now, I should say I'm not giving answers to any of these questions. These are just-- I'm just raising them. Okay. So that-- that would be the third one. How-- how do you respond?

So I think in the book I s-- I say, you know, "Find out where the action is, and-- and who you should form coalitions with, and that sort of thing." But, you know, if you-- if-- that sounds good, I think, if I tell you and then go away. But if you think about it a bit more, I haven't actually told what you to do. Just said, "Form coalitions."

Okay. So the fourth-- fourth decision point, I think, is-- now, this is-- this is-- and I really should have stuck with three. You know, three is the magic number. I think four and five are hard to remember. But the fourth is the stuff that I'm more interested in now, which is-- well, I might get these out of order in terms of the blog.

But the-- it's to decide-- the extent to which you want to defend particular forms of evidence. Given that there are many other principles that you could refer to when you make policy. So other principles can include, you know-- good governance based on, you know, combining evidence with public values or-- giving discretion to local public bodies to make policy instead of-- imposing it from the top.

And I think as soon as you accept those other values, it means that you have to give

up some of your evidence-based values. So-- the-- the example I like is-- now, you can caricature these things to some extent. But-- if you are committed to these sort of randomized control trials, they require a particular discipline in which you're trying to work out the-- the active ingredient.

You know, the thing that works within them. And that often requires uniform delivery. You-- to compare lots of the same interventions across different-- you know-- across time and sauce, you have to have the same basic model each time. To evaluate and compare with-- with other places, it has to be pretty much the same model, or you're-- you can't compare the two things.

Now, that means, I think, like, on a national-- often a national level-- policymaking process in which they are funding and delivering the same basic model across-- across a particular space. Now, the alternative at the other end of-- of the scale is to say, "Well, we value local governance. We think policy will only work if we get high ownership from stakeholders in local areas.

"We think that-- it's good to learn from practitioner experience, service user experience." You know, the-- the sort of stories that people tell in local communities that you-- you just can't understand the effect of policy unless you know them. Now, if that's the case, I think you-- you give up almost completely on the RCT model.

Because-- adherents to the RCT model do not respect any of th-- those forms of evidence. So it's-- it's not-- so it looks like-- I think if you look at these things from afar, it looks like you can make two separate choices. One on evidence. One on governance. But they're-- they're inextricably linked.

And, you know, there are tradeoffs between them that-- that just involve horrible compromises that are-- they're-- they're values based and political based. They're-- they're not-- they're not evidentiary. I can't give you any evidence from policy studies that will help you make a decision between these models.

These are simple value choices. So that's your fourth choice. Okay. Yeah, four-- yeah, four and five are pretty similar. So yeah. (LAUGHTER) Yeah. (UNINTEL PHRASE) I tried to pull a fast one there. But-- yeah, so-- but th-- so this is work I've done with colleagues like-- Catherine Oliver (PH).

So-- about how-- how far you're willing to go. So-- so there is that question about, you know, "Do you want to at all costs defend the value of RCTs knowing that there will be all these un--unintended consequences?" I think another-- another choice to make is be-- the extent to which you want to be an honest broker or not.

You know, are you there simply to provide evidence, and then stop, and say, "Well, it's not my business to tell elected policymakers what to do?" Or if you know that people make emotional decisions, you know that-- you know, there are lots of groups lobbying, appealing to their emotions, manipulating them, your decision is: Do you be an honest broker with no influence? Or do you get your hands dirty to seek influence?

And-- and that-- and that seems to be the trickiest decision of all. Because I think as

soon as you choose to get your hands dirty and, you know, you're-- you-- you're basing your influence on your expertise but also your strategies, you know, your manipulative strategies, you're no longer the person who represents that hierarchy of evidence.

You know, you-- you're an-- you're an advocate expert. And as soon as you become that person, you're low down in this hierarchy that you start off defending. So it's not even that you have to make this choice based on your values. It's-- there's a strategic choice I think to make there about the extent to which-- you know, the-- the power of particular people in-- in-- in places like public health depends on them being-- or-- or at least looking objective.

Now, I think-- there's a little copout at the end of the post which says-- you know, it says, "Where do you go from there?" And I say, "Well, I-- I don't know." And it's-- I mean, that's-- I mean, I-- but I think that's-- that's normal, isn't it? Because I imagine a world in which someone like me could come along and give you a blue-- a blueprint for action which would be applicable all across all time and space.

That's not the world we live in. Instead, these are just-- you know, th-- th-- this a way to identify choices. Now, I think-- a more positive end would be to say I think a lot of these choices are-- open to research. You know, you can work out the evidence on how to present evidence.

