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**Attributing responsibility in devolved contexts.****Experimental evidence from the UK**

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**ABSTRACT.** In devolved contexts, people may get it wrong in their responsibility assignments because they are unsure about who does what or because they filter their attributions of credit and blame through their political lenses. This paper theorises about these two mechanisms and tests the role of cognitive bias in moderating responsibility judgements in multilevel systems. Using a survey experiment on responsibility attribution for the NHS outcomes in Scotland and Wales, results show that partisanship is the strongest bias of responsibility assignments between regional and central authorities. Yet national identity also operates as cognitive bias, a role that so far has been theoretically and empirically overlooked in the literature. The empirical findings point to the role of partisanship and identity as cognitive guides to make responsibility judgements in complex institutional setting, such as the one that emerges from increasing devolution in the United Kingdom.

## Introduction

The control of governments in representative democracies crucially depends on the role of elections as an effective mechanism to punish or reward politicians for policy outcomes. Incumbents abide by the preferences of voters because they anticipate the electoral costs associated to them departing from the electorate's preferences. Yet elections can only serve to hold governments to account if the electorate can effectively discern to what extent politicians act in voters' interests (Przeworski et al., 1999). Thus, a necessary condition for accountability is that citizens can accurately identify who is responsible for what. If otherwise responsibility attribution is blurred and incumbents end up being rewarded or punished by the electorate in a way that is unrelated to policy outcomes, the incentives of politicians to be responsive to the electorate's preferences may ultimately fade away (Cheibub and Przeworski, 1999).

If responsibility attribution is an essential mechanism to make accountability work, then what are the conditions that undermine it? People may get it wrong when assigning responsibility for different reasons. First, they might not be sure about who is responsible for what due to powers being highly fragmented between different actors. This is the clarity of responsibility argument developed by the literature that studies the impact of institutional conditions upon attribution of responsibility and accountability. Devolution is one of the institutional characteristics that may weaken clarity of responsibility and, although it has recently captured the attention of comparative research, the specific mechanisms whereby the vertical fragmentation of powers affects responsibility judgements remain unclear. Does devolution simply confuse voters about who is responsible for what? Or does it make individuals more prone to guide their responsibility assignments based in their political preferences?

The last question is related to the second mechanism whereby people may not accurately assign responsibility, namely the fact that they are not neutral when they think and talk about politics. According to the literature on social psychology, responsibility judgements are biased by individuals' prior political beliefs, which act as *perceptual screens* or *lenses* through which responsibility attribution is filtered. Social psychologists have labelled this as "group-serving" bias, which refers to individuals assigning responsibility in a selective manner: claiming credit for successes for the group they identify with and blaming out-groups for failures (Taylor and Doria, 1981). The literature has made a convincing case that politically-relevant group identities such as partisanship operate as a cognitive bias in responsibility attribution. However, there are some questions that still call for further analysis, namely the study of national identity as a potential in-group bias, which has been so far overlooked in the politics literature<sup>1</sup>; and theoretical framework on devolved contexts.

This paper explores how cognitive mechanisms affect responsibility attribution in devolved contexts. We argue that the vertical fragmentation of powers in decentralized systems poses two constraints on individuals, namely an *informational challenge* and an *opportunity structure*. The *informational challenge* means that individuals will struggle to know who does what as powers are vertically fragmented between different levels of government. The *opportunity structure* refers to multi-tiered governance structures opening an opportunity for individuals to engage in a blame-attribution game between levels of government. We expect individuals to react to these constraints by using informational shortcuts and in-group favouritism in their assignments of credit and blame between the central and subnational governments. The fundamental hypotheses in the paper are that individuals will resort to partisan affiliation as well as to national identity as their cognitive guides to make

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<sup>1</sup> In the social psychology literature there is research in ethnocentric attribution of responsibility using the case of India Taylor and Jaggi (1974) and Malaysia Hewstone and Ward (1985).

responsibility judgements between levels of government. Our hypotheses are tested with a survey experiment on responsibility attribution for the National Health Service in two devolved nations: Scotland and Wales. Empirical findings show that partisanship has a more prominent and encompassing effect on responsibility attribution than national identity; that group loyalties have a stronger moderating role in Scotland than in Wales; and that the strongest impact is found among individuals who are exposed to the negative treatment, not to the positive one.

This paper advances research in the area in three ways. First, the analysis offers new theoretical and empirical insights into the role of national identity on responsibility attribution, a relationship that so far has been overlooked in the literature. The findings of the paper suggest that national identity should be considered in future studies that test for in-group bias in responsibility assignments.

Second, the empirical findings of the paper are of relevance to inform the current debate on British devolution and, more generally, the democratic implications of the increasing migration of powers from national authorities due to ongoing decentralization (Tatham and Mbaye, 2017). Constitutional amendments since the late 1990s have turned the UK into one of the most heterogeneous institutional settings amongst European countries and this is the first paper to analyse with experimental data responsibility attribution between regional and central authorities in the UK. The ongoing nature of the process of devolution in the UK, illustrated by recent reforms in Wales and Scotland as well as by the process of English devolution to local combined authorities, will result in further institutional complexity. This context may certainly complicate responsibility assignments and poses the question on how British citizens will cope with that complexity. The evidence developed in this paper points to the role of partisan alignments and national identity as cognitive guides for individuals in an increasingly complex European institutional setting.

Finally, previous versions of the theoretical arguments developed in this paper have informed other research on responsibility attribution (see León and Jurado 2018, Authors 2018). By providing a theoretical account on how the specific constraints posed by decentralization may affect the use of partisanship and national identity, these works are contributing to a research agenda that aims at providing a better understanding of the role of institutions in activating individuals' cognitive biases.

### Responsibility attribution in devolved contexts

Although the normative theories on decentralisation envisioned a clear separation of powers between different levels of government, the actual distribution of powers in decentralised systems is characterised by shared authority, meaning that legislative and executive responsibilities over policy areas are usually allocated to different levels of government (Rodden, 2006). As stated above, to be able to sanction governments effectively individuals must be able to assign responsibilities between different levels of government. Yet in federal systems voters may struggle to distinguish which political authority is responsible for the state of the economy or the provision of public services and goods. As a result, the connection between policy outcomes and the responsible political authority that lies at the core of the reward-punishment model of retrospective voting may weaken, hampering the capacity of citizens to hold governments to account<sup>2</sup>.

