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Abstract

Following Hirschman, two key methods can be identified for ensuring that users of public services shape the content and delivery of those services. The first consists of quasi-market mechanisms that enable users to choose which services they access ('exit'). The second comprises consultation mechanisms that enable users to state what services they would like ('voice'). The UK government has increasingly adopted the former strategy in developing policy on public services for England. However, the devolved administrations in Scotland and Wales have been reluctant to introduce quasi-market mechanisms and instead have been inclined to rely on 'voice' for acquiring user input. They have argued that to choose effectively in a quasi-market users require access to resources (time, education, mobility) that are unequally distributed across the population. Consequently, the information about user preferences conveyed by the 'exit' mechanism is likely to be biased and unrepresentative. However, 'voice' might be thought vulnerable to the same criticism. This chapter uses survey data collected in the UK in 2007 to demonstrate that willingness to be involved in 'voice' does indeed vary across the population but that the views of those who are willing to get involved may still be representative.

Introduction

The delivery of public services, such as health and education, has undergone a step change in the United Kingdom during the course of the last two or three decades. Previously public services were largely delivered by means of hierarchical bureaucracies where entitlement to services depended on a set of rules and delivery took relatively little account of individual needs and preferences (Hood 1998). Now such services are increasingly being shaped by mechanisms designed to ensure that public services are responsive to those needs and preferences.

However, there is disagreement about what those mechanisms should be. The UK Government, whose remit so far as public services are concerned is confined to England, has increasingly moved in the direction of introducing competition between service providers in a quasi-market, thereby enabling consumers to leave the provider that fails them for a better one. It has thus come increasingly to rely on choice or 'exit' as a way of making public services more responsive (Prime Minister's Strategy Unit 2006; Talbot-Smith and Pollock 2006). The devolved administrations in Scotland and Wales, in contrast, have been reluctant to go down this path. Instead they have focused on representation or 'voice', that is on giving consumers the opportunity for greater participation in the design and management of public service delivery (see the original formulation in Hirschman 1970; Welsh Assembly Government 2004; Beecham 2006; Scottish Executive 2006; Scottish Government 2007). 'Voice' can of course simply refer to the private complaints made by individuals about the service they have received (Dowding and John 2008). But here we mean collective voice, namely, ways in which individuals may express their views about what the general community needs and wants from public services.

Much of the debate between these two approaches revolves around the alleged advantages and disadvantages of choice and quasi-markets (the exit option) as a mechanism for making public services flexible to user demands (Perri 6 2003; Schwartz 2004; Farrington-Douglas and Allen 2005; House of Commons 2005; Audit Commission 2006; Dowding and John 2009; for an older example see Winkler 1987). Advocates of exit maintain that giving public service users choice has both intrinsic and practical advantages: it gives citizens a feeling of control, while it offers providers of public services a strong incentive to meet public preferences (Bartlett and Le Grand 1993; Le Grand 2003 & 2007). Opponents, meanwhile, sometimes have ethical objections, maintaining that competition and private profit are inimical to the caring ethos of public

service. However, they also have practical objections. They argue that exercising choice is costly in terms of resources, such as time, education, access to information and ability to move, resources that are not equally distributed across the population. As a result those in some social groups are less able to escape services they find unsuitable and choose better ones. They remain ‘locked in’ and unsatisfied. Other, more privileged, demographic groups whose members are better equipped to make an effective choice are placed in a better position. In short, because of differential access to the resources required for making an effective choice, services that rely on choice will tend systematically to favour the preferences of some sections of society over others.

But the fact that there may be difficulties with reliance on exit does not mean that resorting to voice mechanisms is necessarily without difficulties of its own. In this paper we investigate this possibility. Specifically, we focus on possible socio-economic inequalities in the exercise of voice. Since the public choice framework regards voice as a form of political participation (see Hirschman’s original contribution), our point of departure is the extensive empirical literature on differences in levels of participation between different socio-economic groups (e.g. Milbrath and Goel 1977; Verba et al. 1995). This literature suggests some groups, such as the better off and the better educated, are better able than others to express their political preferences. So if this is also true of engagement with public services, then the input received by public services from voice mechanisms could well over-represent the demands of middle-class users with access to participatory resources. This suggests it is curious that voice might be regarded as more effective than exit in ensuring that all users are equally able to influence the shape of public services. The possibility that it too might give more weight to some views than others certainly requires empirical investigation.