You can engage in trial and error strategies, share experiences. I mean, I think that's-- that's probably one of these things that's lacking from a lot of the research. You have-- so let me give you an example. I mean, I know we're kinda recording this, but I was at-- I'll be kinda nice. I'll be euphemistic.

But there was-- I was at this conference of 600 science advisors in-- you know, organized by the European Commission. And they were very much-- bem-- you know, either bemoaning sort of Donald Trump-like existence in which people didn't listen to experts. I mean, what? Or they were saying, right, "It's up to us to be objective, honest brokers."

Or they were saying-- "Well, it's-- it's hard to know how to get evidence, you know, more accepted within modern policymaking." Now, I think the issue there is that these are largely people with-- scientific backgrounds. You know-- you know, physical scienti-- science, medical science, and very little social science.

And the evidence on success in that context is personal experience. You know, people give-- a sense of what's-- what's worked and not in sort of anecdotal form. And there's-- there's a lot of scope there to share more systematically evidence on how people engage. What sort of-- you know, stories.

You know, 'cause we talk about telling stories. But we-- we don't know how effective they are or what-- what characteristics they have. And that would presumably be a good thing to know. You know, you wouldn't want to look at this kinda problem and think-- and-- and reinvent the wheel each time, thinking, "Well, what can I do in this situation?"

Wouldn't be good if there was a kinda repository for shared experiences about how people give science advice? Now, we don't have that repository. Don't get too excited. But the-- I think-- I think it-- it is possible to start producing one. Okay. So that's-- that's as much as I'll say just now. (LAUGHTER) Thank you.

BRETT DAVIDSON:

I mean, I think you-- I think, you know, one of the things you talked about towards the end, which is, I think, the discussion we have. So-- which you referenced. We, you know, live in a world of-- of Trump. We're almost, like, post-truth, right? Say whatever you want because it works with a certain group of people-- never mind what the evidence says or the facts say.

So there's that. And there's like, okay, we will just stick very rigidly to our-- what we believe is the objective evidence. But that has very little impact. But the fear that if we move from that, we start-- like, either that or Trump. And so how do you-- you know, like, we're starting to engage in-- in what some might call some manipulative behavior, which is kind of what we do. (LAUGH) Just-- you know?

Just testing which words work more effectively with people. Carrying out some kind of spectacle which will move people emotionally. Telling stories. Are we going down a dangerous path that is going to lead to Trump? You know, I mean, that-- that-- that's-- you know, are we-- are we being dangerously manip-- manipulative?

Are we then no better than those we oppose? And I think that's-- that's a question that-- that confounds (?) people and that I think sometimes-- so you want to-- yeah, you recognize, "If I do this, it will be more effective. But I don't want to-- don't want to do that because that's a slippery slope."

MALE AUDIENCE MEMBER:

You're supposed to solve this (UNINTEL). (LAUGHTER)

PAUL CAIRNEY:

Well, I mean, I think all I can do is provide cover for this kind of work. 'Cause I think you could say-- you know, I imagine you could say something like-- you know, political science tells us that the only way health scien-- scien-- scientists can be effective in this world is to engage in these kind of strategies.

It kinda gives cover. You know, make it sound kinda scientific. And I th-- and I think that's the kind of language we use. But if you-- but if you're talking about-- I think there are ways. I-- I use terms like manipulative to be pro-- provocative. You know? But I think if you're presenting yourself, you don't have to say that.

You say, "We're-- we're-- we're f--" now, I-- I mean, I think a classic thing to do is to f-

- we're framing issues in terms of the-- the stated goals of elected policymakers. So we say, "Given the goals that they have stated, here are the arguments that work in that context."

And that-- you know, to me, that-- that k-- kind of sounds like a defendable-- strategy in which you accept the limits to scientific evidence, you accept the-- the legitimacy of elected official policymakers, and you-- you make your evidence fit that agenda or something like that.

Now, I mean, when you solve one problem, you make another. Because I think this comes up with questions like, you know, "What if you're trying to provide evidence for governments that you find incredibly distasteful?" You know, or you-- yeah. That's-- I mean-- (LAUGHTER) but tha-- I mean-- yeah.

But, I mean, for me, th-- I mean, this is-- (THROAT CLEARING) you know, th-- this is politics, isn't it? I mean-- as I see, you know, so-- I mean, the interesting thing for me is when I think-- when-- when we provide an undergraduate degree in political science or something like that, I've-- I've started to ask myself, "At what point do we talk about evidence?"

