A 19-year-old boy is stabbed in the chest after a row about a £20 debt. He staggers into a nearby police station, his bloodstained hands clutching his wounds, and collapses in front of police officers at the front desk. Craig Marshall became the 27th teenager to be murdered in the capital in 2008. His death took youth killings to a record level. One in four murder victims in London are now teenagers. Almost two thirds of them have been stabbed to death. The tragic roll call started on 1 January 2008 and every ten days since then, at approaching double the rate of five years ago, another mother has lost her child.

In 2007, Sir Ian Blair, the Metropolitan Police Commissioner, said that the number of teenage murders in London was “completely unacceptable”. Scotland Yard now admits that youth violence is its “biggest challenge” and a priority above terrorism. Police have scrambled taskforces to tackle the crisis. The government has thrown more legislation at it. But tough enforcement measures, a high detection rate and millions of pounds spent on anti-knife and gun crime initiatives have not stopped the rate of killing rising sharply.

As one 17-year-old boy, who did not want to be named, told me at the scene of Craig’s murder: “Everyone says something has to be done to stop this, and of course it does. But how are the police supposed to know how to prevent teenage murders when the teenagers themselves cannot explain why this is happening?”

In the search for answers, researchers are looking at the roots of unrest. There are those
Unlike guns, the possession of knives is very difficult to control.

...
certainly the most hotly debated question in policing circles at the moment. A chief constable in the Midlands says that stabbings are influenced by the three Rs – revenue, rage and randomness. I have written articles in the past 12 months about people killed by teenagers because of an argument over a 40p piece of fruit, for a pair of trainers or for looking at someone in a funny way.

Gang members appear to be younger, more nihilistic, and quicker to anger than ever before. The mindset here is that life is cheap, and the consequences of killing someone, even over something so trivial, matter little.

Increasingly worrying is the influence of American-style cultures. Dr Aldridge’s study finds that initiation rituals within British gangs – in terms of colours, tattoos, hand signs or rules of conduct – are limited. But she adds: “We observed early indications that this may be changing. Native and imported gang cultural identifiers appeared to be increasingly penetrating the discourse of some young people and this culture is increasingly being reproduced through the internet, particularly social networking sites.”

The internet has undoubtedly given gangs a desire to identify themselves to a worldwide audience. Teenagers across Britain use websites such as Bebo, YouTube and MySpace, sometimes baiting each other and bragging about their use of knives, guns and drugs.

One of the worst gang wars in Britain in recent months has been in Birmingham, between the so-called Burger Bar Crew of Handsworth and the Johnson Crew from Newtown. It has led to at least three killings and three other shootings. Both gangs have played out their battle on the internet. The Bebo site featured photographs of gang members dressed in hoods and bandanas and posturing with pistols, rifles and knives.

Police are examining possible links between online activity and several other teenage murders nationwide in the past two years. Detectives have struggled with their lack of familiarity with the networking sites and teenage slang. But in Scotland, Strathclyde police are showing initiative by using cadet officers to trawl the internet for information about local gang members and to take the heat out of disputes. The operation has already resulted in several potentially life-saving arrests.

If this battle is to be won, it is critical that frontline police officers work out how gangs work and find ways to prevent the violence, rather than just react to it.

Meanwhile the fight to reach out to children has begun on the streets – and online. In September 2008 around 3,000 people joined 40 families whose children had been victims of knife and gun crime in a peace rally in Hyde Park, central London.

Relatives of Damilola Taylor, who was killed in 2000, and Jimmy Mizen and Ben Kinsella, who were both stabbed to death in 2008, took part in the ‘People’s March’ – which was started on Facebook by two London women. Barry Mizen, father of 16-year-old Jimmy, said: “If we do nothing it will just get worse. I can’t see this changing at all if we bury our heads in the sand.”

Let us hope it is not too late for the current generation of teenagers.

http://www.law.manchester.ac.uk/aboutus/staff/judith_aldridge

The minimisation of health inequalities was enthusiastically adopted as a policy aim by the Labour Party in opposition, and as soon as it came to power in 1997, the new government commissioned an independent inquiry into inequalities in health under the chairmanship of Sir Donald Acheson. The Acheson Report, which was published the following year, was an uncompromising document that highlighted the importance of social and economic inequality for people’s health.

