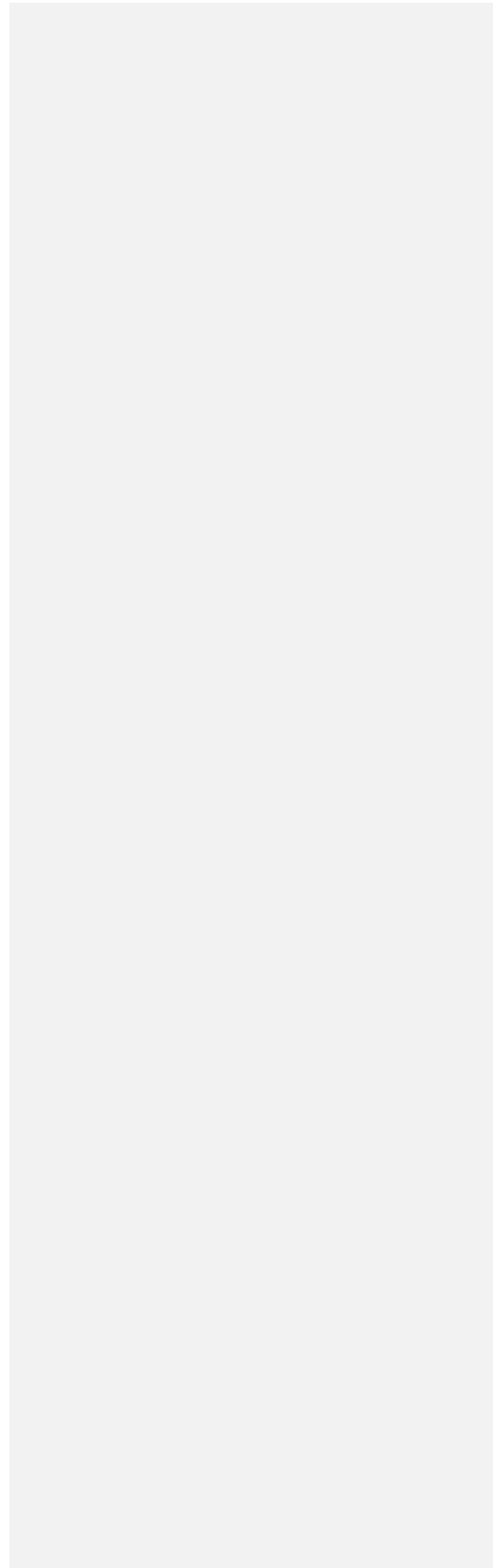


Public support for Randomised Controlled
Trials and nudge interventions in
Australian Social Policy



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Abstract

An emerging view in public policy is that there should be greater use of evaluations and randomised controlled trials (also known as RCTs). While RCTs have been shown to provide reliable estimates of causal impacts, there is little evidence on support for such trials amongst the general population. This paper provides the first large-scale survey evidence on knowledge and support for RCTs in a high-income country, and how this support varies across the population. There is a relatively low level of familiarity with RCTs, particularly amongst older Australians and those with lower levels of education. When RCTs are explained to the general public, they are supportive in principle of them being used, more so than people are supportive of pilot programs without a comparison group. We also present analysis from an online survey experiment that tested the level of support, and factors associated with support, for policy trials and RCTs. In an experimental setting, the proposed policy area and support from experts had large effects on the level of public support. We conclude that experts and policy makers need to engage with the community to explain the benefits, and to learn from community concerns.

1 Introduction

Randomised Control Trials (RCT) are widely used and accepted in medical research for drug trials and to test a range of medical treatments. The use of RCTs to evaluate the outcomes of public policies is less widespread and much more contentious. In the context of the evaluation of a government policy or program, a RCT involves identifying a potential population of interest to receive a new program or service, or to be subject to a policy (the “intervention”) and then randomly allocating members of the population to either a treatment group that receive the “intervention” or a control group that does not receive the ‘intervention’. The outcomes of the treatment and control groups are compared in order to estimate the impact of the policy.¹

RCTs are attractive because they can solve the central impact evaluation problem of identifying what would have happened in the absence of the policy (i.e., the counterfactual). For this reason, it is argued that RCTs should be used, where feasible, to test the effectiveness of new policies for which there is limited or no evidence about their likely impact (e.g. Boruch et al. 2009, Leigh 2018). One of the leading advocates for RCTs in policy making is the UK Government Behavioural Insights Team who argue that RCTs are the best way of determining whether a policy is working (Haynes et al., 2012):

By enabling us to demonstrate just how well a policy is working, RCTs can save money in the long term – they are a powerful tool to help policymakers and practitioners decide which of several policies is the most cost effective, and also which interventions are not as effective as might have been supposed. It is especially important in times of shrinking public sector budgets to be confident that public money is spent on policies shown to deliver value for money. (p.5)

Deaton and Cartwright (2018), note that “RCTs can play a role in building scientific knowledge and useful predictions but they can only do so as part of a cumulative program, combining with other methods, including conceptual and theoretical development, to

¹ The validity of the RCT approach requires that the treatment and control groups be randomly selected (i.e., through a “toss-of-the-coin”) as well as that a number of other conditions being met including that the two groups being large enough to ensure that they are likely to be very similar across both observed and unobserved characteristics. In general, there are at least two groups, with at least one of them not receiving that specific intervention, and the allocation of subjects between the two or more groups is through random assignment. Complexities related to the design and implementation of RCTs include controlling for spill-over effects, attrition, compliance, and measurement of outcomes (Glennerster and Takavarasha, 2013).

discover not 'what works', but 'why things work'. However, even the strongest supporters of RCTs recognise that there are instances when they not feasible for practical, ethical, or political reasons. From a technical perspective, RCTs can only be used for policies for which it is possible to randomise treatment or intention to treat. This applies for only some policies or programs, often in areas such as development assistance, family and community services, environmental programs and behaviours, education, and health. It is difficult to imagine RCTs on issues such as major legislative changes to the income tax or social security system; major economic policies, including monetary and fiscal policy; and foreign policy.

The ethical issues, in certain circumstances, are also significant. Take for example the question as to whether prison sentences reduce re-offending. This is a question on which there are likely be substantial selection effects related to the sentencing decisions of judges and for which there are no practical impediments to randomise whether a prison sentence is imposed or not. An RCT would be completely feasible. However, there are major ethical concerns about randomising which offenders go to prison and which do not receive a custodial sentence.

Despite the limitations of RCTs, it is argued that they are used far less in evaluating public policies than they should be (Haynes et al. 2012). There is some evidence that policy makers are sceptical of RCTs and their role in public policy decision making (Ames and Wilson, 2016), although Ames and Wilson (2016: 35) conclude that 'there is more political support [amongst parliamentarians] for such RCTs than is often supposed.'

Despite extensive polling on community views about the role of government and policy priorities, there is little information about community views about the extent to which policies should be trialled and the use of RCTs. In order to have an informed view about RCTs it is necessary to have at least some understanding of what a RCT is and their strengths and weaknesses. When asked about understanding of drug trials only 60% of Americans were able to '*Identify the need for a control group to determine effectiveness of a new drug.*' (Pew Research Center, 2019).