And I think you could almost go through a whole undergraduate degree without really talking about these things. Because what you start with in politics is you say, "Well-- it's a way to--" so you identify more than one person. You different different preferences. You say, "Well, we need a way to adjudicate between conflicting preferences."

Usually that legitimate way is to-- have-- a figure of authority that we elect. And we use principles-- governance principles to work out the rules so that everyone's happy with those decisions. And you can describe that in lots-- lots and lots of ways. And the production of evidence really doesn't come into it.

It's about how you cooperate with people-- to either get what you want or be satisfied with-- with a process. And I think s-- so for me that-- that if you start with that position, then you wouldn't be too worried about, you know, the political choices or the-- the other problems along the way of evidence-based policymaking because you wouldn't expect evidence to have such a direct impact on that process. You would expect something very different. You would expect all these compromises to just be a part of life. There you go. I mean, that sounds quite-- (LAUGHTER) that-- that's-- that was better, wasn't it?

BRETT DAVIDSON:

Any questions? Yeah, Daniel (PH).

DANIEL:

Hi, thanks. I'm Daniel. And I-- work on-- issues related to drugs and health where in

fact the power of emotional arguments, et cetera is very much dominant over evidence even though I-- I take your points about the limits of a randomized controlled trial. And I guess I-- I have a question in two directions.

The first is for me s-- one of the interesting things about randomized controlled trials is they control away real life. That's one of the limits, but it also shows in some instances what is possible if a system actually ac-- really cared about, for example, following people and making sure that they weren't lost to follow up and things.

So you have a trial in Thailand of HIV p-- HIV treatment as prevention for drug users where they made sure that they paid the drug users every day to take their medicine. And they followed them into detention, or into forced treatment, or anywhere else. And for me, the-- the interesting finding was not the efficacy of the treatment because in fact they've controlled away all of the real life circumstance but just how if you really wanted to you could actually retain people and-- and make sure that they got a service.

Even people that you didn't think-- w-- would be possible to do that with. And so I guess I'm curious if there are ways to use the randomized controlled trial in-- not to just answer the question of what is the active agent that has the intended effect but what can it teach us about how we would like to model society or how we could.

And then a related question is just-- if you have thought at all about-- for the many questions that are unsuitable for randomized controlled trials, if there are other quasi-scientific forms of evidence generation that you have found compelling-- that are enough like science to get to claim the authority that comes with scientifically-based evidence.

PAUL CAIRNEY:

Right. Whoa. I'll tell you that-- imagine I'd come up with something to say (LAUGHTER) (UNINTEL), that would be great. That would be-- yeah, the answer is no. (LAUGHTER) (UNINTEL PHRASE) want to keep you in suspense. But, I mean, I should say, I mean-- my-- my back-- you wouldn't expect that from my background.

It-- it's not in-- RCTs or anything. I mean, my background, I'm a qualitative social scientist. You know-- so actually, the thing that-- that I like more is-- is the idea of something like-- increasingly called realist review. So you s-- so you say-- the-- the mechanisms you're talking about-- the mechanisms that we try and identify in RCTs, it would say, "Well, they're-- they're on-- they only work in particular conditions.

"So let's work out the conditions under which they work and then work out the extent to which you can replicate those conditions." Something else. Something like that. Now-- the thing is I would say this kinda-- a realist agenda doesn't go far enough. Because I think if you're going down that road, you may as well go right to the end, which is part of the-- part of the benefit of a realist review is you can say to specific governments or specific policymakers, "This is what's gonna work in your context."

And I think if you're doing that, you-- you may as well go the whole thing and say-- and try and work out the kinds of evidence-- you'll accept. 'Cause I think-- I mean, for me, the-- a bigger issue of attachment to hierarchy is that you rule out so much evidence in your review that a policymaker wouldn't know.

And-- and therefore, you-- you run the risk of not knowing what kind of evidence influences them and just being not part of the conversation. So, I mean-- again, recording. But I saw-- I'll be kinda vague about this. But I saw-- I saw one of these in something I was studying.

And-- the government had said to them, like, "Tell us the evidence on something." And they pretty much said-- they did that thing I guess you're used to. A systematic review. They said, "Right, well, we identified 5,000 possible things. And-- only five of them were good enough for us to consider. And they didn't tell us anything."

And that's what they gave the government. You know, so they said-- they pretty much said, "We can't your question because the evidence isn't out there." Now-- now, you know that p-- somewhere else in government they're gonna say, "They-- I'll-- I'll tell you the real story. You know, this is-- and this'll influence them. Because they have to act. And they won't listen to someone that will say, 'We need more evidence.'" And I'm-- I'm conscious I'm getting further away from your--

DANIEL:

That's fine.