The paper begins with an overview of the public and academic debate about the relative merits of exit and voice in ensuring that public services meet the public’s needs and aspirations. Then, it assesses how far willingness to express one’s views about the delivery of public services is subject to socio-economic biases. Finally we consider whether the views of those who are willing to participate in debates about public services are representative of public opinion in Britain as a whole. The empirical analysis relies on data collected by the *British Social Attitudes* survey, most notably a module on attitudes towards public services that formed part of the 2007 survey, together with parallel data collected separately in Scotland and Wales (Curtice and Heath 2009).

The need for voice

Current academic and policy discussion about reforming public services seeks to establish the best way for creating a customer-centred system, that is a system in which services are responsive to user needs and wishes. There are two key alternative approaches to the communication of individual demands and their translation into outputs; these have been labelled by Albert O. Hirschman (1970) as 'exit' and 'voice'. The two options correspond to different understandings of human behaviour: the economic model and the political model of man (Klein 1980). The economic model behind 'exit' assumes that service users think as consumers who seek the best product for themselves in the market. The political model that underlines 'voice' views users as concerned citizens who are willing to participate in collective action for the benefit of society as a whole.¹

Exit takes place when dissatisfied consumers leave their current service provider and switch to an alternative one. This requires the existence of competition between more than one service provider, i.e. a market or quasi-market situation. If funding that providers receive depends on the users they attract, then any decline in market share forces an under-performing provider to improve their product to avoid losing any more customers and to attract new ones. So, exit mechanisms encourage providers to be responsive to customer demands in order to survive.

Voice occurs when consumers continue to use a service even if they are unhappy with it, but express their dissatisfaction and concerns directly to the provider. Customer surveys, complaint procedures, petitions, public consultations, workshops, patients' panels, citizens' juries, the presence of an ombudsman, and the inclusion of lay representatives in decision-making boards are all mechanisms for generating voice. Through such mechanisms users are invited to express their discontent, normative concerns and needs. Voice thus encourages the service provider to respond to public demands in order to avoid complaints, unfavourable publicity and protest. So in similar vein to exit, the practical value of voice rests on its ability to encourage services to meet public expectations.

As well as being mechanisms for improving service quality for society as a whole, both exit and voice are valued by their advocates for the intrinsic benefit they bring to the individual who engages in them. According to

¹ The two options represent ideal types. The quasi-markets and network governance that have appeared in service provision within the English NHS add several layers of complexity to the application of the exit-voice framework (Pickard et al. 2006).

the advocates of choice, service users derive psychological benefit from the sense of control and autonomy that flows from being able to say what kind of service they would like and how they would like to access it. After all, that is no more than what they expect to be able to do nowadays as consumers in the private marketplace (Dowding and John 2009). Those who promote voice, meanwhile, suggest that individual participation in the pursuit of collective goods brings a sense of self-determination as well as a civic conscience (Adams 1989; Harrison and Mort 1998; Hulatt and Lowes 2005). According to this view, active involvement in public services - much like political participation in general - is a normative ideal: it fosters self-expression and a sense of contribution and belonging to the wider community, while also cultivating civic skills and creating good citizens.

Proponents of voice claim that it is both necessary and preferable to exit. These claims focus on the alleged inadequacy of exit as a means of transmitting user preferences to providers. One reason why exit might prove inadequate arises when service providers offer combinations of products (Kelley and Graham 1991; Pickard et al. 2006). Say three competing providers all offer paediatric, maternity and coronary care, and that each excels in just one type of care (Klein 1980: 422-3). If a family of three (adult male and female, and a child) decides to leave provider A for provider B on the grounds that the paediatric care provided by B is superior, provider A will not know which service to improve in order to avoid further such losses of custom. The exit option is a crude, dichotomous variable that does not provide a great deal of information to providers (Hirschman 1970; Barry 1974; Dowding et al. 2000).

A second case where exit can be considered an inefficient communication channel is when there is an oligopoly of providers, all offering products of poor quality (see Hirschman 1970: 26-8). In that case, dissatisfied consumers are likely to circulate from one provider to another. Some will exit provider A and move to B, others will exit B and move to A, but all will tend to be equally dissatisfied. The rotation will leave the market share of each provider unchanged. This situation effectively inhibits the communication of grievances about their products to the respective providers.