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<sup>2</sup> See Anderson (2000), Lowry, Alt and Ferree (1998), Powell and Whitten (1993), Royed, Leyden and Borrelli (2000), Hobolt, Tilley and Banducci (2013), Nadeau, Niemi and Yoshinaka (2002). More recent contributions have extended the analysis beyond the economy by exploring the impact of clarity of responsibility in areas such as health care Hobolt, Tilley and Banducci (2013) or EU integration de Vries, Edwards and Tillman (2011).

The literature on clarity of responsibility has theorised the idea of blurred responsibility attribution and empirically tested whether it undermines electoral accountability. Contributions in this area have analysed whether certain institutional conditions that involve a high fragmentation of powers between different political actors, such as coalition governments, bicameralism or federalism, are associated to weaker economic voting. Following upon the seminal work of Powell and Whitten (1993), several works have classified institutions according to a “*clarity of responsibility*” index and showed that, in countries where this index is low, economic voting is less prevalent<sup>3</sup>.

Notwithstanding the significant contributions of this literature to a better understanding of the relationship between the institutional set-up and electoral accountability, this approach is of limited value to provide a nuanced account of responsibility judgements in devolved contexts. For one, with the exception of Anderson’s work (2009, 2006), in this literature the role of decentralised institutions is only superficially addressed, as federalism is considered as part of the institutional characteristics that are used to calculate each country’s “clarity of responsibility” index. For two, the theory assumes that attribution is the key moderator between policy outcomes and vote, but the exact mechanisms whereby low clarity institutions affect individuals’ responsibility assignments remain much of a black box. Besides, the empirical analyses cannot inform these theoretical gaps because individuals’ responsibility judgements are not actually tested, but inferred from the relationship between country-level institutional conditions and the strength of economic voting<sup>4</sup>.

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<sup>3</sup> Anderson (2000), Lowry, Alt and Ferree (1998), Royed, Leyden and Borrelli (2000), Hobolt, Tilley and Banducci (2013), Nadeau, Niemi and Yoshinaka (2002)

<sup>4</sup> The problem with aggregated-level studies is that they “make assertions about how institutional context shapes individuals’ attributions of responsibility, (but) none of the studies (...) actually incorporate these attributions into their analyses” (Rudolph 2003a: 191).

How do citizens then cope with the vertical distribution of powers when it comes to assigning responsibility? Several studies have explored responsibility attribution in federal states, but the empirical evidence they provide is not conclusive, pointing to opposite directions. Some works show evidence that people struggle to allocate responsibilities between federal and regional authorities (Cutler, 2004, Cutler, 2008), particularly where federal arrangements have followed a more intertwined design (León, 2011, León and Orriols, 2016, Lago Peñas and Lago Peñas, 2011); whereas other studies have found that people can assign responsibilities between levels of government relatively accurately (Johns, 2011, Rudolph, 2003a, Rudolph, 2003b). These works mostly focus on attribution *accuracy*, that is, individuals' ability to discern the functional responsibilities that fall under the sphere of competences of federal, regional and local governments. Although they provide evidence on the extent to which people can get it right when identifying who is responsible for what, they fail to develop theoretically the individual mechanisms that may account for failed attribution. Do individual assignments simply become more random (less informed by knowledge)? What sort of strategies do individuals develop to cope with the informational challenge posed by the vertical fragmentation of powers? These are questions that require further theoretical development should we aim to have a better understanding on how individuals attribute responsibility when the vertical fragmentation of powers turns attribution into a daunting task.

This paper purports to fill that theoretical gap by exploring the role of two separate cognitive mechanisms in responsibility attribution, namely group-serving bias and informational shortcuts (heuristics/cues). The former concept has been developed by the social psychology literature and refers to individuals' tendency to claim credit for successes for the group to which they belong and blame out-group members for failures (Taylor and Jaggi, 1974, Taylor and Doria, 1981, Pettigrew, 1979). The informational shortcut concept is related with



individuals' strategies to take competent decisions in spite of their lack of political knowledge ((Lupia, 1994, Sniderman et al., 1993, Popkin, 1994). This literature has particularly focused on the role of party identification as a heuristic that guides individuals' political decisions (Downs, 1957, Druckman, 2001, Brader et al., 2013, Slothuus and de Vreese, 2010).

Our argument is that in devolved contexts individuals will resort to in-group bias and informational shortcuts to assign responsibilities between levels of government. We argue that the vertical fragmentation of powers poses what we call an *informational challenge* and an *opportunity structure*, both of which activate the use of cognitive mechanisms in the assignment of responsibility (see also León, Jurado and Garmendia 2018)<sup>5</sup>. On the one hand, decentralised governance involves an informational challenge because the vertical distribution of powers complicates attribution. In this context we expect individuals to use cognitive shortcuts (heuristics), such as partisanship, to assign responsibilities for economic or social conditions in an efficient way. For instance, if an individual is unsure about who is responsible for economic conditions, she may rely on a simple shortcut such as what her preferred party says. Political parties do frequently engage in credit-taking and –especially– blame avoidance strategies on policy outcomes (Weaver 1986, Maravall 1999), so our argument is that party discourse on responsibility attribution may be used by individuals as a guide for their responsibility judgements<sup>6</sup>. The more difficult it is for voters to ascertain who is responsible for what, the more likely it is they will use party affiliation or identity to attribute credit and blame for policy outcomes.

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<sup>5</sup> Previous versions of this argument have also informed the theoretical framework developed by León, Jurado and Garmendia (2018).

<sup>6</sup> There is evidence on the use of “pass the buck” strategies by politicians in order to avoid blame for poor performance Weaver (1986) and individuals may be sensible to these strategies when it comes to make responsibility assignments.

