

The middle-class enjoy definite advantages in public service provision. More critical and extensive research is needed

Apr 10 2012

Annette Hastings and **Peter Matthews** argue that it is vitally important to better research and address the uneven distribution of public services and the benefits enjoyed by the sharp-elbowed middle classes.



Back in the mid 1980s, when public spending on public services was under a similar intensity of pressure as it is now, Julian Le Grand **warned** that middle class service users might find themselves afforded some protection in the wheeling and dealing of budget cuts:

“[T]he Conservative government was hampered in its policy of reducing state expenditure ... by its willingness to favour state provided services that were predominantly used by members of the middle class”.



Our report brings together evidence from the period before the cuts began to be implemented in order to investigate the nature and scale of advantage enjoyed by the so called ‘sharp elbowed’ middle classes over less well off and well connected social groups. Using a systematic approach to assessing research evidence – Pawson and Tilley’s realist synthesis (1997) – the report brings together a literature fragmented across policy fields and disciplines (such as schooling, health and land use planning).

The main findings of the [report](#) (and [fuller version](#)) are:

- There *is* evidence that middle class, affluent individuals and groups are often advantaged in their use of local public services. However, there is only limited evidence of the scale of this advantage and the extent to which it ‘matters’ in a fundamental sense both for the winners and losers.
- Middle class advantage is secured via a variety of means. It can be gained as a result of the deliberate actions and strategies of affluent individuals and groups. However, it can also be an unintentional consequence of the actions and attitudes of service providers, as well as a product of broader policy and practice.
- High profile service areas such as schooling, health and neighbourhood planning can provide advantage to middle class service users. In schooling, it might mean getting your child prioritised for specialist educational interventions or in health longer consultation times with your GP. Planners might avoid siting controversial projects in your locality in anticipation of concerted protest.
- Middle class service users tend to have the kinds of ‘cultural capital’ (education, networks, skills and resources) which are useful in a practical sense for negotiating with service providers. Importantly, this cultural capital also corresponds with the value set of bureaucrats with power and influence. There is the potential for alliances to develop between middle class

service providers and users which are detrimental to the interests of less affluent service users.

- There is a clear need for middle class advantage to be afforded more prominence as a policy problem – we are perhaps too used to seeing disadvantage as the problem and not considering its flip side. It may become more urgent to do this as public service contraction gathers momentum.

And a final point concerned us very much as researchers. We were surprised at the paucity of research evidence on understanding inequalities in relation to public service provision which focused specifically on advantaged social groups and what they take from the system. For example, given the extent and depth of research on health inequalities in the UK – as well as the long standing recognition of Tudor Hart's inverse care law – why is there not more attention paid to how this can play into differentials in the quality of health care? There are notable exceptions of course – for example, [the work](#) of Graham Watt from the University of Glasgow on how GP practices in disadvantaged areas struggle to keep afloat at the 'deep end' compared to the security of 'shallow end' practices in better off areas.

Our question then is why are researchers less interested in studying middle class advantage? A very interesting paper was published in the BMJ a few years ago. A large retrospective cohort [study](#) of patients presenting for cardiac problems found that socio-economically deprived patients were less likely to be investigated for coronary heart disease and less likely to be offered surgery once it had developed. It also found that these groups were further disadvantaged by having to wait longer for surgery as a result of being given lower priority than more advantaged groups.

The paper was accompanied by a commentary from Tudor Hart who argued that the paper provided yet further evidence that the inverse care law was still alive and kicking after thirty years. "I developed the inverse care law nearly 30 years ago. It seemed to be something everyone knew but nobody said because there was no succinct way to say it."

There was a second, more informal [response](#) from a GP Registrar:

*"Following the article that shows socio-economic deprivation worsens surgical investigation and treatment of coronary heart disease. ... [W]hy has no-one responded to this article with a sense of outrage. After 8 days, where are the cries of foul! Is it because we have heard it all before and can't bear the agony? **Or is it because we are from middle class backgrounds and don't really care?**"*

Perhaps this GP's outraged final comment goes to the heart of why there is so very little research on middle class advantage in public services and why the issue is not more prominent as a 'problem' in policy debates. Policy makers only put problems they have a solution for onto the agenda. Julian Le Grand found [evidence](#) in his work in the 1980s that it was the middle-classes who voted for successive Conservative governments and this helped their interests be supported by public expenditure. The middle-classes, or more affluent groups, present an increasingly large share of a declining number of voters who turn out. In this context it is unlikely that politicians, and therefore policy makers, can simply ignore the demands of the middle-classes.

It is a [complex issue](#) to research. Issues, such as the mapping of expenditure, better understanding of the outcomes of policy interventions, and the general "strategy of equality" the welfare state is implementing, particularly at the local level, make unpacking the problem difficult.

But perhaps neither of these challenges fully explains why the issue has not been taken up to the extent that it might. We believe a more uncomfortable proposition is that it is not in the interests of middle class academic researchers, as employees and users of public services, to resolve the problem. Neither is it in the interests of the professional middle classes in key positions across the

public sector to resolve it.

Please read our [comments policy](#) before posting.

Note: This article gives the views of the author, and not the position of the British Politics and Policy blog, nor of the London School of Economics.

About the authors

Annette Hastings is a Senior Lecturer in Urban Studies, School of Social and Political Sciences at the University of Glasgow, where she leads the Neighbourhoods and Well-being Research Group. Her most recent work explores how the quality of neighbourhood public services is both a symptom and a cause of concentrated disadvantage – for example, see papers <http://eprints.gla.ac.uk/37438/> and <http://eprints.gla.ac.uk/37449/>.

Peter Matthews is a Lecturer in Urban Management at the School of the Built Environment, Heriot-Watt University, based at their Edinburgh campus. He completed his doctoral research on Scottish urban regeneration policy at the University of Glasgow in 2009 and joined Heriot-Watt in January 2011.

No related posts.