Such concerns, together with a normative rejection of market competition in the delivery of public services, form the basis for the adoption by the devolved administrations in Scotland and Wales of an alternative 'citizen-centred' approach to the reform of public services. According to this approach, the detailed information on service quality that exit is unable to transmit can be conveyed through directly involving the public in service

management and by mapping public preferences. Whereas exit provides an indirect indicator, a dichotomous variable used as a proxy for disclosing individual preferences, voice asks a direct, open-ended question.

The potential inefficiency of voice

There is, however, another potentially important limitation to the successful application of exit further to those discussed so far. In the ideal market situation, customers are supposedly perfect rational actors, capable of evaluating information on available alternatives and switching between product providers (Klein 1980). Yet, evidence from British studies suggests that lack of access to socio-economic resources hinders exit for segments of the population, and especially so in respect of choosing a secondary school (Echols et al. 1990; Gewirtz et al. 1995; Woods et al. 1998; House of Commons 2005) and health services (Sutton et al. 2002; Morris et al. 2005; Propper et al. 2005). Some people - those with more time to collect information or with superior computational abilities - are better able than others to make such choices. These people are also more likely to have the means to exercise choice by, for example, moving to a house closer to the school to which they would prefer to send their children.

But there might be a similar critique to be made about voice. National and cross-national empirical research has documented biases in participation across the entire continuum of political activity, from voting to community involvement. Perfect equality in the expression of interests and needs in the political arena does not exist in modern liberal democracies (Verba and Nie 1972; Milbrath and Goel 1977; Parry et al. 1992; Verba et al. 1995; Davis and Curtice 2000). Only some people's interests get to be heard and promoted in the public space. Those people tend to be the ones equipped with the tools (both participatory resources and psychological engagement) that facilitate the articulation of such demands.

It would seem that this argument applies equally well to citizen engagement in expressing concerns about public services. Those with more resources (the better off, the middle class) tend to have higher stakes in social outcomes. Having more to lose, they have a strong incentive to follow social developments and participate in the management of public services. Higher status occupations also train individuals to deal with abstractions, and often bring them in contact with public officials. In addition, individuals with higher educational qualifications typically develop the cognitive facilities and civic skills that facilitate and encourage engagement with social issues. For instance, education amplifies organisational and communication abilities, such as writing a petition or

running and speaking at a public meeting. Such abilities may even foster confidence in one's ability to influence the political system. In short, confidence and capability to influence public decision making will make voice more likely, which in turn will increase that sense of confidence and further nurture that capability (e.g. Finkel 1985).²

So an ability to exercise voice would appear to depend on the availability of participatory resources, similar to those needed for the exercise of exit. Users who have such resources are more likely to develop a psychological attachment or a sense of civic duty that leads to the exercise of voice. In this paper we call this the *participation bias* in voice. This type of differential engagement clearly has implications for arguments based on the intrinsic value of voice. According to these arguments, participation is valuable *per se* to those who engage in it. But if voice is only exercised by some then access to this intrinsic benefit is inevitably limited.

However, the presence of participation bias could also lead to a more detrimental *representation bias* that undermines the instrumental function of voice. Such a bias emerges if those more likely to express voice want different things from those who do not. With reference to the debate about public services in the UK, representation bias arises if middle-class parents and patients are not merely better able to complain, but also push their preferences regarding schools and health services at the expense of the preferences of working-class parents and patients. In the end, decision makers will tend to listen to those who are confident enough to express their views and capable of writing letters and participating in consultation exercises. This possibility of distorted representation clearly challenges the value of voice as a practical tool for registering public preferences.

However, a participation bias may be present without necessarily leading to a representation bias. If those who do exercise voice have the same needs and desires as those who do not, then there is no representation bias. Those better able to express their demands will at the same time express the needs of silent users. In fact, the existence of a participation gap may even be desirable. According to Hirschman, a political system requires 'a mixture of alert and inert citizens' (1970: 32; cf. Almond and Verba 1963). Alert citizens carry the protest signal, while inert citizens provide stability. If all users are pro-active and ready to voice their grievances, this will

² Note that existing research also supports the opposite expectation: people with access to resources (e.g. education) may understand better the complications involved in the translation of individual demands into policies. Therefore, they may lack psychological engagement with the system (see the logic of collective action in Olson 1965). This would offset their advantage in having access to participatory resources.

cause a shock that leaves little time for the system to adapt. On the other hand, if all users remain passive, system responsiveness loses its main input mechanism. It may be preferable then that some users, such as the less articulate, free ride.

