

“Sharp elbows”: Do the middle-classes have advantages in public service provision and if so how?

Who gets what from local public services has never been such an important and contested issue. Fiscal austerity and the large scale budget cuts across the public sector mean that services are being remodelled, pared back and even deleted. The encouragement of ‘localism’ by the Coalition Government may lead to new forms of service delivery, but it may also lead to some groups securing a bigger share of the remaining cake than they might otherwise have been able to.

This report provides a short synthesis of the academic research on how the middle classes fare in relation to local public services – research which was conducted prior to the spending cuts and localism. It addresses concerns in both academic research and in the policy and practice community that a demanding middle class can skew the benefits of local services to their own needs. The report should be of interest to anyone concerned with how to deliver public services according to need in the current financial and political climate.

Research Findings

- 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 on 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. There are some commonalities as well as differences between the services in the means by which this is achieved.
- Middle class service users tend to have the kinds of ‘cultural capital’ (education, networks, skills and resources) which are useful in 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 an alliance to develop between middle class service providers and users which is 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.

Do the middle class have advantages in public services provision?

The simple answer to this question is yes. The evidence is that middle class political activism can and does affect the decisions made by public service providers. It also points however to another form of advantage: to a more pervasive, almost inbuilt pre-disposition towards addressing the expressed needs of affluent groups. This pre-disposition will often operate within public services alongside – or sometimes in preference to – a desire to tackle the issues and problems of disadvantaged clients.

Traceable advantages to middle class service users borne from specific decisions

There are lots of examples of where individual or groups of service users have gained specific advantages. This is perhaps most clear cut in planning where there is evidence of successful middle class challenges to planning decisions. In schooling, there is also qualitative evidence of parental interventions getting their children into favoured schools and into the top streams within schools, fighting school closures and of persuading local authorities to provide more pupil spaces in popular schools. The evidence from the health literature points to how being articulate and vocal can help to secure (better) treatment. There is also evidence that professionals are responsive to complaints and fear litigation. Finally, on occasion residents of middle class areas are able to obtain individualised refuse and street cleansing provision.

A generally favourable pre-disposition to middle class needs within policy and practice

At a policy level, this pre-disposition is most apparent within regard to the support for parental choice in schooling, with middle class parents appearing to be better equipped to exercise choice. However, the evidence on whether this has led to schools which are more social segregated is inconclusive. At a more practical level, there is strong evidence that health professionals are pre-disposed towards 'people like them'. This manifests in differential lengths of GP consultations according to affluence, the nature of advice and information given to different patients, prioritisation for interventions and some mixed evidence on referral practices. Within environmental services there can be a lack of recognition of the factors which lead to higher service needs in poorer areas, and planning decisions can be influenced by the 'imagined opposition' of middle class constituencies.

These examples are of a 'zero-sum' kind: the middle class are winners and those who are not middle class lose out. The advantages which the middle class have in the planning system benefits this group only, for example, and can directly damage the interests of others. In a highly rationed health service, prioritisation for one group means fewer or less timely resources for another. There is also some evidence of waste management resources being diverted from needier areas.

We have also looked carefully for research evidence which might point to more of a 'win win' situation: a demanding middle class might lead to more widespread improvements in service quality. There is a body of work which suggests some overall improvement in educational attainment in the post-choice era. However, in the health sphere, the evidence is lacking that a demanding middle class encourages health professionals to raise their game, although this imperative clearly underpins the development of 'patient choice' initiatives in the NHS. Indeed, it is clear that health services face significant competing pressures from either side of a class divide: the need to tackle substantial problems related to socio-economic inequality; *and* the imperative to provide quality care for a more generally healthy middle class.

How middle class advantage comes about

In this report we are using the term middle class 'advantage' to describe the additional benefits which affluent groups can gain when they use public services. The term middle class 'capture' is perhaps more common, but we feel that this term can be misleading. It suggests that the gains of the middle classes are a direct result of the deliberate actions of middle class service users. However, the research evidence points to a more complex picture. It suggests that the actions and attitudes of service providers are an important part of the story, as are the requirements and signals arising from the broader policy context. Indeed, middle class advantage appears to accrue because of the interplay between service users, providers and policy and politics more generally.

In Table 1 below, we present a framework which clarifies the main mechanisms by which middle class advantage occurs and links these to forms and examples of outcomes. It should be noted that these will not be the only means by which it is achieved: the table only captures those mechanisms for which there is a decent body of supporting evidence.

Table 1: Evidenced mechanisms by which middle class advantage in relation to public services comes about