PAUL CAIRNEY:

--your question. I mean, on-- on the first point, I mean, I think-- what I was thinking would describe that was that that was an example in which political values came first, didn't they? And then the RCT came. So, I mean, that's-- that's an interesting question. You know, what's the evidence on harm reduction or something like that?

Well, you first decide-- I-- I think in that case it demonstrates you first decide what you're willing to do and then seek evidence, you know? So, I mean, I know that that's-- so I think Thailand would be a good comparison with, say-- you know-- a few Latin American countries who are still more committed to, say, the death penalty for drug dealing or-- you know, huge sentences if you're caught with a certain amount.

And so the f-- the first discussion to be had is not, you know, what-- what works to minimize drug use. It's-- given that governments want to do this, what works? You know, so a very different thing, isn't it? And so-- now, th-- there you go. There you go. There's-- there's dilemma number six. (LAUGHTER)

You know, it's just-- you know, to what extent are you willing to work within-- an individual government's political agenda to provide evidence or trying to change their minds about the questions they should be asking? (UNINTEL) a tough one.

(LAUGHTER)

FEMALE AUDIENCE MEMBER:

I'm curious about-- less, like, who-- questions about the evidence and the power of particular evidence than questions about, like, who are experts. Who policymakers seek out as experts to give them evidence. And rather than, like, change the narrative about evidence, I think we can change the narrative about who the experts are.

So if we only think about professors or researchers as the experts because they can do all these fancy statistical techniques and they gather-- massive amounts of data, to think about people with their lived experiences as the experts and the data that they provide for policymakers. And, like, how we can make that or how we can bring them up to the status of experts with the other folks so that they're in contact with policymakers, providing data, too. That wasn't a question. That was just-- (LAUGHTER) a thought.

PAUL CAIRNEY:

No, but, I mean, it's-- it's a good point. I mean, I know-- I mean, this-- I mean this is a very parochial example. But th-- but this does come up with stuff I look at in-- in Scotland. And so (THROAT CLEARING) may as well talk about Scotland since--

(OVERTALK)

PAUL CAIRNEY:

But the-- so you've got a choice about-- so it's a prevention, early intervention dilemma. So they want to intervene as early as possible in people's lives to improve their life chances. So one way to go is the Nurse-Family Partnership (THROAT CLEARING) (UNINTEL) where the expert is David Olds. And-- you, it's all-- it's all there for you already.

The other is to say-- "Well, we want to find out-- individual contacts from each area." And practitioners tell stories in a video. These stories. And they-- they say, "Well, this-- this is-- this is what worked in our areas." And-- and the-- and-- and I think the key thing in terms of-- in expertise is it meant somethin' to the people who would be responsible for the delivery of policy.

They-- they might see ev-- you know, they might see evidence from an expert and think, "Well, I-- I-- I don't-- I don't quite understand what they're telling me. I assume that they're experts, but-- I'm not quite sure how to--" and there's a lot of uncertainty. Whereas you tell stories of people who are close enough to your experience.

Then-- then this can be-- in some sense, you know, lower quality evidence but more

effective evidence that you can use. Yeah. And I know that there are some attempts in Scotland and other places to provide this compromise between those two things. And I don't know. It's-- it's often--the phrase is-- improvement science instead of implementation science. Improvement science.

I don't know (UNINTEL PHRASE). Now, unfortunately, I mean, I think this-- this is another of those things that sounds great, right? So let's-- let's-- let's provide the best of both worlds here. Let's combine evidence pragmatically. And let's train people to use it-- on the ground, to experiment with evidence and share experiences.

And that sounds great. I think-- the way you talk about it. But I-- but I th-- I-- I think you can detect two different approaches to improvement science based on the extent to which you want to rely on, you know, the established experts of service user expert. So one-- I think if you have improvement science designed by health scientists, it's-- it's-- it's still hierarchy driven with an attempt to incorporate other people through consultation.

And-- and that's very different, I think, from-- you know-- you know, actual involvement. Or there's a kinda more service user or-- or practitioner-driven process in which you have to accept you can let go of the idea that there is a hierarchy of evidence 'cause people are just gonna use what they find useful.

So I think there are-- there are-- approaches there in which people are trying to work out how to involve-- you know, local practitioners in a more useful way. But there are-- I think there are some unresolved issues with that. Particularly in-- in Westminster systems.

If you go back to the-- the political side, as soon as you decide to let go to that extent, there's no real way of-- tracking who is responsible for the outcomes. So it's all local. The people who are making these decisions are unelected. The elected central government has-- has said, "We-- we are gonna let go and let people do this for us."