These arguments call for an assessment of whether a participatory bias is likely to arise when voice mechanisms are used to plan and manage public services in 21st century Britain, and, if so, whether this means that a representation bias is also likely to arise. Nationally representative datasets have rarely, if ever, been used to evaluate this possibility of unequal lay involvement in public services management. However, qualitative evidence provides initial grounds for suspecting biases in the use of voice. To cite one example, in a sample of 23 users in 111 trusts and primary care groups in North-western England examined by Sykes (2003), lay representatives sitting on clinical governance committees were found to be all white, mainly over 46 years old (three out of four), and disproportionately well-educated (three out of four at postgraduate level) (see also Gooberman-Hill et al. 2008; McAlister 2009; a rather different approach is Dowding and John 2008). In this paper we undertake an analysis of recent nationally representative survey data on the subject. If this suggests such biases are largely absent, then bearing in mind the inadequacies of exit, voice would indeed appear to be an acceptable if not indeed a preferable mechanism for enhancing lay involvement in public services. If, however, our empirical study validates previous research and biases are found to be present, policymakers in Scotland and Wales in particular may need to shift focus. Attention would have to look beyond the general benefits of voice (i.e. how to build voice for the community in general) and towards making voice cheaper and easier for the disadvantaged.

Data

Our data come primarily from the 2007 *British Social Attitudes* survey (Park et al. 2009). British Social Attitudes (BSA) is an annual high quality social survey of the adult population resident in Great Britain (that is England, Scotland and Wales, but excluding Northern Ireland). Interviews are conducted by the National Centre for Social Research (NatCen) using face-to-face computer assisted interviewing, supplemented by a self-completion booklet that typically is returned by around 90% of those who complete the main interviews. Respondents are selected by drawing a stratified random sample from the Postcode Address File, a list of all addresses in the UK maintained by the Post Office. Individual respondents are selected for interview at each address

by a random computer generated procedure. Overall, a total of 4,124 respondents resident throughout Great Britain were interviewed for the 2007 survey, representing a response rate of 52%. The questions on which we rely here were asked on two out of four separate versions of the questionnaire, and thus were administered to 2,022 respondents. The data are weighted to correct for known unequal probabilities of being selected for interview and for differential non-response.

As well as being administered on BSA, most of the questions that we use in our analysis were also included on separate surveys conducted contemporaneously by NatCen in Scotland and Wales using a near identical research design. The 2007 *Scottish Social Attitudes* (SSA) survey interviewed 1,508 adults resident in Scotland, representing a response rate of 56%. In Wales the questions were administered as part of a specially commissioned ad hoc survey, known as the *Wales Life and Times Survey*, which interviewed 884 respondents, representing a response rate of 54%.

Results

1. A participation bias in voice?

Willingness to take the opportunity to express one's views about public services was tapped on the BSA survey by the following question:

‘Say that the NHS put forward a plan to reorganise hospital services in your area, and asked everyone to say what they thought about it. You do not like the plans. How likely do you think it is that you would take the opportunity to let them know your views?’

Note that the wording of the question deliberately alludes to a consultation about a potential source of grievance that is collective rather than individual in nature. This serves our purpose, since, as we noted earlier, we are interested in voice as an instrument for disclosing community preferences towards public goods, rather than an isolated expression of individual, idiosyncratic complaints (see ‘particularised contacting’ in Verba and Nie 1972).

Figure 1 shows that as many as 60% say they would either be ‘very’ or ‘quite’ likely to take the chance to express their views in this situation. This might be thought to be an improbably high figure, heavily influenced by social desirability bias. Indeed we note that by far the most

popular option was ‘quite likely’, which perhaps we might take to mean that people thought that they might do something but that in practice they are unlikely to do so. We clearly have to guard against this danger in our analysis. To do so we look not only at the characteristics of those who say they are either ‘very’ or ‘quite’ likely to express their views, but also those of the much smaller group who say they are ‘very’ likely to do so.