On the other hand, decentralised governance creates an *opportunity* for individuals to engage in a blame-attribution game because it increases the number of relevant political actors whom to assign reward and punishment for policy outcomes. The vertical fragmentation of powers gives individuals further opportunities to exonerate or credit their preferred incumbent party as there is a higher *supply* of political actors to which blame and credit can be attributed. Put it differently, devolution paves the way for “in-group” bias because favouring ones’ group may become easier when there are more potential relevant “out-groups” to which failure can be attributed. Following this argument, León, Jurado and Garmendia (2018) showed evidence of a more prominent role of partisan id on responsibility attribution in federal than in non - federal European countries. In this paper we advance their work by testing the argument using experimental evidence and bringing the comparison at the regional level.

Finally, so far the literature has mainly focused on individuals’ attachment to ruling political parties and showed that partisanship may act as a “perceptual screen”, meaning that voters are more likely to blame a level of government that is not ruled by their preferred political parties when things are going badly<sup>7</sup>. Yet there is a limited understanding in the literature of the role of other cognitive bias other than partisanship.

In this paper we purport to fill this gap by exploring the group-serving bias role of national identity. The fact that national identity has been barely explored in the literature<sup>8</sup> as a cognitive bias contrasts with the accumulated evidence showing that it is one of the most

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<sup>7</sup> Hobolt and Tilley (2014), Malhotra and Kuo (2008), Gomez and Wilson (2001), Tilley and Hobolt (2011a), Rudolph (2003a), Rudolph (2003b), Peffley (1984), Peffley and Williams (1985), Tyler (1982). Other scholars show that partisan alignment tend to moderate the impact of economic evaluations in vote choices Rudolph (2003a), Rudolph (2003b), Marsh and Tilley (2009).

<sup>8</sup> A recent contribution in the area is Rico and Liñeira (2017)

important group identities in shaping individuals' political preferences<sup>9</sup>. Our argument is that people's predispositions towards a particular territory (the "state" vs the "region") may act as an in-group bias in shaping individuals' judgements of responsibility between different levels of government. If the relative attachment towards the "state" or the "region" serves as a group of identification, then we can expect national identity to affect responsibility judgements in a similar way than partisanship: individuals will blame levels of government other than the one they identify with when poor policy outcomes are at stake and credit them for positive policy outcomes.

### Hypotheses

We specify below two sets of testable hypotheses. First, we argue that, when confronted with positive or negative changes in a policy area, individuals will change responsibility attribution dependent on their partisanship. Specifically:

H1a. Partisans of the regional incumbent party will attribute more responsibility to the central government when confronted with negative policy outcomes compared to positive ones.

H1b Partisans of the central incumbent party will attribute less responsibility to the central government when confronted with negative policy outcomes compared to positive ones.

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<sup>9</sup> Previous research has shown that people's attitudes towards the centre-periphery cleavage are highly correlated with identity, so those who exhibit stronger regional identities are more likely to support further devolution to the regional level than those who support a stronger role for the central government Guibernau (2006), Guinjoan and Rodon (2014), Pattie, Denver, Mitchell and Bochel (1999).

Second, we state that, when faced with evidence that a certain policy is going well or badly, people will change responsibility attribution dependent on their national identity. Specifically:

H2a. Individuals more identified with the “region” will attribute more responsibility to the central government when confronted with negative policy outcomes compared to positive ones.

H2b. Individuals more identified with the “state” will attribute less responsibility to the central government when confronted with negative policy outcomes compared to positive ones.

We expect both national identity and partisanship to have an influence on how individuals attribute responsibility between different levels of government. However, we do not have any theoretical expectation on whether national identity will have a stronger or weaker effect in responsibility judgements than partisanship. The analysis in the next sections will provide some empirical insights into the relative moderating role of each in-group bias.

In our theoretical setting we stated that devolution activates the use of cognitive biases in responsibility attribution through two mechanisms: an informational challenge (low clarity of responsibility) and an opportunity structure (the existence of “out-group” political actors, namely different levels of government). In the English centralised scenario we expect none of these mechanisms to operate. On the one hand, clarity of responsibility is higher, so individuals are expected to resort less frequently to informational shortcuts to assign responsibility for policy outcomes. On the other hand, the prominent role of the central government in health care provision as well as the lack of specific partisan links with NHS regional authorities (as NHS is run by a non-departmental executive body) turns blame on “regional authorities” into a less credible option for partisans to exonerate their preferred

party. As a result, if our hypotheses are correct, we should expect no role of partisanship or national identity in moderating responsibility attribution in England.

H3. Giving people information on negative or positive outcomes will have no effect on responsibility attributions in a centralised context (England)

#### The experimental design

To test the hypotheses set above we use a survey experiment<sup>10</sup> on responsibility attribution<sup>11</sup> for health care outcomes in Scotland and Wales. We focus on responsibility attribution for health care outcomes between regional and central authorities because competences over the National Health Service (NHS) were devolved to those nations in 1999. We also use the survey experiment in England as a robustness test of the results found in Scotland and Wales. If our hypothesis is correct and cognitive biases operate through the informational challenge and an opportunity structure posed by devolution, then we expect partisanship and national identity to have no role in the centralised scenario of England.

The experiment was conducted in the run-up to the general election in May 2015 (between 30<sup>th</sup> April and May 6) using samples of 700 individuals for each treatment that are representative of the population over the age of 18 in Scotland and Wales<sup>12</sup>. The experiment

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<sup>10</sup> The experimental design is an excellent methodology to test for causal relationships. Survey experiments allow us to control the stimuli that individuals are exposed to and measure how they react to them. As we randomly assign the information to survey participants, that enables us to establish clear causal predictions.

<sup>11</sup> Other works have also used survey experiments to explore the role of partisanship in individuals' responsibility assignments, see Rudolph (2005), Malhotra and Kuo (2008), Tilley and Hobolt (2011b), Rico and Liñeira (2017).