Behavioural informed interventions, or nudges are policy tools areas that has been closely associated with the use of RCTs (Thaler and Sunstein 2009; Sunstein et al 2018). Sunstein et al. (2018a) using data from Belgium, Denmark, Germany, South Korea, and the

US find *'general approval of regulatory nudges alongside marked national differences in levels of support'*. Importantly, in the context of this paper, *'acceptance is generally higher (or resistance is lower) for those nudges that are targeted to others – i.e., businesses – and lower for those that target people directly.'* In an earlier paper using more countries but a less detailed analysis, Sunstein et al. (2018b) concluded that *'insofar as officials are concerned about public opinion, they generally need not worry, at least with respect to most of the nudges tested here.'* While these studies provide useful contextual information, they do not focus specifically on RCTs and there is only very limited evidence on the level of support for policy trials (including in Australia).

Following Mordini (2007) and defining technology as a *'social practice that embodies the capacity of societies to transform themselves by creating and manipulating not only physical objects, but also symbols and cultural forms,'* RCTs can then be seen as a form of technology. There is a broader literature on the public acceptance of technology which has insights for public acceptance of RCTs. Summarising this literature, Gupta et al. (2011: 791) concludes that *'Perceived risk, perceived benefit, trust and culpability, knowledge, individual differences and attitude are traditionally the most often reported or cited determinants'* [of acceptance of new technology].

To improve our understanding of the general public's views on trials and RCTs in particular, this paper provides new data on the knowledge of and support for policy trials relative to other ways to implement a new policy approach. In addition to asking people's views, the study introduces a number of innovations. First, it includes a range of explanatory variables not included in previous studies, including political preferences, data from a belief in the role of government module and data from a populism module (described below). Second, the study introduces several experimental conditions (based on a population-based survey experiment that allow us to test for the effect of the policy domain, and expert views on the policy). Third, the survey experiments are run on a nationally representative, probability-based panel, rather than on students in a lab or non-probability panels that have been shown to suffer from serious errors of representation (Baker et al. 2013; Pennay et al. 2018).

The remainder of this paper is structured as follows. In Section 2, the data and the main questions used in the analysis are introduced. Section 3, reports on knowledge and support for RCTs and in Section 4 the factors associated with level of support for trials in general, and RCTs in particular are analysed. This is followed in Section 5 by a summary of the effects of expert opinion and party affiliation in support for trials and RCTs. Section 6 focuses on support for nudge-style interventions and the relationships with RCTs. The final section provides some concluding comments.

2 Data and survey questions

The data used in this paper are primarily from the October 2022 wave of the ANUpoll survey series which had a focus on public attitudes towards RCTs and policy pilots.² The survey included questions on views about governments using RCTs, trials that do not involve random allocation or other approaches. There were also questions about familiarity with RCTs, general support for RCTs and pilots (after respondents were provided with a description of a RCTs), and views on the type of information, including RCTs, which politicians should take into account when making policy decisions. The survey also included an experiment which involved asking respondents to consider a hypothetical proposal to reform one of five policy areas and whether respondents thought that the government should:

- Introduce the policy for everyone in Australia at the same time;
- Introduce the policy to everyone, but do it in stages;
- Trial on a small segment of the population who need it most; or
- Trial on a small segment of the population chosen randomly.

The wording of the survey question was randomly varied across survey respondents in several dimensions including the order in which the different policy areas were presented to the respondents; the extent to which experts in the area are generally supportive, generally opposed or divided on the policy; and the political party that was proposing the policy. Allocation to each of the treatment dimensions was done independently. The exact wording of the question is:

² The survey data is available for download through the Australian Data Archive (doi:10.26193/BTCSY5).

Please consider a hypothetical [Labor Party/Liberal Party/blank] proposal to reform <INSERT PORTFOLIO AREA>. If experts in the area [generally support/are generally opposed to/are divided on] the policy, which of the following approaches do you think the [Labor/Liberal/blank] government should take?

(RANDOMISE)

- a. School education
- b. Early childhood education
- c. Health service delivery
- d. Policing
- e. Support for those seeking employment

General support for RCTs and pilots was measured using the question ‘How much do you support or oppose the following: the use of controlled experiments or trials to design and test more areas of government social policy; and the use of pilot schemes without control groups to design and test more areas of government social policy’

Given the expected lack of understanding of RCTs, immediately prior to the question on general level of support for RCTs, 65% of respondent (randomly selected) were given the following description of an RCT³:

There are many ways of testing the effectiveness of social policies, in areas such as education, crime, health and welfare. For example, in a controlled experiment or trial, some people are randomly chosen to get a policy intervention and others do not get it at all. These groups are then compared to see the effect the policy has had. On the other hand, a pilot scheme is when a policy is tested with part of a population before being rolled out to the whole target population.

Several of the questions on the October 2022 survey about RCTs repeated questions included in the August 2018 ANUpoll. In addition to the 2022 survey including additional questions, the 2018 survey did not provide respondents with a description of RCTs. The inclusion of the description of what is a RCT may have impacted responses to the survey experiment. In order to test for such a potential “priming” effect, in the October 2022 survey 65% of respondents were randomly assigned to be asked the additional questions about RCTs before being asked the survey experiment question and the remaining 35% of

³ The description was taken from the survey of Australian parliamentarians run by Ames and Wilson (2016).

the sample were first asked a question on a hypothetical policy reform across five policy areas which exactly replicates the 2018 survey experiment in 2022.

In the October 2022 survey, respondents were also asked a series of questions about a common nudge-style intervention, related to superannuation⁴. Half of the respondents were told: 'Imagine the government recommended a superannuation plan with the highest expected returns based on your relevant financial and employment information.' The other half were given a similar piece of information, but told to imagine it was 'an employer' rather than 'the government.' Both sets of respondents were then asked 'How much would you support or oppose such a policy', with response options strongly support, support, oppose, and strongly oppose. The order of response options were randomly reversed for half the sample.

Respondents were then asked 'How likely would you be to select that recommended superannuation plan?' with response options very likely, somewhat likely, not very likely, and not at all likely. Respondents were then asked a series of questions about transparency and defaults, as described below.

With regards to transparency, respondents were first asked a yes/no question about 'Would you want the government/an employer to share with you how they made their recommendation and the relevant information they used to make their recommendation?' with the same random assignment as in the first question.

The fourth and fifth questions in the RCT module in the October 2022 survey are designed to draw out the distinction between defaults and 'menu ordering.' Specifically, respondents were asked 'How supportive would you be if the government/an employer set their recommended superannuation plan as the default?'. The following question asked 'How supportive would you be if the government/an employer listed their recommended superannuation plan first in a list of options,' a form of 'menu-ordering' often used as a

⁴ Superannuation is defined by the Australian Tax Office as 'money put aside by your employer over your working life for you to live on when you retire from work' <https://www.ato.gov.au/general/other-languages/in-detail/information-in-other-languages/your-superannuation-basics/> In Australia, superannuation is compulsory and paid by employers, with employees able to make a co-contribution with substantial tax benefits.

form of choice architecture. For both questions, response options were strongly support, support, oppose, and strongly oppose.

The final question in the module returns to the issues of transparency and was a yes/no question: 'Would you want the government/an employer to disclose that their recommended superannuation plan is listed first or is set as the default?'

The October 2022 sample was drawn from the 'Life in Australia' panel and included respondents aged 18 years and over and data was collected from 3,468 Australians.⁵ Among individuals invited to undertake the survey (i.e., members of the 'Life in Australia' panel), the completion rate was 81%. The results have been weighted to represent the national population at the time of data collection.