[Figure 1 about here]

In any event, what matters to us here is not the level of reported willingness to engage in voice, but simply how far the reported level of such willingness varies with socio-economic status. Tables 1a-c show the proportion who said they were either ‘very’ or ‘quite’ likely to express their views about a hospital reorganisation, broken down by social class, income and education. In each case the penultimate row (labelled ‘Difference in %’) shows the percentage point difference between the last and first groups in that table, while the final row illustrates whether any difference in the mean scores of the two groups is significant. Our expectation that readiness to participate varies across the population is confirmed. Those in more working-class occupations and with lower levels of educational attainment are somewhat less likely to indicate a willingness to exercise voice,³ though income appears to make relatively little difference. Much the same pattern of differences is uncovered if we look only at the proportion in each category who said they were ‘very’ likely to participate.⁴

[Tables 1a to 1c about here]

These findings suggest there are limits to the argument that voice has intrinsic value. It appears to be more the case for some people than for

³ Note, however, that when we undertake a multivariate logistic regression analysis in which the dependent variable is ‘very’ or ‘quite’ likely versus any other response and the independent variables are class, education and income, only class proves to be statistically significant.

⁴ Employers and managers are five points more likely than those in semi-routine and routine occupations to say they are ‘very’ likely to express a view. In the case of income and education the equivalent differences between the last and the first rows of the respective tables are -3 and zero respectively. Note, however, that when we undertake a logistic regression analysis of ‘very’ likely versus any other answer once again class, and only class, is significant.

others. For those who have more resources, and in particular for those in middle-class occupations that are largely the preserve of the well educated, opportunities to express one's views about public services tend to appear attractive. To those who lack such resources the attractions are less likely to be obvious. All in all, voice does indeed run the risk of suffering a degree of participation bias.

2. A representation bias in voice?

But does this mean that there is also a representation bias in willingness to use voice? Do those in more middle-class occupations have different views about the delivery of public services from those that predominate amongst the population as a whole? If so, then there is a danger that if policymakers rely on voice mechanisms to manage and plan services, the views they hear will not be representative of the population as a whole. Instead they will be slanted towards the views of the more articulate section of the population. On the other hand, if the views of those more willing to use voice are similar to those of the general population, then voice mechanisms could be regarded as an efficient way of securing the public's views about how public services should be delivered.

To assess which of these perspectives is the more accurate, in this section we examine the views of those who indicate a willingness to express their views about a hospital reorganisation on various aspects of the delivery of health services, and compare them with those of the British population in general. In each case we look both at all those who said they were either 'very' or 'quite' likely to express a view and at just those who said they were 'very' likely to do so. We begin by comparing responses to two questions that touch on some of the key issues at stake in the debate about reform of the public services in the UK – the use of private providers to deliver health services, and the importance of offering choice to patients (Curtice and Heath 2009). Perhaps those who favour the private provision of hospital services have less of a commitment to the National Health Service (NHS) and as a result would be less likely to take part in any consultation exercise about the organisation of services in their area? The relevant survey questions read as follows:

Private hospitals: 'Some people say that NHS hospitals should be run by organisations other than the government, because they can do a better job. Other people say these organisations cannot be trusted to run NHS hospitals properly. Do you support or oppose private companies or businesses running NHS hospitals?'

Hospital choice: ‘How much choice do you think NHS patients should have about which hospital to go to if they need treatment?’

Table 2a summarises the pattern of response to these two questions. The first column shows the balance of opinion on the issue in question amongst the population in general, while the second shows the same information for those who said they were ‘very’ or ‘quite’ likely to express their views about a hospital reorganisation. In the third column we show the ratio of these two figures; numbers greater than 1 indicate that the option in question is more popular amongst those who are willing to express their views, numbers less than 1 that it is less popular, while a score of exactly 1 indicates a perfect correspondence. Meanwhile, the final two columns show for just those who said they were ‘very’ likely to express a view the information equivalent to that contained in the second and third columns.

In practice the figures in the third column of the table are strikingly close to 1. Those who are willing to express their views are a little more likely than the population in general to oppose the use of private hospitals, but equally they are also slightly more likely to support the idea too; in short they are simply a little more likely to have an opinion one way or the other. The picture is only slightly different if we confine our attention to those who say they are ‘very’ likely to express a view; those who oppose private hospitals are a little more likely to fall into that group. But the more vocal are not necessarily more likely to be opponents of reform. For they prove rather keener on being able to choose which hospital they attend. Moreover in both cases the balance of opinion still clearly reflects that amongst the population in general.