And-- it sounds good, but they never-- they never stick to it. Because they're held to account every four or five years during elections. And however they say they're f-- giving this to someone else, they're held responsible. So-- at least-- so while they-- they do all this good stuff, at the same time they've got a performance management system that completely undermines everything that they do. Right?

Okay, let's not end. Let's make s-- (LAUGHTER) all right. Let's not end. I-- I felt we were ending on-- a good one, right? But that's-- but there's-- there's an immense contradiction there in an agenda to-- spread out expertise and-- and deliver it and to have an accountable system based on elections.

BRETT DAVIDSON:

Thanks. Anyone else? I mean, I-- I-- you know, to-- to get b-- back to this point about local experience as well, I mean, once you-- so, I mean, I'm always talking about the importance of stories, about local expertise. But once you go down that road as well,

like, how-- how do you-- how do you make sure that your policy's not just based on anecdote? And, you know, that-- that-- that experience has to be then somehow seen beyond individual stories into something else. And then you start gathering evidence again, right? In some kind of systematic way. So-- you know?

FEMALE AUDIENCE MEMBER:

I supposed building on that, Brett, I-- I do have a question about whether we have to be careful about where we pursue evidence advocacy that's more about stories rather than RCT-type evidence, and whether there's a danger that you do that in certain sectors, health, education, social protection, and that it-- it's effective there, and perhaps then they're-- they're seen-- as softer issues.

You know, that those are the issues that are more about touchy-feely human experience rather than trying to engage in advocacy in other spaces of decision making where-- you know, and I will also think about finance ministries. You know, how do you engage in that type of storytelling in a way that's effective in that space?

And-- I'm just struck by not only the spirographs of the different value systems, and the different processes, and different range of decision makers but whether the choice you make about a particular type of evidence, you also need to consider the kind of unintended consequences of that. You know?

And I think that the bit that I would struggle with. 'Cause I think in some ways we-- we see many organizations that are getting incredibly effective at this story-based evidence within something like health activism and then are stuck when they then go into a different decision-making space. And, you know, I'd just love to know if we know anything about how that plays out. You know, how you understand the effectiveness of that kind of advocacy in hard sectors. (UNINTEL PHRASE) you can do that. So-- (LAUGHTER) (UNINTEL PHRASE).

BRETT DAVIDSON:

Thank you, (UNINTEL).

MALE AUDIENCE MEMBER:

Yeah, it's kind of just-- and this idea. But it's s-- sort of building on some of the earlier comments. You know, I'm-- I'm curious about the-- you talked about the opportunities for-- for influence in a positive sense. So how can we influence these processes? But I'm also thinking about the-- the realities of influence in the negative f-- sense from-- from our-- the perspective of our issues in-- in each of these models.

The-- you know, the-- the evidence-based-- the production of evidence being manipulated actively, for example, by the pharmaceutical industry. Or, you know, I'm

sort of amongst other things plying my way through bad pharma at the moment in this book which looks at how-- evidence which doesn't go towards the benefits of new medicines is buried and lost deliberately.

And, you know, selective use of evidence, selective publication of it, and so on. And-- and then similarly with the more anecdotal approaches, the-- if you like the front groups that s-- par-- you know, s-- s-- seem to speak to patients-- both in the pain sector at the moment here in the U.S. and obviously in-- in terms of-- smokers' rights and all the rest of it.

And-- and kind of navigating that reality, that either of these two models for-- for influencing policy development is already corrupted-- in-- in some way. I'm not sure if there's question in here somewhere, is there an alternative-- that-- that's somehow more immune to some of these influences?

And a few years ago at the-- Swedish-- he's actually Scottish, but he's-- works in Sweden. He was telling me about the legislative development process in Sweden that's entirely different. Often, the government will put forward an objective for legislation. And it goes to a cross-party committee to review and receive, you know-- submissions and-- and all sorts of different kinds of evidence from civil society experts and a field of exerts by experience-- as well.

And then two years later-- a legislative proposal is either put forward or not if that's-- I mean, that's an entirely different and much more mature, it seems to me, process of considering legislation than just a political priority, and then-- a rush, and, as you say, policy-based evidence. I mean, are there other examples like that? Is that something that's worth thinking about?

PAUL CAIRNEY:

Well-- I mean, I'm-- I'm no great expert on Sweden. But-- yeah. I mean-- I mean-- (UNINTEL PHRASE). But the-- my impression is that the use of commissions of inquiry in Sweden is diminishing. So it used to be far more routine to do this. And it-- and it could take more than two years.