<sup>12</sup> The online survey used in this paper has 2108 observations: 702 for England, 698 for Scotland and 708 for Wales. The sample in each nation was recruited by Research Now, a well-established internet survey company that has online panels across 38 countries. The sample in each nation is representative of the nation population by sex and age. Respondents to our surveys were selected randomly from an online research panel of over 400.000 individuals in England, 50.000 in Scotland and 25.000 in Wales.

treatment consists of different statements about changes in health care attributed to experts (positive or negative), followed by a question on who is the main responsible for the NHS, with respondents asked to locate the degree of responsibility on a 7-point scale, where 1 means that regional authorities have full responsibility and 7 means that UK central government has full responsibility<sup>13</sup>. This scale represents the dependent variable in the study and the exact wordings of the questions are:

*Negative treatment:* Many experts say that healthcare in [Scotland/Wales] has generally worsened over the last year; for example, waiting times for patients in urgent services are now longer and time allocated to patients in primary care has decreased.

*Positive treatment:* Many experts say that healthcare in [Scotland/Wales] has generally improved over the last year; for example, waiting times for patients in urgent services are now shorter and time allocated to patients in primary care has increased.

*All respondents:* Which political authorities would you say are mainly responsible for the results of the NHS in [Scotland/Wales]? Please use a scale from 1 to 7, where '1' means that regional authorities have full responsibility and '7' means that UK central government has “full responsibility”.

The experiment was separately conducted in each nation. When the survey was run (in May 2015) ruling parties at the regional level in Scotland and Wales were different than the ruling

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<sup>13</sup> In Table A1 of the online appendix we use a multinomial logistic model predicting positive and negative treatments to show that treatments were randomly assigned.

party at the central level. This represents an ideal setting to test the role of partisanship on responsibility attribution between levels of government devoid of any interference from having the same party ruling both at the central and regional level. Recent empirical evidence using the Spanish case shows that when the same political party runs both at the central and regional level the blame attribution game is played having the national government as the one that partisans will “exonerate” or “blame” for policy outcomes (see Authors 2018)<sup>14,15</sup>.

To operationalise partisanship and national identity, respondents answered the standard questions about party<sup>16</sup> and national identification<sup>17</sup> early on in the online survey. This allows us to classify each group into *regional government partisans* (Labour identifiers in Wales and SNP identifiers in Scotland); *central government partisans* (Conservative and Liberal Democrats identifiers), partisans of the opposition parties both at the national and regional level and independent voters. The survey provides sufficient observations for the two groups that are of special interest for our hypotheses: the proportion of central government partisans

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<sup>14</sup> For instance, using experimental evidence we show that respondents that are close to a political party that runs both the regional government and the national government are more likely to attribute responsibility to the regional government when exposed to negative information about policy outcomes. Respondents who identify with a party that is in opposition both at the national government and the regional government are also more likely to assign responsibility to the national level when exposed to negative information about policy outcomes (see Authors 2018).

<sup>15</sup> The first-order nature of the national arena may be explained by the devolved nature of the Spanish model of decentralization. Great Britain has followed devolution as well, so we would expect the national level to play a predominant role in the attribution-game should the national and regional level be ruled by the same political party.

<sup>16</sup> The question used takes the standard British Election Study format: “Do you generally think of yourself as a little closer to one of the parties than the others? If yes, which party?”, with respondents given response categories of Conservative, Labour, Liberal Democrat, Scottish National Party (only shown in the Scotland sample), Plaid Cymru (only shown in the Wales sample), United Kingdom Independence Party, Green Party, British National Party, Other, none of them or don’t know.

<sup>17</sup> The question used the standard format of the Linz question: “Which of the following best describes your identity?, with respondents given five categories: Only British/More British than [Scottish/Welsh]/As British as [Scottish/Welsh]/More [Scottish/Welsh] than British/Only [Scottish/Welsh].

is 25 in Scotland and 30 percent in Wales; whereas the percentage of regional government partisans is 39 percent in Scotland and 24 percent in Wales.

According to the general hypotheses H1 and H2, we expect both partisans of the regional incumbent and those with regional identities (Scottish/ Welsh) to attribute more(less) responsibility towards the regional authorities- reflected in a lower average in the attribution scale - when they are exposed to positive (negative) treatment as compared to the control group. We also expect both partisans of the central incumbent and those with British identities to ascribe more (less) responsibility towards the national authorities (reflected in a higher average in the attribution scale) when they are exposed to positive (negative) information as compared to the control group.

#### Empirical analysis

Before analysing the effect of our experiment's treatments, we first examine how individuals in each nation evaluate the NHS performance and which level of government they hold accountable for such performance. The first row of Table 1 shows the mean scores for NHS performance evaluations (on a 1-5 scale) among respondents of the control group. Data show that the evaluation of health care is negative: the scores fall below the value 3 ("stayed the same"), especially among the Welsh sample. Indeed, only a small portion thinks that healthcare got a lot or little better during last year: 19 percent in Scotland and 12 per in Wales. Conversely, most individuals (almost half of the Scottish respondents and almost two thirds of the Welsh ones) had a negative perception of the evolution of the NHS.

Such negative bias in health care evaluations may have implications for the experiment's results, because individuals may be less likely to react to positive stimuli if general



perceptions on the evolution of health care are overtly negative. In this context, a positive statement about the state of health care may not seem as credible to respondents as a negative statement. However, little reaction to negative stimuli is also plausible. As Druckman and Leeper argue, individuals with strong attitudes may be immune to the experimental treatment because “yet another consistent communication has little effect or because they reject a contrary communication” (2012:877)<sup>18</sup>.

Table 1 also shows how individuals from the control group attribute responsibility of the NHS performance on the 1 to 7 scale. Data illustrate that although people’s perceptions may be potentially driven by in-group biases, individuals are not completely fools. Certainly, the mean scores of the control group seem to be consistent with the level of government that is actually responsible for the NHS in each nation, as in Scotland and Wales people generally view regional governments as more responsible for the NHS than in England.

[Table 1 about here]

In order to test our hypotheses we estimate different OLS regression models predicting attribution of responsibility on healthcare (on a 1–7 scale, being 1 regional authorities and 7 central authorities<sup>19</sup>) in each nation. The models estimate the interactive effect between our experiment treatments (coded as 0 for the positive treatment and 1 for the negative treatment) and both *partisanship* and *national identity*. Table A2 in the appendix reports the coefficients and standard errors of all models.