3 Knowledge of and support for trials in Australia

3.1 Knowledge of and support for RCTs and pilots

In October 2022, almost two-thirds (63.0%) of respondents said that they had not heard of the concept of a RCT, 14.0% said that they had heard of the concept of a RCT but do not have a fair understanding of what is a RCT, and 23.1% said that they have a fair understanding what a RCT is.

Self-assessed knowledge of RCTs increases with level of education. The proportion of people thinking they have a fair understanding of RCTs is 6.8% for those who have not completed year 12, 25.9% for those who completed year 12 but don't have post-school qualifications, 16.0% for those with a Certificate III/IV, 33.6% for those with an undergraduate degree, and 45.2% for those with a post-graduate degree.

There are also substantial differences in knowledge and understanding of RCT according to age. Knowledge and understanding of RCTs fall with age. Just over one-third

⁵ Incentives had previously been offered upon recruitment to the panel, with an additional incentive offered per wave of data collection (which typically occurs monthly).

(36.9%) of those aged 18 to 24 say they had a fair understanding compared to 14.5% of those aged 65 to 74 years and 12.8% of those aged 75 years and over.

Despite their lack of prior knowledge of RCTs, following provision of the description of the RCT approach, a majority of Australians support the use of controlled experiments or trials with 14.5% strongly supporting and 68.9% supporting. Just over one-in-ten (13.0%) opposed the use of controlled experiments or controls and 3.6% strongly oppose their use. There is a lower level of support for pilot schemes, with 7.2% strongly supporting and 46.9% support. Over one-third (37.9%) oppose and 8.0% strongly oppose.

The level of support for RCTs amongst the Australian general population in October 2022 (83.4%) was higher than level of support of Australian parliamentarians found by Ames and Wilson (2016) with 73% supporting the use of RCTs in 2016.⁶ There is also a slightly higher level of support amongst the Australian population for pilot schemes (54.1%) than there is amongst parliamentarians (49%), though the differences are not as large as they are for RCTs.

Providing respondents with a short description of what a RCT is before asking the questions on views about how to introduce new policies significantly increases the level of support for trials broadly and RCTs specifically. Pooling across the different policy areas, 49.0% of respondents who were asked about policy reform options **prior** to being given information about RCTs supported the policy either being trialled 'on a small segment of the population who need it most' (32.9%) or 'on a small segment of the population chosen randomly' (16.1%). For the respondents who were provided with information about RCTs, 60.5% thought the reform should be trialled. The differences in the level of support for trials between those who were provided with information about RCTs before being asked the questions and those who were not is 11.5% and the difference is both statistically significant and qualitatively quite large. The increase in absolute terms is similar for the proportion of people who think the policy should be trialled using random assignment (22.4% compared to 16.1%) and trialling based on need (38.0% compared to 32.9%).

⁶ There are no standard errors available for the sample of parliamentarians.

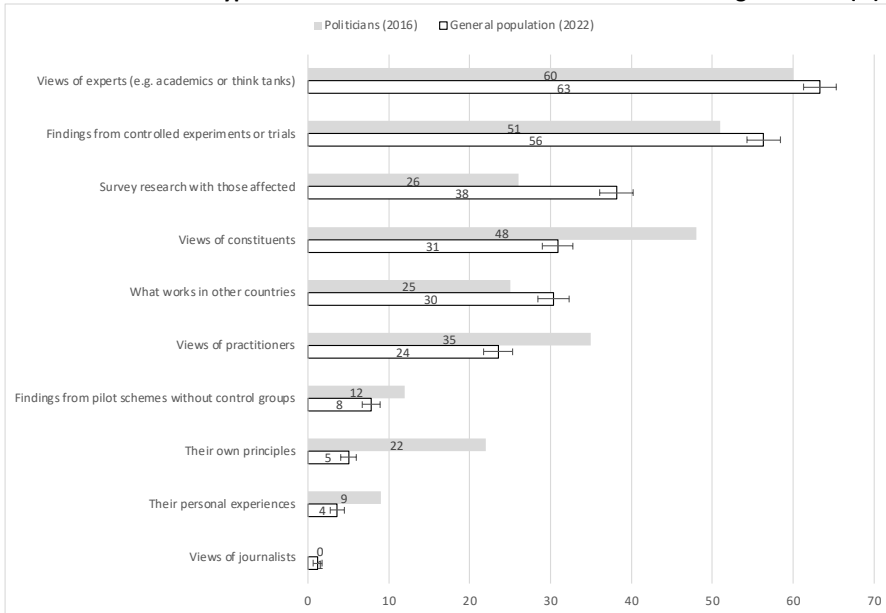
3.2 Where politicians should get their information

There are a range of sources of information that politicians can use when making decisions. The survey included a question about which of a range of types and sources of information that politicians should pay most attention to when making policy decisions. Response options included “findings from controlled experiments or trials” and “findings from pilot schemes without control groups”. This replicated a question included in a 2016 survey of Australian parliamentarians (Ames and Wilson 2016).

The views of the Australian public and parliamentarians about the extent to which the views of experts and findings from controlled experiments or trials should be used when making decisions are similar, although the public are slightly more likely to think that these types of evidence should be used (Figure 1). More than half of the general Australian public think that the views of experts should be used (63.3%) and that the findings from controlled experiments or trials should be used (56.3%). This compares to 60 and 51% of Australian parliamentarians respectively. The Australian public are also more likely than parliamentarians to think that surveys (38.2%) and what works in other countries (30.4%) should be used.

The parliamentarians surveyed by Ames and Wilson (2016) were more likely to say that views of constituents; views of practitioners; their own principles; findings from pilot schemes; and their personal experience should be used. Neither parliamentarians nor the Australian public think that politicians should take into account the views of journalists.

Figure 1 Views of Australian adults in 2022 and Australian parliamentarians in 2016 on the type of information that should be used when making decisions (%)



Note: The “whiskers” on the lines indicate the 95% confidence intervals for the estimate.

Source: ANUpoll: October 2022 and Ames and Wilson (2016).

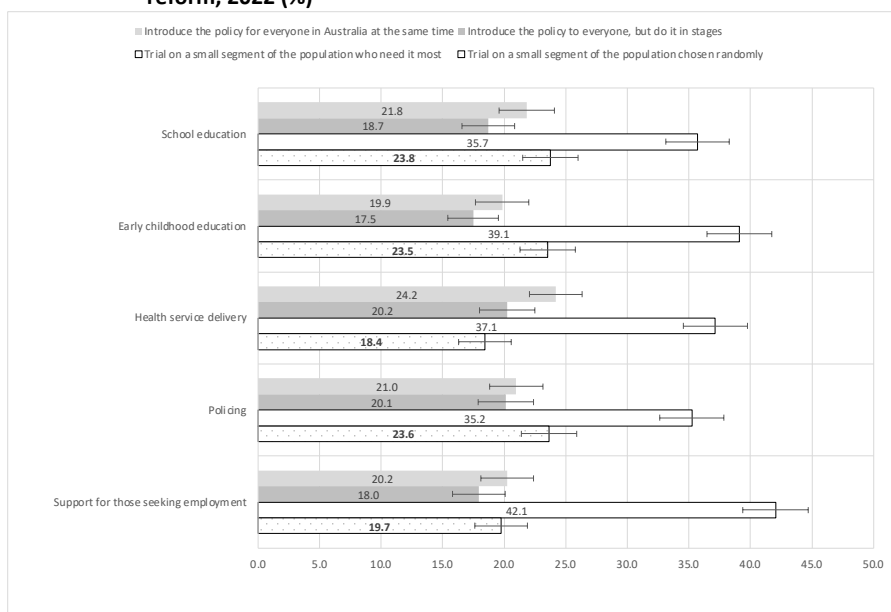
3.3 Views about approaches to policy reforms in different policy areas

This section reports results for views about whether the government should use RCTs, trials that do not use randomisation, introduce the policy in stages or introduce the policy for everyone at the same time. As described above, in the October 2022 survey 65% of respondents were provided with a short summary of what a RCT is prior to being asked the question and the remaining 35% were not provided with this information.