It could take-- you know, people would be prepared for this to take a long time. And it would be cross-party. And it would be this idea that can create consensus and that sort of thing. My-- yeah, so my impression is their number has gone down. I mean, it's relevant to the sort of U.K. in that-- say, some of the devolved parliaments were kind of modeled in this idea about more consensus democracy.

But they couldn't get over-- there-- there are these compromises I think you make with that kind of system which is-- which is partly that you no longer put faith in-- in a legislature or an elec-- an elected assembly to make these-- or legitimize these decisions. Because by the time a commission reports-- it's pretty much a done deal.

And the-- the-- the committees rubber stamp it. And-- and there's a sense in which you're either generating consensus or you're managing dissent. You know, you're

kinda smoothing out processes. And-- I mean, actually, the-- the-- the Scottish government is often quite good at this and has a consultation style that makes you think that you've been included. (LAUGHTER)

And you think, "We-- we-- well, I don't agree with the endpoint, but I really appreciated the-- the effort." You know, that sort of thing. So I think that's what I associate with Sweden. And the alternative is to just have everything out in the open. Have ad-- adversarial and everyone knows where they stand and h-- who they're competing with.

So I-- I-- I know that there are political scientists who far prefer the consensus model. But I-- but-- I think that's-- (UNINTEL). I don't think there's-- I don't think you can go and find evidence about-- you know, a good or bad way to do these things. There are just-- there are just tradeoffs.

I thought-- I guess what I thought you were gonna ask is: "What can we learn from tobacco about how to deal with things like-- pharmaceutical? Because I think even the term big pharma I think comes from big tobacco. And that- I think that is an area in which you can find storytelling used for highly manipulative purposes.

So you have the-- the W.H.O. overseeing-- you know, Framework Convention of Tobacco Control in which if you sign up, you agree to not speak with tobacco companies. I mean, I think that's-- I mean, however that works out has a phenomenal-- effect over a simple story that these tobacco companies are for all intents and purposes evil corporations, can't be trusted, and if you include them at all, y-- your processes are illegitimate. (SIREN)

You know, for me, that is the most effective story you can tell about a set of corporations you don't want to be involved in policymaking. Now, you can learn from that. And I think people are learning from that. How to deal with alcohol companies and pharmaceutical ones. And if you think about it, they're learning how to portray corporations as evil.

I mean, I don't know. There's-- there's probably a more scientific thing to (UNINTEL). But there's-- they see the benefits of portraying their-- their competitors as evil to de-- delegitimize them in the policy process. And that is something to learn from. I can't say how f-- I think it's up to individuals how far they want to go to those lengths to say, "The best way to deal with our competitors is to completely undermine them (UNINTEL PHRASE)."

And I think you-- you-- you-- in that case, you-- you make a value judgment. You think, "Well, what's my aim? I want to reduce smoking in a population. I want to reduce alcohol harm. I want to reduce the control of pharmaceutical prices by companies." And if, you know, that's-- that more important than ac-- academic purism, I think a lot of people would take that position.

Or they would work with, you know, coalitions or groups that would do that sort of thing for them. I mean, I don't think-- these aren't necessarily dilemmas for each group. You know, they can form a coalition with groups who are a bit more shady than them. And-- you know, they can-- you can have it all, I think, by saying, "We are

the evidence people who give the evidence to people who are sympathetic to our ends. And what they do with it, you know, has nothing to do with us."

FEMALE AUDIENCE MEMBER:

I have a quick question. It's a l-- it's shifting gears slightly. So I wonder if you have some advice for us as donors. So we don't make policy, but we make a lot of decisions. And there's a lot of pressure for us to make decisions based on what works. Evidence presumably or not.

And the five points that you-- well, four (UNINTEL) points (LAUGHTER) that you mentioned earlier. I wonder-- I mean, I am putting you on the spot. But if you have any advice for us in terms of how we might be more-- I mean, honest really, I guess-- in terms of the decision making that we're doing-- while still having some c-- sense of fidelity to what works. Because presumably that's what we're supposed to be doing, right? We're not just funding things that don't work. (LAUGHTER)

MALE AUDIENCE MEMBER:

Speak for yourself. (LAUGHTER)

PAUL CAIRNEY:

Well, it's a tricky one. I mean-- it-- I mean, f-- from what I can see, it doesn't seem as tricky for the O.S.F. (UNINTEL) because it's-- it-- it's built on a values theme, isn't it? There's some-- it couldn't be more openly value driven. So-- f-- for me, I don't see the-- a problem of saying, "Here are our values to do with evidence.