Ten years later, in 2008, the World Health Organisation’s Commission on Social Determinants of Health reported the stark comparison between health in poorer and richer areas of Glasgow. In the deprived area of Calton, life expectancy for men during the period 1998-2002 was 54 years. This is 12 years lower than the average for Britain – and lower than the average in India. Not far away, in the wealthier Glasgow district of Lenzie, life expectancy was 82 years. So there is nothing inevitably due to geography, climate or national cultures in this shocking statistic.

In response to the evidence summarised in the Acheson report, researchers now classify the causes of health inequality into behavioural, material, psycho-social and life course factors. We do not have to choose one over the others. But if we wish to minimise health inequality, we must understand the combinations in the correct way.

We need to begin by thinking about which diseases strike most unequally at people in less advantaged income and occupational groups. Heart disease is often taken as the best example, because it is a very common cause of death, and because less advantaged people are more likely to have heart attacks than those who are wealthier and more privileged.

Most people tend to think of inequality in heart disease as being due to ‘unhealthy behaviour’. Indeed, it is true that rates of smoking are higher among people who work in more arduous, repetitive and highly supervised jobs, and who generally earn less money. People in these kinds of jobs, and those who are bringing up children on low incomes, also tend not to engage in ‘leisure time exercise’, though their paid and unpaid work is often physically hard.

Diet is difficult to measure, as people who weigh more tend to report lower food intake. But food that is easily prepared, tasty and healthy is often expensive, especially in northern Europe. (Inequality in heart disease is lower in the Mediterranean countries.)

The behavioural explanation would indicate that the best way to go about minimising health inequality would be to promote health education that encourages changes in behaviour. The problem with this is that these behavioural habits only explain around one third of the health difference between social classes. They leave most of the difference unexplained. So even if we did not already know that health education is not very effective, it would not be enough.

Research from Finland has shown that people who are the most well-off gain a great deal in terms of better health from changes in behaviour like giving up smoking. The less well-off gain as well, but there seems to be an extra health advantage to healthy behaviour in people who already have social and economic advantages in life. The material explanation goes to the heart of what some people mean by social inequality. It puts emphasis on the ways in which not having much money restricts the life a person can lead.

Cheaper housing can often be cold, damp, cramped and situated in areas with high levels of noise and pollution. Lower paid jobs are often physically tough, and often expose workers to dangerous chemicals, noise and extremes of heat and cold. People may have to decide whether to spend money on heat or food. And heaven help you if you get sick – even with normal, everyday illnesses like the ‘flu, your already low pay will be cut, or you may even be sacked.

Added to these physical hardships is the low morale that these kinds of working and living conditions can cause, which seems to make it very hard to find the energy to adopt healthier behaviour. This link between material conditions and mood is where the ‘psycho-social’ explanations come in.

On top of the ways in which social disadvantage demoralises the individual, there seems also to be a health boost to feeling in control of your life. Even for people who may not earn much money, if they feel they are doing something they value and have good relationships with fellow workers, health seems to benefit.

So strangely enough, the research evidence on the best ways to reduce health inequalities turns out to reflect a lot of ideas that people already have about a good life. Income needs to be enough for good housing conditions, decent clothing and healthy food. This level of income needs to be available for the whole of the life-course, including during periods of illness, or when people are prioritising care for children or sick or disabled family or friends over paid employment.

And everyone needs to have some activity that is satisfying, develops and uses their skills, and gives them a common purpose with other people.

http://www.ucl.ac.uk/epidemiology/icls/index.htm
INCE 2006, new undergraduates have been asked to pay up to £3,000 in fees for each year of their degree. The tripling of tuition fees was politically contentious at the time. But for many backbench members of Parliament, the key sticking point was not that universities were allowed to charge much more than before, but that the £3,000 a year limit represented a cap, not a fixed rate. This established the principle that different universities could charge different fees.