[Table 2a about here]

The questions included on the 2007 BSA also allow us to look at the link between willingness to engage in voice and two further sets of attitudes. The first is the issue of co-payment, that is whether users of public services should make a contribution towards the cost of the services they use. If those who support co-payment are more likely to express their views, public consultations on the subject might suggest the idea is more popular than it really is. The relevant survey questions read as follows:

Prescription charges: ‘Nobody should have to pay prescription charges for medicine they need, even if they can afford to do so.’

GP home visit charges: ‘One way of helping to fund the NHS is to charge people for certain things. How much are you in favour or against charging people for being visited by their GP at home?’

Hospital meal charges: ‘And how much are you in favour or against charging people for the cost of their meals while in hospital?’

The second area we examine is the degree of satisfaction with the health service. One might anticipate a danger that the dissatisfied are more likely to voice their discontent than the satisfied are to express their contentment. If so, there might be a risk that voice mechanisms are inclined to generate an unnecessary search for service improvement. We examine responses to the following survey items:

Satisfaction with NHS: ‘All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?’

Satisfaction with GP: ‘From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays: First, local doctors or GPs?’

Satisfaction with Emergencies dept.: ‘And how satisfied or dissatisfied are you with the NHS as regards Accident and Emergency departments?’

Satisfaction as outpatient: ‘And how satisfied or dissatisfied are you with the NHS as regards attending hospital as an out-patient?’

Tables 2b and 2c replicate for these two sets of items the analysis undertaken in respect of choice and the use of private providers conducted in Table 2a. Again we discover that the views of those who are willing to express their views are much the same as those of the population in general. On attitudes towards co-payment there are no more than small differences even if we confine our attention to those who say they are ‘very’ likely to participate in a consultation. So far as satisfaction is concerned, there does seem to be a slight tendency for those who are unhappy (particularly in respect of the NHS in general and outpatient services in particular) to express their views, but not to an extent that would suggest that voice mechanisms are likely to uncover a seriously distorted picture of the level of dissatisfaction.

[Tables 2b and 2c about here]

It seems then that although there are signs of a participation bias in the willingness to engage in voice, there is little evidence of a significant representation bias. Those who are willing to participate in a consultation exercise about hospital services apparently have views about the health service in Britain that are largely similar to those of the country as a whole. Although not all may be able and willing to participate in any such exercise, the views of those who do will not necessarily be unrepresentative. To that degree at least it seems that reliance on voice might well be a relatively efficient way of securing public input into the management and delivery of public services.

3. But what about Scotland and Wales?

So far our analysis has focused on survey data collected across Great Britain as a whole. This inevitably means that most of the responses we have been examining came from people living in England. Yet it is in Scotland and Wales where policy makers are relying principally on voice as a means of ascertaining the views of service users. Perhaps in those parts of Britain those who are willing to express a view are more likely to be distinctive in their views?

After all, if we follow Hirschman's framework, there is reason to believe that participation bias is more likely to occur where, as is more generally the case in Scotland and Wales, exit is not an option as well as voice. If more privileged individuals cannot seek out an alternative to a poor public service, they have more reason to express their dissatisfaction through whatever voice mechanisms are available to them. If on the other hand they can exit, they may be more likely to leave the complaining to others, thereby reducing the participation bias that might otherwise be expected to occur. And if there is greater participation bias in Scotland and Wales than in England then perhaps there is stronger evidence of representation bias too.

[Tables 3 and 4 about here]

Tables 3 and 4 illustrate, using the separate Scottish and Welsh survey data that are available to us, that in practice the picture in Scotland and

Wales is not markedly different from that in England (where our figures are based on only those BSA respondents living in that part of Britain). In Table 3 we can see that the gap in Wales between the proportion of employers and managers who say they are ‘very’ or ‘quite’ likely to express a view and the proportion of semi-routine and routine workers is a little higher than in England, but that in Scotland it is a little lower. Meanwhile Table 4 shows for the three countries and in respect of attitudes towards the delivery of health services, the ratio of support amongst those who say they are ‘very’ likely to participate to that amongst all survey respondents. It fails to uncover any consistent evidence of greater representation bias in Scotland and Wales than in England. Rather the position seems to be much the same throughout Britain.