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<sup>18</sup> We cannot rule out the existence of pre-treatment effects (Gaines & Kuklinski 2011, Slothuus 2016). Individuals may have already received previous inputs (either positive or negative) on healthcare service performance before they participated in our experiment, which may indeed dilute to some extent the effect of our treatments.

<sup>19</sup> “Don’t know” answers in the attribution question have been coded as missing.

In order to have a clearer interpretation of the results, we plot the interaction coefficients of Table 2 in the appendix in Figure 1. The marginal effects show how our dependent variable (attribution of responsibility) changes when one of our independent variables changes. Since our model is an OLS, the marginal effect is constant, and does not depend on any other variable.<sup>20</sup> The top graphs in Figure 1 display the marginal effects of the interaction between *partisanship* and the experiment treatment (based in models A1 and A2 of Table A2 in the appendix). Results show that, in Scotland, being exposed to the negative treatment among regional incumbent partisans increases the responsibility scale in 1.5 points as compared to those who receive the positive treatment (H1a). In other words, those identified with the SNP are more likely to follow a blame avoidance strategy by pointing to the central government as the responsible authority for the poor performance of the NHS. The marginal effect of the treatment among regional partisans in Wales is statistically significant in the expected direction and exhibits a similar magnitude to the one found for Scotland (about 1.6 points). As far as central incumbent partisans is concerned, those who are exposed to the negative treatment tend to assign more responsibility to regional authorities, but the differences are not significantly different from zero, so we found no empirical support for H1b.

[Figure 1 about here]

The two bottom graphs in Figure 1 exhibit the results in each nation of the interaction between national identity and the experiment treatment (models B1 and B2 of Table 2 in the appendix). Results show that individuals with strong regional identities (who feel more Scottish (or Welsh) than British or only Scottish (or Welsh)) tend to engage in blame-

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<sup>20</sup> For instance, our treatment effect among the regional incumbent partisans displayed in Figure 1 is the result of comparing the outcome of the regression model when changing the value of our principal coefficient (Treatment effect) and the interaction coefficient (Party ID: Regional incumbent x Treatment) from value one (positive treatment) to value 2 (negative treatment).

avoidance when confronted with negative outcomes: they are more likely to say that the central government is responsible for health care when things go badly (H2a). The marginal effect in the case of Scotland (1.2) is again similar to that in Wales (1.1). In addition, those in Scotland who hold strong “national” identities (who feel more or only British) are more prone to attribute responsibility to the central government when they receive the negative treatment. This latter effect is only statistically significant at  $p < .10$ . In Wales, national identity does not significantly moderate the impact of the treatments. This means that, overall, there is very limited evidence supporting H2b.

In Figure 2 we display the empirical findings in a different way to show variation in marginal effects between the positive and the negative treatment. The two graphs at the top of Figure 2 show the differences in attribution of responsibility between regional partisans and central government partisans for different treatments and nations. Results show that the positive treatment does not significantly activate credit-taking strategies among partisans (they do not assign more responsibility to their preferred level of government). In other words, the impact of partisanship upon responsibility attribution is mainly driven by regional incumbent partisans exposed to the negative treatment: they hold central government more responsible for poor NHS outcomes than those identified with either the Conservative Party or the Liberal Democrats (the members of the central incumbent coalition).

The bottom graphs in Figure 2 display similar results. Differences in responsibility attribution between those *more* or *only* identified with the region and those who mainly feel British are only significant for the negative treatment and for the Scottish sample. In Wales, attribution of responsibility for the results of the NHS is not significantly moderated by national identity, regardless of the positive or negative nature of the treatment.

This asymmetric effect of the negative vis-à-vis the positive treatment displayed in Figure 2 is compatible with the existing literature on social psychology and political science. According to Kahneman and Tversky's well-known prospect theory, individuals' utility functions are much steeper for losses than for gains (1979:280). In the political arena it has been long accredited in the economic voting literature that voters tend to react more to economic distress rather than economic prosperity (Bloom and Price, 1975). This negativity bias in economic voting, or "grievance asymmetry" as some scholars call it (Nannestad and Paldam 1997, Lewis Beck and Paldam, 2000), may easily apply in other policy outcomes rather than the economic ones. However, as we already mentioned above, this asymmetric effect may also be a consequence of the general negative bias in health care evaluations in the UK. Since general perceptions on the evolution of health care are overtly negative, individuals may not find the positive treatment credible and, as a result, individuals may be less likely to react to it.

[Figure 2 about here]

In Wales, national identity and partisanship are not strongly correlated. Indeed, both central and regional government partisans fairly evenly distributed among the different national identity categories. However, in the Scottish case, we do find a correlation between national identity and partisanship. It is not the case of central government partisans, since the proportion of those who feel British is similar than those who feel Scottish. However, this correlation is particularly high among SNP identifiers: about the 80% of them feel only or more Scottish. Such correlation between our two main variables in the Scottish case is potentially problematic since it hinders the possibility to clearly distinguish between the effects of national identity and partisanship. However, it is important to point out that our

conclusions in the Scottish scenario are nearly equivalent to those in the Welsh ones, where both national and party identities are not correlated. Still, we will only be able to fully distinguish the effect of partisanship and nationalism in Scotland by replicating the experiment in an eventual future scenario in which the SNP is not the incumbent party in the region.

Finally, we run the regression models estimating the effect of the interactions (between the treatment and partisanship and between the treatment and national identity) simultaneously (models C1 and C2 in Table A2 in the appendix). The results of these models are summarized in Figure 3. Results in Scotland (top graphs in Figure 3) show that national identity moderates how partisans react to the treatments. Central government partisans are more likely to blame regional authorities for poor performance of the NHS when they feel *only* or *more* British, but the effect of the negative treatment is statistically insignificant among central partisans with stronger regional identities. The opposite occurs among respondents who feel close to the regional government: they tend to assign more responsibility for negative outcomes to the central government, but the effect is significantly different from zero only for those with mixed or exclusive regional identities.

The results of the regression models in Wales point to a different conclusion. The bottom graphs in Figure 3 show that the effect of the treatments upon responsibility attribution among regional and central government partisans do not vary according to respondents' national identity. For instance, Labour partisans exhibit a blame avoidance strategy (blaming the central government when confronted with poor NHS outcomes) that operates regardless of their level of attachment to the Welsh or British national identity. In summary, our results indicate that, contrarily to what we found in Scotland, it is partisanship, and not national identity, the most important in-group bias driving responsibility attribution in Wales.