In the event, only a handful of universities charged fees below the £3,000 cap. But if the limit were to be raised, there could be more variation in the fees charged, with more universities charging a lower fee than the maximum permitted.

Indeed, this might make sense. After all, universities’ costs vary; the more prestigious ones typically (but not always) pay higher salaries to their staff and may want to recoup more of their costs through raising the fees to the higher levels permitted. But would this variation in fees be paralleled by a variation in the benefits that students get from different universities? For example, does going to a more prestigious and costly institution pay off in terms of its graduates receiving a higher salary on entering the labour market?

Research by Drs Iftikhar Hussain, Sandra McNally and Shqiponja Telhaj of the Centre for Economic Performance (CEP) finds that a university degree significantly raises the earnings of graduates who attend the best universities. They conclude that those who go to the top universities should be prepared to contribute more towards the cost of their education than most students.

The CEP study looks at the earnings of graduates from British universities six years after they left university. It finds that a graduate who went to a university in the top quarter will have earnings 10-16 per cent higher than a graduate who went to a university in the bottom quarter, even if they studied the same subject, have identical A-level results and a similar family background. Even degrees from universities in the second quarter will lead to wages five to seven per cent higher than a degree from a university in the lowest quarter.

The report measures the quality of universities in different ways, including research performance (using their score in the ‘research assessment exercise’) and how good their students are (based on how well they did at A-level or equivalent). Information on the students is from four rounds of the Graduate Cohort Survey for students who left university in 1985, 1990, 1995 and 1999.

These findings do not imply that it is not worth going to lower quality institutions. On the contrary, the report notes that the difference in the value of a degree from the best and worst universities (though significant) is small relative to the difference in the value of a degree from any university compared with no degree at all. Encouraging people to go into higher education should still be the policy priority.
PRIVATE DELIVERY OF PUBLIC SERVICES

There is no evidence to support the idea that we should return to public delivery.

The private sector is playing an ever-growing and diversified role in the delivery of public services around the world. Indeed, the scale of private involvement in its various forms is now vast. For example, by 2003, US$3.24 trillion of assets had been transferred to the private from the public sector in the preceding 20 years, a significant proportion of which consists of public services. This is about 18 per cent of the global stock market value and 39 per cent of the total non-United States value.

Within developed economies, privatised companies account for a significant fraction of the stock markets: more than 13 per cent in Germany and nearly 12 per cent in Australia, most of which are public services. Over 1,000 ‘public-private partnerships’ (PPPs) projects – again mostly public services – had reached financial closure in the European Union alone by 2007, with a total capital investment of around €200 billion.

The landscape has not always been like this. By the 1970s, the public sector dominated the delivery of public services to such an extent that in many western, developing and communist countries the terms ‘public services’ and ‘public sector’ had begun to appear almost synonymous (with the exception of the United States). Globally, it now appears that this was the highpoint of the public sector’s colonisation of public services and that the intervening period has witnessed a dramatic swing away from this position.

This ‘new’ private involvement in the delivery of public services is the focus of a report by Professor Paul Grout of the Centre for Market and Public Organisation at the University of Bristol. He identifies four models of private delivery: full privatisation; outsourcing type arrangements; ongoing ‘partnership’; and not-for-profit organisations. The report shows that there are good theoretical justifications for each of these models of delivery, but ‘political economy’ issues around the incentives of public officials are also important. In particular, private delivery should always be compared with feasible public sector alternatives. Otherwise, the contribution made by the private sector may well be underestimated.

ACHIEVEMENTS AT SCHOOL and university are typically the first steps on a career path – so children’s hopes for their educational progress are of huge importance. Professor Simon Burgess and Dr Deborah Wilson of the Centre for Market and Public Organisation (CMPO) have compared these aspirations across different ethnic groups in England and revealed that the proportion of white children with high ambition is much lower than most other groups.

The first big decision in a school career comes at age 16 with the end of compulsory schooling. Staying on at school provides the gateway to university and better jobs. In a large representative survey, over 14,000 14-year-olds were asked what they wanted to do at that point: stay in school, take a job, seek an apprenticeship or something else.