"You know, we-- this is what we think is good evidence. This is what we think is bad. These are the compromises we're willing to make." You know, that kind of thing. I mean, it wouldn't be an easy document to produce. (LAUGHTER) No. And-- and-- and I think-- I imagine you'd have to break it down into three statements.

You could really have some real good arguments about what is in and out. Yeah. But there's no-- I mean, w-- what-- what I could say-- (LAUGHTER) "Well, that kinda is not my problem. But-- oh yeah." I mean, that's-- I mean, that's-- I would just say, "Well, these-- these are the things we stand for." You know? And that would-- that would be the honest part. 'Cause I think that phrase, what works, I think, is-- it t-- all intents and purposes a very dishonest phrase, I think--

FEMALE AUDIENCE MEMBER:

Tends to be. Tends to be. Yeah, yeah.

MALE AUDIENCE MEMBER:

I mean, just thank you for letting us off the hook (UNINTEL). (LAUGHTER) I don't know if this is what Natalie (PH) meant, but I think a statement of values, while a good idea, probably would not eliminate-- the amount of implicit bias that goes into our decision making.

Deciding based on just the fact that you trust someone. Deciding based on the fact that you-- have done it in the past. So-- inertia. Deciding based on recency. You know, like, I heard recently this was a good idea. It's fresh in my mind. You know, I don't think a value-- statement of values would take care of that.

PAUL CAIRNEY:

No. No, you're right. It wouldn't. And-- I mean, I suppose all we can do then is try and understand-- what causes these b-- I th-- I think you're already at the stage-- if you're thinking about, "Well, how-- how can we explain our biases?" you're already ahead of almost every other organization I guess.

So I would-- I wouldn't feel too bad. (LAUGHTER) But-- so there is-- I mean-- one solution-- I mean, I s-- I suppose your probably is-- you don't want to spend too many resources on all these meta issues. So constantly doing research on what it is you're doing when you're funding research. But there is-- (LAUGHTER) there is I think nascent research on why do people form networks, why do they form coalitions.

That if you knew what the answers to those questions were, you could think, "Well, you know, how-- how-- how should-- you know, how should we respond?" You know? Because to my mind, giving another org-- org-- an organization money 'cause you trust them, that's a good thing, I think. Then you have to decide if you trust them because--

(FEMALE AUDIENCE MEMBER: UNINTEL)

PAUL CAIRNEY:

Yeah, yeah. Is it because they're like you?

FEMALE AUDIENCE MEMBER:

Exactly.

PAUL CAIRNEY:

Yeah.

FEMALE AUDIENCE MEMBER:

Yeah, exactly.

PAUL CAIRNEY:

And-- and this comes up actually in a kinda agenda just now on science advice to government. 'Cause a couple of people stood up at this thing and said, "Well, if you want policymakers to listen to what you're saying, it needs to be familiar to them. For it to be familiar, it has to be told to them by people who are just like them."

And that is-- men-- m-- white men in their 50's. Yeah, no, that's an effective strategy but, yeah, kinda dodgy if you-- if you like diversity in worlds. So, I mean, that-- I mean, that would be-- if you're giving-- if you're only trusting people because, you know, you spend a lot of time with them 'cause you're in a network.

So that-- that doesn't seem so good. But, you know, if you tr-- trust them for good reasons, (UNINTEL PHRASE). So I guess you-- (LAUGH) you know, (UNINTEL PHRASE). But you also can have soul-searching exercises in t-- it's not-- it's not an evidence-based one. It's-- you know--

FEMALE AUDIENCE MEMBER:

Well, I guess that's the question. Ought it to be? You know? Public spending needs to be based on whether it be at least some-- I mean, that's-- that's us, right? So although this is private money, it's still money that ought to benefit the greater good.

PAUL CAIRNEY:

Yeah. Yeah. So I guess that's-- I mean, I guess there are well-established ways of don-- you-- you-- you're as pr-- transparent as possible about what you decide. And then you've got advisory boards to look at what you're doing and-- and-- and, you know, make you feel good about yourselves, or be your critical friends, or that sort of thing.

But, I mean, I-- so I did-- I mean, I did do this piece of work with a couple of colleagues. And-- and their question was-- "Why did this coalition form?" (UNINTEL PHRASE) And we-- we-- we went for three explanations. They share the same beliefs, which would be handy for you. 'Cause if you can express your beliefs, you give money to people who want (UNINTEL).

Is it because they have some kind of authority in some way? So based on their-- you know, their track record or their position. Or is it because they've worked with them in the past, and they know them, and they trust 'em because they-- they didn't mess them around the last time? And I think it was the last one. Unfortunately, it was the last one. So that doesn't really (UNINTEL PHRASE). But if you know that, if you

know that you trust people because they're familiar to you-- then you can at least ask yourself what you should do about it.