Conclusion

Much of the criticism of the UK Government’s approach to public service reform in England has focused on two issues – the alleged immorality of allowing the private sector to profit from delivering public services and claims that reliance on the market mechanism advantages some users over others. Such concerns help to explain the reluctance of the territorial administrations in Wales and Scotland to introduce quasi-market mechanisms in the delivery of public services, and to prefer instead securing public involvement through consultation. However, if engagement in such voice activities is, as suggested by Hirschman, similar to other forms of political participation, then there is good reason to believe that reliance on voice is just as likely as quasi-market exit mechanisms to privilege the views and preferences of some users over others. If so, then claims about the alleged inequalities produced by exit are not sufficient grounds for preferring voice to exit.

This paper has thus tried to assess how vulnerable voice might be to the criticism that it produces a distorted picture of public preferences. The analysis has had its limitations. It has had to rely on just one indicator of willingness to engage in voice, and has lacked access to any measure of actual engagement in such behaviour. Future surveys might usefully tap indicators of both actual and potential user involvement across a wider range of voice activities as well as across a wider range of services. Meanwhile our research inevitably cannot say anything about the influence of voice activities on policy outputs. Perhaps the policymaker’s ear is more sensitive to complaints voiced in a middle-class accent. Maybe, too, exit presents a more pressing signal than voice does to the managers and providers of public services.

But so far as who is likely to participate in voice is concerned, we have uncovered two key findings. First, there is some evidence of a participation bias. Those who speak with a middle-class accent are rather more willing to express their views about public services. Only some people have the motivation to seek the intrinsic benefits of empowerment and self-determination that are thought to flow from engagement in voice activities, and as a result some sections of society are more likely than others to enjoy them.

Despite this, however, it seems that reliance on voice mechanisms to secure public involvement in the management and planning of public services need not necessarily be a victim of representational bias. The attitudes towards the health service amongst those who indicate a willingness to respond to a consultation about hospital services are not markedly different from those of the population in general. Thus it seems that voice may after all provide a reliable and efficient guide to what the public wants from its public services. This does not necessarily mean that it is a better mechanism than exit, but it certainly seems to be a serious alternative.

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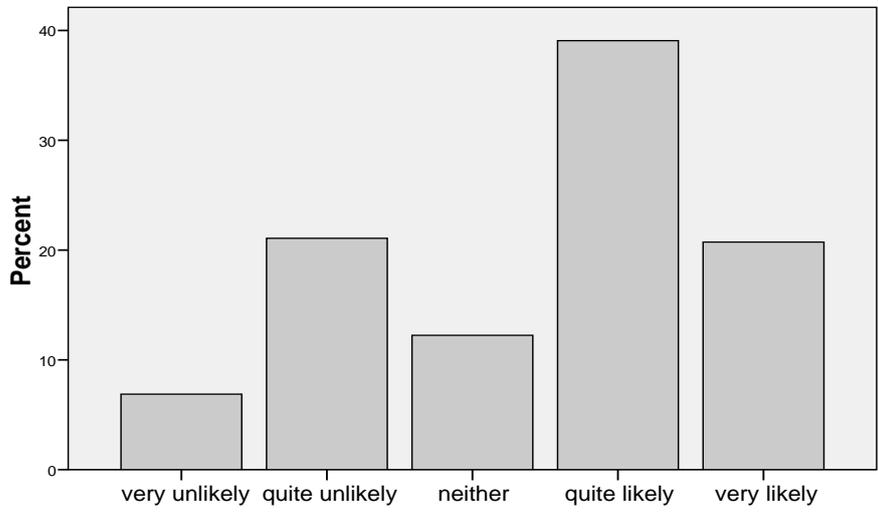


Figure 1: The distribution of voice
Source: BSA 2007 (N=2,010)

Table 1a: Class and Willingness to Express Voice

	% unlikely	% neither	% likely
Semi routine and routine <i>Base=569</i>	29	16	55
Lower supervisory and technical <i>Base=248</i>	32	14	54
Small employers and own account workers <i>Base=185</i>	29	13	58
Intermediate occupations <i>Base=249</i>	30	10	60
Employers, managers etc <i>Base=706</i>	24	10	66
Difference in % (last – first)	-5	-6	11
Mean difference: $p < .05$			

Class is based on the UK National Statistics Socio-Economic Classification
Source: BSA 2007