The CMPO research shows substantial and significant differences in the percentages of pupils wanting to stay on at school across ethnic groups. Among girls, 85 per cent of white pupils want to stay on at 16, compared with 94 per cent of ethnic Pakistani and Bangladeshi pupils, 95 per cent of ethnic Indian and Black Caribbean pupils and 99 per cent of Black African pupils.

The gap between groups is even greater among boys: only 73 per cent of white pupils want to stay at school, compared with 81 per cent of Black Caribbean pupils and over 90 per cent among the South Asian groups and Black Africans. The gap between the proportion of 73 per cent for white boys and 95 per cent among ethnic Indian boys is astonishing. The figures also reflect a strong gender difference for some groups, widest for Black Caribbean pupils and zero for ethnic Indian pupils.

The survey also asked these 14-year-olds about their longer term hopes of going to university and careers. Again, there are large
The beneficial aspects of the full privatisation and outsourcing models that have been adopted around the world in the last 25 years are well documented. But there are also limitations, and it is these that have focused attention on partnership and not-for-profit models. Partnerships have proved beneficial in some areas, notably construction, but the experience in other sectors, particularly information technology, has been poor. The cost of PPP projects seems roughly equal to traditional public sector projects, yet the former seem to be far more likely to deliver on time, which is clearly beneficial. In this sense, PPPs deliver, but at a cost.

PPPs also deliver in that their full value is only seen when the situation is compared with public sector investment, where politicians frequently restrict expenditure to a point where public delivery is associated with poor quality assets. By circumventing this problem, PPPs look more attractive and it is clear to see why they are so popular globally. Indeed, even the United States is turning to PPPs to modernise its transport structure.

In contrast, though there is detailed and careful research on the benefits of not-for-profit organisations, the practical evidence is not supported by the data at present. Not-for-profit firms may attract individuals that offer more ‘donated labour’ – work effort beyond what is explicitly or implicitly contractually required. But to date there is no evidence that these people only provide this when they work in a not-for-profit environment.

It is easy to see how not-for-profit delivery appeals to politicians who wish to appease voters sceptical of more and more privatisation. But the experience in other sectors, particularly information technology, has been poor. The cost of PPP projects seems roughly equal to traditional public sector projects, yet the former seem to be far more likely to deliver on time, which is clearly beneficial. In this sense, PPPs deliver, but at a cost.

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The study finds that demand for migrant workers in care for older people is associated with employers’ perceptions and experiences of a shortage of British-born workers. Around half of the employers surveyed, including those from care homes for older people and home care agencies, report difficulties in recruiting British-born workers. They typically ascribe these difficulties to low pay levels for care work compared with other jobs.

There is clearly strong demand for migrant workers to ‘fill the gaps’ in care provision for older people. But interviews with migrant care workers raise concerns about working conditions, experiences of inequalities and discrimination, and access to employment rights.

These experiences are shaped by both race and immigration status. One care worker from Zimbabwe said: “It's not only the day-to-day treatment that you get at work, but... the wage range, where most citizens of the UK get paid more than other people from Eastern Europe or carers from Africa or Asia, who will be doing the same work, same hours, or even working more than the people that are getting paid more.”

COMPAS researcher Dr Isabel Shutes explains: “The findings so far reveal possible future demand for migrant workers to meet the needs of an ageing population, especially in the light of funding constraints within social care provision and employers’ experiences of recruitment and retention difficulties. Our findings also highlight concerns about the implications for migrant care workers regarding their rights and conditions of employment, as well as for older people regarding the quality of the care system.” (cf page 75.)
GOVERNMENTS AROUND the world want more people to go to university. But though politicians like the idea of widening participation in higher education, it is not easy to achieve equal access or an equal experience for students once they arrive.

As Professor Gill Crozier of Sunderland University puts it, most people from any background who go to university find that it enhances their lives culturally as well as economically. But participation in higher education encompasses a vast range of experiences for the diverse student body now attending English universities.

Professor Crozier is the leader of one of seven projects within the Teaching and Learning Research programme (TLRP), which together constitute the first major study of widening participation in higher education.