MALE AUDIENCE MEMBER:

Great.

MALE AUDIENCE MEMBER:

I had another-- is there time for another question?

PAUL CAIRNEY:

Sure.

MALE AUDIENCE MEMBER:

In-- in my head, I'm drawing a distinction, and tell me where this is-- a false distinction, between on the one hand kind of getting your hands dirty, recognizing that policymakers use heuristics and are motivated by different things, and engaging with that, and meeting them where they're at, and so forth, which may require-- something less than a pure loyalty to just what the so-called evidence says.

And yet-- and-- but between that and cases where policymakers engage in outright, deliberate, flagrant denialism. You know-- denialism about the cause of AIDS. Denialism about whether substitution treatment works for opiate addiction. Denialism about climate. That f-- to me, it feels like it requires a different set of strategies. But maybe those are just different points on the same spectrum? I-- I don't know.

PAUL CAIRNEY:

No, that is-- that is a tricky one. Yeah. Yeah. I'll try to think of a good answer to this. I mean, yeah, so I think-- I think-- if-- if those distinctions are true, and I think intuitively they are, then you're thinking you've got a choice between two strategies. And-- and if-- in some cases, you think you can work with people and you can adapt to their frame of reference.

So if they're fixated on value for money, then you-- you-- you explain things in those purposes even though if you had a choice you would explain it in a different way. You know, to do with, you know, wanting to help people. That sort of thing. If-- you feel that you just would-- it would be a poor return on investment to engage with them on those terms, then I think it's more about power, isn't it? It's about-- you-- instead,

you form coalitions with people who oppose that way of thinking. And you do what you can to make sure that people who have a poor way of thinking--

MALE AUDIENCE MEMBER:

They're isolated.

PAUL CAIRNEY:

Yeah. Yeah, they-- they're-- they're not in positions of power. So, again, 'cause I study politics, I'm comfortable with that. You know, that's what-- that's what people do to-- to pursue their preferences. They-- they do what they can to make sure the right people are making those choices.

But I guess it would be tricky for an organization to want to maintain some level of-- distance so that they're not too associated with one way of thinking that they marginalize themselves. Yeah. Yeah. I think-- good question. I mean, I have no answers, but they're-- these are the fundamental questions in life we-- (LAUGHTER) we ask ourselves. Yeah.

BRETT DAVIDSON:

I mean, I think of another way of, you know, evidence where I think often-- and we experience a number of our grantees where the call for evidence is used as a way of forever putting off a decision about something. You know, there's never-- "We need more evidence. We haven't got enough evidence. It's not the right evidence. Come back when you have more." You know, and it just ends up as this kind of-- delegitimizing the demands because there's no-- there's apparently no evidence for that. You know?

MALE AUDIENCE MEMBER:

And part-- part of that I wonder is-- is also about what gets funded in terms of research, right? And political choices. That's something that we're looking at in the link to drug policy and access to medicines. Is where substances are controlled, or scheduled, or seen as dangerous and harmful, there's-- there-- there's less investment in the-- researching the medical benefits of them. Cannabis is an obvious one, but there are others as well. You know, and the politics behind the-- the evidence if you like. Eviden-- evidence generation.

PAUL CAIRNEY:

Yeah. Yeah. I mean-- you know, this-- this came up recently when I was in-- a committee. I mean, it's such a micro level. But I think my solution there was to get people to accept that they would make an in-principle decision first. And then if the evidence didn't go against them, to go for it. And that's very different from saying, "Let's collect," and then make a decision in a year. Yeah. But, again, I mean, th-- as I say, that sounds a bit like policy-based evidence, doesn't it? You know? (LAUGHTER) So you gotta watch-- you gotta watch how you frame that kinda-- yeah.

BRETT DAVIDSON:

Yeah. Well, thank you very much. I think it's--

(OVERTALK)

BRETT DAVIDSON:

I think-- I think definitely this-- you know, at least having to-- I mean, I think we have to grapple with the idea that we are not just-- you know, this is-- as much as we like to think ourselves as the good guys, that we have to engage with power as much as anybody else.

And, you know-- it's not that we have all the right-- we think we have the right answers, but it's also engaging in the power process. But I also think about how we think about coalitions with scientists, and with researchers, or people we fund and how we-- how that all fits together. Yeah. Well, thanks so much. And thanks everyone for coming.

MULTIPLE AUDIENCE MEMBERS:

Thank you. (APPLAUSE)

* * *END OF TRANSCRIPT* * *