Figure 2 reports Australian’s views about the approach the government should take when introducing a new policy in the different policy areas. Given that providing information about RCTs prior to being asked about what approach should be taken to introducing new policies impacts on responses the analysis is restricted to the 65% of respondents who were provided with this information.

There are some differences between policy areas in the views of Australians about whether policies should be trialled on a small segment of the population who need it most and whether policies should be trialled on a small segment of the population chosen randomly (i.e., an RCT). The differences however are relatively small across policy areas and the pattern is similar. Trialling on a small segment of the population who need it most being the most common response for all policy areas varying from 35.2% for policing and 35.7% for education to 42.1% for support for those seeking employment. The view that the policy should be trialled on a small segment of the population chosen randomly is lowest for health service delivery (18.4%) and support for those seeking employment (19.7%) and highest for school education (23.8%), early childhood education (23.5%) and policing (23.6%).

Figure 2 Which approaches should the government take for a hypothetical policy reform, 2022 (%)



Note: The “whiskers” on the lines indicate the 95% confidence intervals for the estimate.

Source: ANUpoll: October 2022

There has been little change in support for the use of RCTs between 2018 and 2022. For the comparison of change in support for RCTs only responses from the 35% of respondents who were not provided with a description of what a RCT before being asked the question are included in the analysis in order to provide data that is comparable to 2018. In 2018, 47.0% said that their preferred approach to introducing a new policy was that it should be trialled (either on those who need it most or randomly). This is slightly lower than the 49.0% of respondents who said that this was their preferred approach in 2022, and the difference is not statistically significant. The proportion supporting a RCT was 17.7% in 2018 and 16.1% in 2022.

3.4 General views on trials and evaluations

The analysis above shows that for all five of the policy domains asked about, the approach that Australians most commonly thought should be taken was to trial the policy on a small segment of the population who need it most. Leaving aside the methodological challenge of trialling a policy with an unrepresentative segment of the population (which most members of the general public do not understand), this approach would appear to the general public to combine the positives of having a trial and building an evidence base, without some of the perceived unfairness of random allocation. This aligns with more general views on trials and evaluations.

The October 2022 survey asked respondents about the extent to which they agreed or disagreed with seven statements about specific aspects on the role of RCTs and evaluation more generally. It should be kept in mind that these questions were asked last in the module, so all respondents had been provided with the description of the RCT methodology prior to being asked this question.

Australians are somewhat more likely to think that 'Randomly choosing whether some people get a policy intervention and others do not is unfair' than not, with more Australians agreeing (60.4%) than disagreeing (39.6%) (Figure 3). This finding is consistent with the much higher level of support for trialling on a small segment of the population who need it most than the use of a RCT. People who said that they were more familiar with RCTs are less likely to agree that randomisation is unfair. Specifically, 46.2% of those who have a fair idea

of what a RCT is agree that randomisation is unfair, compared to 54.6% of those who have heard of RCTs but don't have a fair idea and 67.0% of those who were unfamiliar with RCTs.

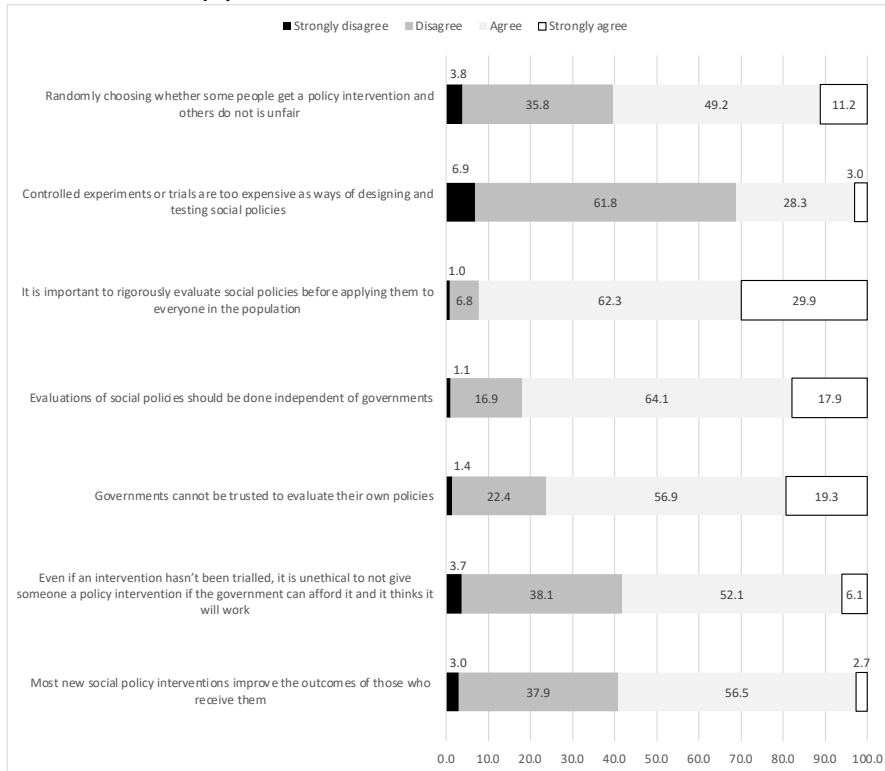
Over two-thirds of the Australian public disagree or strongly disagree that 'controlled experiments or trials are too expensive as ways of designing and testing social policies.' To a certain extent, this demonstrates an appreciation of the importance of having an evidence base for social policy and the relative cost-effectiveness of high-quality evidence.

Two of aspects of trials and evaluations asked about in the October 2022 survey were also asked in the survey of parliamentarians conducted by Ames and Wilson (2016). These are the extent of agreement or disagreement with the statements 'randomly choosing whether some people get a policy interventions and others do not is unfair' and 'controlled experiments or controls are too expensive as ways of designing and testing social policies'. Parliamentarians had broadly similar views in the Ames and Wilson (2016) survey, with 36% disagreeing. Most Australians disagree that controlled experiments or trials are 'too expensive as ways of designing and testing social policies' (68.7%), with a slightly higher disagreement rate than amongst parliamentarians (62%).

The October 2022 survey also included five additional questions that were designed specifically for ANUpoll and asked respondents to indicate the extent to which they agree or disagree with statements about the role of evaluation in public policy more broadly. Most Australians (92.2%) agree or strongly agree that 'It is important to rigorously evaluate social policies before applying them to everyone in the population.' However, there is also a very large proportion of the population who agree or strongly agree that 'Evaluations of social policies should be done independent of governments' (82.0%) and that 'Governments cannot be trusted to evaluate their own policies (76.2%).'.

The Australian population is more evenly split on whether 'Even if an intervention hasn't been trialled, it is unethical to not give someone a policy intervention if the government can afford it and it thinks it will work' (58.2% agree or disagree) and whether 'Most new social policy interventions improve the outcomes of those who receive them' (59.2%).