Another project – led by Professor Anna Vignoles of the Institute of Education – uses large databases covering every school-leaver in England in order to address the core question of who goes to university. She finds that universities are right to claim that they do not discriminate against students from poor backgrounds: if they can pass the exams, they get in.

The problem is that they typically attend low-achieving schools. This implies that resources need to be spent on better education for younger children, not on measures such as financial support intended to persuade sixth-formers to go to university.

A project by Dr Geoff Hayward and colleagues at the University of Oxford looks at vocational qualifications for university entry. Universities tend not to understand these qualifications, and rightly fear that people who hold them are more likely to drop out.

Vocational qualifications are often acquired by exactly those students who are targeted by widening participation initiatives, and who tend to end up at the least prestigious universities. Indeed, adding an A-level to vocational qualifications is the best thing any student can do to raise their chances of getting into university.

Many such students spend at least part of their academic career in further education, and this too turns out to be a low-prestige area of higher education. Professor Gareth Parry of the University of Sheffield finds that over 500 colleges offer at least some higher education, while 40 universities deliver some further education. With better planning, these ‘mixed-economy’ colleges could contribute to new avenues for student progression.

Professor Crozier’s project examines student diversity, in particular the experience of working-class students. She finds that the older and more prestigious the institution, the more personal the service its students get. Students in these universities are taught in small groups, have direct access to their teachers and organise their social as well as their academic lives around college.

Students at newer universities use them in a very different way. Many have commitments to jobs and families. They go to the university for a purpose – for example when there is a lecture to attend – and do not wait around when it is over. They make little use of the social life the university might offer. And the teachers are more likely to be accessible online than in person.

This suggests that we need new ways of teaching new types of student. Dr Chris Hockings and colleagues at the University of Wolverhampton explore teaching and learning with a more diverse student body. They find that thinking in terms of...
traditional and non-traditional students does nobody any favours. Learners from all backgrounds like teaching that recognises their identities as learners and individuals.

Working with a range of students in subjects as diverse as history and computing, Hockings finds that people lose interest when teaching and the curriculum seem not to be directed to their needs and interests. This means that university teachers need to be more aware of the social as well as the academic context of their work.

According to Professor Julian Williams of the University of Manchester, this lesson also applies at school and in further education, especially for courses in mathematics. The perceived difficulty of maths is a barrier to participation in science and technology courses at university. Many students regard it as something they have to go through to get to the next stage of their education.

At the same time, colleges are often reluctant to keep students in maths courses, fearing they will fail and drag down the college’s success rate. Courses and teachers that avoid ‘teaching to the test’ can reduce this problem, as can courses that make use of maths to solve genuine problems.

The TLRP’s work on widening participation even studies people who are not participating, in a unique piece of research on individuals who have qualifications that would allow them to enter university but who choose not to go.

This project – directed by Professors Alison Fuller and Sue Heath of the University of Southampton – shows that people who opt not to go to university do not do so out of idleness or lack of motivation. They tend to be people with stable lives and jobs, and think they have little to gain from the cost and trouble of going to university. Many have discussed the idea with their friends and family, who are often graduates.

The key lesson here is that if government wants these people to get involved in higher education, it will have to persuade employers to become more serious about the possibility of combining work and study. Only if higher education is accessible – and is seen to lead to pay rises and promotion – will this important group take an interest.

http://www.tlrp.org
WHY DON’T PEOPLE TRUST THE NHS WHEN IT IS GETTING BETTER?

People need convincing that compassion and care really are more important than balance sheets

The most frequent term used by *The Sun* newspaper to describe the reformed NHS is ‘a dead duck’. The Ipsos MORI Public Service Delivery poll shows that those who believe the NHS will get worse outnumber those who think it will improve, and the gap is widening.

Yet the service has received the biggest injection of finance in its history. Waiting lists and waiting times are at their lowest level ever. Death rates from heart disease have fallen by a third since 1997; cancer deaths by a sixth. Inequalities between social groups have fallen by a seventh. The service in England, where the reforms have moved fastest, is performing demonstrably better than in Scotland and Wales.