Table 1b: Income and Willingness to Express Voice

	% unlikely	% neither	% likely
Less than £15000	26	14	60
<i>Base=624</i>			
£15000-25999	28	12	61
<i>Base=319</i>			
£26000-49999	31	11	57
<i>Base=464</i>			
£50000 or more	24	9	67
<i>Base=303</i>			
Difference in % (last – first)	-2	-5	7
Mean difference: $p > .05$			

Source: BSA 2007

Table 1c: Education and Willingness to Express Voice

	% unlikely	% neither	% likely
None	30	17	53
<i>Base=514</i>			
A levels or less	31	11	58
<i>Base=750</i>			
Degree/other higher	26	9	65
<i>Base=564</i>			
Difference in % (last – first)	-4	-8	12
Mean difference: $p < .05$			

Source: BSA 2007

Table 2a: Willingness to Express Voice and Attitudes towards Service Delivery

	(1) % of population	(2) % amongst 'very'/'quite' likely	(3) (2) ÷ (1)	(4) % amongst 'very' likely	(5) (4) ÷ (1)
Oppose private hospitals	57	60	1.05	66	1.16
Support private hospitals	22	23	1.05	21	0.95
Expect little/no choice in hospitals	25	22	0.88	18	0.72
Expect great deal/lot of choice in hospitals	75	78	1.04	81	1.08

Source: BSA 2007

Table 2b: Willingness to Express Voice and Attitudes towards Copayment

	(1) % of population	(2) % amongst 'very'/'quite' likely	(3) (2) ÷ (1)	(4) % amongst 'very' likely	(5) (4) ÷ (1)
Oppose prescription charges ^a	40	41	1.02	44	1.10
Support prescription charges ^b	48	48	1.00	49	1.02
Oppose GP home-visit charges	74	74	1.00	77	1.04
Support GP home-visit charges	16	16	1.00	16	1.00
Oppose hospital meal charges	76	77	1.01	80	1.05
Support hospital meal charges	14	15	1.07	13	0.93

Source: BSA 2007

a: Agree with 'Nobody should have to pay prescription charges for medicine they need...'

b: Disagree with 'Nobody should have to pay prescription charges for medicine they need...'

Table 2c: Willingness to Express Voice and Satisfaction with Health Services

	(1) % of population	(2) % amongst 'very'/'quite' likely	(3) (2) ÷ (1)	(4) % amongst 'very' likely	(5) (4) ÷ (1)
Not satisfied: NHS	29	32	1.10	38	1.31
Satisfied: NHS	52	51	0.98	50	0.96
Not satisfied: GP	14	14	1.00	14	1.00
Satisfied: GP	77	78	1.01	79	1.03
Not satisfied: emergencies dept.	21	22	1.05	22	1.05
Satisfied: emergencies dept.	56	57	1.02	57	1.02
Not satisfied: as outpatient	15	17	1.13	20	1.33
Satisfied: as outpatient	64	63	0.98	63	0.98

Source: BSA 2007

**Table 3: Class and Willingness to Express Voice
(England, Scotland and Wales)**

	% likely to express a view		
	England	Scotland	Wales
Semi routine and routine (<i>Base</i>)	57 (489)	62 (394)	60 (250)
Lower supervisory and technical (<i>Base</i>)	56 (211)	59 (177)	56 (119)
Small employers and own account workers (<i>Base</i>)	60 (169)	70 (106)	55 (82)
Intermediate occupations (<i>Base</i>)	59 (212)	53 (161)	57 (93)
Employers, managers etc (<i>Base</i>)	66 (613)	66 (519)	72 (253)
Difference in % (last – first)	9	4	12
Mean difference:	p < .05	p > .05	p < .05

Class is based on the UK National Statistics Socio-Economic Classification
Source: BSA 2007, SSA 2007, Wales Life and Times 2007

**Table 4: Willingness to Express Voice and Attitudes towards Service Delivery
(England, Scotland and Wales)**

% of 'very' likely ÷ % of population	England	Scotland	Wales
Oppose private hospitals	1.16	1.09	1.09
Support private hospitals	0.91	0.94	0.94
Expect little/no choice in hospitals	0.81	0.88	0.71
Expect great deal/lot of choice in hospitals	1.09	1.05	1.04

Source: BSA 2007, SSA 2007, Wales Life and Times 2007