Figure 3 General views of Australian adults on trials, evaluations, and social policy, 2022 (%)



Source: ANUpoll: October 2022

4 Predictors of support for policy trials

Views about the use of policy trials and RCTs are likely to vary substantially across the population. In order to understand these differences a regression analysis of the factors associated with support for the use of policy trials is undertaken.

4.1 Empirical specification

The dependent variable is the level of support for the use of controlled experiments or trials to design and test more areas of government social policy. The dependent variable takes one of four values (strongly support, support, oppose, strongly oppose) and thus an ordered probit model is appropriate. Explanatory variables include a fairly standard set of

demographic and socio-economic characteristics: gender; age; Indigenous status; whether the individual was born overseas and if so whether in an English or non-English speaking country; whether the individual speaks a language other than English at home; educational attainment; socioeconomic status of the area in which the individual lives (Socio-Economic Indexes for Areas (SEIFA)); whether the individual lives outside a capital city; and household income, in quintiles.

It is expected that support for policy trials and RCTs will be higher amongst those who have a better understanding of why RCTs can produce more reliable estimates of the impact of a policy. Given that awareness and understanding of RCTs is strongly associated with educational attainment, the model is estimated without the control for knowledge of RCTs (Model 1) and including a control for knowledge of RCTs (Model 2). Knowledge of RCTs is measured using a set of dummy variables for whether or not the respondent has a self-assessed fair understanding of what a RCT is, has had heard of RCTs but does not have a fair understanding of what a RCT is, or has not heard of RCTs.

It is expected that support for policy trials and RCTs will be lower for people who have lower levels of confidence in the effectiveness of government policies and confidence in government, and lower amongst those who have populist, authoritarian, nationalist, or ethno-nationalist attitudes, and level of confidence in government. Model 3 adds explanatory variables that measure these three views.

Confidence in government is captured using a measure of confidence in the Federal Government, categorised as a great deal or quite a lot of confidence and not very much confidence or none at all. A core feature of populism is the opposition to privileged elites and challenges the authority of establishment elites (Acemoglu et al 2013; Norris and Inglehart 2018). The populist opposition to elites includes a range of institutions including political and scientific institutions with academics being seen as a technocratic elite (Caramani 2017; Mede & Schäfer 2020). To the extent that RCTs are seen as a technocratic approach, those with more populist views are expected to have lower levels of support for the use of RCTs. A measure of populism based on the nine-item scale populism scale developed by Silva et al. (2018) is included as an explanatory variable. Each of the constructs had two positively worded and one negatively worded question. The survey included a tenth

negatively worded question that summarises a more general perception of populism related to politicians versus the people leading a country was included in the survey.⁷ The populism scale was asked in the January 2023 ANUpoll survey and because the surveys are conducted using a longitudinal panel the January 2023 responses are linked to the October 2022 survey at the individual level.⁸ After confirming that the positively worded questions have a positive loading in a factor analysis and the negatively worded questions have a negative loading, an additive index which has been constructed with the items coded so that a higher value indicating more populist attitudes. The scale takes minimum value of 10 and maximum value of 50.

An index of views about the role of government is included as an explanatory variable. The index is based on the International Social Survey Program (ISSP) module on the role of government. The survey included two additional questions that are not included in the ISSP module but which are important in the Australian context. These are views about border protection and Indigenous policy.^{9,10} As with the populism scale, the role of government questions were not asked in the October 2022 wave, but were asked in the January 2023 wave which is linked to the October 2022 wave at the individual level. People who thought that government definitely or probably should have responsibility in one area tended to also

7 This scale includes three dimensions – people-centrism, anti-elitism, and Manichean outlook. The survey question is ‘Now for a series of statements about politicians and politics in Australia. To what extent do you agree or disagree with each?’: politicians should always listen closely to the problems of the people; politicians don’t have to spend time among ordinary people to do a good job; the will of the people should be the highest principle in this country’s politics; the government is pretty much run by a few big interests looking out for themselves; government officials use their power to try to improve people’s lives; quite a few of the people running the government are crooked; you can tell if a person is good or bad if you know their politics; the people I disagree with politically are not evil; the people I disagree with politically are just misinformed; and politicians should lead rather than follow the people.

8 91.8% of those who completed the October 2022 survey completed the January 2023 survey.

9 The other change to the ISSP question is that the ANUpoll surveys randomised the order of the questions, whereas in the ISSP the sub-questions were asked in the order outlined below. Analysis comparing data from the ANUpoll surveys with the Australian ISSP data shows that question ordering does matter.

10 The role of government module asks respondents ‘On the whole, do you think it should or should not be the government’s responsibility to ...?’: Provide a job for everyone who wants one; keep prices under control; Provide health care for the sick; provide a decent standard of living for the old; Provide industry with the help it needs to grow; provide a decent standard of living for the unemployed; reduce income differences between the rich and the poor; give financial help to university students from low-income families; provide decent housing for those who can’t afford it; impose strict laws to make industry reduce their environmental harm/impact; promote equality between men and women; reduce the gap in living standards between Aboriginal and Torres Strait Islander Australians and the rest of the Australian population; and control who enters Australia’s borders. The response options are ‘definitely should be’, ‘probably should be’, ‘probably should not be’ and ‘definitely should not be’.

agree that the government should have responsibility in other areas, with the exception of views about whether government should ‘control who enters Australia’s borders’, views about which do not correlate highly with views about the role of government in other policy areas. This suggests that there is an underlying belief about whether government should or should not intervene that varies across the population and affects people’s attitudes to particular policy domains confirmed by a factor analysis of the thirteen variables. An index of support for government intervention is constructed based on a simple aggregation of the thirteen measures, where we have a value of 0 if the person thinks that role should definitely not be the responsibility of government and a value of 3 if it definitely should be. Across individuals, the index ranges from 0 to 39. The greater the level of support for government intervention, the higher the value of the index.¹¹ We do not have a strong prior belief about the direction of the relationship with the Belief in Government index, as those who are more supportive of government having a role across multiple domains may be less likely to think that policies will be ineffective (and therefore a negative association with support for RCTs), but more supportive of governments being able to effectively evaluate policy (a positive association).

4.1 Regression model results

The results from Model 1, which does not include measures of knowledge of RCTs and the variables measuring views belief in government, populism and confidence in government are not included, shows that overall there are few statistically significant associations between demographic and socio-economic characteristics and support for RCTs. Younger Australian (18-24 years) are estimated to be more supportive of RCTs than those aged 35-44 years and those aged 55-64 years are less supportive of RCTs (only statistically significant at the 10% confidence level). Having a university degree (post-graduate or undergraduate) is estimated to be associated with a higher level of support for RCTs and the associations are statistically significant at the 1% confidence level. The strength of the association between level of education and support for RCTs is reduced by the inclusion of the variables measuring support for RCTs (Model 2). This suggests that part,

¹¹ A non-linear (quadratic) specifications for the belief in government and populism indices, as well as the interaction between them was tested and rejected.

but not all, of the association with education is explained by education increasing knowledge of RCTs. Having a high household income (top income quintile) is also associated with a higher level of support for RCTs.

Familiarity with RCTs has a positive association with support when we control for other characteristics (Model 2). However, this difference also holds through a comparison of means. Specifically, 80.5% of those who are unfamiliar with RCTs support or strongly support the use of trials, increasing to 88.2% of those who have a fair idea of what a RCT is and 88.3% of those who have heard of RCTs but do not have a fair idea.