Our models in Table A2 we include two measures related with political sophistication: educational attainment, and more importantly, political knowledge<sup>21</sup>. The effect of this latter variable on responsibility attribution behaves as expected: those with higher levels of political knowledge tend to correctly attribute responsibility for the health services to the regional level.

England: testing the limits of cognitive biases

In the theoretical setting introduced above we stated that devolution activates the use of cognitive biases in responsibility attribution through two mechanisms: an informational challenge (low clarity of responsibility) and an opportunity structure (the existence of “out-group” political actors, namely different levels of government). In the English centralised scenario the two mechanisms that activate cognitive biases in responsibility attribution do not operate. On the one hand, in a centralised setting the informational challenge is low since the responsibility attribution is much easier than in decentralised contexts such as Scotland and Wales. On the other hand, the lack of relevant out-groups to blame (or give credit) for health policy outcomes reduces the opportunities for engaging in a blame-attribution game.

In order to test our final hypothesis we replicate in England the survey experiment conducted in Scotland and Wales (see results in Table A3 in the appendix), with the only difference in the variable partisanship, which in England has two different categories: opposition partisans (those who feel identified with a party different than the Conservative Party or the Liberal

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<sup>21</sup> The political knowledge is an index that takes value 0 means respondents do not know any of the national political leaders (Ed Miliband, Nick Clegg, George Osborne, John Bercow and Theresa May) and value 5 when they know all of them.

Party) and central incumbent partisans (individuals who feel identified with the Conservative Party or the Liberal Party).

Results are exhibited in Figure 4 and show that in England treatments have no significant effects upon responsibility judgements: as both treated and non-treated individuals hold similar perceptions about who is responsible for the NHS<sup>22</sup>. In other words, central government partisans are *not* more likely to blame regional authorities when they are exposed to negative information on the NHS nor to credit the central government when they receive positive information. Responsibility judgements among opposition partisans do not significantly vary across treatments, neither.

[Figure 4 about here]

The comparison of England with Scotland and Wales speaks to an issue that has been often overlooked by the literature, namely the limits of cognitive biases in responsibility attribution. Results in England indicate that, although individuals are conditioned by their political beliefs, they are not fools, and they will be more likely to pursue blame-avoidance strategies when there are credible alternative out-groups which to put the blame on. There is nothing intrinsically different in English people in the way they think and talk about politics that can account for the lack of effect of partisanship or national identity in responsibility judgements. Certainly, central government partisans in England may be as willing to exonerate or give credit to their preferred political party as partisans in Scotland or Wales. The only difference is that, in a centralised scenario, the former may have more limited opportunities to do so because blaming subnational actors is not a credible strategy. Note that this does not mean that in centralised settings the role of blame-attribution strategies in responsibility attribution is *generally* weaker than in devolved contexts, as partisans in

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<sup>22</sup> We report the multinomial regression model in table A2 of the online appendix

centralised contexts could blame other actors different than the subnational governments. Accordingly, from the comparison between England and the two devolved regions we can only conclude that cognitive mechanisms have no role in moderating responsibility attribution *between levels of government*. We will return to these caveats in the next section.

### Summary and concluding remarks

In this paper we argue that the vertical fragmentation of powers in decentralized systems poses an informational challenge and an opportunity structure. The first one refers to low clarity of responsibility induced by the division of powers between levels of government. The second one means that devolution provides individuals with further opportunities to exonerate or credit their preferred incumbent party by offering a higher *supply* of political actors to which blame and credit can be attributed. We contend that individuals will react to these constraints by using informational shortcuts and in-group favouritism in their assignments of credit and blame between the central and subnational governments. Our main hypotheses are that individuals will resort to partisan affiliation as well as to national identity as their cognitive guides to make responsibility judgements between levels of government. Exploring the role of national identity in responsibility attribution is one of the significant contributions of the paper, as so far the literature on political science has overlooked the potential role of national identity as a source of in-group favouritism.

We test these hypotheses with a survey experiment on responsibility attribution for health care outcomes in two devolved contexts: Scotland and Wales. Empirical results indicate that both partisanship and national identity do indeed colour individuals' evaluations of who is responsible for the NHS outcomes. Individuals exposed to negative information and who feel identified with the regional incumbent party or who feel only or more Scottish/Welsh are



more likely to ascribe responsibility to the central government, particularly in the Scottish sample. More generally, empirical findings show that partisanship has a more prominent and encompassing effect on responsibility attribution than national identity; that group loyalties have a stronger moderating role in Scotland than in Wales; and that the strongest impact is found among individuals who are exposed to the negative treatment, not to the positive one.

We also conduct the survey experiment in England as a robustness test and, as expected, we find that in England group identities do not moderate the assignment of responsibility. This finding suggests that, although individuals are conditioned by their political beliefs, they are not fools, and they will be more likely to pursue blame-avoidance strategies when there are credible alternative out-groups which to put the blame on.

The study of the limits of cognitive biases represents a promising avenue for future research work on responsibility attribution. We stated above that in a centralised context such as England individuals cannot credibly blame subnational actors to exonerate their preferred parties. However, from the empirical analysis conducted in the paper we cannot conclude that the role of cognitive biases in responsibility attribution is *generally* lower in centralised settings. Individuals in England cannot blame subnational actors to exonerate their preferred party, but they could blame others. In a context where political authority has been diffused by globalisation and regional integration, supporters of the national incumbent party could credibly engage in a blame avoidance strategy by allocating responsibility to other relevant actors in the political arena such as the European Union, the IMF or the Central Bank (Fernández-Albertos, Kuo and Balcells 2003). This poses the question on whether the blame-attribution game does actually operate differently in decentralised settings as compared to centralised contexts or if differences are simply contingent upon the available set of “blameable” political actors given to respondents.