So why aren’t people more satisfied with the NHS when the evidence shows that it is getting better? Using national attitude survey data and material from in-depth interviews with 52 members of the public, a study by the Social Contexts and Responses to Risk Network shows that part of the answer to this question lies in the way the reforms undermine public trust. These reforms rest on two principles: competition between hospitals and clinics, with patients choosing where to go and the money following the patient; and targets set by government for treatment, health outcomes, waiting lists and other areas.

People also make a sharp distinction between front-line staff – symbolised by ‘matron’ – whom they believe provide excellent care under difficult circumstances, and managers – the ‘bean-counters’ – whom they view as distant and more concerned with balance sheets than with human beings.

One interviewee summed up a common view: “The NHS is too money-oriented. It feels like there is no humanity left in the NHS. There is no human compassion. It is just as if you are a piece of meat or a pound sign or a number.”

The reforms may achieve greater cost efficiency and improved output, but they don’t fit in with the way most people think about compassion, commitment and care. Professor Peter Taylor-Gooby, who directed the research, comments: “People must feel involved in the way the NHS sets priorities if they are to be convinced that meeting people’s needs when they are vulnerable takes precedence over the targets set by managers.”

http://www.kent.ac.uk/scarr/index.htm
She can bring the facts to the classroom

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Britain’s railways now carry more people further than at any point in our peacetime history. Only the extensive troop movements of the Second World War kept the network busier than it is today. At first sight, this is surprising. In the 19th century, the railways had no significant competitors for medium or long distance travel. Today, in contrast, they face huge competition from cars, coaches and, increasingly, aeroplanes. So has the performance of Britain’s railways improved in the last 150 years?

Research by Dr Tim Leunig of the London School of Economics and within the Public Services programme comes to two conclusions. First, though the current regulatory system could be improved, we are better than the Victorians at regulating private railways. They used a similar form of price regulation but the absence of periodic franchising meant that poor performance then could last far longer than would be tolerated today.

But against that, quality improvements are more erratic today. Given high levels of safety, passengers want trains to be fast and on time. Technological improvements and competitive pressures spurred railways to offer higher speeds prior to the First World War. Trains continued to get faster in the interwar period and between 1945 and 1970.

But after 1970, a different picture emerges. Long distance routes continued to get faster, sometimes dramatically so. But shorter distance routes, particularly commuter routes into London, stopped getting faster. In fact, they have become slower. It is now no faster to commute into London than it was in the immediate post-war period, and it is substantially slower than it was in the 1970s.

This is odd, because London commuters are an ever larger proportion of railway passengers. Today, all the most important routes, as judged by passenger numbers, are commuter routes into London. Indeed, the busiest route – East Croydon to London – is around four times busier than the principal intercity route – London to Manchester. We might expect, therefore, that government and rail companies, nationalised and privatised, would want to see commuter rail services improve over time. Yet it is London to Manchester – not Victoria to East Croydon, Gatwick and Brighton – that has received high levels of investment.

It is hard to reconcile this investment pattern with any sensible definition of the public interest, Leunig argues. It is no harder to upgrade commuter lines than to upgrade the West Coast mainline. It would benefit more people. It would increase agglomeration economies in the South East. It might even pay for itself, since London-bound commuters are generally affluent, and may well be willing to pay more for faster trains. And yet it does not happen.

There seems a danger that railway policy in Britain today, unlike that of the 19th century, is being determined by politicians and not by customers. Huge levels of public subsidy to the Channel Tunnel rail link generated good headlines for ministers. Making busy commuter routes from Liverpool Street, Victoria and Waterloo a little faster will not generate the same headlines.

But upgrading commuter lines would be of immense value to people who use these trains day in and day out. Equally, it would benefit those people who would like to live outside London but are currently put off by the time it takes to commute into the city.