Although the differences by age are no longer significant when we control for familiarity with RCTs (Model 2), the differences by education and income are still significant, albeit with a slightly smaller coefficient.

In Model 3, we can see a strong association with support for RCTs and confidence in government (positive), belief in the role of government (positive) and populism (negative). The coefficients from an ordered probit model are difficult to interpret, but we can get a sense of the magnitude of the association with a comparison of means. Specifically, 79.4% of those who are not confident in the Federal Government support or strongly support the use of RCTs, compared to 87.4% of those who are confident. Those who have a belief in the role of government which is in the bottom 20% of the distribution, 80.4% support or strongly support the use of RCTs compared to those who are in the top 20% of belief in the role of government of whom 86.4% support or strongly support the use of RCTs. There is a similar pattern populism with those who have the most populist attitudes (top 20%) 78.7% support or strongly support the use of RCTs compared to 86.9% of those with the least populist views (bottom 20%).

Table 1 Factors associated with support for Randomised Controlled Trials, October 2022

Explanatory variables	Model 1		Model 2		Model 3	
	Coeff.	Signif.	Coeff.	Signif.	Coeff.	Signif.
Fair understanding of RCTs			0.327	***	0.259	***
Heard of RCTs, but does not have a fair understanding			0.206	***	0.123	
Belief in Government index					0.026	***
Populism index					-0.020	***
Confident in the Federal Government					0.185	***
Female	-0.081		-0.079		-0.123	**
Aged 18 to 24 years	0.248	*	0.187		0.161	
Aged 25 to 34 years	-0.035		-0.052		-0.104	
Aged 45 to 54 years	-0.088		-0.079		-0.168	*
Aged 55 to 64 years	-0.153	*	-0.154	*	-0.243	***
Aged 65 to 74 years	-0.066		-0.060		-0.147	
Aged 75 years plus	-0.012		0.017		-0.069	
Indigenous	-0.041		-0.007		-0.033	
Born overseas in a main English-speaking country	-0.062		-0.064		-0.031	
Born overseas in a non-English speaking country	-0.139		-0.121		-0.131	
Speaks a language other than English at home	-0.005		0.024		0.037	
Has not completed Year 12 or post-school qualification	0.019		0.065		0.103	
Has a post graduate degree	0.273	***	0.191	*	0.141	
Has an undergraduate degree	0.296	***	0.253	***	0.187	*
Has a Certificate III/IV, Diploma or Associate Degree	-0.016		0.001		0.006	
Lives in the most disadvantaged areas (1st quintile)	-0.061		-0.068		-0.066	
Lives in next most disadvantaged areas (2nd quintile)	-0.075		-0.089		0.032	
Lives in next most advantaged areas (4th quintile)	-0.049		-0.042		-0.090	
Lives in the most advantaged areas (5th quintile)	-0.042		-0.053		-0.026	
Lives outside of a capital city	-0.044		-0.044		0.000	
Lives in lowest income household (1st quintile)	-0.069		-0.053		-0.112	
Lives in next lowest income household (2nd quintile)	0.010		0.006		-0.068	
Lives in next highest income household (4th quintile)	0.134		0.145	*	0.151	
Lives in highest income household (5th quintile)	0.228	***	0.229	***	0.228	**
Cut-point 1	-1.851		-1.758		-1.717	
Cut-point 2	-1.006		-0.910		-0.846	
Cut-point 3	1.061		1.176		1.287	
Sample size – Individuals	2,957		2,956		2,686	

Notes: Ordered probit model. The base case individual is male; aged 35 to 44 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a post-graduate degree; and lives in neither an advantaged or disadvantaged suburb (third quintile) and in the middle income quintile household.

Coefficients that are statistically significant at the 1% level of significance are labelled ***; those significant at the 5% level of significance are labelled **, and those significant at the 10% level of significance are labelled *

Source: ANUpoll, October 2022 and January 2023.

5 Effect of expert views and party affiliation on support for trials in Australia

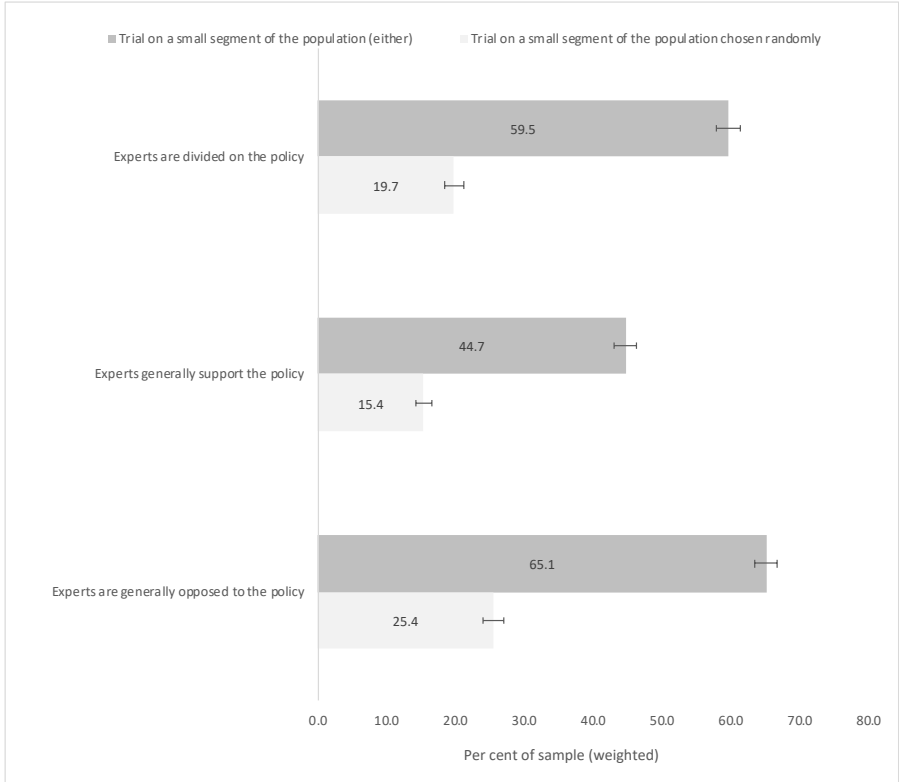
The type of policy proposed clearly influences whether the general public thinks it should be trialled, and particularly whether it should be trialled as part of a RCT.

The main 'treatment' that we applied to the question was to vary whether respondents were told whether experts generally support the policy, are generally opposed to the policy, or are divided on the policy (with one-third of respondents given each of these options).

Figure 4 gives the level of support for trials in general, and RCTs in particular, depending on the (randomly allocated) views of experts. These results are unconditional – that is, we do not control for other characteristics of the respondents. However, because we have a reasonably large sample size with balance across the different treatments, the differences and conclusions are the same regardless of whether we control for observable characteristics.

Keeping in mind that respondents were not given the option of not introducing the policy at all, the greatest support for a trial in general or a RCT in particular occurs when experts are generally opposed to the policy. In this case, it would seem that respondents believe that the government should obtain additional evidence through a trial or a RCT. The least amount of support for a trial or RCT comes when experts are generally in support of the policy, which would imply that respondents believe that sufficient evidence must already exist to introduce the policy for everyone.