Specific mechanisms by which middle class advantage comes about	Service users and providers: who does what?	Forms of advantage achieved
The middle classes are more likely to join formal organised groups such as parent-teacher associations or parish councils than working class people.	Active middle class focus their participation in groups with a high potential for influence. Service providers afford such groups more validity than other forms of engagement.	Collective organizing can influence the specifics of planning decisions. Also more limited evidence of impacts on decisions to close schools. There is limited evidence that where service user groups (such as parent-teacher associations) are dominated by the middle classes, impacts on policies and practices can be discerned: e.g. on 'streaming'.
The middle-classes are more likely to have social – often professional - networks that enable access to the 'right' information to argue their case (soft, informal understandings as well as harder legal and expert knowledge). Also provides access to knowledge of 'how things work'.	Active middle class are able to identify ways to influence decision making in their favour or to justify their case in appropriate terms. May involve service 'insiders' passing on information or acting as advocates for middle class interests.	Some qualitative evidence that: specific parents access better quality schooling services for their own children; patients may also be able to present themselves as better candidates for interventions; planning applications can be challenged using appropriate arguments and language.
The middle-classes are more likely to be involved in 'co-producing' services such as participating in school parents' evenings, commenting on planning applications, or disposing of refuse appropriately. In the health sphere, co-production implies 'active' patients who keep appointments and act on advice.	Active middle class get involved in the detail of service design and delivery. Service provision organised in ways which accommodates middle class co-production and excludes others' (lack of compensation for expenses to attend meetings or to obtain reports, charging systems for removing bulky waste, GP workloads mean shorter consultation necessary in needier areas)	Relatively little evidence on outcomes of co-production. One US study quantified an indirect impact of middle class participation, demonstrating education spending is higher in middle-class counties in the US. Local environmental cleanliness better in middle class areas – evidence that services providing differentially according to degree of co-production. The importance of co-production increasingly understood in relation to health outcomes.
The middle-classes are more likely to complain about a given standard of service than more disadvantaged social groups. Middle class complaining behaviour has the capacity to be more vociferous than non-middle class behaviour (e.g. involve political reps more readily.)	Active middle classes make informal and formal complaints. They also use or threaten to use additional 'levers of power'. Service providers respond to specific complaints with additional/improved service. Services provided/decisions taken in order to minimise complaining, litigation and other forms of opposition. Organisational-level encouragement of complaints (e.g. well publicised procedures)	Evidence of responsiveness from environmental service providers to complaints and that doctors referral and other decisions being guided by fear of litigation. The imagined opposition of middle class groups has led to changing patterns of development for onshore wind farms, the use of community contributions by developers and affordable housing being designated for 'locals'.
The middle classes have the cultural capital necessary to behave 'appropriately' in their interactions with public services. This underpins both their propensity to articulate their concerns but also that the way in which they do appears plausible and sensible.	Active middle class unafraid to voice their concerns. Concerns voiced in appropriate language or backed up with valid evidence. Service providers often middle class and pre-disposed to a middle class version of appropriate behaviour.	Middle class patients being provided with more information from health professionals as well as with longer consultations. Teachers recognise the benefits of maintaining effective relationships with parents who value education.
Empathetic relationship between middle class service users and providers means that middle class needs and demands recognised as legitimate and normal.	Service providers pre-disposed to recognise the needs of middle class service users. Middle class service users act in ways that ensure that their middle class identity is recognised.	Quantitative evidence in health of middle class patients being prioritised for heart surgery. Qualitative evidence of health professionals favouring 'people like them' (GPs, consultants, midwives) High expectations of environmental cleanliness in middle class areas seen as valid. Poorer areas seen as less 'deserving' of a particular level of cleanliness. Black and minority ethnic parents use their middle class identity to overcome racial prejudice in service delivery.
The "choice" agenda from the early 1990s onwards has disproportionately benefited the middle-class as they have the knowledge and ability to take advantage of the choices on offer.	Agentive middle class normalised by policy frameworks. A service class exists for whom 'choice' is part of the organisational culture.	Evidence that – at the very least – social segregation within schools has been made. Service providers anticipate 'active consumers' in their service delivery.

Summing up: what can be done about middle class advantage?

It is a complex and possibly controversial matter to provide public services in ways which avoid middle class households gaining additional advantage or securing special treatment. The wider economic climate, together with the demographic challenges of an aging population, means that the years ahead will be characterised by severe competition over shrinking resources. The research reviewed for this document shows that educated, networked individuals will be best placed to succeed in this competitive environment. Not only do they have the skills and resources required to articulate their needs and demands, but the existence of a policy context which encourages active consumers to co-produce services means it is likely that their voices will be listened to. Moreover, service providers – whether they are doctors, teachers or local government managers – can empathise with and favour ‘people like them’, perhaps without even realising it.

Some would argue that a little bit of special treatment for better off social groups is not a big problem for public agencies, not least because demanding service users may provoke service providers to improve services for all. The evidence of this review is that we do not know how much of a ‘problem’ middle class advantage is, or – indeed – if the processes which lead to it do in fact lead to wider benefits. There is a need for much more research on this issue – not least because it can help us to better understand the role of public services in tackling disadvantage as well as the effects of middle class advantage.

So what can and should be done now by public agencies in order to tackle or minimise middle class advantage? There are perhaps two possibilities.

- Effective monitoring and evaluation of who gets what from a service is essential. One example might be to analyse the comments made on service provision on a spatial/deprivation basis using the index of multiple deprivation. This could reveal who is demanding what services where and – married with information on how these demands are dealt with – provide a more accurate picture of the nature of service distribution.
- Make space for staff to reflect on their attitudes, biases at an individual and institutional level. In a different financial climate, this could be achieved via away days and by sending staff on training courses. However, space and time might be made ‘in house’ for individuals to reflect on their practices and on the wider determinants of their own and others behaviour.

About the research

This paper summarises for a policy and practice audience the results of a review of the research evidence on middle class advantage in public services from the UK, US and Scandinavian countries published since 1980. The review was conducted by Annette Hastings from the University of Glasgow and Peter Matthews from Heriot-Watt University. Some sixty-five research papers were identified and subjected to systematic analysis in order to draw out key themes and evidence. The authors are grateful to the Arts and Humanities Research Council for funding this research and to a ‘virtual steering board’ of policy practitioners for encouragement and guidance. All errors and omissions are the responsibility of the authors. A more detailed account of the research can be found by following links www.connectedcommunities.ac.uk.