A second line of future research in the area could explore variation in the intensity of the blame-attribution game across political actors, over time and across territorial units. We may expect some actors (i.e. European Union, IMF) to become better “targets” for blame-avoidance strategies than others depending on contextual conditions such as the nature of the political debate (if dominated by national or international issues) and how it evolves over time. Also, the empirical analysis in the paper has revealed some interesting differences between Scotland and Wales in the intensity with which partisanship and national identity moderate responsibility judgements. Can these differences be accounted by variation across nations in the pace of devolution reforms (slower in Wales than in Scotland)? Or are they more related to contextual conditions such as the specific cleavages that define electoral competition? Delving into these questions could provide some theoretical insights into cross regional variation in patterns of responsibility attribution that could be tested in other asymmetric devolved countries. For instance, the analysis of cross-regional variation in expenditure and fiscal decentralization in Spain or Canada would allow to provide a more nuanced test of the theoretical mechanisms at play (for instance, testing for cross-regional differences in knowledge on competences due to the informational challenge).

To conclude, by exploring the impact of cognitive mechanisms in responsibility attribution, any of the future research paths suggested above will help us to have a better understanding on the underlying mechanisms in the relationship between policy outcomes and vote choices and, in turn, on the workings of electoral accountability.

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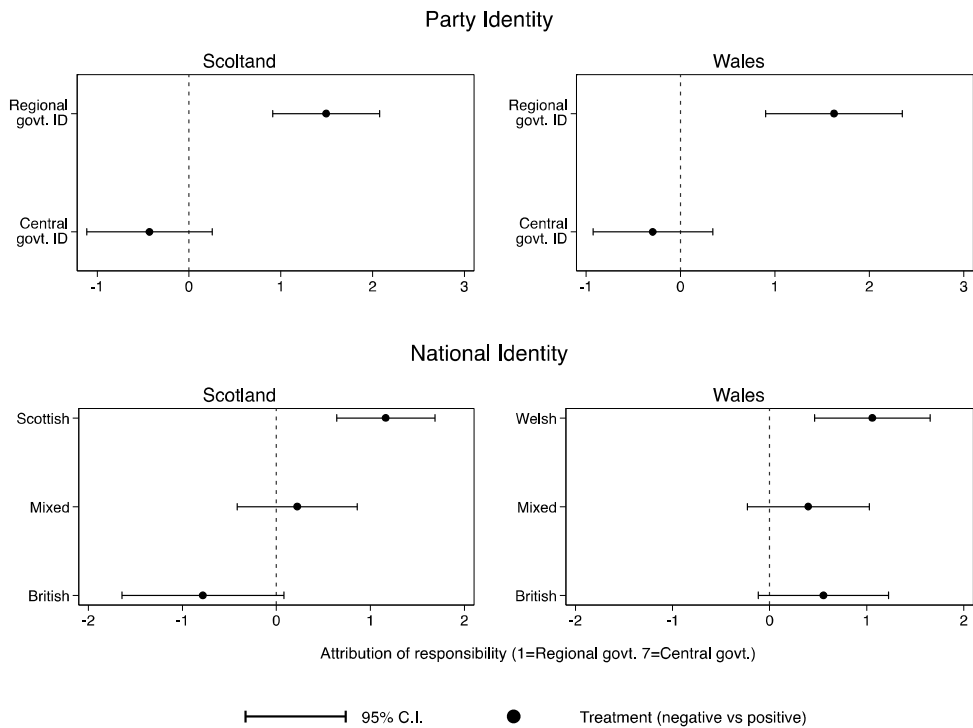
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Table 1. Attributions of responsibility for health care outcomes by nation

	Scotland		Wales	
	Mean / %	C.I.	Mean / %	C.I.
Evaluation of NHS performance (from 1 –a lot worse- to 5 –a lot better-)	<b>2.64</b>	2.56 2.71	<b>2.29</b>	2.22 2.36
<i>little worse / a lot worse (%)</i>	<b>45.5</b>	41.7 49.2	<b>61.4</b>	57.8 65
<i>stayed the same (%)</i>	<b>35.2</b>	31.6 38.8	<b>26.4</b>	23.1 29.6
<i>little better / a lot better (%)</i>	<b>19.4</b>	16.4 22.3	<b>12.2</b>	9.9 14.6
Responsible for the NHS (from 1 -regional authorities- to 7-central government.)	<b>3.37</b>	3.11 3.62	<b>3.62</b>	3.37 3.88

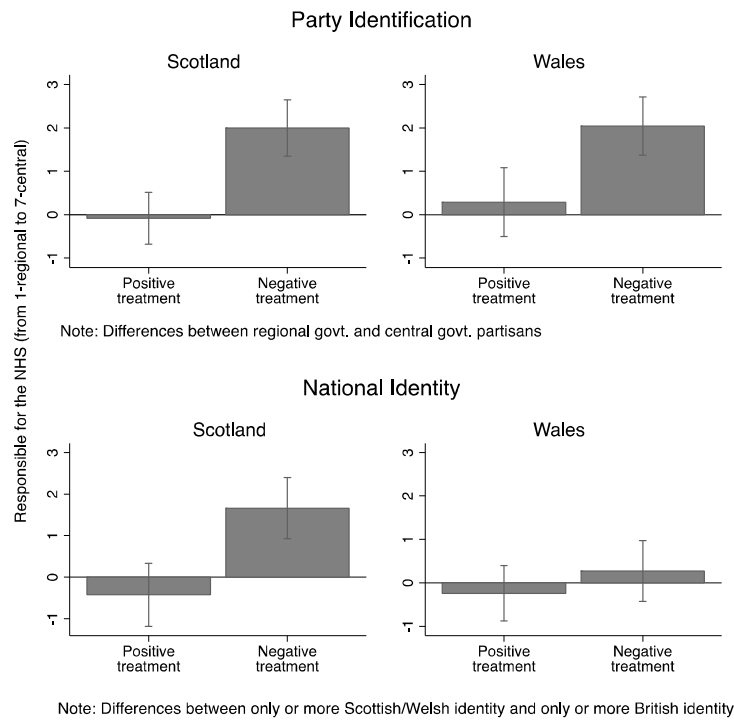
Note: The dependent variable is attribution of responsibility, measured on a 1-7 scale, where '1' means that regional authorities have full responsibility and '7' means that UK central government has “full responsibility”

Figure 1. The effect of party identification and national identity on responsibility attribution for the NHS outcomes



Note: The figure shows the marginal effects of the negative treatment (contrasted with the positive one) on the NHS responsibility scale (1-regional authorities to 7-central authorities) conditioned by party identification. The spikes indicate the 95% confidence intervals for the estimates using Models A1, A2, B1 and B2 of Table A2 of the online appendix.