Figure 4 Support for government trialling a new policy on a small segment of the population in general or chosen randomly, by views of experts



Source: ANUpoll on the Role of Government, October 2022

We now turn to the relationship between political party and support for trials, keeping in mind that the Labor Party was in power at the time of the 2022 survey. For the full sample of respondents and combining the five policy areas, there was no difference in support for RCTs across the three treatment/control options – 20.3 per cent if party wasn't specified, 19.8 per cent if it was a Liberal party policy and 20.2 per cent if it was a Labor party policy. There are also no significant differences between voters for the two major parties and support for RCTs when the three treatment/control options are combined, with 18.4 per cent of those who would have voted Labor at the time of the survey in support of an RCT compared to 17.1 per cent of those who would have voted for the Coalition. There

are some differences for those who would have voted for someone other than the two major party groupings, with 26.2 per cent of this group supporting an RCT.

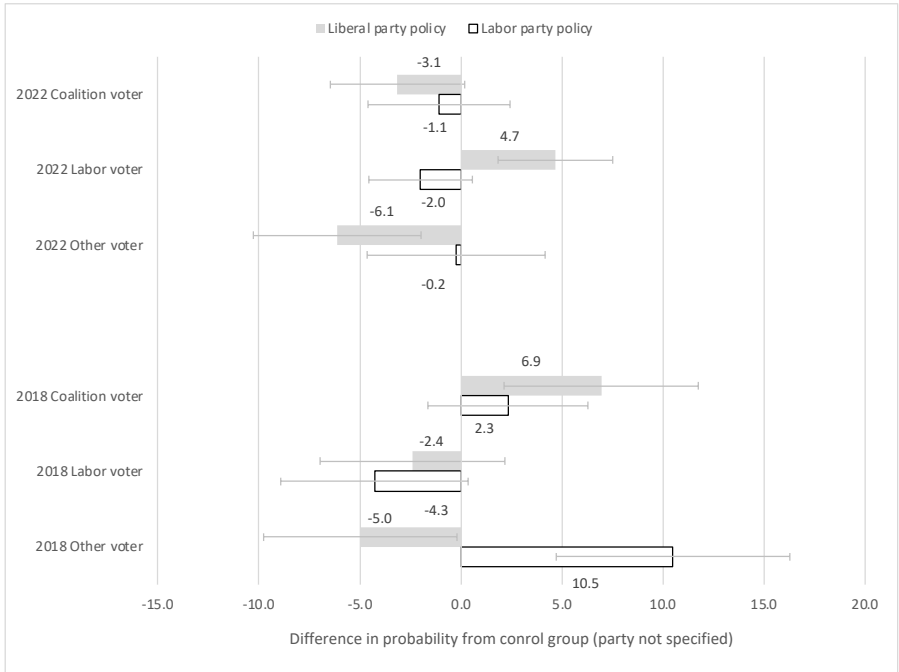
What is most interesting from the data though is that there is a significant interaction between the party that a respondent said they would vote for if an election was held on the day of the survey and the party proposing the policy. Furthermore, this interaction appears to vary depending on the party in power. We present results as 'treatment effects' or differences between the two treatment groups and the control group (no party specified). We do not control for other characteristics, and present results for 2018 (when the Coalition was in power) and 2022 (when Labor was in power).

Looking at supporters of the two major parties, for Coalition voters in 2022 there is less support for RCTs if it is a Liberal Party policy (-3.1 per cent, p-value = 0.063) whereas there is no significant difference if it is a Labor Party policy (-1.1 per cent, p-value = 0.551). In 2018, however, there was a greater level of support for an RCT if it was a Liberal Party policy (+6.9 per cent, p-value = 0.005) with no significant difference again if it was a Labor Party policy (+2.3 per cent, p-value = 0.250).

For Labor voters in 2022, Liberal policies are associated with a higher level of support for RCTs (4.7 per cent, p-value = 0.001) than unspecified policies. There is also some weak evidence that there are lower levels of support for a trial for Labor voters when it is a Labor policies (-2.0 per cent, p-value = 0.124). In 2018, when the Coalition was in power, there was lower levels of support for an RCT on Labor policies, with the difference significant at the 10 per cent level of significance (-4.3, p-value = 0.070).

It is important to be cautious in the interpretation of these interactions as although we do randomly assign the nature of the policy proposal, voting intentions and the party in power are both endogenous. Nonetheless, a few initial conclusions are possible. If you are a major party voter, and your party is in power, then you are likely to be quite supportive of RCTs for policies proposed by the government. Perhaps the assumption is that the findings will be positive. If you are a major party voter and your party is not in power, however, then you are slightly less likely to think that the policy your party proposes should be trialled using an RCT.

Figure 5 Support for government trialling a new policy on a small segment of the population in general or chosen randomly, by party of respondent and party proposing the policy, 2018 and 2022



Source: ANUpoll on the Role of Government, October 2022

6 Support for nudge-style interventions

Although it need not be the case, the use of RCTs in a policy setting has often gone hand-in-hand with nudge-style interventions. Although there is considerable debate around the margins as to what a nudge actually is (Hansen 2016), the original definition from Thaler and Sunstein (2008) is useful:

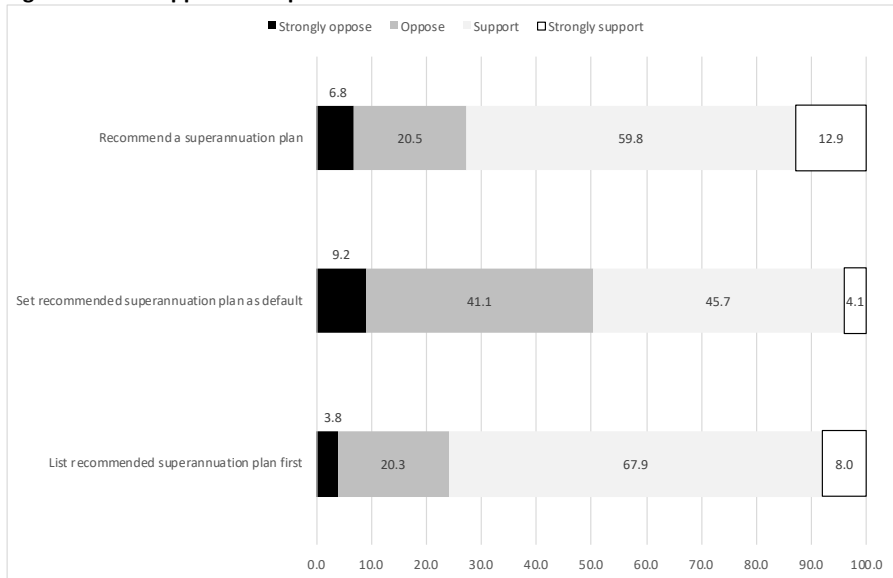
A nudge, as we will use the term, is any aspect of the choice architecture that alters people’s behavior in a predictable way without forbidding any options or significantly changing their economic incentives. To count as a mere nudge, the

intervention must be easy and cheap to avoid. Nudges are not mandates. Putting fruit at eye level counts as a nudge. Banning junk food does not.

The strongest proponents of RCTs within government have often been behavioural economics/insights units. This may be because nudges are much easier to evaluate using RCTs than many other forms of policy due to the generally relatively small changes being tested and the fact that what is being trialled is usually not very contentious. It may also be because nudges are counter to the assumptions of standard economic models, and therefore a stronger burden of prove is assumed to be required for them to be supported. According to Thaler and Sunstein (2008) 'a nudge is any part of choice architecture that should not affect behavior in principle, but does so in practice.'