A more rational allocation of railway investment – along the lines of the Sir Rod Eddington’s 2006 report on transport and the economy – would increase investment on busy if unglamorous lines. The Victorians would have approved; while they made mistakes, they were very much focused on who wanted to travel where. That is a focus government could usefully rediscover.

http://www.publicservices.ac.uk/research/237

Train Times

Are we better than the Victorians at running our railways?
Choice in public services
WE WANT CHOICE – BUT WITHIN CERTAIN LIMITS

IMPROVING PUBLIC SERVICES such as health and education has been one of the Labour Party’s key objectives in government. Public service reform has become one of its buzz phrases. But is this policy in tune with the public mood? The Labour government’s path towards reform has not been a straightforward one.

On first entering office in 1997, it abolished the National Health Service internal market created by the previous Conservative government. It also relied heavily on top-down targets such as shorter hospital waiting lists and more pupils being able to read properly by age 11.

But after its re-election in 2001, Labour began to change tack. It started to rely less on government-imposed targets and focus more on the needs and wishes expressed by users. Users’ ‘choices’ were to become the mechanism for driving improvements in public services.

The arguments for choice are twofold. First, choice is what users want. In today’s affluent society, individuals are used to exercising choice in the commercial market place, and they will no longer tolerate just being told where and when they are going to hospital or which school their child will attend. Second, choice is what services need. If users’ choices are reflected in the funding that services receive, those services will be more effective at meeting users’ expectations.

But choice comes in more than one form. It can simply mean giving people a choice in how they access a given service, such as the choice of time for an outpatient appointment. This might still mean that all outpatients attend their local NHS clinic.

Support for choice seems to be greatest among less well-off working class people – so much for the claim that it is a purely middle class demand.

People can, however, also be given a choice about which service they receive, such as the hospital in which they will undergo an operation or the school their child will attend. Then hospitals and schools are, in effect, in competition with each other for ‘customers’. If the funding they get from government depends on how many customers they attract, they are in much the same position as any private company operating in the market place.

Indeed, in order to help ensure effective competition, private companies or charities might run some of the hospitals and schools that government-funded users attend, as now happens under the UK government’s NHS Choices and city academy programmes.

This second kind of choice is clearly more radical – but it is also more controversial. Certainly, the devolved institutions in Scotland and Wales have not followed this path. The current Scottish Government has explicitly rejected competition as the way to run the health service.

Similarly, the Welsh Assembly Government argues that public services should be shaped by citizens voicing their wishes rather than customers exercising choice. Labour’s agenda of public service reform has in truth been an English agenda.

Why are there doubts about the merits of choice? First, it is argued, some people are better able to exercise choice than others. Well-educated, middle class parents will identify the ‘best’ schools while working class parents simply take what they are offered. Second, choice is inefficient because it requires more capacity; it can only be exercised if a school has a spare place or if a hospital has an empty bed. And third, ‘market-style’ competition puts profit before service, thereby undermining the commitment that doctors have to their patients and teachers to their pupils.

To date, however, it has been the advocates of choice rather than the critics who have seemed closer to the public mood. Respondents to surveys such as the British Social Attitudes survey (run by NatCen, the National Centre for Social Research) have typically backed the view that, for example, patients should not only be able to exercise choice over the time of an outpatient appointment but also which hospital they attend.

Moreover, support for choice seems to be greatest among less well-off working class people – so much for the claim that choice is purely a middle class demand.

But these findings have been taken to imply more than is warranted. We should not presume, as some have done, that just because someone says they feel people should have a choice about what hospital they attend, they also believe that private companies or charities should be running NHS hospitals. Equally, we should not presume that they believe that hospitals that fail to attract sufficient patients should be shut down.

New survey work undertaken by NatCen for the Public Services programme has examined people’s attitudes towards these aspects of public service reform. It suggests that the advocates of choice may not be entirely in tune with the public mood after all.

For the most part, there is considerable suspicion – not just in Scotland or Wales but throughout the United Kingdom – about private companies and charities running public services. Equally, most people do not believe that the fate of hospitals or schools should simply depend on how many patients or pupils they can attract.

We should not be surprised at the popularity of choice. Who, after all, likes being told what to do? But we should not presume that just because we want choice it means we feel that hospitals and schools should be run the same way as supermarkets.

Further details of this research are published in British Social Attitudes: The 25th Report (Sage, January 2009).

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