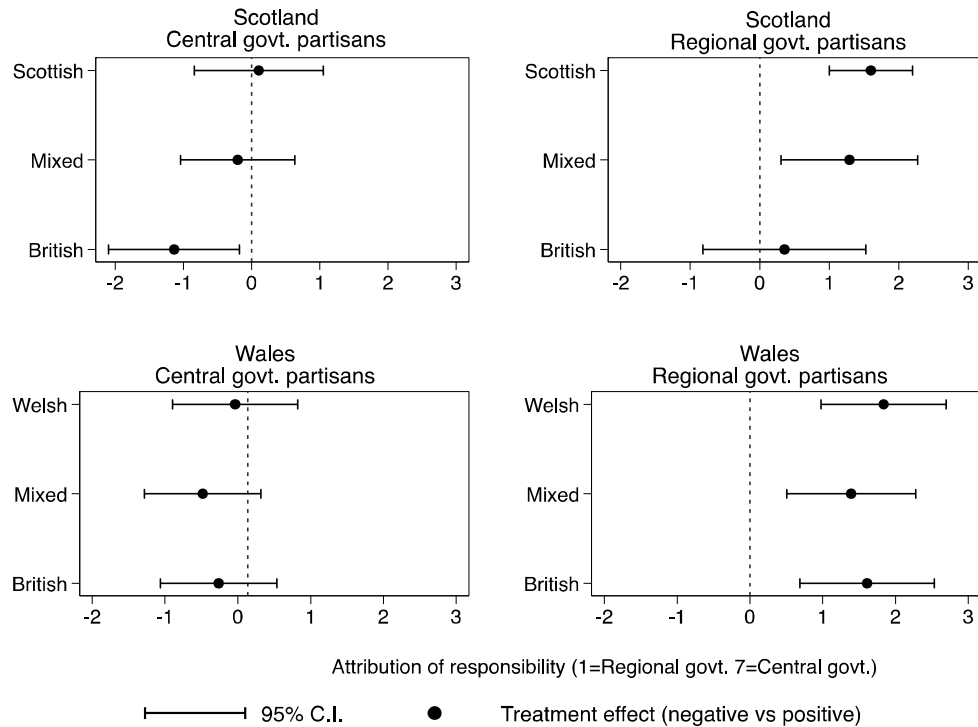
Figure 2. The effect of party identification (comparing regional government's and central government's partisans) and national identity (comparing British and Scottish/Welsh identity) on responsibility attribution for the NHS outcomes.



Note: The figure shows the mean differences on the NHS responsibility scale (1-regional authorities to 7-central authorities) between regional and central government partisans (top line) and between British and Scottish/Welsh identity. The spikes indicate the 95% confidence intervals.

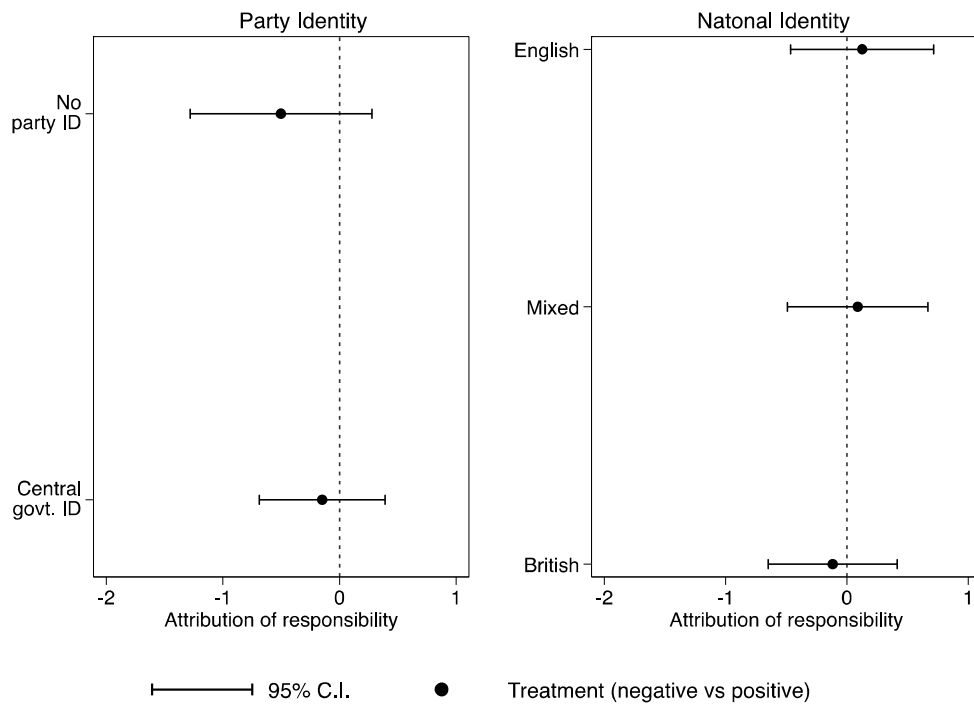


Figure 3. The effect of party identification and national identity on responsibility attribution for the NHS outcomes. Effects estimated simultaneously.



Note: The figure shows the marginal effects of the negative treatment (contrasted with the positive treatment) on the NHS responsibility scale (1-regional authorities to 7-central authorities) conditioned by party identification. The spikes indicate the 95% confidence intervals for the estimates using Models C1 and C2 of Table A2 of the online appendix.

Figure 4. The effect of partisanship and national identity in England



Note: The figure shows the average marginal effects of positive and negative treatments on the NHS responsibility scale (1-regional authorities to 7-central authorities) conditioned by party identification and national identity. The spikes indicate the 95% confidence intervals for the estimates exhibited in Table A3 of the online appendix.