In this section, we consider public support for different forms of interventions regarding a person's decisions about their superannuation. In the first figure, we give support for either an employer or government 'nudging' individuals towards 'a superannuation plan with the highest expected returns based on your relevant financial and employment information.' The figure shows that most Australians support either an employer or government recommending a superannuation plan (72.7 per cent supporting or strongly supporting) or listing the recommended superannuation plan first in a list of options (75.9 per cent). However, only around half of Australians (49.8 per cent) would support or strongly support an employer or government setting the recommended superannuation plan as the default.

Figure 6 Support for superannuation interventions



Source: ANUpoll on the Role of Government, October 2022

There were no significant differences between those respondents who were told that it was an employer who would be recommending the superannuation plan compared to the government, nor was there any significant difference between those who were told it was an employer listing the recommended plan first compared to the government. There was, however, a significant difference in support for the use of default options. If it was the government setting the default, then 53.4 per cent of respondents were in support (5.6 per cent strongly). However, if it was an employer, then support drops to 46.3 per cent (2.8 per cent strongly).

The vast majority of Australians (92.1 per cent) think that the government or employer should ‘share with you how they made their recommendation and the relevant information they used to make their recommendation’ and a similarly high number of Australians (88.1 per cent) think that the government or employer should ‘disclose that their recommended superannuation plan is listed first or is set as the default.’

Importantly from the perspective of this paper, support for RCTs is strongly associated with support for the use of defaults and carefully structured lists. Using a regression

approach (Table 2) and controlling for demographic, geographic, and socioeconomic factors, those who were in support of Randomised Controlled Trials were more likely to support the use of defaults, and more likely to support the use of structured lists. Descriptively, those who either strongly support or support Randomised Controlled Trials are far more likely to support or strongly support defaults (52.1 per cent) than those who oppose or strongly oppose Randomised Controlled Trials (40.3 per cent support or strongly support the use of defaults).

The other control variables are also worth noting as well. In Table 2, the coefficients from the ordered probit model (column 1) show that even after controlling for support for Randomised Trials, females are less supportive of the use of defaults, as are older Australians and those who live in relatively low-income households. The use of structured lists (column 2) is less supported by older Australians, and low income households, as well as those who live outside the middle quintile based on the socioeconomic status of the area that a person lived.

Table 3 Factors associated with support for Randomised Controlled Trials, October 2022

Explanatory variables	Model 1		Model 2	
	Coeff.	Signif.	Coeff.	Signif.
Employer compared to government recommended	-0.141	***	0.042	
Strongly oppose RCTs	-0.710	***	-0.466	**
Oppose RCTs	-0.203	**	-0.335	***
Strongly support RCTs	0.201	**	0.361	***
Female	-0.119	**	-0.047	
Aged 18 to 24 years	-0.095		0.082	
Aged 25 to 34 years	-0.065		0.055	
Aged 45 to 54 years	-0.283	***	-0.148	*
Aged 55 to 64 years	-0.268	***	-0.239	***
Aged 65 to 74 years	-0.306	***	-0.300	***
Aged 75 years plus	-0.264	**	-0.524	***
Indigenous	0.137		0.059	
Born overseas in a main English-speaking country	-0.075		-0.040	
Born overseas in a non-English speaking country	-0.087		0.031	
Speaks a language other than English at home	-0.001		0.085	
Has not completed Year 12 or post-school qualification	0.059		-0.026	
Has a post graduate degree	0.020		-0.035	
Has an undergraduate degree	0.061		-0.021	
Has a Certificate III/IV, Diploma or Associate Degree	0.037		0.054	
Lives in the most disadvantaged areas (1st quintile)	0.009		-0.175	*
Lives in next most disadvantaged areas (2nd quintile)	-0.008		-0.143	*
Lives in next most advantaged areas (4th quintile)	0.003		-0.218	**
Lives in the most advantaged areas (5th quintile)	-0.122		-0.103	
Lives outside of a capital city	-0.092		-0.031	
Lives in lowest income household (1st quintile)	-0.153	*	-0.135	
Lives in next lowest income household (2nd quintile)	-0.052		-0.171	*
Lives in next highest income household (4th quintile)	-0.117		-0.008	
Lives in highest income household (5th quintile)	0.062		0.070	
Cut-point 1	-1.787		-2.136	
Cut-point 2	-0.431		-1.004	
Cut-point 3	1.368		1.209	
Sample size – Individuals	2,874		2,894	

Notes: Ordered probit model. The base case individual is male; aged 35 to 44 years; non-Indigenous; born in Australia; does not speak a language other than English at home; has completed Year 12 but does not have a post-graduate degree; and lives in neither an advantaged or disadvantaged suburb (third quintile) and in the middle income quintile household.

Coefficients that are statistically significant at the 1 per cent level of significance are labelled ***; those significant at the 5 per cent level of significance are labelled **, and those significant at the 10 per cent level of significance are labelled *

Source: ANUpoll, October 2022.

7 Conclusion

A major challenge in public policy is evaluating the impact of government policies and programs. At the heart of the evaluation challenge is how to determine what would have happened in the absence of the policy or program with potential selection effects often meaning that it is not possible to confidently determine the impact. In medicine, RCTs are widely used in applied clinical settings and are regarded as being the 'gold-standard' which if conducted correctly produce causal estimates. There are calls in Australia, as in a number of countries for RCTs to be used much more extensively in public policy with government units charged with increasing the use of RCTs being setup in a number of OECD countries, including Australia. Increased engagement between academic research and policy makers has led to an increasing understanding of the potential for RCTs to test the effect of policy interventions. This has been claimed by some as a 'causal revolution' (Angrist & Pischke 2010). In Australia, the majority of RCTs have been in what can be classified as behavioural insights and tend to be on rather specific and narrow questions such as the impact of the wording of letters on increasing tax compliance with far fewer RCTs on major social policies and programs.

However, there is limited information as to how familiar the general public is with RCTs, knowledge about when they can and cannot be used for, and how much support there is for RCTs. In an era of low trust in government and populist critiques of elite/technocratic capture of policy, there is a need for a better understanding not only of support for particular policies, but also to what extent and how those policies should be evaluated.

This paper presents new and unique data on the general populations' level of support for trials in general and RCTs in particular and the factors that influence that support. The data comes from an online survey experiment and associated attitudinal questionnaire. We ran a Randomised Trial on Randomised Trials.

The Australian population has a relatively low level of familiarity with RCTs, with higher rates of familiarity amongst the more educated segments of the population. When RCTs are explained to the general public, they are supportive in principle of them being used, more so than people are supportive of pilot programs without a comparison group. The general public appears to be more supportive than parliamentarians of using

information from RCTs as an input into policy making, though Australians also think that politicians should use views of experts and surveys of those affected when making decisions. Knowledge of RCTs is strongly predictive of support for them, including when that information is randomly assigned as part of the survey experiment

Despite the general support for RCTs, people are still concerned about the fairness aspects of them. More broadly, people think that social policies should be rigorously evaluated prior to making them available to everyone and also that evaluations should be done independent of government. RCTs are a methodological option that has been increasingly used to test the effect of policy interventions and there is potential for their use to continue to increase. to be truly effective and to avoid a backlash, RCTs need to be supported not only by researchers and policy makers but also by the general public. The results presented in this paper show that this buy-in is possible, but much more educative work still needs to be done.

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